



# Efficacy of Coherence Therapy in Treating Procrastination and Perfectionism

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## Introduction

“To procrastinate is to voluntarily delay an intended course of action despite expecting to be worse off for the delay” (Steel, 2007, p. 66).

- As many as 40% to 80% of people identify themselves as procrastinators; up to 50% indicate procrastination is problematic (Steel).

- Perfectionism is a correlate, if not cause, of procrastination (Seo, 2008).

- About one-fourth to one-third of the college student population appears to suffer from maladaptive perfectionism (Rice & Ashby, 2007).

- There are relatively few controlled treatment investigations of them. Evidence that does exist suggests that treatment success has been mixed (e.g., Cook, 2000; Mulry, Fleming, & Gottschalk, 1994) and that treatment has consistently focused on fixing what is wrong with both procrastination and perfectionism rather than discovering, and possibly utilizing, what is right with them.

- Coherence Therapy (CT) was developed by Ecker and Hulley (1996) as a method for helping clients achieve enduring therapeutic change through deeper understanding of the emotional truth of a symptom. Direct efforts to counteract or correct the symptom are avoided. Instead, through experiential efforts, a more complete understanding of the symptom emerges, including its adaptive necessity for the individual.

## Purpose

In the present study, the efficacy of CT was compared with a self-help intervention: a structured bibliotherapeutic intervention designed around a popular self-help book on procrastination (*The Now Habit*, Fiore, 2007). This intervention served as an alternative treatment condition. We chose an active bibliotherapy intervention as an alternative to CT given the popularity of books as a mechanism for overcoming problems of procrastination and perfectionism.

Although bibliotherapy could be considered a bona fide, viable alternative treatment, the CT condition was expected to out-perform the bibliotherapy condition in terms of bringing about changes in procrastination and perfectionism.

## Participants

### Participants

37 adults seeking assistance with procrastination

65% men, 46% White EuroAms

7 master's-level therapists and 1 doctoral-level psychologist were trained in CT by Bruce Ecker and Sara Bridges

7 were women, 75% White EAs

## Measures & Procedure

### Instruments

*Procrastination Assessment Scale-Students* (PASS; Solomon & Rothblum, 1984)

*Decisional Procrastination Scale* (DPS; Mann, 1982)

*Almost Perfect Scale-Revised* (Slaney et al., 1996)

### Design & Procedure

After completing the pretest measures, each participant was randomly assigned to CT treatment (n = 18) or self-help (n = 19) condition.

Those assigned to CT were notified of the name of their therapist and the first appointment was scheduled by the experimenter at that time. Those assigned to the self-help condition were provided with a copy of *The Now Habit* (Fiore, 2007) by the experimenter. Each week they were to read one chapter and complete brief online assessments regarding what they read.

Posttest questionnaires were administered after concluding therapy or finishing the self-help book. All participants were prompted to complete the study measures again 6 months after the conclusion of the post-assessment phase. Other than treatment or self-help materials, there was no incentive to participate.

## Results & Discussion

Scale	Coherence Therapy						Self-Help					
	Pretest			Posttest			Pretest			Posttest		
	M	Mdn	SD	M	Mdn	SD	M	Mdn	SD	M	Mdn	SD
PASS	42.50	41.00	5.29	38.53	39.00	7.17	44.16	43.00	4.30	41.44	42.50	5.16
DPS	16.11	16.50	3.22	15.40	16.00	4.15	17.63	19.00	3.61	18.38	19.00	3.74
Discrepancy	47.56	48.00	17.65	49.47	43.00	23.69	50.47	46.00	13.34	47.00	46.50	14.20
HS	39.28	42.00	6.69	41.53	44.00	7.38	38.37	40.00	7.59	37.75	40.00	8.89
	Posttest			Follow-Up			Posttest			Follow-Up		
Scale	M	Mdn	SD	M	Mdn	SD	M	Mdn	SD	M	Mdn	SD
PASS	38.25	39.00	6.22	38.58	38.50	5.21	39.88	41.50	6.90	41.75	41.00	6.14
DPS	14.92	16.00	4.50	13.58	16.00	4.70	18.75	18.50	3.01	16.50	17.50	4.84
Discrepancy	49.83	50.50	23.49	42.00	46.00	19.15	46.75	48.00	7.25	57.75	58.00	11.35
HS	42.17	43.50	6.03	39.75	40.50	6.90	37.50	39.00	8.73	36.25	37.50	8.14

Each therapist saw 2-3 clients (1-9 sessions) (M = 5.24, SD = 1.96, Mdn = 5.00). In the bibliotherapy condition, participants completed 1-9 chapters in self-help text (M = 3.11, SD = 2.36, Mdn = 2.00).

Nonparametric Tests:

Coherence Therapy participants

Pre-to-Posttest:

PASS Procrastination decreased

High Standards (perfectionism) increased

Posttest to Follow-Up:

Decisional Procrastination decreased

Discrepancy (perfectionism) decreased

Self-Help Group

Pre-to-Posttest:

Decisional Procrastination increased

Posttest to Follow-Up:

Discrepancy (perfectionism) increased

In general, these effects suggest tentative support for the CT intervention in that problematic aspects of procrastination and perfectionism both appeared to decline as a function of the CT intervention, but generally worsened for the self-help group.