

## Currency Companion to Music and Dance in Australia

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to utilise many arts and blur generic distinctions. Vocalisation of text in performance became the norm, as did use of various styles of music and dance within a single work. Seemingly random combination of disparate elements was a technique that had not previously been used in dance. Disruption of traditional narrative also became a major stylistic feature of dance theatre.

Dance theatre fulfilled a desire to reinvest movement with meaning after the cerebral explorations of postmodern dance had dissected and removed the emotional component. Everyday gestures and 'found' movement with emotional content became the basis of a dance-theatre vocabulary. Bausch took fragments of codified dance forms and put them into new contexts. She selected her dancers and actors not merely as highly trained technicians but as intelligent, sensuous and emotional artists.

Long before this, however, in the 1950s and 1960s in Sydney Margaret Barr had energetically experimented in cross-artform practice—a defining element of dance theatre. She stunningly prefigured Bausch and the genre with her work in the Sydney Dance Drama Company, which investigated dance and theatrical forms and dealt with politically sensitive issues relating to women and culture.

The term 'dance theatre' became familiar to Australian audiences as early as 1965, when Australian Dance Theatre was founded in Adelaide. Overseas, the London Contemporary Dance Company revised its artistic vision and changed its name to London Contemporary Dance Theatre in 1970. These uses of the term suggested a desire to expand modern dance and signified new styles of work and new ways of making it.

### Multicultural issues

In 1976, Kai Tai Chan, who had performed with Barr, founded the One Extra Dance Group (later called the One Extra Dance Company and the One Extra Company) in Sydney. Its audiences were treated to elements of conventional drama, play-acting, melodrama and comedy in an effort to 'offer an alternative to established ways of expressing dance and theatre'. This was the first company to use dance theatre to explore multicultural issues. Under Graeme Watson from 1992 the company remained committed to dance theatre and the investigation of cultural issues. Janet Robertson replaced Watson in 1996, but as executive producer, which changed the company's function and often the style of its work. Robertson's successor from 2000, Amanda Card has returned the company's focus to dance theatre. Like the Fieldworks Performance Group in Perth, One Extra has a tradition of collaborating with various kinds of creative artists.

Meryl Tankard, former artistic director of Australian Dance Theatre, has performed with Bausch and was in the company for its revelatory performances at the Adelaide Festival of Arts in 1984. Much of her work is in the dance-theatre genre. She has developed her own distinct style and her works offer stunning visual designs that highlight content. Tankard has also used dance and theatrical forms from other cultures as inspiration for new work.

Don Asker of Melbourne, Chrissie Parrott of Perth and Maggi Sietsma of Brisbane are other choreographers who make new dance-theatre works. Sietsma in particular combines abstract modern-dance movement with heavily

stylised use of text. The younger choreographers Kate Champion, Paige Gordon, Brian Lucas, Gideon Obarzanek, Garry Stewart and John Utans employ aspects of cross-artform practice, drawing inspiration and style from film and popular culture in general.

Aboriginal performers who work with contemporary dance styles as well as Aboriginal dance have also contributed to dance theatre. The most commercially successful company is Bangarra Dance Theatre in Sydney, directed by Stephen Page. He collaborated with Bernadette Walong in *Ochres* (1994), in which the fusion of contemporary dance and music with forms of Indigenous dance and song created a style clearly recognisable as dance theatre.

Video recordings of the work in London of Lloyd Newson, an Australian who trained with Margaret Lasica, have been enthusiastically studied in secondary and tertiary dance and drama departments in Australia. Newson heads DV8 Physical Theatre, which reflects many of the attributes of Wuppertal Dance Theatre in its work but uses stronger narrative themes based on current Western social and political agendas. He chose the term 'physical theatre' with the deliberate intention of attracting a wider audience to dance, capturing those who chose not to support standard modern dance and its esthetic outlook and those who felt alienated by the often elitist and abstract nature of dance. 'Physical theatre' also drew attention to the broad range of physical skills—including singing, acting and circus skills as well as dance—upon which the DV8 company's work is based.

A distinct physical theatre movement emerged alongside mainstream dance companies in Australia in the 1990s, and many companies now focus on the body without stylised movement from dance training. But confusion around the terminology remains and many companies use both terms—dance theatre and physical theatre—in their title and the description of their repertory. *Shaaron Boughen*

see also MODERN DANCE

### further reading

*The Ausdance guide to Australian dance companies*. Canberra: Australian Government Publishing Service 1995.

## Dance therapy

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 pre-empt 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 dialog' 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—began 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*

see also DISABILITY • MUSIC THERAPY • NOTATING DANCE

### further reading

*Dance therapy collections no. 2.* Melbourne: Dance Therapy Association of Australia 1999.

EXINER, JOHANNA and DENIS KELYNACK. *Dance therapy refined—A body approach to therapeutic dance.* Springfield (Illinois, USA): Charles Thomas 1994.