

Dance Therapy Today: An Overview of the Profession and Its Practice Around the World

当今的舞蹈治疗：世界舞蹈治疗行业及实践总览

Kim Dunphy¹, Dita Federman², Diana Fischman³, Amber Gray⁴,
Vincenzo Puxeddu⁵, Tony Yu Zhou⁶ and Ella Dumaresq¹

¹University of Melbourne, Australia

²University of Haifa, Israel

³Brecha, Argentina

⁴The Kint Institute, USA

⁵Université de Paris, France

⁶Inspirees Institute, China

Abstract

Humans have used dance as a healing art since the beginning of human history, but dance therapy has only begun to be recognized as a formal profession since the mid-1940s. At that time, dancers living in the USA began using dance as a therapeutic medium in health-care settings. Since then, the field has expanded across the world, with dance therapists now practicing in most countries. Professional associations have been established, training courses set up, and processes for registering therapists with government authorities implemented. This article provides an international overview of these developments. Detailed information about progress and challenges in the advancement of the dance therapy profession is offered across six world regions. Progress includes expansion of geographic range to countries where no formal training or networks exist, including many developing nations. Barriers to progress include lack of university-based accredited training and low numbers of professionals, making the establishment of a critical mass of practitioners difficult. Suggestions for future development of the profession internationally are made.

Keywords: dance therapy, dance movement therapy (DMT), professional practice, training, registration

摘要

自人类历史开始以来，人类就将舞蹈作为一种疗愈的艺术。但自 1940 年代中期以来，舞蹈治疗才开始被认为是一种正式的职业。当时，在美国的舞者开始在临床医疗环境中使用舞蹈作为治疗媒介。从那时起，该领域已经扩展到世界各地，现在大多数国家都有舞蹈治疗师在执业，成立了专业协会，开设了培训课程，并实施了向政府当局注册治疗师的程序。本文提供了这些发展的全球概述，特别是在世界六个地区有关舞蹈治疗行业发展和挑战的详情，以及如何将地理范围扩大到没有正式专业培训或资源的国家，包括许多发展中国家。文章指出行业进步的主要障碍包括缺乏以大学为基础的学历教育和专业人员数量限制，使得难以建立足够的从业人员数量。对该行业在国际上的未来发展文章提出了相关建议。

关键词: 舞蹈治疗，舞蹈动作治疗，专业实践，培训，注册

Introduction

We present the findings of a project to document the current state of dance therapy or dance movement therapy (DMT) across the world, undertaken as the first initiative of the first global dance therapy association, the World Alliance for Dance Movement Therapy.

This article focuses on the formal profession of DMT as it was recognized first in the USA in the 1940s and then in other places around the world since then. At that time, dancers living in the USA began using dance as a therapeutic medium in health-care settings and gradually began to establish evidence to support this work. Since then, the field has expanded across the world, with dance therapists now practicing in the majority of countries. Training courses have been set up, professional associations established and processes for registering therapists with government authorities implemented.

Although DMT is a relatively recently recognized profession, human beings have utilized dance as a healing and transformative art since the beginning of our history (Nemetz, 2006). People from most of the world's cultures have expressed themselves by moving together to a common rhythm before important events such as harvests, hunts, and wars and in times of transition such as birth, puberty, marriage, and death (Dunphy 2020). Feelings and emotions have always been shared through common participation in movement (Schmais & White, 1986). In Australia, Aboriginal and Torres Strait Islander people practice the oldest living culture on the planet, in which dance has been inextricably interwoven with other artforms to address and advance the cultural, physical, social, mental, spiritual, and environmental health of its members (Perkins & Langton, 2008; Dunphy & Ware, 2019). Other indigenous peoples have long histories of healing dance practice.

Africa, a continent which prior to colonization had more fluid, tribally defined boundaries that are now defined geopolitically, is rich with dance forms that evolved from ancient communal and spiritual practices. Many African dances will be known as pertaining to a modern country, but often these dances are found in more than one country. African dances also travelled to other parts of the world when people were enslaved in colonies far from their homes. Brazil and the Caribbean have dance forms and ritual practices that derive from African roots. In Haiti, healing, celebration, mourning, and assisting the recently departed to return to their ancestral home “Ginee bas dlo,” which literally means “Ginee (ancestral homeland) below the waters (a tribute to all who drowned in the middle passage),” are all rituals that are danced, drummed, prayed, and sung. Each spirit in the pantheon of Vodou (Haiti's rich spiritual tradition; Vodou means “energy” or “inquiry into the unknown”) has a song, rhythm, and dance attributed to it (Gray, 2008). In Asia, since ancient times, dance has played an important role in ritual, spiritual, and healing practices, including reverence for nature. Asian dances also carry a strong relationship with different religious practices, particularly for Buddhist, Hindu, and Islamic religions (Ho, 2021).

However, this article does not focus on earlier practices, but only those currently recognized as DMT, which we define as requiring the leadership of a

DMT practitioner who has formal training, is recognized or registered with a DMT professional association, and who works with client/s in a formal arrangement or contract.

Worldwide, there is no real consensus regarding a universal name for the profession. Several terms are used in different countries, for example, dance therapy, dance movement therapy, dance/movement therapy, dance movement psychotherapy (DMP). For the sake of convenience, DMT is abbreviation used in this article. However, it is important to be aware of the different contexts in which therapeutic dance and movement are used across cultures: in some cultures and contexts, dance is a stronger focus, and in others, the “movement” aspect is more prominent. Although the formalized profession of DMT has been mainly developed and evolved in the west, the field reflects elements and methods from other cultures and is practiced in diverse ways around the globe. As the authors of this ambitious article, we would like to encourage equal and active global dialogue in any discussion around terminology. We are mindful of the Eurocentric bias that has traditionally shaped the field and suggest this article might contribute toward further discussion, debate, and critical discourse. Decolonizing knowledge is an ongoing endeavor, and we welcome further dialogue with members of the field, both far and wide.

The article begins with a literature review of material documenting the development of the DMT profession throughout the world, including country-specific advances and particular clinical issues in specific regions. It then articulates our research questions and the method used to gather data. Findings document the history of development of DMT, training, and professional associations across six world regions: Asia, Australia/New Zealand, Europe, North, Central and South America, and one country from the Middle East. The article concludes with documentation of the first initiatives to establish a global organization for dance therapists.

Literature review

The development of the DMT profession throughout the world has been documented in a modest number of articles. These include information about country-specific developments from the Asia-Pacific, Europe, Israel, UK, and USA as well as articles that address a particular clinical issue in specific countries.

Literature about DMT in Australia includes a focus on the pioneering influence of Hanny Exiner, whose work helped shape DMT practice there (Bond, 2008) and the development of the profession and professional practice (Denning, 2017; Dunphy, Hearnese, & Toumbourou, 2009; Sullivan, 2007). Articles about DMT in Asia include a culturally specific application in incorporating traditional practices of folk song and yarn weaving to stimulate reminiscence in late-life dementia (Arakawa-Davis, 1997). In Taiwan, documentation includes the emergence of DMT through early work in hospitals and the establishment of the Taiwanese DMT Association (Lee, 2004) and DMT applications for locals during the SARS (severe acute respiratory syndrome) crisis and with children after an earthquake (Lee, 2004). In China, a pilot study of DMT with cancer patients is documented (Ho, 2005) and in Korea, a conference was held to

celebrate the 20th anniversary of the Korean DMT association (Owen, 2014). A pilot program trialed in post-conflict nation Timor-Leste is evaluated by Australian dance movement (DM) therapists (Dunphy, Jordan, & Elton, 2014).

Articles specifically about DMT in Europe include a discussion of academic, cultural, and economic factors influencing the development of DMT in Estonia (Nordstrom-Loeb, 2012) and the emergence of psychodynamic movement and dance therapy (PMDT) in Hungary, as championed by Márta Merényi (Vermes & Incze, 2012).

Within the UK, the emergence of the Association for Dance Movement Therapy in the early 1980s and a collaborative training program between Hahnemann University (Philadelphia) and the London Centre for Movement and Dance are documented by Higgins (1992). The pioneering of DMT in the UK is reported in Meekums' article (2008) through the perspectives of nine early leaders: Leah Bartal, Lynn Crane, Sarah Holden, Fran Lavendel, Jeannette MacDonald, Bonnie Meekums, Helen Payne, Kedzie Penfield, and Marie Ware. A nationwide survey of DMT professionals in the UK includes data about work settings, client groups, and preferred theoretical approaches (Zubala & Karkou, 2015).

In the USA, Miller, Aaron-Cort, and White presented an overview of the history of the American Dance Therapy Association (ADTA) in the celebration of the association's 50th anniversary in 2016. This includes focus on internal and external factors that supported the establishment of nationally accepted standards for DM therapists. The ADTA reported findings of a national survey and practice analysis (2016).

A brief overview of creative arts therapies in Israel, including DMT and creative arts therapies in special education, is offered by Berrol (1989). She posits two factors that have advanced DMT in that nation—favorable conditions afforded by ubiquitous use of song and dance in religious and ritual worship and supportive policy initiatives that have enhanced its integration into special education. The effects of mothers' participation in DMT sessions with children in Israel is also documented (Regev, Kedem, & Guttman, 2012).

Global developments

Another set of articles overviewing DMT developments globally include those by Appel (2005), Dulicai and Berger (2005), Nemetz (2006), and Guthrie (2009). Appel reports on developments in Canada, Argentina, Israel, and various European and Asian countries from the perspective of American DM therapists who lived and worked there. Dulicai and Berger document the international expansion of the profession through survey results from DM therapists from more than 37 countries, with topics including training, training standards, association, and professional work and its settings. Guthrie presents data from a survey comparing pathways taken for advancement of the field, with a specific focus on Australian pathways and the complexities involved in achieving professional recognition. The importance of training in achieving professional recognition is highlighted, and alliances with other organizations were suggested for advancement of the profession.

Reports from the international panel at ADTA conferences capture more global developments. In 2015, representatives from Turkey, China, Taiwan, Germany, Russia,

Australia, Netherlands, Japan, South Korea, and Italy discussed the global emergence of DMT in their countries. This included historical and cultural connections to dance and DMT and future prospects for growth (Capello, 2016). The following year, representatives from Hungary, Greece, Belgium, Argentina, Brazil, Canada, Costa Rica, Vietnam, China, and Australia shared perspectives about DMT in their countries, addressing themes of current status and future considerations (Capello, 2017).

Finally, a small number of articles document research in DMT. Cruz and Harvey (2001) explore research needs as identified by 1,178 American DM therapists. Although respondents were almost unanimous that research is urgently needed for the profession's advancement, relatively few identified its value for their own practice. The first international DMT research colloquium in Germany involved 22 researchers presenting findings from doctoral studies or clinical research. Topics included DMT with oncological patients, in the treatment of fibromyalgia, and for dealing with stress and psychological strain (Koch & Bräuninger, 2005). Cruz (2016) reports advances in empirical research, notably the centrality of research for the profession's ongoing growth and development. She posits that the significance of embodiment for DMT has laid a solid foundation for the profession, particularly keeping it aligned with other globally emerging body–mind trends. Recently, Wengrower and Chaiklin (2021) have expanded the discourse further by drawing together international voices from around the world. The editors and individual authors offer a rich and original contribution to the field, showcasing the global profile of DMT as practiced across various continents. Cultural diversity is clearly apparent in this publication, as authors present a vast array of DMT models from around the world. Dance and creativity are explored from the standpoint of Indian colleagues as well as Japanese and Korean authors; perspectives from the USA and Europe are also included. The result is rigorous synthesis of global advances in DMT research and practice and a celebration of the culturally diverse nature of the profession (Figure 1).

Research questions

This article reports investigation on three aspects of the DMT profession's development: history, training, and professional associations. The history of the profession in each region includes information about when DMT was formally identified as beginning and influential innovators and activities they undertook to establish the profession. The second focus is training and education developments in each region: the development and professional contexts of training programs. Finally, the article documents the establishment and advancement of professional associations around the world.

Methods

The method followed by authors, who are senior DMT professionals, educators, and researchers from across the world, was first to draw on their own knowledge of the DMT profession in their region to respond to our questions. Information was also drawn from published articles and websites of local associations, where they are existing, to



FIGURE 1 | 360 Degree of Witness. Image by Amber Gray.

support these perspectives. Additional information was sought from practitioners in other countries in their regions with whom the authors had personal connections. A questionnaire used to elicit this information is attached as Appendix 1 and the list of respondents as Appendix 2.

Other countries and regions with whom we did not have contacts and were unable to find published literature are not covered in this article. This includes the entire continent of Africa, much of the Middle East, and many places in South America, Asia, and the Pacific region.

Findings

This section reports our findings including survey responses about DMT across the seven regions: Africa, Asia, Oceania, Europe, North America, South America and the Middle East.

Africa

To our collective knowledge, South Africa is the only country on the African continent that is developing a formal DMT program. The authors acknowledge the continent's long history of healing dance, the knowledge of which is held by many unknown

colleagues there as well as many of our colleagues in the countries we live in. We include a link to the ADTA's Black Magic Affinity Group for those interested in connecting to colleagues with expertise in African dance and healing (<https://adta.memberclicks.net/black-m-a-g-i-c--affinity-group>).

South Africa has a handful of dance therapists registered by the South African government agency that is responsible for all creative arts therapy licenses. They have all trained outside of the country since there is no formal academic dance therapy training program yet on the African continent, to the best of the authors' knowledge. DMT Vivien Marcow-Speiser, with colleagues at the University of the Witwatersrand in Johannesburg, is co-developing the first dance therapy training program in South Africa. As Marcow-Speiser suggests, "there is tremendous interest and efficacy in using dance and ritual in the service of collective healing and the transformation of individual and collective consciousness throughout the continent. And of course, this includes the many populations there in distress and under duress. And add in COVID-19 and the disparities of resources between the global north and the global south, I think the arts have a tremendous role to play in the post COVID-19 world there as around the world" (personal communication, March 23, 2021).

Asia

History

This section focuses primarily on the regions of East Asia and South Asia where DMT is relatively more developed (Zhou et al., 2019). East Asian countries such as China, Japan, and South Korea share similar cultural and historical roots based in Confucian, Taoist, and Buddhist religions. In these cultures, the body and mind have traditionally been considered a unity, where the "body" in its wider definition includes both physical and spiritual aspects. Such culturally embedded understandings of embodiment are similar in many respects to some of the main beliefs and values in which dance therapy is grounded (Zhou, 2015). Although the westernized practice of dance therapy is now recognized and practiced professionally in this region of the world, this has taken place in a context already rich in body–mind healing practices. Dance, as a way of living and practicing well-being, has been perceived and practiced differently in Asia throughout history both in daily life by common people and on stage by performance artists, making it more accessible for the public.

Most these Asian countries share a similar story in developing the recent dance therapy by introducing the western forms of dance therapy into their countries. Some early teachers trained in Europe or the USA before returning to their homeland to begin their practice. In China, this began with Lotus Fucius who returned to Beijing in 1995 from her training in the USA and began combining dance therapy with traditional Chinese medicine. Fucius' work was later expanded by Dutch dance therapist Zvika Frank, who was invited by Dr. Tony Zhou to visit China in 2004. Since then, the profession has quickly gained momentum in China (<https://youtu.be/DWMKgdDIWZM>). American-trained dance therapist, Lee Tsungchin, began practicing dance therapy in the psychiatric department at the

Taipei Veterans General Hospital in Taiwan in the 1980s. In Hong Kong, American-trained dance therapist Dr. Rainbow Ho pioneered dance therapy in her region through her academic position and expressive arts therapy postgraduate program at the University of Hong Kong since 2001. Similarly in the 1990s, Dr. Boon Soon Ryu first introduced dance therapy in Korea modeled on ADTA's framework. In Japan, dance therapy was being used in the 1970s to support hospitalized psychiatric patients. Interestingly, this earlier application of dance therapy in Japan was not informed by American and European dance therapy theory and practice, as it was in other countries in this region, but by its own folk dance. These earlier practitioners essentially discontinued their practice as more western-informed forms of dance therapy became the professional standard. A similar narrative is apparent in India, with a handful of dance therapists returning to India after training to cultivate a dance therapy practice based on western-oriented dance therapy training embedded in cultural movement forms. The early wave of dance therapy in India is understood to have been pioneered by Tripura Kashyap, who returned from training in the USA in 1988 and began developing her dance therapy practice within the context of mental health. Dr. Sohini Chakraborty established herself in 2004 in the East. The second wave with Rashi Bijlani, Ritu Shree, and Anshuma Kshetrapal in the north, Devika Mehta and Dilshad Patel in the West, and Preetha Ramasubramian, Tarana Khatri, and Brinda Jacob Janvrin in South India.

At this stage, as far as we are aware, only small numbers of dance therapists are working independently in other countries in Asia. This includes dance therapists trained in the UK, the USA, and Australia returning to work in their home countries of Malaysia, the Philippines, and Vietnam. Currently, Thailand has a few dance/movement therapists who have graduated from both the USA and the UK in dance therapy. There is a growing academic and professional focus in Thailand on the use of creative arts therapy to facilitate well-being and other therapeutic objectives. The University of Chulalongkorn is actively collaborating with the University of Haifa, Israel, to develop a dance therapy academic program. The Faculty of Fine Arts of Srinakharinwirot University also offers an elective course in dance therapy. Students from University of Haifa are currently undertaking internships in various places in Thailand with clients including patients with Parkinson disease and children in various institutions.

Asian countries are becoming increasingly aware of their own identities and strength among the early influences from the West. More local DMT professionals are starting their own approaches adapted to local culture and situation and expanding their work beyond clinical setting to education, community, well-being, and corporate settings.

Training

As is the case with the historical emergence of dance therapy within Asia, western-informed dance therapy has largely shaped the development of training within this region. This can be seen in alignment of a number of training programs with the ADTA model. In South Korea, for example, the first training was established by Ryu Boon Soon. This was followed in 2001 by a master's program with a major in DMT established at Seoul Women's University and an ADTA-accredited Alternate Route training course.

Jeonju University in Korea newly opened DMT program which offers Master and Ph.D degree program in 2021. This DMT program is running by Dr. Ko Kyung Soon under the division of Creative Arts therapy with Art therapy and music therapy.

There is growing interest in dance therapy in Chinese universities, but no academic program has been set up yet in the mainland. However, several universities have started creative arts therapy master research programs that incorporate dance therapy module. The influence from the West is also evident in ADTA Alternate Route accredited courses designed by Joan Wittig and run by Inspirees Institute in Beijing, Shanghai, and Hong Kong since 2010 (Figure 2). Courses offered by Apollo are based on a German Dance Movement Therapy Association model since 2011. More than 500 students have entered the two training programs. Among them, more than 80 students have now been fully trained as



FIGURE 2 | A Singaporean student in China training program. Image courtesy of Inspirees Institute.

dance therapists with some ten graduates accredited by ADTA or the German Association. In Hong Kong, dance therapy courses have been held in the University of Hong Kong since 2004 through regular workshops and the master of expressive arts therapy program.

In Taiwan, Professor Tsungchin Lee has provided dance therapy training based on local practice and research experiences since 1987. She is the founder of Taiwan Dance Therapy Association (TDTA) and had provided trainings for senior dance-therapist-trainers within the TDTA. Currently, dance therapy training opportunities are available through TDTA, dance therapy courses provided in several universities, as well as TWNZ, a collaborative training programme supported by NZ Certificate program and Taiwanese DMTs, founded by DM Psychotherapist Jacquelyn Wan.

In Vietnam, the “Vietnam dance/movement therapy” (*Trị liệu Múa/Chuyển động*) is currently developing a training program. This is being led by Minh Bui, who is designing the course in alignment with DTAA competency standards (Denning, Dunphy, & Lauffenburger, 2019) as well as Vietnamese regulations for higher education. Short introduction courses are being run at present (4–6 weeks), and these advance courses will be accredited toward the full program.

In Japan, several non-academic courses enable participants to gain credits to become a DM therapist. In India, the first master’s in expressive movement therapy has been launched in 2021 at Sancheti Healthcare Academy (Savitribai Phule University). Two diploma programs are offered, one at St. Meera’s College (Savitribai Phule University) and other at Centre for Lifelong Learning (TISS). The above three programs are run in collaboration with pioneering dance therapy organizations. Several private institutions offer unaccredited and foundational-level courses in dance therapy. In Thailand, an MA degree in arts therapies is offered at the University of Chulalongkorn, Bangkok, in cooperation with the University of Haifa, Israel.

Professional associations

A number of professional associations are active in this region. These include the Japan Dance Therapy Association established in 1992, the Taiwan Dance Therapy Association, and the Hong Kong Dance Movement Therapy Association. Korea has three professional associations: the first, Korean Dance Therapy Association, which is currently the largest, was established by Ryu Boon Soon (KDMPA, 2018), the Korean Chum Therapy Association, and the Korean Society of Dance/Movement Psychotherapy, which was established in 2010 by graduates of American programs who returned to Korea after studies in the 1990s and early 2000s (KSDMP, 2018). A not-for-profit organization, Creative Movement Therapy Association of India, was established in 2014, and the Indian Association of Dance Movement Therapy was established in 2020. In 2002, a dance therapy association was established in Taiwan, where Jacquelyn Wan established a training program that graduated seven DMTs in 2019. The current cohort has 15 students, and music, art, and dance therapy associations there are working for the recognition of creative arts therapies and a master’s-level program.

An official professional dance therapy association has not yet been established in China due to strict government regulation on psychotherapy. Any unofficial associations registered out of mainland China are not legally recognized. In 2016, the Chinese Arts

Therapy Group (CATG) was established with the leadership of Dr. Tony Zhou under the Chinese Psychological Society. A working division on dance therapy has been set up to work on the registration and standard (training and code of ethics) of dance therapy in China. This group is yet to grow and integrate with other organizations in China. In 2021, the Chinese Ministry of Health has started to create a new edition of the national guideline of psychotherapy. CATG was much involved in the creative arts therapies chapter, including dance therapy. This was a milestone for dance therapy in China.

Oceania

This section focuses on Australia and Aotearoa New Zealand, where DMT is more strongly developed. As far as is known, there are few, if any, practitioners active in other countries in the Oceania region.

History

DMT began to emerge as a profession in Australia in the late 1970s, largely out of the practice of creative and educational dance professionals who sought to develop the therapeutic potential of their work. However, the First Nations people of Australia have practiced dance as a healing art for millennia, in an unbroken line to the present day, for functions similar to those of DMT (Al-Yaman, 2016; Treloyn & Martin, 2014; Jordan, Searle, & Dunphy, 2017; Dunphy & Ware, 2019). Likewise, the Maori people of Aotearoa New Zealand have strong cultural dance practices that continue to be a vibrant part of culture (Dunphy, 1996).

The first practitioners of what has become known as the profession of DMT in Australia were trained by both Wynelle Delaney and Hanny Exiner (Denning et al., 2019). Delaney was a visitor from the West Coast of the USA, with whom some Australian practitioners trained, whereas Exiner was an Austrian-born dancer, educator, and therapist who remained in Australia. Exiner's professional life had a similar trajectory to the dancers who are now first recognized early practitioners of DMT within the USA. For instance, she was a modern dancer trained in the Middle European tradition, who had studied under Bodenweiser and came to Australia as a member of the Borovansky Ballet Company in the 1940s. She was strongly influenced by dance educator and theorist Rudolf Laban. Her medical studies led to an interest in psychotherapy, bringing her to the intersection of dance, health, healing, medicine and psychology, all of which informed early DMT practice (Bond, 2008; Guthrie & Aitchison, 2008).

Training

Exiner instigated the development of dance education and therapy training in Australia, between the 1960s and 1980s at the Kindergarten Teachers College in Melbourne, Victoria. This later became part of Melbourne University's Department of Education. Exiner's initiative was formalized and developed by Karen Bond, an Exiner protégé and immigrant from the USA, and the first person to obtain a PhD in DMT in Australia. The graduate diploma in movement and dance commenced in 1977 and included a DMT stream, later becoming a graduate certificate in dance therapy. A Master of

Education in advanced studies in movement and dance also operated at Melbourne University during the 1990s, enabling many professionals to gain a degree in education that underpinned their work in DMT.

Other university programs that have offered DMT comprise RMIT Melbourne's graduate diploma of visual and performing arts, offered from 2002 and 2006; the Wesley Institute in Sydney, which offered DMT as part of a bachelor's degree and later become a graduate diploma in dance movement therapy (1996–2011). This program was led by Evelyn Defina. Later, a diploma course was hosted by Phoenix Institute, a vocational training institute in Melbourne (2014–2015). Nowadays, DMT training programs are run through both independent organizations as well as universities. For example, the International Dance Therapy Institute of Australia (established 1991) is led by US dance therapist, Dr. Marcia Leventhal. This private institution operates in collaboration with senior Australian practitioners and offers an advanced clinical certificate. Other courses in Australia include an advanced clinical training offered by Tracey Nicholson of Tensegrity Training in Brisbane; a bachelor of arts in psychotherapy that includes a DMT elective subject (offered through a private Melbourne-based institution, Ikon): This was developed by Jane Guthrie, Heather Hill, and Sue Mullane. In NZ, the Dance Therapy New Zealand course (established in 2016) offers a diploma, founded by Anaia Treefoot and Jacquelyn Jung-Hsu Wan. Recently, two masters' programs have also been established in the region. The Master of Dance Therapy program, founded by Anaia Treefoot, is offered through the University of Auckland (NZ). This program launched in 2019. Similarly, the University of Melbourne's Master of Creative Arts Therapies (with specializations in DMT and drama therapy) was established in 2020. This course developed out of a longstanding music therapy program that recently expanded to include dance and drama therapy. After completing a post-doctoral research position at the University of Melbourne, Dr. Kim Dunphy was one of the key founders of the program.

As such, current training options for DMT in Australia and Aotearoa NZ include both vocational education (VET) and university pathways. Several additional private providers also offer professional development opportunities. University-level qualifications are taught at master's degree level and the VET course is at AQF level 8. These programs are generally structured across two years and emphasize both practical and theoretical learning. The programs are rigorous and provide students with opportunities for practice in the field, working with a variety of different client populations under close supervision.

Professional associations

The professional association Dance Movement Therapy Association of Australia (DTAA) was established in 1994, building on the earlier work of a dance therapy working group of the national dance association, Ausdance. In 2004–2005, the DTAA achieved status as a Full Member Association of the Psychotherapy and Counselling Federation of Australia, aligning with the larger field of psychotherapists and counselors. As yet, there is no government process of accreditation, recognition, or regulation of DMT, as is also the case for psychotherapist and counseling colleagues.

In 2015, the organization became the Dance Movement Therapy Association of Australasia, in recognition of the inclusion of members from New Zealand and the wider Asia-Pacific region. The DTAA currently has approximately 200 members, of whom 74 are formally recognized by the association as DM therapists through their achievement of professional or provisional professional levels of membership. Members are largely concentrated in capital cities Melbourne and Sydney, with smaller numbers in most states and territories, Aotearoa New Zealand, and other Asia-Pacific countries.

In 2020, DTAA became an affiliate of the Allied Health Professions Australia (AHPA) association.

Europe

History

The history of DMT in Europe is relatively complex, involving many different influences, processes, developments, and players. Primarily, this section of the article focuses on developments in the UK, France, Germany, Greece, and Italy, which were the first countries involved in DMT, beginning almost simultaneously during the 1970s. The emergence of DMT in these countries was at the time largely driven by those who had trained to become professionals in the USA. Another stream of early dance therapists had not trained in the USA but instead began to integrate aspects of their dance, education, or psychology into a therapeutic dance practice including the anthropological approach to DMT, which is a very important influence in France, Italy, and Greece. This is based on the work of France Schott-Billman and centers around a focus on what was known as primitive expression which includes popular folk dances as well as anthropological forms of gesture and movement (Plevin, 2003). In Hungary, Marta Merenyi developed a specific psychoanalytically inspired approach: PMDT (Vermes & Incze, 2012).

In Europe, there are efforts to include DM therapists with different backgrounds and approaches. The process of establishing the European Association of Dance Movement Therapy (EADMT) has had continuous support. In addition, some Eastern European countries joined the DMT network during the 1970s as well as in the 1990s and thereafter, and there are some very young associations in this region of the world.

Training

As well as a multitude of private training opportunities, a number of master's- and PhD-level studies are available across Europe. This includes the UK (Goldsmiths, University of London, master's program and PhD; University of Derby; University of Roehampton), France (Université René Descartes [becoming Université de Paris] master's program with opportunity for PhD), Spain (Universidad Autonoma Barcelona master program), Germany (University of Heidelberg master program), Latvia (Riga Stradiņš University, master's in art therapy, specialization dance therapy), the Netherlands (Codarts University for the Arts), Estonia (Master Dance Therapy Tallinn University, at the School of Natural Sciences and Health), and Lithuania (master's program Vilnius University).

However, DMT is taught in many private institutions as well as university-based educational institutions. In any kind of training program (private or university), the European training standard is the same: master's level (minimum 2 years and 120 European transfer credits). The EADMT (2021) website has a list of trainings in several countries (<https://eadmt.com/education/professional-dmt-trainings>): for example, Italy has 9 training programs; Germany has 11; Hungary has 1; France has 2. Each member of the EADMT has a national training program.

In October 2017, the EADMT adopted a specific European training standard to help meet best practice demands and ensure high quality practitioners across Europe (<https://eadmt.com/education/training-standards-criteria>). The standard level of training the association has agreed upon is a master's-level qualification. The intention is that full professional EADMT members will both meet and evidence these agreed minimum standards regarding their national accredited and/or recognized DMT training programs. The EADMT aspires for all members to work toward these minimum standards from 2020 and will encourage and support full basic members and associate members in their efforts to grow the DMT profession in their countries. EADMT wishes that these training standards criteria offer a clear framework toward which to aspire, which may help in overcoming educational differences between countries and establishing a standard of DMT that is inclusive of the richness and diversity of all European member countries.

Professional associations

Individual associations have been established across Europe, including the Association for Dance Movement Psychotherapy UK in 1982 (<https://admp.org.uk/>), the Société Française de Danse Thérapie (SFDT) in 1984 (<https://www.sfdt.fr/>), Berufsverband der TanztherapeutInnen Deutschlands (BTD) in 1995 (<https://www.btd-tanztherapie.de/>), the Greek Association of Dance Therapy in 1993 (<https://gadt.gr/>), and the Associazione Professionale Italiana Danzamovimentoterapia (APID) in 1997 (<https://www.apid.it/>). Some Eastern European countries joined DMT later than 1980s, one of the first being the Hungarian Association for Movement and Dance Therapy which joined in 1992 (<https://mozgasterapia.net/english/>). These first five countries, which were invited by APID, met in Bologna in March 1997 and formed the steering group, coordinated first by Vincenzo Puxeddu and later by Penelope Best for an international European association, which became the EADM.

The formation of the UK association was led by Helen Payne along with Lynn Crane and Catalina Garve. Payne chaired the association for the first seven years, and in 1996 achieved ratification for senior and basic practitioners (<https://admp.org.uk/about-us/history/>). The French association developed out of a graduate studies program at the University Paris-Sorbonne following the initiative of Jean-Claude Serre and other DM therapists participating in this program and is now a full-basic member of the EADMT).

The German association also represents its members in the EADMT and is currently chaired by Hannah Bracht (German Professional Organization for Dance Therapists, n.d). The Greek association is also a full member of the EADMT and sets the standard for a master's program located in Greece. The Italian association was set up in 1997 by

Rosamaria Govoni, Vincenzo Puxeddu, and Vincenzo Bellia and quickly established a two-tier membership system for both student and professional status as well as laid the ground for accreditation which was granted 5 years later (Plevin, 2003, p. 20).

Many individual nations had organized their own professional associations, a process that, over time, led to the formation of a European-wide association.

The idea to form a European network or association arose at the first European conference, held in Berlin in 1994. Through a long and collaborative process, the EADMT was formed in 2010, bringing together 16 different national DMT professional associations (<https://eadmt.com/eadmt/history>). This represents a grouping of national professional DMT associations in Europe, working actively to promote their further development of professional practice and the legal recognition of the profession. The EADMT assures and promotes the quality of DMT practice and trainings in Europe for the protection of clients, professionals, and institutions. The EADMT aims to nurture mutual respect of diversity and to foster exchange and collaboration between member countries.

As of October 2020, EADMT has 28 national member countries and approximately 2419 practitioners within all Europe (Table 1). The countries most highly represented are Germany (501 practitioners), UK (353 practitioners), Italy (264 practitioners), and Netherlands (101 practitioners). The newest EADMT members joining in October 2020 are Lithuania and Norway.

Today, the EADMT is the main platform through which the diversity of DMT practice in Europe finds its full expression. Europe, therefore, now has one DMT voice, which allows for difference while sharing a commonality (Figure 3).

Middle East

This section focuses mostly on Israel, because we were unable to find evidence of formal DMT practice in other Middle Eastern countries. The Israeli association is the only one known in the region. However, DMT informed work has been documented with programs for refugees and survivors of torture in Tripoli and Beirut, Lebanon. There are also DMT courses offered in Turkey and Lebanon, and Turkish DM therapist (Figure 4) Seda Güney has developed dance therapy for social change and other programs, including creative movement for the children there. In Egypt, Radwa Said Abdelazim Elfeqi writes of her unique experience as a physician researching DMT with children and adolescents suffering from emotional and behavioral disorders, and her efforts to introduce the work in Egypt (Bräuninger & Elfeqi, 2019, pp. 246–247). She describes the potential for further development of DMT there by virtue of the existence of “potent contemporary dance schools...” that “could offer a potential basis for future dance movement therapists...” (2019, p. 248). American DM therapist Amber Gray has provided training on her trauma-informed DMT framework in Bethlehem in the West Bank; in Beirut, Tyre, Tripoli, and Byblos in Lebanon, and in Istanbul in Turkey. The authors are aware that the absence of a known formal training program or association in the majority of Middle Eastern countries does not minimize the rich culture of traditional dance that exists there. We reached out

TABLE 1 | National Members of the EADMT (as of August 2020)

Country	Number of members
Full professional members	
Estonia	7
Germany	501
Greece	43
Hungary	89
Italy	264
Latvia	39
Netherlands	103
Poland	39
Russia	43
Spain	70
UK	353
Subtotal	1551
Full basic members	
Austria	62
Belgium	19
Czech	10
Finland	83
France	35
Slovenia	6
Switzerland	79
Ukraine	112
Austria	53
Subtotal	406
Associate members	
Croatia	10
Cyprus	12
Denmark	21
Israel	348
Portugal	10
Romania	22
Sweden	39
Subtotal	462
Total	2419



FIGURE 3 | Dance for unity. EADMT Conference, Milan, 2016.



FIGURE 4 | Lebanon DMT activity group. Image by Amber Gray.

to colleagues and included what information we found regarding DMT in Turkey and recognize there is much more. We encourage those interested to contact the therapists there.

History

In Israel, movement began to be used formally for therapeutic means in the early 1970s. This could largely be seen in the work of several dancers who began integrating therapeutic elements of dance into their teaching. American dance therapy professionals who influenced DMT in Israel included Marian Chace, Dr. Vivien Marcow Speiser, Sharon Chaiklin, and Dr. Mara Capy. They each practiced as dancers or dance teachers. DMT was not yet recognized or known to other professions at this point. However, dance was, and is, a strong part of the Israeli culture. Lesley College established an affiliated MA training program in Israel in 1980 and this program was formally licensed by the Council of Higher Education in Israel as a Lesley University Extension Program in Israel in 1995–2014. The formation of the arts therapy professional association in 1968, and the establishment of a DMT master's degree at the University of Haifa in 2008 enabled the stronger development of the profession.

Training

The first DMT program established in Israel was a certificate-level training at the University of Haifa. This was founded by Americans, Sharon Chaiklin and Dr. Mara Kapy, in 1980 and was situated in the Department of Education. Professor Vivien Marcow and Norma Canner DMTs from Lesley College USA established an MA level expressive therapies program in Israel in 1980 as an extension of Lesley college USA. In 2008, with the establishment of the School of the Arts Therapies within the Department of Social Welfare and Health Sciences, DMT was granted the status of an MA, and eventually, a PhD status was also granted. Recognized by the ADTA, the MA program is informed by the standards of the ADTA model and bases its curriculum largely on the US approach.

Important aspects of the course include LMA and the Kestenberg movement profile for its assessment and diagnostic utility. Marian Chace's approach, the Authentic Movement approach, and group analysis are also taught. Other foci include trauma, attachment, neurodegenerative diseases, psychiatry, multiculturalism, and social activism. Advances in DMT are informed by developmental theory, psychodynamic understanding, and the relational, intersubjectivity approach. A psychotherapy framework informs many of what students learn within small group supervision.

Three other institutions in Israel offer DMT training: the Academic College of Society, the Seminar Hakibutzim College, and David Yellin Teachers' College. The Seminar Hakibutzim College, and David Yellin Teachers College, were granted MA level in 2018. Lesley University's extension in Israel that operated from the early 1980s turned in 2014 into the School of Society and Arts at the Ono Academic College.

Professional association

The close proximity of members within the small country of Israel supports a lively and active engagement within the creative arts therapy field (Mendelson, 2006). Israel

does not have a stand-alone DMT association, but DMT is represented as a branch of the Israeli Association of Creative and Expressive Therapies established in 1971. Of the association's 1370 registered members, 247 are DM therapists.

North America

This section includes developments in Canada and the USA. DMT was “birthed” in the USA by Marian Chace, employed as the first full-time DM therapist in 1947. Chace began her work with patients with psychosis, and later with soldiers returning from World War II at St. Elizabeth's Hospital in Washington, DC. These soldiers expressed symptoms of what now would be known as combat trauma or posttraumatic stress disorder. At a loss for ways to support them to express their experiences and recover, hospital psychiatrists sent them to Chace. The non-verbal processes she used with these severely psychotic and traumatized people spawned DMT in the USA. Chace's non-verbal, movement-based reflecting and mirroring of client's verbal and non-verbal attempts at communication gave rise to her concept and practice of kinesthetic empathy, one of her most significant contributions to the field.

Chace's work was followed by such contemporaries as Trudi Schoop, Mary Whitehouse, Liljan Espenak, and Blanche Evans. Each of these founders developed their particular style and theories for DMT, leaving a legacy, including second- and third-generation students and mentees who continue to diversify the application of DMT in a variety of clinical and non-clinical settings. DMT has developed through generations of trailblazers, innovators, instructors, and students. From a core group of founders to the establishment of matriculated master's and PhD training programs, DMT as a profession continues to find ways to grow in the USA and Canada. While the number of programs varies, the ADTA membership has been increasing steadily.

Training

There are currently six academic programs for master's-level DMT in the USA: Antioch, Drexel, Lesley, Naropa, Pratt and Sarah Lawrence. Antioch, Lesley and Pratt all offer low residency programs in DMT. There are also many alternate route options for students who already have an approved degree and/or are already practicing in a mental health profession. Alternate-route students create their own programs by studying with the many individuals and institutes that offer training. It is difficult to quantify the number of programs because many courses are offered independently of a program per se. Two examples of alternate route programs in the USA are The Southwest Collaborative of Embodied Neurobiology and Restorative Resources, and The Embodied Education Institute of Chicago. These unique options to study DMT and prepare for registered DMT supports a more diverse student body as the flexibility and lower cost overall of studying DMT without interruption to ones “usual” life makes this educational track more accessible. Additionally, in the USA, several of these university programs are spearheading initiatives to diversify education and, eventually, our field. As one example, Pratt has collaborated with

NYC-based DMT Nancy Herard-Marshall to integrate an Afro-centric and black psychology theoretical framework into their program. More broadly, a committee of DMTs is now working with the ADTA board of directors and educators to review and revise how observation and assessment are taught in universities and practiced by DMTs. Through the summer of 2020, the ADTA sponsored a series of ADTA affinity group listening sessions where students and DMTs shared their experiences of being harmed, not being seen or represented in DMT education and our profession. Ebony Nichols' thesis "Moving Blindspots: Cultural Bias in the Movement Repertoire of Dance Movement Therapists (2019)" articulated the need for equity and inclusion within DMT educational programs and our profession. The Education Committee under the leadership of Jessica Young and currently Dr. Tomoyo Kawano formed task force groups to examine the history and explore and expand frameworks and pedagogy of movement observation. This reflection process will continue in all aspects of DMT education.

Although Canada does not yet have a master's-level training, a few universities have shown interest in establishing one. At this moment, there are two alternate route programs existing in Canada: Movement Arc the Life Moves Dance Movement Therapy Program (formerly West Coast Dance Movement Therapy [WCDMT]), established in 2013 and located in British Columbia, offers 2.5- to 4-day weekend courses every 4 to 8 weeks, with 5- to 10-day intensive program over the summer. Students can sign up and begin courses any time.

In addition to teaching traditional DMT methods, WCDMT/Movement Arc also offers a diverse array of skills and knowledge from the fields of somatic psychotherapy, expressive arts therapies, attachment psychology, neurobiology and various systems of movement analysis which weave into and support DM therapists' skills.

The National Center for Dance Therapy, established by Les Grands Ballets Canadiens de Montréal, is dedicated to the promotion of DMT. This program is a collaboration between the 92nd Street Y alternate route program in New York City and offers a 405-hour ADTA-approved training that takes place over three summers.

Professional associations

Established in 1966 as a professional organization, the ADTA is now led by a board of directors, a professional office, and a credentialing board. More recently, the ADTA Multicultural and Diversity Committee has formed Affinity Groups to represent and forward the work of an increasingly diverse community of DM Therapists and to begin to decentralize white euro-centric perspectives and acknowledge the diversity inherent to dance as a global and ancient healing practice. The ADTA holds annual conferences that have been a consistent forum for DMTs to share their work and to exchange knowledge. It also leads to other events such as continuing educational opportunities, seminars, and networking and supports scholarship developments to advance DMT among those who may require additional support.

Canada has an association also, the Dance Movement Therapy Association in Canada (DMTAC). Once a student has completed their training, they can register to become a registered DM therapist. When they have completed their post-graduate supervision of

3000 hours, they can register as a board-certified. This is a rigorous process; in many ways, it is more rigorous than other master's-level counseling credentialing processes. The DMTA (<https://www.dmtac.org/>) also offers regular workshops that are often approved for the Alternate Route or continuing education credits.

In the region of Central America and the Caribbean, DMT is a burgeoning discipline. In Costa Rica, there are a few practitioners using DMT with varying levels of training and credentialing. Both Colombia (South America) and Mexico have interested students who have inquired about setting up DMT training in their countries. Beyond this limited knowledge of DMT in countries close to or in Central America, our collective inquiries did not yield more information about the practice there. In the Caribbean, American DMT Amber Gray has been training clinicians in Haiti in a trauma-informed DMT framework since 2004. Following the devastating earthquake of 2010, she trained over 25 clinicians, from social workers to child psychologists to psychiatrists, to use DMT in their programs for child and adult survivors of trauma. Reciprocally, this framework draws from Haiti's rich spiritual tradition and was developed through cultural immersion and ongoing work with survivors of political violence and disaster in Haiti and elsewhere (Gray, 2019).

The ADTA's most recent regional chapter is the Puerto Rico chapter, established in 2016. At the time of writing, this small but mighty chapter has already held two annual DMT conferences in San Juan and virtually. More globally throughout the Caribbean, Nancy Herard-Marshall and Maria Rivera's 2019 publication, "Embodied resilience: Afro-Caribbean dance as an intervention for the healing of trauma in dance movement therapy," heralds an approach to DMT that is both based on the wisdom of dance to heal, which existed long before DMT was conceptualized and a current integration of Afro-centric psychological theory. Herard-Marshall and Rivera's framework to connect ancient socio-spiritual and socio-cultural dances to DMT is truly a step in acknowledging the multiplicity of cultural realities that need to inform DMT so that DMT moves toward a more global inclusivity.

South America

This section focuses on developments in the South American countries: Argentina, Brazil, Chile, Colombia, Mexico, Venezuela, and Uruguay, where author Fischman has personal connections.

History

Argentina was the first South American country in which DMT was taught in a formal non-academic training of 600 hours. Maralia Reza was the first and only Argentinian to undertake DMT-related studies, working with Irmgard Bartenieff and Liljan Espenak in New York in the 1970s. Reza brought these learnings back with her to Argentina in 1973, where she began a private practice. In the nineties, Marcia Leventhal came to Buenos Aires where she taught some workshops. The first Spanish speaking training, Brecha-Dance Movement Therapy Training Program, opened in Buenos Aires, Argentina, in 1996. It was founded and directed by Diana Fischman.

This non-academic program kept on inviting ADTRs to teach at this institute. That is how Fran Levy, Sharon Chaiklin, Joan Chodorow, William Freeman, Suzi Tortora, Dianne Dulicai, Robyn Flaum Cruz, and many others taught to South American students coming from southern countries. Later on, these students became pioneers in their countries, and they started working in their communities and opened short-term introductory workshops on DMT.

The early emergence of DMT appears to be similar to other continents where DMT spread by individuals who share their experiences and learnings bringing the practice of DMT to their respective regions after studies in the USA, Argentina, and later on, Spain. Many South American countries have DMT practices, but they do not have formal training: Brazil, Mexico, Venezuela, Chile, Uruguay, Colombia, and lately Bolivia and Uruguay. The publication of educational materials about DMT in Spanish language was a significant factor in this development. These early influencers generally began their work in private practice and gradually expanded to create new clinical settings such as day hospitals, institutions for the elderly, and other contexts relating to both children and adults.

Many DMT introductory programs are emerging outside of the university system in these countries. These private institutions and organizations have helped to promulgate DMT across South America (Figure 5). Such training programs have attracted students from diverse backgrounds, including dancers, psychotherapists, psychoanalysts, and physiotherapists.



FIGURE 5 | Interbeing through dance. Image courtesy of Brecha, Argentina.

Training

Currently, DMT training is offered in Argentina in diverse sites, both private and academic. A master's degree was founded in 2008 at the Universidad Nacional del Arte (UNA) in Buenos Aires and a post-graduate certificate was offered at Universidad CAECE until 2020. These programs are both recognized by the Asociación Argentina de Danza Terapia. Chile has two introductory diplomas: one at Vaiven Center directed by María José Sendra Polanco and the other at Terapia en Movimiento Center directed by Claudia Aguila Parra. Each course runs over a 6-month duration. Venezuela, Brazil, and Colombia each have one non-academic program. There have been calls for other programs to commence in Colombia in 2018. In Mexico, there is no clear evidence of DMT as a specialized profession, despite interest in developing a training program. However, DMT is included in some forms of somatic training such as Roth's 5Rhythms.

Generally speaking, the content of many of these courses include basic assumptions underpinning DMT methods and theory, focus on the role of early pioneers in developing DMT theory and technique, expressionism, contemporary dance history, and Laban Movement Analysis (observation and intervention). Developmental psychology and movement development are also explored as well as DMT with different populations. Typically, embodied perspectives are included in the framework. A current trend in South America is the emphasis on psychoanalysis and cognitive neuroscience to support and teach concepts such as *embodied enaction* (Koch & Fischman, 2011).

Professional Associations

Professional associations for DMT are active in Argentina (Asociación Argentina de Danzaterapia), Chile (Asociación Chilena de Danza Terapia), Venezuela (Asociación Venezolana de Danzaterapia), and lately in Perú and Bolivia. There are also some informal networks of DMT followers: LatinMov, for example, organizes events in regions such as Chile, Bogotá, Buenos Aires, México DF, and Sao Paulo each year. While the material explored at LatinMov events has some relationship to DMT concepts and practices, participants generally do not hold DMT qualifications nor appear to be seeking certification.

Initiation of the World Alliance for Dance Movement Therapy

Although DMT has gradually become more established in all of these countries and continents, and associations have formed to support practitioners, there has not been an organization for DMT with a global focus until recently. In 2014, Dr. Tony Zhou of Inspirees Institute in China began discussing the establishment of such an organization with DM therapists around the world. His initiative was met with enthusiasm from Dr. Kim Dunphy of Australia and Dr. Amber Gray of the USA, who had had a similar idea, but not yet taken any action.

Consultations were held in 2016 at the European and American conferences and at committee meetings of the DTAA in Australia. More than 60 people from 20 countries participated in these discussions, agreeing almost without exception that an international network would be welcome and valuable. Further consultations held at EADMT and ADTA conferences in 2018 received enthusiastic reception, perhaps most

strongly from regions that do not yet have their own associations and well-developed professions. Participating DM therapists recognized the need to have a global voice and perspective and one that can be supportive of emerging developments, especially in countries outside the privileged West.

A steering group for an international organization was established with senior DMT professionals from across the globe and authors Dr. Zhou (Inspirees Institute China), Dr. Dita Federman (University of Haifa, Israel), Dr. Vincenzo Puxeddu (coordinator of the master's program, University of Paris, president of the EADMT), Dr. Diana Fischman (Dance Movement Therapy Training Program, Buenos Aires), and Dr. Amber Gray (Executive Director, The Kint Institute, and former member of Board of Directors, ADTA. Dr. Kim Dunphy, of the University of Melbourne, Australia, and president of Dance Movement Therapy Association of Australasia, took on the role of inaugural convenor. Recently, Dr. Ella Dumaresq has joined as an Australian representative.

The group coined the moniker WADMT (World Alliance for Dance Movement Therapy, www.wadmt.org), describing itself as a global organization bringing together DMT associations and individuals interested in developing the profession to support and inspire one another. The group's current modest aspirations are to promote DMT around the world by connecting all those interested, including practitioners, academics, and associations. The current agreed goal is the promotion of health, well-being, and creativity across the world by promotion of DMT globally.

The steering group is currently meeting bi-monthly to advance progress for the WADMT. All processes required for operations of an effective organization are yet to be established, including membership processes and options for sharing of information. The group intends to share more information through existing networks such as national associations as its work progresses.

Proposed activities for the group currently being considered include support and promotion of the profession, especially in areas where there is not yet an established association, exchange of information and collaboration between DMT professionals internationally, and special projects, including collaborative research. Membership is expected to be open to all who are interested, from national associations, to training programs, practitioners, students, and other individuals associated with DMT. This article is the group's first collaborative project.

Discussion

While the first intention in writing this article was that each section included similar information, this turned out not to be feasible. Significant differences between the regions became evident. The region of Oceania (which includes Australia and Aotearoa New Zealand) and the USA share similar characteristics in being one region that is relatively homogenous as far as formalized DMT is concerned, served by one relatively well-established association. Information about DMT history and training was easily accessible from association's websites in these countries, and therefore, it was not difficult to document their DMT trajectories. However, this was quite different for Europe, which has both national associations and a recently established international

association, the EADMT. It was much more difficult to tell the story of this broad region within the limits of a short article; hence, this section focused more on the development of the profession through the establishment of the EADMT.

Asia and South America, albeit inherently different, both have many countries whose DMT professions are emerging. Although there are practitioners and practice in many of these countries, there are few well-established associations or formal training programs and therefore much less well-documented history and practice.

There are still considerable challenges for the profession in terms of gaining wider recognition. Compared with art therapy, music therapy, drama therapy, poetry therapy, and other creative arts therapies, we have not yet even reached a consensus regarding a unified global name, as discussed in the introduction. This is a fundamental issue of identity and encourages us to reflect philosophically. Further articles and dialogue could address the issue of terminology, in which concepts of dance and movement could be considered from diverse cultural perspectives.

Future research

Although this article addressed three interesting topics to trace the progress of the DMT profession, history, associations, and training, there are many additional topics that could not be addressed within its limits. These include research, areas of professional practice, and challenges and opportunities for the profession. These would be important to explore in future articles.

The scope of the article was quite wide, covering Australasia, Europe, North and South America, some Asian countries, Israel, and, less so, other Middle Eastern countries. Central America, the Caribbean, and Africa were minimally covered and non-exhaustively, as some countries in which none of the authors had contacts were not included. A future study might aim to be more comprehensive.

A further significant topic evoked, but was not fully addressed in this article, is the complex relationship between local, indigenous forms of body–mind healing and the dominant western models of DMT. This topic is critical as the field advances across the world and in diverse cultures, with practitioners seeking to offer culturally respectful and affirming DMT services. This evidently warrants further research and discussion.

Conclusion

The story of the profession's development across the globe is complex and nuanced, informed by layers of history, politics, and culturally embedded notions of what “dancing for health” means in this recently formalized profession. Despite the differences across regions, there seems to remain a steady beat at the heart of DMT's growth as a profession: the inherent value of dance and movement as an age-old resource to support bodily, emotional, social, individual, and community health. The authors of this article wish to acknowledge the diversity of dance practices and knowledge/s around the world, including long-standing indigenous practices and epistemologies and cultures that continue to express, connect, and create through dance and other

embodied ways of knowing. As we pay our respects in this article to our DMT leaders of the past as well as those present and into the future, we also humbly acknowledge the situated knowledge/s and richness of dance as it is practiced around the world. May we continue to dance together, one step at a time, toward a shared humanity and a kinder world for all.

In this very challenging era of human beings being threatened by the COVID-19 epidemic as well as other natural and social crisis, dance and DMT bear the hope for solidarity of human individuals and society, restoring our respect and harmony with nature. This review article, in line with the mission of WADMT, seeks to stimulate and support further opportunities for equitable, inclusive, and engaging dialogues in our global community. May we continue to dance together, one step at a time, toward a shared humanity and a kinder world for all.

Acknowledgments

We thank the following colleagues around the world for their contribution to this article: Nayung Kim and Kyung Soon Ko (South Korea), Shoichi Machida and Yukari Sakiyama (Japan), Pei-Shan Tsai, Prof. Tsungchin Lee and Jung-Hsu Jacquelyn Wan (Taiwan), Prof. Rainbow Tin Hung Ho (Hong Kong), Minh Bui (Vietnam), Ann Way (Vietnam/NZ), Sandra Lauffenburger (Australia), Rashi Bijlani and Devika Mehta (India), Warin Tepayayone (Thailand), Claudia Águila Parra and María José Sendra Polanco (Asociación Chilena de Danza Terapia), Daniela Pinto (Asociación Venezolana de Danzaterapia), Laura Aguirre and Diana Llama (Mexico), Paola Denevi (Uruguay), Priscila Torres (Brazil), Marnel Arroyave and Alejandra Sola (Colombia), Alejandra Vargas Mejía (Bolivia), Tatiana Blanco (Costa Rica), Juana Aguilera (Ecuador), Maria Rivera (Puerto Rico/USA), Nancy-Herard Marshall (Haiti/USA), Amarillis Vazquez (Puerto Rico), Nancy Beardall (USA), Ebony Nichols (USA), Hana Kamea (Vancouver, BC, Canada), Tannis Hugili (Vancouver, BC, Canada), Zuzana Sevcikova (Montreal, QC, Canada), Vivien Marcow-Speiser (USA/South Africa).

With special thanks to Judith Fischer and Sharon Chaiklin (USA) for their efforts in reviewing and commenting on this article.

With eternal gratitude to Dr. Kim Dunphy for spearheading this collaboration. Rest and dance in peace.

About the Authors

The late Kim Dunphy, PhD, Mackenzie Research Fellow, Creative Arts and Music Therapy Research Unit, Faculty of Fine Arts and Music, University of Melbourne, Melbourne, Australia.

Dita Federman, PhD, Faculty of Social Welfare and Health Sciences, The School of Creative Arts Therapies, the Emily Sagol Research centre, University of Haifa, Haifa, Israel.

Diana Fischman, PhD, Founding Director, Brecha—Buenos Aires Dance Movement Therapy Training Program, Buenos Aires, Argentina.

Amber Gray, PhD, Director, Restorative Resources Training and Consulting, Santa Fe, NM, USA; Executive Director, The Kint Institute, New York, NY, USA.

Vincenzo Puxeddu, PhD, Co-Director, Master Program “Creation Artistique—Dance Therapy,” Université de Paris, Paris, France, at Centre Henri Piéron, Boulogne-Billancourt, France; President, European Association of Dance Movement Therapy (EADMT).

Tony Yu Zhou, PhD, CMA, Founding Director, Inspirees Institute, Beijing, China; Executive Editor, *CAET Journal*; Executive Committee, International Association of Creative Arts in Education and Therapy (IACAET).

Ella Dumaresq, PhD, Creative Arts and Music Therapy Research Unit, Faculty of Fine Arts and Music, University of Melbourne, Melbourne, Australia.

Author to whom correspondence should be addressed; E-Mail: ella.dumaresq@unimelb.edu.au; Tel.: +61-411-500-678.

References

- Al-Yaman, F. (2016). Australia: Aboriginal and Torres Strait Islander peoples. In K. Silburn, H. Reich, & I. Anderson (Eds.), *A global snapshot of Indigenous and tribal peoples' health* (pp. 6–7). Melbourne, Australia: The Lowitja Institute.
- American Dance Therapy Association. (2016). *Member survey and practice analysis*. Albany, NY: American Dance Therapy Association.
- Appel, C. (2005). International growth of dance movement therapy. In F. Levy (Ed.), *Dance movement therapy: A healing art* (3rd ed.). Reston, VA: National Dance Association. pp. 263–272.
- Arakawa-Davies, K. (1997). Dance/movement therapy and reminiscence: A new approach to senile dementia in Japan. *Arts in Psychotherapy, 3*, 291.
- Association for Dance Movement Psychotherapy UK, History. (n.d). Retrieved December 12, 2018, from <https://admp.org.uk/about-us/history/>.
- Bräuninger, I. & R.S.A. Elfeqi (2019). From the alps to the pyramids: Swiss and Egyptian perspectives on dance movement therapy. In Payne, H., Koch, S., Tantia, J. with T. Fuchs (eds.), *The Routledge International Handbook of Embodied Perspectives in Psychotherapy: Approaches from Dance Movement and Body Psychotherapy* (pp. 241–250). London and New York: Routledge.
- Berrol, C. F. (1989). A view from Israel: Dance/movement and the creative arts therapies in special education. *The Arts in Psychotherapy, 16*(2), 81–90. [https://doi.org/10.1016/0197-4556\(89\)90004-X](https://doi.org/10.1016/0197-4556(89)90004-X).
- Bond, Karen E. (2008). Honoring Hanny Kolm Exiner (1918–2006): Dancer, philosopher, and visionary educator. In T. Hagood (Ed.), *Legacy and dance education: values, practices and people* (pp. 99–114). Youngstown, NY: Cambria Press.
- Capello, P. (2016). Looking to the future: Tracking the global emergence of dance/movement therapy. *American Journal of Dance Therapy, 38*, 125–138. <https://doi.org/10.1007/s10465-016-9209-1>.
- Capello, P. (2017). Crossing continents: Global pathways of dance/movement therapy. The 2016 ADTA International Panel. *American Journal of Dance Therapy, 39*, 47–60.
- Cruz, R. F. (2016). Dance/movement therapy and developments in empirical research: The first 50 years. *American Journal of Dance Therapy, 38*, 297–302.
- Cruz, R. F., & Hervey, L. W. (2001). *The American Dance Therapy Association Research Survey, 23*(89), 89–118.
- Denning, S. (2017). *Dance me through the panic till I'm gathered safely in ... dance therapy in Australia*. Unpublished PhD thesis, University of Melbourne, Melbourne, Australia.
- Denning, S, Dunphy, K. & Lauffenburger, S. (2019). *Competency standards for dance movement therapists in Australia*. Melbourne: DTAA. Retrieved September 14, 2021, <https://dtaa.org.au/dtaas-membership-levels/membership/competencies-dancemovement-therapists/>.

- Dulicai, D., & Berger, M. (2005). Global dance/movement therapy growth and development. *The Arts in Psychotherapy*, 32, 205–216.
- Dunphy, K. (1996). *The cultural arts experience of Maori migrants in Melbourne*. Unpublished master's thesis, University of Melbourne, Melbourne, Australia. Retrieved September 7, 2021, from <http://repository.unimelb.edu.au/10187/11603>.
- Dunphy, K., & Ware, V. (2019). Dance and quality of life in Indigenous cultures in Australia, In K. Bond (Ed.), *Dance and the quality of life* (chap. 28, pp. 495–515). New York: Springer.
- Dunphy, K., Elton, M. & Jordan, A. (2014). Exploring dance/movement therapy in post-conflict Timor-Leste. *American Journal of Dance Therapy*, 189–208. <https://doi.org/10.1007/s10465-014-9175-4>.
- Dunphy, K., Hearnese, T., & Toumbourou, J. (2009). Dance movement therapy in Australia: A survey of practitioners and practice, in K. Dunphy, J. Guthrie, & E. Loughlin (Eds.), *Dance therapy collections 3* (pp. 51–65). Melbourne, Australia: DTAA. Retrieved September 7, 2021, from <http://dtaa.org.au/category/dtc3/>.
- Dunphy, K. (2020). The healing history of dance. Retrieved October 14th, 2021, from <https://pursuit.unimelb.edu.au/articles/the-healing-history-of-dance>.
- European Association of Dance Movement Therapy (2021, August 30). *Number of members*. Retrieved from September 7, 2021, <https://eadmt.com/eadmt-members/overview-of-members>.
- German Professional Organisation for Dance Therapists. (n.d). *Willkommen beim Berufsverband der TanztherapeutInnen Deutschlands e.V. (BTD)*. Retrieved December 12, 2018, from: <https://www.btd-tanztherapie.de/>.
- Gray, A. E. L. (2008). Dancing in our blood: Dance movement therapy with street children and victims of organized violence in Haiti. In N. Jackson & T. Shapiro-Lim (Eds.), *Dance, human rights and social justice: Dignity in motion* (pp. 222–236). Lanham, MD: Scarecrow Press.
- Gray, A. E. L. (2019). Body as voice: Restorative dance/movement psychotherapy with survivors of relational trauma. In H. Payne, J. Tantia, & S. Koch (Eds.), *The Routledge international handbook of embodied perspectives in psychotherapy*. pp. 147–160.
- Greek Association of Dance Therapists. (n.d). *Greek Association of Dance Therapists*. Retrieved December 12, 2018, from <http://www.gadt.gr/english.htm>.
- Guthrie, J. (2009). The road ahead: Global trends in dance movement therapy. In K. Dunphy, J. Guthrie, & E. Loughlin (Eds.), *Dance therapy collections 3* (pp. 28–39). Melbourne, Australia: DTAA. <http://dtaa.org.au/category/dtc3/>.
- Guthrie, J., & Aitchison, N. (2008). Special Hanny Exiner commemorative edition. *Moving On*, 7(1–2). Retrieved from August 7, 2021, www.dtaa.org.au.
- Herard-Marshall, N., & Rivera, M. (2019). Embodied resilience: Afro-Caribbean dance as an intervention for the healing of trauma in dance movement therapy. Retrieved September 16, 2021, from: <https://www.youtube.com/watch?v=M8UdejfyfFE>.
- Higgins, L. (1992). A brief review of education and training in dance/movement therapy in the United Kingdom. *The Arts in Psychotherapy*, 19, 83–85.
- Ho, R. T. H. (2005). Effects of dance movement therapy on Chinese cancer patients: A pilot study in Hong Kong. *The Arts in Psychotherapy*, 32(5), 337–345. <https://doi.org/10.1016/j.aip.2005.04.005>.
- Ho, R. T. H. (2021). The aesthetic, poetic, and contemplative movement's attributes that heal in dance movement therapy. In C. Wengrower (Ed.), *Dance and creativity within dance movement therapy: International perspectives* (pp. 25–34). London and New York: Routledge.
- Jordan, A., Searle, S., & Dunphy, K. (2017). The dance of life with Aboriginal and Torres Strait Islander peoples. In J. Guthrie, S. Mullane, & E. Loughlin (Eds.), *Dance therapy collections 4*, 51–56. Melbourne, Australia: Dance Movement Therapy Association.
- Koch, S., & Brauningner, I. (2005). International dance/movement therapy research: Theory, methods, and empirical findings. *American Journal of Dance Therapy*, 27(1), 37–46.
- Koch, S. C., & Fischman, D. (2011). Embodied enactive dance/movement therapy. *American Journal of Dance Therapy*, 33(1), 57.
- Korean Society of Dance/Movement Psychotherapy (KSDMP). *Introduction*. Retrieved June 25, 2018, from <http://www.ksdmp.org/introduce/history.php>.
- Korean Dance Movement Psychotherapy Association (KDMPA). *History*. Retrieved July 25, 2018, from http://www.kdmpa.com/bbs/board.php?bo_table=history.

- Lee, T.-C. (2004). Development of dance therapy in Taiwan. *American Journal of Dance Therapy*, 26(1), 47–49.
- Meekums, B. (2008). Pioneering dance movement therapy in Britain: Results of narrative research, *The Arts in Psychotherapy*, 35, 99–106.
- Mendelson. (2006). The Israeli Association of creative and expressive therapies: Dance movement therapy. *Moving On*, 5(1), 13–14.
- Miller, J., Aaron-Cort, L., & White, E.Q. (2016). Credentials, past, present and future. *American Journal of Dance Therapy*, 38, 213–224. <https://doi.org/10.1007/s10465-016-9236-y>.
- Nemetz, L. D. (2006). Moving with meaning: The historical progression of dance/movement therapy. In S. L. Brooke (Ed.). *Creative arts therapies manual: A guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, drama, and poetry therapies* (pp. 95–108). Springfield, IL: Charles C Thomas.
- Nichols, Ebony, “Moving Blind Spots: Cultural Bias in the Movement Repertoire of Dance/Movement Therapists” (2019). Expressive Therapies Capstone Theses. 150. https://digitalcommons.lesley.edu/expressive_theses/150.
- Nordstrom-Loeb, B. E. (2012). The emergence of dance/movement therapy in Estonia. *The Arts in Psychotherapy*, 39, 321–327.
- Owen, S. (2014). Presence for the preservation of DMT: Reflections on the Korean Dance Therapy Association’s 20th anniversary international conference 2013. *Body, Movement and Dance in Psychotherapy*, 9(1), 47–51.
- Perkins, R., & Langton, M. (2008). *First Australians: An illustrated history*. Carlton, VIC: Miegunyah.
- Plevin, M. (2003). Dance movement therapy in Italy. *DTAA Quarterly*, 2(3), 20–23.
- Regev, D., Kedem, D., & Guttmann, J. (2012). The effects of mothers’ participation in movement therapy on the emotional functioning of their school-age children in Israel. *The Arts in Psychotherapy*, 39(5), 479–488.
- Schmais, C., & White, E. (1986). Introduction to dance therapy. *American Journal of Dance Therapy*, 9(1), 23–30.
- Société Française de Danse Thérapie. (n.d). *French Dance-Therapist Society, History*. Retrieved December 12, 2018, http://www.sfdt.fr/crbst_16.html.
- Sullivan, A. (2007). *The globalization of dance movement therapy: A qualitative case study of Australia*. Unpublished master’s thesis, Drexel University, Philadelphia, PA.
- Treloyn, S., & Martin, M. D. (2014). Perspectives on dancing, singing and well-being from the Kimberley, Northwest Australia. *Journal for the Anthropological Study of Human Movement*, 21(1), 1–13.
- Vermes, K., & Incze, A. (2012). Psychodynamic movement and dance therapy (PMDT) in Hungary. *Body, Movement and Dance in Psychotherapy*, 7(2), 101–113.
- Wengrower, H., & Chaiklin, S. (2021). *Dance and creativity within dance movement therapy: international perspectives*. Routledge.
- Zhou, T. (2015). *The circle of learning: When West meets East*. Conference proceedings of ADTA Annual Conference, San Diego, CA.
- Zhou, T., Kim, N., Machida, S., Sakiyama, Y., Tsai, P.-S., Lee, T., Hung Ho, R., Bijlani, R., Mehta, D., & Bui, M. (2019). Dance movement therapy in Asia: an overview of the profession and its practice. *Creative Arts in Education and Therapy (CAET)*, 40–50.
- Zubala, A., & Karkou, V. (2015). Dance movement psychotherapy practice in the UK: Findings from the Arts Therapies Survey 2011. *Body, Movement and Dance in Psychotherapy*, 10(1), 21–38.