Understanding the Yips in Golf: Thoughts, Feelings, and Focus of Attention in Yips-Affected Golfers

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The yips in golf is the interruption of a smooth putting movement by an involuntary jerk or freezing of the arm. Psychological factors seem to worsen the phenomenon. However, published data on how the yips in golf is cognitively and emotionally experienced are very limited. Moreover, the focus of attention in yips-affected golfers has not been investigated. Thus, we interviewed 17 yips-affected golfers to record the thoughts and feelings that are experienced in a situation in which the yips occurs. In addition, we asked them about their focus of attention right before putting. Content analysis revealed a negative cognitive and emotional pattern for all golfers. Furthermore, 11 participants reported focusing either internally or on possible mistakes. The results contribute to an understanding of the yips in golf and provide a starting point for further investigations into possible interventions for the yips.

I was 18 years old when I won my first tournament on the European Tour. That’s where I first developed “the yips.” This is a jerky, uncontrolled putting stroke that sends scores soaring. All of my career I’ve struggled to control the yips. At one point I was yipping so badly that I four-putted from three feet and actually hit the ball twice. Those were extremely difficult times. I often thought about quitting. . . . (Langer, n.d.)

Bernhard Langer, a member of the World Golf Hall of Fame and two-time winner of the Masters, was describing a phenomenon in sports known as the yips. The yips can be defined as an involuntary muscle contraction that manifests in jerks, tremors, or freezing of a planned movement (Smith et al., 2003). Although there are also reports of yips-like phenomena in darts and cricket (Bawden & Maynard, 2001), most knowledge about the yips comes from studies in golf (e.g., Adler,
Crews, Hentz, Smith, & Caviness, 2005; Smith et al., 2003; Stinear et al., 2006), where it often affects the putting stroke. The smooth putting movement is typically interrupted by a jerk and/or freezing in the forearms or hands before impact, sending the ball to an unpredictable destination (Sachdev, 1992).

The estimated prevalence of the yips in golf varies greatly. McDaniel, Cummins, and Shain (1989) reported that 26% of all respondents to their questionnaire had experienced the yips. More recently, Smith et al. (2000) reported that 53.5% of all respondents with a low handicap (female <12 and male <10) had experienced the yips. A prevalence estimation including the nonrespondents of the study revealed a prevalence range of 32.5% (assuming that 25% of the nonrespondents had experienced the yips) to 47.5% (assuming that 50% of the nonrespondents had experienced the yips) for low handicap (<12) golfers.

Despite the high prevalence, the etiology of the yips is still unclear. Some authors have suggested that the yips is a form of task-specific focal dystonia (e.g., Adler et al., 2005; McDaniel et al., 1989; Sachdev, 1992), which is a neuropathological movement disorder often affecting fine-coordinated movements that are intensively and repetitively practiced, such as playing an instrument (e.g., musician’s cramp; for a review see Jabusch & Altenmueller, 2006), and is sometimes also referred to as occupational cramp (e.g., Byl, 2006). Others have suggested that the yips might be a chronic form of choking (e.g., Masters & Maxwell, 2008), which is a performance deterioration as a response to a situation of experienced high pressure (see Beilock & Gray, 2007; Hill, Hanton, Matthews, & Fleming, 2010, for reviews on choking). Further still, some have suggested that the yips might exist on a continuum between focal dystonia (Type 1 yips) and choking (Type 2 yips; Smith et al., 2003; Stinear et al., 2006).

Smith et al.’s (2003) initial attempt to distinguish Type 1 from Type 2 yips affected golfers was based on the golfers’ subjective perceptions or definitions of the yips. These were categorized as Type 1 yips when they focused on physical characteristics (e.g., “last second jerk of the club and turn of face of the putter”; p. 24) or as Type 2 yips when they focused on descriptions of psychological distress (e.g., “inability to make simple short putts when you need to, as if paralysed”; p. 25). In addition, some responses were related to both physical and psychological symptoms (e.g., “Tighten up and your stroke gets short and choppy. Sometimes you flinch”; p. 25) and thus the authors concluded that this group was somewhere between Type 1 and Type 2 yips on a continuum.

In an attempt to test the continuum model, Stinear et al. (2006) employed behavioral (inhibition task), physical (EMG measurements), and psychological (state anxiety scores) measurements to compare groups that were categorized as Type 1 yips, Type 2 yips, or nonaffected golfers, following the procedure from Smith et al. (2003). All participants putted under a low- and a high-pressure situation while the outcome and the muscle activity of both arms were recorded. Stinear et al. hypothesized that the Type 1 yips group would show greater muscle activity while putting and more errors on a behavioral inhibition task than the Type 2 yips group and the nonaffected group. This would be because patients with focal dystonia have shown impaired inhibitory function on several levels of the central nervous system (Torres-Russotto & Perlmutter, 2008) and on behavioral responses (cf., Stinear et al., 2006), which results in higher muscle activity and more errors on a behavioral response inhibition task than in control groups. In addition, because of the strong association between choking and performance anxiety, the authors expected the Type 2 yips group to show
generally higher cognitive state anxiety levels and stronger performance impairment under the high-pressure situation as compared with the nonaffected and the Type 1 yips groups. Finally, it was expected that once the chance to earn a monetary reward was removed all groups would improve their putting performance.

The results supported the hypotheses only partially. The Type 1 group exhibited higher peak muscle activity in the left arm as well as more errors on the inhibition task as opposed to the nonaffected group. There were, however, no differences between the Type 1 and Type 2 groups in muscle activity or error scores. In addition, contrary to the predictions, the Type 2 yips group did not differ in the general level of cognitive state anxiety. Furthermore, the high-pressure condition did not affect the outcome of the Type 2 group. Yet, when the chance to earn a monetary reward was removed, only the Type 2 group and the nonaffected group improved their outcome score.

Stinear et al. (2006) concluded that their study provided evidence for the model of two different types of yips. In contrast to what was hypothesized, however, the results also show that there were no differences between the Type 1 and Type 2 groups on a number of measurements. Thus, although it is certainly possible that the two types of yips are caused by different underlying mechanisms, it remains unconfirmed whether the Type 1 yips are caused by focal dystonia and the Type 2 yips by choking. Despite the potential usefulness of categorizing the yips into different types, there is no validated procedure to do so at this point.

Notwithstanding the unclear etiology, most authors acknowledge the detrimental effects of psychological factors such as stress and anxiety. For instance, focal dystonia symptoms are worsened by anxiety (e.g., Altenmueller & Jabusch, 2009; Smith et al., 2003) and choking, by definition, requires the perception of a high pressure situation (e.g., Beilock & Gray, 2007; Hill et al., 2010). The influence of psychological pressure on the yips is also indicated by the fact that the majority of golfers who experience the yips do so most often in pressure situations, such as tournaments (McDaniel et al., 1989; Smith et al., 2003). These may be potentiating situations because yips-affected golfers describe themselves as more anxious than nonaffected golfers (Sachdev, 1992). Compared with their peers, yips-affected golfers showed higher mean heart rate and increased electromyogram activity in the wrist flexors and extensors, and they used more grip force before and throughout the putting stroke (Smith et al., 2000), which might be an indication of an increased level of arousal. Importantly, no differences were found in general grip strength, mental and motor speed, and visuomotor coordination (Sachdev, 1992), which suggests that the differences are task specific and may be moderated by increased arousal during putting. The strong indication of the influence of psychological factors warrants its further investigation.

Although the potential influence of psychological factors has been acknowledged, little is known about the thoughts and feelings of yips-affected golfers. Moreover, to the best of our knowledge there is no information about their focus of attention even though attention is a crucial component of performance (e.g., Abernethy, Maxwell, Masters, van der Kamp, & Jackson, 2007). For example, it has been shown that skilled athletes have worse outcomes when they focus on details of their own movement execution (i.e., self-focus or internal focus of attention) instead of adopting a more holistic internal focus (i.e., swing thought) or focusing externally away from skill execution (i.e., on the effect of the movement or a secondary task; e.g., Beilock, Bertenthal, McCoy, & Carr, 2004; Beilock, Carr, MacMahon,
The effect of an internal focus of attention on the performance outcome of novices, however, is less clear. Some studies have indicated that an internal focus on skill execution promotes performance outcomes in novices (Beilock et al., 2002, 2004; Castaneda & Gray, 2007). However, it has also been shown that an external focus on the effect of a movement (e.g., focusing on the head of a golf club) while learning a task leads to better outcomes and retention (e.g., Wulf, Lauterbach, & Toole, 1999; Wulf & Su, 2007) or does not affect the outcome differently from an internal focus of attention (Poolton, Maxwell, Masters, & Raab, 2006).

In addition to the aforementioned findings, a broad body of research suggests that choking, which is thought to be the underlying mechanism of Type 2 yips, can be attributed to dysfunctional attentional foci (see Hill et al., 2010, for a review). For example, the execution of skilled movements can be disturbed by an attempt to monitor or consciously control one’s own skilled movement (i.e., self-focus). Alternatively, the processing of task-irrelevant information (i.e., distracting thoughts) can lead to suboptimal processing of task-relevant information and might eventually result in choking. The assessment of focus of attention is thus relevant to identify possible performance-deteriorating attentional strategies in yips-affected golfers. This information might not only lead to a better understanding of the phenomenon of the yips, but might also provide a starting point for future interventions. Furthermore, given the suggestion that the yips is a task-specific focal dystonia (Type 1), understanding the role of focus of attention in the yips might also contribute to advances in other disciplines that are affected by focal dystonias (e.g., music). To the best of our knowledge, no study on the focus of attention in patients with a focal dystonia exists.

The limited research linking the yips phenomenon to focus of attention or to thoughts and feelings led us to seek a deeper understanding of these potential relationships. We chose a qualitative method to assess focus of attention, thoughts, and feelings of yips-affected golfers, because it allows for a rather unrestricted exploration of the potential relationships. Consequently, this method allows for a deeper understanding of the personal experience of the yips, which contributes to a better understanding of the phenomenon, such as underlying mechanisms and moderators. In addition, qualitative investigations might also shed light on the long term nature of yips (Bawden & Maynard, 2001). Bawden and Maynard (2001) conducted an interview study on the yips of bowlers in cricket and concluded that a feeling of entrapment due to the nature of the bowler’s task might contribute to the perpetuation of the yips. Although bowling in cricket is a fundamentally different skill from putting, the study provides an excellent example of the usefulness of studying the thoughts, feelings, and behavior of yips-affected golfers. Our main aim was therefore to investigate the thoughts, feelings, and focus of attention of yips-affected golfers by means of semistructured interviews.

**Method**

**Participants**

Participants were 17 golfers (5 women, 12 men) with an average age of 47.65 years ($SD = 15.61$). Their golfing experience ranged from 4 to 60 years ($M = 20.82$ years, $SD = 16.42$). The participants’ handicap (hcp) ranged from 0 to 33 ($M = 11.97$, $SD = 11.23$, including three professional instructors with hcp = 0).
All participants had tournament experience ranging from club level to national championship tournaments.

Yips-affected golfers in the current study were identified in accordance with the criteria of Smith et al. (2000). That is, participants were reported as experiencing abnormal putting movements in the hand or forearms either by self-description or by observation by teaching professionals. The abnormality was defined as a jerking, shaking, or freezing of the movement, occurring when putting with a regular putter and a conventional grip (nondominant hand on top). The symptoms prompted the golfers to seek a change in grip \((n = 15)\) or equipment \((n = 9)\).

A change in the grip typically involved a change from a regular grip to a cross-handed grip, which was effective for one participant. The remaining participants noticed some, albeit inconsistent, improvement. One participant reported that he switched the side from which he putted, thus using the nonaffected hand to lead the putting movement. After that switch and learning to lead the putt with the nondominant hand, he no longer experienced the yips.

Typical changes of equipment were a new regular putter, a heavier putter, and a longer putter (i.e., broomstick putter). A heavier putter led to slight improvement, but the broomstick putter turned out to eliminate the yips symptoms completely in all participants who used it \((n = 4)\).

All golfers were good putters before the onset of the symptoms or after finding a successful intervention (e.g., different grip or different putter). None of the participants reported having a problem with movement control other than the yips. Subsequent to the interviews three participants were excluded because they did not meet all inclusion criteria.

We did not exclude participants based on their golf handicap, which is an indication of their skill level, because the handicap heavily depends on the number of putts needed to finish a round of 18 holes and thus in the case of yips-affected golfers is often negatively biased. In addition, we did not exclude golfers based on their golf experience. Although on average yips-affected golfers seem to have played golf longer than nonaffected golfers (McDaniel et al., 1989) and repetitive training increases the likelihood of developing a focal dystonia (Jabusch & Altenmueller, 2006), there is no evidence that the yips only affects golfers with many years of experience. A more important inclusion criterion seems to be the task specificity of the typical involuntary contractions. To gain a sounder understanding of the yips phenomenon, it is not only important to exclude potentially nonaffected golfers but also to include the whole range of yips-affected golfers.

At the time of the interview, all participants were experiencing the yips while putting with a regular putter and regular grip. The duration of yips experience ranged from 6 months to 13 years with a mean duration of 4.74 \((SD = 3.92)\) years. An overview of the individual demographics of all participants is depicted in Table 1. In addition, Table 1 shows the individual yips characteristics such as duration of the yips, description of the yips movement, types of putts affected, frequency of the yips occurrence, and situations affecting the severity of the yips.

**Instrument**

We used a semistructured interview approach to ensure standardized, open ended, and nonsuggestive questions. The interview guidelines were developed by the authors in collaboration with a professional golf instructor. The interview consisted
Table 1  Participant’s Demographic Data and Description of Their Yips Characteristics

<table>
<thead>
<tr>
<th>P.</th>
<th>Age</th>
<th>Golf experience (handicap)</th>
<th>Duration of the yips in years</th>
<th>Participant’s description of the yips</th>
<th>Putts affected by the yips</th>
<th>Frequency of the yips</th>
<th>Situations affecting the yips</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>59</td>
<td>8 years (25.6)</td>
<td>8</td>
<td>Waggling before impact</td>
<td>Short putts</td>
<td>Always</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>2</td>
<td>29</td>
<td>21 years (1.4)</td>
<td>2</td>
<td>Jerk before impact</td>
<td>All putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>3</td>
<td>39</td>
<td>20 years (0)</td>
<td>1</td>
<td>Jerk before impact</td>
<td>Mostly short putts</td>
<td>Sometimes</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>4</td>
<td>40</td>
<td>22 years (4.3)</td>
<td>10</td>
<td>Jerk at transition from back to forward swing</td>
<td>Mostly short putts</td>
<td>Always</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>5</td>
<td>52</td>
<td>5 years (7)</td>
<td>0.5</td>
<td>Waggling already at takeaway</td>
<td>Mostly short putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>6</td>
<td>55</td>
<td>10 years (22.1)</td>
<td>10</td>
<td>Jerk before impact</td>
<td>All putts</td>
<td>Always</td>
<td>All situations the same</td>
</tr>
<tr>
<td>7</td>
<td>30</td>
<td>17 years (31)</td>
<td>10</td>
<td>Shaking before impact</td>
<td>All putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>8</td>
<td>44</td>
<td>15 years (0)</td>
<td>2</td>
<td>Jerk before impact</td>
<td>All putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>9</td>
<td>26</td>
<td>4 years (33)</td>
<td>3.5</td>
<td>Jerk before impact</td>
<td>Mostly short putts</td>
<td>Always</td>
<td>All situations the same</td>
</tr>
<tr>
<td>10</td>
<td>58</td>
<td>23 years (10.2)</td>
<td>3</td>
<td>Jerk before impact</td>
<td>Only short putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>11</td>
<td>71</td>
<td>60 years (4.1)</td>
<td>13</td>
<td>Jerk during forward swing</td>
<td>Only short putts</td>
<td>Often</td>
<td>Only in tournaments</td>
</tr>
<tr>
<td>12</td>
<td>66</td>
<td>29 years (22)</td>
<td>3</td>
<td>Jerk before impact</td>
<td>All putts</td>
<td>Always</td>
<td>All situations the same</td>
</tr>
<tr>
<td>13</td>
<td>68</td>
<td>59 years (8)</td>
<td>3</td>
<td>Jerk before impact</td>
<td>All putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>14</td>
<td>41</td>
<td>29 years (2.7)</td>
<td>0.5</td>
<td>Shaking during forward swing</td>
<td>All putts</td>
<td>Often</td>
<td>Most severe in tournaments</td>
</tr>
<tr>
<td>15</td>
<td>68</td>
<td>9 years (16.6)</td>
<td>2</td>
<td>Shaking before impact</td>
<td>Mostly short putts</td>
<td>Often</td>
<td>All situations the same</td>
</tr>
<tr>
<td>16</td>
<td>26</td>
<td>13 years (0)</td>
<td>4</td>
<td>Jerk before impact</td>
<td>Only short putts</td>
<td>Often</td>
<td>Only in tournaments</td>
</tr>
<tr>
<td>17</td>
<td>38</td>
<td>10 years (15.4)</td>
<td>5</td>
<td>Shaking already at the back-swing</td>
<td>Mostly short putts</td>
<td>Often</td>
<td>All situations the same</td>
</tr>
</tbody>
</table>

Note: P. = participants. Due to the qualitative nature of the data collection, the frequency of the yips could only be categorized on an ordinal level.

*Sometimes* refers to the experience of the yips on less than 50% of all putts, whereas *often* refers to the experience of the yips on more than 50% of all putts.
of two sections: (1) Section 1 focused on the thoughts and feelings associated with situations in which the yips occurs. First, participants were asked to describe (a) the abnormality they had experienced during a putting movement and (b) a typical situation in which they had experienced the yips. Second, they were asked to describe the feelings they had experienced in relation to this situation. Third, they were asked to report what they thought about in that situation. We did not specify whether these thoughts and feelings needed to be before, during, or after the specific yips experience; rather, we were interested in uncovering the most dominant feelings and thoughts that came to participants’ minds when they described a typical yips situation. (2) The second section dealt with participants’ focus of attention right before performing the yips-affected stroke (i.e., a putt). Participants were asked to describe what they focused on after they had addressed the ball and right before they performed the putt. It was mentioned that their focus might change and that we were interested in what they focused on most of the time.

The guidelines were tested twice in interviews with yips-affected golfers who were not part of the current study. The results were deemed sufficient for the purpose of the study and only minor corrections in phrasing were made. The study was approved by the ethics committee of the authors’ university.

**Procedure**

The participants were contacted directly by their professional golf instructor or by e-mail via the newsletter of their golf club. We posted the information that we were looking for participants who had noticed an abnormality in their putting movement or were having difficulties putting that would not improve despite increased training efforts. Some of the participants were contacted directly by the professional golf instructor who helped design the study or by the interviewer. Participants were not paid for their participation. The term yips was not used until the participants mentioned it themselves. Unless participants called their putting problem yips we kept referring to it as the abnormality in the putting movement that they were experiencing.

Only one interviewer, who was trained in conducting interviews and was familiarized with the interview guidelines, conducted all the interviews. Moreover, the interviewer is a highly experienced golfer and thus familiar with the sport-specific terms and reported situations. The interviewer met with the participants in a quiet place in their home or at their golf club. The participants were informed about the goal of the interview and asked whether they would allow an audio recording. They signed an informed consent document assuring them that their data would be treated confidentially and anonymously and confirming that their participation was voluntary. The participants received the contact details of the interviewer in case of any questions or additions that they might think of after the interview.

**Data Preparation and Analysis**

All interviews were transcribed verbatim. Two researchers (first author and interviewer) independently listened to the recordings and carefully reread the transcripts to become familiar with the content. Following this familiarization, the transcripts were analyzed using Mayring’s (2000) approach to qualitative content analysis, which is based on earlier developments of content analysis (e.g., Krippendorf,
The method is very similar to approaches successfully used in sport psychology studies (e.g., Bawden & Maynard, 2001) with a strong additional focus on the emergence of categories.

Following this approach, categories were built inductively and deductively. Deductively derived categories followed the sections of the semistructured interview guidelines. Inductively derived categories were developed using the procedure described by Mayring (2000). That is, the general focus of the study constrained the focus of the two researchers to the relevant topics. Within this framework the transcripts were read successively and salient quotes were listed. Subsequently, similar quotes were clustered and meaningful superordinate categories (so-called lower order themes, LOTs) were built. This procedure allows LOTs to emerge from the raw data. After all relevant data were categorized into corresponding LOTs, categories were built that clustered multiple LOTs into meaningful higher order themes, if appropriate.

To ensure the reliability of the analysis, the first author and the interviewer independently categorized the raw data. After initial coding, the raters agreed on 89% of the raw data. After discussing the discrepant items, the raters agreed on all items. The second author, who is experienced in qualitative research (Lobinger & Solomon, 2010), supervised the preparation, execution, and analysis phase of the interviews. To verify the results of the content analysis, the interview of each participant was summarized according to the categories that emerged. The summaries were mailed to the participants with the request to check whether the summaries truly reflected their answers. All participants confirmed the results.

Results

The following section presents an overview of the results. To give the reader an impression of how participants experience the yips, exemplary quotes are presented. For the sake of readability, grammatical mistakes were corrected.

Section 1—Thoughts and Feelings Accompanying the Yips-Affected Strokes

Participants were asked to describe the thoughts and feelings they usually experienced in a yips situation. Specifically, participants were initially asked to describe their yips and the situations in which the yips occurred. Next, they were asked to describe what they had felt during that situation, followed by what they had thought about in that situation. Figure 1 depicts the detailed categorization of the participants’ reports. The picture that emerged from the categorization is that participants reported clearly negative thoughts and feelings associated with the yips and the situations in which it occurs. It should be noted that while it is sometimes difficult to clearly distinguish between feelings and thoughts, for the sake of clarity, the following results are presented separately for each construct.

Feelings of Golfers in Yips Situations

Fear of putting was the most frequently reported negative feeling, with seven participants explicitly reporting having developed a fear of putting because they were afraid that the yips would occur again. For example, one participant (P) said, “I am shaking; it is fear of putting; it is fear. When I need to take a short putt I
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am afraid that I will miss again” (P1). Another participant reported, “I think it is some kind of unconscious fear when putting. I only have this [fear] with putting. With all the other strokes it is no problem at all. It is somehow, it is so deep, the fear that I will miss the putt again…. It is unconscious; I already experience some sort of fear or something like that. I do not have another explanation for something like this [yips]” (P4). Again another golfer answered: “Yes, I feel downright fear. Especially on short putts. After all these years of playing golf I should expect from myself to hole the ball without looking, but I am glad even when I just hole 1 out of 4 putts from about 1 meter away” (P15). The three quotes are representative

Figure 1 — Categorization of personal experience with the yips. Numbers in brackets are the participants’ numbers and correspond to the references in the text and the participants’ numbers in Table 1.
of the responses given by the seven participants whose answers showed that they were experiencing a fear of having to take a putt, because they were afraid that the yips would occur again and they would, therefore, miss the hole again. Some participants felt the fear only when they had to take a putt from a distance at which they often or always experience the yips. Still other golfers’ reports showed that the fear was already building up when they were approaching the green: “As I get closer and closer to the flag, I think, ‘oh my god, I am going to have to putt again,’ and it certainly gives me a headache” (P9).

Anger was the second most often mentioned feeling with five participants reporting feeling angry about their problem with the yips. One golfer, for example, acknowledged that it is normal to miss an easy putt once in a while, but the sum of the missed putts created his anger, “As I said, everyone can miss a putt once in a while, but when you miss a number of putts on one round, then you really get angry” (P7). Another golfer expressed his anger about the yips with the following words, “Yes, of course you were angry. No doubt. Actually you play well, you play straight balls and then you cannot putt the ball in. Of course you get angry then” (P6). The answers show that one emotional consequence of the yips is to feel angry about unsuccessful putting, possibly because it prevents them from reaching a better result.

The inability to control the yips and, thus, the putting movement also led to feelings of disappointment and frustration, as exemplified by the following: “All I can really say over and over again is ‘inner disappointment.’ Disappointment, because you played the last 4 hours in vain. The goal is to reduce your handicap and while the rest of the game goes well, you do not achieve your goal because of the putting. Then you are disappointed that you did not get it under control” (P11). Another golfer described his emotional experience of the yips as “pure horror”: “Terrible. If you, let’s say, as a talent or as an athlete, cannot hole a putt from half a meter away, which every grandpa or grandma could do, then this is hard to describe in words. Thus, a competence that accompanied you all your athletic life is gone all of a sudden…. It [the feeling] ranges between frustration, resignation, disappointment, anger. Well, it is the whole range of emotions from A to Z” (P8). It is evident from these quotes what kind of emotional burden the yips can pose for an affected athlete.

Another negative feeling that was reported by the participants was a feeling of helplessness. One participant answered, “Completely helpless. There really is a feeling of helplessness when you are putting during a round of golf. You actually play a good round and then the putting does not work in the end. There is nothing you can do about it” (P4). Yet another golfer described the yips as a physical inability to control the movement, “It is just this uncontrollable shaking and cramping. You almost feel like you are physically not capable of controlling your body at that moment” (P7). The reports of feeling helpless indicate that some golfers experience a lack of control over their putting movement.

**Thoughts of Golfers When Experiencing the Yips**

The thoughts that were reported by the golfers were categorized as worries about mistakes or the yips, loss of confidence in their putting skill, and thoughts about the outcome. Worries about mistakes were reflected by seven participants who reported that they (a) hoped not to have the yips again when they needed to putt,
(b) worried about not being able to hole a putt, or (c) had thoughts about their previous mistakes. As one participant described it, “No, the thought that I want to hole the ball is only there very few times. It is more often the thought ‘please not three putts again’” (P10). Another golfer said, “Of course there is a sort of tension, always with the thought ‘just do not miss it again.’ That means I do have the positive thought that the ball needs to go in, which I try to talk myself into, but eventually, in the back of my head, the thought not to miss the hole again is stronger. Thus, there is always the negative thought, but unfortunately I cannot avoid it” (P11). Another participant answered the questions about his thoughts in a yips situation with the following words: “I am thinking ‘please do not screw it up again.’ Well, it is because of the problem that I already expect a bad putt” (P15).

Loss of confidence in the putting skill was expressed in the answers of four participants. For instance, one golfer explicitly said, “It is such a catastrophe, putting with the yips. I have absolutely no confidence in my putting game. It is terrible” (P4). Furthermore, the participants stated that they felt insecure when needing to putt or reduced their expectations of the results on the putting green, as illustrated by this participant’s statement: “I am already happy when I hole one putt out of four 1-meter putts” (P15).

Thoughts about the outcome are illustrated by the following quote: “And then I also think that [pause] every time, my handicap is so high because I putt so badly…Because I could have a whole different handicap if my balls would go in the hole” (P1). Two more golfers explicitly mentioned thinking about how the yips is responsible for their handicap, which they were sure would be better if they were only capable of putting more successfully.

Section 2—Focus of Attention During Yips-Affected Strokes

To provide insight into the participants’ attentional focus while putting, the participants were asked to describe what they focused on after they addressed the ball, right before they performed the putt. The answers of 15 participants were categorized into LOTs: focus on technical aspects, focus on the yips and negative outcomes, and focus on the goal or effect of the movement. Figure 2 depicts the detailed categorization of the participants’ reports.

A focus on technical aspects was reflected in the answers of seven participants. They focused, for example, on a controlled takeaway, “It [the focus] is always on the slow takeaway … only on the takeaway” (P13); on a controlled forward stroke through the ball, “I must focus on keeping my head down and then on really guiding the club forward so that it has a chance” (P17); or on a number of technical aspects, “I think about the course of movement. I focus on the takeaway and the grip but think about that before, and then actually in the last moment I tell myself ‘now you swing smoothly through the ball!’” (P6).

A focus on the yips and the negative outcome right before putting was reported by four participants. For example, one participant reported hoping not to putt the ball too far away from the hole: “The focus is simply on thinking, ‘not too far away from the hole.’ The whole misery is that anything can happen. I know I suffer from this phenomenon, so I think, ‘please do not putt the ball too far away from the hole so that I have at least a chance to hole the ball with the second putt’” (15). Two other golfers said that they thought about the yips and hoped it would not happen again. For example, one participant said, “Well, while putting, because I know that
I do not have everything under control, it is true that I sometimes have the wrong mental attitude. I think, ‘hopefully [my hand] is not shaking again’ and then I look at my hand and then it is already shaking, of course” (P5).

A focus on the goal or the effect of the movement was described by four participants. One golfer said he only visualized the hole (P3). Another golfer only focused on the “ball and the hole or something else, but never on the movement…” because that would disturb her performance completely (P16). The other two golfers said that there was no special thought, rather a focus on the direction of the putt (P7), or thoughts about holing the ball (P4).

Of the two participants whose answers were not categorized, one reported that he only thought about taking the least number of shots possible (P9). The other

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**Figure 2** — Categorization of the focus of attention while putting. Numbers in brackets are the participants’ numbers and corresponds to the references in the text and the participants’ numbers in Table 1.
reported having various thoughts throughout the season that ranged from thoughts about pressure on the thumb to a song that he had heard (P2).

**Discussion**

The main aim of the current study was to investigate the thoughts, feelings, and focus of attention of yips-affected golfers. From the interviews it becomes apparent that yips-affected golfers have a negative (i.e., dysfunctional) cognitive and emotional association with the task of putting (i.e., a yips-affected stroke). The results show that the golfers were predominantly occupied with negative thoughts such as perceived loss of control, loss of confidence in their putting skills, and worries about mistakes due to the yips. In addition, the feelings associated with the yips were exclusively negative, including disappointment, frustration, anger, and especially anxiety about having to take a putt. The results are in line with previous studies on the yips. Bawden and Maynard (2001) reported that bowlers in cricket who experienced the yips described feelings of anxiety, perceptions of no control, a preoccupation with negative thoughts, and negative emotions. The results of the current study also indicate that the negative thoughts and feelings associated with the putting game and the yips, respectively, are subjectively experienced rather intensely. However, although most authors acknowledge an aggravating effect of anxiety on the symptoms of the yips, it seems that yips-affected golfers do not differ from the norm in their levels of anxiety (McDaniel et al., 1989; Sachdev, 1992). A possible explanation for these equivocal findings might be that it is not solely the intensity of anxiety that aggravates the yips symptoms, but rather the way the golfers cope with it. Vickers and Williams (2007) showed that high cognitive anxiety and physical arousal do not necessarily lead to choking in all athletes. And Hill et al. (2010) pointed out that the relationship between cognitive anxiety, physical arousal, and performance might be influenced by variables such as self-confidence and perceived control. How these factors influence the yips symptoms, however, is not yet clear.

In addition to exhibiting the negative cognitive and emotional pattern, 11 of the 17 participants reported a focus on technical aspects or a focus on the yips and its negative performance outcomes. According to the literature on attention in sports (e.g., Abernethy et al., 2007; Beilock et al., 2002, 2004; Castaneda & Gray, 2007) and choking (e.g., Beilock & Gray, 2007; Hill et al., 2010), a focus on possible mistakes or technical aspects of the movement often results in a suboptimal performance of a skilled movement. However, for novice performers, who have not automated skill execution to a high degree, the focus on the movement itself does not necessarily harm its execution (e.g., Beilock et al., 2002, 2004; Poolton et al., 2006).

The question for the current study is thus to what extent the putting movement is or was automated in the participants. The golfers’ experience and handicap give some indication about the skill level of the participants and show that the majority of the participants had many years of experience and a considerably low handicap. There were, however, a few participants who did not have extensive golf experience and it is thus not clear how skilled they were in putting. The focus of attention might thus have a different effect on their performance as compared with the more skilled golfers.
The present study obviously does not allow conclusions regarding the underlying mechanisms of the yips. The negative cognitive and emotional pattern as well as the maladaptive attentional focus might simply be a consequence of the inability to perform a smooth putting stroke. However, the effect of these psychological factors on the yips might be crucial, as a study by Bell, Skinner, and Fisher (2009) indicated. The authors showed that an intervention based on imagery, which guides the golfer to focus on the thoughts and feelings before the onset of the yips, cured the visible symptoms of the yips in three golfers. Furthermore, the fact that certain psychological factors distinguish good golfers from better golfers is known (Bois, Sarrazin, Southon, & Boiché, 2009). To what extent these factors distinguish yips-affected golfers from nonaffected golfers, however, remains unclear.

Assuming that psychological factors have an influence on the yips, the negative experience of the yips might offer an explanation for its long-term nature. It is possible the yips endures as a result of entrapment in a cycle of negative expectations and experiences about one’s putting skill or perceived control of the movement. As is the task of bowling in cricket, putting might be experienced as a continuously threatening process, as it cannot be avoided and needs to be finished “successfully” (Bawden & Maynard, 2001). Although we did not apply any psychometric measures it seems plausible to assume that a situation described as fear inducing (i.e., having to take a putt) is perceived as a high-pressure situation. Thus, yips-affected golfers might continue to experience the yips because the perception of pressure due to the demands of the putting task is regularly reinforced by negative feedback about the outcome. However, this explains neither why the yips occurs in the first place nor the underlying mechanisms responsible for the debilitated movement execution.

To allow conclusions about the influence of psychological factors such as anxiety or the focus of attention on the yips, one could design an intervention study to investigate whether a change in the emotional state and/or the focus of attention leads to a change in the symptoms of the yips. For future studies we also recommend developing a diagnosis that allows a reliable distinction between the yips and simply bad putting and optimally quantifies the yips. In addition, it will be important to develop a method that can distinguish between the potential subtypes of yips. A good example of such an attempt is the study by Stinear et al. (2006). Given the current postulation of multiple causes of the yips in the literature, it is likely that Type 1 yips and Type 2 yips will be affected differently by the same intervention.

The present study assessed thoughts, emotions, and focus of attention of yips affected golfers and thus provides a possible starting point for the development and evaluation of interventions for the yips. It does not, however, distinguish between the potentially different types of yips that have been proposed in the literature (Smith et al., 2003; Stinear et al., 2006). In addition, as with all qualitative and retrospective studies, it needs to be pointed out that the participants’ answers might be biased or distorted by false memory. Moreover, although thoughts, emotions, and focus of attention have been treated as separate categories in the current study, it is obvious that there is always an overlap between thoughts and emotions in qualitative reports about one’s personal experience. Furthermore, it is virtually impossible to clearly distinguish the focus of attention from thoughts right before or during putting. Yet, in spite of the methodological limitations, the present categorization serves well to promote a better understanding of how golfers experience the yips and which processes might be involved in the yips and its long-term nature. This provides practitioners with valuable information to develop effective treatment.
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Notes

1. Putting is different from all other shots in golf, because they have a higher error tolerance due to the possibility of compensating with the next shot, whereas a missed putt always adds an extra stroke to your scorecard.

References


