

EFFECT OF COGNITIVE CONTROL THERAPY AND GENDER ON ACADEMIC SELF-HANDICAPPING BEHAVIOUR OF DISTANCE LEARNERS IN SOUTHWESTERN NIGERIA

BY

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Abstract

The purpose of this study was to examine effect of cognitive control therapy and gender on academic self-handicapping behaviour of 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 90 participants from NOUN centres in Southwestern States. The respondents were measured with relevant adopted standardized scales 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 cognitive control therapy and those in the control group ($t= 67.59$; $p<0.05$) and that there was no significant difference in the academic self-handicapping behaviour of distance learners with male and those with female ($t= .29$; $p<0.05$). In view of these findings, the study stressed that counselling psychologists should intensify their effort to organize conferences on the implications of cognitive control therapy as effective interventions towards enhancing academic self-handicapping behaviour of distance learners.

Keywords: *Cognitive control therapy, Academic self-handicapping behaviour, Gender 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. It removes illiteracy and develops a culturally and socially tolerant people who exercise ethical and moral considerations in national and local affairs, with a community spirit. It also provides opportunities for individuals to acquire additional knowledge, skills and traits beyond secondary education level. Similarly, it serves as a link between tertiary education and world of work. Due to the numerous opportunities that university education provides and its importance to national development, virtually everyone desires to earn a higher degree certificate, most especially university certificate which is mostly recognised across organisations, both public and private.

Anyone who earns a university certificate is highly respected in society; he/she is valued, treated with respect and highly sought for in the world of work. This is why everyone including those who are already working, who could not leave their job for a fulltime degree programme in the conventional university, desires to have a university degree. Even some people who already have subsidiary certificate, such as Nigerian Certificate of Education, Ordinary National Degree Certificate and Higher National Degree Certificate, are still eager to pursue university education

(Ofole, Fawusi & Oduneye, 2012). Open Distance Learning (ODL), 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 & Falaye, 2011, Akin, Abaci & Akin, 2011).

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. Consequently, most of the ODL students have been finding it very challenging to cope with this method of instruction, which thereby have been threatening their academic performance and realisation of their educational goal (Rhodewalt & Hill, 2005; Thompson & Richardson 2011). This situation is also heightened by numerous stressors from home and environment, such as family crisis, high expectations of success from parents, peers and spouses, pressure from place of work, distance from residence and ODL centers, inadequate funds to pay up the required fees and resource materials. In an effort to proffer solutions to these challenges, many have resulted into several behaviours, such as self-handicapping.

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. 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 (Akin, Abaci & Akin, 2011). 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; overcommitting; 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. Secondly, self-reported or self-claimed; that is, a verbal claim of handicaps before performance (Abaci & Akin, 2011).

According to Anna (2015), it is a behaviour that decreases the probability for success and results in poor adjustment. Students who engage in academic self-handicapping behaviour do experience low academic performance and consequently develop negative self-focus, shorter and less efficient examination preparations, as well as lower Cumulative Grade Point Average (CGPA). Academic self-handicapping behaviour to some other students is an emotion-focused coping strategies, such as self-blame and behavioural and mental disengagement. The performance of Open and Distance learners generally cannot be compared with that of regular or otherwise conventional students neither because of low standard nor due to low level of intelligent quotient, but because most ODL learners self-handicap themselves. In the event of

failure, the ODL learners attribute obstacles and externalise the source of failure. This is why Abacı and Akın (2011) submitted that self-handicapping is paradoxical in nature. While it protects or reinforces self-esteem, it also damages performance. When chronic, however, it leads to an increase in inadaptability, negative affectation, somatic symptoms and substance abuse; it also lowers internal motivation, physical and psychological well-being and satisfaction obtained from ability. There is no doubt that academic self-handicapping behaviour has negative effects on educational processes and outcomes such as motivation and achievement. Leondari and Gonida (2007) reported that self-handicapping behaviour hampers academic achievement, in that the more students engage in self-handicapping behaviour, the more difficult or never impossible academic achievement becomes.

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. Although, various researches have established the impact of intervention protocols in one or two therapeutical processes (such as, goal setting, self-monitoring on discrete academic skills) for instance, the number of Mathematics problems solved correctly or writing grammatically correct sentences (Schunk & Swartz, 2003; Zimmerman & Kitsemtas, 2002). Therefore, this study is geared towards examining the effectiveness of Cognitive Control Therapy and gender on academic self-handicapping behaviour among distance learners in Southwestern Nigeria.

Cognitive Control Therapy (CCT) is a therapeutic intervention for the treatment of negative behaviour, dysfunctional thinking that affects a person's mood, sense of self, behaviour and even physical state. The goal of cognitive control therapy is to help a person learn to recognise negative patterns of thought, evaluate their validity and replace them with healthier ways of thinking. It refers to the therapeutic intervention designed for students to be able to interact with the environment in a goal directed manner, through constant assessment and re-adjustment of performance based on incoming information. Cognitive control therapy was first used by Dobson (2010) to treat Posttraumatic Stress Disorder (PTSD) among vulnerable groups in Uganda. The goal was to reduce the procrastination and academic self-handicapping behaviour of students towards learning tasks. In cognitive control therapy, participants are given guidance on how to think, talk and act with high achieving goals and then examine carefully the extent to which individuals want to plan their lives in the immediate future.

Studies have used cognitive control therapy to improve the performance of a number of different childhood cognitive oriented problems, such as learning-disabled students among others (Guevremont, Tishelman, & Hull, 2005; Harris & Graham, 2005; Graham & MacArthur, 2008) reading and attributions among disabled and impulsive children. Cognitive control therapy has been proven to be effective in the reduction of academic procrastination of a number of students, including children displaying autistic characteristics (Midgley & Urdan, 2014). The rationale of cognitive control is that the outcome of actions taken are appraised and assimilated, resulting in further differentiation of cognitive controls and metaphors, the development of additional alternative responses, excitement and pleasure in learning. As a result

of academic progress and in cognitive tools, the individual is prepared to deal with more complex demands (Zimmerman & Kitsemtas, 2002). Individual for whom CCT is intended must have difficulties that result from various disabilities at several points along the process of achieving success, which can be treated by having the individual work on graded tasks designed to rehabilitate and differentiate cognitive controls. This will make the individual become more efficient in copying and coordinating external and internal information, and more effective in contributing to symbolic functioning, pretending and manipulating information physically and mentally, in ways that make learning easy and interesting.

Gender is a major factor that influences several school outcomes such as interest in schooling and subject interest of students. According to Umoh (2003), more difficult tasks are usually reserved for males, while less difficult ones are considered feminine in a natural setting. Thus, at school, males are more likely to take to academic tasks and challenging problem-solving situations, while female on the other hand prefer simple subjects and often shy away from difficult tasks and problem-solving situation. In gender-based studies, including Akinsola (2010), it was discovered that female students were more involved in academic self-handicapping behaviour than their male counterparts. Past studies have shown that males are more willing to accept an increased risk of failure than that their female counterparts, and this may be due to females valuing efforts more than males (Hirt, Deppe, & Gordon, 2001; McCrea, Hirt, & Milner, 2008). Relatedly, Hirt, McCrea and Boris (2003) submitted that females were more critical of people who engaged in behavioural self-handicapping. The relationship between a self-handicapping tendency and posing excuses/obstacles and the performance attributes for the female students were lower when compared with that of the male students. Based on the above, the self-handicapping concept emerges as a personality variable in terms of personal differences in teaching environments. Its importance has been recognised in a short period of time.

Little researches so far have specifically focused on experimental investigation of academic self-handicapping behaviour using psychological interventions in Nigeria and the studies on the descriptive survey examined view variables such as emotional intelligence, gender and religiosity (Akinsola, 2010; Muraina & Eduviere, 2015). In view of this, the present study concentrates on effect of cognitive control therapy and gender on academic self-handicapping behaviour of distance learners in Southwestern, Nigeria.

Statement of the Problem

Majority of the researches conducted in Nigeria on standard of education have indicated that students' academic achievement at all levels of educational system has become a problem, most especially its manifestation in the frequent rate of dropouts among students in the distance learning programme which has become a concern to all educational stakeholders. Educational stakeholders are yearly exerting efforts to make distance learning education enticing to students through improved academic achievement. 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. Really, academic self-handicapping behaviour has not gained much popularity among scholars, most especially in Africa. Although,

self-handicapping may be a general self-protective strategy, nevertheless, Academic Self-Handicapping (ASH) remains a common problem particularly significant for students in the tertiary system, including distance learning students. Essentially, academic self-handicapping behaviour of distance learners could jeopardise adjustment, performance and general coping capacity of any student if nothing urgent is done by scholars.

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. Likewise, cognitive control 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 cognitive control therapy and gender on academic self-handicapping behaviour among distance learners in Southwestern Nigeria.

Purpose of the Study

The main purpose of this study is to examine effect of cognitive control therapy and gender on academic self-handicapping behaviour of distance learners in Southwestern, Nigeria. Specifically other purposes include to;

3. Find out the difference in the academic self-handicapping behaviour of distance learners exposed to cognitive control therapy and those in the control group
4. Investigate the difference in the academic self-handicapping behaviour of male and female distance learners

Research Hypotheses

1. There is no difference in the academic self-handicapping behaviour of distance learners exposed to cognitive control therapy and those in the control group
2. There is no difference in the academic self-handicapping behaviour of male and female distance learners

Methodology

The study adopted the pretest-posttest, control group quasi-experimental design with a 2X2 factorial matrix. In essence, the row consists of cognitive control therapy and the control. The row was crossed with gender varied at two levels (male and female). 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 90 distance learners participated in the study. So, from the NOUN centers, one centre (group) served as Cognitive Control 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). 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 Akin, Abacı, and Akin (2010) as the Turkish adaptation of the scale. The self-handicapping behaviour scale is a 25-item self-report inventory. 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.

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 Master 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 (cognitive control 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 gender 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 cognitive control therapy and those in the control group

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

Groups	N	Mean	SD	Std. Error	DF	t	p	Remark
Cognitive Control Therapy	40	37.93	16.11	3.64	89	67.59	.001	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 cognitive control therapy and those in the control group ($t= 67.59$; $p<0.05$). The mean value of the table further revealed that the students in cognitive control 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 male and female distance learners

Gender	N	Mean	SD	Std. Error	DF	t	p	Remark
Male	37	44.65	12.58	2.85	89	.29	.59	NS
Female	42	45.68	13.41	3.07				

Table 2 above showed that there was no significant difference in the academic self-handicapping behaviour of male and female distance learners ($t= .29$; $p>0.05$). The mean value of the table further revealed that female students had slightly higher academic self-handicapping behaviour

than their male counterparts but the difference is not statistically significant. This further means that gender has no significant influence on academic self-handicapping behaviour of distance learners.

Discussion

The result of the first research hypothesis showed that there was significant difference in the academic self-handicapping behaviour of distance learners exposed to cognitive control therapy and those in the control group. The mean value of the table further revealed that the students in cognitive control 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 Dobson (2010) who found that cognitive control therapy to be effective in reducing procrastination and academic self-handicapping behaviour of students towards learning tasks in Uganda. Studies have used cognitive control therapy to improve the performance of a number of different childhood cognitive oriented problems, such as learning-disabled students among others (Guevremont, Tishelman, & Hull, 2005; Harris & Graham, 2005; Graham & MacArthur, 2008) reading and attributions among disabled and impulsive children. Cognitive control therapy has been proven to be effective in the reduction of academic procrastination of a number of students, including children displaying autistic characteristics (Midgley & Urdan, 2014). The rationale of cognitive control is that the outcome of actions taken are appraised and assimilated, resulting in further differentiation of cognitive controls and metaphors, the development of additional alternative responses, excitement and pleasure in learning.

The result of the second research hypothesis revealed that there was no significant difference in the academic self-handicapping behaviour of male and female distance learners. The mean value of the table further revealed that female distance learners had slightly higher academic self-handicapping behaviour than their male counterpart but the difference is not statistically significant. This further means that gender has no significant influence on academic self-handicapping behaviour of distance learners. This is contrary to the study of Umoh (2003) who found that more difficult tasks are usually reserved for males, while less difficult ones are considered feminine in a natural setting. Thus, at school, males are more likely to take to academic tasks and challenging problem-solving situations, while female on the other hand prefer simple subjects and often shy away from difficult tasks and problem-solving situation. In gender-based studies, Akinsola (2010) also found that female students were more involved in academic self-handicapping behaviour than their male counterparts. Past studies have shown that males are more willing to accept an increased risk of failure than that their female counterparts, and this may be due to females valuing efforts more than males (Hirt, Deppe, & Gordon, 2001; McCrea, Hirt, & Milner, 2008). Relatedly, Hirt, McCrea & Boris (2003) submitted that females were more critical of people who engaged in behavioural self-handicapping. The relationship between a self-handicapping tendency and posing excuses/obstacles and the performance attributes for the female students were lower when compared with that of the male students.

Recommendations

1. Counseling/Educational psychologists should intensify their effort to organize seminars/conferences on the implications of cognitive control therapy as effective interventions towards enhancing academic self-handicapping behaviour of distance learners in the school.
2. The researchers and stakeholders in education should not only focus on the students' achievement alone but also their academic self-handicapping behaviour. This is because the improved gender of the students has a lot of influence on academic self-handicapping behaviour of distance learners.
3. The home (parents/guardians) and school (school management) should work as a team towards improving students' gender and cognitive control 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 (cognitive control 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 gender and cognitive control therapy, the situation can be changed for the better. The study discovered that gender and cognitive control therapy influence the academic self-handicapping behaviour of distance learners. By and large, gender and cognitive control 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 gender and cognitive control therapy have a great impact on the academic self-handicapping behaviour of distance learners. This means that female and cognitive control 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 gender and cognitive control therapy in the school system.

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