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Clinical Cases and Studies

A Single Case Study Implementing a 12-Session Rehabilitation Journey: Lessons Learned from 'Curtain Down' to 'Curtain Up'

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Abstract

The aim of this paper is to present and reflect on the lessons learnt from practice with an individual case professional dancer who sought comprehensive psychological support as a result of a sustained trauma-injury ruptured Achilles tendon during a live performance. A single case study is represented as part of reflections and lessons learnt throughout the period of consultation and psychological support offered. The mode of service delivery, methods, and final evaluation, with final reflections are presented. A total of 12 sessions delivered fortnightly were offered lasting 60 minutes each session. Rehabilitation post-surgery included physio, strength and conditioning, Pilates, nutrition, psychological support as part of a comprehensive package.The PANAS questionnaire (Watson et al, 1988) which was administered at baseline, mid-point and post-sessions was used as an evaluation tool. Through reflective practice, three main themes emerged as acquired skills through the psychological interventions offered: 1) self-confidence and self-esteem, 2) a renewed sense of belonging, and 3) sense of autonomy. A dancers' centred approach in providing psychological support for a comprehensive rehabilitation program was used, where transdisciplinary interlinked approaches benefited the recovery from 'curtain down' to 'curtain up'. Reflections highlight the importance of positive psychological models of practice, the Rogerian foundations of authenticity, non-judgemental and guiding principles of recovery through empathy, and the clinician's positionality right from the start of the support offered.

Keywords: Transdisciplinary; client-centered; approaches; performing; arts; elite; dancers; injury; rehabilitation.

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Performing elite dance as an artistic and technical activity combines not only artistic elements but also highly physical demands including flexibility, muscular strength, balance, and neuromuscular coordination (Koutedakis et al., 2004; Malkogeorgos et al., 2013). Elite level dance has been categorized as high-risk for injury with incidence rates as high as 4.7/1000 per dance hours (Luke et al. 2002) and seasonal prevalence of up to 81% in pre-professional ballet dancers (Kenny et al. 2018). Whilst a large number of articles address the rehabilitation program for physical injuries, there is still scarce evidence as far as the author is aware, of evidence-based practice and practice-based evidence in the implementation of psychological support as part of a comprehensive program in the performing arts field. There is a large number of elite sport athletes who - within different disciplines - embrace sport psychology as an integral part of performance optimization, from injury rehabilitation to mental preparation, but also resiliency (Morgan et al., 2019), coping and mental skills in nurturing a competitive and winning mind-set where recognition is placed on the value of reflective practice for both professional development and effective interventions (Cropley et al. 2010b). In elite dance, a handful of articles have addressed the benefits brought by psychological practices (Mainwaring et al. 2001; Noh et al. 2007; Nordin-Bates et al. 2011; Skvarla & Clement, 2019) and this article aims to share knowledge and reflections on lessons learnt from one single-case report.

Background

In the last 15-20 years the physical and mental wellbeing in the performing arts has been better recognized as a dynamic and joined pursuit, with a large quantity and quality of resources now embedded in international dance and performing arts companies. Artists not only are now considered elite athletes in their own right, but need to foster and nurture creativity, aesthetics, musicality with their technical abilities in the pursuit of enduring performances and careers. Significant changes have occurred in the last decade with greater awareness and knowledge taken from sport, exercise and performance science, recognizing the great need for promoting psychological (and physical) wellbeing as part of a continuum and through individualized and personalized programs of support.

Method: Consultation Referral Pathway

A professional senior soloist dancer was self-referred to the service within a large international ballet company. The dancer was male, from a diverse ethnic background, 25 years young at the time of the self-referral. No significant history of previous injuries were reported at the time of intake data. The dancer had sustained a ruptured Achilles tendon (right foot) during a live-performance on stage during a recent previous spring touring national season. As a result of the traumatic event, which immediately was seen at the scene on stage between act I and act II, surgery was eventually performed within 1- week of the sustained injury. The psychological support started following the surgery when the dancer was able to walk on crutches independently to and from the venue of the company premises, where the sessions were taking place. Whilst this service was offered on a self-referral pathway, a medical team was available at the time within the organization, who might be referring professional dancers to access psychological support within the company for various reasons, including performance anxiety, low-mood, performance optimization. In this instance the dancer reached out requesting an initial meeting and upon the contractual joint agreement to undertake some joint work within a timescale. This was not set at the outset, in order to better support adherence to the program by way of placing a greater sense of control and autonomy within the client rather than the clinician. Sense of control and autonomy are considered to be strong motivational psychological factors (Ryan & Deci, 2017; Brown et al., 2017).

The psychological support program consisted of one-to-one fortnightly sessions for a total of 12 sessions lasting 60-minutes per session and delivered on Saturdays. The choice of Saturdays, rather than a week day, was partly due to the availability of the clinician, but

mainly related to a conscious choice of delivering support within the main building of the company when rehearsal activities are limited to half-days with generally only one optional class delivered and fewer rehearsals. This decision was mutually reached, to facilitate a reduced exposure to other active dancers and potential constant reminder of what the client was missing out and this experience becoming a potential source of heightened anxiety. At the same time, it was important to maintain a sense of relatedness and meaning within the Company. The sessions took a systematic delivery but with a level of flexibility and adaptability according to the client's individual needs. Table I below demonstrates the breakdown of themes covered per block sessions.

Table 1.
Number of Sessions and Content.

No. Sessions	Content	Sub-themes of Support
1 to 3	Introduction | Positionality | Contractual Boundaries | Model of Supports | Formulation	• Authenticity • Openness • Active Listening
4 to 7	Using 5Ps and SPACE models | Client led Interventions	• Joint-Goal settings • Process Goals • Task Goals
8 to 11	Preparation for class with full company | Coping and resiliency skills | Self-awareness	• Congruence • Feedback • Values and Beliefs
12	Evaluation | Feedback | Closure and Moving Forward	• Autonomy • Belonging • Competence

Throughout this period a comprehensive rehabilitation program was offered which specifically focused on the physical aspects of the rehabilitation process including strength and conditioning, flexibility, Pilates, floor barre work (non-weight bearing activities) and some nutritional aspects. It is beyond the scope of this article to explore these other elements of the rehabilitation program; however the author recognizes the importance and significance of joint transdisciplinary support (Bickley et al. 2016) and will refer to some reflections later in the discussion section.

Act I: Establishing Trustworthiness, Openness and Philosophical Positioning (Sessions 1 to 3)

The first session has been reflected as being of essential significance as the space where the clinician and the client are co-creating a healing space through alignment, purpose and aiming to a conducive space for post-traumatic growth (Tedeschi & Calhoun, 1996). The

presentation of modalities of working, philosophical positions, humanistic approaches were key in creating and subsequently co-creating a space for self-reflection and development. Clear expectations were not set-out at the start of this journey, as the intake of informational data provided some evidence of the trauma experienced during the event and the necessity of navigating the impact of the injury and subsequent successful surgery very cautiously. A case history was collated to provide a sound background information but more significantly to provide a backdrop and a meaningful narrative to the destination to be worked on and supported with. Pillars of active listening (Rogers & Farson, 1987; Rogers, 1966; 1980; 1986), Socratic interviewing (Padesky, 2012), trust and congruence were at the foundation of this initial stage of the collaborative work (Martin et al., 2000).

Act II: Person-Centred Interventions and Meaning Making (Session 4 to 7)

The adoption of the 5Ps case formulation is well established in clinical practice (Winters et al., 2007). Whilst it provides a systematic way to identify factors which either perpetuate, precipitate or predispose the issue, the author found that when applied rigidly it can override the exploration of other qualities and inner strengths - protective factors - by oversimplifying situational factors, internal motives that very often provide intricacies that additional skillful awareness is needed in order to guide the client to self-discovery and awareness. In this specific case, the pressure stemming from the company, new upcoming younger dancers, the looming cyclic promotions within the organization - these usually occur annually at a certain set period of the season - and the expectations of allocated roles to be performed in the near future were areas that needed addressing. Work was undertaken related to the identity of the client as a dancer and as an individual and the significance and importance placed on either (Fitzgerald, 2023; Roncaglia, 2007).

The SPACE model from coaching psychology (O'Riordan & Palmer, 2005) provided a map supporting the reasoning and explanation of persistent ruminating and even catastrophizing thinking patterns. The client was often referring to the specific technical choreographic step (*saut de basque*) that led to the injury as an 'insurmountable' barrier and certainly a 'step' that was not to be tried ever again in their dancing and performing career. Something that at the time was emphatically embraced but importantly to be addressed later, in the recovery journey. The catastrophizing thinking patterns which sustained their belief of recurring the same trauma-injury were addressed through pillars of cognitive behavioral therapy and positive psychology (Seligman & Csikszentmihalyi, 2000). Pain management was also a component of these sessions, where the experience of their personal pain due to accumulated scar tissue significantly fluctuated according to training load, and measure of

progress achieved. Pain experienced can be seen as a ‘critical friend’ to help the client develop self-awareness, and tolerance skills rather than a measure of regression and a barrier to their recovery. Dancers often experience high thresholds of pain, and can ‘cope’ with a lot of experienced pain often leading to detrimental outcomes with overtraining, not enough rest and recovery, and sometimes a sense of guilt. It was important to actively listen to the narrative associated with its description and provide validation for their assertions, often including an element of hidden fear of failure. At the same time, using pain as a holistic experience was important for their recovery. Pain is indeed personal and there is a large amount of literature explaining the biopsychosocial factors influencing the experience of pain. The client was invited to keep a journal and systematically score from 1-10 the level of pain in relation to the amount of training undertaken, social pressure and cognitive load. Example of Pain Diary adopted see below Table 2.

Table 2.
Pain Diary Example.

Please Record Each Day	Time of Pain •Morning-AM •Afternoon-PM •Night-N •All Day-A	Activities Causing Pain • When walking • When sitting • When standing • Jumping • Pirouettes • List Others as applicable	Where is the Pain? ● Foot ● Ankle ● Calf ● Achilles ● List Others	Level of Pain On a Scale of 0-10 0= no pain 3= little pain 5= moderate pain 8= high pain 10= very high pain	List additional Comments/ Remedies, Supplements
Mon					
Tues					
Wed					

Act III: Self-Awareness, Coping Skills (Session 8 to 11)

As the client was slowly regaining some self-confidence whilst rehabbing on a one-to-one with a personal coach, the next stage of the process entailed starting the exposure to company class. This in itself can be a large source of stress and anxiety, as comparisons are easily made from ‘*what it was like*’ to ‘*what it is now*’ not only in the client’s eyes, but in the eyes of the rest of the Company, repetiteurs, choreographers and artistic directors. Process and performance goals versus task goals were implemented as part of the support program, co-produced and collaboratively set out. In conjunction, individual psychological mental skills were rehearsed and taught and included for this specific case, breath-work, mindfulness-based approaches, and external focus of attention (Kabat-Zinn, 1994; Wulf,

2007; Guss-West, 2020). Value-based work was also supported by guiding the client to the original reasons of why it was important to return to full fitness and the discovery of the original passion and love for dance and *being onstage* as a guiding compass (Seligman & Csikszentmihalyi, 2000). Self-compassion was used as a way to support the client in accepting some waves of progress interwoven with some days of great challenges and as described by the client of 'stagnation'. Not to be feared, but embraced as a process rather than a final destination. The work focused as well on the reintegration to rehearsals for different minor roles, moving meaningfully away from continually comparing oneself to others' successes. At this stage some imagery work was also implemented for the specific technical step which had led to the injury. Imagery work needs to be adopted on an individual basis, with regular feedback. Success rate in implementing imagery work can vary significantly, with some individuals finding it very helpful and others finding it very difficult and with scarce results. Although this process was started in class, the time did not allow for testing it on stage during future performances.

Epilogue: Curtain Up and Self Evaluation (Session 12)

The last session was well-planned and jointly agreed during the previous session. The growth and client's development focussed on three areas: 1) their sense of autonomy in having achieved a full return to performing on stage and having pursued the full rehabilitation program despite numerous setbacks; 2) the ability to reflect back and with greater insight, recognising the importance of a sense of belonging within the company - something that had been experienced similar to a 'bereavement' during the injury and surgery periods, 3) the realization and awareness of having flourished and acquired new skills associated to their resilience, self-awareness, and competence in having overcome this significant challenge. The Positive Affect and Negative Affect Schedule (PANAS) scores taken at baseline, mid-point and last session are illustrated in Fig.1. Over the full 12-sessions program, positive affect gradually increased, with a noticeable decrease in their negative effect.

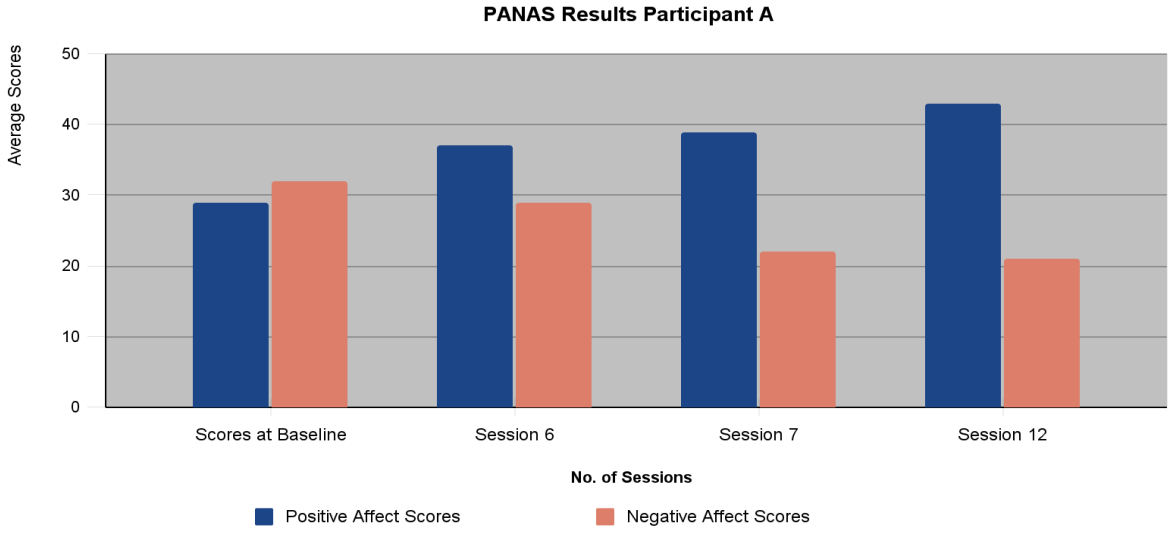

Figure 1. PANAS Questionnaire Results over the 12-sessions

Although it is recognized that many factors can contribute to ups and down, and that recovery from an injury and subsequent surgery must take into account a multifactorial model for recovery and reintegration to full artistic activity, the PANAS self-reported scores provided an indication of their general positive and negative affect.

Implications and Further Recommendations

In this single case study, the author presented and discussed reflections and lessons learnt retrospectively from a sustained trauma-injury during a live-performance following post-surgery rehabilitation and specifically a 12-sessions psychological program of support. Improvements were noted through the PANAS schedule administered at baseline, midpoint and endpoint of the 12-sessions cycle. The author reflected that systematic approaches to assessment and case formulation can at times hinder the recovery, but elements of this mapping and models are an essential element for all applied practitioner psychologists and extremely useful in the process of clinical reasoning (Johnstone & Dallos, 2006; Simms, 2011). The therapeutic relationship established at the start of the journey was key, as well as the maintenance of openness, emphatic stance and authenticity. A congruent narrative that is co-produced with the client was another fundamental element for recovery, exploring the client's inner strengths, values and belief system in a non-judgmental and cohesive manner. It might be relevant in the future, to ensure that psychological support remains integral in the rehabilitation comprehensive programs offered in the performing arts industries.

Rather than looking at physical skills as separate factors to psychological well-being, or even as adds-on, these need to be seen and embraced as part of a continuum; the significance of transdisciplinary approaches were also integral for the positive outcomes and as part of a comprehensive and interlinked package of care. Injuries, whether leading to surgery or not, are more often than not part and parcel of the career of many artists and learning how to cope but also thrive from these experiences ought to be a priority for performing arts organisations: a full performance from act I to an epilogue, a finale that makes sense to the performer and the audiences alike. The author reflected that communication with the rest of the medical team could have been better; at times it felt that disjointed work was taking place, with significance put on its parts, as silos systems working in isolation, rather than looking at it through transdisciplinary approaches, which shape dynamically together the support program from the very start and with the client at the centre of the journey (Roncaglia, 2016). Through reflective practice, three main themes emerged as acquired skills through the psychological interventions offered: 1) self-confidence and self-esteem, 2) a renewed sense of belonging, and 3) sense of autonomy.

Conclusions

The single-case study presented in this article highlighted the significance of a journey of rehabilitation rather than a target outcome following a 12-session therapeutic approach. The therapeutic relationship which was established right at the start of the collaboration offered space for healing, and growth. It is hoped that the learnings from this article can be embedded within other disciplines both in the performing arts as well as competitive sport with perhaps greater accessibility, and transparency. Open communication, authenticity, curiosity were at the core of the work undertaken.

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Competing Interests

The author is a member of the Editorial board of Psychological Thought.

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