

*We are pleased to be able to reprint the following article on Dance Therapy in Australia in this focus on Elizabeth Loughlin. Elizabeth wrote this together with Sylvia Staehli\*. It was published in the Currency Companion to Music and Dance in Australia in 2003 and is reprinted here with the kind permission of Currency House Inc. NSW, the publishers. It provides a valuable record and commentary on the development of dance movement therapy in this country.*

## Dance Therapy

**Sylvia Staehli with Elizabeth Loughlin**

Dance therapists hold that everyday movement consciously and unconsciously expresses personality and personal history. They work to increase the client's self-awareness through expressive movement experiences and attention to the 'felt sense' in the body. They believe that by observing movement the dance therapist and the client can gradually create a map of the client's 'internal landscapes' – subconscious thoughts, feelings, sensations, images, attitudes and memories – that will provide insight into 'maladaptive patterns'. These may be changed through movement into conscious and dynamic new patterns to enhance body image, personal identity and adaptability.

Conditions that dance therapists work to correct include depression, anxiety disorders, trauma, schizophrenia, learning difficulties, emotional problems in children, intellectual disability in adults and children, autism, multiple physical problems, problems of parent-child interaction, consequences of sexual abuse, eating disorders, head injuries, adjustment to chronic illness or genetic syndromes, geriatric problems, substance abuse and impulsiveness. Among the general public dance therapy is attracting interest as a group process for personal awareness and development of a more satisfying, healthy and creative life. Dance therapy can release habitual muscular tension – whether of physical or emotional origin – and increase the flow of energy in the body. Increasing the range of movement, dance therapists believe, affects cognition, aids in decision-making and self-esteem and is correlated with ability to cope with change and stress.

Movements in the body can provide direct access to and expression of pre-verbal and non-verbal experience. These non-verbal expressive movements may support, contradict or preempt verbal expression. Their meaning may be explored further in dance expression. The therapist may use rhythmic movement or other techniques to facilitate non-verbal communication and help participants to become less withdrawn or isolated in the first instance. Engagement in 'movement dialogue' with others provides opportunities for exploring relationships and interaction.

Dance therapists in Australia work in institutions as diverse as special schools, private psychiatric hospitals, public hospitals, rehabilitation centres and prisons. The setting influences the choice of movement goals and methods, and the use of verbal reflection. A dance therapist may work with groups as part of an educational team or a clinical therapeutic team. A suitably trained dance therapist may also act as primary therapist for case management and treatment of an individual. Observation of movement sometimes offers unique diagnostic insights and can be used in assessment, choice of intervention and measurement of outcomes.

Dance therapy as a profession largely emerged after the rise of creative-arts therapies in rehabilitation in the USA after the Second World War. The pioneers were experienced teachers and performers of modern dance and creative dance. Some applied the expressivity of dance to structured movement in order to promote communication with patients in psychiatric hospitals. Other early dance therapists worked with improvised movement and awareness of inner sensations and images in order to clarify personal issues for clients in their studios.

### Dual profession

These American trends were initially followed in Australia. As early as the mid-1960s, Johanna Exiner, Margaret Lasica, Phyllis Lloyd and other dance educators and choreographers in Melbourne applied dance as therapy in institutions such as psychiatric hospitals and orphanages. In the 1970s freelance dancers and dance teachers who had been trained in physiotherapy, social work, psychology, occupational therapy, speech therapy or education began to conduct dance for therapy sessions in their clinical or educational work. In this way they developed methods and specialisation in dance therapy. This trend towards a dual profession in dance therapy has become a unique Australian practice. In the 1970s other health and special-education professionals with a graduate diploma of movement and dance – begun by Exiner at the Institute of Early Childhood Development in Melbourne in 1977 – incorporated dance into their work. Some of them, notably physiotherapists,

began to codify their work and to teach therapeutic dance. Alongside this trend, the Arts Access organisation in Victoria placed dancers in psychiatric hospitals, special schools and community centres to initiate dance projects. These projects allowed early dance therapists to work consistently with specific groups in developing their practice.

Organisations began to recognise and encourage the growing interest in dance therapy, especially Ausdance, which promoted conferences and working parties. The working party in Victoria conducted seminars and short courses, established guidelines for making dance therapy a recognised profession and worked to inaugurate the Dance Therapy Association of Australia in 1994. This national association, unattached to any specific school of training, established a code of ethics and criteria for members who have completed sufficient training, practice and supervision to be classed as professionals.

Over the years many students were introduced to working therapeutically through dance with a client population by studying for the graduate diploma in movement and dance – which had been moved to the University of Melbourne’s faculty of education under Karen Bond – and a related dance-therapy certificate. Observation and descriptive assessment through Laban movement analysis were central to the course work. Both courses ended in 1999.

### **Psychotherapeutic approach**

The International Dance Therapy Institute of Australia in Melbourne takes a psychotherapeutic approach to dance therapy. Its diploma in dance-movement therapy began in 1989 under the teaching of Marcia Leventhal, formerly of New York University, and is now taught by local graduates at introductory and certificate levels. The model uses psychodynamic, humanistic and phenomenological frameworks. Key principles include creation of a trusting, holding environment, encouragement of self-directed movement and dance, and unfolding and reforming of habitual movement patterns to effect healthy change. In Sydney, the Wesleyan Institute for Ministry and the Arts offers a Christian oriented graduate diploma in dance therapy.

In the 1990s until 2000 research projects into therapeutic application of dance were conducted in a higher-degree program at the University of Melbourne and another at La Trobe University in Melbourne. Currently, either dance therapy or dance as part of the multimodal therapeutic approach is offered in several undergraduate units,

graduate diploma courses, masters course work and research degrees in creative arts or expressive therapies.

Dance therapy has been well accepted in treatment of intellectual disability and autism, and in care for the aged, and has gained wider recognition in clinical work. Even so, dance therapists generally work part time or as a creative intervention in other professional therapeutic work. However, as national dance therapy conferences showed in 1997 and 2000, research and publication stimulated by higher degree programs are helping to develop the new profession and communicate its value to health and welfare workers.

*Sylvia Staehli with Elizabeth Loughlin*

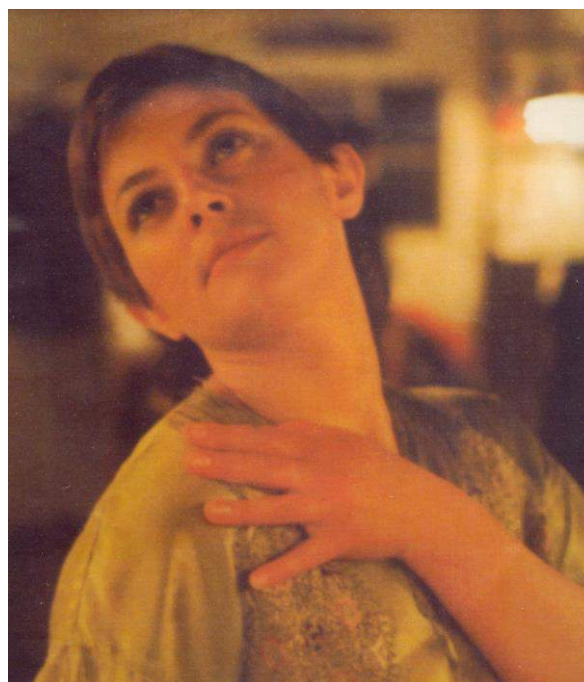
### **Further Reading:**

*Dance Therapy Collections Number 2, (1999)*. Pub. Dance Therapy Association of Australia.

**Exiner, J. and Kelynack, D. (1994).** *Dance Therapy Redefined – A body approach to therapeutic dance*. Springfield (Illinois, USA):Charles Thomas

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**\*Sylvia Staehli 1954 – 1999**, Co-Founder and Co-Director of Dancehouse, performer and dance therapist, made a great contribution to the dance arts in varied ways. As both a dance teacher and dance therapist, she held a deep understanding of the power of the body movement process in developing personal awareness and bringing healing to the mind and spirit. She was an early DTAA professional member and early diploma graduate and lecturer of the IDTIA training in Melbourne. She believed passionately in the necessity of training for the therapeutic use of dance.



In her memory and in celebration of her work the IDTIA established a Sylvia Staehli Memorial Fund in her honour to support individuals in their training. **Further information or donations:** contact Elizabeth Loughlin 03-94829312 or email: [loughlin@clari.net.au](mailto:loughlin@clari.net.au)

**Ed note:** For the interest of readers, since this article was completed in 2003, a brief update on training in Australia, follows. For more information, see DTAA website, under Training, on [www.dtaa.org.au](http://www.dtaa.org.au)

**The International Dance Therapy Institute of Australia (IDTIA)**, based in Melbourne, offers a part-time Advanced Diploma programme run over three years with an exit point after the first year for the award of Certificate in Dance-Movement Therapy. IDTIA Training courses cater for Victorian and interstate students. See: [www.idtia.org.au](http://www.idtia.org.au)

**Wesley Institute's Graduate Diploma of Dance Movement Therapy**, based in Sydney, is a specialist qualification designed to provide professional training in dance movement therapy. The course structure encompasses theoretical models, historical and contemporary approaches, and evidence-based interventions. See: [www.wesleyinstitute.edu.au](http://www.wesleyinstitute.edu.au)

A dance therapy course, set up as part of the creative arts therapy program at RMIT University in 2002, discontinued in 2006. This was due to a major restructure of the University.

**A Graduate Certificate and Diploma of Dance Movement Therapy** is planned at **Phoenix Institute, in Melbourne**, and is likely to run for the first time in 2011. The course will cover a range of theoretical models of dance movement therapy, and draw from the diverse expertise of program staff.

Many Australian dmts seeking further studies completed the Master of advanced studies of Movement and Dance at Melbourne University (course closed in 1999), or through La Trobe University's Master of Creative Arts. Local practitioners have also sought many other avenues to gain further education both in Australia and overseas.

**Photo credit: Sylvia Staehli, p.15**, courtesy Mrs M. Staehli, photographer unknown.

## Publications by Elizabeth Loughlin: Dance therapy and creative arts therapy

Loughlin, E. (2009). Intuitive mothering: Developing and evaluating a dance therapy model for mothers with postnatal depression and their vulnerable infants. *Dance Therapy Collections Number Three 3*, Melbourne: Dance Therapy Association of Australia, 70-85.

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Coulter, H. and Loughlin, E. (1999). Synergy of verbal and non verbal therapies in the treatment of mother-infant relationships. *British Journal. of Psychotherapy*, 16 (1), 58-73. Available on line for a small cost. Also translated into Dutch.

Loughlin, E. (1999). The Shared dance: Dance therapy with mothers and infants in the hospital outpatient infant clinic. *Dance Therapy Collections No 2, 1999*, Melbourne: Dance Therapy Association of Australia, 37-42.

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### Editorial

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Guthrie, J. Loughlin, E. and Albiston, D. Eds. (1999). *Dance Therapy Collections No. 2.* Melbourne: Dance Therapy Association of Australia.

Rawson, R. and Loughlin, E. Eds. (1992). *Dance Therapy Collections No. 1, 1992.* Melbourne: Australian Dance Council Victoria.

### Posters \*

Milgrom, J. Ericksen, J. Loughlin, E. Leigh, B. Chembri, C. Lawry, V. and Reich, C. (2008) *Community HUGS. A Specialised playgroup focusing on the interaction between mother and infant following postnatal depression.* Austin Research week.

Loughlin, E. (2000). *Same or Different? Creative Interventions and the response of adolescent girls with Turner syndrome.* International symposium on Turner Syndrome. Optimising care for the Turner patient in the 21<sup>st</sup> century, Naples.

Loughlin, E. (1993). 'Growth Groups': *A Psycho-social intervention for the short child.* International Symposium on Growth Delay, North Carolina, October 1993.

**Dance Educational Videos\*** on Dance in health settings. (Endocrinology)

Loughlin, E. (1990). *Just Go! Don't let anybody go in your path.* Video. Department of Endocrinology and Diabetes, Royal Children's Hospital and Victorian Turner's Syndrome Association. Conference Talk and Video presented at 2nd International Turner Syndrome Contact Meeting, Zaragossa, Spain 1991.

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### Awards

Hanny Exiner Memorial Foundation Achievement Award (2007-8), in recognition of the contribution to the field of dance-movement therapy in Australia.

Poster prize Nursing and Allied Health (2003), Royal Children's Hospital, Melbourne

**Note:** \* means that the item is available only from Elizabeth. Contact details are Tel: 03-94829312 or email: [loughlin@clari.net.au](mailto:loughlin@clari.net.au) The DTAA library has copies of all articles listed.