

Dance therapy in diverse societies

International panel, ADTA Conference October 2008

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Kim attended the 2008 ADTA Conference held in Austin Texas.

The following is Kim's presentation made as part of the International Panel at the conference. Mimi Berger, Chair of the International Panel, distinguished dmt and academic, ADTR, LCAT, Program in Dance Education, Steinhardt School of Culture, Education and Human Development, New York University, asked dmt representatives from all around the world to respond to the conference theme: DANCE THERAPY IN DIVERSE SOCIETIES and the issues involved in providing dance therapy services and dance therapy education in societies composed of various groups...with differences in ethnicity, culture, religion, socio-economic status, gender, sexuality, age, and physical capacities. Also to explore how cross-cultural applications of dance therapy expand our body of knowledge, and how our field might respond to this expansion.

I am delighted to be here representing Australia and Australian dance therapists.

Thank you Mimi and organizers for the invitation and opportunity. The members of DTAA are pleased to have a long distance connection with the wider world of dance movement therapy through our participation in events such as this conference. We also value your resources, the strong scholarship and leadership coming from the

US, and also that from the many other countries whose dance movement therapy field is growing.

The questions posed by this conference and especially by this panel have concerned me, and others in our field in Australia for quite some time. They are extremely important if we are to develop our profession into one that is relevant and useful for the widest spectrum of members of our community. In this brief presentation, I am going to name some of the challenges that we face, and what I can see as potential solutions, both those I see as realizable, and others that are as yet unrealizable. But the first step in solving a problem is always naming it. Then writing it down! So this conference affords me the opportunity to make those important beginnings.

In writing this paper I began by thinking of countless personal experiences of my own: facing culture clashes in dance therapy and dance education contexts.....

- my worst ever schools' experience: working as a visiting dance artist in a classroom of high school students from refugee backgrounds when two girls, recently arrived from Ethiopia, became physically and verbally abusive and began throwing chairs at each other in the classroom. Later, as I learned more about issues faced by young people from traumatized backgrounds adjusting to life in Australia, I realized that this event was less likely to have been related to my incompetence as a group leader and educator and more about the violence and chaos that would have been everyday life experience for these girls before coming to Australia.

- arriving to lead a workshop for people with physical disabilities and finding myself unprepared for a room full of people who were mostly quadriplegic in wheelchairs with no speech and,

- my first days in a old style psycho-geriatric institution and being as shocked by the strange behaviour of some very institutionalized staff as I was by that of patients.

- a recent invitation to present an introductory workshop on dance movement therapy at a festival for indigenous arts. The idea of the festival and my workshop was to present Aboriginal artists with information about a range of possible career options in the arts. I felt quite anxious about this, given my awareness of

indigenous people's ages-old practices of the use of music, dance and ceremony for healing, well-being and cultural maintenance. ... and my awareness of indigenous peoples' understanding of the low value that this is given in Anglo-European culture. Fortunately for me at that moment, but unfortunately for the conference organizers, the dance therapy profession and from my lens today, indigenous people overall, my workshop was not attended by any indigenous people, though those attending were strongly interested in indigenous health issues. All were middle-class women of Anglo-European heritage like myself, interested in finding out more about how they could engage with indigenous people through a medium that is valued in their community, and perhaps a strongly relevant one. This made the workshop quite easy and enjoyable to run, and speaking to people like myself made the experience feel comfortable for me. Which I am sure in turn made it more comfortable for them.

Each of these situations challenged me in new ways. In the first case, it meant that I decided I needed a new job, one where I wasn't working with teenagers. And the next two, for different reasons, made me more determined to learn more and do a better job. The last one, a challenge for me that is as yet unresolved, is the relevance of dance movement therapy for indigenous people.

Australian society and dance movement therapy

Australia is one of the most culturally and linguistically diverse populations in the world. In the recent census, more than 50% of Australians identified with an ancestry other than Australian, with citizens coming from more than 200 birth countries. About 41%, that is almost half the population, have at least one parent who was born overseas.

In Australia, people from so many cultural backgrounds live together in relative harmony. Despite the deplorable behaviour of our recent government, with initiatives such as the Pacific Solution, through which refugees were imprisoned on isolated Nauru and other islands for processing, for years, until on the whole, their applications were proved genuine; and the Cronulla riots of late 2006, when young men of Anglo-Australian and Middle-eastern heritage took to each other on public beaches one sunny Sunday afternoon, overall Australian people are welcoming to strangers. We treat new arrivals with the generosity that our free and comfortable lifestyles should make us beholden, and people

from more troubled parts of the world generally find their way into a safe and peaceful way of life for themselves and their children.

In Australia, we also live together with the traditional custodians of the land, the indigenous, or Aboriginal people, who make up about 2% of our population. The recognition is growing in our society of the fundamental principle of indigenous ownership of the land and belonging to country. Most public and formal events begin with an acknowledgement of the indigenous owners and elders past and present. Native title battles go on, but some indigenous tribes have had their claims to land recognized. This is a long way from the assumption of Terra Nullius on which our nation was built, that is the idea that the land was empty and open for the British to colonize. This is not to say that challenges for indigenous people are in any way solved. On most social and economic indices, Aboriginal Australians have the worst outcomes in the country, as challenging as any in developing nations.

I always feel ambivalent about the value of dance movement therapy when people face such overwhelmingly huge basic challenges in their lives; with inadequate housing, poor health, low employment and educational engagement and achievement.....

And while it is important not to confuse therapy with education, many studies and programs show that school engagement is much improved when programs that are relevant and interesting to young people are offered. And for indigenous young people, music and dance are consistently indicated as areas of study that do motivate them to engage more positively with school. While I am not aware of any documented dance movement therapy programs with indigenous young people, I am aware of programs led by music therapists and educators Catherine Threlfall and Anja Tait in the Northern Territory that seem to be having very positive impact. Positive engagement with school and, hopefully, more educational success won't address all disadvantages faced by indigenous people, but they are likely to have positive impact on significant challenges including high rates of drinking, drug abuse, teenage pregnancy, suicide and other types of self-harming behaviour experienced by indigenous young people. Professor Judy Atkinson from the Indigenous Research Centre at Southern Cross University in New South Wales, is leading some research work on the effectiveness of therapy for indigenous people employing music, stories and visual arts.

And now to dance therapy

While our wider Australia community enjoys the benefits of cultural diversity, unfortunately the same cannot be said for the community of dance therapists in Australia. A recent small study that I led on dance therapists in Australia collected information about the professional background and orientation of practitioners. Not surprisingly, findings indicated that our members are, on the whole, of Anglo-European heritage. Yet many of the people who have experienced the most trauma in recent years are our migrants, particularly most recent arrivals from war torn African nations like Somalia and Sudan. Many women, but also men, especially younger men who have been involved in the front line as soldiers have faced significant health and well-being challenges through war time. Ideally we would have practitioners of culturally diverse backgrounds to effectively represent all of our community. But at the very least, we need practitioners who are mindful of these different experiences, and skilled to enable them to manage arising issues. (In a way that I wasn't, working in that high school). This is possible, and a development that I can contribute to, through advocating that dance movement therapy training in Australia include components of cultural awareness training. To my knowledge, current training does include components about managing different workplace 'cultures', and managing different client groups, but an extension into competence with wider 'cultural communication' skills is an essential and as yet not fully explored part of our training.

Another area where we are not diverse, is in the area of gender. Not at all surprisingly, our profession's members in Australia are mostly women. I am sure that this issue, of a female dominated profession, is not only faced by Australians! If we are to provide therapy that is attractive and appropriate for men and boys, we also need to have men as our practitioners. In Australia this lack of male professionals is also identified as a significant issue in the education field, with the vast majority of school teachers, especially primary school teachers, being female. The message that this provides our young people is not a good one, with boys growing up without male role models connected to education. The government is introducing a number of initiatives to combat this challenge, including incentives for young men to become and stay on, as teachers. Not surprisingly, a decent pay and wage structure is one of the more effective solutions, a challenge that is a long way from being solved for the dance movement therapy profession in Australia. Almost anyone trying to support a family would

not be able to choose this as a sole profession, or even as an adjunct.

Another area of challenge that became clear through the survey was an age related challenge. At the moment, with fewer training options in Australia than in the past, our members are concentrated in the middle-aged to older age groups. Few young people are being trained, so there is a less than desired flow of expertise from the more experienced to the newer practitioners. Mentoring is a very important aspect of ongoing success in challenging professions, especially those like dance-movement therapy in which there are few direct career structures and often little workplace support. Without a range of experiences and age groups, the learning that mentoring provides for both mentor and mentee is reduced. For myself, a great learning opportunity was provided by my experience as a mentor, training two newer dance movement therapists to take over my position when I was going on extended leave overseas. When I realized how long it was taking me to tell them everything I had learned about working with the population of people with intellectual disabilities, I decided to write it all down. That writing eventually turned into a 260 page book, and even then it wasn't all I knew, just all there was time to write before the contract time had elapsed!

I see the solutions to these challenges of an aging professional population including more training options and greater mentoring and supervisory activity. Both of these are within the scope of future activity of the DTAA and senior practitioners. One new training option is likely to be established in Australia in the near future. The DTAA has for many years had an active program of professional development, through experiential activity, and imminently, the publication of a major new resource, Dance Therapy Collections 3, developed out of presentations at our 2007 conference. The editing team has taken a strong mentoring role in the development of this publication, working intensively with presenters to develop papers of sufficient quality for publication in a long-term resource. We see it as essential that practitioners learn to research and write at a sophisticated level, so that our work can be valued by others outside our paradigm. This is particularly important in our nation where there are few academics or researchers working in the field.

We have a geographic diversity challenge in Australia as well. Our members are strongly concentrated in Melbourne and the state of Victoria, (the bottom south east of the country),

the state in which dance therapy training was first developed. We have been pleased to host many experts in Melbourne; Marcia Leventhal has been our most regular visitor and trainer, Sharon and Harris Chaiklin, Peggy Hackney at our conference last year, Penny Best from the UK, Joan Chodorow, and numerous others including Wynelle Delaney who first introduced me to the concept of dance movement therapy at a workshop way back in 1982, and this has resulted in the strongest culture and community being focused in and around Melbourne.

While this geographic concentration does provide a strong network of peers for those living in the region, it also means that those outside the region have a more difficult task, forging their professional direction alone or with little collegiate support. We recognize this as a weakness and do what we can to spread expertise information and responsibilities for our profession's development across the country. Though admittedly this could be much improved, and is certainly within the scope of possible DTAA activity.

After having discussed all the diversity challenges we face, I would like to finish my presentation discussing the many positive aspects of diversity within the profession in Australia. While the gender, age and cultural backgrounds of the survey's respondents are very homogenous, there is an extreme lack of homogeneity in many aspects of our experience.

Our practitioners come from extremely diverse professional backgrounds. These include psychology, counselling, dance performance and dance education, physiotherapy, occupational therapy, social work, special education, nursing and disability services. The places we work are also extremely diverse: nursing homes, disability services, mental and community health services, hospitals, community centres, kindergartens, schools, rehabilitation centres, to name a few.

Most of us therefore work within paradigms and workplace cultures that are not shared or even similar to each other. This presents both a challenge and a great advantage, as we can learn so much from each other's different experiences. It also assists us dance movement therapists to better understand the languages, mindsets and professional concerns of other stakeholders or professionals in our workplaces. Having a dance therapist who works in a hospital context explain issues for her working within the medical 'treatment' mindset, or challenges in getting paid when there is no pay scale in a hospital for our

profession, gives a different perspective to people like me whose experience is much more in the community sector. In my case, for example, I have faced a constant challenge in distinguishing between therapeutic, educational and dance performance-based focuses for programs for people with disabilities that I have worked in.

To close, I add the comment that we have recently changed our name to Dance Movement Therapy Association of Australia (from Dance Therapy Association) to better represent the diversity of approaches and populations with whom we work.



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Photograph: International Panel ADTA Conference October 2008.