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The Relationship between Negative Self-Talk and Self-Handicapping in Soccer Players

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Keywords	Abstract
Negative self-talk	The aim of this study was to investigate the relationship between
Self-handicapping	negative self-talk and self-handicapping style in soccer players. In this
Soccer players	descriptive - correlational study 260 players (230 men and 30 women)
	participated on a voluntary basis. Tools used included self-talk
	inventory and self-handicapping scale (SHS). Pearson correlation
	coefficient was used for data analysis. The results of Pearson correlation
	coefficient showed a significant negative correlation between negative
	self-talk and self-handicapping (p <0.05). According to the results it can
	be concluded that, uncertainty of the ability and skills, anxiety and anger
	in people and the use of negative terms are the reasons to use self-
	handicapping strategy.

1. Introduction

With the progress of psychology science, the discussion of mental skills has become important in implementing the sport actions and whereas previously the importance of physical preparation was emphasized, sports psychologists, coaches and athletes attend and emphasize the psychological preparation more (1). So far, researches in sport psychology have used countless interventional techniques to improve the performance and satisfaction in athletes (2) and have pointed out the important role of these techniques in the progress of implementation (3).

A special type of these techniques is self-talk (2) that Meichenbaum (1977) discuss about that as "the center of psychological adjustments " (4) and Hack Ford and Schnenkmezgar (1993) in its definition point out the internal and external dialogue that, the performer uses it during implementation of the skills with loud or slow voice (5). Self-talk (Self-statement, automatic thoughts, inner speech) plays an important role in the relationship between events and emotions. Self-talk can be defined as cognitive product at what people say to themselves, express a thought or belief about a person, the world and, relationships with others is reflected and through it, the person interprets his own thoughts and feelings, changes his beliefs and estimates, train or strengthen himself (6).

The first aspect of self-talk is concerned to the self-talk content and includes descriptors of negative and positive self-talk bipolar. Negative self-talk includes words which causes the concern for the individual and is used unreasonably and inappropriately and causes negative emotions in person such as self-handicapping, such as: (I always feel exhaustion under pressure, what a bad pass, Wow) (7). Some studies have shown that negative self-talk has devastating effects and some others believe that negative self-talk leads to better execution of the task compared to positive self-talk which is mainly related to the role of motivation. Thus, people who have used negative self-talk have tried more in order to avoid negative results and therefore have had better

results than positive self-talk group (8, 9). Negative self-talk compared to positive self-talk has more relationship with psychological incompatibility, Kendall and Chansky (1984) name this phenomenon "power of non-negative thinking" (10).

Self-talk is a cognitive strategy and a necessary mental skill for raising the level of implementation. While few researchers have discussed the impact of self-talk on competitive sport, substantial experimental research has shown that self-talk is facilitating various sports and motor performances (11). Self-talk is a key factor in concentration. Whatever the athlete says to himself could affect his ability to concentrate. If negative thoughts find a way into his mind the dispersion will be created, because it disperses his attention from the task that is in progress (12). There are theoretical bases and different views about the performance of self-talk that some of them are as follows:

Alavi (2013) in a paper explores the relationship between self-talk style and emotional problems in 375 students. The results showed that negative self-talk has positive significant relationship between the two components of depression and anxiety, while it does not show a significant correlation with stress. Thus negative self-talk has higher ability in the prediction of depression and anxiety (13). Gail Tripp et al (1998) conducted two studies to describe the ways of thinking and verbal thinking for the evaluation of self-talk in children under mild anxiety

Int. J. App. Sci. Physic. Edu 2018; 2(1) 23-32

conditions. Increased anxiety levels among 27 children have been associated with high levels of negative self-talk but they were not clearly correlated with other types of self-talk. These results suggest that self-talk plays an important role in creating or maintaining anxiety in normal children. According to data obtained it is unclear to what extent the difficulty of the task perceived is involved in the relationship between trait anxiety and negative self-talk (14). Kavry Araki et al. (2006) investigated the relationship between the self-talk belief and the practice of dynamic balance. This study had two objectives: 1. The relationship between the belief in one to self-talk and performance. 2. The effect of positive and negative self-talk on the performance. The sample size was 125 students. The results showed that, there is no significant correlation between the selftalk belief and performance. Although people who used positive self-talk were significantly better than those who have used negative self-talk. These results suggest that self-talk type used (positive and negative) are more important than individual beliefs about self-talk (15). Mizer et al (1979) in a study found no difference in the acquisition of gymnastic skills between groups with different self-talks (positive: the use of encouragement and admiration words such as, I can and, negative: the use of debilitating words such as I can't) and found that the use of self-talk functions between the performance of the best and worst athlete has no different (16).

Since the negative self-talk is correlated with psychological incompatibility (6), anxiety and depression (17) and negative emotions (18), it may cause negative emotions such as selfhandicapping in person with anxiety, anger and disability. Self-handicapping is a term which is considered since 1960 in the psychological sources. Berglas and Jones as the pioneers in this field have defined self-handicapping as a behavior or choice or a set of performances that makes opportunity for people to attribute failure to external factors and success to internal factors (19). People uses a set of strategies to be seen as victims of circumstance and not victims of handicapping. Berglas and Jones (1987) called these strategies as self-handicapping because their use may lead to weaker performance. When the person avoids accepting the responsibility for his performance he employs a kind of selfhandicapping strategy (20). If we accept that selfhandicapping is a form of problem-causing behavior, it should be accepted that it can have negative consequences. Studies have shown that self-handicapping is often with inappropriate and negative attitudes, emotions and behaviors (21). Self-handicapping has first raised about athletes. Since athletes must compete in stressful situations, stress and anger are common in competition. These stressors include: audience reaction during the competition, the desire to win at the expense of moving away from sport ethics, experience of injury, possible fraud to win and criticizing coach. In response to these conditions the person will be subject to a thrill and it is possible to use the

psychological defense strategies of selfhandicapping to deal with it that is to create or claim that there is an obstacle to the successful accomplishment of tasks (22).

Although self-handicapping in 1987 is considered by Jones and Berglas but has been regarded as an almost unknown phenomenon. Given that there is no study on the relationship between negative self-talk and self-handicapping, but a group of researchers have done some research on the relationship between self-esteem, self-confidence and self-handicapping. Among them (23) conducted a study about the relationship between self-esteem and self-handicapping and concluded that there is a negative correlation between self-handicapping and self-esteem. (24) in their study of self-handicapping article stated that the combined impact of state and trait beliefs can be an important area of self-handicapping research. Given the important role of self-talk, the important issue is the lack of research in this area, more important is that, inconsistency can be seen in results of some studies and most researches in this field have been conducted on the effect of self-talk and have studied less on the relationship with other variables. As a result, research in this field is very much felt. Therefore, the aim of this study was to investigate the relationship between negative self-talk and self-handicapping style between soccer players and researchers of this study decide to investigate these question that, can negative self-talk predict self-handicapping of athletes or not?

2. Material & Method

With due attention to the purpose of research,

2.1 Research Methodology

Considering the nature of the study, this was a descriptive and correlational and field study.

2.2 The population and sample size

The population of this research included the soccer players that, 260 patients (230 men and 30 women) most of whom had a history of sports and participated in competitions voluntarily participated in this study.

2.3 Research Tools

The instrument used in this study consisted of two self-talk and self-handicapping inventories.

2.4 Self-talk inventory

This questionnaire was designed in 2005 by Calevete et al and is a self-report tool to measure positive and negative self-talk in adults and has two scales and six subscales. The investigation of the designers of this questionnaire shows that there is a relationship between scores of the individuals on this questionnaire and symptoms of emotional disorders (depression, anxiety and anger). Alpha coefficient reported for negative self-talk scale was 0.90 and for the subscales of depression-related thoughts, anxiety-related thoughts and anger-related thoughts respectively, 0.83, 0.87, 0.82. This test consists of 52

statements and the subjects must identify the extent of their agreement or disagreement with each items with a 4-point Likert scale (1 = there is low possibility and, 4= there is high possibility). The reliability of this inventory in a pilot study on 30 students of Payam Noor University of Mashhad was observed. The results of this study show that Cronbach's alpha coefficient for the scale of negative self-talk is 0.81 and for the subscales of depression-related thoughts, anxiety-related thoughts and anger-related thoughts it is 0.76, 0.74 and 0.73 respectively.

2.5 Self-handicapping scale inventory (SHS)

Self-handicapping scale inventory has been made by Jones and Rodualt (1990) in order to evaluate different aspects of self-handicapping. This test consists of 25 statements and subjects must identify the extent of their agreement or disagreement with each items with a 6-point Likert scale (0 = strongly disagree and, 5 =strongly agree). Self-handicapping scale has three subscales: 1. negative mood 2. effort 3. excuses. But the questionnaire used in the study has had 23 questions and was considered based on the study of "Evaluation of Psychometric characteristics of self-handicapping scale" conducted by Heidari et al. 2009. That on the basis of this study, 23-point Persian scale of self-handicapping, its validity and reliability were confirmed and it is valid for measuring self-handicapping.

Heidari et al. examined the psychometric properties of self-handicapping scale and the data

collected from 49 subjects about the scale items showed that, the mean value is 89.7 to 81.9 and standard deviation is 0.55 to 58.2 and skewness is 28.1 to 51.5. These indices represent the clearness of scale's items for respondents. Negative skewness of the items also represents the accumulation of participants' response at the right side of the continuum, i.e. the "clearness".

The results showed that 23 of the 25 items of self-handicapping scale are placed on three factors; the first factor with 9 items indicate negative mood, second with 7 items represents the attempt and third with 7 items indicates the excuses. The result obtained with research results of Roodvalet in 1990 are placed on the construct factor of self-handicapping scale with factor load above the 0.40 are placed on two factors that, the factors obtained are called excuses and attempt factors. The correlation coefficient obtained from the implementation of self-handicapping scale with a time interval of 15 days showed that factors, subscales and total score of selfhandicapping in two runs are significantly correlated of 0.47 for the factor effort to 0.86 for the total score.

2.6 Study design

First, an accreditation was taken from the University and advisor professor for the study (questionnaire distributed among the athletes). 230 volunteers were male and 30 were female. Methods were the same for all participants. After the approval of the Sport Board and coordination with the Soccer Executive Board and providing the necessary explanations, questionnaires were given to the athletes. The time limit for completing the questionnaire was not applied. Also, in order to observe research ethics, before the implementation of questionnaires, both orally and in writing (at the top of the questionnaire) explanations were provided that, the information requested is solely for research purposes and there is no need for first and family name. Players were selected on a voluntary basis from several clubs and a soccer competition held among female athletes.

2.7 Statistical analysis method

In this study the mean and standard deviation and Pearson correlation coefficient were used to categorize the information and SPSS18 with a confidence level of 0.05 was used for data analysis.

Table 1 - descriptive data of studies

variable	average	standard deviation
age (year)	24.22	3.73
Athletic history (year)	7.33	3.98

3. Results

The results in the table 2 show that there is a significant negative correlation between self-handicapping and anxiety (p=0.001, r=0.29) and negligence (p=0.001, r=0.27). In other words, by increasing the anxiety due to negative self-talk, self-handicapping in the individual increases. Also there is a negative significant relationship between

self-handicapping and anger (p=0.05, r=-0.12). This means that with increasing anger caused by negative self-talk, self-handicapping in person again is on the rise. Therefore, to determine the impact and predictive power of these variables, stepwise regression analysis was used and the results are shown in Table 3.

The results in the table above show that, only the beta of anxiety (p=0.001, t=4.44) and self-negligence (p=0.001, t=3.21) in the first step of regression is significant (P < 0.05).

Table2. The results of correlations between negative self-talk of soccer players and their self-handicapping (n=260).

VARIABLES		1	2	3	4	5
1 depression	correlate	1				
	significant	-				
2 anxiety	correlate	0.47	1			
	significant	0.001	-			
3 anger	correlate	0.20	0.11	1		
	significant	0.001	0.06	-		
4 negligence	correlate	0.04	0.22	0.18-	1	
	significant	0.49	0.001	0.001	-	
5 self-	correlate	0.04	0.29	0.12-	0.27	1
handicapping	significant	0.47	0.001	0.05	0.001	-

 Table 3. Characteristics of self-handicapping regression through the dimensions of self-talk

(1) significant	.200	000	060.	.001	.180	000	060.	.004	.629	
T test (1)	-1.285	4.439	-1.702	3.215	-1.346	4.432	-1.705	2.919	.484	
andardized regression coefficient Beta	086	.300	102	.195	091	.301	104	.199	.030	

model	variable	Not	Error
		Standardize	standard
		d regression	deviation
		coefficient <i>B</i>	regression
			SEB
	depressionnn	174	.135
	anxiety	.716	.161
1	anger	281	.165
	negligence	.334	.104
	depression	184	.137
	anxiety	.718	.162
	anger	284	.167
2	negligence	.340	711.
	orientation	.138	.284
	Training	074	.146

In the second step by adding variables of training positive deal and orientation, beta of anxiety variable (p=0.001, t=4.43) and self-negligence (p=0.001, t=2.92) is a significant predictor of selfhandicapping (P <0.05). Therefore, it is clear that anxiety and self-negligence predict respectively, 30% and 20% of changes related to selfhandicapping. Also in interaction with other variables in the study, 30% of self-handicapping changes seemed predictable by anxiety and 20% of this change can be predicted by self-negligence. Finally, anxiety caused by negative self-talk has the highest share in determining the individual's self-handicapping.

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(p=0.001, t=2.92) is a significant predictor of selfhandicapping (P <0.05). Therefore, it is clear that anxiety and self-negligence predict respectively, 30% and 20% of changes related to selfhandicapping. Also in interaction with other variables in the study, 30% of self-handicapping changes seemed predictable by anxiety and 20% of this change can be predicted by self-negligence. Finally, anxiety caused by negative self-talk has the highest share in determining the individual's self-handicapping.

4. Discussion

The aim of this study was to examine the relationship between self-handicapping and negative self-talk in soccer players. The results of Pearson correlation coefficient showed that, there is a negative significant relationship between negative self-talk dimensions of anxiety, anger, self-negligence and self-handicapping (p < 0.05). Studies have shown that self-handicapping behaviors are correlated with many psychological problems such as anxiety and depression, poor self-esteem. hypochondriasis, anger and avoidance of performance or incomplete performance. According to the present findings it can be expressed that, by an increase in selfhandicapping of people, their anxiety is reduced and vice versa. It means that, individuals use selfhandicapping to reduce their anxiety in different situations. It can be justified about anger. Because expressing self-handicapping is for the reduction of anger and vice versa. According to the results it can be concluded that the uncertainty of the

individual in his abilities and skills and the use of negative terms are the reasons for using selfhandicapping strategy. These findings are in line with Hardy et al.'s results that, they showed that negative self-talk is associated with the psychological conflict and negative emotions (17, 25). They are also consistent with the findings obtained by Moryama and Elliott (2009) who showed that those who use self-handicapping strategies more have more negative emotions and they deal with stress through the step down of issues, thus negative mood is the basis of selfhandicapping (26). On the other hand, Roodwalt (1991) knows social anxiety linked to selfhandicapping (27). The results of the research are consistent with the findings obtained by Merluzzi, Glass and Cacippo (1979) that indirectly engage in the relationship between self-talk and behavior (28). They concluded that people with a high degree of anxiety had more significant negative self-talk compared to those who had less degree of anxiety. According to (13), negative self-talk has higher power to predict anxiety and depression than positive self-talk. Also, it is consistent with Diet, Houghton et al.'s results (2006) that, they concluded the only treatment for children and adolescents with anxiety is to use self-talk (29). On the other hand, Vierling and Wise identified self-talk as an effective potential treatment for anxiety disorders and panic in youth (quoting Prince and Olendick 1999) which is in line with the results of this study (30).

In addition, the results show that negative selftalk aspects have ability to predict selfhandicapping. In general, the variables of anxiety and self-negligence of coping training and positive orientation, beta of the variables of anxiety and self-negligence is a significant predictor of self-handicapping. These findings suggest that negative self-talk has higher power to predict people's self-handicapping compared to positive self-talk. All the reasons are rooted in the way of thinking of athletes, individual differences, of conditions practice and competition, preparation and beliefs of individuals and it seems that, the existence of this way of thinking in athletes can be justified according to their specific conditions (competition, evaluation, concerns about the results).

So if we accept that negative self-talk is activated in stressful situations and difficult circumstances, it can be concluded that self-talk has a major impact on self-handicapping of athletes.

Overall the alignment of the results with the mentioned studies indicate that, the root of voluntary action and human behavior should not only be sought in the brain and mental life, but voluntary action and human behavior should be analyzed with regard to the communication created especially with an emphasis on verbal communication with the intervention of inner speech (31).

5. Conclusion

The results of this study can be used as an effective strategy to increase the ability,

confidence and reduce anxiety in the players. According to the fact that, the findings of this study can be used in scientific and research centers, rehabilitation facilities and Welfare institutions and given the importance of self-talk and self-handicapping, it is suggested to be used for sports coaches and physical education teachers and sports psychologists and as planned and effectively at different levels from beginner to professional.

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