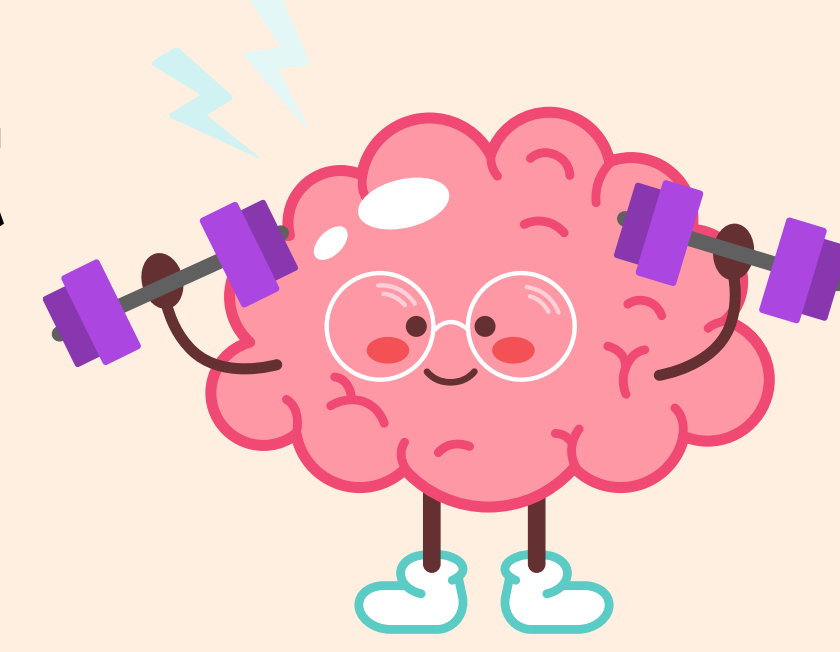# A Peer Led Intervention for Perfectionism in Sport

Millie Sperryn (M.j.sperryn2@newcastle.ac.uk)   Faith Slack (F.i.slack2@newcastle.ac.uk)

Supervisor: Dr Tracy Donachie (tracy.donachie@ncl.ac.uk)

The **Aim** of the project was to assess whether a cognitive dissonance based intervention could help reduce levels of perfectionism, and perfectionistic cognitions for individuals participatintg in sport, compared to those levels of those in a control group.

Introduction:

What is perfectionism?
"the overdependence of self-evaluation on the determined pursuit (and achievement), of self-imposed personally demanding standards of performance in at least one salient domain, despite the occurrence of adverse consequences"
(Shafran et al, 2002)

Is it good or bad?
Perfectionism has strong links to poorer academic performance including burnout (Hill,et al. 2016), aswell as predicting mental health issues such as depression (Smith, et al. 2018).

Types of perfectionism:
1) Self oriented perfectionism – Expecing yourself to be perfect
2) Sociall prescribed perfectionism – Thinking others expect you to be perfect
3) Other orientated perfectionism – Expecting others to be perfect

How does the intervention work?
The intervention uses cognitive dissonance which suggests when an individual holds multiple cognitions (thoughts) that are contradictory, they will feel 'dissonance' which is an unpleasant state. They feel this until they are able to reslove it by altering their cognitions (Festinger, 1957).
During the intervention, participants are introduced to anti-perfectionistic thoughts and exercises. These thoughts invite the participant to enter the state of dissonance then exercises offer a resolution to that state.

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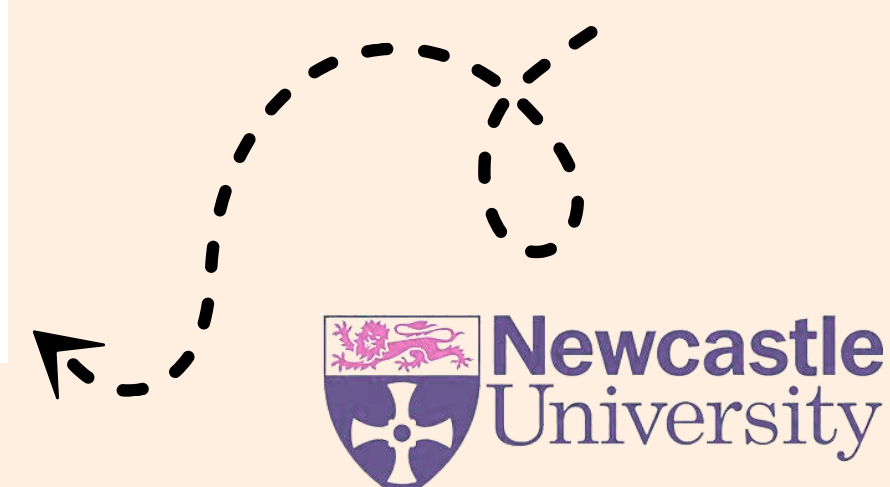
Method:

47 participants (22 intervention, 25 control) were recruited via emails sent to sports clubs, high schools and colleges across the country. Following sign up, participants were randomlly alloctaed into either the intervention group or control group. Both groups filled in a 'Pre' intervention survey.

The surveys consisted of three sub-scales:

Multidimensional Perfectionism Scale – 15 items – 5 items for each type of perfectionism: self oriented; socially prescribed; other prescribed

Perfectionism Cognitions Inventory – 10 items – asking participants about how frequently they experience certain thoughts

Performance Perfectionism Scale – 12 items – measuring perfectionistic tendencies within the sporting environment specifically

Only those in the intervention group attended both workshops then the participants filled in their 'Post' survey. The control group completed the same post survey at identical time posts to intervention group. When analysing the results, significance was set al the 5% level (0.05)

The Sessions:

Session 1:
- Overview
- Introductions
- Icebreaker
- Definitions and origin of the "fictional ideal"
- Perfectionism myth busting
- Cost of pursuing the "fictional ideal"
- The "perfect talk"
- Home exercises
- Session wrap up

Session 2:
- Letter Debrief
- Review of affirmations
- Roleplays to discourage pursuit of perfectionism
- Perfectionism Activism
- Resisting future pressures to be perfect
- Self-affirmation exercise
- Session wrap up

The intervention was adapted for youth athletes, where it is now in three 45 minute sessions.
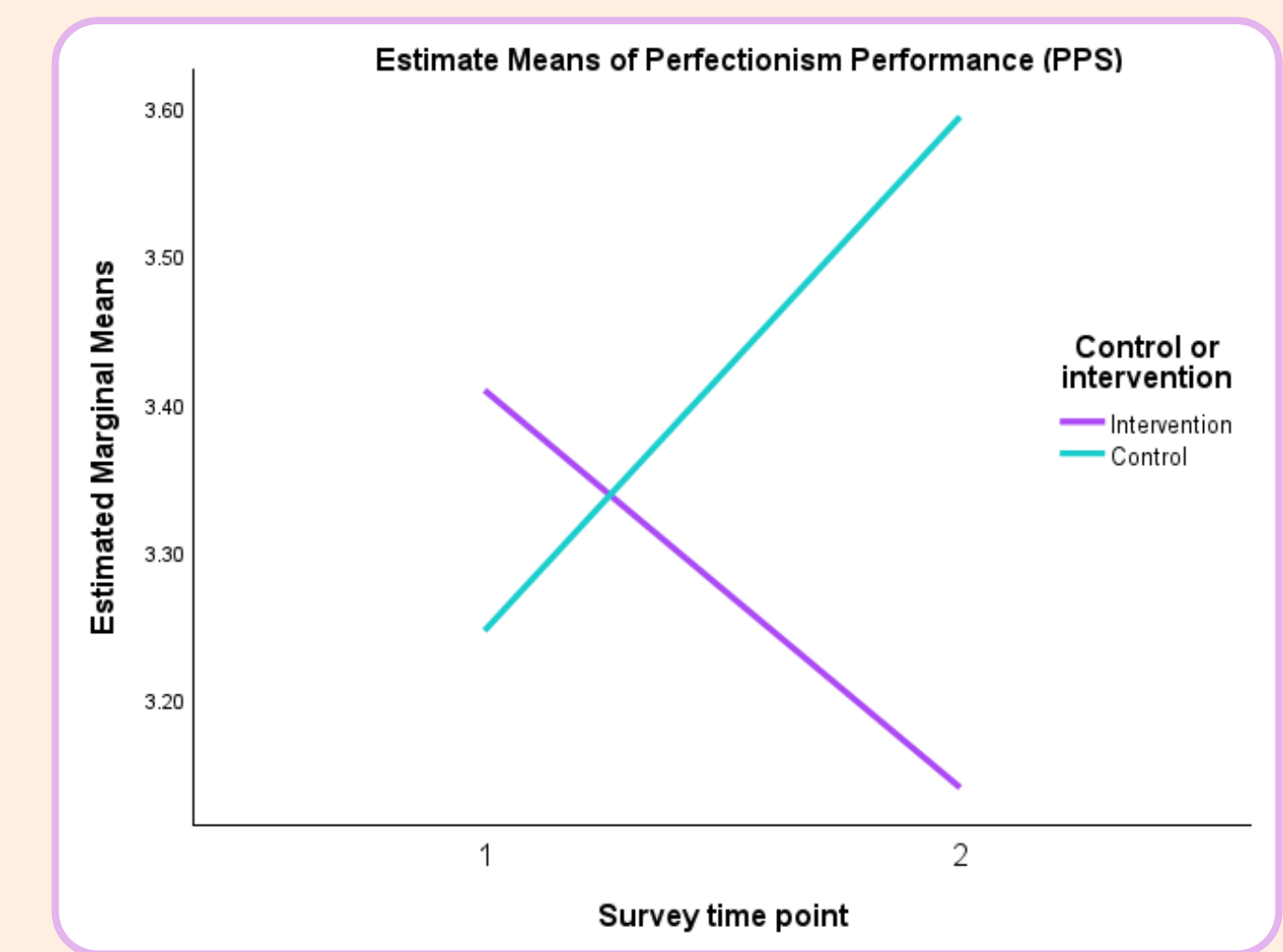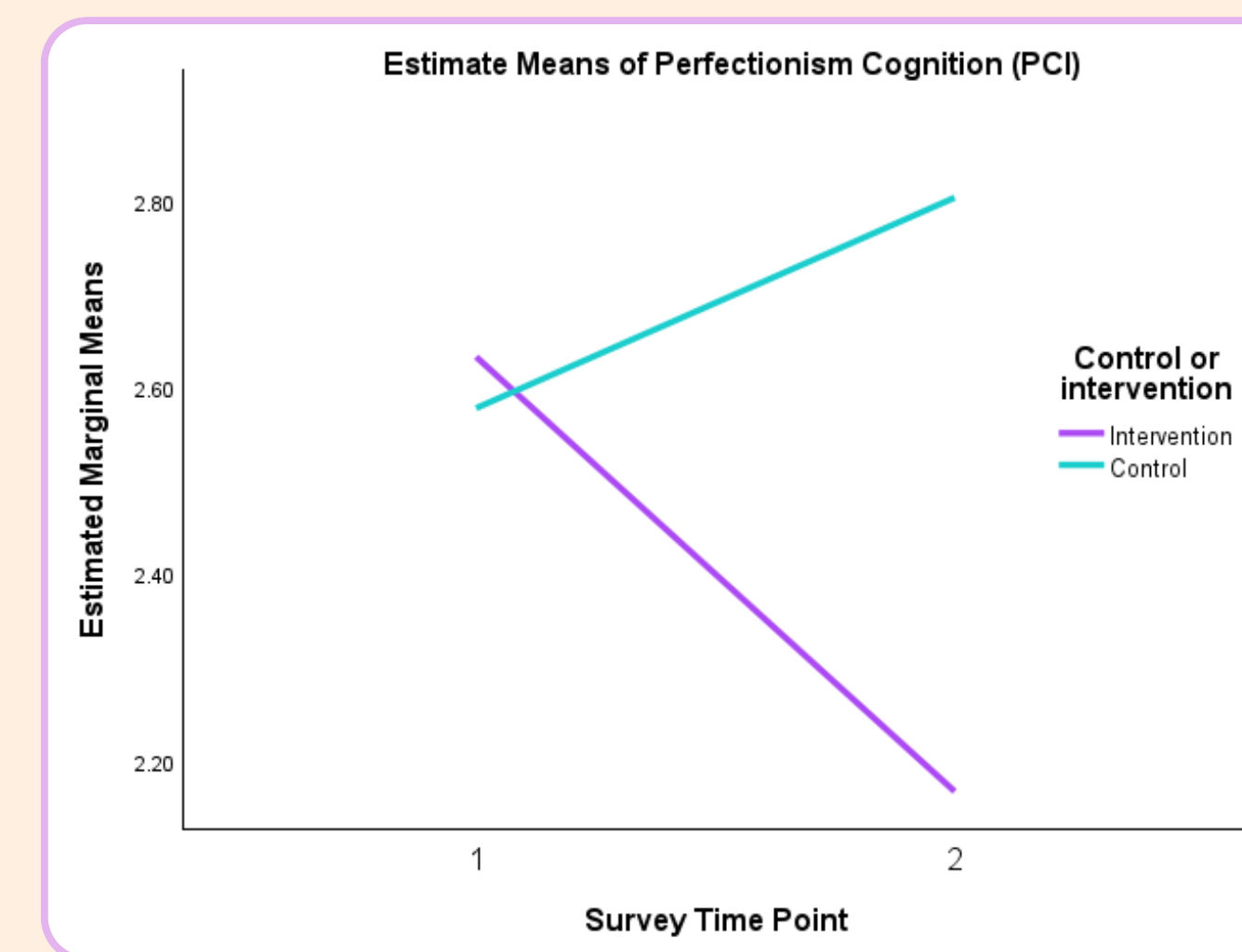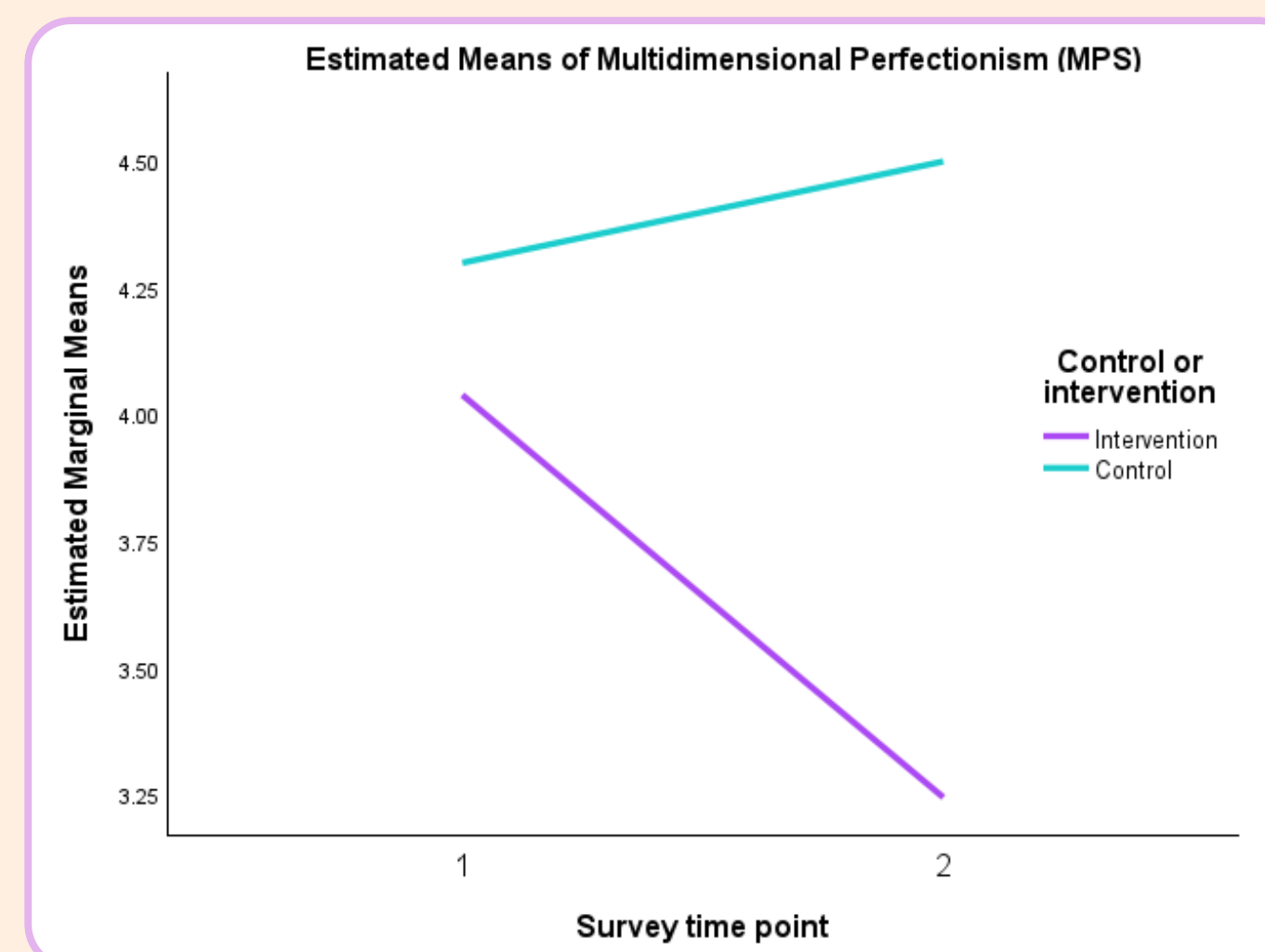
Session 1:
- Introductions
- Session overview
- What is perfectionism?
- Flavours of perfectionism
- The perfect athlete

Session 2:
- Review of previous session
- Doing your best vs being perfect
- Cost of being perfect
- Positive qualities

Session 3:
- Review of previous sessions
- Challenging perfectionism role play
- Dealing with perfectionism
- Who can help?
- Goal setting

Estimated Means of Multidimensional Perfectionism (MPS)

Estimate Means of Perfectionism Cognition (PCI)

Estimate Means of Perfectionism Performance (PPS)

Results:

MPS: Interaction effect of MPS*Group was significant (<0.001) with large effect size (partial eta square = 0.389). Following the pre survey there was no significant difference between the intervention and control group - T1MPS [$F_{(1,44)}$ = 0.88, p = 0.354]. However, from the post survey data a significant difference did occur between the groups - T2MPS [$F(1,45)$ = 15.21, **p = <0.001**]

PCI: Interaction effect of PCI*Group was significant (<0.001) with large effect size (partial eta squared = 0.306). Again no significant difference was discovered from the baseline assessment in the pre survey - T1PCI [$F_{(1,44)}$ = 0.05, p = 0.818], but following the intervention a significant difference did appear between the intervention and control sample - T2PCI [$F_{(1,43)}$ = 8.13, **p = 0.007**]

PPS: Interaction effect of PPS*Group was significant (0.007) with large effect size (partial eta squared = 0.158). No significant difference was found from the pre survey between the groups - T1PPS [$F_{(1,44)}$ = 0.31, p = 0.579]. However the post survey data also didn't return a significant difference between the groups - T2PPS [$F_{(1,44)}$ = 2.35, p = 0.132]

Conclusion:

The survey responses indicate that the intervention successfully reduces scores of perfectionism across all three measures – MPS, PCI and PPS. This is clearly evident from the three line graphs above. At T1 there was no significant difference between the groups in any of the scales, as is expected because the intervention had not taken place. However, at T2 only 2 of the scales produced significant differences between the groups following ANOVA tests. Measures of perfectionism and perfectionism cognitions both returned significant results (p = <0.001; p = 0.007), but the perfectionism performance scale did not return a significant difference between the groups (p = 0.132).
Overall, there is clear strong evidence for the effectiveness of the intervention, providing a basis for further intervention workshops to be held. Further studies should also look into the effectiveness of the intervention on youth athletes, as this sample only included adult athletes.

References:
Festinger, L. (1957). A theory of cognitive dissonance Row. Peterson and company.
Hill, A. P., & Curran, T. (2016). Multidimensional perfectionism and burnout: A meta-analysis. Personality and social psychology review, 20(3), 269–288.
Shafran, R., Cooper, Z., & Fairburn, C. G. (2002). Clinical perfectionism: A cognitive-behavioural analysis. Behaviour research and therapy, 40(7), 773–791
Smith, M. M., Sherry, S. B., McLarnon, M. E., Flett, G. L., Hewitt, P. L., Saklofske, D. H., & Etherson, M. E. (2018). Why does socially prescribed perfectionism place people at risk for depression? A five-month, two-wave longitudinal study of the Perfectionism Social Disconnection Model. Personality and Individual Differences, 134, 49–54.