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Working with perfectionistic athletes in sport: An Acceptance and Commitment Therapy  
perspective

Dean R. Watson<sup>1</sup>, Henrik Gustafsson<sup>2</sup>, & Carolina Lundqvist<sup>3</sup>

<sup>1</sup>University of Bolton

<sup>2</sup>Karlstad University

<sup>3</sup>Umeå University

**Author Note**

Correspondence concerning this chapter should be addressed to Dean R. Watson, e-

mail: d.watson @bolton.ac.uk

In this chapter we draw on our applied experiences and research to highlight how perfectionistic athletes can be supported using Acceptance and Commitment Therapy (ACT). The first part of the chapter describes ACT and research that has examined its use for perfectionism. In keeping with other chapters in this section of the book, the second part of the chapter presents a case example of a perfectionistic athlete. Our case example is an aspiring young athlete who in making the transition to the senior performance squad has begun to experience emotional and behavioural problems. Our novel contribution to previous work of this kind is our focus on ACT. Few studies have adopted ACT interventions to reduce perfectionism even though we believe it to be a valuable way of doing so. In addition, there are even fewer exemplars of how to implement this type of intervention in sport. As such, our intention is that the chapter serves as a guide for practitioners unfamiliar with ACT and is a useful addition to other illustrative examples of how to work effectively with perfectionistic athletes.

### **Context for the chapter**

We knew little about perfectionism during our training and early years as qualified practitioners. It is only really through our research, and subsequent first-hand experiences with perfectionistic athletes, that we have been able to recognise the characteristic and the impact it has on the lives of athletes inside and outside of sport. From our experience, perfectionism is central to many of the difficulties athletes face. From youth athletes to older more experienced athletes, the sense of expectation and pressure to be perfect can be ever-present and can exact a heavy toll. It is because of our applied experiences, and the challenges that we have seen these athletes face, that we think it important that this topic is better understood by fellow practitioners. In addition, to work effectively with these athletes we also need tools to do so. With this in mind, practical guides and illustrations are essential, so we have sought to provide these here, too.

Perfectionism is not something athletes, coaches, and parents are familiar with. We have had countless conversations with these groups about perfectionism and its inadvertent and undesirable consequences, and it is simply not something they typically consider. In fact, athletes, coaches, and parents more often value the pursuit of perfection and actively push themselves or others to pursue it. The idea of obsessing over goals, working tirelessly and relentlessly, and pushing through the pain barrier, are all things we have seen commended in sport. As a result, as sport psychologists we are often left with the fallout – the inevitable

performance and wellbeing difficulties that athletes experience as they struggle with this environment, their own irrational expectations, and the demands of others.

The backdrop for this chapter is a growing body of work outside of sport that has examined the effectiveness of different interventions for perfectionism. One of the most notable of which has been published recently and is a meta-analysis of cognitive behaviour therapy-based interventions (e.g., Galloway et al., 2022). Research examining ACT and perfectionism, specifically, is sparse. However, evidence of the efficacy of ACT generally is provided in a recent review of meta-analyses by Gloster et al. (2020) who found that ACT is effective for a range of issues (e.g., anxiety, substance use, and depression). In these regards, we are seeking to provide guidance that is empirically-informed by existing research. Inevitably, we have also drawn on our own experiences and used a number of excellent resources to help inform our approach (e.g., Kemp, 2021; White et al., 2021; Sinclair & Beadman, 2016). In providing our perspective, we acknowledge this work and encourage readers to seek out to inform their own practice.

### **Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT)**

Cognitive Behavioural Therapy (CBT) is the name of a broad set of approaches that combine cognitive therapy and behavioural therapy. It is also a term used to identify a specific and discreet type of therapy. To avoid confusion, we use the term “cognitive behavioural approaches” hereafter when referring to the broad category and CBT when referring to the discreet therapy. As described by Hayes (2004) in his excellent overview of how cognitive behavioural approaches have changed over time, cognitive behavioural approaches can be viewed as having arrived in three waves. The first wave focused on learned behaviour and the association between stimuli and problematic behaviour (viz. neo-behaviourism as exemplified by operant conditioning; Skinner, 1953). The second wave of cognitive behavioural approaches had a much greater emphasis on cognitive mediation and cognitive concepts (e.g., irrational thoughts and faulty information processing styles) as a means of understanding psychopathology. This wave is synonymous with Beck’s (1976) cognitive therapy and the CBT which we referred to earlier. The third wave of cognitive behavioural approaches has a greater emphasis on social constructivism and the notion of changing the function of thoughts (or consequences) without needing to change their form (or content).

ACT is a third wave cognitive behavioural approach with particular philosophical (Functional Contextualism) and theoretical (Relational Frame Theory) underpinnings. For a detailed discussion of these underpinnings, we recommend readers consult Hayes (2004) and colleagues (e.g., Fletcher & Hayes, 2005; Hayes et al., 2006; Hayes et al., 2013). Here, we highlight that these underpinnings set this therapy apart from those in the first two waves and directs those using the approach to think in terms of subjective, value-led experiences, and contextual and relational (acquired) bases for experiences. In practice, when using ACT we aim to support people to accept their difficult thoughts and feelings, and to break both the link between them and the desire to avoid them (Hayes, 2004).

The ability to accept the experience of problematic thoughts and feelings, remain present in the moment, and still behave aligned with one's values, is referred to as psychological flexibility (Bond et al., 2011.). Increasing psychological flexibility is considered one of the main processes of change in ACT and is developed through six-core processes: Being Present, Acceptance, Defusion, Values, Self, and Commitment (Hayes et al., 1999). Being present promotes direct contact with psychological events as they occur in that moment, rather than flicking between the future or the past. Acceptance involves embracing and accepting inner experiences rather than avoiding certain emotions and feelings. Defusion seeks to change the relationship with problematic thoughts. Values are activities that give life meaning and provide direction. Self is being aware of experiences without being attached or invested in them. Commitment is about setting goals in order to take action (Hayes et al., 2006).

To illustrate, a football player may report they find it difficult to be involved in the game and receive passes in defensive areas from teammates out of fear of making a mistake. This situation leads to an emotional response (e.g., anxiety) and the athlete's behavioural response is to avoid the anxiety by hiding during a game and discouraging players from passing to him. The result is temporarily lower anxiety. However, this is followed by feelings of guilt and shame, and self-critical thoughts ("I am not a good player or teammate"). This type of behaviour might also go against his values (e.g., wanting to try one's best), which can create more anxiety, stress, and a lost sense of self. Whereas CBT would focus on eliminating or correcting the negative thoughts and feelings in this situation, ACT would focus on helping him to accept his experiences and understanding that they are not themselves harmful. In ACT, his personal values would also be used as a reference point for his experience and would guide the understanding of why his thoughts and feelings are problematic and help realign his behaviours towards his personal and professional goals.

ACT shares characteristics with other approaches in regards to how it conducted. For example, during ACT interventions there is reliance on homework to completed by clients between sessions. In addition, the success or failure of an ACT intervention will be influenced by how much the individual participates and engages in the homework (see LeBeau et al., 2013). Again, as with other CBT interventions, there is also a strong emphasis on the therapeutic alliance which in ACT is described as “important, powerful, and deliberately equal” (Hayes, 2004, p. 652). Forming a strong therapeutic alliance is likely to lead to greater athlete disclosure (Katz & Hemmings, 2009). However, this is something that both therapists and clients can find difficult (Eubank et al., 2014). The importance of the therapeutic alliance is especially noteworthy here as there are suggestions that perfectionism can interfere with its development (Miller et al., 2017; Hewitt et al., 2020). Therefore, practitioners will need to be aware of the additional challenges they may face in this regard when working with perfectionistic athletes.

### **ACT and managing perfectionism**

There is now ample evidence that perfectionism is something that can be reduced and managed. A lot of this evidence comes from community and education settings with individuals displaying higher perfectionism but not (as yet) clinical problems (e.g., Olton-Weber et al., 2020; Shafran et al., 2017; Arana et al., 2017). Intervention research on perfectionism in sport is still quite rare. But, the findings from current studies are promising. Some notable examples in sport include Donachie and Hill (2020) and Mosewich et al. (2013). Donachie and Hill (2020) found support for the effectiveness of a CBT-based self-help book in reducing perfectionism in adult soccer players. Similarly, Mosewich et al. (2013) found support for the effectiveness of a compassionate-based intervention in reducing concern over mistakes in female university athletes. These studies are notable because of their robust randomised-controlled (RCT) designs and positive findings, but also because they both used cognitive behavioural approaches.

There are other studies in sport that provide more preliminary evidence for the use of third wave cognitive behavioural approaches as an intervention for perfectionism. Notably, Kaufman et al. (2009) assessed the effectiveness of a 4-week mindfulness intervention to reduce perfectionism in archers and golfers. Similarly, De Petrillo et al. (2009) assessed the effectiveness of the same 4-week mindfulness intervention in long-distance runners. These studies found decreases in dimensions of perfectionism - perceived parental expectations,

perceived parental criticism, and personal standards following the intervention. Unfortunately, neither of the studies used an RCT design and instead used weaker pretest-posttest designs. However, combined with study discussed below outside of sport, we consider these studies to be at least indicative of the possible usefulness of third-wave interventions like ACT for perfectionism in sport.

To our knowledge, there is one study that has examined the use of ACT outside of sport, and this found ACT to be effective in reducing perfectionism. In the study, Ong et al. (2019, 2020) delivered a ten-week intervention to a community sample with higher scores on an obsessive-compulsive scale (so to screen for what was described as “clinical perfectionism” in this study). The intervention included sessions on acceptance, defusion, values, commitment, and relapse prevention. Using an RCT design, they found that following the intervention the ACT intervention group reported lower perfectionistic concerns (concern over mistakes and doubts about action), as well as reduced psychological inflexibility, and increased self-compassion and quality of life, in comparison to a waitlist control group. Many of these changes were considered clinically significant and reliable immediately after the treatment and one-month follow-up. Tentative evidence of changes in neural activation indicative of more efficient cognitive processing and reduced reactivity to negative stimuli were also reported in additional analyses (Ong et al., 2020).

It is hopefully evident from the description of ACT, and review of studies that have adopted the approach or similar approaches in sport and other domains, that ACT is a promising intervention for perfectionism. The experience of negative thoughts and emotions are common for perfectionistic athletes (see chapter 4 of this book). Indeed, the experience of negative thoughts centred on themes of perfection are so deeply engrained that they may be difficult to avoid (see chapter 7 of this book). There is also a stark contrast between the concept of psychological flexibility and the rigid perfectionistic mindset that makes it difficult to envisage that perfectionistic athletes would not benefit from ACT and the techniques it uses. As such, we now present a case example of how ACT can be used to support perfectionistic athletes.

### **A case example of perfectionism in high-performance sport**

In order to describe the process of working with perfectionistic athletes using ACT, we have provided a case description of a real athlete the lead author encountered in their work and have described the work together during different phases of ACT. This is based on the Hexaflex model of ACT (Bach & Moran, 2008). So not to reveal the identity of the athlete, minor changes

have been made to the case or information omitted. However, overall, it is an accurate reflection of the case and the support that was provided. Quotes are provided from notes and sessions for illustrative effect.

### **Case description**

Sophie's coach initially contacted the lead author to request sport psychology support, as Sophie was finding the transition to senior field hockey "difficult". Sophie is a high-performance field hockey player. She has just turned 18 years old and has been competing mainly with junior squads in national and international competitions. She trains six times a week and attends regular regional and national training camps. This requires a lot of time and travel across the UK. Sophie has recently joined the senior squad at her club and has begun competing in senior competitions. She lives at home with her parents who support her and take her to most training sessions and competitions. Based on her achievements, she is highly talented and among the best young players in the country. Her coaches and peers expect her to eventually gain a place in the senior national squad.

In discussing Sophie with her coaches and parents, Sophie's regional coach said that over the past few weeks her engagement with training has been "shoddy" and that she had appeared disinterested at times. He also explains that she is becoming forgetful (for example, missing items from her kit and turning up late). Sophie's parents later explain that she has been more "upset" and "emotional" than usual. They say that she is very demanding of herself and is trying her best. They don't have an explanation for her behaviour but are concerned that her schedule is too demanding and she feels under pressure. However, they want to support her ambition, which has always been to play field hockey for her country.

Below is a description of ten sessions conducted with Sophie. Each description explains what was done and why. The session outline will be one that will provide perfectionistic athletes with a space to allow their thoughts to pass, for them to remain present, and to live a values-led life. Ultimately, the ACT intervention is designed to create psychological flexibility, which for perfectionistic athletes is a stark contrast from their rigid, dichotomous thinking they routinely experience (see figure 10.1).

### **Description of the sessions**

#### **Session one – Analysis**

In the first meeting the aim is to get more background information about the athlete and collect information about his/her problem(s) and what maintains them, as well as information on his/her strengths. This first meeting provides an important opportunity to begin building rapport with the athlete. It is also used to provide information to the athlete about ACT and the possible schedule of work (Hayes & Strosahl, 2004).

In this first session, Sophie talked about problems that related to feeling stressed during training and being anxious about competitions. Soon, it was evident that these problems were related to perfectionism. Sophie described herself as being a perfectionist in many aspects of life, but mostly in sport. Sophie felt pressure from herself and others to do everything perfectly and felt both fear and anxiety over making mistakes. Sophie described that most of her thoughts and feelings come from her own expectations: "I constantly feel like things need to be done perfectly. If they are not, I can get really upset with myself". Sophie also described that she feels her coach and some of her teammates can be very critical of her. Sophie said, "If I misplace a pass, I tend to go into my shell to protect me from what they might say or think". Sophie is normally incredibly organised, a meticulous planner, and also highly prudent. Sophie explained that if she doesn't perform how she wants to, or things don't go as planned, she gets very critical of herself.

Sophie's perfectionism showed itself in many respects, such as demanding and rigid personal standards, obsessing over her goals, being very self-critical, and trying to hide her flaws from the judgement of others. This way of behaving and thinking is extremely difficult and challenging for Sophie. She finds it difficult to accept criticism from her parents and coaches partly because it adds to the weight of her own criticism but also because it feels like they are not supporting her. This belief often created feelings of anxiety which is not only problematic for her performance but also her wellbeing. The idea of not being perfect, not performing perfectly, or things not going perfectly, are things that Sophie finds difficult to accept.

As mentioned earlier, in order for ACT to be effective, compliance to homework is important (Mausbach et al., 2010). As such, it is vital that the athlete is a part of the development of the home assignments as this improves adherence and the likelihood of successful intervention (Robinson, 2008). Successfully completing homework will provide a more detailed understanding of her perfectionism and the impact it has on her. It will also create a space for her to begin noticing her thoughts and behaviours and increase awareness of herself. Giving an assignment in the first session is also a way to enhance engagement with Sophie as well as build longer-term adherence. The home assignment is evaluated in the first part of the

next session, this provides an opportunity for Sophie to discuss any problems she might have experienced or questions she might have. It can also allow for an easier transition into the content of the next session.

### **Session two – Case formulation**

In this session the work with the analysis continues and the problem is explored in more detail. The aim is to develop a case formulation or conceptualization of the issues being described where we can better understand the function of Sophie's perfectionism in context (Hayes et al., 2004). At this stage, it is important to understand how the various processes relate to psychological (in)flexibility. This is because it will provide an in-depth account of Sophie's rigid thinking, and the behaviours that do not allow her to be present. It is also important the process remains evidence-based and underpinned by relevant theory. To understand the underlying problems of Sophie's perfectionism, we used a set of questions to guide the conceptualization process, as outlined by Hayes et al. (2004) (see figure 10.2). In addition, we used the Hexaflex model as a framework (Harris, 2009).

Sophie's home assignment was to identify the areas of her life that she is perfectionistic and revealed that the main area in which she was perfectionistic was in sport, but this was also the case for schoolwork. Sophie liked things done in a particular way. She has previously described herself as a "control freak". It was apparent that Sophie found making *any* mistakes difficult to accept even when made by others, but she mostly kept these feeling to herself. Sophie is incredibly critical towards herself and focussed intensely on mistakes she made (for example, "I misplaced a really easy pass last week, I beat myself up about it for a week"). Sophie believed that she was difficult to be around, especially when she was critical towards herself. She feels that she ultimately doesn't want to make mistakes and has described rigid rules (e.g., "I must be perfect"). These thoughts and feelings are creating psychological inflexibility as they prevent Sophie from contacting the present moment.

Based on the analysis and case formulation session, as well as conversations with her coach and parents, a description of her perfectionism was presented to Sophie (see figure 10.3) and based on those created by Harris (2009). This figure includes an integration of the fundamental aspects of the Hexaflex model of perfectionism as well as the personal experiences Sophie described regarding her perfectionism. This model also outlines the specific thoughts and behaviours that create psychological inflexibility. Creating a diagram of the case formulation provides a good opportunity to explore the factors that maintain Sophie's

perfectionism and how to proceed to break the cycle of perfectionism (Egan et al., 2014). However, using the Hexaflex model can sometimes be confusing for the athletes (Twoihig et al., 2021), so it is important to remain clear and concise with them during each phase of the model.

### **Session three – Psychoeducation**

After the analysis of the problem, the next phase is psychoeducation and introduction to ACT. Knowledge about sport and performance can be helpful here, but not essential. If the therapist or practitioner has knowledge of the sport they may be seen as more credible. But there is also benefit for the therapist or practitioner knowing very little about the sport. This can strengthen the relationship building process as it provides the athlete with plenty of opportunities to talk and be the ‘expert’ (Miller & Rollnick, 2013). For us, the need to build strong relationships with perfectionistic athletes is essential in order to have successful outcomes. To do this, we used core skills from Motivational Interviewing (e.g., open-ended questions; see Miller & Rollnick, 2013). As discussed earlier, perfectionism can undermine the development of the therapeutic alliance. This places even more emphasis on building strong working relationships with perfectionistic athletes.

One important part of the work is to reduce any stigma or pre-conceptions towards sport psychology (Watson et al., 2021). Previous research has found that athletes with higher levels of some dimensions of perfectionism have less confidence in sport psychologists, are ‘psychologically closed’ to discussing personal problems, and attach a sense of stigma to seeking support. Therefore, it is important to provide clear explanations and rationales as to what sport psychology is, how it will help them, and what the benefits are for their perfectionism. It is also important to remember that some athletes with higher levels of perfectionism value the perceived benefits of perfectionism (Hill et al., 2015). A primary focus on self-evaluation processes, rather than lowering standards, is also beneficial in this regard (Egan et al., 2014), particularly for athletes. These points should provide practitioners with a sense of caution around the early part of the consultancy process.

### **Session four – Contact with the present moment**

In this session, we focussed on identifying specific moments where Sophie is unable to be present with her thoughts and actions. Having a focus on the past (i.e., rumination) or future (i.e., worry) is a common problem for athletes with high levels of perfectionism. Sophie

described that in training and games she would feel under pressure from herself and her coach to constantly play well and play the ‘perfect’ game. She said if she made a mistake, she always ruminates over it. This inability to be present in her thoughts played an instrumental role in her psychological inflexibility. Being drawn towards mistakes or situations that are yet to happen will contribute to losing focus, more anxiety, and less control. By being present in one’s thoughts, athletes can better focus on the cues that are relevant to them in that moment.

The aim of the session was to provide Sophie with a) an understanding of what being present felt like and b) a clear process to follow in order to be present. The intention was to help her stay focussed in training and in games. Metaphors can play an important role in the delivery of ACT interventions (Varra et al., 2009). One metaphor that was relevant to Sophie and one that she found relatable was ‘leaves on a stream’. This metaphor describes the need to allow thoughts to pass by without examining each one. Taking that step back and not being drawn into every thought. Just being present and allowing each leaf to pass by. This would help Sophie understand that some of her own thoughts can be left without the need to control them. The homework for the next session was to identify situations where it is common for her to focus on mistakes or generally not to be present in her thoughts. In the session Sophie described several situations where she had lost focus and been “overly concerned of making a mistake”. In the homework, we decided to focus on one or two situations where this is the case. Sophie was to use one of the metaphors from the session that would encourage her to be present and take a step back.

### **Session five – Mindfulness**

In the next session, we introduced mindfulness. Mindfulness can be used as a standalone intervention or within an ACT intervention (Röthlin & Birrer, 2020). Mindfulness has also been used within interventions for perfectionism with some promising results (e.g., De Petrillo et al., 2009; Kaufman et al., 2009; Steele & Wade, 2008). Mindfulness is about trying to draw attention to, and connect to, the wider environment and observe the present experience with an accepting and open attitude (Bishop et al., 2004). Sophie has previously described generally feeling stressed in training and competitions. So, we wanted Sophie to engage in mindfulness to reduce her feelings of stress and overriding fear of failure.

The session included practicing mindfulness. This comprises of a range of different exercises including body scanning. Body scanning involves paying attention to parts of the body in order to notice tension and ultimately increase awareness to the self. These are

exercises that are helpful in noticing thoughts, to be in the present moment, and avoiding trying to change the experience (see Segal et al., 2013). These aspects are all really important elements within ACT. We also encouraged Sophie to practice mindfulness in moments that she notices herself struggling with perfectionistic thoughts or behaviours. To help her with this, we suggested that Sophie used a diary to log her thoughts and behaviours. This would help us better understand how and when she might use mindfulness.

### **Session six – Acceptance**

In this session, we focussed on a fundamental part of ACT – acceptance. Acceptance is about accepting thoughts and emotions. It is an active process of engaging with one's emotions, which will allow for greater compassion to oneself (Hayes et al., 2011). It is hoped that accepting one's thoughts and emotions will create a more mindful and flexible perspective, making a shift from avoidance to engagement. In perfectionism, avoiding inner experiences (e.g., procrastinating to avoid seeming imperfect) is common (Ong et al., 2019). This avoidance also extends to perfectionistic thoughts or cognitions (e.g., "I'm not good enough"). ACT addresses these perfectionistic thoughts without needing to change their content.

Sophie has described how she felt overwhelmed by her thoughts, specifically after making a mistake in a game. Our aim for this session was to help Sophie open up and describe her thoughts, and to provide opportunities to take a 'step back' and see the thoughts as just thoughts. When Sophie is overwhelmed by these thoughts, she notices and analyses each individual thought. These thoughts, and subsequent emotions, played a critical role in Sophie's level of self-criticism. Therefore, it was also hoped that this session would help address this aspect of perfectionism and accept rather attend to her negative thoughts.

After providing perspective on some of her self-critical thoughts, we provided Sophie with the choice of struggling vs opening-up. Opening-up makes room for problematic thoughts and feelings, rather than struggling and fighting them. Previously, Sophie has struggled to accept mistakes, to move on from the thoughts that follow mistakes, and to provide compassion to herself. She had tried to wrestle with these thoughts and feelings but doing so hadn't resolved them or provided her with a space to feel content. We suggested opening-up rather than struggling with these thoughts and feelings. In order to overcome the difficulty in opening-up, she needed to show courage and willingness. This is also called Creative Hopelessness. Creative Hopelessness is a fundamental part of acceptance, which reflects Sophie's resistance

and opposition to acceptance, and willingness to examine the workability of her perfectionism (Hayes et al., 2011).

### **Session seven – Cognitive defusion**

Here we focussed on defusing Sophie's problematic thoughts (e.g., "I must do things perfectly"). Defusing thoughts in ACT is key as it shows Sophie that she is not her thoughts and that they don't define her. Sophie has historically struggled with this concept. Defusion attempts to alter the context so that Sophie isn't punished by her own idiosyncratic thinking. Altering the context will allow Sophie to be free to think and act in accordance with her values. Unlike the first and second waves of cognitive behavioural approaches, the aim in this session isn't to control, suppress, or avoid the thoughts that Sophie is having. A metaphor that worked well within this session is the Sushi Train. Sophie is encouraged to see thoughts pass by (as if they were pieces of sushi) rather than engage and examine each piece of sushi (or each thought).

For homework, we provided Sophie with different exercises to explore some of her more difficult thoughts and provide an opportunity to take a step back and not to engage with them as often. For example, to help Sophie understand her struggle with her own thoughts, she was asked to put her hands up to her eyes. Sophie is asked what she can see, and how she feels. The answer is that she can't see anything and that she feels uncomfortable. She's asked to slowly move her hands away from her face, continually recognizing what she can begin to see. She was asked what she could now notice, what she could feel and see. At the end of the exercise, it's important to help Sophie recognize that her hands (or indeed her thoughts) are still here, but that they are not controlling or absorbing, allowing her greater focus.

### **Session eight – Values**

In this session, Sophie is encouraged to move towards a values-led life. Values are verbally construed desired life consequences that guide us in the choices that we make (Hayes et al., 1999). Therefore, values give direction and purpose to our behaviour. When Sophie doesn't live in line with her values, she becomes more critical towards herself and feels less confident about her abilities. The discrepancies between her values and her current behaviour, in turn, create and further fuel her perfectionism. Sophie has described how she is very "goal-focussed", and typically sets extremely high and even unrealistic goals for herself. Better understanding values will provide Sophie will help maintain her sense of motivation and energy, because she will know what matters to her.

As part of the session, Sophie was asked “What do you want your life to stand for?” A useful exercise that runs alongside this is the Bulls Eye (Larsen et al., 2019). Sophie writes down her values for work, leisure, health, and relationships. She indicates how strongly she is living by each of these values on a 7-point scale (1 = ‘living by them inconstantly’ and 7 = ‘living by them fully’). These provide us both with an outlook in regards to whether she is living by her values or not (e.g., “What do you need to do to live by them more fully?”). A second exercise that was useful was the *BUS* acronym (Breath, Unhook, See). Sophie was encouraged to *breath* to help slow down her body and mind and be present. To *unhook* from thoughts, seeing them as just thoughts. And finally, to *see* what matters to her. Sophie was encouraged to use this in training and games at times when she either made a mistake or lost focus.

### **Session nine – Self**

In the penultimate session, we focussed on the self. Recently, it has been referred to the *noticer* mode of mind (Hayes & Ciarrochi, 2015). This is because it refers to our ability to be aware of, or notice, what is happening to us or around us (White et al., 2021). An aim of focusing on the self is to distinguish between the content of private events and the context in which they occur (Strosahl et al., 2004). Understanding the self (i.e., the perfectionistic self-descriptions Sophie makes about herself) will allow Sophie to adopt different perspectives on her thoughts and feelings, and help overcome the trappings of her perfectionistic thinking. To help Sophie understand this part of the session, we used the following metaphor from Belmont (2019) –

*The observer self can be linked to the sky. Your thoughts and feelings being like the weather. No matter how turbulent the hurricanes, blizzards and rainstorms, blue skies and balmy breezes will replace the turbulent weather if you are patient and have faith that the storm will pass. We don't try to change the weather, we cannot control it – rather, we can observe it and be detached from it, knowing the storm will pass and there will again be sunny days and calm breezes again. Likewise, your thoughts will also pass and by not reacting to the storm, you will develop equanimity and patience.*

Sophie has already described how her perfectionism makes it very hard to move on from mistakes. She sets extremely high standards for herself and is overly critical of her own achievements. It is suggested to Sophie, that she can move into a space where she can

observe some of these painful thoughts and experiences without getting caught up in them. The control and avoidance that she has previously explored (e.g., missed training sessions) has had little success. An exercise that Sophie found useful was the chessboard metaphor. Here we discuss the pieces to be like her thoughts – some positive, some negative. Her experience has been a ‘battle’ between these pleasant and unpleasant chess pieces (or thoughts). We encourage Sophie to be more like the chessboard and observe the thoughts that she has, without engaging or reacting to them.

### **Session ten – Commitment**

The aim of the final session in the intervention was to provide Sophie with perspective and an established method of setting goals that don’t fuel her perfectionism. As is the case for most perfectionistic athletes, setting unrealistic goals often undermines how they deal with setbacks and failure (Lizmore et al., 2019). So, better goal setting is an imperative part of the intervention process that supports a greater drive for healthy striving and realistic goal setting. Commitment (or committed action) is defined as engaging in a pattern of behaviour, in pursuit of short- and medium-term health related goals, that is consistent with a person’s values (Hayes et al., 1999). As previously covered from session eight, Sophie wasn’t living by her values. She wasn’t living a values-led life and was instead setting goals that encouraged self-criticism and fear.

Sophie has previously discussed how she sometimes “hides away” in training or games if she makes mistakes. Avoidance helps preserve or protect her perceived imperfections. So, what we want is for Sophie to see that even in the presence of obstacles, she can overcome them if she is directed and committed towards her values. In the session we used goal setting that was incorporated some of her values. To help with this, we used the Life Compass exercise (Dahl & Lundgren, 2006). Here, we discussed her values (those that were written from session eight) and developed an appropriate action plan which proposes several questions. Firstly, why is this goal meaningful? Secondly, what are the obstacles that may prevent you achieving this goal? Thirdly, which of these are you willing to make room for? Finally, which skills will you use to combat the uncomfortable thoughts? By ending the session and intervention in this way, it provides an effective way to maintain the impact of the intervention and support her in utilising the previous sessions.

### **Case study evaluation and outcomes**

There were several important and successful outcomes for Sophie. To understand and determine these outcomes, we employed a number of different evaluative techniques. Firstly, we used social validation to understand the quality of support that was provided to Sophie. Social validation is often used in single case research (Barker et al., 2011), but also as a standalone exercise, which can offer an in-depth analysis of the intervention from the athlete's perspective. Sophie described how she now felt 'more in control' of her perfectionistic thoughts. She described being present in practice and used several of the techniques after making mistakes, which previously caused her to be overly self-critical. The second technique we used was performance based. We used a subjective measure of performance to determine improvements. Importantly, Sophie's parents described how they noticed Sophie being more "in the zone" in the car on the way to games. This made them feel less inclined to ask questions or make statements. Given that Sophie's parents often outlined their own expectations in these situations, this was seen as an important outcome.

However, like with most interventions, there were areas it could be improved. Firstly, we did not measure Sophie's psychological flexibility directly. Despite understanding Sophie's thoughts and feelings that contributed to her psychological inflexibility (in the needs analysis and case conceptualization phase), we could have included the Acceptance and Action Questionnaire (AAQ 2; Bond et al., 2011). The AAQ-2 has been validated in several domains, including sport, so we encourage practitioners to consider using it. Secondly, after having several conversations with her coach, he suggested that Sophie still become overwhelmed at times and can still apply pressure on herself to be perfect. Practitioners should be reminded that interventions do not always go to plan (or work perfectly). There are often elements of an intervention that require adjustment, revisiting or abandoning. What is important is the conversation we had with her coach to understand how things were developing and better evaluate the impact of the intervention.

Moving forward, Sophie was encouraged to use self-reflection. One useful technique that we asked Sophie to engage with was to record, reflect, and learn from her performances (e.g., Ravizza, 1990). Sophie was asked to record three things that went well in each game and training session, two things that didn't go so well (so to reduce or cap the amount of self-criticism), and one thing that she intends to improve on. This reflective process will support how she reacts to situations and provide her with a space for growth. Sophie is also encouraged to reach out for support if she finds that things are becoming difficult again. This includes from those providing psychological support, from her parents, coach, friends, and teammates.

### **Reflections**

As it should be with all sport psychology interventions, reflecting is an essential part of the practice and should be conducted by the sport psychologists. Reflective practice offers a useful and appropriate framework for professional training and development (Anderson et al., 2004). Here we used Gibbs' Reflective Cycle (1988), but there are several alternative models available (e.g., Kolb, 1984; Schon, 1991; Johns, 1995). Regardless of the model used, the main basis of reflecting is for the practitioner to develop their practice and approach, and for the practitioner to increase their self-awareness (Knowles et al., 2014). In sharing professional reflections, it can also be beneficial to others.

A key question we asked ourselves from this process of reflecting was whether we engaged and worked with Sophie's coach enough? Given the coaches role in fuelling perfectionism in this case, it may have been more beneficial for Sophie if we had also worked with the coach, too. Providing coach education workshops may be an additional way of supporting Sophie. Similarly, greater involvement of Sophie's parents may have been useful and provided for a more effective intervention. Like coaches, parents are instrumental in the way athletes view themselves and the expectations they establish. There are often logistical issues that need to be overcome and consideration of ethical issues when inviting parents and coaches to be a part of interventions but, if carefully navigated, their involvement may serve the athlete better.

Something that this particular case study highlighted is the benefit of delivering more remote or online based interventions. When working with Sophie, some of the sessions (e.g., session nine) were delivered online but doing more sessions online may have been beneficial. Delivering support online is beginning to gain more attention as a mode of intervention within sport psychology (Price et al., 2020). There is also evidence that this mode of delivery is equally effective as face-to-face delivery when working with perfectionism (Suh et al., 2019). This is partly explained by the increase in flexibility and access the mode of delivery offers. In our experience, athletes are familiar with using digital technologies as they regularly use them to communicate with friends and family while travelling. So, following initial meetings to build rapport and trust, using new technologies may be more desirable for athletes who are "on the road".

### **Concluding comments**

In this chapter we described ACT and provided an illustrative example of the approach to working with a perfectionistic athlete. Evidence is beginning to emerge in support of ACT in sport and in our own applied work we have found it useful and effective. Unlike other cognitive behavioural approaches, ACT focusses on accepting rather than changing negative thoughts and feelings. In this regard, we consider ACT to be suited to working with perfectionistic athletes for whom negative cognitive and emotional experiences may be deeply engrained. We hope that this chapter encourages sport psychologists to consider utilising ACT interventions when working with perfectionistic athletes, that our practical illustrations are useful, and that our own reflections can inform the effective future practice of others.

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