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# Procrastination and Mental Health Coping: A Brief Report Related to Students

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**ABSTRACT** - Research relating procrastination and mental health suggests that poor adjustment may be explained directly by the stress resulted from worry/anxiety over the delay, and indirectly by the tendency to put off important coping behaviors. In the present study, participants (80 women, 24 men; age range = 18-33 years, *M* age = 21.12 years old, *SD* = 2.03) completed Spanish versions of a measure of coping behaviors related to mental health and a procrastination inventory evaluating the tendency to avoid starting or completing tasks across a variety of everyday situations. Results indicated that procrastinators compared to non-procrastinators reported significantly lower positive actions and expression feelings/needs. Significant predictors of procrastination by students were low positive actions, expressing feelings, and assertiveness. Implications are considered relevant to student personality and development.



*Chronic procrastination,* the purposive and frequent delay in beginning or completing a task to the point of experiencing subjective discomfort (Ferrari, 2010), is estimated at 20-25% among adult men and women living around the world (cf. Ferrari, Díaz-Morales, O'Callaghan, Díaz, & Argumedo, 2007). It is associated with higher levels of stress and anxiety, weak impulse control, lack of persistence, lack of work discipline, lack of time management skill, and the inability to work methodically (see Díaz-Morales, Ferrari, Díaz, & Argumedo, 2006; Ferrari & Diaz-Morales, 2007a, 2007b; Schouwenburg, Lay, Pychyl, & Ferrari, 2004; Sirois, 2006 ). Examining effective coping behaviors, several studies supported links between procrastination and an inability to regulate negative emotions, ego-depletion (Ferrari & Pychyl, 2007), speed-accuracy tradeoffs (Ferrari, 2001), or health-related goals (Tice & Bratslavsky, 2000). A variety of studies also suggest that procrastination is linked to negative mental health outcomes with greater stress and many symptoms of physical illness (i.e. number of symptoms, visits health-care professionals, and amount of stress in the past week; see Ferrari, 2010; Ferrari, Johnson, & McCown, 1995).

Sirois (2006) proposed that procrastination is a behavioral style affecting physical and mental health, mediated through a behavioral pathway: poor health of procrastinators may be explained directly by the stress resulting from procrastination, failing to cope

effectively, and indirectly by the tendency to put off important health behaviors. The current brief research extended the known relationships between coping and chronic procrastination by exploring the underlying structure of frequent delays related to mental health behaviours among emerging adults (i.e., undergraduates). We expected procrastination tendencies to be related to mental health coping techniques such as positive actions, controllability, expression of feelings and needs assertiveness, and well-being seeking.

## Method

### *Participants*

Participants were 104 psychology students (80 women, 24 men; *M* age= 21.12 years old, *SD* = 2.03) at a large, public, urban university in Spain.

### *Psychometric Scales and Procedure*

All participants volunteered to complete, in counterbalanced order, within 20 minutes, both reliable and valid psychometric measures. One measure was McCown and Johnson's (1989) 15-item, uni-dimensional *Adult Inventory of Procrastination* (*AIP*; see Ferrari et al., 1995, for psychometrics), assessing the tendency to avoid starting or completing tasks across a variety of everyday situations. Sample items include "*I don't get things done on time*." The Spanish version-*AIP* (Díaz-Morales et al., 2006) had good internal consistency (original authors $\alpha$ = 0.83; current $\alpha$ = 0.82). This inventory was back-translated for accuracy from English to Spanish by Diaz-Morales et al. (2006) and used effectively in previous studies.

The other measure translated effectively in Spanish by Grossarth-Maticek and Eysenck (1995) to assess health-related coping behaviors was the 25-item *Self-Regulation Inventory-Short (SRI-S)* by Marqués, Ibáñez, Ruipérez, Moya, and Ortet (2005). This self-report coping measure has five factors that examine effective coping skills for life problems, namely: *positive actions,* solving problems and facilitating happiness (original author's $\alpha$ = 0.79), *controllability,* internal control attributions (original author's $\alpha$ = 0.68), *expression of feelings and needs,* identification and expression of needs, wishes and feelings (original authors $\alpha$ = 0.72), *assertiveness,* autonomy and self-confidence (original author's $\alpha$ = 0.69), and *well-being seeking*, satisfaction with oneself and others (original author's $\alpha$ = 0.70). A total *SRI-S* score, across all 25-items, also was calculated for analysis (original author's $\alpha$ = 0.84).

## Results and Discussion

Table 1 presents the mean sum score for each subscale. As noted from the table, *zero-order correlates* found chronic procrastination was negatively related to positive actions, expression feelings/needs factors, and total *SRI-S* scores. No significant differences, however, emerged on well-being seeking, assertiveness, and controllability. Also, in order to analyze the relative contribution of *SRI-S'*s subscales in predicting procrastination, a *multiple regression analysis* was performed. Consistent with the bi-variate analysis noted in Table 1, results indicated (standardized betas) that lower score on *positive actions* ($\beta$ = - 0.25, $t$ = -1.98, $p < 0.05$) and *expression of feeling and needs* ($\beta$ = -0.23, $t$ = -2.21, $p < 0.05$) predicted procrastination scores.

**Table 1**
***Mean Sum Scores and Correlation Coefficients Across Self-reported Measures***

| | *M* | *(SD)* | Procras-tination | Positive Actions | Control-ability | Expression Feelings | Asser-tiveness | Well-being seeking | TOTAL SRI-S |
|---|---|---|---|---|---|---|---|---|---|
| Procrastination | 36.84 | (10.17) | [.82] | | | | | | |
| *SR/Coping Style* | | | | | | | | | |
| -positive actions | 22.40 | (3.25) | -.25** | [.68] | | | | | |
| -controllability | 19.52 | (4.46) | -.19 | .48*** | [.75] | | | | |
| -expression of feelings | 19.89 | (5.00) | -.27** | .39*** | .26** | [.68] | | | |
| -assertiveness | 21.07 | (4.06) | .04 | .47*** | .23* | .30*** | [.69] | | |
| -well-being seeking | 24.61 | (2.93) | -.12 | .43*** | .13 | .31*** | .17 | [.69] | |
| TOTAL SRI-S score | 107.50 | (13.29) | -.24** | .79*** | .65*** | .72*** | .65*** | .54*** | [.82] |

*Note.* Value in brackets along the diagonal is coefficient alpha with the current sample. SRI-S = Self-Regulation Inventory. $n = 104$; * $p < .05$, ** $p < .01$, ***$p < .001$

Results from this brief survey study suggest that chronic procrastinators engage in less positive, constructive behaviors that might regulate their adjustment and mental health coping styles. Chronic procrastinators also are less likely to express their needs and concerns, necessary for effective coping. Consistent with popular literature about the effectiveness of coping styles by procrastinators (see Ferrari, 2010), the present study supports the claim that chronic procrastination may lead to greater perceived stress plus the delay or omission of important adjustment behaviors, resulting in poor mental health. The present study, then, adds to current research on the procrastination and coping, and connects the negative consequences of procrastination with increased vulnerability for negative coping styles impacting, for example, physical health (Sirois, 2006). In sum, chronic procrastination is conceptually self-regulatory failure and, consequently, disables individuals from guiding their goal-directed activities toward health lifestyles.

Of course, this study is limited by sample size and demographics. We had a small number of respondents, all traditional age students (as opposed to older working adults), and all respondents came from Spain. Given the number of cross-cultural studies between Spanish and, say, English-speaking respondents on chronic procrastination that replicate the same results (e.g., Diaz-Morelas et al., 2006; Ferrari & Diaz-Morales, 2007a, 2007b; Ferrari et al., 2007), we are confident that our results may generalize. Still, future studies need to replicate and expand our results. We also encourage future studies to dig deeper into understanding the link between chronic procrastination and mental-health, as this topic needs greater breadth and depth in application and understanding (Ferrari, 2010). Nevertheless, the present study found a link between these maladaptive lifestyles which impact on the lives of many individuals.

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