

Procrastination as a Self-Handicap for Men and Women: A Task-Avoidance Strategy in a Laboratory Setting

Joseph R. Ferrari

DePaul University

and

Dianne M. Tice

Case Western Reserve University

Procrastination (the lack of time spent practicing before an upcoming target task) may be conceptualized as a behavioral self-handicap. In two studies, participants (Study 1, 40 women and 19 men; Study 2, 48 women and 40 men) rated themselves on a measure of chronic procrastination in a general testing session. When participants reported individually to a laboratory, they were told that their performance on a math task would be measured. However, participants were allowed to practice the task or engage in other, fun activities (e.g., playing with a video game or working on a puzzle) for 15 min; hence, “procrastinate” at practicing. Participants in the first study spent an average of 9 of 15 min (60% of the time) procrastinating by working on all activities except practicing math problems. In the second study, where the exact same math task was identified as a fun game, chronic procrastinators did not practice less than nonprocrastinators, suggesting that procrastination (lack of practice) occurs as a behavioral self-handicap. In both studies, when the task was identified as an important evaluation of cognitive skills, chronic procrastinators compared to nonprocrastinators spent more time on the fun, alternative tasks and less time preparing for the evaluation. Procrastination by lack of practicing on a task occurred only when the task was identified as evaluative, not when the identical task was labeled as a fun or pleasurable activity. © 2000 Academic Press

Procrastination (delay in the start and/or completion of a task) has been reported pervasively within everyday settings (Burka & Yuen, 1983; Ellis &

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Address correspondence and reprint requests to J. Ferrari, Department of Psychology, DePaul University, 2219 North Kenmore Avenue, Chicago, IL 60614 or D. Tice, Department of Psychology, Case Western Reserve University, Cleveland, OH, 44106-7123. E-mail: jferrari@wppost.depaul.edu; or dxt2@po.cwru.edu.



Knaus, 1977) with as many as 20% of nonclinical adult men and women labeling themselves as "chronic procrastinators" (Harriott & Ferrari, 1996). Chronic procrastination has been related to low self-esteem, self-confidence, and self-control and high states of perfectionism, noncompetitiveness, self-deception, dysfunctional impulsivity, depression, and anxiety (Effert & Ferrari, 1989; Ferrari, 1991a, 1993; Ferrari & Emmons, 1995; Flett, Blankstein, & Martin, 1995; Flett, Hewitt, & Martin, 1995; Schouwenburg & Lay, 1995; Lay, Edwards, Parker, & Endler, 1989) and is inversely related to the Big Five factor of Conscientiousness (Schouwenburg & Lay, 1995).

Men and women who engage in chronic procrastination behaviors avoid self-relevant diagnostic information (Ferrari, 1991c), recommend severe reprimands for poor performance observed in other procrastinators (Ferrari, 1992), and engage in tasks more often in the evening than the day (Ferrari, Harriott, Evans, Lecik, & Wegner, 1997). Compared to nonprocrastinators, chronic procrastinators avoid activities that would reveal information concerning their abilities (Ferrari, 1991d) and prefer to work on easy, unchallenging tasks (Ferrari, 1991e). Chronic procrastinators make poor estimates about the amount of time needed to complete activities (Lay, 1988), tend to focus on past events as opposed to the future (Ferrari & Specter, 1999), and do not act on their intentions (Lay & Burns, 1991). Procrastinators suffer more ill health effects (Tice & Baumeister, 1997) and may perform poorer than nonprocrastinators as a result of illness (Boice, 1989).

After reviewing the literature, Ferrari, Johnson, and McCown (1995) concluded that chronic procrastinators, compared to nonprocrastinators, were overly concerned and protective of their self-presentational image and tried to avoid situations that may show an adverse negative image. For these individuals, it is better to do nothing than risk failure and look foolish. Because procrastination involves withholding the start of a task such that no effort is made that could be spent improving one's chances of success, procrastination seems to be a form of *self-handicapping*. Self-handicapping involves placing barriers in the way of one's own success as a strategic ploy to manipulate the attributional ambiguity of an evaluation (e.g., Arkin & Baumgardner, 1985; Berglas & Jones, 1978; Jones & Berglas, 1978; Leary & Shepperd, 1986; Snyder, 1990). If self-handicapping results in poor performance, then failure may be attributed to the handicap or obstacle and not a personal lack of ability. In contrast, if the person succeeds despite the handicap, he or she may receive additional credit for overcoming a personal or situational obstacle. Research has demonstrated that people use a wide variety of both kinds of self-handicapping strategies, such as choosing to take performance-inhibiting drugs (Berglas & Jones, 1978; Kolditz & Arkin, 1982; Tucker, Vuchnich, & Sobell, 1981), choosing to listen to performance-debilitating noise or music (Ferrari, 1991b, 1991c; Hobden & Pliner, 1985; Rhodewalt & Davidson, 1986; Tice, 1991), decreasing effort (Rhodewalt, Saltsman, &

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