

Cognitive Behavioral Based Treatment for Procrastination



Gabriel Talask* and Marcele Regine de Carvalho

Institute of Psychology, Federal University of Rio de Janeiro, Brazil.

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***Corresponding author:** Gabriel Talask Moura, Institute of Psychology, Federal University of Rio de Janeiro, Brazil,
E-mail: gabrieltalask@gmail.com

Introduction

Procrastination is highly prevalent, being present in 20% of the general population [1-3]. When related to the academic domain, it can reach up to 70% [4]. In addition, procrastination affects different life-domains, compromising physical and mental health [5-7], finances [8,9] and individual performance and well-being [10-12]. Procrastination is more than a simply delay of a task or a decision to make; it also involves behavioral, cognitive and emotional aspects [13,14]. Understanding the complexity of its nature is fundamental in order to develop an effective intervention for its treatment. Although recent, academic studies are closer to a commonly shared theory. Therefore, the aim of this study is to present the mainly theories about the expression and nature of procrastination in order to review recent interventions for the treatment of procrastination.

Understanding Procrastination

Procrastination has been investigated from two perspectives: a) as an avoidant behavior that follows a specific task, culminating in the delay of this task; b) as a personality trait, being a chronic and diffuse pattern, in which delay and avoidance are typical responses in different situations [4]. While understanding procrastination as a personality trait, studies sought to locate it in the Big Five taxonomy [15]. Regarding this model, research suggests that procrastination is highly related with low level of *Conscientiousness* and moderate related with high level of *Neuroticism* [13,16-18]. All facets of *Conscientiousness* were inversely related to procrastination; nevertheless self-discipline appears as the greatest predictor, followed by *organization* [19]. As for *Neuroticism*, *impulsivity* and *vulnerability* are the most significant facets as predictors of procrastination, but also shows a relationship with the *depression* and *self-awareness* facets [13,16,18].

Predictors and Precursors of Procrastination

Deficit in volition and failure of self-regulation represent some of the main predictors of procrastination. Procrastination appears as a *gap* between the implementation of an intention

and the implementation of the action, causing the individual to procrastinate against his initial intention. Choosing to voluntarily delay an action, despite the individual's intention, is the fundamental point of self-regulatory failure [18,20,21]. Procrastinatory behavior has also been identified as a *coping* strategy and as a way to regulating, in the short term, negative emotions that follows a certain task [22]. Some procrastinators experience specific ruminations about procrastination as an automatic thought about their own tendency to procrastinate (e.g. "Why I did not start this earlier?"). It is suggested that these ruminations not only follow procrastinatory behavior, they also precede task engagement. In that case, such cognitions would be a kind of worry. (e.g. People expect me to work and study more»). Therefore, specific cognitions linked to procrastination can lead to a broad spectrum of self-criticism and self-deprecating thoughts [23,24]. Procrastination is also evoked by certain situational aspects. Variables associated with procrastination are: attractiveness, difficulty and specificity of the task [18]. The more intrinsically unpleasant a task is, the more likely the individuals will be to postpone it. There is a natural tendency to avoid aversive stimuli, and the more aversive the stimulus, the greater the chances of evasive behavior. In addition, while procrastinating, individuals tend to distort their perception of the degree of importance, difficulty, pleasure, and stress of a task [22].

Strategies for the Treatment of Procrastination

Faced with this broad scenario that composes the expression of procrastination, strategies that involve stimulus control, emotional regulation, cognitive restructuring, and behavioral activation seem to have a degree of importance in managing this problem. Strategies related to stimuli control seems to be effective in managing procrastinatory behavior, since impulsiveness is a strong predictor of this behavior, and is also related to a greater susceptibility to engagement in activities involving immediate rewards. Such a strategy involves changes in the environment and situational factors, controlling the amount

of stimuli that can contribute to the reduction of attention, as well as creating obstacles in the engagement of activities that promote immediate rewards [25]. The deficit in self-regulation is one of the main aspects of procrastination, which can be also a maladaptive strategy to deal with negative emotions [26]. Therefore, strategies involving acceptance and mindfulness have been shown to be effective in managing procrastination [27-29].

Given the influence of cognitive activity on behavior, cognitive restructuring is one of the main strategies and objectives of cognitive-behavioral psychotherapy [30,31]. Chronic procrastinators have certain thoughts related to procrastination which leads to negative emotional reactions, contributing to procrastinatory behavior [14,24]. Identifying and questioning these dysfunctional thoughts is fundamental in the management of this behavioral response. Procrastinators frequently do not initiate certain actions because they erroneously expect to create a prior motivation for such, or because they have a distorted perception about the difficulty and displeasure that a certain task will provide [22]. In this sense, behavioral activation presents itself as an important strategy in the management of behavior, since it consists of a strategy of engagement in activities that are often neglected in the individual's life, leading to a state of constant inactivity [32].

Discussion and Conclusion

Recent experimental researches [33-35] suggest that interventions based in Cognitive-Behavioral Therapy (CBT) show promise in the treatment of procrastination. Those studies showed a significant reduction in the scores on the scales used to measure procrastination, which were maintained on the follow-up. However, some limitations need to be discussed. Those researches used different protocols, varying in strategies, interventions and assessments. In addition, there was also variation in the samples. A recent epidemiological study of procrastination [3] revealed that age, gender and education are relevant variables. Furthermore, only one trial used a randomized controlled trial. Although research has shown promising results in reducing procrastination, it is important that future research consider some factors for the consolidation of an evidence-based practice. It is necessary that studies sought to perform controlled and randomized clinical trials.

That kind of study is fundamental to determine more specific outcomes, once it provides better control under the variables, such as psycho education, home practice and interaction with the professional. In addition, randomized sample allows considering co variables - such as age, gender and education - decreasing the risk of bias. Moreover, homogeneity among assessments is fundamental in order to discuss the outcomes. Procrastination is extremely prevalent and causes significant impairment in the lives of these people. Therefore, it is essential that there be evidence-based interventions for the treatment and management of this problem. However, for this to occur it is necessary that there be more studies that seek

to understand the nature of procrastination, so experimental researches can converge in protocols. Although treatment studies are scarce and recent, interventions in cognitive-behavioral therapy have shown promise.

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