The dance of life with Aboriginal and Torres Strait Islander peoples

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Abstract

Dance and ritual have been essential parts of the cultural and spiritual life of Australian Indigenous peoples for more than 40,000 years, used to promote health and wellbeing and share cultural knowledge. Dance movement therapy utilises dance and movement to assist in integration of body, mind and spirit, in a professional modality that was identified only in the mid-twentieth century. Parallels between these practices observed by dance movement therapists include a holistic approach to wellness and priority on non-verbal communication achieved through shared rhythmic movement. Many of the significant challenges faced by Indigenous communities in contemporary Australia, including transgenerational trauma, have been impacted positively by dance movement therapy interventions in other countries. However, currently there is no documented evidence that the practice is being utilised in Australia. This chapter responds to that issue in offering ideas to support dance movement therapists to be culturally competent and respectful in efforts to engage with Indigenous peoples of their nation. Recommendations include the development of genuine partnerships and relationships that enable two-way learning, to develop culturally safe programs that acknowledge and respect Indigenous ways of knowing and living.

Keywords: Indigenous culture, dance movement therapy, trauma, engagement, cultural awareness, cultural safety, Australia

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Introduction

Indigenous history and culture

Australian Indigenous[1] people practice the oldest living culture on the planet, expressed in an unbroken lineage for at least 40,000 years. Before colonization 250 years ago, there were around 700 languages and dialects used by 250

[1] In this article, we use the term Indigenous as a collective term for Aboriginal and Torres Strait Islander people.

Maningrida landscape
Photo: Courtesy A. Jordan

Indigenous nations, which had their own territories and systems of law (Cowling & Searle, 2008). In traditional society, dance and ceremony were important in maintaining health, wellbeing and community connection as part of the complex whole of Indigenous society (Byard, 1988). Songs and dances were performed to connect with nature and spirituality as well as to teach and maintain cultural knowledge (Perkins & Langton, 2008).

Dance movement (DM) therapists use dance and movement with people all around the world for similar functions, including improving health and wellbeing in a holistic way, promoting community bonding and connection to culture and cultural vitality (Levy, 2005; Nemetz, 2006). The modality has been used effectively with Indigenous and minority communities in dominant western cultures (see, for example, Bernstein, 2012; Devereaux, 2012), and in other post-colonial nations, to address challenges including acute, long term and inter-generational trauma (for example, Gray, 2002, 2012; Harris, 2007a, 2007b; Dunphy, Jordan & Elton, 2014).

While there are signs of positive development for Indigenous communities in Australia, such as the doubling of doctors and three-fold increase of medical students from Indigenous backgrounds since 2004 (AIDA, 2017), Indigenous people experience severe disadvantage in comparison with other cultural groups, referred to as a 'gap' across diverse measures of health and wellbeing (Australian Indigenous Health Infonet, 2015). Indigenous adults, for example, report psychological distress at around three times the rate of other Australians (ABS, 2013).

This is the result of processes of colonization and related policies that included forced eviction from land often through extreme violence. More recent damaging policies and practices have included assimilation, and the removal from families of children who have become known as the Stolen Generations (Commonwealth of Australia, 1997). The negative impact of these practices has been very significant, including a detrimental disconnection from language and culture (Elder, 2003), and trauma described as historical, trans or intergenerational and cumulative. This trauma is recognised as causal in cycles of disadvantage, discrimination, poverty, incarceration and violence (Calma, 2008; Dudgeon, Milroy & Walker, 2014). The details and impact of this story are well documented, though its origins are still not openly acknowledged in current political discourse. Useful texts around this topic include Judy Atkinson's *Trauma trails recreating songlines* (2002), and resources published by the Aboriginal Healing Foundation, and Closing the Gap Clearinghouse.

Despite an evident need, Indigenous communities continue to face a situation referred to as institutionalised racism, whereby members are often under-served, or served inappropriately by institutions and programs that do not match cultural holistic perspectives of health, and

therefore do not best meet their health needs (Dudgeon, Wright, Paradies, Garvey & Walker, 2014).

As described below, the potential affinity of dance movement therapy (DMT) with Indigenous cultural practices, and the previous successful application of DMT with communities experiencing similar issues, indicates a possibility for DMT to be relevant and useful within Aboriginal and Torres Strait Islander communities. There is an identified need for cultural guidance for DM therapists intending to work within Australian Indigenous communities, as there are few Australian DM therapists who have an Indigenous background, and very few working with Australian Indigenous populations.

To support DM therapists to develop competence to offer DMT to Indigenous people, the Dance Therapy Association of Australasia (DTAA) initiated a panel discussion about effective engagement with Indigenous communities at its 2015 conference. Author Dunphy convened this discussion and authors Jordan and Searle shared their pertinent professional experiences. The discussion catalysed deeper thinking on the topic, which has been augmented by theory and research and developed into this chapter. Our writing is also informed by Searle's integral expertise as an Indigenous woman, Jordan's collaboration with Indigenous elders to develop a resource regarding intergenerational trauma in the local Indigenous community (Larrakia Healing Group, 2016) and all authors' experiences working with a range of Indigenous communities as DM therapists and in related roles, outlined in more detail in our author biographaphies.

The chapter begins with an overview of the relevant literature, documenting briefly the role of dance in contemporary Indigenous culture and DMT with other communities. It then introduces literature about health and wellbeing for Indigenous people, and recommendations for professionals working with those communities. The body of the article consists of a discussion of pertinent issues and recommendations for DM therapists who wish to explore the potential for engaging effectively with Indigenous communities. Ideas for further investigation and professional development for DM therapists are then offered.

Literature review

Dance in contemporary Indigenous communities

Cultural practices, involving dance and other artforms, of Indigenous people in Australia remain strong and vital. Traditional ceremonies including dance are still performed in urban and remote communities (Phipps & Slater, 2010; Treloyn & Martin, 2014). Fusions of traditional and contemporary dance are presented by professional companies such as *Bangarra* and community-based groups like the popular *Chooky Dancers* from Raminginning. Participation in traditional and contemporary dance forms contribute to positive outcomes including maintenance of traditional cultural knowledge (Newth, McMicken & Biddle, 2015) and promotion of health messages (Kurongkurl Katitjin, 2009). Modern styles of dance including hip-hop are enjoyed by Indigenous people across Australia.

For Australian and other contemporary Indigenous communities, the importance of dance and other artforms for health and healing is well recognised (Phipps & Slater, 2010; Treloyn & Martin, 2014). For example, the most promising Indigenous healing interventions in Canada are reported as those that include cultural activities with

traditional healing practices (Castellano, 2006). Aboriginal healing practices are noted as effective by trauma expert Perry because of their use of movement that is "repetitive, rhythmic, relevant, relational, respectful, and rewarding" (2008, pp. ix – xi). The use of rhythmic movement is also central to DMT and used for like purposes.

The relevance of dance movement therapy for Indigenous Australians

Our review found no published documentation of DMT in Indigenous communities in Australia, although this potential was identified by DM therapists (Builth, 1999; Lucas, 1999). However, there is much recommendation for modalities like DMT for treatment of trauma or trauma-informed care in Indigenous contexts. This includes expressive therapies (Blue Knot Foundation, 2012); creative and symbolic therapeutic approaches (Atkinson, 2002; Aboriginal Healing Foundation, 2012), and body-based approaches (Perry & Hambrick, 2008; Perry, 2008; Kezelman & Stavropoulos, 2012; the Australian Childhood Foundation, 2012, 2014; Healing Foundation, n.d). Music therapy (Truasheim, 2014) and arts therapies (Atkinson, 2002) are also indicated as appropriate for Indigenous people, when delivered in a culturally appropriate way.

In this section, we therefore consider the potential of dance movement therapy for Indigenous Australians based on work with people in other cultural settings who have experienced high levels of trauma, and briefly examine literature about applications of DMT in these settings.

The potential for DMT to offer restorative support after traumatic experiences is supported by research that identifies the importance of working with non-verbal or pre-verbal and somatic elements of trauma in a developmentally ordered approach (for example, Perry, 2008; Porges, 2011). The effective use of DMT applied cross culturally to address suffering after trauma is described in the literature by authors including Gray (2008, 2012) and Harris (2007a, 2007b). Dunphy, Elton and Jordan (2014) also report positive responses to a pilot program of DMT from Indigenous people recovering from colonization and conflict in Timor-Leste. High interest and acceptance of DMT as a suitable healing modality was reported in that study, along with indications of improved wellbeing for participants.

Gray (2008, 2012) and Harris (2007a, 2007b) articulate the potential for DMT to support restoration after trauma in a culturally relevant way, through the honouring and integrating of cultural forms of dance and ritual. They also discuss the benefits of using the non-verbal and creative format of dance in settings where there may or may not be a common language. Boas suggests that DM therapists have special capability for bodily-felt sensing of the relational dynamics within the therapeutic setting (2006). She further outlines several fundamental skills for successful cross-cultural DMT practice, including therapists' need to strengthen awareness of their own cultural background and assumptions, and to educate themselves about other cultures. Above all, however, Boas stresses the importance of therapists relaxing all ideas and theories about clients in order that they give "full attention to the here and now of the myriad diversity between us and within us" (2006, p. 113). Gray (2002, 2012) and Boas also speak about the importance of therapists developing genuine compassion and capacity to accommodate drastically differing world views and allow "notions of 'us and them' to dissolve" (Boas, 2006, p. 122).

Indigenous health and wellbeing

A solid body of literature by Indigenous professionals and researchers supports development of programs for Indigenous mental health and wellbeing that are culturally relevant and therefore contribute most effectively (e.g. Kelly, Dudgeon, Gee & Glaskin, 2009; Dudgeon, Walker, Scrine, Shepherd, Calma & Ring, 2014). *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principals and Practice* (Dudgeon et al, 2014) offers a comprehensive overview, and refers to a set of recommended principles for engaging with and working towards healing for Indigenous individuals, families and communities (Social Health Reference Group, 2004, p. 6). These can be summarised as:

> 1. the Aboriginal concept of health is holistic;
> 2. self-determination is central to the provision of Aboriginal health services;
> 3. culturally valid understanding must shape provision of Aboriginal health (and mental health) care;
> 4. the experience of trauma and loss are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects;
> 5. the human rights of Aboriginal people must be recognised and respected;
> 6. racism, stigma, adversity and social disadvantage constitute ongoing stressors and have negative impacts on mental health and wellbeing;
> 7. the centrality of Aboriginal family and kinship must be understood and accepted, as well as the bonds of reciprocal affection, responsibility and sharing;
> 8. there is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living;
> 9. Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

These holistic and integrated understandings of health discussed in Principle 1 are articulated in the following definition:

> Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities (Aboriginal Health and Medical Research Council of New South Wales, 1989).

Gee, Dudgeon, Schultz, Hart & Kelly (2014) identify seven domains of social and emotional wellbeing (SEWB) that are important to Indigenous people: connection to spirituality/ancestors; physical wellbeing; mental wellbeing; family/ kinship; community; culture and land. Loss or disruption of harmony between any of these domains is considered to result in negative health or SEWB impacts (Dudgeon, Milroy & Walker, 2014, p. xxiv). Indigenous psychiatrist Milroy (2006) identifies risk and protective factors that are useful to consider in developing culturally appropriate programs, with the former including the impacts of colonisation, disadvantage and discrimination, while the

latter comprise country, community and cultural connectedness.

In line with Principle 3, the literature emphasises the need for all workers to develop cultural competency in order to offer programs that are culturally safe. Cultural safety can be defined as:

> an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together (Williams, 1999, p. 213).

Community leader and respected elder Miriam-Rose Ungunmerr-Baumann from Daly River (Nauiyu) describes the Indigenous practice of *Dadirri*, inner deep listening and quiet deep awareness, as being useful in culturally appropriate programs and relationships:

> We are asking our fellow Australians to take time to know us; to be still and to listen to us.... Dadirri recognises the deep spring that is inside us. We call on it and it calls to us. This is the gift that Australia is thirsting for. It is something like what you call "contemplation".... When I experience Dadirri, I am made whole again (Ungunmerr- Baumann, 2002, p. 2).

Some parallels can be considered here between these ideas of holistic health and the person as a member of a wider eco-system, and practices of DMT that recognise the significance of body and mind as interconnected elements of a person. DM therapists are also trained to consider spiritual or energetic realms (see for example, Leventhal, 1998) and to consider diverse cultural resources. The practice of being fully present in the moment with clients (Lewis, 2002) and attuning with all senses may have some affinity with the practice of deep listening applied in Dadirri.

Ways forward for DM therapists: suggestions for supporting successful engagement with Indigenous clients

The section to follow provides suggestions informed by these resources for DM therapists who might wish to make their services available and appropriate to Indigenous communities. The discussion focuses on the process of becoming informed and establishing genuine collaborative relationships. While most of these suggestions are relevant across professions and for therapists thinking about working with other cultural groups, in this case, the ideas are directed towards our own DMT peers specifically and in relation to Indigenous Australians. We offer reflections and examples from our own practice as illustration.

Becoming informed

Developing cultural awareness (competence)

Therapists need to develop awareness and understanding of Indigenous history, politics, and disadvantage to work in a culturally competent way with Indigenous people (Larrakia Healing Group, 2016). We recommend that therapists investigate the history, including histories of trauma, and current realities of life for Indigenous people specific to communities they are engaged with. It is equally important for non-Indigenous professionals to reflect on our own culture, history and position of privilege in society. Informing ourselves about the ongoing poor human rights record of Australia in relation to Indigenous

Australians is another task that may assist us to appreciate difficulties our clients may face.

It is important to show respect to and follow protocols of our clients' communities. As discussed in Principle 8, it is also vital for therapists to be mindful of diversity between individuals and families within any community. This includes generational differences, and differences between people living on country or in Indigenous communities, as opposed to other urban, regional or remote settings. Useful resources on cultural competence include cultural competency tests (Westerman, 2004) and audits (such as those offered by RANZCP, 2015; Westerman, 2004; Larrakia Healing Group, 2016).

Establishing relationships through trust and respect

Building partnerships of trust, both with individuals and the wider community, is of great importance before a therapist commences work. Many Indigenous people have good reason to be wary of those who represent authority, and non-Indigenous people delivering a service may be associated with historical and ongoing negative treatment in the name of Australian governments. This mistrust can also extend to Indigenous workers who do not come from the community in which they are working.

Respect and trust must be earned over time. As a first step to engaging with Indigenous people before offering DMT services, it is useful to spend time building relationships with the wider community. Therapists can consider taking up invitations, or being pro-active in attending community celebrations or professional networking meetings. Being engaged in the community can help members gain confidence that one's interest and intentions are genuine, as this example demonstrates:

> *During a healing retreat in Sydney for Aboriginal people with chronic illness, I had many informal conversations prior to the DMT sessions and over meals getting to know members, their family connections and country. I shared some of my local community connections, including photos with one member whose extended family member I had worked with many years earlier. This resulted in a deeper level of trust and connection with group members and one member openly sharing about his struggles in a DMT session (SS).*

People need to know a little about professionals they work with to feel trust. To make genuine connections, it is important for therapists to have flexibility within professional boundaries. This is a key difference to the non-Indigenous approach of minimal self-disclosure with clients as directed by impersonal professional guidelines. Humility and being authentic in one's intentions are key qualities for building relationships:

> *In my recent experience of working with a team of Larrakia elders in Darwin, group members regularly commented that they feel safe and able to trust a person and process if they can 'see what's in their hearts' (AJ).*

Generally, a greater level of respect is held for elders within Indigenous communities than in Australian non-Indigenous society. Ideally it is a good idea for a therapist to be informed about who local elders and leaders are and whether consultation with or approval from them is required. It can also be useful to understand family structures

within communities to be better informed about how they work. As discussed in the previous section, it cannot be assumed that all Indigenous people will have similar or the same perspectives, so it is ideal to introduce one's self and intentions to people from a range of families and community groups. Here we provide an example of a gradual approach that worked:

Bathurst Island wetland
Photo: Courtesy A. Jordan

> *Working on the Tiwi Islands running programs for families with children with behavioural issues, the best program attendance occurred after I spent six months travelling around the community meeting the families and people of all generations. I also offered additional DMT sessions to classes in the schools so the kids and teachers could see who I was and what I had to offer (AJ).*

Cultural safety: establishing relationships with cultural navigators

An important means of encouraging self-determination for our clients and ensuring cultural safety in our work is establishing ongoing relationships of mutual respect with key Indigenous advisors or co-facilitators, known as cultural navigators (Larrakia Healing Group, 2016). It can take some time to figure out who our partners or cultural navigators might be, as we slowly get to know a community. Where possible, as an initial step, a DM therapist should work with, and seek cultural supervision from, an Indigenous co-worker, Aboriginal Liaison Officer, Aboriginal clinician, or preferably a team of advisors (formal or informal). If funding allows, it is highly valuable to employ an Indigenous co-worker, either in a mainstream position or an Indigenous-specific position, as we discuss here:

> *Prior to facilitating a workshop at a healing retreat for Indigenous people with a chronic illness, I liaised with the retreat co-ordinator on the physical, cultural, and spiritual needs of the group and their demographics, including gender of participants. We discussed what the co-ordinator thought would be helpful in terms of movement activities. We also discussed existing factions between participants and how to manage this in the sessions. A similar consultative process occurred with an Aboriginal worker (SS).*

Two-way learning and deep listening

Most models of cultural competence recommend developing openness to the reciprocal nature of learning in relationships between people of different cultures. This is often described as two-way learning, which therapists can practice by considering themselves as a 'student in an unfamiliar culture' (RANZCP, 2015). It is likely that Indigenous clients and collaborators have great collective cultural, historical, and clinical knowledge, along with formal qualifications they may also hold. Recognition of the cultural expertise of elders and people who are experts in their field is essential (Larrakia Healing Group, 2016).

Taking the other perspective, two-way learning also implies that therapists also have something to share. We recommend generosity in the sharing of therapists' own skills and knowledge, and openness to the co-creation of new ideas and possibilities with Indigenous advisors and clients. Therapists should not be too apprehensive or fearful about doing the wrong thing. If a relationship of trust has been developed with cultural navigators, they can indicate when a mistake has been made.

Relating to the concepts described above by Boas (2006) and Ungunmerr-Baumann, being quiet and listening with all one's senses, particularly with elders, can be very useful in order to best understand what is happening within groups and reduce the possibility of inappropriate assumptions. Attuning through all one's senses whilst listening is certainly a key to connecting and communicating with Indigenous people. Much is said and understood non-verbally, as this example demonstrates:

> *When I was sitting on the panel at the conference I noticed myself dropping into a calmer, quieter space alongside Sharon, hearing more clearly her words, and as a result, understanding more, as in this discussion she was my elder (AJ).*

Being trauma informed

Therapeutic work with Indigenous individuals, families and communities may very often be in the context of trauma or intergenerational trauma and great loss. Therefore, it is important for DM therapists to be knowledgeable about the history and dynamics of trauma within and between generations, and ways to work with complex trauma symptoms, particularly from an Indigenous perspective. Therapists need to be aware of the potential ongoing stressors and triggers faced by clients, for example, personal and institutional racism, which are a daily experience for many Indigenous people:

> *Several members of our steering group working on a resource around Indigenous intergenerational trauma became triggered in one or other stages of the planning process and dropped out of the group for a while. It was vital to maintain connection and safe space and to continue to practice a genuine two-way learning conversation in order for members to feel safe to re-join the group (AJ).*

Considerations for practice

As discussed in Principle 2 above, it is most important in all cross-cultural interactions, notably between non-Indigenous and Indigenous Australians, that clients be treated and acknowledged with respect and dignity as fellow human beings. This means being ourselves and allowing our clients to be themselves. This is often missing for Indigenous Australians in their interactions with non-Aboriginal people.

Self-determination in therapy

Our role as therapists at all stages of the engagement and therapeutic process is to facilitate empowerment or self-determination in any moment. This means that our clients/ collaborators should feel they have a sense of control and autonomy (Larrakia Healing Group, 2016) and that their voices are being clearly heard and respected throughout all stages of program development. We can do this by working in a genuinely collaborative manner, and through development of trusting and long-lasting relationships. As suggested by an Indigenous reviewer of this article, the cultural relevance of our programs will be enhanced when Indigenous Australians

with complementary skills are given the opportunity to lead programs or to share leading programs.

Developing a safe environment

The primary goal for most trauma healing frameworks is the creation of a sense of safety and control for clients. For Indigenous people this includes ensuring 'cultural safety' as described above, in all aspects of program delivery. We have found choice of location to be a very important consideration for many Indigenous people because of the politics and trauma-triggering often associated with particular organisations. It is good, if possible, for therapists to try to find impartial locations. For this reason, we need to do our best to ensure that organisations we partner with are considered to be culturally safe places (Truasheim, 2014). Potential clients may vote with their feet by not attending programs in places where they do not feel safe.

Ultimately, however, no matter the location, the facilitator's level of cultural competence and therapeutic capacity to create a safe and nurturing environment will contribute significantly to clients' sense of safety. Two examples of approaches we took:

> *During the healing retreat, space was made during the workshop and relaxation sessions for listening and sharing stories around the inside-created candle space, and in the outside environment. Participants were offered a choice of environment with the relaxation sessions (SS).*

> *In all the groups I ran on the Tiwi Islands and in Maningrida, the section of relaxation was often the favourite. Generally, we would play calming Indigenous music for mums and bubs to rock together within a broad stretchy piece of fabric. Individuals, or mother-child couples, had a chance to feel held, supported and soothed. This provided a welcome respite from their often violent and chaotic lives (AJ).*

Self-reflection/ reflexivity

Ongoing self-reflection, also referred to as reflexivity, is required to ensure that we as DM therapists are not offering patronising 'special treatment' (Larrakia Healing Group, 2016). It is also vital to be mindful of our assumptions about Indigenous people. Many of these, for example, feelings of superiority or mistrust, may be sub-conscious until they emerge.

This dynamic can manifest as transference/ counter-transference if the therapist is not aware of his/her underlying attitudes, beliefs and behaviours, and is likely to cause distress to Indigenous clients. This may mean confronting discomfort about the reality of one's own place and identity in Australia, for example, as a descendent of a colonising people.

Recognition of Aboriginal strengths

As therapists move beyond the engagement phase and begin to consider trialling programs within communities it is important to employ a strengths-based approach. As discussed in Principal 9, and as emphasised by Gray (2012), DM therapists should locate and build on resources that sustain and inspire individuals and communities. These may often be culturally referenced. For example, activities and programs that encourage and facilitate connection with land (ideally traditional lands) are recommended (Larrakia Healing Group, 2016). We also recommend that DM therapists consider the choice of music with care and consultation, in a spirit of two-way learning, as these examples demonstrate:

In a workshop I led at a healing retreat, I used a variety of music, some contemporary Indigenous, and mainstream music that I thought members might relate to and enjoy. In keeping with DMT practice of being flexible in the moment with the program plan, I repeated a particular song or music as members expressed an affinity with or enjoyment of these (SS).

In one project in a remote community, the best success I had with a group of 'hard to engage' girls occurred through a series of video exchanges with African refugee girls in Darwin, learning each others' dances, then adding their own cultural (modern and traditional) flavour. I could feel the energy in the group synchronizing when they shared their traditional dance and also as individual characters stepped forward to cheers and laughter. The joy and pride in the room was palpable (AJ).

Evaluation

Careful consideration needs to be given to reflective and evaluation strategies from program inception, (including throughout engagement phases), to ensure that cultural safety is established from the outset. The idea of two-way learning has implications for evaluation processes. Truasheim comments that "cultural safety exists when clients are able to evaluate the effectiveness of services for them through their own cultural lens and this perspective is valued" (2014, p. 142). Culturally appropriate forms of evaluation could be considered, which might include the sharing of stories. Action research, undertaken as a reflective process of progressive problem-solving in a community of practice (Denscombe, 2010) is also recommended for review and evaluation of therapeutic work. In beginning to work with Indigenous communities, it is vitally important that non-Indigenous therapists check and check again with Indigenous advisors and participants the accuracy of their observations and interpretations.

Next steps

For we authors, as Indigenous and non-Indigenous practitioners, working with Indigenous people using DMT has been an honour and a great journey of learning. We have experienced positive uptake, good connections and significant moments of change in this work in diverse communities. We have enjoyed the challenges of meeting and working with Indigenous people and cultures different from our own. But there is certainly much more work to be done. We look forward to undertaking or supporting further development of DMT practice and research in this space.

A next step for our profession may be a more thorough literature review of related work by DM therapists, dance practitioners and other creative arts practitioners who have worked with Indigenous communities. An exploration of traditional dance practices and rituals used to promote health, wellbeing and healing would also be interesting, particularly in relation to DMT theory and practice. Recommended research projects include documentation of development and evaluation of DMT programs with Indigenous communities. If this was undertaken in partnership with Indigenous healers and/or dancers, it would contribute to ensuring cultural safety of programs developed. Ideally, such programs would include skill development for Indigenous people interested in the practice of DMT.

Conclusion

This chapter is offered to support the practice of DMT with Indigenous communities in Australia by offering a series of suggestions about how DM therapists might engage

Maningrida sunset
Photo: Courtesy A. Jordan

with those communities to offer their services and skills appropriately. It is informed by theory, literature and the practice experience of Indigenous and non-Indigenous Australian DM therapists. These ideas are underpinned by guiding principles for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing (Social Health Reference Group, 2004). The chapter concludes with suggestions for future research that could support DM therapists to undertake evidence-based practice with Indigenous communities.

We suggest that DMT, as a holistic and non-verbal approach, may be complementary to Indigenous ways of communication and holistic concepts of healing. DMT is also evidenced as an approach that is effective for responding to trauma similar to that experienced by many Indigenous people. DMT may be useful in this context due to its potential to incorporate traditional and contemporary dance and ritual. In writing this chapter, we seek to contribute to the literature and open the conversation further within the DMT profession, to encourage more practice and collaboration between DM therapists and Indigenous communities. We look forward to the work of more Indigenous DM practitioners in a diversity of settings in the future.

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