

**Yips and Lost Move Syndrome : assessing impact and exploring levels of perfectionism, rumination, and reinvestment**

BENNETT, Jenn, ROTHERHAM, Michael, HAYS, Kate, OLUSOGA, Peter  
<<http://orcid.org/0000-0001-8431-3853>> and MAYNARD, Ian  
<<http://orcid.org/0000-0003-2010-5072>>

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Running head: YIPS AND LMS: AN EXPLORATION OF PERSONALITY AND IMPACT

Yips and Lost Move Syndrome: Assessing Impact and Exploring Levels of Perfectionism,  
Rumination, and Reinvestment

Jenn Bennett, Michael Rotheram, and Kate Hays

English Institute of Sport, Sheffield, UK

Peter Olusoga and Ian W. Maynard

Centre for Sport and Exercise Science, Sheffield Hallam University, Sheffield, UK

Pete Lindsay

English Institute of Sport, Sheffield, UK

## Abstract

This study examined whether the *yips* and *lost move syndrome* (LMS) are associated with higher levels of perfectionism, rumination, and reinvestment, and whether individuals experiencing these problems perceive them as highly stressful. Samples of yips ( $N = 15$ ) and LMS-affected ( $N = 15$ ) individuals, and two matched control groups, completed the Frost *multidimensional perfectionism scale* (FMPS; Frost, Marten, Lahart & Rosenblate, 1990), the *ruminative response scale* (RRS; Nolen-Hoeksema, 1991), the *reinvestment scale* (Masters, Polman & Hammond, 1993), and the *impact of event scale* (IES; Horowitz, Wilner & Alvarez, 1979). Findings indicate higher scores in the yips and LMS groups for perfectionism, rumination, reinvestment, and IES compared to their respective control groups. The results suggest that rumination, reinvestment, and aspects of perfectionism increase vulnerability to the yips and LMS, and that both the yips and LMS are equally distressing.

*Keywords:* performance block, anxiety, trauma, self-focussed attention.

## Yips and Lost Move Syndrome: Assessing Impact and Exploring Levels of Perfectionism, Rumination, and Reinvestment

### 1.0 Introduction

Research exploring the *yips* and *lost move syndrome* (LMS) has appeared in sport psychology literature for some time (e.g., McDaniel, Cummings & Shain, 1989; Silva, 1994), with frequent comparisons being made to dystonic difficulties in occupational psychology (Philippen & Lobinger, 2012; Smith et al., 2000; 2003). The yips is traditionally associated with golf and cricket, and is thought to be a psychological disorder of control, involving the loss of ability to execute a specific movement pattern, manifesting in the guise of involuntary jerks, spasms, tremors, and freezing (Bawden & Maynard, 2001). Research has distinguished between two types of yips, thought to lie at each end of a continuum (Smith et al., 2003; Stinear et al., 2006). Specifically, type I yips (a form of focal dystonia) is associated with higher intensities of practice, concentration, tension, and years competition. At the other end of the continuum, type II yips, is thought to manifest in disrupted attention as a result of increased self-focus, and/or distraction (Beilock & Gray, 2007). Hence type II yips is considered a form of choking, and research has found that it can be alleviated through traditional psychological skills training (e.g., pre-performance routines, distraction training; Mesagno, Marchant & Morris, 2008; 2009). However, successful treatment methods are yet to be presented for type I yips, and comparatively little is known about the disorder (Rotheram, Thomas, Bawden & Maynard 2007; Philippen & Lobinger, 2012), therefore the current study will be addressing type I, rather than type II yips.

Similar disorders of control are evident in artistic sports such as diving, trampolining, and gymnastics, where the problem is more commonly referred to as LMS (Day, Thatcher, Greenlees & Woods, 2006; Rotheram et al., 2007). The manifestation of these problems in artistic sports involves a loss of awareness of body position, and locking of limbs and the

1 ability to execute a particular technique or skill, which can result in involuntary twists,  
2 rotations, or unwanted body positions (Day et al., 2006).

3       Although existing literature appears to characterise type I yips and LMS as two  
4 distinct disorders, evidence to date indicates that the symptoms associated with type I yips  
5 and LMS are similar, irrespective of sport (Bennett, Hays, Lindsay, Olusoga & Maynard,  
6 2015). For example, perfectionism, locked and/or obsessive thought processes, loss of motor  
7 and cognitive control, and intrusive thoughts related to the experience have been shown to be  
8 characteristic of both (Bennett et al., 2015; Roberts, Rotheram, Maynard, Thomas &  
9 Woodman, 2013; Rotheram et al., 2007). Research has also suggested similarities exist  
10 between components of both type I yips and LMS, and the symptoms reported by individuals  
11 affected by anxiety-based disorders, including anxiety, intrusive thoughts, avoidance  
12 behaviour, and irrational fear (Bennett et al., 2015; Rotheram et al., 2012). Consequently, it  
13 could be that type I yips and LMS are in fact a specific type of conversion disorder caused by  
14 internalised fear and anxiety presented in the form of physical symptoms, i.e., spasms, jerks,  
15 and freezing (Sachdev, 2009). Indeed, research has reported that individuals suffering from  
16 either type I yips or LMS, experience an irrational fear and anxiety towards the affected  
17 movement (Rotheram, Maynard, Thomas, Bawden & Francis, 2012).

18       The development of anxiety-based disorders has been linked to history of trauma  
19 experience, with the occurrence of a further traumatic-event at a later time triggering the  
20 associated symptoms (e.g., anxiety, panic, avoidance; Dohrenwend, Yager, Wall & Adams,  
21 2013). Importantly, a growing body of research has also linked type I yips and dystonic  
22 disorders to previous trauma experience (c.f., Baker & Humblestone, 2005). For example,  
23 Rotheram et al. (2007) demonstrated a relationship between type I yips and a history of  
24 traumatic life-events, often experienced years before onset of the yips symptoms. Indeed,  
25 individuals exposed to trauma and prolonged stress can sometimes suffer adverse effects

1 years after the event (Christianson & Marren, 2008; Forbes et al., 2007). For example, in  
2 Christianson and Marren's (2008) study of trauma victims, symptoms such as re-  
3 experiencing, emotional numbing, behavioural avoidance, and increased physiological arousal  
4 were all reported. While the majority of trauma victims will make a full recovery in the first  
5 few months, many subsequently suffer from anxiety-related disorders (APA, 2013). Several  
6 explanations for this have been proposed, including the suggestion that certain personality  
7 characteristics might increase susceptibility (Taylor, 2014). Perfectionism, for example, is  
8 considered to be a consistent predictor of anxiety across a range of populations (Frost &  
9 Henderson, 1991; Hall, Kerr & Matthews, 1998). Indeed, perfectionism has shown to be  
10 elevated across 13 different anxiety-related disorders, including *post-traumatic stress*  
11 *disorder* (PTSD), *obsessive-compulsive disorder* (OCD), *panic disorder*, and *depression*  
12 (Egan, Hattaway & Kane, 2013; Ehring & Watkins, 2008). It has also been predicted that  
13 individuals with perfectionistic tendencies experience higher levels of anxiety following a  
14 perceived setback or mistake, due to an internal need for achievement. Consequently,  
15 perfectionism has received widespread attention throughout both sport and non-sport  
16 psychology literature (e.g., Flett & Hewitt, 2008; Frost & DiBartolo, 2002; Stoeber & Otto,  
17 2006).

18         Several conceptualisations of perfectionism have been proposed, although to date,  
19 Frost and colleague's (1990) model remains one of the most widely accepted (e.g., Koivula,  
20 Hassmen & Fallby, 2002; Philippen & Lobinger, 2012; Roberts et al., 2013). The *Frost*  
21 *multidimensional perfectionism scale* (FMPS; Frost et al., 1990) proposes that perfectionism  
22 consists of six major components: *personal standards*, *organisation*, *concern over mistakes*,  
23 *doubts about actions*, *parental expectations*, and *parental criticism*. Since its introduction,  
24 two broad dimensions have been recommended to incorporate the respective subcomponents:  
25 *perfectionistic striving* (i.e., striving for perfection, personal standards, organisation), and

1 *perfectionistic concern* (i.e., concern over mistakes, doubts about actions, parental  
2 expectations, and parental criticism). Stoeber and Otto (2006) extended this by distinguishing  
3 between healthy and unhealthy profiles of perfectionism, the latter involving high-levels of  
4 both perfectionistic striving and perfectionistic concern, consequently increasing vulnerability  
5 to contextual difficulties and performance breakdown. Together, perfectionistic striving and  
6 perfectionistic concern often reveal high positive correlations with negative outcomes (e.g.,  
7 neuroticism, maladaptive coping, negative affect), and indicators of psychological  
8 maladjustment (e.g., depression) (cf. Stoeber & Otto, 2006). Thus, it is not surprising that  
9 perfectionism has been considered within a traditional diathesis-stress model (Zuckermann,  
10 1999), and viewed as a vulnerability factor for numerous psychopathologies (O'Connor &  
11 O'Connor, 2003). Egan, Wade and Shafran (2011) reviewed the role of perfectionism across a  
12 number of psychological issues (e.g., anxiety disorders, depression, and eating disorders), and  
13 supported the notion that perfectionism does indeed appear to embody both cognitive and  
14 behavioral characteristics that increase vulnerability to a number of psychological disorders  
15 (e.g., obsessive actions, extreme vigilance, and body control behavior; Yang & Stoeber,  
16 2012). Although it appears that perfectionism might have both positive and negative  
17 components (Stoeber, 2011), perfectionism, coupled with self-criticism, is often seen as  
18 maladaptive for sports performers, with negative self-defeating outcomes on behaviour (e.g.,  
19 depression, body image dissatisfaction, avoidance behaviour) reported among extreme  
20 perfectionists (Flett & Hewitt, 2008). Given the major factors associated with type I yips and  
21 LMS (e.g., anxiety, intrusive negative thoughts, obsessive thinking), it is fair to assume that  
22 unhealthy perfectionism might well be an antecedent of these problems, and could also  
23 exacerbate responses to the disorders. Specifically, perfectionism might cause individuals to  
24 negatively appraise an experience of type I yips or LMS, doubt their ability, and invest

1 increased conscious effort to regain control over the movement. In turn disrupting the  
2 automaticity with which the movement was originally executed.

3 Flett, Hewitt, Blankstein and Gray (1998) suggested that psychological distress  
4 associated with recurrent perfectionistic thinking patterns, was exacerbated by ruminative  
5 thought patterns. Rumination, or *post-emotional elaboration*, includes conscious thoughts,  
6 images, and/or memories revolving around the causes, symptoms, and consequences of a  
7 significant emotional experience that recur without intention (Nolen-Hoeksema, 2000).  
8 Rumination has traditionally been viewed as three-dimensional: *reflection*, *brooding*, and  
9 *depression*. It is thought that the brooding construct of rumination (i.e., passive judgement of  
10 one's current situation with an unachieved expectation), might maintain the relationship  
11 between perfectionism, psychological distress, and anxiety disorders (Egan, Hattaway &  
12 Kane, 2013). Michael, Halligan, Clark, and Ehlers (2007) suggested that ruminative brooding  
13 maintains anxiety symptoms, due to focusing on "why" and "what if" questions, rather than  
14 processing the actual trauma experience. Flett and Hewitt (2008) also suggested that  
15 perfectionists ruminate about failure, and that those scoring highly on the concern over  
16 mistakes aspect of the FMPS, were more likely to participate in ruminative brooding.

17 Flett, Madorsky, Hewitt and Heisel (2002) investigated the extent to which  
18 perfectionism is associated with rumination and cognitive intrusion, in response to a  
19 particularly stressful experience. The authors administered the FMPS, the *ruminative*  
20 *response scale* (RRS; Nolen-Hoeksema, 1991), and the *impact of events scale* (IES; Zilberg,  
21 Weiss & Horowitz, 1982) to a sample of 65 individuals. Results indicated that high-levels of  
22 perfectionism and rumination were associated with depression and anxiety following a  
23 traumatic experience. These findings support the notion that perfectionism and rumination  
24 contribute to psychological distress and anxiety following trauma. Given that anxiety, along  
25 with recurrent thoughts, images, and memories, are central components of type I yips and



LMS, it is feasible to assume that increased levels of both perfectionism and rumination might also be present. Indeed, existing qualitative investigations exploring type I yips would appear to support this. Several studies have reported that individuals affected by type I yips invest considerable time and cognitive resource engaging in obsessive thinking about the experience, specifically focusing on the negative outcome and potential causes (Bawden & Maynard, 2001; Rotheram et al., 2007). More recently, Roberts et al. (2013) administered a shortened version of the FMPS in order to assess levels of maladaptive perfectionism, obsessional thought processes, and self-consciousness. A sample of 60 yips-affected athletes from golf, cricket, and darts revealed unhealthy perfectionistic profiles (i.e., high-levels of personal standards, concern over mistakes, and organisation), compared to a sport-matched control group. While this study advances our understanding of the yips, research is yet to measure the same characteristics among LMS sufferers.

Recent research has demonstrated that individuals experiencing type I yips and LMS obsess over the problem in a highly self-critical manner. Furthermore, they also appear to display high-levels of self-focused awareness, specifically attending to physical sensations, thoughts, and emotions associated with the affected skill (Bennett et al., 2015). Masters (1992) referred to the conscious awareness of explicit declarative knowledge to control movement as *reinvestment* and proposed the conscious processing hypothesis to support this. Specifically, under increased anxiety, performers will reinvest conscious control of movement execution inhibiting automatic processing. It is thought that while self-focus can be induced from a variety of stimuli it is more commonly linked to anxiety (Gray, 2004), a major component of both type I yips and LMS (Bennett et al., 2015). A substantial amount of research has demonstrated the effects of self-focus and rumination in exacerbating anxiety-related disorders (Morrison & Heimberg, 2013). Research has also reported links between *focal dystonia* and self-conscious reinvestment (Grattan et al., 2001). Given the major role

1 anxiety appears to play in type I yips and LMS, and the similarities between type I yips, LMS,  
2 dystonic problems, and anxiety-related disorders, one might expect to see similar patterns of  
3 self-focussed reinvestment emerging in type I yips and LMS.

4 In order to assess the effect of reinvestment, Masters, Polman and Hammond (1993),  
5 developed the reinvestment scale, their hypothesis being that self-focussed awareness  
6 (initiated by various stimuli) promotes reinvestment, which can in turn cause performance  
7 breakdown. Indeed, Gray et al (2004) utilised the scale to demonstrate that cricket batters  
8 increased conscious control, and therefore reinvestment, during a poor performance streak in  
9 an attempt to overcome the problems that in fact escalated. Thus, reinvesting in an attempt to  
10 overcome type I yips/LMS might only fuel the problem. Roberts et al. (2013) proposed that  
11 self-consciousness might be a characteristic of type I yips, and suggested that performance  
12 breakdowns caused yips-affected golfers to reinvest more conscious effort over performance,  
13 effectively causing repeated yips experiences.

#### 14 **1.1 Aims of the current study**

15 The aim of the current study is two-fold: First, to examine whether type I yips and  
16 LMS are associated with higher-levels of perfectionism, rumination, and reinvestment when  
17 compared with matched controls; second, to explore whether individuals who experience type  
18 I yips/LMS perceive worst performance experiences as more stressful than controls. It is  
19 expected that perfectionism, rumination, and reinvestment will be similarly high in both type I  
20 yips and LMS groups. It is also predicted that individuals experiencing type I yips and LMS  
21 will report significantly higher scores on the IES than matched control groups. To date only  
22 one study has concurrently examined type I yips and LMS, presenting evidence to show that  
23 they are very similar constructs (Bennett et al., 2015). It is envisaged that the present study  
24 will provide further support for this finding and also advance our understanding of the  
25 antecedents involved.

## 2.0 Method

### 2.1 Participants

With institutional ethics approval, 60 participants (41 men, 19 women) took part in the study. Fifteen were considered to be experiencing LMS (diving,  $n = 2$ ; trampolining,  $n = 9$ ; gymnastics,  $n = 4$ ;  $M_{\text{age}} = 25.0$ ,  $SD = 6.65$ ), 15 were considered to be experiencing type I yips (cricket,  $n = 8$ ; golf,  $n = 4$ ; darts,  $n = 3$ ;  $M_{\text{age}} = 37.0$ ,  $SD = 14.33$ ), the remaining participants formed two control groups, each consisting of 15 non-LMS sufferers (diving,  $n = 2$ ; trampolining,  $n = 9$ ; gymnastics,  $n = 4$ ;  $M_{\text{age}} = 25.73$ ,  $SD = 4.71$ ), and 15 non-yips sufferers (cricket,  $n = 8$ ; golf,  $n = 4$ ; darts,  $n = 3$ ;  $M_{\text{age}} = 33.53$ ,  $SD = 13.51$ ). Participants had an average of 14 years playing experience at a minimum of National level or equivalent (LMS  $M_{\text{years}} = 10.5$ ,  $SD = 4.3$ ; yips  $M_{\text{years}} = 17.9$ ,  $SD = 7.3$ ; LMS control group  $M_{\text{years}} = 11.93$ ,  $SD = 4.45$ ; yips control group  $M_{\text{years}} = 15.20$ ,  $SD = 7.25$ ). Yips and LMS participants were recruited through applied sport psychologists, known to the primary researcher, and who were working either directly or indirectly with those individuals. Participants in the control group were recruited via the use of posters and online media campaigns.

Inclusion in the LMS group was assessed using the following criteria outlined by Tenn (1995), and used in previous studies (e.g., Day et al., 2006): a) an inability to take off for at least one somersault when previously able; b) an inability to perform a somersault with a certain degree of twist when previously able; c) unintentionally executing a different move midway through a skill chain; and/ or d) an inability to land a particular move when previously able. Inclusion in the type I yips group was assessed according to criteria outlined by Smith et al. (2000), and also adhered to in previous research (e.g., Rotheram et al., 2007). That is, participants were experiencing abnormal movements in the hand or forearms, defined as jerking, shaking or freezing of the movement, when executing a previously mastered skill (e.g., putting in golf/bowling in cricket). All participants were identified as experiencing type

I yips or LMS by self-description and professional observation, and were required to have been experiencing the problems for a period of at least three-months. Participants who met these criteria as a direct result of injury or accident were not included in the study, to rule out symptoms experienced simply due to fear of re-injury (Day et al., 2006). Sport psychologists were contacted via email and provided information regarding the study purpose and selection criteria for participants. They were asked to contact any participants they considered suitable for participation, and, with their consent, identify them to the primary researcher. Participants included in the control groups had never experienced a physical skill disruption of any skill in their main or subsidiary sport, and had never been diagnosed with a movement disorder. Participants were matched by age, gender, sport, and ability.

## **2.2 Procedure**

Before completing the measures, participants were contacted by email and provided with standardised information regarding the purpose of the study, use of data, issues regarding confidentiality, anonymity, and data protection, and given the opportunity to ask any questions they might have prior to consenting. Participants then received an email from the primary researcher containing the measures and instructions for their completion. The order in which participants were instructed to complete the measures was randomised to avoid order effects. Participants were informed that completion of the measures was considered as consent to participate, and, once returned, all measures were entered into a Microsoft Excel spread-sheet (Microsoft Corporation, USA), and stored in a password-protected file, accessible by the primary research team only. Participants were informed that they could withdraw their data at any point up until submission of the study for review.

## **2.3 Psychometric and Screening Measures**

Participants were asked to take part in a study exploring the relationship between personality characteristics and performance breakdown in sport. Participants completed the following scales:

### ***2.3.1 Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990)***

The FMPS assesses the six dimensions of perfectionism (i.e., personal standards, organisation, concern over mistakes, doubts about actions, parental expectations, and parental criticism). Using a scale of 1 to 5 (where 1 = *strongly disagree*; 5 = *strongly agree*), participants are required to respond to a series of questions assessing each dimension, for example concern over mistakes was assessed using items like: “I hate being less than the best at things”, and “I should be upset if I make a mistake”. Frost et al. (1990) reported the Cronbach’s alpha for functional ( $\alpha = 0.89$ ) and dysfunctional ( $\alpha = 0.91$ ) perfectionism to be satisfactory, as well as the internal consistency for the subscales ( $\alpha = 0.73 - 0.93$ ) and the overall scale ( $\alpha = 0.90$ ). Although the use of domain specific measures is recommended (e.g., Stoeber & Stoeber, 2009), it was felt that previous use of the FMPS as a measure of perfectionism among type I yips-affected athletes, and individuals experiencing anxiety-related disorders, justified its use here (e.g., Harris, Pepper & Maack, 2008; Roberts et al., 2013).

### ***2.3.2 Ruminative Response Scale (RRS; Nolen-Hoeksema, 1991)***

The RRS is a self-report measure of rumination in which participants rate 22 statements about how often they engage in ruminative responses following negative emotional affect, using a scale from 1 (*almost never*), to 4 (*almost always*). Ruminative brooding was considered by items such as “think what am I doing to deserve this?” Ruminative reflection was considered using items such as “go someplace alone to think about your feelings”, and ruminative depression was considered using items such as “think why

can't I get going?" Nolen-Hoeksema (2000) indicated that the RRS has adequate internal consistency ( $\alpha = .82$ ), and test-retest reliability over a 1 year period ( $r = 0.47, p < .001$ ).

### 2.3.3 Reinvestment Scale (Masters et al., 1993)

The reinvestment scale contains 20 items drawn from three scales considered to be predictive of individual tendency to reinvest in controlled processing. Specifically, 12 items are taken from the *self-consciousness scale* (e.g., "I am aware of the way my mind works when I work through a problem"; Fenigstein, Scheier & Buss, 1975). A further seven items are taken from the rehearsal factor of the *emotional control questionnaire* (e.g., "I often find myself thinking over and over about things that have made me angry"; Roger & Nesselroover, 1987). The final item is borrowed from the *cognitive failures questionnaire* (e.g., "do you have trouble making up your mind?"; Broadbent, Cooper, Fitzgerald & Parkes, 1982). Masters et al. (1993) indicated that the reinvestment scale has adequate internal reliability for use in sport ( $\alpha = 0.86$ ), and test-retest reliability over a four-month period ( $r = 0.74$ ).

### 2.3.4 Impact of Events Scale (IES; Zilberg, Weiss & Horowitz, 1982)

The IES is a 22-item self-report measure, and is widely used for the assessment of traumatic experience responses (Joseph, 2000). The IES has been specifically used to assess the symptoms of anxiety-related disorders, namely intrusion (intrusively experienced ideas, images, feelings and/dreams) and avoidance (conscious avoidance of ideas, feelings or situations related to the event) (cf. Sundin & Horowitz, 2002). Considering the dimensions that appear to be defining characteristics of type I yips and LMS (e.g., intrusive cognitions, increased fear and somatic anxiety symptoms, avoidance behaviour), it is felt that the IES also offers an appropriate means of assessment for the current study. Furthermore, research has demonstrated that the content of experience represented by the IES is similar for type of event and patient versus non-patient samples (Zilberg, Weiss & Horowitz, 1982). Participants were asked to respond to each statement indicating the level of distress they experienced during

their worst performance experience. Distress level was reported using a scale of 0 (*not at all*) to 4 (*extremely*), with a total range of 0-88. The three-month time frame was selected to enable an adequate time period for significant events to occur, while not being overly demanding on memory recall. This time frame is also consistent with previous research assessing trauma experience in various population groups (Sundin & Horowitz, 2002). Intrusive responses were measured by items such as “I thought about it when I didn’t mean to”, avoidance was measured by items such as, “I stayed away from reminders about it”, and physiological arousal was measured by items such as “my feelings about it were kind of numb”. Extensive evidence attesting to the internal reliability and validity of this measure has been reported ( $\alpha = .86$ ; Zilberg, Weiss & Horowitz, 1982), adding further support for its use in the current study.

## 2.4 Analysis

The data generated in this study was initially tested for statistical assumptions and was deemed suitable for further analysis. Subsequently, a series of one-way between-groups ANOVAs were conducted for each of the dependant variables, to test the difference between the type I yips-affected group, the LMS-affected group, and the matched control groups. Dependant variables were rumination, perfectionism, personal standards, organisation, concern over mistakes, doubts about actions, parental expectations, parental criticism, reinvestment, and IES scores. Follow-up comparisons were conducted using Bonferroni to assess where differences arose. It is suggested that because obtained *p*-values vary according to the number of participants, they do not provide adequate information regarding the magnitude of an effect (Winter, Abt & Nevill, 2014). Thus, to identify the extent to which the results were meaningful; outcomes were evaluated using effect sizes, and 95% confidence intervals (CI; Cumming, 2012). Alpha was set to 0.05, and *p*-values were supported by effect-size statistics in line with Cohen’s *d* (*d*) (1988), where differences in effect were considered to

be either trivial (0.19), small (0.20 - 0.49), medium (0.50 - 0.79), or large ( $\geq 0.80$ ). Because this study had two independent control groups, a pooled standard deviation was used as the denominator to determine effect sizes (Mullineaux, Bartlett & Bennett, 2001).

### 3.0 Results

Analysis revealed significant differences between the LMS and LMS control groups on rumination ( $F_{(3,56)} = 19.360, p = < 0.001, 95\% \text{ CI } [24.81, 25.45], d = 0.74$ ), perfectionism ( $F_{(3,56)} = 195.827, p = < 0.001, 95\% \text{ CI } [49.80, 50.34], d = 1.67$ ), concern over mistakes ( $F_{(3,56)} = 131.879, p = < 0.001, 95\% \text{ CI } [16.98, 17.29], d = 1.48$ ), doubts about action, ( $F_{(3,56)} = 44.635, p = < 0.001, 95\% \text{ CI } [6.20, 6.46], d = 1.19$ ), personal standards ( $F_{(3,56)} = 58.678, p = < 0.001, 95\% \text{ CI } [12.81, 13.19], d = 0.91$ ), organisation ( $F_{(3,56)} = 112.211, p = < 0.001, 95\% \text{ CI } [10.32, 10.62], d = 1.02$ ), reinvestment ( $F_{(3,56)} = 80.856, p = < 0.001, 95\% \text{ CI } [4.68, 4.92], d = 0.93$ ), and IES ( $F_{(3,56)} = 44.017, p = < 0.001, 95\% \text{ CI } [26.04, 26.63], d = 0.82$ ), with a medium to large magnitude of effect. No differences were found between the LMS and LMS control groups on parental expectations ( $F_{(3,56)} = 3.203, p = 1.000$ ), and parental criticism ( $F_{(3,56)} = 9.470, p = 0.029$ ). Significant differences were found between the type I yips and yips control groups on rumination ( $F_{(3,56)} = 19.360, p = 0.004, 95\% \text{ CI } [13.81, 14.45], d = 0.42$ ), perfectionism ( $F_{(3,56)} = 195.827, p = < 0.001, 95\% \text{ CI } [50.34, 50.86], d = 1.49$ ), concern over mistakes ( $F_{(3,56)} = 131.879, p = < 0.001, 95\% \text{ CI } [13.42, 13.78], d = 1.18$ ), doubts about action, ( $F_{(3,56)} = 44.635, p = < 0.001, 95\% \text{ CI } [4.73, 4.99], d = 0.91$ ), personal standards ( $F_{(3,56)} = 58.678, p = < 0.001, 95\% \text{ CI } [11.29, 11.64], d = 0.80$ ), parental criticism ( $F_{(3,56)} = 9.470, p = 0.002, 95\% \text{ CI } [3.52, 3.81], d = 0.30$ ), organisation ( $F_{(3,56)} = 112.211, p = < 0.001, 95\% \text{ CI } [9.47, 9.73], d = 0.94$ ), reinvestment ( $F_{(3,56)} = 80.856, p = < 0.001, 95\% \text{ CI } [5.77, 5.97], d = 1.15$ ), and IES ( $F_{(3,56)} = 44.017, p = < 0.001, 95\% \text{ CI } [27.75, 28.38], d = 0.87$ ), revealing a medium to large magnitude of effect. No difference was revealed between the type I yips and yips control groups on parental expectations ( $F_{(3,56)} = 3.203, p = 0.616$ ).



ANOVA revealed no differences between the LMS and type I yips groups on any of the dependant variables. See table 1 for a full breakdown of results.

#### 4.0 Discussion

The first aim of this study was to identify whether type I yips and LMS are associated with higher-levels of perfectionism, rumination, and reinvestment. The second aim was to quantify whether individuals experiencing type I yips/LMS perceived their worst performance experience as more stressful than those in a control group. We expected the type I yips and LMS groups to report similarly high-levels of perfectionism, rumination, reinvestment, and subjective stress response, and that these scores would be consistently higher than both matched control groups.

The current results show that rumination, reinvestment, total perfectionism, and all aspects of perfectionism (with the exception of parental expectations) were greater in the type I yips group compared to the yips control group. In comparison to the LMS control group, the LMS group revealed greater levels of rumination, reinvestment, total perfectionism, and four aspects of perfectionism only: personal standards, organisation, concern over mistakes, and doubts about actions, with no difference on parental expectations and parental criticism. Importantly, there was no difference between the type I yips and LMS groups on any of the variables measured, supporting the suggestion that these disorders might be similar problems with different presentations. Finally, both the type I yips and LMS groups scored higher on the IES than their respective control groups.

Previous research has suggested that the combination of harsh personal criticism, whilst striving for perfectionism, leads to underperformance (Stoeber & Otto, 2006). The findings from the present research lend strong support to this notion, in that scores for perfectionistic striving and perfectionistic concern were higher in the type I yips group than in matched controls. Furthermore, previous research has associated unhealthy perfectionism

1 with pre-performance state and trait anxiety, and higher-levels of general anxiety in situations  
2 others typically find less stressful (Frost & DiBartolo, 2002). To our knowledge, the present  
3 study is the first to find profiles of unhealthy perfectionism in LMS sufferers, similar to those  
4 that have previously been noted in type I yips, a finding that serves to strengthen the notion  
5 that LMS and type I yips are, in fact, similar disorders.

6       Regarding parental expectations and parental criticism, no significant differences were  
7 found between the LMS group and the LMS control group, neither were any significant  
8 differences found in parental expectations between the type I yips group, and their matched  
9 controls. Our findings suggest that these constructs of perfectionism might not be antecedents  
10 of type I yips/LMS. Moreover, these findings lend further support to the idea that parental  
11 expectations and parental criticism might not be core components of perfectionism (Stoeber &  
12 Otto, 2006). Individuals might be striving to meet parental expectations and avoid parental  
13 criticism, regardless of whether type I yips/LMS is experienced, a common characteristic of  
14 an elite sport environment. Furthermore, parental expectation is commonly associated with  
15 the perception of needing to achieve unrealistically high-levels of success, facilitating a need  
16 for continuous self-evaluation of performance (Frost et al., 1990). Future research might  
17 consider whether they should be included in assessment of perfectionism in sport.

18       Although differences were found for most aspects of perfectionism between the type I  
19 yips/LMS groups, and their respective control groups, mean scores appear relatively low in  
20 comparison to previous research using the FMPS to assess perfectionistic tendencies in sport  
21 and mainstream psychology (see Table 1) (e.g., Sapieja, Dunn & Holt, 2011). One reason for  
22 this might be the use of a non-context specific inventory to measure perfectionism. Indeed,  
23 mean scores generated using generic measures of perfectionism tend to be lower than with  
24 domain specific measures (e.g., Dunn, Gotwals & Causgrove Dunn, 2005). As such, reported  
25 levels of anxiety and obsessive thinking, might not be entirely reflective of individual

perfectionistic tendencies in relation to the domain. While we believe the FMPS adequately met the purposes of the current study, it is recommended that future studies adopt a sport specific measure of perfectionism in order to quantify individual differences in perfectionism in sport more fully (e.g., Gotwals, Dunn, Causgrove Dunn, & Gamache, 2010).

Rumination scores were found to be significantly higher in the type I yips/LMS groups than in their respective matched control groups, suggesting that rumination is an important aspect of the experience of both type I yips and LMS. This might, in part, explain the way in which the frequency and intensity of type I yips and LMS tends to escalate. Specifically, rumination is thought to involve conscious thoughts, images and/or memories revolving around the causes, symptoms, and consequences of a significant emotional experience that recur without intention (Nolen-Hoeksema, 2000). Traditionally seen as a vulnerability factor of depression (Nolen-Hoeksema, Wisco & Lyubornirsky, 2008), rumination is typified by an increase in negative affect coupled with a decrease in positive affect, causing severity of anxiety-related symptoms and associated disorders to escalate (McLaughlin, Borkovec & Sibrava, 2007). A proportion of individuals who experience a single occurrence of a performance breakdown, characteristic of type I yips/LMS, will subsequently suffer the debilitating longevity of the disorders (Roberts et al., 2013). However, for this proportion of individuals the escalating effect is frequently career destroying. Generally ruminators will appraise an event, and their ability to cope with that event as negative, as well as experiencing recurrent negative feelings, emotions, and behaviours associated with it. Based upon the findings of the present study, a possible difference between those who do and those who do not experience the yips/LMS is in the frequency of ruminative thought patterns and dwelling on the negative aspects of a single experience in a repetitive uncontrolled manner, coupled with intense negative self-appraisal relating to inability to perform. Indeed, rumination has been linked to dispositional self-criticism, a

predominant vulnerability factor in perfectionism (Masters, 1992). Research exploring rumination and perfectionism among sufferers of the anxiety-based disorder PTSD, has demonstrated that rumination mediates the relationship between perfectionism and PTSD, and potentially has a role in maintaining ensuing symptoms (Michael, Halligan, Clark & Ehlers, 2007). Given the reported association between rumination, obsessional thinking, anxiety, and type I yips/LMS (Roberts et al., 2013; Rotheram et al., 2007; 2012), one or more of these factors might also be associated with the way in which perfectionism relates to these disorders.

To our knowledge, this is the first study to demonstrate elevated levels of reinvestment in those that suffer with LMS, adding to the growing literature reporting self-consciousness and reinvestment as components of type I yips (Bawden & Maynard, 2001). Given the high-levels of reinvestment reported by both the yips and LMS groups, it might be that an individual's propensity to reinvest in their actions, combined with perfectionistic tendencies, and prolonged ruminative thought patterns, result in skill-based problems becoming ingrained. In contrast, it is feasible to suggest that someone without this profile might just pass off the initial experience as a one-off and be more able to keep things in perspective. However, this is confounded by recent research, which suggests that conscious cognitive activity plays a key role in facilitating further improvement in performance (Toner & Moran, 2014). The precise mechanism by which reinvestment, rumination, and perfectionism interact is unclear therefore future research should therefore address the causal relationship between perfectionism, rumination, reinvestment, and type I yips/LMS.

The link between the experience of traumatic life-events and psychological disorders is by no means a new phenomenon (Zilberg, Weiss & Horowitz, 1982), and the current study suggests a similar link exists with type I yips/LMS. To date, research has indicated that a range of trauma-related (e.g., perceived threat), and personal (e.g., obsessive thought patterns)

factors affect an individual's response to a significant event (Zuckerman, 1999). Research has also found that individuals suffering from type I yips report a history of significant life-events (Rotheram et al., 2007). Furthermore, individuals with high-levels of perfectionism are known to be more susceptible to the negative consequences of significant life-events (Hewitt, Flett & Ediger, 1996). To our knowledge, this is the first study of its kind to report both unhealthy perfectionism, and high-level stress response among the same group of individuals. Specifically, sufferers of type I yips and LMS who have unhealthy profiles of perfectionism, appraise their worst performance experience as more stressful than non-perfectionist types. It is possible that the combination of these two components are a precipitating factor in the development of type I yips/LMS. However, due to the inclusion of other variables in this study, further research should be conducted to confirm this. Nonetheless, athletes meeting the criteria for unhealthy perfectionism, coupled with a high-perceived stress response, should be supported to ensure effective processing of traumatic events (i.e., performance breakdown).

This study has demonstrated that levels of perfectionism, rumination, and reinvestment are greater in individuals experiencing type I yips and LMS, than in matched control groups. Furthermore, those suffering the yips/LMS report higher levels of stress response than their non-suffering counterparts. Whilst the study design prevents us from being able to determine causality, we favour the explanation that perfectionism, rumination, and reinvestment increase the likelihood of experiencing type I yips/LMS. Thus, it is recommended that future research develops interventions directed towards reducing the maladaptive effects of identified personality traits, and supporting individualised debriefs following traumatic experience. Based upon the current findings, assessing perfectionistic tendencies, ruminative responses, and reinvestment, might help to identify those athletes most at risk so that interventions can be targeted accordingly.

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## Table Caption

*Table 1.* Means (*M*) and Standard Deviations (*SD*) for Group x Dependent Variable.

1 Table 1. *Means (M) and Standard Deviations (SD) for Group x Dependent Variable*

	LMS ( $M \pm SD$ )	yips ( $M \pm SD$ )	LMS control ( $M \pm SD$ )	yips control ( $M \pm SD$ )
Rumination	62.73 $\pm$ 12.42	52.07 $\pm$ 10.02	37.6 $\pm$ 8.85	37.93 $\pm$ 11.14
Reinvestment	13.20 $\pm$ 1.66	14.00 $\pm$ 1.07	8.40 $\pm$ 1.35	8.13 $\pm$ 1.19
Perfectionism	117.87 $\pm$ 7.81	111.80 $\pm$ 6.29	67.80 $\pm$ 7.86	67.27 $\pm$ 8.23
Concern over mistakes	31.00 $\pm$ 1.93	29.33 $\pm$ 2.87	13.87 $\pm$ 3.00	15.733 $\pm$ 3.92
Doubts about action	12.33 $\pm$ 2.13	11.73 $\pm$ 2.49	5.93 $\pm$ 1.53	6.87 $\pm$ 1.19
Parental expectations	13.07 $\pm$ 1.67	11.93 $\pm$ 1.67	12.13 $\pm$ 2.45	10.60 $\pm$ 2.80
Parental concern	11.07 $\pm$ 2.76	10.00 $\pm$ 1.85	8.27 $\pm$ 3.20	6.33 $\pm$ 2.44
Personal standards	26.93 $\pm$ 3.69	26.13 $\pm$ 4.24	13.93 $\pm$ 3.81	14.67 $\pm$ 2.26
Organisation	23.47 $\pm$ 1.85	22.67 $\pm$ 1.35	13.00 $\pm$ 2.70	13.07 $\pm$ 2.34
IES	56.53 $\pm$ 9.26	48.87 $\pm$ 12.28	30.2 $\pm$ 8.45	20.8 $\pm$ 7.84

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