Procrastination and its Relationship with Mental Health among Children and Adolescents

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Abstract
Procrastination affects many people across life span and influences overall effectiveness of individual and organization especially among children and adolescents inside and outside the schools. The objective of this study is to investigate the relationship between procrastination and mental health with regarding the variables of gender and developmental stage among a sample children and adolescents. The sample of participants was selected from basic teaching schools in Aleppo city for the 4th, 5th grades of children and 7th, 8th, 9th grades of adolescents, and gender (males and females). The sample size was (268) students (133 males, and (135) females, ranging between 10-15 years old. The tools of the study was Procrastination Scale which developed by the researcher and the Mental Health Scale developed by Al-Rahhal 2011. The results of the study revealed that there was significant differences between males and females in procrastination (males were higher than female), and between children and adolescents (among adolescents higher than among children). On the other hand, there was no significant correlation between procrastination and awareness and acceptance of one’s self and others, courage, personal and social adjustment, while there was negative significant correlation between procrastination and trust in one’s self and others, freedom of winless , perception of reality and objects, love of the self/ others, and straightness.

Keywords: Procrastination, Mental Health, Children and Adolescents

Introduction
Procrastination is extremely prevalent and pernicious form of self-regulatory failure, or the tendency to postpone an activity under one’s control to the last possible minute, or even not to perform it at all, that is not entirely understood. Procrastination is the deferment of actions or tasks to a later time, or even to infinity. It is the avoidance, or deferment, without good reason, of an intended or scheduled until later. The word itself comes from the Latin word procrastinates: pro (forward) and crustiness (of tomorrow). Procrastination is very common and takes place in everyday behaviors. Even though it has been growing for decades and is considered a serious problem today, it wasn’t regarded as a serious psychological problem and thus ignored by psychologists for much of history Brown [1].

The term “procrastination” refers to delaying tasks you consider as urgent or necessary and doing something else instead, the substitution work having lower priority and being less essential. And the best definition for procrastination is the delaying of task that was originally planned despite expecting to be worse off for the delay Thakkar [2]. Not all delay, though, is procrastination. Delay is part of structuring and prioritizing, whereas procrastination is needless voluntary postponement of tasks undertaken in the knowledge that it may be harmful to you concerning your performance or feelings. Because the delays is irrational, people end up voluntarily choosing a course of action. They know will not maximize their physical, psychological and material well-being. Procrastination is occasionally used in a positive sense. Several writers have mentioned it as a functional delay or as avoiding rush Bernstein [3], Chu and Choi [4], Ferrari [5].

Although virtually all of us have at least dallied with dallying, some have made it a way of life. Hence, the relevant conceptual, theoretical, and empirical work is reviewed, drawing upon correlation, experimental, and qualitative findings. Now and then almost everyone postpones aversive activities. It has increased as post-modern values have permeated much of western society in the last thirty year, Thakkar [2]. Estimates indicate that 80%-95% of college students engage in procrastination O’Brien [6] approximately 75% consider themselves procrastinators and
almost 50% procrastinate consistently and problematically
Milgram NA [7]. Estimates indicate that 80%-95% of college
students engage in procrastination O’Brien [6], approximately
75% consider themselves procrastinators Pott [8], and almost
50% procrastinate consistently and problematically.

In academic context, some students deliberately leave course
work tasks to the last minute, arguing that the resulting pressure
makes them concentrate and gives them the “buzz” they need to
produce consistently good work Revelle [9]. If it has the desired
effect, then that is good (positive/rational procrastination). However, if deferment or avoidance of required tasks is
not producing the desired result, and is leading to negative
repercussions for individual and others, then procrastination
of action to resolve the situation is unwise (negative/irrational
procrastination).

Theoretical Background

Procrastination and mental health: There are little
current empirical and clinical researches on the relationship
between procrastination and mental health/well-being especially in childhood and adolescence. Procrastination has a
powerful affect on a person’s thoughts, feelings, physical health,
behavior, and overall functioning Burka [10]. Symptoms often
include: craving diversion, ineffective working, last minute
rushing, missed deadlines, difficulty in making a start on a piece
of work or revision, nagging guilt, disappointment, self-disgust,
stress, and depression. There are several different theories as
to what causes a person to procrastinate. According to Joseph
Ferrari, “Studies show that the procrastination trait comes from
the kinds of interactions we have with our parents when we are
young.”

Most commonly, procrastinators come from households
with an authoritarian father, men who are cold and stern. Their
children turn to putting off tasks as a form of rebellion. A coping
strategy at home does not help them in the outside world. The
behavior then becomes part of them and over time, they begin
to rationalize things in different ways, Milgram [7], Gehman,
Keinan 1992. Other reasons for procrastinating include poor
time management, inability to prioritize, and overload of tasks
at a specific time, anxiety about a task, difficulty concentrating,
negative self-talk, and avoidance of things that are disliked and/
or difficult Aitkin [11].

Researcher asks why people procrastinate. There are three
things that influence the emergence of procrastination; firstly,
there are certain personality traits (e.g. high impulsivity) that
determine the vulnerability for procrastination. Some people
are more seducible to procrastinate than others are. Secondly,
self-regulation deficits play an important role. They include
little perseverance or deficient time management, but also
gaps between one’s intention and action. The third issue that
contributes to procrastination concerns situational factors such
as complexity, plausibility, structuralizing, and attractively of
a task, anticipated feedback, experienced autonomy, and social
isolation Habelrih and Hicks [12].

The causes of procrastination are complex and as yet far from
being fully understood, therefore, it is important to investigate
its relationship with mental health levels, and personality traits.
However, Steele [13] summarized several studies of the concept in
an attempt to identify the cause, and concluded that the following
factors impact on individual response to task procrastination:
(1) Aversion to the task (Avoidance of unpleasant, boring or
difficult tasks for as long as possible), (2) worry about failure
(Worry about failing; prefer to be viewed and judged by others
as lacking in effort, rather than ability), (3) depression or mood
related (low energy/motivation levels, arising depression, or
just not in the mood responses to tasks, (4) rebellion (delaying
starting tasks because of resentment about the task, or person
imposing it); time management issues (under-estimation of time
needed to complete set tasks; environmental factors (e.g. place
of work and study, have an impact on motivation to start); enjoy
working under pressure (relish the “buzz” of working close to
the time limits); impulsiveness (easily swayed from one task
to another; pursuit of immediate gratification or sensation- and
worry later), Milgram [7]. Researchers suggest that there are
five types of procrastinators: Three types of procrastination:
(1) The thrill seekers, (2) avoiders, (3) active, (4) decisional and (5)
academic procrastinators, Abdallah 2012, in addition, negative/
irrational procrastination, and positive/rational procrastination
Gafi and Geri [14], task procrastination and trait procrastination
Steel [13].

Whether procrastination can also be considered a
personality trait is an empirical question: Does people’s level
of procrastination show consistency across time and situation.
There has been sufficient research to address this issue, and
it suggests procrastination has sufficient cross-temporal and
situational stability. There appears to be a biological or genetic
component to procrastination, Arvey [15]. On the other hand,
various studies show a very distinct clustering of related traits:
trait procrastination, weak impulse control, lack of persistence,
lack of work discipline, lack of time management skill, and the
inability to work methodically. It is possibly more fruitful to
label this cluster as (lack of) self-control. Despite this overlap,
conscientiousness is a broader construct. It has been defined
with terms as varied as conformity, socially prescribed impulse
control, achievement orientation, cautiousness, morality,
organization, thoroughness, and reliability Hogan and Ones [16].
In his research review, Steel [13] investigate the procrastination
as personality trait and concluded that the degree that people
are self-interested, self-regulatory failure is associated with
diminished overall utility, in terms of both mood and performance,
Bernstein [3]. Conceptually procrastination is strongly related
to conscientiousness, which itself is consistently linked to better
performance, and procrastinators should tend to be worse off in

In their study, Habelrih and Hicks [12] examines how psychological well-being is related to the concepts of active procrastination and passive (traditional) procrastination. Active and passive procrastination are related insignificantly to each other (we are not dealing with one dimension); but what would be the relationships among psychological well-being, active procrastination and passive procrastination? The different forms of procrastination may have different relationships to well-being and research is scarce; and further, treatment processes for avoiding the negative effects of procrastination should be tailored to the different forms of procrastination. It was hypothesized that psychological Well-Being would be related positively to active procrastination and negatively to passive procrastination. To answer this question, 152 university students aged between 18 and 54, mean age of 23.3 (SD = 18) completed the Active Procrastination Scale, the Passive Procrastination Scale, and Ryff’s Scales of Psychological Well-Being. Standard multiple regressions were used, linking psychological well-being, age, gender, active and passive procrastination. The findings show active and passive procrastination are in fact separate constructs and need to be treated differently. Being an active procrastinator can be a sign of healthy Well-Being.

A recent study on the negative health consequences of procrastination suggested that procrastination was associated with higher stress and poor health Tice 1997. The investigation by Sirois [17] sought to clarify and extend these findings by examining the meditational role of stress and health behaviors in the procrastination-illness relationship. It was hypothesized that in addition to stress; a behavioral pathway would be implicated, with poor williness behaviors and delay in seeking treatment for health problems mediating the effects of procrastination on health. The model was tested with a sample of university students (n=122) during a high stress period. As expected, the results indicated that procrastination related to poorer health, treatment delay, perceived stress, and fewer williness behaviors. The process analyses supported the meditational role of stress and treatment delay, but not williness behaviors, in the Procrastination-Illness relationship. The model is consistent with current conceptualizations of the personality-health relationship, and presents procrastination as a behavioral style that may increase vulnerability for negative health outcomes.

There are several studies intended to examine the procrastination: with time management Gafni and Geri [14], and with well-being Habelrih and Hicks [12] and its nature and causes Thakkar [2], and among college students ford 2014. But still an important question should be answered, regarding the relationship between procrastination with mental health criteria, gender and developmental stage especially among children and adolescents’ that represent the objective of this article. Findings indicated that there is negative correlation between procrastination and university student’s mental health Sirois [17]. In another study, it found that much of procrastination’s affect on life satisfaction was though anxiety and regard Abdullah 2012. The role of depression or loss of emotional and behavioral control was not taken into account, but to the degree that people are self-interested, self-regulatory failure is associated with diminished overall utility, in terms of both mood and performance. Consequently, procrastinators should tend to be worse off in terms of both how they feel and what they achieve Barrick and Mount [18].

The question of how positive mental health and well-being should be defined remains unresolved. There are several broad and inconsistent definitions being used in current psychological literatures. (Health is the state of efficiency, and Physical, mental, and social well-being, and not just the absence of disease. Although the absence of mental disease have been linked to the psychological health, [negative definition], current researches suggest several attributes and criteria (indexes) that should be measured objectively and subjectively (positive definition), Abd-Alkhaleq [19]. The best definition of mental health is the “Positive emotional, behavioral, and mental state that can be seen in higher level of personal and social adjustment in personality, signed in several attribute aspects” Abdulla 2016. Some researchers indicated that the following attributes have been found to be important for good mental health (1) Positive emotions: overall, how happy do I feel? (2) Engagement: taking an interest in your work and activities (3) Relationships; having people in your life that you care for and who care about you, (4) Meaning and purpose: feeling that what you do in life is valuable and worthwhile, (5) Accomplishment: feeling that what you do gives you a sense of accomplishment and makes you feel competent, (6) Emotional stability: feeling calm and peaceful, (7) Optimism: feeling positive about your life and your future, (8) Resilience: being able to bounce back in the face of adversity, (9) Self-esteem: feeling positive about yourself, (10) Vitality: feeling energetic. In addition, other researchers proposed the following mental health index that include four continuum: (1) Psychological distress vs Psychological well-being, (2) Loss of behavioral-emotional control vs Emotional ties and stability,
Purpose of the Study: The aim of the study is to assess:

a. The differences between boys and girls in procrastination.

b. The differences between children and adolescents in procrastination.

c. The connection between procrastination and positive mental health indexes.

Questions of the Study: The study addresses the following specific questions:

a. Are there significant differences in procrastination between boys and girls?

b. Are there significant differences in procrastination between children and adolescent?

c. What is the relationship (correlation) between procrastination and mental health of the children and adolescents enrolled in schools?

Methodology

Participants

The sample of participants size was (268) students (133) males and (135) females, ranging between 10-15 years old, selected randomly from basic teaching schools in Aleppo city for the 4th, 5th grades of children and 7th, 8th, 9th grades of adolescents, and gender (males and females).

Materials

The measures of the study were: Procrastination Scale (PS) is a 44 items self-report scale which constructed by the researcher depending on psychological literatures and previous scales such as Ferrari [21] Procrastination Test Ferrari [21] and Tuckman procrastination Scale Tuckman 1991. A higher score indicates a higher level of active procrastination. The present study found very good internal consistency for the current sample, (Cronbach’s Alpha = 0.88), and good stability with test-retest reliability of 0.86.

Mental Health Scale (MHS) constructed by Al-Rahhal 2011 to measure the mental health of children and adolescents. This scale designed, depending on existential and phenomenological theory in psychotherapy. It consisted 60-items for assessing criteria / indexes of mental health that include : (item’s number 1, 11, 21, 41, 51) for measuring self and other awareness and acceptance , (item’s number 2, 12, 22, 32, 42, 52), for trust of one’s self and others, (items: 3, 13, 23, 43, 53) for assessing willingness freedom, and responsibility. (items: 4, 14, 24, 34, 54 ) for scaling personal adjustment, ( items: 5, 15, 25, 35, 45, 55) for social adjustment, (6, 16, 26, 36, 46, 56, for courage and problem solving, (items: 7, 17, 27, 37, 47, 57, ) for assessing straightforwardness, (items: 8, 18, 28, 38, 48, 58) for assessing reality and object’s
perception, (items: 9, 19, 29, 39, 49, 59,) for love of one’s self and others, and finally, (items: 10, 20, 30, 40, 50, 60) for life’s purpose and meaning. The Items scored on a 5-point Likert-Type Scale ranging from 1 for false of me to 5 for true of me. The present study found good internal consistency for the current sample, (Cronbach’s Alpha = 0.81), and good stability with Test-Retest reliability of 0.84.

**Data Collection and Analysis**

Descriptive statistics have been used (M, SD) correlation coefficient for measuring the relationship between procrastination and mental health index/aspects, and T-test for accounting the differences in procrastination regarding gender and developmental stage’s variables.

**Results**

Prior to analysis, Scores on the items of the scales were analyzed to answer the question of the study.

**Question One:** “Are there significant differences in procrastination between boys and girls?” The first question was to describe, statistically, the procrastination according to the variable of gender. The results of the analyzed data presented in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Boys</th>
<th>Girls</th>
<th>T. value</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S</td>
<td>M</td>
<td>S</td>
</tr>
<tr>
<td>Procrastination</td>
<td>39.18</td>
<td>14.45</td>
<td>37.22</td>
<td>13.34</td>
</tr>
</tbody>
</table>

The results indicated that males differ significantly from females regarding procrastination (T. Value = 2.43, Sig. 0.05) Males more procrastinating than females.

The results in Table 1 revealed that significant differences exist between boys and girls. The results indicated that males differ significantly from females regarding procrastination (T. Value = 2.43, Sig. 0.05) Males more procrastinating than females. The results in Table 1 revealed that significant differences exist between boys and girls. The results indicated that males differ significantly from females regarding procrastination (T. Value = 2.43, Sig. 0.05) Males more procrastinating than females.

**Question Two:** “Are there significant differences in procrastination between children and adolescents?”. Second question was to describe, statistically, the procrastination according to the variable of developmental stage (childhood, adolescence). The results of the analyzed data presented in Table 2.

The results in Table 2 revealed that significant differences exist between children and adolescents. The results indicated that Adolescents tend to procrastinate more than children, and the difference was significantly (T. Value = 2.67, Sig. 0.05) Males more procrastinating than females.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Children</th>
<th>Adolescents</th>
<th>T. value</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S</td>
<td>M</td>
<td>S</td>
</tr>
<tr>
<td>Procrastination</td>
<td>41.23</td>
<td>14.51</td>
<td>43.98</td>
<td>13.25</td>
</tr>
</tbody>
</table>

The results indicated that Adolescents tending to procrastinate more than children, and the difference was significantly (T. Value = 2.67, Sig. 0.05) Males more procrastinating than females.

**Question Three:** “What is the correlation between procrastination and mental health of the children and adolescents enrolled in schools?” This question was to assess the relationship between procrastination and mental health. The results of the statistically analyzed data are presented in Table 3.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Procrastination R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness and acceptance of one’s self and others</td>
<td>0.24 *</td>
</tr>
<tr>
<td>Trust in one’s self and other</td>
<td>-0.66 *</td>
</tr>
<tr>
<td>Wiliness freedom, and responsibility</td>
<td>-0.54 *</td>
</tr>
<tr>
<td>Personal adjustment</td>
<td>0.25 *</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>0.13</td>
</tr>
<tr>
<td>Courage and problem-solving</td>
<td>0.26 *</td>
</tr>
<tr>
<td>Straightness</td>
<td>-0.36 *</td>
</tr>
</tbody>
</table>
The results in Table 3 showed that there are significantly positive correlations between procrastination and the following indexes of mental health: Awareness and acceptance of one’s self and others (r=0.24), personal and social adjustment (r=0.25, 0.13), courage and problem-solving (r=0.26) life’s purpose and meaning (r=0.22) but significantly negative correlation found between procrastination and other aspects of mental health (Trust in one’s self and other r=0.66; Williness freedom, and responsibility r=0.54, straightness r=0.36, perception of reality and objects; and finally r=0.45, Love of one’s self and others r=0.31).

Discussion

The aim of this study was to examine the relationship of procrastination and variables of gender and developmental stage on the one hand, and mental health on the other hand.

Regarding the first question, the finding showed differences between boys and girls in procrastination. This finding showed that tending to procrastinate more than girls did. The anticipated influence of gender on procrastination is difficult to predict. Previous investigation into gender differences and the related construct of self-control has found mixed results Feingold [22]. Men may score higher, lower, or the same as women depending on the measure. However, meta-analytic results do show that girls score higher on effortful control than boys Else Quest [23]. On balance then, one could expect procrastination to be weakly associated with males, Ferrari [21].

Regarding the second question, finding showed significant differences between children and adolescents in procrastination. The finding indicated that adolescents score higher than children do in procrastination. This result opposed to the previous researches that demonstrated People should procrastinate less as they age and learn. As O’Donoghue and Rabin [24] concluded, “Many people who procrastinate only moderately do so not because of intrinsic self-control, but because they have developed schemes to overcome procrastination”. It is evident that people can learn to avoid procrastination but this is depending on the personality traits and experiences in general on one hand and on the demands of developmental stage on the other hand.

The third result demonstrated that there is significantly positive correlation between procrastination and some aspects or indexes of mental health (Awareness and acceptance of one’s self and others, personal and social adjustment, life’s purpose and meaning), but significantly negative correlation found between procrastination and other aspects of mental health: Trust in one’s self and other; Williness freedom, and responsibility, straightness, perception of reality and objects, and finally, Love of one’s self and others. This finding support the previous finding that showed When psychological Well-Being was divided into its component facets and these were entered as independent predictor variables (against the active procrastination criterion) Habelrih and Hicks [12]. On the other hand, the significant positive mental healths facets may predictive of active procrastination were negative mental health facets may predictive of passive procrastination. The purpose in life is an important construct in Logo-Therapy and humanistic positive psychology theory, and regarding this facet, Habelrih and Hicks [12] indicated that it is unclear why a sense of purpose in life would be negatively related to active procrastination.

However, it is perhaps plausible that if we have a low sense of purpose we may not be “active” in our decisions about procrastination; and, perhaps more strongly, if we do have a strong sense of purpose then procrastinating at all would get in the way of what one is seeking to achieve and what is highly valued for the individuals. But these are speculation and need to be examined in further research. These are interesting findings raising that procrastination negatively related to Trust in one’s self and other, Williness freedom, and responsibility, straightness; perception of reality and objects; and finally, Love of one’s self and others. And this finding can be explained in referring to Psychological-Social Needs, developmental tasks or demands, and to the cognitive development in childhood and adolescence to But these remain speculation and need to be examined in further research focus on the types of procrastination (active, avoidant, academic…) and its relationship to personality traits and mental health criteria. When assessing a psychological construct as complex as procrastination, the parts must be identified clearly and examined from multiple perspectives. This raises concerns for those who may prefer the construct and measurement methods. However, procrastination is indeed complex, and further research into the construct and its multiple facets is needed.

Conclusion

This study examined procrastination and its relationship with criteria of mental health of children and adolescents, and the impact of gender and developmental stage on it. The finding revealed that boys tending to procrastinate more than female, and adolescent more than children. Another finding indicated...
that there are significantly positive correlation between procrastination and some aspects/indexes of mental health (Awareness and acceptance of one’s self and others, personal and social adjustment, life’s purpose and meaning), but significantly negative correlation founded between procrastination and other aspects of mental health: Trust in one’s self and other; Williness freedom, and responsibility, straightness, perception of reality and objects; and finally, Love of one’s self and others. We conclude that by demonstrating that mental health criteria has different predictive effects on procrastination, relating to its type, and the current research project supported the need for separation of procrastination into few distinct concepts.

These findings lead to significant recommendations: Investigation of the relationship between procrastination and demands of developmental stages in childhood and adolescence, Examine the correlation between aspects of positive mental health and forms of procrastination (a) The thrill seekers, (b) Avoiders,(c) active, (d) Decisional and (e) Academic procrastinators (3) Another issue that should be further studied within informing science research is the need to use other methodology such developmental longitudinal research method, experimental method to highlight the "cause-result" hypothesis in the relation of psychological health-procrastination [25-32].

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References


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