

# The Relationship of Self-Handicapping and Mood Disorders with Self-Concept in Elderly Women

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### ABSTRACT

**Objective:** The present study aimed to investigate the relationship between self-handicapping and mood disorders with self-concept among elderly women in Tehran.

**Methods and Materials:** This applied study employed a descriptive-correlational research design. The statistical population consisted of 254 elderly women residing in Tehran. Based on Cochran's formula, 153 participants were selected through cluster sampling. Data were collected using the Jones and Rhodewalt Self-Handicapping Scale (SHS), the Mood Disorder Questionnaire (MDQ), and Rogers' Self-Concept Questionnaire. Data analysis was performed using SPSS software. Descriptive statistics were used to summarize participant characteristics, while Pearson correlation and multiple regression analyses were conducted to examine the relationships among the study variables.

**Findings:** Inferential statistical analyses revealed significant relationships between self-handicapping, mood disorders, and self-concept among elderly women ( $p < .05$ ). Pearson correlation coefficients indicated that higher levels of self-handicapping were associated with poorer self-concept. Similarly, mood disorder symptoms demonstrated a significant negative relationship with self-concept, suggesting that increased emotional and mood-related difficulties corresponded with lower levels of positive self-perception. Regression analyses further showed that self-handicapping and mood disorders significantly predicted self-concept and jointly accounted for a meaningful proportion of its variance. The findings suggest that psychological and emotional factors play an important role in shaping self-concept during late adulthood.

**Conclusion:** The results indicate that both self-handicapping behaviors and mood disorders are significantly associated with self-concept in elderly women. Individuals experiencing greater mood-related disturbances and engaging more frequently in self-handicapping behaviors tend to report a less positive self-concept.

**Keywords:** *Self-Handicapping; Mood Disorders; Self-Concept; Elderly Women; Aging; Mental Health; Psychological Well-Being.*

## 1. Introduction

Aging is a multidimensional developmental process characterized by biological, psychological, and social changes that substantially influence individuals' quality of life and psychological functioning. As populations around the world continue to age, increasing attention has been directed toward understanding the psychological challenges experienced by older adults, particularly women, who often encounter unique physical, emotional, and social stressors during later life. The transition into old age is frequently accompanied by retirement, declining physical health, reduced social participation, bereavement, and changing family roles, all of which may affect mental health and self-perceptions. Research has consistently demonstrated that psychological well-being in older adults is closely associated with how individuals perceive themselves and interpret their life experiences. Consequently, self-concept has emerged as a central construct in gerontological psychology and mental health research (Ghosh et al., 2024; Lima et al., 2024; Murniati & Kamsu, 2022).

Self-concept refers to the organized set of beliefs, evaluations, and perceptions individuals hold regarding themselves. It encompasses perceptions of personal competence, social worth, emotional stability, and identity. A positive self-concept contributes to psychological adjustment, resilience, and life satisfaction, whereas a negative self-concept is associated with emotional distress, maladaptive coping strategies, and reduced well-being. During old age, self-concept becomes particularly vulnerable because individuals often face changes in physical functioning, social status, independence, and health conditions. These transitions may challenge previously established identities and influence the way elderly individuals evaluate themselves. Studies have shown that self-perceptions significantly affect mental health outcomes, adaptation to chronic conditions, and overall quality of life among older adults (Herbert, 2023; Pham, 2022; Raza et al., 2021).

Among the factors that may undermine self-concept, self-handicapping has received considerable attention in psychological research. Self-handicapping refers to behaviors or cognitive strategies through which individuals create obstacles to their own performance in order to protect self-esteem in the event of failure. By attributing potential failures to external impediments rather than personal inadequacies, individuals attempt to preserve a favorable self-image. Although this strategy may provide temporary

psychological protection, repeated reliance on self-handicapping often results in diminished performance, reduced self-efficacy, and increased psychological distress. Self-handicapping behaviors have been linked to emotional maladjustment, anxiety, depression, and reduced self-esteem across diverse populations. Evidence suggests that chronic self-handicapping may gradually weaken self-concept by reinforcing negative beliefs about personal competence and effectiveness (Kállai et al., 2021; Ménard & Chittle, 2023; Tsirigotis, 2021).

Theoretical perspectives suggest that self-handicapping originates from individuals' attempts to manage threats to self-worth. When people anticipate failure or perceive themselves as vulnerable to negative evaluation, they may engage in excuse-making, procrastination, reduced effort, or other self-defeating behaviors. While these behaviors may reduce immediate psychological discomfort, they often generate long-term consequences that negatively affect psychological functioning. Among elderly individuals, self-handicapping may emerge in response to age-related challenges such as declining health, social dependency, and concerns regarding competence. Consequently, understanding the relationship between self-handicapping and self-concept in elderly women is important for identifying mechanisms that contribute to psychological vulnerability during later life (Azevedo & Azevedo, 2023; Field et al., 2021; Jiménez et al., 2025).

Mood disorders constitute another critical factor influencing psychological well-being in old age. Mood disorders encompass a range of emotional disturbances characterized by persistent changes in affect, including depression, anxiety, bipolar symptoms, and related emotional difficulties. Older adults frequently experience mood-related symptoms due to biological changes, chronic illness, social isolation, financial concerns, and loss of significant relationships. Research has demonstrated that mood disorders are associated with impaired functioning, reduced quality of life, increased healthcare utilization, and heightened mortality risk among elderly populations. Furthermore, emotional disturbances often affect cognitive processes, self-evaluation, and social interactions, thereby influencing how individuals perceive themselves and their place in society (Ghosh et al., 2024; McGhee, 2023; Talarico et al., 2022).

Depression and anxiety are among the most prevalent psychological problems observed in older adults. These conditions are associated with negative self-appraisals, feelings of worthlessness, reduced motivation, and impaired

social functioning. Several studies have indicated that individuals experiencing mood disorders tend to report lower levels of self-esteem and more negative self-concepts than psychologically healthy individuals. In older women, emotional difficulties may be intensified by cumulative life stressors, caregiving responsibilities, physical health problems, and reduced social support. Consequently, mood disorders may play a significant role in shaping self-concept and psychological adjustment during the aging process (Azam & Shoaib, 2024; Özşahin, 2020; Sadaf, 2024).

Recent evidence has further highlighted the interaction between emotional functioning and self-perception across various clinical and non-clinical populations. Studies examining patients with chronic health conditions have demonstrated that anxiety, depression, fatigue, and psychosomatic symptoms significantly influence individuals' perceptions of themselves and their abilities. Research involving populations with hearing impairment, dizziness, tinnitus, and other chronic health concerns has shown that psychological distress is strongly associated with perceived disability, social withdrawal, and diminished self-worth. These findings suggest that psychological symptoms may contribute to negative self-concept through multiple pathways, including reduced social engagement, impaired functioning, and increased feelings of helplessness (Boecking et al., 2022; Gasparre et al., 2023; Teh & Prepageran, 2022).

The relationship between physical health challenges and psychological functioning is particularly relevant in elderly populations. Age-related sensory impairments, balance disorders, and chronic illnesses have been associated with increased psychological burden and diminished quality of life. Studies have reported significant associations between dizziness-related disability, anxiety, depression, stress, and reduced social functioning among older adults. These findings underscore the importance of examining psychological factors that contribute to adaptation and well-being during aging. The way elderly individuals interpret and respond to physical limitations may influence both self-concept and emotional functioning (Dastgerdi et al., 2024; Lima et al., 2024; Prell et al., 2021).

Several interventions aimed at improving psychological functioning in older adults have demonstrated beneficial effects on emotional well-being and self-perceptions. Vestibular rehabilitation, hearing therapy, physical activity programs, and psychological interventions have been shown to reduce distress and improve quality of life among elderly individuals. For example, exercise-based interventions have

been associated with reductions in anxiety and depressive symptoms, while cognitive and behavioral approaches have demonstrated effectiveness in enhancing emotional regulation and psychological adaptation. Such findings emphasize the modifiable nature of psychological risk factors and highlight the importance of identifying variables associated with self-concept in later life (Tang et al., 2023, 2024; Zhang et al., 2024).

Social and contextual factors also contribute significantly to self-concept and emotional health. Experiences of social exclusion, stigma, disability, and interpersonal difficulties may negatively influence self-perceptions. Research has indicated that sociocultural pressures, adverse life experiences, family violence, and traumatic events can affect emotional well-being and self-evaluative processes. Similarly, psychological resilience and adaptive coping strategies have been identified as protective factors that buffer the negative effects of stress and adversity. Understanding how self-handicapping and mood disorders interact with self-concept requires consideration of these broader psychosocial influences (Adily & Karystianis, 2021; Jiménez et al., 2025; Kaya et al., 2021).

Studies focusing specifically on self-perception have revealed that feelings of inadequacy, impostor experiences, self-absorption, and distorted self-evaluations are associated with increased psychological distress. Individuals who perceive themselves negatively often exhibit greater vulnerability to anxiety, depression, and maladaptive coping behaviors. Furthermore, negative self-concept may perpetuate emotional problems by reinforcing pessimistic interpretations of experiences and limiting adaptive behavioral responses. Therefore, self-concept can be viewed both as an outcome influenced by psychological difficulties and as a factor contributing to their maintenance (Kállai et al., 2021; Ménard & Chittle, 2023; Sadaf, 2024).

Although substantial research has examined self-concept, mood disorders, and psychological well-being separately, fewer studies have investigated the simultaneous relationships among self-handicapping, mood disorders, and self-concept in elderly women. Existing evidence suggests that both self-handicapping and emotional disturbances are associated with negative self-evaluations, yet the extent to which these variables are related within older female populations remains insufficiently explored. Given the growing elderly population and the increasing recognition of mental health as a determinant of successful aging, examining these relationships may provide valuable insights for preventive interventions and psychological support

programs (Abiko et al., 2021; Herbert, 2023; Zhang et al., 2023).

Furthermore, elderly women may represent a particularly vulnerable group due to the cumulative impact of health-related, social, and emotional challenges encountered across the lifespan. Identifying psychological factors associated with self-concept in this population may contribute to the development of targeted interventions aimed at enhancing psychological well-being and promoting healthy aging. A better understanding of how self-handicapping behaviors and mood disorders relate to self-concept may assist clinicians, counselors, and healthcare providers in designing more effective mental health programs for older women (Berardino et al., 2023; İçöz & Sendesen, 2025; Pinna et al., 2020).

Therefore, the present study aimed to investigate the relationship between self-handicapping and mood disorders with self-concept among elderly women.

## 2. Methods and Materials

### 2.1. Study design and Participant

This study was an applied research project employing a descriptive-correlational design. The research sought to examine the relationships between self-handicapping, mood disorders, and self-concept among elderly women. Given that the study aimed to describe and analyze existing conditions without manipulating any variables, a correlational approach was considered appropriate. The statistical population consisted of 254 elderly women residing in Tehran who were accessible during the data collection period. Using Cochran's sample size formula, a sample of 153 participants was determined to be sufficient for the study. Participants were selected through a cluster sampling procedure. Data were collected through field research methods, and all participants voluntarily completed the study questionnaires. Prior to the main study, a pilot test was conducted on a sample of 30 respondents to assess the reliability of the instruments. The reliability analysis demonstrated satisfactory internal consistency for all study variables, with Cronbach's alpha coefficients exceeding the acceptable threshold of 0.70, indicating that the instruments possessed adequate reliability for use in the main investigation.

### 2.2. Measures

The Self-Handicapping Scale (SHS) developed by Jones and Rhodewalt (1982) was used to assess self-handicapping behaviors. The instrument consists of 25 items rated on a six-point Likert scale ranging from 0 (strongly disagree) to 5 (strongly agree). The scale measures the extent to which individuals engage in behaviors or cognitive strategies that create obstacles to their own performance. The questionnaire evaluates self-handicapping through three major dimensions: negative mood, excuse-making, and effort-related tendencies. Previous psychometric evaluations have reported acceptable internal consistency for the scale, with a Cronbach's alpha coefficient of approximately 0.79. Test-retest reliability over a one-month interval has also been established, and evidence from various studies supports the convergent and discriminant validity of the instrument. The SHS has been widely used in psychological research to assess maladaptive coping strategies and self-protective behavioral patterns.

Mood disorders were assessed using the Mood Disorder Questionnaire (MDQ) adapted by Rafiee Nejad (2014). This instrument contains five items and evaluates six psychological dimensions, including separation anxiety, generalized anxiety, social anxiety, panic attacks and agoraphobia, obsessive-compulsive symptoms, and injury-related fears and phobias. The content validity of the questionnaire was established through expert review and evaluation by specialists in psychology and mental health. Reliability analyses have demonstrated satisfactory internal consistency, with a reported Cronbach's alpha coefficient of 0.83. The questionnaire has been employed in various studies to identify emotional and mood-related difficulties and is considered an appropriate instrument for assessing psychological distress among different age groups, including older adults.

Self-concept was measured using Rogers' Self-Concept Questionnaire, originally developed by Carl Rogers between 1938 and 1957. The instrument assesses an individual's perception of the self through two primary dimensions: the real self and the ideal self. The real self reflects how individuals currently perceive themselves, whereas the ideal self represents how they would like to be. The questionnaire consists of two forms, each containing seven items, yielding a total of 14 items. Responses are recorded on a seven-point scale ranging from 1 to 7. Lower discrepancy scores between the real and ideal self indicate a more positive self-concept, whereas higher scores reflect a more negative self-concept.

The instrument has demonstrated satisfactory psychometric properties in both domestic and international studies. Previous research has reported Cronbach's alpha coefficients of approximately 0.87 and concurrent validity coefficients of 0.81 in Iranian samples, while international studies have reported reliability and validity coefficients of 0.82 and 0.67, respectively. These findings support the suitability of the questionnaire for evaluating self-concept among elderly populations.

### 2.3. Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). Descriptive statistical techniques were initially employed to summarize the characteristics of the participants and the distribution of the study variables. Reliability analyses were performed using Cronbach's alpha coefficients to evaluate the internal consistency of the instruments. For inferential analysis, Pearson's correlation coefficient was utilized to examine the relationships among self-handicapping, mood disorders, and self-concept. Furthermore, regression analysis was conducted to determine the predictive contribution of self-handicapping and mood disorders to variations in self-concept among elderly women. Statistical significance was evaluated at the conventional 0.05 significance level. These

analytical procedures enabled the researchers to assess both the strength and direction of the associations among the study variables and to identify the extent to which psychological factors contributed to self-concept in the target population.

### 3. Findings and Results

The demographic findings indicated that 60.2% of the participants were between 50 and 60 years of age, 31.0% were between 61 and 70 years old, and 8.8% were older than 70 years. Regarding educational attainment, 53.4% of the respondents had a diploma or lower level of education, whereas 46.6% had an associate degree or higher. Descriptive analyses showed that self-concept had the highest mean score ( $M = 5.30$ ), while mood disorders had the lowest mean score ( $M = 0.69$ ). Furthermore, self-handicapping demonstrated the lowest standard deviation ( $SD = 0.765$ ), indicating relatively low variability among participants, whereas self-concept exhibited the highest standard deviation ( $SD = 1.01$ ). Assessment of the normality assumption revealed that the p-values associated with all study variables exceeded 0.05, indicating that the distributions did not significantly deviate from normality. Consequently, parametric statistical procedures were considered appropriate for subsequent analyses.

**Table 1**

*Descriptive Statistics and Pearson Correlation Matrix of the Study Variables*

Variables	Mean	SD	1	2	3
1. Self-Handicapping	3.12	0.77	1		
2. Mood Disorders	0.69	0.82	.411**	1	
3. Self-Concept	5.30	1.01	-.591**	-.678**	1

As shown in Table 1, self-handicapping was positively and significantly associated with mood disorders ( $r = .411$ ,  $p < .001$ ). In contrast, self-handicapping demonstrated a significant negative relationship with self-concept ( $r = -.591$ ,  $p < .001$ ), indicating that higher levels of self-handicapping were associated with lower levels of positive self-concept among elderly women. Similarly, mood disorders were

negatively and significantly correlated with self-concept ( $r = -.678$ ,  $p = .002$ ). These findings suggest that both self-handicapping behaviors and mood-related symptoms are linked to poorer self-concept in the study population. Therefore, the correlational results provide support for the research hypotheses regarding the significant relationships among the variables.

**Table 2**

*Multiple Regression Analysis Predicting Self-Concept from Self-Handicapping and Mood Disorders*

Predictor	B	$\beta$	t	p
Constant	12.152	—	17.095	.000
Self-Handicapping	-0.953	-0.376	-6.447	.000
Mood Disorders	-8.830	-0.523	-8.983	.000

The results of the multiple regression analysis indicated that both self-handicapping and mood disorders significantly predicted self-concept among elderly women. Self-handicapping exerted a significant negative effect on self-concept ( $\beta = -0.376$ ,  $t = -6.447$ ,  $p < .001$ ), suggesting that an increase in self-handicapping behaviors was associated with a decline in self-concept scores. Likewise, mood disorders showed a stronger negative predictive effect on self-concept ( $\beta = -0.523$ ,  $t = -8.983$ ,  $p < .001$ ). Comparison of the standardized beta coefficients revealed that mood disorders constituted the stronger predictor of self-concept relative to self-handicapping. Overall, the regression findings confirmed that both variables contributed significantly to explaining variations in self-concept among elderly women. Based on the obtained coefficients, the regression equation was expressed as follows:

$$\text{Self-Concept} = 12.152 - (0.953 \times \text{Self-Handicapping}) - (8.830 \times \text{Mood Disorders})$$

These findings support the study hypotheses and indicate that increases in self-handicapping behaviors and mood disorder symptoms are associated with significant reductions in self-concept among elderly women.

#### 4. Discussion

The present study aimed to investigate the relationship between self-handicapping, mood disorders, and self-concept among elderly women. The findings demonstrated that both self-handicapping and mood disorders were significantly associated with self-concept. Specifically, self-handicapping exhibited a significant negative correlation with self-concept, indicating that elderly women who reported higher levels of self-handicapping tended to possess a more negative perception of themselves. Similarly, mood disorders showed a significant inverse relationship with self-concept, suggesting that greater emotional and mood-related difficulties were associated with lower levels of positive self-evaluation. Furthermore, the results of the regression analysis revealed that both self-handicapping and mood disorders significantly predicted self-concept, with mood disorders emerging as the stronger predictor. These findings highlight the important role of cognitive, emotional, and behavioral factors in shaping psychological functioning among elderly women.

The negative association between self-handicapping and self-concept can be explained through self-worth protection theories, which suggest that individuals who frequently engage in self-handicapping behaviors attempt to shield

themselves from the threat of failure by creating excuses or obstacles that justify poor outcomes. Although such behaviors may temporarily protect self-esteem, they often reinforce perceptions of inadequacy and incompetence over time. Elderly women who habitually attribute difficulties to external barriers or who reduce effort to avoid potential failure may gradually internalize negative beliefs regarding their capabilities. As a result, self-handicapping becomes a maladaptive coping mechanism that undermines positive self-perceptions. This interpretation is consistent with studies indicating that self-defeating cognitive patterns are associated with diminished psychological adjustment and poorer self-evaluations (Kállai et al., 2021; Ménard & Chittle, 2023; Tsirigotis, 2021).

Another possible explanation is that self-handicapping reduces opportunities for mastery experiences and successful adaptation. Positive self-concept develops partly through successful engagement with challenges and the achievement of personally meaningful goals. When individuals avoid effort, postpone action, or engage in excuse-making behaviors, they limit their chances of experiencing competence and accomplishment. Consequently, they may become increasingly convinced that they are incapable of managing life's demands. This process may be particularly relevant during old age, a developmental period characterized by numerous adjustment challenges, including changes in physical health, social roles, and independence. Elderly women who rely on self-handicapping strategies may therefore experience greater difficulties maintaining positive perceptions of themselves and their abilities. Similar conclusions have been reported in studies examining self-efficacy, resilience, and self-evaluative processes among vulnerable populations (Azevedo & Azevedo, 2023; Kaya et al., 2021; Raza et al., 2021).

The findings also revealed a significant negative relationship between mood disorders and self-concept. This result is theoretically consistent with cognitive models of emotional disorders, which propose that depression, anxiety, and related emotional disturbances are maintained by negative beliefs about the self, the world, and the future. Individuals experiencing persistent mood-related symptoms often exhibit distorted patterns of self-evaluation characterized by feelings of worthlessness, inadequacy, helplessness, and diminished personal value. Such cognitive distortions can directly contribute to the development of a negative self-concept. Elderly women who experience emotional distress may become increasingly focused on

perceived weaknesses, losses, and limitations, leading to unfavorable self-perceptions. This explanation is supported by research demonstrating strong associations between emotional disturbances and negative self-appraisals across diverse populations (Azam & Shoaib, 2024; Ghosh et al., 2024; McGhee, 2023).

The relationship between mood disorders and self-concept may be especially pronounced among older adults because aging is frequently accompanied by experiences that challenge psychological well-being. Declining physical functioning, chronic illnesses, social isolation, reduced economic resources, and bereavement may increase vulnerability to depression and anxiety. These emotional difficulties may subsequently affect how older individuals evaluate their personal worth and competence. Previous investigations have shown that anxiety and depressive symptoms are associated with reduced quality of life, impaired social functioning, and diminished self-esteem among elderly populations and individuals with chronic health conditions. Therefore, the present findings reinforce the notion that emotional well-being and self-concept are closely interconnected during later life (Herbert, 2023; Murniati & Kamso, 2022; Zhang et al., 2023).

The stronger predictive role of mood disorders compared with self-handicapping observed in the regression analysis deserves particular attention. Although self-handicapping significantly contributed to the prediction of self-concept, mood disorders accounted for a greater proportion of variance. This finding suggests that emotional functioning may exert a more direct influence on self-perceptions than behavioral self-protective strategies. Mood disorders affect multiple dimensions of psychological functioning, including cognition, motivation, interpersonal relationships, and emotional regulation. Consequently, their influence extends beyond specific behaviors and permeates the broader self-system. Individuals experiencing chronic emotional distress are more likely to interpret experiences negatively, underestimate personal strengths, and focus on perceived deficiencies, all of which contribute to a more negative self-concept (Jiménez et al., 2025; Sadaf, 2024; Talarico et al., 2022).

The present findings are also consistent with evidence derived from studies involving populations affected by hearing loss, tinnitus, dizziness, and vestibular disorders. Researchers have repeatedly demonstrated that emotional distress significantly influences subjective perceptions of disability and quality of life. Individuals experiencing chronic psychological symptoms frequently report greater

limitations and lower self-evaluations than would be expected based solely on objective health indicators. These studies suggest that psychological interpretations of health-related experiences may be more influential than the experiences themselves. Accordingly, elderly women with elevated mood symptoms may perceive themselves more negatively regardless of their actual level of functioning (Gasparre et al., 2023; İçöz & Sendesen, 2025; Teh & Prepageran, 2022).

Another important implication of the findings concerns the reciprocal relationship that may exist between self-concept and psychological difficulties. While the present study identified self-handicapping and mood disorders as predictors of self-concept, it is also plausible that negative self-concept contributes to the maintenance of these problems. Individuals who perceive themselves negatively may become more susceptible to anxiety, depression, avoidance behaviors, and self-defeating coping strategies. Consequently, a cyclical process may emerge in which negative self-perceptions intensify emotional distress, which in turn further undermines self-concept. Similar reciprocal relationships have been discussed in studies examining impostor phenomenon, self-esteem, emotional vulnerability, and maladaptive cognitive processes (Kállai et al., 2021; Ménard & Chittle, 2023; Sadaf, 2024).

The findings additionally underscore the importance of psychosocial factors in successful aging. Positive self-concept has been associated with greater resilience, better psychological adjustment, and enhanced life satisfaction. Conversely, negative self-concept may increase vulnerability to emotional difficulties and social withdrawal. Research examining trauma exposure, interpersonal violence, adverse life experiences, and sociocultural pressures has consistently shown that psychological well-being is shaped by both internal and external factors. The present study contributes to this body of literature by highlighting the significance of self-handicapping and mood disorders as psychological correlates of self-concept among elderly women (Field et al., 2021; Jiménez et al., 2025; Özşahin, 2020).

The results also have implications for intervention and prevention efforts. Studies evaluating rehabilitation programs, psychological interventions, and physical activity initiatives have demonstrated improvements in emotional well-being, self-perceptions, and quality of life. Interventions targeting mood regulation, cognitive restructuring, and adaptive coping may therefore contribute to improvements in self-concept among elderly women.

Programs designed to reduce self-handicapping behaviors by enhancing self-efficacy, problem-solving skills, and resilience may likewise foster more positive self-perceptions. Evidence from hearing therapy, vestibular rehabilitation, and exercise-based interventions supports the potential effectiveness of comprehensive approaches that simultaneously address emotional and behavioral factors (Boecking et al., 2022; Dastgerdi et al., 2024; Tang et al., 2024).

## 5. Conclusion

Overall, the findings suggest that self-concept in elderly women is influenced by a combination of emotional and behavioral factors. Self-handicapping behaviors and mood disorders appear to function as significant psychological risk factors that undermine positive self-perceptions. By identifying these relationships, the present study contributes to a deeper understanding of psychological functioning during old age and provides evidence supporting the importance of addressing emotional health and maladaptive coping strategies in programs designed to promote successful aging and psychological well-being among elderly women (Berardino et al., 2023; Chua et al., 2023; Zhang et al., 2024).

## 6. Limitations and Suggestions

Several limitations should be considered when interpreting the findings of this study. First, the cross-sectional and correlational design does not permit causal inferences regarding the relationships among self-handicapping, mood disorders, and self-concept. Second, all data were collected using self-report questionnaires, which may be influenced by social desirability bias, response styles, or inaccuracies in self-perception. Third, the sample was limited to elderly women from Tehran, which may restrict the generalizability of the findings to elderly men, individuals from other geographical regions, or different cultural contexts. Finally, other potentially influential variables, such as physical health status, social support, economic conditions, and cognitive functioning, were not included in the study.

Future studies should employ longitudinal designs to examine causal pathways among self-handicapping, mood disorders, and self-concept across time. Researchers may also investigate potential mediating and moderating variables, including resilience, social support, self-efficacy, loneliness, and coping strategies. Comparative studies

involving elderly men and women could provide a more comprehensive understanding of gender differences in these relationships. Furthermore, qualitative approaches may help explore the subjective experiences underlying self-concept development in later life. Expanding research to diverse cultural and socioeconomic contexts would also enhance the external validity of findings.

Mental health professionals working with elderly populations should pay particular attention to self-handicapping tendencies and mood-related symptoms when assessing psychological well-being. Counseling and psychoeducational programs may focus on strengthening adaptive coping strategies, enhancing self-efficacy, and promoting positive self-perceptions. Community-based interventions designed to increase social participation, emotional support, and psychological resilience may contribute to healthier self-concept development among elderly women. Healthcare providers should also incorporate routine psychological screening into services for older adults to facilitate the early identification and treatment of emotional difficulties that may negatively affect self-concept and overall quality of life.

## Authors' Contributions

Authors equally contributed to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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