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THE DEVELOPMENT OF DANCE THERAPY PRACTICE
IN VICTORIA:
THE STATUS QUO AND THE FUTURE.

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INTRODUCTION

Whilst appreciative of the invitation to speak on the professional development of dance therapy, I also feel somewhat apologetic for the parochial Victorian view that I will present. It seems to be a widely held assumption that Victoria has the highest degree of organization, and the largest range of dance therapy activity in Australia. This may or maynot be true, I have to confess my ignorance on what is happening in other states, but I can only report on what I know of in Victoria. In fact one of our "next phases" is to improve our communication with other states. I am being very careful about my words here, we really do mean "communication." Some of the developments that I will explain later are very exciting, and may prove to be useful to others in forging their own development, but in no way are we in Victoria interested in forcing this direction on other states.

THE STATUS QUO

To fully understand how we have arrived at the current status quo, and to be able to evaluate its significance, I think it is necessary to supply a brief background of the professional development of dance therapy in its most highly evolved base, the USA, and then to compare that with the development in Victoria.

Dance therapy practice began in the USA in the late 1940's. Most of the initial work done by the pioneer dance therapists was conducted in psychiatric areas, and most of

these original practitioners came from a dance performance background.

No formal organization, training or registration existed prior to the 1960's (the ADTA was formed in 1966.) It was not until the early 1970's that graduate training programs were developed and the ADTA formed its first Registry Committee in 1970.

By 1972 the ADTA began using the term "psychotherapeutic" in its definition of dance therapy.

The significant factors in this development are:

1) development was based upon the pioneering work of five or six independent individuals, most of whom had been dance performers.

2) the majority of the work was being done with populations with psychiatric disorders.

3) twenty years of practice preceded any formal professional development.

Dance work in therapeutic and institutional settings in Victoria has a long and, sadly unrecorded, history. Anecdotal evidence of dance work done 25 years ago can often be heard but we know little of the quality or methodology of our unknown pioneers.

There is now a growing interest in dance therapy in Victoria. This is the result of many factors not least of which is the dedication of the 'known' generation of

pioneers i.e. those who have initiated their own work in the last ten years.

Another significant factor has been the Graduate Diploma in Movement and Dance. This two year part-time course, conducted by the Melbourne University School of Early Childhood Education, whilst primarily focused on creative movement in educational contexts, has always maintained a significant "Movement Stream" introducing the basic concepts of movement analysis which has become the hallmark of dance therapy practice. Ten years of graduates from this course have had, and continue to have, a strong influence on the development of dance therapy in this state.

A third factor has been the work of the Dance Therapy Working Party of the AADE in Victoria. Convened by Naomi Aitchison in 1983, its largest project has been the first Dance Therapy Conference in Australia in July 1987 (keynote speaker: Dr Marcia Leventhal from New York.) This was followed by the visit of one the pioneers of dance therapy, Liljan Espenak in January 1988 and the return trip by Dr Leventhal in January this year.

This group is also assuming responsibility for the development of dance therapy in Victoria in a systematic way, culminating in July 1988 with the adoption of a definition of dance therapy, some basic professional criteria and a preliminary code of ethics as a basis for a Therapy Membership of the AADE. I will come to this in detail shortly.

In Victoria we can see that:

1) development is based upon the work of 30-50 individuals most of whom have a creative movement background.

2) work has been done in a wide variety of populations e.g. Psychiatric Hospitals.

Special Schools dealing with children with: physical disabilities, sensory disabilities emotional disorders, Autism and intellectual disabilities.

Elderly and geriatric populations in Residential and Day facilities.

3) most practitioners have an educational or para-medical professional base

Thus we can see that our base is quite different to that in the USA. Without having to make judgements about the respective directions we can still clearly see that we should not feel the need to make our development match that in the USA.

Most of the activity in Victoria has evolved from a broad educational base towards a more therapeutic approach and indeed there is much in common between good educational and good therapeutic practice. It is my opinion that it is one of our strengths to be able to take basic creative movement content and adapt it to meet the needs of a special population. Another of our strengths has been the dedication and commitment of those involved in this activity. Many

have sought to further extend their knowledge of processes that could be broadly termed as therapeutic and have brought their new knowledge to their dance practice.

We have been carefully trying to match the formal development of dance therapy to the level of activity in the field. Ten years of activity with a wide variety of disabled and abled populations has led to a level of commitment and professionalism that deserves to be recognized and supported by a professional framework. However I feel that it is important to proceed slowly and organize in such a way so that:

- we can acknowledge that dance therapy is a range of activities

- guidance is provided to those seeking to increase their level of professionalism

- development can proceed within the AADE network

- we can develop more rigorous requirements as our expertise increases

The establishment of a "Therapy Membership" category fulfills all of these requirements. A precedent of a separate membership category has been established by the Safe Dance developments and it may be possible to recognize other areas of specific expertise within the AADE.

In July 1988, following a years research by a Professional Development Sub-committee led by Phyl LLOYD of the then MCAE-Kew Campus, we conducted two seminar days and adopted the following:

1 DEFINITION

Dance Therapy is based on the Art and Science of Human Movement.

It offers movement experiences which, extending beyond the purely functional, engage both body and mind. Drawing on the therapeutic elements inherent in dance, therapists aim at restoring the balance and integration in the areas of physical function, feelings and cognition.

The work of Dance Therapists is applicable to children and adults in diverse settings and can be adapted to the needs of clients suffering from a wide range of specific and non-specific disorders and disabilities.

2 PROFESSIONAL CRITERIA

Minimum requirements necessary to become a "Therapy Member" of the A.A.D.E.:

- a. (i) A recognized tertiary qualification in Dance.
- (ii) Evidence of recent continued practice in the field of Dance Therapy of at least 180 hours over a minimum of 12 months.

OR

- b. (i) A recognized tertiary qualification in disciplines relevant to dance therapy e.g. nursing,

psychology, medicine, para-medical disciplines, education, music or fine arts.

(ii) Evidence of appropriate systematic study and experience of dance over a long period.

(iii) Evidence of recent continued practice in the field of Dance Therapy of at least 180 hours over a minimum of 12 months.

OR

c. Have successfully completed the Graduate Certificate of Dance Therapy (or equivalent) plus 80 hours of practice.

OR

d. An undergraduate or post-graduate qualification (Bachelors Degree, Masters Degree or Doctorate) in Dance Therapy.

3 ETHICS

N.B. Adoption of this Code of Ethics does not in itself entitle a person to use the professional title of "Dance Therapist."

A Therapy Member of the A.A.D.E. should:

1. Abide by the AADE Code of Ethics.

2. Have an agreement regarding goals and methods of implementation with the client(s) or institution in which they are practising.

3. Respect the confidential nature of the therapeutic situation.

4. Represent Dance Therapy in a professional manner.

5. Practice in the area in which they are qualified and not misrepresent the level of training completed.

6. Establish a means of on-going professional consultation and evaluation.

FUTURE DIRECTIONS

The eventual aim is for full Professional status for dance therapy. For this to be established it will necessary for dance therapy qualifications to be established in combination with some organizational structures. The AADE is the perfect body to provide the organizational structure, but may not be the organization that provides the formal training. Currently a 'Graduate Certificate of Dance Therapy' is being offered by Karen Bond at the Melbourne University, School of Early Childhood Education for graduates of the Graduate Diploma in Movement and Dance, and it is hoped that this exciting development can eventually lead to the establishment of a 'Masters of Dance Therapy' program.

Whilst the eventual aim must always be kept in focus it is highly unlikely that it will be achieved in a single jump, and we must take our development step by step. We have initiated membership criteria and we should follow this with "Certification" i.e. the AADE would accept a certain set of qualifications and a level of experience as sufficient for a person to be designated as a Certificated Dance Therapist. A further formalizing step is "Registration" which is the establishment of a Governmental Authority to monitor Registered Dance Therapists. In Victoria the government is extremely reluctant to take this on, and will now only consider it if the particular profession is seen to be dealing in life threatening issues, so it would seem that this is unlikely to be necessary in the near future!

Certification might proceed in a number of ways. It might be established as a broad category with more stringent qualifications than Therapy Membership or we may choose to develop categories of certification pertaining to expertise with specific populations. A further option may be to develop a developmental framework of dance therapy activities and to establish perhaps four levels of expertise with those on the highest levels being Certificated Dance Therapists.

Other important tasks for us to address are:

- support for the establishment of a Masters in Dance Therapy
- making stronger connections with other states

- making connection with the appropriate agencies and act as advocates for dance activity in their settings. e.g. Education Dept, Health Dept, Department of Community Services.

CONCLUSION

All of this activity only has validity if it rests upon real activity in dance therapy, and has the support of the dance therapy community. In Victoria we have been very careful to involve as many people as possible at each stage and I think this has been the basis of our success to date.

Reference

Levy F.J. Dance Movement Therapy, A Healing Art

American Alliance for Health, Physical Education,
Recreation and Dance. Reston Va 1988.