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Perfectionism and the ‘yips’: An initial investigation

Ross Roberts, Mike Rotheram, Ian Maynard, Owen Thomas, & Tim Woodman
PERFECTIONISM AND THE YIPS

Abstract

The present investigation examined whether perfectionism might predict whether an athlete would suffer from the ‘yips’ (a long-term movement disorder consisting of involuntary movements that affects the execution of motor skills). A sample of ‘yips’-affected individuals from golf, cricket, and darts as well as a sport-matched sample of non ‘yips’-affected athletes completed the shortened version of Frost, Marten, Lahart, and Rosenblate’s (1990) multidimensional perfectionism scale (FMPS). Results revealed that three aspects of perfectionism (personal standards, organization, and concern over mistakes) were associated with a greater likelihood of suffering from the ‘yips’, indicating that ‘yips’ sufferers had an unhealthy perfectionism profile. The results highlight perfectionism as a possible antecedent of the ‘yips’ experience within sport.

Keywords: unhealthy perfectionism, perfectionistic striving, perfectionistic concerns, dystonia, choking
Perfectionism and the ‘Yips’: An initial investigation

Within sport, the ‘yips’ have been defined as a long-term movement disorder consisting of involuntary movements that occur in the course of the execution of finely controlled, skilled motor behaviour (McDaniel, Cummings, & Shain, 1989). The severity of the ‘yips’ can be so great that it often results in avoidance-related behaviors such as not wanting to perform the ‘yips’-affected task (e.g., Bawden & Maynard, 2001), or the complete withdrawal from the affected sport (see Smith et al., 2000). While research into this phenomenon has largely focused on golf putting (e.g., McDaniel et al., 1989; Smith et al., 2000; 2003; Stinear et al., 2006), recent findings have indicated that the ‘yips’ may also be prevalent in other sports including cricket and darts (e.g., Bawden & Maynard, 2001; Rotheram, Bawden, Maynard, Thomas, & Scaife, 2006).

Despite this increase in research investigating when and where the ‘yips’ occur, theoretical explanations of the central causes of the problem remain open to debate. Several authors (e.g., Adler et al., 2005; Sachdev, 1992) suggested that the ‘yips’ is largely a physical problem that represents a form of focal dystonia (a neurological disorder characterized by involuntary movements, spasms, twisting and posturing of a body part). However, others (e.g., Bawden & Maynard, 2001) propose that the ‘yips’ is a psychological problem akin to a severe form of choking. In an attempt to synthesize these disparate views, Smith and colleagues (2000, 2003) have proposed a conceptual model whereby the yips are a seen as a performance problem where the underlying mechanisms lie on a continuum between focal dystonia (Type I ‘yips’) and choking (Type II ‘yips’). Thus, in this model, an individual can suffer from the ‘yips’ as a result of a dystonia or choking. Recent research has provided initial support for this conceptual model by showing that the ‘yips’ can be caused by dystonia or choking (Stinear et al., 2006).

Notwithstanding researchers’ identification of both physiological and psychological mechanisms in the aetiology of the ‘yips’, anecdotal and empirical research supports a number of common psychological characteristics associated with the phenomenon and those that suffer from
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the affliction. For example, Smith et al.’s (2003) model emphasises the central importance of performance anxiety in the development of the ‘yips’. However, the precise role of anxiety seems to depend on the type of ‘yips’ that the performer is suffering from. More specifically, for Type I ‘yips’, anxiety is suggested to exacerbate the effects of the ‘yips’ on performance, whereas for Type II ‘yips’, anxiety is thought to be the central cause (see Smith et al., 2003 for a comprehensive overview). Further to the role of anxiety, ‘yips’-affected individuals, particularly in golf, often engage in a number of behavioral modifications (e.g., grip/stance change, use of a different putter) in order to gain some relief from their symptoms and are known to spend a great deal of time obsessing about their problem (Smith et al., 2000; White, 1993). Indeed, qualitative investigations into the ‘yips’ (e.g., Bawden & Maynard, 2001; Rotheram, Thomas, Bawden, & Maynard, 2007) showed that ‘yips’-affected individuals engage in obsessive thinking, as the individuals in these studies reported spending considerable time, and investing considerable cognitive resources, in thinking about their problem. In contrast, quantitative evidence (e.g., Adler et al., 2011; McDaniel et al., 1989; Sachdev, 1992) has revealed no significant differences in obsessive thinking between ‘yips’ affected and non-affected golfers. However, the non-significant differences found in these studies may simply reflect problems with measurement (e.g., measures used were not subject to rigorous psychometric testing and had questionable construct validity). Thus, considering this issue in light of the aforementioned literature indicating that ‘yips’ affected athletes do appear to engage in obsessive thinking, it seems reasonable to suggest that a ‘yips’-obsessive thinking relationship may exist.

In addition to anxiety and obsessive thinking, qualitative investigations into the ‘yips’ (Bawden & Maynard, 2001; Rotheram et al., 2006) have reported a number of other psychological characteristics experienced by ‘yips’-affected individuals. Such characteristics include: high levels of self-consciousness; perceptions of a lack of control over one’s performance; feelings of being trapped; concerns about personal embarrassment; and a lack of confidence. In addition, ‘yips’-
affected individuals in these studies also reported having recently experienced a significant sport-related event (e.g., arguments with teammates, playing for a new team) or a major life event (e.g., death of a parent, relationship breakdown) prior to the initial onset of the ‘yips’, and felt that this event was involved in the first occurrence of the ‘yips’. Interestingly, this research also indicates these psychological characteristics are consistent across different sports, despite the fact that the physical symptoms associated with the ‘yips’ are sport specific (e.g., golfers report involuntary muscle spasms while putting, cricketers and darts players report being unable to release the implement, see Bawden & Maynard, 2001; Rotheram et al., 2006, 2007; Smith et al., 2003). Given the common psychological characteristics associated with the ‘yips’ across sports it seems somewhat surprising that research has yet to investigate characteristics that may predispose an individual to suffer from the ‘yips’, as doing so would help garner a greater understanding of this phenomenon. In this regard, one characteristic that is likely to be relevant to the ‘yips’ is perfectionism.

Perfectionism is a multi-dimensional construct that is characterized by the setting of extremely high personal standards alongside harsh criticism of one’s behavior (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991). However, the precise nature of perfectionism remains open to debate amongst researchers. For example, the original conceptualization of perfectionism by Frost and colleagues (1990) contains six dimensions of perfectionism: personal standards, organization, concern over mistakes, doubts about actions, parental expectations, and parental criticism. In contrast, Hewitt and Flett (1991) conceived perfectionism to contain three components: self-oriented perfectionism, socially prescribed perfectionism, and other-oriented perfectionism.

Despite this conceptual debate within the literature, the Frost model remains widely accepted and used (e.g., Cox, Enns, & Clara, 2002; Frost & Steketee, 1997; Hall, Kerr, & Matthews, 1998; Koivula, Hassmén, & Fallby, 2002). Furthermore, a growing consensus exists that
the relative subcomponents of perfectionism can be incorporated into two broad dimensions:

- **perfectionistic striving**, a dimension related to having high personal standards and striving for
- perfection;
- and **perfectionistic concerns**, a dimension related to highly critical self-evaluation (e.g., see Dunkley, Zureoff, & Blankstein, 2003; Stoeber & Otto, 2006). As such, the personal standards and organization factors of Frost et al.’s model are considered to reflect perfectionistic striving, whereas concern over mistakes, doubts about actions, and parental concerns and expectations reflect perfectionistic concerns (although some have suggested that these parental dimensions are more closely linked to the development of perfectionism as opposed to being core aspects of perfectionistic concerns, see Stoeber & Otto, 2006). Moreover, such a dimensional approach allows for distinctions to be made between different “types” of perfectionists: “healthy” perfectionists, who are high in perfectionistic striving and low in perfectionistic concerns; and “unhealthy” perfectionists, who are high in both perfectionistic striving and perfectionistic concerns (Hamachek, 1978; Stoeber & Otto, 2006). In general, the literature surrounding these broad dimensions of perfectionism suggests that perfectionistic striving (i.e., high personal standards) in the absence of evaluative concerns is related to positive outcomes including: confidence (Hall et al., 1998; Koivula et al., 2002), performance (Cox et al., 2002; Gould, Dieffenbach, & Moffet, 2002), and the use of task oriented coping (Gaudreau & Antl, 2008). However, a combination of both perfectionistic striving and perfectionistic concerns (i.e., unhealthy perfectionism) is somewhat more maladaptive, being related to variables including neuroticism (Parker, 1997), anxiety (Koivula et al., 2002), burnout (e.g., Gould, Udry, Tuffey, & Loehr, 1996), and depression (e.g., Rice & Mirzadeh, 2000).

Although researchers have yet to examine whether perfectionism is specifically related to the ‘yips’, a consideration of some of the major issues involved in the ‘yips’ (e.g., anxiety) and characteristics displayed by ‘yips’-affected athletes (e.g., obsessive thinking) suggests that such a relationship could exist. For example, across a range of populations perfectionism has been found to be a consistent predictor of anxiety. Specifically, perfectionistic concerns (such as concern over
mistakes) have been shown to be related to pre-performance anxiety in college students and athletes (e.g., Frost & Henderson, 1991; Hall et al., 1998). In addition, unhealthy perfectionists report higher levels of state and trait anxiety than healthy perfectionists (e.g., Gotwals, Dunn, Causgrove Dunn, & Gamache, 2010; Koivula, et al., 2002). As “unhealthy” perfectionists set high standards and are highly self-critical, they are likely to experience anxiety in response to situations that others would find less stressful (Frost & DiBartolo, 2002). Because anxiety is a central component in the ‘yips’ experience, the positive association between anxiety and some specific components of perfectionism may make the ‘yips’ more likely.

Perfectionism is also related to obsessive thinking: the concern over mistakes and doubts about actions subscales are consistent predictors of obsessive-compulsive behaviors (e.g., Frost et al., 1990; Frost & Steketee, 1997). Furthermore, researchers have also demonstrated positive relationships between personal standards and obsessive-compulsive behaviors (Frost et al., 1990; Rheaume, Freeston, Dugas, Letarte, & Ladouceur, 1995). Thus it would appear that obsessive-compulsive individuals display characteristics that are consistent with unhealthy perfectionism (i.e., perfectionistic striving and perfectionistic concerns). Considering these findings alongside the reported obsessive nature of ‘yips’-affected athletes (e.g., Smith et al., 2000), it seems likely that perfectionism (particularly unhealthy perfectionism) will be prominent in the development of the ‘yips’.

Consequently, the aim of the present study was to assess whether sportspeople with perfectionist tendencies were more likely to suffer from the ‘yips’. More specifically, given the links presented earlier between perfectionism, anxiety, and obsession, we expected that both perfectionistic strivings (personal standards and organization) and perfectionistic concerns (concern over mistakes and doubts about actions) would predict whether an individual suffered from the ‘yips’. However, we did not include parental expectations and concerns in our investigation given our adult sample and the fact that some authors (e.g., Stoeber & Otto, 2006) have questioned the
relevance of these aspects of perfectionism to perfectionistic concerns. In summary, we expected
the ‘yips’ to be associated with unhealthy perfectionism.

Method

Participants
Following institutional ethics approval, 120 male participants volunteered to take part in the
study. The sample consisted of 60 participants (n = 20 golfers, n = 20 darts players, n = 20
cricketers, $M_{age} = 42.0$ yrs, $SD = 10.20$) who suffered from the ‘yips’ and 60 sport-matched
participants ($M_{age} = 43.0$ yrs, $SD = 9.40$) who had never suffered from the problem. We selected
golf, cricket and darts as previous investigations (e.g., Bawden & Maynard, 2001; Smith et al.,
2003; Rotheram et al., 2006; White, 1993) have identified that the ‘yips’ are particularly prevalent
in these sports. Participants in both groups were randomly sampled (see procedures section) and had
approximately 10 years playing experience at competitive league level or equivalent (‘yips’ group
$M = 10.1$ years, $SD = 6.1$; non-‘yips’ group $M = 10.3$, $SD = 5.8$). All participants gave their
informed consent to take part in the study.

Measures

Perfectionism. We used the shortened version (Cox et al., 2002) of Frost et al.’s. (1990)
Multidimensional Perfectionism Scale (FMPS). The shortened FMPS is a 22-item questionnaire
assessing five dimensions of perfectionism: Concern over Mistakes (COM); Doubts about Actions
(DAA); Parental Pressures (PP; a composite of parental expectations and parental pressures from
the original Frost scale); Personal Standards (PS); and Organization (Org). Each item is scored on a
1 (strongly disagree) to 5 (strongly agree) scale, with higher scores indicating more perfectionism.
The shortened FMPS has been shown to be a valid measure of perfectionism in non-clinical
samples, and was used over the original due to its improved factorial validity (see Cox et al., 2002).
In the present study all subscales apart from the PP subscale were used. Composite reliabilities
(CR’s) were used to assess the internal consistency of each subscale of the shortened FMPS instead
of Cronbach’s alpha. The limitations of using Cronbach’s alpha as a measure of internal consistency have existed in the literature for some time (e.g., Cortina, 1993), with recent commentaries (e.g., Sijtsma, 2009), further emphasising the limited use of Cronbach’s alpha. For example, Cronbach’s alpha is known to be inflated by scale length (Cortina, 1993). In addition, Cronbach’s alpha assumes equal factor loadings for item subscales, which is rarely achieved in reality. Originating in the structural equation modelling literature, assessment of CR is considered superior to Cronbach’s alpha as CR’s do not assume equal factor loadings for each item, and are less likely to be affected by scale length (Fornell & Larcker, 1981). The use of CR as a measure of internal consistency is gaining popularity within sport and exercise psychology as evidenced by its use in recent manuscripts (e.g., Silva et al., 2010; Williams & Cumming, 2011). CR’s in excess of .70 are considered acceptable (Fornell & Larcker, 1981). In the present study CR’s ranged from .71 to .86 (see Table 1).

Although perfectionism researchers (e.g., Stoeber & Stoeber, 2009) recommend the use of domain specific measures of perfectionism, we chose to measure perfectionism at a general level as a result of previous research (e.g., Frost et al., 1990; Frost & Steketee, 1997; Hall et al., 1998) providing strong evidence of the FMPS being related to key variables in the ‘yips’ process (namely anxiety and obsessive thinking). Thus we felt that the FMPS would be an appropriate instrument to use in this instance.

**Procedure**

**‘Yips’ group.** Participants in the ‘yips’ group were recruited from Rotheram et al.’s (2006) database of ‘yips’-affected participants in golf, cricket, and darts. All individuals in the database had responded to an online mixed-methods survey regarding experiences of the ‘yips’. While the full details of this database can be found in Rotheram et al., an overview is provided here for readers less familiar with this work.
Rotheram et al. (2006) undertook an exhaustive literature review of the extant ‘yips’ literature (particularly the initial questionnaires used by Smith and colleagues, 2000, 2003 to identify ‘yips’ affected golfers), as well as a survey of British Association of Sport and Exercise Sciences (BASES) accredited Sport Psychologists who reported having worked with individuals suffering from the ‘yips’, to identify key factors involved in the ‘yips’ process. This information was then used to develop the survey. The survey initially required individuals to read an information sheet describing the ‘yips’ (described as “a long term severe breakdown of a skill that could previously be performed with ease”), to provide sport specific demographic data, as well as their perceptions of the aetiology of the ‘yips’. Next, a range of tick box options were provided so that participants could select the physical (e.g., jerk, tremor, freezing, tensing of affected muscles, stomach sinking, tingling in hands and feet, chest pain, trembling, inability to physically perform, or other) and psychological symptoms (e.g., self-focus, distraction, dizziness, feelings of unreality, lack of control, fear, embarrassment, anxiety, external concerns, disorientation, or other) that occurred when experiencing the ‘yips’. Participants then completed open ended dialogue boxes relating to their first experience of the ‘yips’, as well as providing a general description of what happened during ‘yips’ situations.

Initial pilot testing of this measure was conducted to establish face validity on a small number of individuals who were known to be ‘yips’ sufferers. All individuals in this pilot group had experienced a severe breakdown in a skill which they could previously perform with ease for at least 12 months. Based on feedback from the pilot group changes were made to the survey to increase the readability of the items. Following these changes the survey was posted on-line so that participants were able to self-select themselves into the survey. Once surveys were completed, responses were scrutinized in order to ensure that only individuals who actually suffered from the ‘yips’ were entered into the database. More specifically, responses were examined for the occurrence of at least one of the following criteria (chosen on the basis of previous ‘yips’ research,
e.g., Bawden & Maynard, 2001; Smith et al., 2003): an inability to perform a certain part of the
sport that could previously be performed with ease; an extreme fear of performing; an extreme lack
of control over the skill being performed; a long term movement problem; and the experience of a
tremor, twitch or trembling. Thirty-five participants who had completed the survey failed to
report at least one of these characteristics, and so Rotheram et al. deemed that these individuals
were suffering from a poor performance, and did not have the ‘yips’. On removal of these
participants, 228 participants were entered into the database.

Participants in the database were contacted about the study by the second author to confirm
that the ‘yips’ was still present. Of those participants who expressed an interest, stratified random
sampling, based on sport type, was then used to obtain the final sample of 60 participants. We only
used males as there were not enough females within the database to comprise a reasonable sample.
The 60 participants were then sent the shortened FMPS via email or post and they returned their
completed questionnaires to the second author.

Non-‘yips’ group. Selection criteria for the non-‘yips’ group were developed by the second,
third, and fourth authors based on previous investigations into the ‘yips’ (e.g., Smith et al., 2003).
Inclusion criteria were that the participant: had never experienced a physical disruption of any skill
in their main sport or subsidiary sport played, had never been diagnosed with any form of
movement disorder, had never had a close family member suffer from any form of movement
disorder, and had played competitively in a high standard league (for darts players and cricketers) or
equivalent (handicap of <6 for golfers) for at least 5 years. The second author made phone calls to
local golf clubs, darts organizations and cricket clubs to advertise the project as well as placing
advertisements in club houses and competition rooms. As with the ‘yips’ group, of those
participants who expressed an interest in the study, stratified random sampling, based on sport type,
was used to obtain the final sample of 60 participants. These participants were either sent a copy of
the shortened FMPS along with a stamped addressed envelope, or completed the shortened FMPS at
their sporting venue in small groups of no more than five individuals. Participants were asked to complete the measures without conferring with others and were assured of the confidentiality of their responses.

Results

Preliminary analyses

Descriptive statistics and Pearson correlations can be found in Table 1. Correlations between FMPS subscales were significant ($r$’s = .24 - .66) with the exception of the Org-COM correlation. Bonferroni adjusted $t$-tests revealed that FMPS subscale scores were all higher in the ‘Yips’ group (all $p$’s < .005). To examine whether sport type influenced scores on the perfectionism scales we performed a one-way MANOVA with sport type as the independent variable and the four perfectionism scales as the dependent variables. Box’s M test for equality of Covariance matrices was non-significant ($p > .13$) and the MANOVA revealed no multivariate effect for sport type, Wilks’ $\lambda = .95$, $F (8, 228) = 0.89$, $p = .60$, partial $\eta^2 = .03$, $1-\beta = .37$. Consequently the data were collapsed across sport type.

Main analysis

We used full model logistic regression to examine which aspects of perfectionism would predict the likelihood of an individual suffering from the ‘yips’. Individuals in the ‘yips’ group were coded 1, and the non-‘yips’ group were coded 0. Tests of multicollinearity were within acceptable limits, thus no variables were removed. The full model was significant, $\chi^2 (4) = 90.15$, $p < .001$, indicating that the FMPS subscales, as a set, were able to predict group membership (i.e., the ‘yips’ and non-‘yips’ group). The full model correctly classified 89% of participants as either ‘yips’ sufferers or non-‘yips’ sufferers. In order to examine the impact of each of the FMPS subscales we inspected Wald statistics, odds ratios (and associated 95% confidence intervals) and regression coefficients. A significant Wald test indicates that the independent variable reliably predicts the outcome. Odds ratios highlight the change in odds of being in a particular outcome category when
the independent variable increases by one; odds ratios greater than one reflect an increase in odds of an outcome of 1 (being ‘yips’ affected in this case). Odds ratios can also be interpreted in terms of effect sizes, with odds ratios close to 1 indicating a small effect. Finally, regression coefficients are simply natural logs of the odds ratios and provide an indication of the direction of the relationship between the independent and dependent variable (in this case positive values reflect a greater likelihood of being ‘yips’ affected). The interested reader is referred to Tabachnick and Fidell (2007) where an excellent coverage of logistic regression is provided. Table 2 displays regression coefficients, Wald statistics, odds ratios and 95% confidence intervals for odds ratios. Inspection of the Wald statistics indicated that only PS, Org, and COM were significant (positive) predictors of being ‘yips’-affected.

Discussion

The aim of this study was to examine if perfectionism could predict whether an individual would suffer from the ‘yips’. We hypothesized that ‘yips’-affected individuals would be associated with high levels of both perfectionistic strivings and perfectionistic concerns (i.e., unhealthy perfectionism). Results provided some support for the hypothesis, as Personal Standards (PS), Organization (Org) and Concern Over Mistakes (COM) were all significant predictors of being ‘yips’-affected. To the best of our knowledge, this is the first study to examine specific personality characteristics in relation to the ‘yips’ in sport. In general, the results imply that ‘yips’ sufferers display a pattern of perfectionism that is consistent with the unhealthy aspect of this personality variable. Thus, our results contribute to the emerging literature on the potential benefits and costs of particular aspects of perfectionism (e.g., Stoeber & Otto, 2006), where striving for perfection coupled with harsh personal criticism can lead to profound performance difficulties. Although the results provide some support for the hypothesis, a more detailed examination of the data reveals three issues that warrant discussion: the nature of the mean perfectionism values for both groups; whether ‘yips’ affected sportspeople actually do display a pattern of unhealthy perfectionism; and
why COM was the only aspect of perfectionistic concerns to predict the ‘yips’. We deal with these issues in the sections that follow.

Despite the fact that the ‘yips’ group reported significantly higher perfectionism scores than the non-‘yips’ group, the actual mean scores for both groups were very low in comparison to values reported in previous sport and mainstream psychology perfectionism studies (e.g., Rice & Mirzadeh, 2000; Sapieja, Dunn, & Holt, 2011). Although this result is unexpected, and the values presented rather atypical of sportspeople, we believe that the most parsimonious explanation is due to perfectionism being measured at a general level as opposed to being measured at a domain specific level. Although we felt that a general measure of perfectionism, the FMPS, would be appropriate in this study (as the FMPS has been shown to predict, amongst other things, anxiety and obsessive thinking), scores on generic measures of perfectionism are often lower than scores on domain specific measures of perfectionism (e.g., Dunn, Gotwals, & Causgrove Dunn, 2005) and so may not present a true picture of how perfectionistic the individual is in relation to the domain under investigation. With this in mind, future studies into perfectionism and the ‘yips’ may wish to consider the use of sport specific perfectionism measures alongside general measures of perfectionism to ensure that individual differences in perfectionism are more fully assessed.

On a somewhat related note, the mean values reported for the ‘yips’ group might lead one to question whether the ‘yips’ group actually displayed a pattern of healthy perfectionism (because the actual mean values suggest relatively high PS and Org values coupled with relatively moderate COM and DAA) as opposed to unhealthy perfectionism. However, we believe that it is appropriate to suggest that ‘yips’ sufferers display unhealthy perfectionism. First, the ‘yips’ group were significantly higher on all facets of perfectionism (including COM and DAA) than the non-‘yips’ group. Second, and more importantly, given that the main purpose of the study centred on prediction, the absolute levels of each perfectionism subscale are less relevant than whether they were able to predict the ‘yips’. From the regression analysis it is clear that COM (along with PS and
Org) predicted the ‘yips’. Despite the fact that COM had the lowest odds ratio of the significant predictors, COM contributed to the regression model in the presence of PS and Org, thus accounting for a unique percentage of group membership that was not accounted for simply by PS and Org. This suggests to us, at least, that the ‘yips’ is predicted by a combination of perfectionistic striving and perfectionistic concerns (i.e., unhealthy perfectionism). However, given that this is the first study to examine relationships between perfectionism and the ‘yips’, future research that is able to confirm these effects (especially with sport specific measures of perfectionism) would be extremely worthwhile.

While we believe that the ‘yips’ is associated with unhealthy perfectionism, it is somewhat surprising that COM was the only aspect of perfectionistic concerns to predict the ‘yips’, and that DAA failed to contribute. Perhaps the most parsimonious explanation centers on the differences between COM and DAA. In the original conceptualization of perfectionism by Frost et al. (1990), DAA differs from COM in that DAA does not focus specifically on the (harsh) evaluation of mistakes, whereas COM does. Rather, DAA is more concerned with a general sense of doubt about what one does. With this in mind, it seems possible to suggest that with regards to the ‘yips’ specifically, the obsessive thinking and behaviors that affected individuals demonstrate might be more closely tied to COM than DAA. To expand, COM reflects something of an “all or nothing” mentality: if something is not perfect it constitutes a failure (cf. Frost et al., 1990). Thus, having the ‘yips’ likely indicates a total failure of an athlete’s current approach (the ‘yips’ is present so whatever is currently being done is not working), and may help to explain why ‘yips’ sufferers constantly obsess about trying to solve the problem (Smith et al., 2000). While this explanation has some appeal, it remains somewhat speculative especially without any insight (such as a measure of obsessive thinking and/or anxiety) into precisely what causes ‘yips’-affected individuals to act as they do. Studies that are able to shed light on this issue would be particularly informative.
Despite these issues of complexity, the results from the present study do indicate that perfectionism is able to predict those that are more likely to suffer from the ‘yips’. This study consequently opens up a number of potential research questions. First, longitudinal designs that can confirm the direction of casualty between perfectionism and the ‘yips’ are warranted. While we favor an interpretation suggesting that perfectionism (amongst other things) causes the ‘yips’ over one which suggests that the ‘yips’ might lead to perfectionism (indeed from a theoretical standpoint we cannot see why having the ‘yips’ should increase one’s level of perfectionism) our cross-sectional design precludes us from being able to confirm this. Once causality can be established, the precise mechanisms underlying these effects also require attention. For example, given the relevance of anxiety and obsessive thinking in relation to perfectionism and the ‘yips’, it is conceivable that one, either, or indeed both, of these variables could act as mediators within the perfectionism-‘yips’ relationship. However, the role of anxiety within this relationship may depend on the type of ‘yips’ being suffered from (cf. Smith et al., 2003). Regardless, future research that is able to elucidate precisely why perfectionists are more likely to experience the ‘yips’ is warranted.

Another avenue worthy of investigation is to examine the role of significant life and sport-specific events in the perfectionism-‘yips’ relationship. In their study of ‘yips’-affected cricketers, Bawden and Maynard (2001) found that significant sport-related events (e.g., arguments with teammates, a dropped catch, first game for a new team) occurred immediately prior to the onset of the first experience of the ‘yips’. Similarly, more recent research by Rotheram et al. (2006) has found that ‘yips’-affected individuals often report the occurrence of major life events (e.g., death of parent, relationship breakdown, moving house) prior to the initial onset of the ‘yips’. Perfectionists are known to be more susceptible to the negative consequences of significant life events (e.g., Hewitt, Flett, & Ediger, 1996), and also react more strongly to these stressors, as the occurrence of a stressor exacerbates their perceptions of failure (Flett, Hewitt, & Dyck, 1989). It may be that the obsessive nature of “unhealthy” perfectionists, coupled with the negative consequences of critical
self-evaluation may result in the significant event having an unusually profound effect, resulting in
the event becoming deep rooted. Theories of dissociation or conversion disorder (see Brown, 2004
for an overview) would suggest that psychological pain can manifest itself as physical symptoms in
order to provide some relief from the psychological pain being experienced (e.g., in extreme cases,
individuals with depression may self harm to gain some relief). Thus, it is conceivable that the
‘yips’ may be a result of the psychological pain associated with the life event. In this regard,
significant life events may play a pivotal role in determining whether perfectionists experience the
yips, and future research would do well to empirically examine this suggestion.

Finally, future research may wish to consider a number of measurement-related issues. From
a perfectionism perspective, researchers (e.g., Stoeber & Stoeber, 2009) have suggested that
domain-specific measures of perfectionism may be better predictors of outcomes than general
perfectionism scales (such as the FMPS used in the present study). Indeed, sport specific measures
of perfectionism have been recently developed and validated (e.g., Gotwals & Dunn, 2009; Gotwals
et al., 2010), and so would be worthy of consideration in future studies of perfectionism and the
‘yips’.

Another issue for future research to explore is how best to assess the ‘yips’. Although the
measure in the present study has previously received initial support for its construct validity, in
terms of being able to discriminate between true ‘yippers’ and those experiencing only a poor
performance, the self-report nature of this measure means (as with all self-report instruments) that
accuracy of participant responses remains open to question. Further to this, a consideration of
whether individuals are suffering from different “types” of ‘yips’ was not included. More recently,
researchers have employed other methods of assessing the ‘yips’ in order to overcome some of the
limitations of survey based designs. For example, Bell, Skinner, and Fisher (2009) recorded the
number of observable tremors or flinches in the dominant hand during golf putting, while Stinear
and colleagues (2006) assessed EMG activity during putting as well as administering behavioral
measures that are sensitive to focal hand dystonia. While the use of these behavioral and
observational measures may add some benefit over and above the sole reliance on questionnaires,
such measures may not capture all aspects of the ‘yips’ phenomenon (e.g., observation provides no
information as to the underlying causes of the ‘yips’). Thus a combination of survey, observation,
and behavioral measures may provide the most comprehensive approach at this time.

Notwithstanding the aforementioned limitations, a number of applied implications emerge
from the present research. First, a consideration of perfectionist tendencies may help practitioners
and coaches to identify potential ‘yippers’ amongst their sportspeople. Second, given that elements
of unhealthy perfectionism predict the ‘yips’, it would seem that interventions aimed at reducing the
impact of perfectionistic concerns (and in the present context concerns over mistakes) would be
worthwhile. The use of solution-focused guided imagery (see Bell et al., 2009) may be particularly
useful in this regard. In addition, practitioners and coaches may wish to consider altering training
environments to incorporate mistakes into training, as such an approach may help to attenuate
perfectionists’ worry associated with making mistakes.

In summary, this exploratory study indicates that perfectionism predicts the likelihood of
being affected by the ‘yips’. The nature of the relationship is such that the ‘yips’ appears most likely
when individuals display characteristics associated with unhealthy perfectionism (i.e., striving for
perfection while simultaneously having concerns about achieving perfection). Future research
examining the potential mechanisms underlying these effects, as well as strategies that may reduce
the likelihood of the onset of the ‘yips’ for perfectionists would be worthwhile.
PERFECTIONISM AND THE YIPS

References


PERFECTIONISM AND THE YIPS


Stoeber, J., & Stoeber, F. S. (2009). Domains of perfectionism: prevalence and relationships with...


Footnotes

1. We would like to thank an anonymous reviewer for making this suggestion

2. We would like to thank the same anonymous reviewer for making this suggestion.
**Descriptive statistics, zero-order correlations, and composite reliabilities for perfectionism**

<table>
<thead>
<tr>
<th>Variable</th>
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<td>2. Org</td>
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<td>3. COM</td>
<td>.24**</td>
<td>.08</td>
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<td>4. DAA</td>
<td>.35**</td>
<td>.32**</td>
<td>.45**</td>
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</table>

Mean (SD) ‘Yips’ group: 3.40 (.73) 3.42 (.99) 2.39 (.80) 2.66 (.87)

Mean (SD) Non-‘yips’ group: 2.29 (.47) 2.23 (.48) 2.04 (.50) 2.12 (.55)

CR: .82 .86 .78 .71

* p < .05; ** p < .001
Table 2

Logistic regression analysis for predicting ‘yips’ group status as a function of perfectionism

<table>
<thead>
<tr>
<th>Variable</th>
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<th>Odds ratio</th>
<th>95% confidence interval for Odds ratio</th>
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<td>4.04*</td>
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<td>1.03</td>
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<td>4. DAA</td>
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<td>.09</td>
<td>1.16</td>
<td>0.43</td>
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<tr>
<td>Constant</td>
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</tbody>
</table>

*p < .05; ** p < .001