

Procrastination and Self-Regulatory Failure: An Introduction to the Special Issue

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Abstract As a preface to the papers in this special issue on the role of procrastination in maladjustment, we provide an overview of the topics covered. To our knowledge, this is the first special issue that focuses specifically on the role of this form of self-regulatory failure in understanding maladjustment. We begin with a discussion of the complex array of motivational, affective, cognitive, and behavioural factors that operate in chronic procrastination. These complexities are illustrated with case studies that highlight the role of negative self-views and associated deficits in self-regulation. Themes explored in the papers include the role of cognitive factors in dysfunctional beliefs and automatic thoughts in procrastination, as well as the role of procrastination and deficits in self-regulation related to stress, psychological distress, and physical illness. Another key theme addressed is the usefulness of REBT and cognitive techniques such as mindfulness training in reducing the tendency to procrastinate.

Keywords Procrastination · Cognition · Self-regulation · Motivation · Depression · Treatment

While research and theory on procrastination continues to grow, a common concern among researchers in the procrastination field is that the potential seriousness of procrastination is not as widely recognized as it should be. This is surprising because procrastination can result in profound personal distress (e.g., Ferrari et al.

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1995), consequences for financial and career success (e.g., as part of “disciplined goal orientation”; Mehrabian 2000), negative effects on physical health (e.g., Sirois 2007; Sirois et al. 2003), and even outcomes that are life-threatening. In the latter case, for example, Saposnik (2009), writing about acute stroke management in a paper entitled, “Acute stroke management: Avoiding procrastination, the best way to optimize care delivery,” summarizes it as “time is brain, and brain is efficient time management” (p. 1251). Although procrastination is much more than time management, better understood as a weakness of will and as a form of self-regulation failure, this example does underscore the serious problem of needless delay across many domains of our lives.

Perhaps the lack of seriousness associated with procrastination is partly due to the fact that procrastination seems so widespread. As Searle (2001), among others, has noted, the failure to do what one has intended to do and what one ought to do, what the Greeks called *akrasia*, is very common in everyday life. Given its long roots in our understanding of human nature and the all too common weakness of will that everyone experiences, we can certainly wonder how can it be seriously dysfunctional? Perhaps people are simply not aware of the degree of impairment that often accompanies procrastination, especially when procrastination is combined with other shortcomings and vulnerabilities. In any case, this self-defeating, needless delay of intended actions is a deep-seated form of chronic avoidance that merits sustained attention by researchers and more clinically-oriented psychologists. We argue that additional research and theory on this topic is vitally important for at least three reasons.

First, chronic procrastination is intriguing as an example of an extreme personality style or extreme variant of a fundamental personality trait, namely conscientiousness. If viewed from the perspective of personality, chronic procrastination can be conceptualized as a paucity of conscientiousness (e.g., Lay 1997), including traits such as dutifulness, self-discipline and deliberation, and researchers need to learn much more about how and why these extreme personality styles come about. This dimensional approach to understanding the effects of personality has received attention in terms of other maladaptive ways of being in the world such as personality disorders (e.g., Widiger 1997). There is much more yet to learn about the characteristic tendency to procrastinate as a function of individual differences.

Second, a focus on procrastination is important because, as we noted, it has been clearly identified with important life outcomes including retirement savings (O'Donoghue and Rabin 1999) and increased health risk due to needless delay of health behaviours and/or treatment delay (e.g., Sirois 2007; Sirois et al. 2003). When seen in this light, procrastination is certainly more than the cost of a few “all nighters” in the dorms of university.

Third, procrastination is not a cost to the individual alone. As we are all embedded in a social context, those around us can be, and usually are, affected negatively by another person's procrastination. We affectionately refer to this as “second-hand” procrastination. This involves dealing with the stress that this avoidance-coping creates, including last-minute cancellation of social obligations, unnecessary and unwelcome involvement in the other's task to help make the deadline (a potential form of co-dependence), as well as the ongoing deceit that is inherent in the excuse-making that serves to justify procrastination.

Finally, it is important to continue to understand the nature and expression of procrastination as it can undermine the therapeutic process. In fact, recent data (Stead et al. 2010) suggest that procrastination may limit the degree to which help is sought both for physical problems and psychological problems.

This special issue in the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* is not the first issue of a journal to have a specific thematic focus on procrastination. The first special issue on this theme appeared in the *Journal of Social Behavior and Personality* in the year 2000 (see Ferrari and Pychyl 2000). However, to our knowledge, the current special issue on procrastination and self-regulatory failure is the first one that focuses specifically on procrastination and related issues from a clinical perspective. It is highly appropriate here because this special issue in the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* follows, in part, from the seminal contributions of theorists such as Windy Dryden (2000), as well as Ellis and Knaus (Ellis and Knaus 1977; Knaus 1973, 2010), and the empirical work on procrastination and irrational beliefs that their insights have inspired. Dryden in particular continues to make important contributions to the literature, as reflected in his contribution to this special issue. A persistent theme in the literature on rational-emotive and cognitive-behavioral therapy is the usefulness and relevance of these therapeutic orientations to understanding procrastination and how REBT and CBT are well-suited to the complexities inherent in chronic self-regulation failure.

Even a brief survey of the recent literature reveals countless case studies that highlight the suffering of procrastinators and their family members. These cases underscore the fact that procrastination can be exceptionally debilitating for some people. In these instances, procrastination is either central to disorder and dysfunction or it is a feature or by-product that exacerbates other problems. When it is the central problem, procrastination is often linked with perfectionism (Flett et al. 1995).

It is important to emphasize this connection between procrastination and perfectionism because Steel (2007) made some unwarranted conclusions about the role of perfectionism in procrastination in a recent meta-analysis on procrastination. He concluded that, “For perfectionism, the results are informative, indicating that procrastinators are actually *less likely, not more*, to be perfectionists” (p. 81; emphasis added). This conclusion is not warranted because, as shown by Flett et al. (1995) any conclusion here depends largely on how perfectionism is conceptualized and assessed. Although it is beyond the scope of this brief introductory paper to go into the details, one example of the inconsistency in the interpretation of the results of the meta-analysis should suffice. Steel reports that:

“Although clinical work has stressed that irrational beliefs are a major source of procrastination, results have been irregular and often weak. Meta-analytic review indicates that the average correlation is .17 ($K = 71$)” ..., and that “...Only socially prescribed perfectionism, in which people believe that significant others have set standards for them, is even weakly related to procrastination ($r = .18$; analyzed with other fear of failure constructs)” (p. 76).

Interestingly, these correlations are as big as some “important” relations he discusses, such as the relation between procrastination and academic performance ($r = -.19$; $K = 41$). In addition, and relevant to our current issue, Steel concluded that:

Repeatedly in the popular press and counseling resources, irrational beliefs and perfectionism are taken to be major causes of procrastination, as almost any self-help book or Web site on the topic will illustrate. This belief has been exacerbated by publication bias, where published works tend to report higher correlations for neuroticism and irrational beliefs than do unpublished works. Although there can be a connection, procrastination *does not appear* to be anxiety related (p. 81; emphasis added).

As counselors, psychotherapists, and researchers such as ourselves can attest, this is an unfounded conclusion. In fact, we are perplexed by Steel’s conclusion given the existing literature relating irrational beliefs, including maladaptive perfectionism, to procrastination. One possibility is that past studies have often examined procrastination and irrational beliefs in general without honing in on the specific irrational beliefs most central to procrastination.

When it comes to perfectionism, there are simply too many case examples to deny that there is a subtype of perfectionistic procrastinator. Numerous case examples have been summarized along with data suggesting that procrastinators have elevated levels of socially-prescribed perfectionism and perfectionistic automatic thoughts (see Flett et al. 1995, 2004). Typically, these procrastinators feel, rightly or wrongly, that they are expected to be perfect and they absolutely must be perfect. Regarding recent case illustrations, consider the plight of a young man with ADHD who was described as a self-critical, avoidant procrastinator who believed that whenever he was engaged in a task, he had to do a perfect job. The combination of procrastination and perfectionism resulted in a sense of rejection and failure that permeated every area of his life (see Rosenfield et al. 2008). The need to do things perfectly was also central in a case study described by Palmer and Gyllenstein (2008) in an earlier issue of this journal. They recounted the case of a 50-year old woman suffering from depression. She was fired from her job as a civil engineer because she could not complete her work. This failure to complete work was a chronic problem as she suffered from procrastination that dated back to her days as a student. The delaying seemed to be reinforced by an enjoyable “adrenaline kick” of completing tasks at the last minute as a student, but now as an older adult, this was found to be too stressful. Closer inspection revealed a mixed pattern of automatic thoughts reflecting a negative self (“I am inadequate”) and perfectionism in terms of feeling a need to produce perfect work. Still, there was an urge to procrastinate, because work was not stimulating enough (“I can’t stand doing boring tasks”), even though she realized that her procrastination meant that she fell short on key projects (“I should have been able to do so much more”; “This is not good enough”).

Another recent case study also highlighted the close link between procrastination and self-critical perfectionism. This account of a college student named Gabriel was described at length in a series of papers. It was demonstrated how procrastination

and self-criticism contributed to a chronic tendency to avoid completing assignments and avoid studying, which in turn only added to a pattern of self-doubting that seemed to fuel additional self-critical thoughts (see Caro Galbalda 2010; Neimeyer 2010).

As noted above, sometimes procrastination is not the primary problem, but it certainly exacerbates other difficulties. For example, Robichaud (in press) described the case of William, a 38-year-old man experiencing generalized anxiety disorder. William described himself as a “born worrier” who suffered from restlessness, irritability, and trouble sleeping. His worries involved a range of themes including family, health, and work issues. William was also a procrastinator who chronically avoided spontaneous acts, and his procrastination fuelled a general avoidance orientation that allowed his tension and worry to build so that coping became much more difficult. Another case illustration of procrastination as a product of distress was provided by the personal account of Dr. Bronwen Loder. Loder’s revelation is intriguing, in part, because Dr. Loder served as a Mental Health Act “Manager” and was engaged in academic, scientific research for 15 years (see Loder 2009). He provided a clear picture of the depression he experienced at the age of 70 years old, just 1 year after retirement. Symptoms of depression included apathy, withdrawal, and concentration and sleep difficulties, along with a chronic form of procrastination that involved “... being unable to open letters, pay bills, or, at times, communicate with anybody. I felt I had lost my purpose in life” (Loder 2009, p. 47). Loder’s recovery was due, in part, to undertaking a physical activity regimen that facilitated engaging in more behaviors, as well as undergoing CBT that he said provided him with a toolkit he needed to manage depression.

A tendency to procrastinate was also the byproduct of depression in the case of Asmita, a 36-year old woman who suffered depression 5 years after the birth of her son (see Garland and Scott 2007). In this instance, procrastination meant a failure to complete homework assignments prescribed as part of the therapeutic process. Both the depression and the procrastination were traced back to a self-critical perfectionism that was due, in part, to Asmita having an extensive history of physical abuse and emotional neglect. These last two cases are significant in terms of also reminding us that procrastination can be a problem for people of various ages, even though most research investigations focus primarily, though not exclusively, on procrastination in college and university students.

Fortunately, there are also numerous illustrations of the usefulness of rational-emotive and cognitive-behavior therapy for those extreme procrastinators who find their way into treatment and counselling. Unfortunately, systematic, controlled interventions have not been conducted thus far, and, clearly, the time has come for studies that document the impact that procrastination has not only on treatment outcomes, but also on the course of treatment and key elements of the therapeutic process (e.g., the completion of homework assignments as noted above in the case of Asmita), as well as a consideration of how procrastination may interfere with establishing a solid therapeutic alliance. Although we do not know the extent to which treatment success can be achieved with procrastinators versus non-procrastinators, there are numerous cases illustrating the success achieved via REBT and CBT when used as clinical interventions for procrastination.

In addition to published accounts of individuals who have received treatment, there are now emerging accounts of the usefulness of REBT and cognitive-behavioral coaching in order to lessen procrastination (see Neenan 2008). For instance, Karas and Marcantonio (2009) showed recently that a cognitive-behavioral coaching program was quite effective in addressing the procrastination of seven individuals who were assessed extensively and found to have high levels of general procrastination and decisional procrastination. Importantly, Karas and Marcantonio conducted a longitudinal assessment and showed that the gains achieved were still maintained at follow-up. All of this underscores the importance of our continued investigation of procrastination, particularly from a REBT perspective, and leads us to the contents of our present special issue.

The papers in this special issue of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* illustrate several key themes, including the role of cognitive factors and processes in procrastination, and the extent to which procrastination can be regarded as a product of longstanding deficits in self-regulation. Recently, Pychyl (2011) has argued that much is to be gained from regarding procrastination as a deficit in self-determination and countering this by promoting a sense of personal responsibility among those who need to stop their dilatory ways and become more conscientious, if not deliberately “conscious,” in daily life. Other work builds on the REBT of promoting self-acceptance by showing that self-forgiveness is a key goal for procrastinators (Wohl et al. 2010). Collectively, the papers in this special issue illustrate just when and how procrastination can become deleterious, with it being clearly evident that the chronic delays and avoidance that are synonymous with procrastination reflect complex blends of affect, motivational factors, and cognitive processes and beliefs.

These complexities inherent in dysfunctional procrastination are perhaps best illustrated by the original research conducted by McCown et al. (2012). Their paper describes a unique investigation that confirmed observations made by Dryden (2009) and other theorists about the specific irrational beliefs associated with procrastination. As McCown et al. note, their work is indeed the first and only prospective study of the beliefs of procrastinators that also included empirically-based, computer-scored content analyses applied to the emotions and thoughts of procrastinators. McCown and his colleagues distinguished a group of procrastinators and non-procrastinators based on a series of self-report and behavioral measures. Participants who were procrastinators or non-procrastinators were then asked to provide 500-word descriptions of their thoughts and feelings that they had experienced while engaging in dilatory behavior in real life. Participant responses were then scored with a well-known computer-based program. Group comparisons found that procrastinators had more maladaptive thoughts in four areas—self-depreciation thoughts and feelings, other-depreciation, life condition depreciation, and frustration intolerance. Analyses of embedded themes revealed several other findings including a link between procrastination and reduced hopefulness. These data not only provide extensive support for REBT conceptualizations of procrastination, they highlight the multiple forms of maladaptive beliefs that underscore procrastination. The discussion section of the McCown et al. paper further elaborates on the complex issues and themes that emerged for certain individuals in their study.

The role of dysfunctional cognitions in procrastination was illustrated further in the next paper in this issue by Flett et al. (2012). They explored procrastination from a cognitive perspective by conducting additional work with the Procrastinatory Cognitions Inventory (PCI), a measure of procrastination-related automatic thoughts developed initially by Stainton et al. (2000). Initial work with this 18-item inventory established that there are meaningful individual differences in the extent to which people experience automatic thoughts such as “Why can’t I just get started?” and “I can turn it in later.” Not surprisingly, the initial work by Stainton et al. (2000) with the PCI showed that a higher frequency of these thoughts was associated with higher levels of anxiety and dejection and elevated levels of trait procrastination. The research described in the current paper was designed to provide a more detailed picture of the person who frequently experiences these thoughts. Collectively, the results from three samples of undergraduate and graduate students showed that participants with high PCI scores experience negative automatic thoughts in general, fear of failure, stress, trait neuroticism, and psychological distress. In addition, high PCI scorers have motivational deficits (i.e., a performance avoidance orientation), and they tend to have low levels of self-actualization along with feelings of being an impostor. These data illustrate the role of frequent cognitions about procrastination and the inability to stop procrastinating in distress-prone students.

The third paper by Sirois and Tosti (2012) is another unique study that not only reminds us of the potential costs of procrastination (i.e., health problems), it also highlights the role of low mindfulness in potentiating dysfunctional self-regulation. Mindfulness can take many different forms (see Dryden and Still 2006) and establishing that mindfulness is associated negatively with procrastination is important in light of accumulating evidence of the usefulness of mindfulness in stress reduction (Grossman et al. 2004), as well as in the successful treatment of depression (Teasdale et al. 2000). Sirois and Tosti administered measures of procrastination, stress, self-perceived health, and three measures of mindfulness to a large sample of university students. The inclusion of three measures of mindfulness is a particular strength of this paper. They then showed that all measures of mindfulness were associated with reduced levels of procrastination; moreover, they established that mindfulness mediates the associations that procrastination has with perceived stress and negative reports of health. Future research is needed to establish which specific processes and components linked with mindfulness help lessen the negative effects of procrastination. Mindfulness has been linked with greater unconditional self-acceptance (Carson and Langer 2006; Thompson and Waltz 2008), and mindfulness training has yielded improvements in attentional control, as well as reductions in ruminative processing (Chambers et al. 2008). Together, these positive elements related to attentional control should help to buffer the negative impacts of dysfunctional procrastination.

Our fourth paper by Haghbin et al. (2012) highlights the role of deficits in need fulfillment among people prone to procrastination. Haghbin et al. confirmed in a large sample of undergraduate students that procrastination is associated with unfulfilled needs for competence and autonomy. Haghbin et al. also found that there were relatively weak but positive links between procrastination and various domains

of fear of failure, but the association was moderated by the degree to which competence needs were satisfied. The key finding was that the link between procrastination and fear of failure was much stronger among those students with unfulfilled competence needs. Haghbin et al. concluded that when it comes to distinguishing procrastinators and non-procrastinators, it is important to consider the complex interplay of motivational variables related to fear of failure and actual self-regulatory failure.

This special issue concludes with a paper by Windy Dryden (2012), which is an instructive illustration of how procrastination is addressed via REBT, with a commentary and transcript of a session used as part of the REBT “Master Therapists DVD Series” (Dryden 2008). Dryden’s demonstration and analysis demonstrates expertise particular to REBT and procrastination, and it illustrates how irrational beliefs can fuel procrastination. Most importantly, this paper highlights some critical themes such as the value of developing the ability to tolerate feelings of distress, including the ability to tolerate frustration. What emerges from this revealing account is a greater appreciation of the challenges and complexities inherent when applying REBT to procrastination and the need for therapists to be vigilant so that avoidance is not allowed to continue. The complexities are noted from the outset by Dryden who conceptualizes procrastination as avoidant behavior that is manifest at “C” in the “ABC” framework. Dryden emphasizes that procrastination creates a complex situation for the therapist, because when procrastination occurs and avoidance takes place, the procrastinator is not faced with the “A” or with the feared negative emotions at “C” due to the procrastination itself. It is evident from this analysis that unless care is taken, the avoidance behavior of procrastinators may be inadvertently enhanced.

Collectively, the papers in this special issue provide a number of new insights into the nature of individual differences in dysfunctional procrastination. In particular, new information is provided on the cognitive aspects of procrastination, the links among procrastination, stress, distress, and health symptoms, and the effectiveness of interventions designed to reduce dysfunctional levels of procrastination and associated deficits in self-regulation. It is our hope that this work will serve to further increase public awareness about how serious procrastination can be, and it will provide additional impetus for future research on procrastination by readers of this special issue in particular.

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