Welcome everybody. Today's Life After Pain masterclass is an interview on the link between perfectionism and chronic pain, with Professor Tracey Wade. Professor Wade is the Dean of the School of Psychology at Flinders University in Adelaide, South Australia. She is the co-author or Overcoming Perfectionism and Cognitive Behavioral Treatment of Perfectionism, has over 160 publications in peer review journals. We're going to explore how perfectionism effects chronic pain and, more importantly, practical steps that people can take to bring balance back into their lives. Welcome Tracey, it's wonderful to have you on the call.

Thank you for having me.

To start off, can you just give a brief Tracey, on why and how you became interested in this particular topic.

I'm particularly interested in perfectionism because it has a negative impact on a variety of issues. I'm a clinical psychologist and my specific area is actually in eating disorders, but we know that people with depression, anxiety, and eating disorders, all have problems with perfectionism. We also know that perfectionism can impact on a variety of behaviors. People with perfectionism can procrastinate, can drop out of university, can experience more discomfort with chronic pain, can be less likely to approach goals that are of value. It can also lead to more suicidal thinking. It's an interesting issue because some people think being perfect is a good thing, but we also know that trying to be perfect has a lot of different negative impacts. It has quite a wide variety of impacts.

If you were to ... I usually find it helpful in the start just to have some definitions. If you were define perfectionism, is it something that is on a spectrum? How would you define it, and how would you help people place themselves along a spectrum?

It's a good question. I think first of all, it's good to differentiate between, I guess two types of perfectionism. Often when people talk about being perfect, they think about achieving and aiming for ambitious goals. There's actually nothing wrong with that type of perfectionism, that's not what we're talking about. Most of the literature would suggest it's actually healthy to aspire, to have goals that are ambitious, and to strive to obtain them. That is actually not unhealthy.
The type of perfectionism we're talking about, it is along a spectrum, so I guess people can think about probably three types of things that they may notice about themselves. The first is possession of unrealistically high and rigid goals. If you think about, for example a university student might say, "I have to get a high distinction in every assignment that I submit." We would call that unrealistic and rigid, because at university it's pretty well impossible to get that, and it's also for every, for all of my assignments.

It would be fine to say, "I work hard, and I aim to get a high distinction in my assignments." But it's not the, "I must." And "I should.". It's that type of language, linked with goals that are unrealistic in that, a lot of our life goals do get impacted by other people. We don't have total control over our goals. We have to allow for that.

The second thing that people might notice that they're perfectionism is that when they don't achieve these goals, they become quite disappointed in themselves as a person. They feel that they are somehow less of a person because they haven't achieved the goal. They're not interested in making mistakes, they want to get it right the first time. They find it painful to make mistakes.

The last thing which is associated with this is a lot of self-criticism. People will talk to themselves in a way that they would not talk to other people, and say, "You're hopeless. You're lazy. You're not trying hard enough. You're a no-hoper." There are things that people say to themselves which are actually quite harsh, quite self-critical, and if you ask them to say that to someone else in a similar situation they'd be horrified. They'll tell them, "Well, I would never be so unpleasant."

Naomi: The problem with these characteristics that you've described is that they can be very useful as well. They would push people to achieve a lot in their life. I'm wondering, how does perfectionism start, or when does it start from?

Tracey Wade: I think perfectionism often you can notice it when people are quite young children. It is a bit of a trait that people have. Kids that just feel more comfortable trying to control their environment, like to have things just so in their toys or their daily routine, and they're a bit less relaxed with spontaneous events. Also that they want to achieve and really focus on that and, in a sense, can start to not be so interested in other areas of life if it isn't linked to achievement.

Just going back to your point about these things can be healthy for achievement; It's interesting that self-criticism, the research that's been done
to date would actually suggest that takes you further away from your valued goals. People think they need to beat themselves up a bit to get the most out of their performance, but actually the research would suggest that it doesn't create that effect.

Certainly, we all need to have a hard look at ourselves and think about what we're doing and make changes, but self-criticism is a step beyond that where we're running ourself down. In the end that really just demoralizes us and impairs our motivation.

Naomi: When you talk about the research and the literature I'm wondering, what does the research have to say about the link between chronic pain and perfectionism?

Tracey Wade: There's not a lot. There are a few studies, and they show a couple of interesting things. The first would suggest that there are, I guess two types of perfectionism that are of interest. One is the degree of what we call self-oriented perfectionism, the degree to which the person is holding out perfectionism for themselves.

The other is related to what we call socially prescribed perfectionism, which is the degree to which people feel other people have expectations of them. It's just interesting with the chronic pain literature, both of these come up as being issues, not that cause pain, but that interfere with people's ability to manage it when they're experiencing it.

Naomi: What's your thoughts on this? Why do you think that perfectionism and chronic pain are linked in this way?

Tracey Wade: I think the perfectionism probably impairs people's ability to be flexible, and I think with chronic pain that's probably quite an important aspect of treatment. We know that behaviour and pacing is quite important. If you're a perfectionist or if you think other people expect you to be perfect, and they may not, it might be your perception or they may be, then really I guess you think, "I've just got to break through pain. I've just got to keep working and trying and break through the pain." Then what happens with perfectionists when that particular strategy doesn't work, sometimes they can just give up and not do anything because they couldn't do it well enough, they failed, and they feel that they couldn't do it well enough.

The whole idea of pacing for example, is about finding that middle way. About not working to [inaudible 00:10:02] capacity, but also doing something regularly and not just sitting down or lying down. For perfectionists, or people who feel other people expect things of them, this is a really hard idea to get
their head around. One of the important aspects of treatment for chronic pain becomes difficult for them to actually accept.

Naomi: Actually when I told our audience that we were going to be interviewing you, there was a lot of interest in this because I think people who've been in chronic pain for a while, they start looking at patterns and recognizing that this is a problem. I suspect maybe part of the reason there's so much interest is, it's hard to find really good practical steps to quite the self-criticism voices in people heads, or feel okay to just relax and take an afternoon off. What are some of the things you've found really work for people when they're trying to create a new habit of, say, not booming and busting?

Tracey Wade: I think one of the things that we encourage people to do is to, in a sense, experiment and be willing to make mistakes as they're experimenting with new ways of doing things. All of us get to a point in some aspects of our life where what we've always been doing just doesn't work anymore. The human reaction is just to keep trying it, thinking one day it would work again, but particularly with chronic pain, that's not going to work again. You do have to experiment with new ways, and you have to give yourself permission to not always get it right.

I think it's saying, "This is a new challenge. I need to experiment and try things. I won't always get it right but every mistake I make gives me more information about what could be helpful for me." Part of the, to encourage, we do a lot of this work with children as well, and we do encourage them to think about all the people they admire who have made mistakes but have actually achieved and flourished.

There are so many famous people, for example John F. Kennedy failed his Bar exam two or three times before he made it through. Abraham Lincoln got demoted in the army down to a private. J.K. Rowling, who writes the Harry Potter books, got knocked back a number of times and had to work on her manuscripts. In fact, making mistakes often seems to be the way, and not getting it right the first time, often seems to [inaudible 00:13:09] to further achievement. It's trying to get a different way at looking at the fact that you're not always going to get it right the first time, and not seeing that as a failure but seeing that as a journey. I think that's a really important part of living with chronic pain.

The other strategy that we talk about is, we talk about self-compassion rather than self-criticism, but we talk about it as a functional thing, not that we're nice people and we serve to be nice to ourselves, because most of the people I work with don't believe that anyway so that's, you know ... really again, we look at research which suggests the more self-criticism you have, the less
likely you are to get on with important goals. Also the person can experiment with this in their own life.

Sometimes we encourage people on one day to be self-critical, but then on the next day to really work on saying self-compassionate things to themselves, and actually see on which day do I get more done. It's not about whether I feel better, but do I actually get more done on the day where I'm self-compassionate, compared to the day that I'm self-critical. People can do their own experiments there and actually try that out. We do this with people in various situations, and we generally find that self-compassion user end up engaging more with thing that they want to do and need to do.

Naomi: That's really smart because you're not asking people to adopt a new world view, kind of talking to them in that same language of achievement and doing the things that you think are important and getting them done, but doing it in a more functional way. It's like you're speaking that same language.

Tracey Wade: That's important because if you are speaking that different language and telling people to be nice to themselves, you can literally get a blank look on their face of that, "Well why would I want to do that." For some people that just doesn't make sense, but particularly with perfectionists, it makes sense that they want to get things done.

Naomi: I'm thinking, I have some other questions here from readers. There's one very interesting one about the specific beliefs. What are some of the really common beliefs about themselves or about the world, that you find perfectionists have? And when it comes to changing or rearranging those beliefs, what do you find works?

Tracey Wade: I guess, again looking at chronic pain in particular, they may be people that feel that other people have expectations for them, so sometimes it's just good to check that out. Whether that's actual, or whether that's just the way they perceive the world, or whether they feel guilty and feel they can't let people down. I think it's really good to have discussions with the people in your life and discuss what are their expectations, what your limitations are. Is that a problem for them? Is that disappointing for them? Are they willing to support you? I think it's really good to have that open communication and readjust that type of thinking around other people's expectations.

In terms of your own beliefs, I think again it's, people feel that they have to get it right the first time, quite often. Again it's this idea of being willing to give things a try and seeing it as a process, rather than something that has to be done correctly the first time. I think particularly with chronic health issues,
whether it be chronic pain or other chronic health issues, it's a totally new ball game. It's a new world for people.

The things they've relied on before, the way they've done things before, you can't rely on anymore. Everything is thrown up in the air and it's really a time when you need to not assume things. You have to try different ways of doing things and see how they work for you. We certainly know, in the area of cancer for example, people are more likely to do well in terms of their mood, if they see the cancer as an opportunity rather than as a disaster.

I think that's the same for people with chronic pain that this is not how I wanted my life to be, it's not what I planned, but this is an opportunity to step back from what I've been doing, to review what's important in my life, to think about what my priorities are, and then to think about how I'm going to reorganize my life. Perhaps there's some things I need to chop out. Perhaps there's some things I need to focus on. This gives me a chance to review all of that and really put my effort into what's most important for me.

Naomi: It's like a change in a perspective, but consciously adopting a different viewpoint because you know that it's much more likely to have a positive result, not just like a ... It seems like a very practical thing, not just being optimistic for the sake of being optimistic, but being optimistic because that will get you more towards what you're actually wanting in life.

Tracey Wade: Yeah, it's a chance to think about what we want in life and to think about getting things out of the way that might be impeding that. It's very much focused on that, rather than [inaudible 00:19:47] attitude of, I'm so unhappy I've got chronic pain. That doesn't really [inaudible 00:19:56]. Just it is an opportunity ...

I guess I'm just thinking of a very specific example in my life, over the Christmas break we had a power failure for two days and I had to clean out the fridge and the freezer, which is not something I would normally do, and throw out all those things lurking in jars that we hadn't touched in a long time. Now I didn't want to do that, I didn't want to spend time on that, but actually it was quite good to clear out the fridge and the freezer, and to decide what we really need in the fridge and the freezer. Sometimes there's opportunities do present in life which force us to think about, what do I need to clear out of my life? What do I need to focus on? I've been forced into this, but I can make choices about what is important to me, where I want to put my focus.

Naomi: I wonder if we could just loop back a moment to what you were saying about self-criticism and self-compassion, where you encourage people to try a day of self-compassion and try a day of self-criticism. Can you just dive a little bit in
detail into exactly what it is you tell people to do. Like, what kind of thoughts that they should try thinking, and what to do if they keep having self-criticism thoughts coming up.

Tracey Wade: I think the first thing people need to do which could be helpful is just to keep a bit of a record of the self-critical voice in their head. Sometimes people are not aware of that voice, because it's just been the way they've gone on for a long time, and they just think this is what everyone says to themselves. It's good to just, as you're going through a day, just to keep a record of the self-critical thoughts or thinking that you say to yourself. You can call it the self-critical voice, or the thoughts, it's whatever people want to call it, but it will have the characteristics of a bit of a bully. The one that's a little bit aggressive, that tried to pull you down, and that makes you feel bad.

I think people first of all need to get a sense of that dialogue and how it develops over the day, and also what sort of things trigger it. The next thing is, it's very hard for people then to just switch that off and become self-compassionate and say self-compassionate things. It's good to be prepared, so what we ask people to do is to think about it in two different ways. One is, if a friend was in their situation what would they be saying to them? People are usually very good at saying very compassionate, constructive things to other people, but have trouble saying it to themselves.

We actually get people to write down those sort of statements. Then we get to think them to also think about if a friend was present and this was happening, so a specific friend that they feel good about, what would they be saying to them about their situation? Get them to write that down. I actually get them to write down a few key self-compassionate phrases that they can then just carry around on a piece of paper, or a piece of card with them in the day. When they pick up that they've been self-critical, they can actually pull this card out and read the phrases.

Often it's too difficult for people to just generate it in their head because it gets drowned out by that self-critical voice. It's actually really important to have in a [inaudible 00:23:53] like being written down. People can have it on their phone. However is easiest for them to be able to carry around in some form that takes them outside of their head and focuses them on something that's written. Even our most skeptical teenagers who think that sounds like a load of old codswallop actually do find some benefit from doing it.

Naomi: That sounds great. What are some of the common phrases that come up, or any phrases that you've noticed have really made a big difference for people doing this experiment?
Tracey Wade: I think in terms of self-compassion it’s good to think about how other people would react. You most say most people would find the situation really distressing and difficult, you’re no different from them. You just need to think about how to handle this. It’s not this sort of overwhelmingly positive positive, it’s just recognizing that you’re part of humanity, there’s not something odd about you that you’re finding it difficult, other people do and that’s okay. We still need to get on to figure things out, but that’s okay.

Sometimes it’s just to give yourself a compliment and say, you’re trying your best, and you’re trying your hardest. To recognise that rather than just saying things like you’re hopeless or you should be trying harder. I think people can think about the things that they like that they like that they’re doing. We often get people to do this with their bodies and eating disorders, to actually look at their body and instead of picking on the things they always criticise, to step back a bit and think okay everyone, you’re strong, your body helps you to do physical activity. You’ve got a great personality and people like being with you. Often to step back a bit and to get the bigger picture and think about the things that area actually what you like about yourself, and that you think you are doing well under great adversity, is a good way to do.

Naomi: It’s not as simple as just introducing a more objective reality into things, or just a different change of perspective, bit I could see it would be tremendously helpful. Especially if facing a challenge like chronic pain you, always go in on the side of beating yourself up or trying to hold yourself to these unrealistically high standards. I’m wondering about boom and bust because it’s a concept that people in chronic pain, if they’ve had chronic pain for a length of time, they are well aware of this boom and bust kind of cycle. Then the question is, if you have a big list of things that you want to do or you feel you need to do, and you have to do them or else they won’t get done, what have you found actually helps people either approach it in a paced way, or feel okay with not having done them all?

Tracey Wade: I think it’s a human conundrum [inaudible 00:27:46], but there’s a couple of things that we would suggest people do. One is first of all just to write ... sometimes when you’re thinking of all the things you have to do it can get quite overwhelming. I think we shouldn’t sniff at just writing a list. Sometimes people can find that overwhelming, but then the idea is to just prioritize. What’s actually the most important, and on one to ten, what’s the one that’s most important.

The other thing that people can do is problem solving around that. If there are ten things on the list, you might look at some of this and think, are there other ways or other people that can do this, or does this really need to be done at...
all? I was talking to a friend of mine this week who's having some problems with arthritic pain, and she vacuums every day. That might be one of the things you'd say, "Well what's the worst thing that will happen if that doesn't get done every day?" Yes there will be food on the carpet, but what's the worst thing? It's getting people to think also about, I like a tidy carpet but really, if it's got food lying around for a few days, there's probably nothing worse that's going to happen. Unless of course they're living in rat infested slum, then that might be different. That depends on the situation and context of course.

Also sometimes we think we have to do all these things but in fact some of these tasks can be shifted to other people sometimes it is about asking for some help. Most people are not good at that, we like to try and be independent and do it all ourselves, but often people are very happy to offer a little bit of assistance, and it's worth testing the waters and seeing if people actually might be willing to help out a bit.

Naomi: That makes sense. There actually seems like there's some overlap with Stoic philosophy, which it's kind of interesting it's become popularized somewhat in various business circles a little bit lately, just a way of thinking about exactly that. What is the worst thing that could happen if this doesn't get done. If it happens, how will I cope with it. And often just asking that really big important question is enough to kind of take some of that internal pressure off.

Tracey Wade: It just makes you think about the consequences, rather than just feel that sense of anxiety. I think the other thing that people can actually get better from is, they put themselves in situations that they don't normally feel comfortable with and see how they cope, and they often surprise themselves that they coped quite well. They sat with a dirty carpet for two days and in fact didn't go crazy and have to throw themselves out the window, that actually didn't really [inaudible 00:31:14] so much after a while. That's sort of a minor example, but we also ask our clients to try things they're not sure they can do or manage, and they discover that they've actually got coping ability that they hadn't quite tested before or believed that they had. It does also give them the opportunity to discover a bit more about themselves.

Naomi: Can you think of any examples? Are there any examples that come to mind of how somebody who tried something that was outside their comfort zone or weren't enamored of actually trying it, and then found that it was not so bad or actually fine?

Tracey Wade: I guess I'd have to go back to my eating disorder work, which is most of what we do, but we currently have a program for people who are binge eating and
they may also be purging. This is a group typically that are trying to diet, that are trying to cut back, trying not to eat, and so they've got very disrupted eating patterns over the day. This may even indeed be of relevance people with chronic pain, who may similarly have found themselves getting into unhealthy eating habits.

One of the first things we ask them to do is to eat six times a day. They're like, "But that's the opposite of what I've been trying to do, I've been trying to eat less so that I don't gain weight. I don't know. Eating six times a day sounds a bit excessive." And we say, "[inaudible 00:32:55] but eat six times a day. It doesn't matter much what you eat or how much, but just see how you go doing the regular time every two or three hours over the day, and see." People can come back from that and say, "Well it wasn't as bad as I thought." We explain the rationale for why we're doing this, it's to help inoculate them against binges, so there is a reason for this.

I guess this example is similar again to the chronic pain the idea pacing. Instead of this boom and bust, not doing anything all day and then in the evening getting exasperated or frustrated and then doing something for two hours at a really high pace, it's this idea of doing some stuff over the day with breaks in return. Spreading things out over the day. People often think they can't just manage that, but then they actually come back and think, "Well, actually that did work better for me. I was, I didn't find that as frustrating as I thought, and I actually enjoyed my day more, and I didn't think that was possible."

It's very much about getting people to try things and then evaluate it. You don't have to go into counseling or therapy for that. You can keep your own evaluation and your own sense of whether something worked for you or not, but you're doing it to give yourself a chance to step back and reflect on how things worked for you.

Naomi: That is really interesting. Sorry, the rational about asking people to eat six times a day was? Could you just go over that again?

Tracey Wade: Sure. With people typically that are binge eating, they try then after a binge not to eat for a long time.

Naomi: I see, right.

Tracey Wade: Their blood sugar drops, and then they get really hungry. Both physically and psychologically, because they feel they've deprived themselves. This then builds up into another binge where they start eating food and then feel that they can't stop. The body, the blood sugar levels, although the body is craving
a sudden hit of food, we talk about inoculation. If people actually eat say six times over the day, the blood sugar level doesn't go down so low that it needs this big hit, and psychologically they don't feel so deprived. They know when the next food is coming. It's not this, I'm going to try not to eat for the rest of the day [inaudible 00:35:41]. It's like, well I feel a bit hungry now, but I know I'll be eating in an hours time so I can wait till then.

It actually is a bit like an immunization. Rather than trying to take food away, you make sure they're having regular food which stops the binges from happening. It's very similar to when you get immunized for a disease, you give the person a little bit of the disease so they don't get the whole disease.

Naomi: That is really interesting. I can see the parallel that you drew say for somebody who booms and busts, where they just let's say they go and garden for three hours all at once because they've put off gardening because they're in pain. Then they feel a little bit better they do three hours of gardening, then they're knocked out for the rest of the day or the next couple of days. Somebody could maybe just try ten minutes of gardening twice a day or something like that, and that would remove that internal pressure.

Tracey Wade: That's right. They fell like they're doing something. It's not as much as they might have liked, but they're doing something. I'd probably have a set time because things like gardening do become addictive, and you think, "I'll just pull out one more weed." They might need external help or external sources to make them walk away from that.

Certainly when we've done that with people, we often work with people for example who are perfectionists about housework, but they keep putting off cleaning the kitchen because they want to spend three hours cleaning out everything and it gets too much, it's overwhelming. We do encourage them to just do ten minutes here and there of cleaning the kitchen, and they think that's not going to be very effective. But when they review the day they think, "Actually, I achieved a lot. I did do more than I would have done otherwise. The kitchen's still not quite the way I want it, but it's better than it was." They actually can have a sense of satisfaction about that.

Naomi: This is very interesting. It's almost like people are doing experiments on their life, and testing assumptions. As you said, trying new things and then assessing what actually happened and how it's different from what they expected was going to happen, or how they felt was different from how they expected they would.
Tracey Wade: I think that's the key to, with mental health generally, is to be willing to experiment and to be your own scientist in that way. You can get good advice from people but in the end you need to find out what works for you.

Naomi: I have one more question for you, and also I just would like to say thank you so much for sharing your time and your acquired knowledge over many years, and many years of helping people. I've got one more question for you, but firstly, is there any particular resource that you would like to point people to? I'll be linking to your books underneath this interview as well, but is there anything you'd recommend for people to get started with this life experimentation?

Tracey Wade: I think my self-help book Overcoming Perfectionism is a good resource, and certainly we get feedback from people who have used it that it's been helpful. I think that's certainly worth looking at. There's also a book by Swinson and Antony about dealing with perfectionism, so I think that's also meant to be used in a self-help way. I think both of those could be useful for people to have a look at. People often when they start reading the beginning of those books, they think "Oh, that's me." You're really looking to see if you relate to the issues that are being discussed, and then you can pick it up or put it down in terms of trying to be exposed to these ideas and trying to work them through.

I guess the other point there would be, it often is helpful to have some sort of support when you're trying to change these types of issues. Again, I'm not suggesting that people need to go for therapy, but having a friend or someone that can sort of cheer you along, be interested to hear about how things are going. Or a general practitioner, physician, someone that can just provide a little bit of a cheer squad for changes that you're making.

Naomi: Sorry, I've just thought of another question. What kind of timeline do people usually ... I'm mean, it's sort of how long is a piece of string, but what kind of timeline do you find people usually follow before they have settled into a new way of doing things?

Tracey Wade: There's a few different ways of looking at that. I guess, we've just finished doing an online self-help for perfectionism across [inaudible 00:41:11] and across the UK, and both programs offer eight sessions once a week online, and we've certainly found that compared the beginning to the end, people made a lot of significant changes, and their perfectionism was certainly decreased significantly and their mood or their anxiety were improved. Also, that their self-compassion is higher. It doesn't need to be ...
You can see quite quick results, within a couple of months, but in terms of cementing the changes and making them a habit rather than the old ways, that just takes a bit longer, and that's where it's good to have someone who's encouraging you to just persist. What happens to a lot of us is, we can make these changes but then we come across some sort of stress or issue that upsets us, and we can revert back to old ways of coping. That's not a disaster, but it's good to have someone around you to move away from that and pick back up the other ways of trying to cope. That part is a slightly longer journey.

Naomi:

Last question, this is actually from one of our readers. As a university professor, this one's for you, do you identify with the perfectionism type and if so, what success ... I guess this is actually more of a general one, have you had or have university professors or high achieving academics had in controlling academic drive and achieving a good family/work/recreational balance?

Tracey Wade:

That's a good question, because people think you must be perfectionistic to be at this sort of level. In terms of my own, the way I would describe myself is I'm very organized and I've got high standards, but I'm not perfectionistic. What I mean about that is, I don't beat myself up when my manuscript gets rejected, because that's life in publishing. I don't have those catastrophic sort of reactions.

It is important, like you were suggesting, that you have to have lots of other things in your life that balance out with work. You need to really invest in friendships and family, things that actually don't lead to success at work like gardening or just keeping fit. Those things are really important to prioritize. I think, in academia we often get lots of opportunities to be rejected and criticized through our submission of manuscripts and grants. We all get knocked back, and sometimes you get a bad patch and sometimes you get a good patch.

Again, it goes back to that sort of stoicism of just saying well that's the game that I'm in, and if I start to take that personally it will actually make me less productive. What's the most useful way to look at this that means I can maintain my productivity rather than fall in a heap and take it personally. I think I might have forgotten the second part of the question, but that's just generally if you actually want to function well in terms of achievement, those [inaudible 00:45:15] example.

Naomi:

I think you answered it completely. I was going to say you answered it perfectly, then I thought that [crosstalk 00:45:25], I'll just say completely. Professor Wade, thank you so much. Anyone listening to this who wants to go deeper into this topic, Overcoming Perfectionism is a book that we'll be linking
to underneath here, you can get it on Amazon. I also wouldn't be surprised if people are interested if you're doing another of these eight week courses. I don't actually, I'm not sure exactly how this works if they're researched based or whether they're more widely available but, if that's a possibility then I guess people can find you.

Tracey Wade: Certainly, it is research based, but we do want to ultimately make it freely available to people. I am thinking of doing another online test of the perfectionism intervention of university students this year. I think, certainly if people have inquiries about that we could have that [inaudible 00:46:33].

Naomi: Thank you so much again. Have a lovely afternoon, I'd better let you get to lunch.

Tracey Wade: Thank you!