

PSYCHODYNAMIC THERAPY AND SELF-ESTEEM IN THE REDUCTION OF ACADEMIC SELF-HANDICAPPING BEHAVIOUR AMONG DISTANCE LEARNERS IN SOUTHWESTERN, NIGERIA

BY

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Abstract

The purpose of this study was to examine psychodynamic therapy and self-esteem in the reduction of academic self-handicapping behaviour among distance learners in Southwestern, Nigeria. Pretest-posttest, control group quasi-experimental design with a 2x2 factorial matrix was used in the study. The stratified random sampling technique was used in selecting 98 participants from NOUN centres in Southwestern States. The respondents were measured with relevant adopted standardized scales (instruments) and the data obtained was analyzed using t-test statistical analysis. Two (2) research hypotheses were formulated and tested at 0.05 level of significance. The result showed that there was significant difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group ($t= 52.84$; $p<0.05$) and that there was no significant difference in the academic self-handicapping behaviour of distance learners based on self-esteem ($t= 2.26$; $p<0.05$). In view of these findings, the study stressed that educational psychologists should intensify their effort to organize seminars/conferences on the implications of psychodynamic therapy as effective interventions towards enhancing academic self-handicapping behaviour of distance learners.

Keywords: *Psychodynamic therapy, Academic self-handicapping behaviour, Self-esteem and Distance learners*

Introduction

Tertiary education is considered as the benchmark to career prosperity, self-reliance and social recognition, as well as a vital instrument for combating poverty and sustaining development. As important as university education is, many people are finding it difficult to achieve, neither because of financial constraint nor due only to inability to get admission into the conventional university programme, but because of proliferation of responsibilities viz-a-viz work life, marital status, socio-religious activities and lots more. It is as a result of these that Open and Distance Learning (ODL) education was established to provide access to university education for those who would have previously been denied the opportunity. Distance Learning, therefore, remains an integral part of education that provides individuals with flexible human resources development towards national development. It is one of the most growing fields of education with its potential impact on education delivery system accentuated through the development of Information and Communication Technology and in particular the World Wide Web.

However, it has been observed that distance learners are facing a lot of challenges, ranging from difficulty to assimilate, poor time management, difficulties in coping with job, family and school related stress and computer anxiety (Ofole, Fawusi and Oduneye, 2012). Students generally experience a myriad of social, emotional and behavioural problems that affect their interpersonal relationships, school success and potential to become competent adults and productive citizens (Greenberg, Domitrovich and Bumbarger, 2001). This situation becomes worst among distance learners who are often confronted with conflicting roles and responsibilities. This ultimately leads to involvement in behaviours that are academically self-handicapping upon the commencement of the programme. The challenges faced by Distance learners are accentuated by the nature of ODL programme, which includes: “doing it alone method of learning”, independence of teacher/lecturer control and monitoring, cultivating personal study habits different from that of conventional institutions, using student support services, poor habit to utilise access to electronic

information, virtual libraries hosting a large collection of electronic databases and e-books knowledge and many more.

Self-handicapping behaviours are obstacles and barriers created or claimed by an individual in anticipation of failure, which influences performance. In other words, it is a way of offering an opportunity to protect one's fragile image, to externalise failure and internalise success (Bartels and Herman, 2011). Academic self-handicapping behaviour is viewed as a defensive strategy, similar to rationalisation. It is a deliberate action to justify poor performance and academic failure as well as accrediting success and good performance to self. Self-handicapping behaviour is manifested in two different ways; firstly, to reduce or withdraw an effort; actions that hinder a performance such as; academic poor performance due to procrastination; substance use; over committing; lack of effort; and not taking the opportunity to practise; preferring to work in a distracting environment; listening to distracting music and lack of sleep before an examination (Abacı and Akın, 2011). Secondly, self-reported or self-claimed; that is, a verbal claim of handicaps before performance. In Southwestern Nigeria, there are scanty research efforts in reducing academic self-handicapping behaviour. Even generally in Nigeria, intervention studies on academic self-handicapping behaviour are scarce particularly among distance learners. There is paucity of studies that adopted psychological interventions in the reduction of academic self-handicapping behaviour.

Psychodynamic psychotherapy is the second intervention employed in this study to reduce academic self-handicapping behaviour among distance learners. Psychodynamic psychotherapy is the most ambitious of all therapies in terms of its scope and aims, and approaches from a different angle. It started with the discoveries of Sigmund Freud a century ago, but its methods have changed and developed a great deal since then (Freud, 1964). It is the most complex of the talking treatments, and has had a significant influence on most others. It is a therapeutic process which helps participants understand and resolve troubling problems by increasing awareness of inner world and its influence over relationships, both past and present. Psychodynamic psychotherapy can be beneficial to adults, adolescents and children who are confronted with any or all of the above mentioned challenges (Bartels and Herman, 2011). It can help children who have emotional and behavioural difficulties which are evident at home or school. These can include personality problems, depression, learning difficulties, school phobias, eating or sleeping disorders. Psychodynamic psychotherapy provides an effective treatment for a range of psychological disorders, both as a treatment in its own right and as an adjunct to other forms of treatment (Botnick, Boninger, Gleicher and Strathman, 2007). It can contribute significantly to client's mental and physical health, to their sense of well-being and to their ability to manage their lives more effectively (Elliot and McGregor, 2009).

The procedure of counselling in psychodynamic psychotherapy is the treatment of choice for a particular individual and it depends on a variety of factors. For efficient outcome, it will be helpful to have one or more preliminary consultations with an experienced psychotherapist before deciding whether psychodynamic psychotherapy is an appropriate treatment for the person concerned. Occasionally, the treatment might be of short duration, but generally speaking psychodynamic psychotherapy is best considered as a long-term treatment involving considerable commitment for both client and therapist (Church, Elliot, and Gable, 2014). The relationship with the therapist is a crucial element in the therapy. The therapist offers a confidential and private setting which facilitates a process where unconscious patterns of the patient's inner world become reflected in the participants' relationship with the therapist (transference). This process helps clients gradually to identify these patterns and, in becoming conscious of them, to develop the capacity to understand and change them; it is hoped that psychodynamic psychotherapy will be effective in this present study in reducing the self-handicapping behaviour of distance learners (Bartels and Herman, 2011).

Self-esteem is considered as another moderating variable in this study which deals with how distance learners perceive himself or herself in relation to academic tasks. Self-esteem refers to feeling of self-worth and self-respect. It is the attitudinal, evaluative component of the self, the affective judgments placed on the self-concept, consisting of feelings of worth and acceptance, which are developed and maintained as a consequence of awareness of competence, sense of achievement and feedback from the external world (Guindon, 2002). Previous studies have linked high self-esteem to many positive outcomes, including self-handicapping, positive healthy social relationships, healthy subjective well-being and positive perceptions by peers (Mischel, and Morf, 2003). Similarly, self-esteem, self-efficacy, examination anxiety and attitude toward schooling were significant related to self-handicapping behaviour (Ma, 2002). Studies have shown the relationship between self-esteem and academic self-efficacy (Bradley and Corwyn, 2001). Bradley and Corwyn (2001) posed that self-esteem plays an important role in determining one's capacities to organise and execute courses of action required to produce given attainments. It influences the choices people make, courses of action they pursue, amount of stress and anxiety that one experiences as one is involved in the activity. Self-esteem plays a role in how a person uses coping skills. For example, someone with high self-esteem may react to failure by actively changing techniques or learning a new skill in order to succeed in a similar task in the future. However, a person with low self-esteem may believe that he/she is unable to do anything to change future outcomes. Most people with high self-esteem appear to live happily and productively too.

Several studies have reported that individuals with low self-esteem resort to self-handicapping strategies more often than others (such as Johnson and Awaida, 2005; Yavuser, 2015). From that standpoint, individuals with low self-esteem have higher expectations of failure than those with high self-esteem. Accordingly, the former will use self-handicapping strategies more often with the aim of justifying their potential failures (Yavuser, 2015). In addition, individuals with either high or low self-esteem need to receive more positive criticism or become more motivated so as to avoid negative criticism. In this way, they employ self-handicapping strategies more often in order to protect or boost their self-esteem levels. On the other hand, some researchers have argued that individuals with high self-esteem use self-handicapping strategies more often than others (such as Thompson and Dinnel, 2007; Lupien, Seery, and Almonte, 2010). These researchers hold that individuals with low self-esteem resort to self-handicapping strategies less often than others because they have low positive concept of self and are less often in need of protecting their self-image.

Furthermore, an experience of failure might result in more devastating effects on individuals with high self-esteem, for they are not accustomed to such experiences and do not expect failure in a task that they consider important. However, research evidence is very scanty as regards how to reduce academic self-handicapping behaviour among distance learners. Also, the studies that focus on cognitive control therapy and psychodynamic psychotherapy were mostly directed towards panic disorder and were mainly done outside Nigeria. As such, there is the need to effectively use these therapies to manage academic self-handicapping behaviour. This has made it imperative to fill the gaps observed in this field of research by engaging in this study. Essentially, this study focused on psychodynamic therapy and self-esteem in the reduction of academic self-handicapping behaviour among distance learners in Southwestern, Nigeria.

Statement of the Problem

Academic self-handicapping behaviour is an impediment to progress, educational goals and general development. Students who believe that they may not succeed in an upcoming task are usually more inclined to academic self-handicapping behaviour. Unfortunately, this behaviour increases the probability of their failure. This failure would then make them feel that they could not accomplish the next task; hence, they would resort to self-handicapping again and then fail again. Moreover, the more students become inclined to self-handicap, the more they experience poor academic performance, low grade, loose academic interest, increase carryover courses, drop out of the programme and eventually lead to unfulfilled academic aspirations and overall life dissatisfaction. However, despite all these efforts, it has

been noted that there are numerous factors contributing to students' low achievement, such as declining qualification and commitment of teachers; inadequate provision of facilities, outdated curricula, low social value of education, difficult economic situation among others.

Also, researches on academic self-handicapping behaviour mostly concentrated on descriptive survey research. The various studies have not really employed psychological strategies to manage the menace apart from recommending and suggesting solutions. Obviously, there is an urgent need for experimental studies on academic self-handicapping behaviour. Likewise, psychodynamic therapy and psychodynamic psychotherapy have not been combined together on academic self-handicapping behaviour among distance learners by any of the past studies carried in Nigeria and Africa to the best knowledge of this researcher. It is based on these factors that this study therefore examined the effect of psychodynamic therapy and self-esteem on academic self-handicapping behaviour among distance learners in Southwestern Nigeria.

Purpose of the Study

The main purpose of this study is to examine psychodynamic therapy and self-esteem in the reduction of academic self-handicapping behaviour among distance learners in Southwestern, Nigeria. Specifically other purposes include to;

1. Find out the difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group
2. Investigate the difference in the academic self-handicapping behaviour of distance learners based on self-esteem

Research Hypotheses

1. There is no difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group
2. There is no difference in the academic self-handicapping behaviour of distance learners based on self-esteem

Methodology

The study adopted the pretest-posttest, control group quasi-experimental design with a 2X3 factorial matrix. In essence, the row consists of psychodynamic therapy and the control. The row was crossed with self-esteem varied at three levels (high, moderate and low). The population for the study comprises all distance learners in National Open University in Southwestern Nigeria. The researcher covered all distance learners in six (6) States in Southwestern Nigeria. These learners are spread over nine Study Centres in the following zones: Ado-Ekiti, Agidingbi Ikeja- Lagos, Akure, Awa Ijebu, Apapa- Lagos, McCarthy Obalende- Lagos, Abeokuta, Osogbo and Ibadan. Stratified sampling technique was used to select the participants for the study. This technique is a method of sampling that involves the division of a population into smaller groups known as strata, whereby members of the stratum shared the same attributes or characteristics. A random sample from each stratum is taken in a number proportional to the stratum's size when compared to the population. The use of stratified sampling technique in dividing Southwestern into six strata based on States was done. Out of each strata, random selection of 2 States from available 6 States was carried out where 1 NOUN Centre was randomly selected, and 50 distance learners were screened using Academic Self-Handicapping Behaviour Scale (ASHBS) developed by Brown and Dutton (2005) from each study center which formed the sample size. On the whole, 100 distance learners were to participate initially in the study. However, by the end of the therapeutic sessions as a result of attritions, only 98 distance learners participated in the study. So, from the NOUN centers, one centre (group) served as Psychodynamic therapy (CCT) group and the remaining one served as control group.

Academic Self-Handicapping Behaviour Scale

Academic Self-Handicapping Scale (ASHBS) developed by Brown and Dutton (2005) was used as a screening tool for distance learners. It consists of 10 items with a 4- point scores in which participants responded to the items in the scale ranging from strongly agree (4) to strongly disagree (1). Examples of the items in the scale include: *I work hard so as to perform better than my friends; I feel that I can do better if I did not let my emotions get in the way and I often console myself if I do poorly at one task.* The categorisation of this academic self-handicapping behaviour scale connotes that a score below 20 is low, while a score above 20 is high. The internal consistency reliability coefficient of the instrument according to the author was .83. Participants responded to items by indicating their choice of responses. However, the adapted version of the instrument was re-validated by the researcher, and Cronbach alpha of .80 was obtained in a pilot study which involved an administration of the instrument to a selected sample of thirty (30) sandwich students at University of Ilorin, Kwara State, Nigeria.

Academic Self-Handicapping Behaviour Scale

Academic self-handicapping behaviour was measured using Academic Self-Handicapping Behaviour Scale (ASHBS) developed by Akın, Abacı, and Akın (2010) as the Turkish adaptation of the scale. The self-handicapping behaviour scale is a 25-item self-report inventory. Examples of items in the scale include: *When I do something wrong, my first impulse is to blame circumstances; I tend to put things off until the last moment and I tend to over-prepare when I have an exam or any kind of performance.* Each item was rated on a 4-point scale (1=*strongly disagree* to 4=*strongly agree*). This scale is a summative scale, with items 3, 5, 6, 10, 13, 20, 22, and 23 being reversed scored. All answers given were totalled to indicate the level of academic self-handicapping. A score below 50 is low, while a score above 50 is high. Language validity findings of the Turkish version indicated that correlations between Turkish and English items ranged from .69 to .98. The internal consistency reliability coefficient was .90. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of .81 was obtained in a pilot study which involved an administration of the instrument to a selected sample of thirty (30) sandwich students at University of Ilorin, Kwara State, Nigeria.

Self-Esteem Scale

The Self-Esteem Scale (SES) developed by Rosenberg (1965) was used as a measure of self-esteem among distance learners. It consists of 10 items with a 4- point scores in which respondents rated their esteem from strongly agree (4) to strongly disagree (1). Examples of the items in the scale include: *At times I think I am not good at all; I take a positive view of myself; I take a positive view of myself and I wish I could have more respect for myself.* The internal consistency reliability coefficient of the instrument according to Rosenberg was .91. Participants respond to items by indicating their choice of responses. The categorisation of self-esteem scale according to the norm is that a score below 14 is low; 14-27 moderate, and above 27 is high. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of .89 was obtained in a pilot study which involved an administration of the instrument to a selected sample of thirty (30) sandwich students at University of Ilorin, Kwara State, Nigeria.

Inclusion Criteria

The following criteria were used in selecting the participants for the study:

- i. Participants were registered students of the National Open University of Nigeria (NOUN).
- ii. Individuals were ascertained to elicit high academic self-handicapping behaviour through the screening instrument administered.
- iii. Individuals interested in dealing with their state of academic self-handicapping behaviour, that is, willingness to participate in the treatment and control programmes.
- iv. Distance learners with consent from the study centre authority.
- v. There was no age restriction to participation.

A letter of introduction was taken from the Department of Guidance and Counselling, University of Ibadan, to the selected University as well as the study centres under study. The permission of the University authority and study centres used for the study was sought. Also, three (3) research assistants were used with a minimum of Masters Degree in Educational Psychology and Counselling Psychology, respectively. This was done to ensure prompt understanding of the research processes and procedures. A day training was organised by the researcher to train the research assistants who helped in carrying out the administration of the pre and posttests, attendance taking of participants and serving of refreshments. The study centre members of staff introduced the researcher to the students. The study was carried out in four phases: pre-session activities, pre-test, treatment and post-test. At the pre-session, activities included the screening, recruitment and assignment of participants to the two experimental and control groups. Advertisement was made to request for participants in selected learning centres. A preliminary meeting was organised to familiarise with the interested participants and solicit their willingness to participate in the study. At the pre-test stage, Self-Esteem Scale (SES) and Academic Self-Handicapping Behaviour scales (ASHB) were administered to the participants. Participants in the experimental groups only were exposed to 10 sessions of treatment (psychodynamic therapy). Each session spanned for an average of 60 minutes equivalent to 1 Hour. Though, participants in control group were only exposed to a lecture titled: “*Choosing the right Career*”. The post-test was administered following the conclusion of the programme. T-test statistical analysis was employed to analyse the data in this study. T-test was used so as to establish the difference in the academic self-handicapping behaviour of participant in treatment group and control as well as self-esteem level.

Results

Two (2) null hypotheses were formulated and tested at 0.05 level of significance. The results are presented below:

Hypothesis One: There is no difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group

Table 1: Academic self-handicapping behaviour of students exposed to psychodynamic therapy and those in the control group

| Groups | N | Mean | SD | Std. Error | DF | T | p | Remark |
|-----------------------|----|-------|-------|------------|----|-------|------|--------|
| Psychodynamic therapy | 48 | 37.32 | 16.01 | 3.94 | 97 | 52.84 | .000 | S |
| Control Group | 50 | 61.08 | 27.10 | 4.71 | | | | |

Table 1 above showed that there was significant difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group ($t= 52.84$; $p<0.05$). The mean value of the table further revealed that the students in psychodynamic therapy group had higher academic self-handicapping behaviour than their counterpart in the control group. This further means that the treatment has significant influence on academic self-handicapping behaviour of distance learners.

Hypothesis Two: There is no difference in the academic self-handicapping behaviour of distance learners with male and those with female

Table 2: Difference in the academic self-handicapping behaviour of distance learners based on self-esteem

| Self-esteem | N | Mean | SD | Std. Error | DF | t | p | Remark |
|-------------|----|-------|-------|------------|----|------|-----|--------|
| High | 30 | 38.66 | 9.91 | 2.05 | | | | |
| Moderate | 26 | 37.01 | 9.05 | 2.71 | 97 | 2.26 | .11 | NS |
| Low | 42 | 43.62 | 10.32 | 3.37 | | | | |

Table 2 above showed that there was no significant difference in the academic self-handicapping behaviour of distance learners based on self-esteem ($t= 2.26$; $p>0.05$). The mean value of the table further revealed that students with low self-esteem had slightly higher academic self-handicapping behaviour than their counterparts with high and moderate but the difference is not statistically significant. This further means that self-esteem has no significant influence on academic self-handicapping behaviour of distance learners.

Discussion of Findings

The result of the first research hypothesis showed that there was significant difference in the academic self-handicapping behaviour of distance learners exposed to psychodynamic therapy and those in the control group. The mean value of the table further revealed that the students in psychodynamic therapy had higher academic self-handicapping behaviour than their counterpart in the control group. This further means that the treatment has significant influence on academic self-handicapping behaviour of distance learners. This is in line with the study of Bartels and Herman (2011) who found that psychodynamic psychotherapy was beneficial to adults, adolescents and children who are confronted with any challenges. Psychodynamic psychotherapy provides an effective treatment for a range of psychological disorders, both as a treatment in its own right and as an adjunct to other forms of treatment (Botnivick, Boninger, Gleicher and Strathman, 2007). It can contribute significantly to client's mental and physical health, to their sense of well-being and to their ability to manage their lives more effectively (Elliot and McGregor, 2009). Psychodynamic psychotherapy was found to be best considered as a long-term treatment involving considerable commitment for both client and therapist (Church, Elliot, and Gable, 2014). The relationship with the therapist is a crucial element in the therapy. The therapist offers a confidential and private setting which facilitates a process where unconscious patterns of the patient's inner world become reflected in the participants' relationship with the therapist (transference) (Bartels and Herman, 2011).

The result of the second research hypothesis revealed that there was significant difference in the academic self-handicapping behaviour of distance learners based on self-esteem. The mean value of the table further revealed that students with low self-esteem had slightly higher academic self-handicapping behaviour than their counterparts with high and moderate but the difference is not statistically significant. This further means that self-esteem has no significant influence on academic self-handicapping behaviour of distance learners. This is consistent with the study of Mischel and Morf (2003) who linked high self-esteem to many positive outcomes, including self-handicapping, positive healthy social relationships, healthy subjective well-being and positive perceptions by peers. Studies have shown the relationship between self-esteem and academic self-efficacy (Bradley and Corwyn, 2001). Bradley and Corwyn (2001) posed that self-esteem plays an important role in determining one's capacities to organise and execute courses of action required to produce given attainments. It influences the choices people make, courses of action they pursue, amount of stress and anxiety that one experiences as one is involved in the activity. Several studies have reported that individuals with low self-esteem resort to self-handicapping strategies more often than others (such as Johnson and Awaida, 2005; Yavuser, 2015). From that standpoint, individuals with low self-esteem have higher expectations of failure than those with high self-esteem. Accordingly, the former will use self-handicapping strategies more often with the aim of justifying their potential failures (Yavuser, 2015). On the other hand, some researchers have argued that individuals with high self-esteem use self-handicapping strategies more often than others (such as Thompson and Dinnel, 2007; Lupien, Seery, and Almonte, 2010).

Recommendations

1. Counseling/Educational psychologists should intensify their effort to organize seminars/conferences on the implications of psychodynamic therapy as effective interventions towards enhancing academic self-handicapping behaviour of distance learners in the school.
2. Teachers and other stakeholders in the school system are to be trained on how to improve students' self-esteem and psychodynamic therapy. This will serve as collaborative efforts to assist the students in

overcoming the challenges of female and psychodynamic therapy which will in turn enhance the academic self-handicapping behaviour of distance learners in the school.

3. The home (parents/guardians) and school (school management) should work as a team towards improving students' self-esteem and psychodynamic therapy which invariably contributes to enhanced academic self-handicapping behaviour of distance learners in the school.
4. The students in the school should be encouraged and trained on the effective usage of these interventions (psychodynamic therapy). This will make the students to adopt effective attitude towards enhancing their academic self-handicapping behaviour.

Conclusion

Base on the findings of this study, persistent low academic self-handicapping behaviour of Nigerian university undergraduates need not to continue indefinitely. There is hope that with the improvement of self-esteem and psychodynamic therapy, the situation can be changed for the better. The study discovered that self-esteem and psychodynamic therapy influence the academic self-handicapping behaviour of distance learners. By and large, self-esteem and psychodynamic therapy has a great influence on the academic self-handicapping behaviour of distance learners. By and large, it was also concluded from this study that self-esteem and psychodynamic therapy have a great impact on the academic self-handicapping behaviour of distance learners. This means that female and psychodynamic therapy definitely have a negative effect on academic self-handicapping behaviour of distance learners. By implication, academic self-handicapping behaviour of distance learners can be improved drastically through an improved self-esteem and psychodynamic therapy in the school system.

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