ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

Psychological Interventions to Performance Enhancement in Dance: A Hypothetical Case Study

Yi Zhang

Zhejiang Vocational College of Special Education, Hangzhou, Zhejiang, 310000, China

Abstract: *The purpose of this case study is to improve the performance of dancer Z through psychological intervention. The cognitive behavioral intervention model was applied to support mental skill training, and the conclusion and analysis results were worked out through such steps as guidance of consultation, familiarization of movements, evaluation and assessment, determination of goal, education (problem conceptualization), individual intervention, and outcome evaluation. As a result of a 9-week psychological intervention, Z's performance was notably improved.*

Keywords: *Peek performance; Dance; Hypothetical case study*

1. Introduction

This is a hypothetical case study, use cognitive-behavioral intervention model supports mental-skills training, help dancer *Z* overcome physical and mental obstacles to achieve the best state of dancing. Cognitive-behavioral therapy (CBT) is focused on understanding how events and experiences are explained, paying special attention to the relationship between our cognitive abilities, emotions and behaviors. It is based on addressing the interactions between thoughts, emotions, behaviors and feelings within the body. Using specific mental skill--imagery, help Z to achieve a better understanding of the issues, and to help Z discover alternative ways of thinking and behaving in this paper.

2. Case Scenario

There is adopt hypothetical case, use a virtual person Z.

Background: Z (a pseudonym) was a four years undergraduate dance education student, she has danced since middle school, was a best student in class and school, in her undergraduate, she participated many large- scales group dance competitions. She is 23 years old female, and is the first year in a provincial level professional dance company of Chin and has a high ambition to dance professionally upon graduation. After three months later, she and her partner will participate a national professional level competition, which is a very good chance for her future occupation. This pas de deux need they plan and choreography together. Her partner is elite professional dancer in this company. As a novice professional dancer, Z is very anxiety and lack confidence, and consider too much about these. She also has a long-term sleeping problem and chronic back injuries. The multitudinous training, sleeping problem and stress make Z feel fatigue and distracted.

3. Models of intervention

The employment of a cognitive-behavioral model as an intervention model. As a psychological consultation practitioner, two basic and important questions should be answered and cleared, when a practitioner chooses a consultation model. The first question is ‘who is the client?’, whilst the other is ‘what services are provided?’ In deciding which services should be offered, one must clarify expectations, which helps to define the obstacles to the consultation relationship (Murphy et al., 1995).[24]

According to Heslop (2008),[10] cognitive-behavioral therapy (CBT) is focused on understanding how events and experiences are explained, paying special attention to the relationship between our cognitive abilities, emotions and behaviors. It is based on addressing the interactions between thoughts, emotions, behaviors and feelings within the body. He states that using the CBT approach, requires the

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

practitioner to move from an instructional model, to one that engages the practitioner and client as partners in consultation. Thus helping them to achieve a better understanding of the issues, and to help them discover alternative ways of thinking and behaving.

It is argued that when clients understand how to counsel themselves rationally, they have the confidence to continue to do well. Practitioners operating through client based understanding, including clients; views of the world (like the opinion of other, events, threats); views of themselves (confidence, values, personality); views of performance (like attribution, expectation), help clients become aware of when they are making negative interpretations, and behavioral patterns that reinforce distorted thinking. Furthermore, as CBT is a short-term and problem focused psychological intervention, it is likely that rational theoretical orientations are used, such as in this case.

The cognitive-behavioral intervention model supports mental-skills training. It emphasizes having a view of the client as a 'person', not just a performer. It actions this by trying to evaluate the client's functioning within sport, relationships, work experiences and in academic settings, trying to understand the 'holistic' athlete. In the intervention process, the practitioner can use a person's prior experience, background or other relevant evidence to better solve the problem. Consequently this makes the problems more accessible. As Murphy et al. (1995) point out, this model contains several prominent features of assessment in the clinical approach; the diagnosis of problems, intervention planning and characteristic function analysis.[24] Its approach establishes a 'collaborative empiricism' so that the client and practitioner experience the assessment as a set process. Moreover, the evaluation process is concerned with determining the pertinence of specific mental skills. Several facets are examined; the mastery level of mental skills, the general use of mental skills, and obstacles that interfere with the use of mental skills (Murphy et al, 1995, p241).[24] However the specific mental skill examined in this paper is imagery.

'Imagery' is an important psychological facet that receives a relatively large amount of attention from dance researchers. Imagery that is characteristic of high-level performance, has been found to promote dance practice and performance execution, whilst also supporting important psychological qualities such as self-confidence (Murphy, Cumming, 2008).[9][23] These findings are consistent with Nordin-Bates(2011),[20] he states that imagery is an effective psychological skill that can help dancers to express their own internal dance experience. Providing them with opportunities for improving their performance and self-expression. Furthermore, various imagery types, such as cognitive specific (images of skills), cognitive general (images of routines and strategies), motivational general-arousal (images of anxiety and arousal), motivational general-mastery (images of confidence and mastering challenges) have been found to be frequently engaged by dancers (Fish et al., 2004).[7]

According to Kosslyn et al. (1994),[14] imagery is defined as the general representing ability of different types of images; it is constituted via perception, in the absence of an external causing agent. Imagery is a perceptual experience, thus is consistent with the approach of CBT and cognitive-behavioral model. Dancing is not only a physical action, but is also about feeling movement. Therefore the vividness of the image (multisensory images) enhances the kinesthetic response (Franklin, 1996).[8]

Franklin (1996)[8] also points out that a function of imagery in dance, is in ameliorating various abilities including; movement skills (motor control), motivation or confidence, learning skills, expressivity, focus and concentration. Motor-specific imagery is also argued to improve co-ordination efficiency for specific movements. Whilst motor-general imagery is argued to improve efficiency in movement and biomechanical function. Therefore the examination of imagery in this paper is a solid approach, as imagery appears to be an adept intervention approach.

According to Murphy (1995),[24]here is the process of this case cognitive-behavioral intervention model:

Consultation orientation

Objective: firstly, meeting with dance coach and company manager to determine coach's expectations, try to clarify nature of consultation relationship. Meet with Z and determine Z's wants and needs, defined what consultation is appropriate. It also could be has a meeting with Z's partner.

Methods: explain philosophy and approach with Z and set realistic expectations. Set up preliminary contract specifying only parameters of the consultation. Defined goals of consultation, the amount and consultation.

Sport familiarization

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

Objective: to become familiar with client's dance so that effective communication is possible. To identify key dance-specific elements influencing dancer's performance.

Methods: because practitioner (I) have dance background, it is familiar with dance, and attend practices and dance rehearsal to build a good relationship with Z. Ask some basic question about this competition, require the dancer to explain the dance (like technical skills, emotion, ideas of choreography).

Evaluation and assessment

Objective: use interviews, observation, diaries and self-repot as data collection methods, try to understand the client's BASIC-ID.

Goal identification

Objective: to identify in specific terms the nature of the mental-performance relation; to suggest specific interventions based on this analysis to improve dancer's coping skills (Murphy et al., 1995)[10]; use imagery to reduce Z's competition anxiety and injury anxiety, achieve a satisfying performance.

Methods: firstly, to describe and summary of Z's current mental strategies, identify advantages and disadvantages, identify the critical areas appropriate for intervention; identify imagery intervention to enhance dance skills. Explain the key skills of imagery and draw up timetable for improving Z's coping skills in weak areas. Discuss plans with Z, get a feedback from Z and change some irrational aspects.

Education (issue conceptualization)

Objective: to expand and strengthen coping resources of dancer with respect to dance performance.

Methods: Identify and summarize Z's needs into issue conceptualization. Explain the concepts of CBT, cognitive-behavioral intervention and imagery; teach Z how to use techniques in this contexts. Be systematic in developing a rationale for importance of mental skills and showing how these assist in developing sport skills.

Individual intervention

To help individuals develop and practice imagery for performance, reduce the competition anxiety and injury anxiety.

Methods: systematacially use imagery intervene Z's daily rehearse and pre-competition, keep the positive mental skills and reduce the negative influence of anxiety. Guarantee Z have healthy pre-competition physical and psychological preparation.

Outcome evaluation

Objective: to assess how well goals of goal identification have been met.

Methods: use CEF as a formal approach to client evaluation of consultant effectiveness and try to measure Z's performance outcome.

Reassessment of goals

After the competition, communicate with Z about the unexpected things in her performance and intervention process. Be prepared to focus on new problems. Use constructive feedback in an effort to improve program.

4. Needs analysis

The use of CBT and the cognitive-behavioral intervention model requires structured planning; including intervention steps, specific data collection and triangulation data methods. Data is collected through interviews, observation, diaries and self-reports, with the data gathered to assist the understanding of a client, both specifically and holistically.

Gray (2014) identified interviewing, in which language is used between two human beings in the pursuit of cooperative inquiry, as a basic form of examining human inter-activity. Interviews are an effective medium to examine and understand individuals.[13] The approach is concerned with the meanings that people ascribe to phenomena, and with understanding their lived experiences. Hence it has focus upon collecting a range and depth of answers to understand experience, opinions, attitudes, values and processes, this study's topic is highly suited to this methodology. Therefore this examination

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

adopts semi-structured interviews as its data collection method. Focusing on interviews with dancer 'Z' and her partner and dance teacher, it will seek to probe views and opinions, and where possible allow the respondents to expand on their answers.

Suggestions that a client writes a diary as a detailed portrayal of training events and daily life, has been argued to provide a 'thick description' for later intervention (Gray, 2014).[13] This approach requires a client to record a provisional or personal interpretation of events or problems; through recording personal feelings and emotions at a specific moment, or over a particular issue. This is done in order to understand the individual, whilst also creating an important evidence record for discussion during the intervention.

Observation is defined as when an investigator does not intervene in the care of the patient, but simply records what occurs. This can achieve objectivity, addressing the evidential shortages because of the subjectivity of personal diaries. It involves the systematic recording of people's actions, and the analysis and interpretation of people's behaviors (Gray, 2014).[13] Nahin (2012) suggests that observational studies may not provide definitive evidence upon safety or efficacy, but can "provide information on the use of the 'real world' and practice; providing basic data needs, to be part of a design for a richer and pragmatic clinical trial; informing clinical practice" (Nahin, 2012).[19] In addition, the potential shortcoming could be rectified by inclusion of other methods. Consequently this study adopts the observation of physical demeanour and body language, to explore Z's dance training and daily life.

Z was administered the competitive state anxiety inventory-2 test (CSAI-2, Martens, Burton, Vealey, Bump, & Smith, 1990), to assess the dimensions of her anxiety and confidence levels.[15]

Through these data collection methods, hope to triangulate against behavior, self-report and coach/other perspectives.

Table 1: Personal Data Evaluation

BASIC-ID Component	Assessment
Behavior	The physical impairment of back injury caused Z's absent of highly lifting techniques training during her rehearsal. It was noted that she is selectively training to avoided difficult skills and techniques.
Affect	Z's affect included anxiety, frustration, fear, anger and a loss of pleasure in dance training the preciously produced enjoyment and freshness. Through CSAI-2, the results indicated she was experiencing high levels of cognitive and somatic anxiety, it was determined that most of Z's anxiety originated in cognitive concerns. Even Z is very anxiety, she still exhibits a high keens and a strong determination to have an award in this competition.
Sensation	Physical sensations are mainly reflected in two aspects: pain and discomfort of back injury in sometimes; anxiety and nervousness lead to insomnia, which also cause the absence of physical and mental concentration.
Imagery	Z normally uses imagine for skills and movements learning, and is used to have mental routine before competition. However, her initial spontaneous image is prior experience about the back injury caused an unpleasant performance with her solo in university. She also image some difficult skills will lead to the pain.
Cognitions	Z's self-talk was play a dominant role about negative thought of herself and her injury, such as "why I choose this occupation?" "whether I can achieve this success and award in this competition".
Interpersonal	Z, Z's partner and her teacher reported have a positive working relationship. However, Z states that her teacher and partner's anxiety about her injury will affect her confidence and the effective training plans. Z does not live with her parents, and the busy training plans cause the less community with family and friends.
Drugs and biology	Z must spend a considerable amount of time caring for her back. For instant, she must have a long time warm up and stretch her back muscles before rehearsal and she continues to use aerosol to promote blood flow to eliminate blood stasis and relief aching pain of back muscle. Z also should use sleeping pills to help she sleep well.

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

5. Issue conceptualization

As show in table 1, in daily rehearsal/training process: the major issues have been identified to be Z's anxiety and fear about the negative influences of back injury for rehearsal and competition. The injury has caused Z losses of confidence and self-doubt about the competition. These issues were reflected in Z's actions. Z was carefully when executing difficult skills; and before every rehearsal, she was doing a lot of stretching and warm-up movements. She also displayed a loss of passion in the enjoyment of her dancing, and was eager to cure the infliction, using drugs to address the pain.

All of these aspects in the table 1 caused negative self-talk and self-doubt, causing a vicious circle. Murphy (1995) points out that injured athletes experience various types of anxiety, including loss of athleticism, leading them to worry about how it will negatively affect their chances of reaching their full potential. Whilst also worrying about being perceived as weak, experiencing pain; and imagining themselves as impaired. These issues are also reflected in injured dancers (Nordin-bates et al. 2011).[20] These problems include anxiety; with anxiety determined by the sense of efficacy the individual has about their experiences. The pain suffered by Z negatively influences Z's actions and thinking, causing anxiety. Furthermore, Murphy et al. (1995) states that injured athletes become much more tentative in their actions or protective of the injured area.[18] Therefore they often lose the spontaneity and assertiveness that allowed them to excel, further causing a loss of confidence and exacerbating self-doubt.

Before the competition: Over-excitement, excessive expectation and competitive anxiety about a competition, can cause adverse influence upon the performer. These issues are reflected in Z, who displayed very prominent eagerness and a strong determination to win an award. Z suffered from sleeping problems, caused by her excessive expectations, alongside the anxieties from her injury. Imagery about her previous unpleasant experiences and her fears in relation to the competition were recorded. Her anxieties that the injury will cause a poor competition outcome, and the fears that it will affect her future, were evidenced.

Hutchings et al. (1981) defined somatic state anxiety as; "indications of autonomic arousal and unpleasant feeling states such as nervousness and tension" (p. 541).[21] These problems were manifested, such as in Z's sleeping problem. Cognitive anxiety is defined as "the cognitive elements of anxiety, such as negative expectations and cognitive concerns about oneself, the situation at hand and the potential consequences" (Moms et al. 1981, p. 541).[16] This was seen in Z, as she feared a bad performance will influence her future work chances.

6. Intervention

In this case, imagery is selected as the individual intervention. The intervention was divided into two phases, at daily rehearsal and before the competition. The PETTLEP model was used before the competition phase. The whole intervention is designed for eight weeks, with the daily rehearsal phase about five weeks and the competition phase about three weeks, with a one week follow-up.

As Richardson (1969) emphasizes, imagery exposure imitates sensory or perceptual experiences.[22] If an individual talks of an imagined performance routine, or is "feeling" the actual performance during an imaginational exercise. It has been suggested that imagery is an effective skill for controlling an individual's level of competitive anxiety, whilst enhancing self-confidence and injury rehabilitations. The literature upon imagery and injury rehabilitation is more limited for dance studies compared to sport psychology, however the theory arguably crosses over.

7. Daily rehearsal

7.1. Week 1: Work setting: a quiet and peaceful room

Aims: build up a good relationship between the practitioner and the client, introduce the intervention, and utilize breathing relaxation techniques and imagery to relief Z's anxiety.

Intervention began with teaching Z to use imagery to do some relaxation exercises to help her to control and manage her physical and mental anxiety. Using deep breathing, I asked Z to close her eyes, focus on breathing 'in' peace and breathing 'out' stress (guiding Z that when breathing in, she imagines "relaxation" entering her body, through her legs, into every part of her. And that when she exhales, she

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

is to imagine all the pressure from her body being dispersed). These breathing practices are to try to reduce physical tension, Murphy et al. (1995) states that tension increases with subjective experiences of anxiety.[18] By alternately tensing and relaxing her muscles, she will learn how to relieve anxiety and promote relaxation. This approaches positive effects, helped in building a good relationship with Z. Breathing practices can be done at any time, requiring Z to continue practicing this skill in daily life and at rehearsals.

After the breathing practices, the next step taken was cognitive restructuring (Davis et al., 1988).[2] This strategy is based on the assumption that emotional problems result from maladaptive thought patterns (Ellis & Sagarin, 1975).[4] Trying to combat negative cognitions (Wilson, 1984), such as the magnification level of injury pain and an individual's fear of re-injury.[25] Allow a patient such as Z to become more aware of her maladaptive thoughts, and learn to modify them with more positive approaches. It was vital for Z to identify negative thoughts through self-monitoring, for example recording her aversion to doing lift actions or avoiding jumping, for fear of further injury pain. Similarly important was asking Z to build up trust and a good relationship with her partner. With Z's actions in the actual dance rehearsal, hopefully informed from the adoption of her self-monitoring. Alongside this, with contact with her dance teacher, it was vital to diagnose Z's back injury, to test to what extent she could endure her dance practice.

Another key approach was to change Z's sleep cognition, as she displayed fears causing suffering from insomnia. A significant number of academic findings argue that individual's suffer from insomnia because of anxiety, and excessive negatively toned cognitive activity (Espie, Brookes & Lindsay, 1989; Harvey, 2001).[5][9] When Z goes to sleep, she is asked to think of a relaxing and comfortable situation. Thus meaning she will go into a peaceful and quiet state of mind. Similarly it is important to notice breathing, feeling ones breaths becoming deeper, and feeling the body becoming more and more relaxed, helps to diminish any stress or anxiety.

7.2. Week 2 working setting: a quiet and peaceful room

Aims: Review the cognitive restructuring upon Z's back injury; using cognitive specific (CS) imagery and cognitive general (CG) imagery.

Firstly, encourage Z to have a realistic and positive perspective about her abilities. Promoting that the injury just a small hindrance to her dancing lifespan, and she will overcome this problem. This is engaged by using positive images of her physical strength, capability and success, to decrease the fears of injury and re-injury. Ideas such as 'I am calm and at peace', 'I am a good dancer', 'I am in control of my body and mind' and 'the injury will be fine' are reinforced.

Introducing cognitive specific (CS) imagery and cognitive general (CG) imagery to Z was vital. CS involves seeing yourself through images of previous performances and personal skills, such as highly skilled techniques. CG includes images of routines and strategies related to competitive moment (Paivio, 1985).[21] Consequently I asked Z to watch some videos of others doing skills or actions successfully, to administer to her a clear image of herself also doing the movements successfully.

Before the difficult skills training, I asked Z to do cognitive specific and cognitive general imaging. Imaging techniques require the ability to form, maintain, and internally maneuver mental pictures (Goldschmidt, 2016).[12] Following this I asked Z to, 'record this skill route, how to start, how to land, what the movement process is and how it will be performed perfectly.' I also asked Z to imagine herself experiencing an emotional 'high', whilst at same time imaging a specific skill executed successfully.

Goldschmidt (2016) states that practicing forming images will increase the effectiveness of imagery on dance performance.[12] If Z finds that she can appropriately start an image during skill training, but then suddenly feels or sees herself suffer from pain or crash to the floor. It suggests for Z to utilize a 'freeze-frame' technique to control the image (Murphy, 1995).[18] When recording a high trick, a practitioner should advise Z to stop the image by using the 'freeze-frame buttons'. She could then move the image frame by frame in order to see herself complete the techniques successfully. Childre (1998) suggests that the 'freeze-frame' technique is an effective system to address how our emotions profoundly affect our health, mental clarity and productivity. It is also a good approach to combat anxiety, sleeplessness and reduce stress.[1]

7.3. Week 3-5 Working setting: dance studio

Aims: to restructure Z's confidence and interest in dance. Consolidate the imagery training, to relive

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

her anxiety and sleep problems.

I then engaged the use of facilitative imagery to help Z to see and feel herself dancing. Monsma and Overby (2004) found that successful and confident dancers have higher kinesthetic imagery abilities, using more mastery and less arousal imagery than dancers with less confidence.[6] They also encourage practitioners and dancers to use mastery imagery, for increasing confidence and reducing anxiety. Nordin-bates et al. (2011) suggested that motivational imagery can increase and maintain confidence, whilst healing imagery can play a significant role in assisting the body during rehabilitation.[20]

If Z recognized an anxiety or stressful feeling, from negative thoughts about injury or competition, it is vital to help her to stop and freeze-frame it. Helping Z make efforts to shift her mental focus away from a racing mind or disturbed emotion, to instead focus on the area around her heart, imagining breathing through her heart, helping focus energy in this area. Concurrently recalling positive and fun images, feelings or experiences she has had in dance, to re-experience these feelings was vital. This approach was also supported by approaches towards her heartfelt feelings, asking her to think about 'what her initial intentions and dreams about dance were?' This approach could restructure Z's confidence and interest in the dance.

7.4. Week 6 working setting: dance studio

Aims: to solve competitive anxiety, improve her self-esteem and reduce the risks of injury.

The approach was through using mastery imagery (e.g., imaging herself in a way that can help deal with any difficulties that may arise), goal imagery (e.g. 'by imagining overcoming the hindrances, performing a perfect dance, getting the competition award, and a good position in a company'), and role and movement quality imagery (imagining taking on the characteristics of skills and techniques).

Promoting a correct view of the competition, and the effects of competition, adjusts Z mental points, without problematically raising expectations.

7.5. Week7-8 working setting: dance studio

Aims: Using pre-performance imagery to help prepare herself for a professional competition.

An application of the PETTLEP model (Holmes and Collins, 2001) and Suinn's (1980) 'visuo-motor behavior rehearsal' (VMBR) will also help.[11][24] VMBR and PETTLEP contain various coping mechanisms that involve reintegration of experience, including visual, auditory, tactile, kinesthetic, and emotional cues (Murphy, 1990).[17] Therefore, in this intervention phase, trying to establish and simulate a competition environment, is vital, in order to address competition anxiety.

Physical: The dancer in the studio imagines being out of breath simulating the increasing fatigue with which Z will feel as the routine proceeds. Imagery should be as representational of the dance experience as possible. This required Z to laden the imagery instructions with physiological responses. She is told to wear the performance costume, shoes and decorations used in her competition performance.

Environment: Collins and Holmes (2001) suggests that using videotaped recordings of performances to support individual motor imagery, [11]is a benefit to an athletic competitor. Allowing them to familiarize themselves with a training and competition environment. It can also allow effective access to good motor representations. The dance studio recreated a performance at the venue, through inviting many colleagues, dancers and dancer teachers as an audience. Then using photographs, video and an audio tape of crowd atmosphere, alongside accompanying music and sound effects, allowed one to create as closely as possible the environment in which she is to perform at competition. Specific sensory features of the venue are also incorporated within the images, such as removing mirrors or specific lighting.

Task: The content of the imagery should be appropriate to the skill level and the personal preferences of the dancer. This follows from particular attentional demands, and its associated changes in the imagery. Therefore Z would focus very specifically on her performance, with emotions and feelings about the actual performance probed at a subconscious level.

Timing: This refers to the speed at which imagery is completed. The suggestion here is to have the dancer perform the imagery in 'real time', for most of the performance. The weight of wearing a costume or decorations, makes the timing of the imagery similar to the timing of the actual action.

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

Imaging the dance movements upon the real time route, whilst using appropriate motivation stimulation and encouragement, will allow a successful performance experience for emotional expression.

Learning: Collins and Holmes (2001) states that because motor representation and its related reactions will change over time as the learning takes places.[11] The context of the motor learning, and the maintenance of functional equivalence is vital. In mental practices designed for learning a routine, real content should be used in a performance for testing personal emotion. This will achieve the best feelings from the performance as it mirrors the real; and allow recording in slow motion, meaning the particular skill will be revisit able.

Emotion: Every emotion related to actual performance should be integrate into the imagery, for example, stress, panic or excitement. Their representation can be helped by the use of stimulus and response training.

Perspective: After each rehearsed performance, Z should secondarily obtain an external visual-kinesthetic perspective, through watching herself in the video. Similarly, external images can be useful for some other tasks, however, personal preferences of the format should also be considered. Therefore, it seems one could use two approaches, with external imagery used to promote confidence and internal imagery used to rehearse the action.

7.6. Week 9 follow-up working setting: competition venue

Recall the whole intervention. Suggest Z to have mental routine before competition, like have the process of creating picture or images in the mind, believe herself can overcome her fear of performing through a practice mental rehearsal. Imagine the dancing picture in mind, as well as how to make the action to perform. Think positive and feel confidence to complete performing. Use Breathing space practice to stay and relaxation.

8. Evaluation and Conclusion

According to Shape and Hodge (2011),[23] the characteristics of the effectiveness of a sports psychological consultation include establishing a connection with a client to create positive changes; establishing a professional consulting relationship with a client; and making the consulting relationship meet client's needs. Therefore, after each consultation, a practitioner should assess whether a consultant's process conforms to these characteristics. Moreover, the roles of the client (Z), the practitioner, and the peers (Z's teacher, Z's partner) should be considered in the practitioner's intentions for desired impacts.

Use 'Consultant Evaluation Form' as a formal approach to client evaluation of consultant effectiveness. However, Martindale and Collins (2007) state that the CEF (Partington & Orlick, 1987) is focus on the 'favorable' consultant characteristics that are considered key determinant in the assessment of consultant effectiveness.[16] Therefore, there should adopt other measurement to triangulate the outcomes.

In this study, there is prefer to measure Z's performance outcome, because it is the most significant thing she care about. According to Eddy (1998), the purpose of the measure is to test the effectiveness of the psychology skill (imagery) to Z's dance performance and rehearsal.[3] This purpose is to measure an improvement in outcomes caused by Z' physical and psychological modification of imagery intervention. The entity quality focuses on a holistic 'dancer', the degree of psychological intervention, the logistics of tracking Z, the quality of data system (observation, interview data and diary). The dimension of quality includes coverage (the utilize of imagery as psychological skill), access (the influence of client), service (the quality of practitioner, practitioner style amenity), information about plans. The type of measure is outcome measurement. Because the outcome (performance) is the most significant thing Z care about, she aggregates the effects of all of the things plans do for a condition, and she may plans free to determine for herself the best things to do (Eddy, 1998).[3] Intended audience is practitioner and the client.

References

[1] Childre, D. & Cryer, B. (1998). Freeze-frame. Boulder, Colo.: Planetary Publications.
[2] Davis, M., Eshelman, E. & McKay, M. (1988). The relaxation & stress reduction workbook (3rd

ISSN 2616-7433 Vol. 4, Issue 12: 65-73, DOI: 10.25236/FSST.2022.041209

ed.). Oakland, CA: New Harbinger Publications.
[3] Eddy, D. M. (1998). Performance measurement: Problems and solutions. Health Affairs, 17(4), pp. 7–25.
[4] Ellis, A. and Sagarin, E. (1975). Humanistic Psychotherapy: the rational-emotive approach. New York [etc.]: McGraw-Hill Book Co.
[5] Espie, C. A., Brookes, D. N., & Lindsay, W. R. (1989). An evaluation of tailored psychological treatment of insomnia. Journal of Behaviour Therapy and Experimental Psychiatry, 20, pp.143–153.
[6] Eva, M., and Lynnette O. (2004). The relationship between imagery and competitive anxiety in ballet auditions. Journal of Dance Medicine & Science, 8, pp. 11-18.
[7] Fish, L., Hall, C. R., & Cumming, J. (2004). Investigating the use of imagery by elite ballet dancers. AVANTE, 10(3), pp.26–39.
[8] Franklin, E. (1996). Dance imagery for technique and performance. Human Kinetics Publishers.
[9] Harvey, A. G. (2001). Insomnia: Symptom or diagnosis? Clinical Psychology Review, 21, pp.1037–1059.
[10] Heslop, K. (2008). Cognitive behavioral therapy. Practice Nurse. 35(4), pp.42-47.
[11] Holmes, P. S. and Collins, D. J. (2001). The PETTLEP Approach to Motor Imagery : A Functional Equivalence Model for Sport Psychologists. Journal of Applied Sport Psychology. 13(1). pp.60–83.
[12] Goldschmidt, H. (2016). Dancing With Your Head On: Mental Imagery Techniques for Dancers. Journal of Dance Education, 2(1), pp.15-22.
[13] Gray, D. (2014). Doing research in the real world. London: Sage Publications.
[14] Kosslyn, S. (1994). Image and brain: The resolution of the imagery debate. Cambridge: The MIT Press.
[15] Martens, R., Burton, D., Vealey, R., Bump, L., and Smith, D. (1990) Development and validation of the competitive state anxiety inventory-2 (CSAI-2). In R. Martens, R.Vealey, &D .Burton (Eds.), Competitive anxiety in sport (pp.117-190). Champaign, IL: Human Kinetics.
[16] Moms, L., Davis, D., and Hutchings. C. (1981). Cognitive and emotional components of anxiety: Literary review and revised worry-emotive scale. Journal of Educational Psychology, 73. pp. 541-555.
[17] Murphy, S.M. (1990). Models of imagery in sport psychology: A review. Journal of Mental Imagery, 14, pp. 153-172.
[18] Murphy, S. (1995). Sport psychology interventions. Champaign, IL: Human Kinetics.
[19] Nahin, R., (2012) Observational Studies and Secondary Data Analyses To Assess Outcomes in Complementary and Integrative Health Care. Senior Advisor for Scientific Coordination and Outreach. National Center for Complementary and Alternative Medicine.
[20] Nordin-Bates, S., Walker, I. Baker, J., Garner, J., Hardy, C., Irvine, S., Jola, C., Laws, H., & Blevins, P. (2011) Injury, Imagery, and Self-esteem in Dance Healthy Minds in Injured Bodies? Journal of Dance Medicine & Science, 15, pp.76-85.
[21] Paivio, A. (1985). Cognitive and motivational functions of imagery in human performance. Canadian Journal of Applied Sport Sciences, 10, pp. 22-28.
[22] Richardson, A. (1969) Mental Imagery. New York: Springer.
[23] Sharp, L. & Hodge, K. (2011). Sport Psychology Consulting Effectiveness: The Sport Psychology Consultant's Perspective. Journal of Applied Sport Psychology, 23(3), pp.360-376.
[24] Suinn. R. (1980). psychology and sports performance：Principles and application. In R. Suinn (Ed.), Psychology in sports: Methods and applications pp.26-36 Minneapolis: Burgess
[25] Wilson, T. E. (1984). Behavior therapy. In R.J. Corsini (Ed.), Current psychotherapies (3rd ed.). Itasca, IL: Peacock.