

A Comparative Analysis of Dance Movement Therapy Education Policy and Practice: A Case Study of the United Kingdom and Australia

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Abstract:

This study compares the role of art therapy in addressing mental health challenges and Autism Spectrum Disorder (ASD) in the United Kingdom, Australia, and China. It highlights the growing importance of art therapy in educational curricula, emphasizing its role in equipping adolescents with essential tools to navigate societal demands and reduce mental health risks. The study contrasts the status of dance therapy in these nations and aims to provide insights for improving the integration of art therapy into China's education system.

Keywords: Mental Health Challenges, Autism Spectrum Disorder (ASD), Art Therapy, Dance Therapy

1. Introduction

In recent years, art therapy courses have become a crucial part of educational curricula for minors in developed nations, addressing the growing mental health concerns among adolescents (Baker, 2018). The proliferation of the Internet, social media, and the intensifying pressure of peer competition have heightened awareness about the prevalence and severity of mental health issues among youths (World Health Organization, 2020). Individuals diagnosed with Autism Spectrum Disorder (ASD) exhibit a range of symptoms, including social interaction and communication difficulties, verbal and non-verbal communication challenges, and restricted interests and repetitive behaviors (American Psychiatric Association, 2013).

The incidence of ASD cases is on the rise worldwide. According to the Centers for Disease Control (CDC) (2003, 2010), the diagnosed rate in the United States increased from 1 in 68 children in 2003 to 1 in 110 in 2010. The 2019 ASD Surveillance (ADDM) Network documented a rate of 1 in 59 children in the US (National Institute of Mental Health, 2019). In the UK, the prevalence rate is approximately 1% among children (National Health Service, 2020). Children with ASD also have higher rates of comorbid conditions such as cancer, diabetes, and AIDS compared to their peers (World Health Organization, 2020).

In China, the second national census of disabled persons (2006) showed that individuals with ASD constitute

36.9% of the overall disabled population, with children with ASD-related mental disabilities accounting for 37% of this demographic, totaling an estimated 40,000 individuals (National Bureau of Statistics of China, 2006). By 2014, the number of individuals with ASD in China surpassed 10 million, with over 2 million affected children aged 14 or younger (National Health Commission of China, 2014). It is estimated that China currently has around 650,000 individuals with severe ASD and over 5 million individuals with milder symptoms (National Health Commission of China, 2006).

Art therapy courses serve a dual purpose: they address escalating mental health challenges and facilitate the development of essential social and emotional skills (American Psychological Association, 2021). By promoting emotional expression and social training, these courses equip adolescents with the tools necessary to navigate societal demands, reducing the risk of mental health issues (Baker, 2018).

In China, dance therapy remains in its early stages, with limited implementation in specialized dance schools and mental health centers. The University of Hong Kong offers a master's program in art therapy, but the lack of a local psychotherapist certification framework has led to a shortage of practitioners relative to demand (Hong Kong Council for Accreditation of Academic and Vocational Qualifications, 2022).

This study aims to compare and contrast the current status, promotion, and utilization of dance therapy within the

educational frameworks of the UK, Australia, and China (Department for Education, 2021). The UK and Australia have pioneered the integration of dance therapy into primary and secondary education, with a range of institutions and comprehensive certification mechanisms for training therapists (Australian Psychological Society, 2021). Despite these advancements, challenges in the implementation of art therapy within educational settings persist in the UK and Australia (Department for Education, 2021). A comparative analysis of dance therapy implementation in these regions will provide valuable insights for China's education system, enhancing the benefits for a broader population.

2. Investigation Topics

- 1) What are the current policies and practices governing dance therapy education in the UK and Australia?
- 2) How do the educational frameworks and accreditation processes for dance therapy programs differ between the UK and Australia?
- 3) What are the similarities and differences in the curriculum content and structure of dance therapy programs in the UK and Australia?
- 4) What are the challenges and opportunities faced by dance therapy educators in the UK and Australia in delivering effective education and training?
- 5) What are the potential future developments and trends in dance therapy education in the UK and Australia?

3. Methodology

In this study, I mainly adopt the research method of literature review. I hope to summarise, synthesise, analyse and critically reflect on the basis of extensive reading and understanding of the literature in the field of research related to the chosen topic.

Specifically, firstly, the policies of dance art therapy in the UK and Australia are sorted out and compared for specific modules. Then, study the research history, the current status of research in this field (main academic views, previous research results, research level, research focus, problems and possible reasons, etc.), new levels, new developments, new techniques and discoveries, development prospects and outlooks, etc., and put forward your own reflections, comments and research ideas.

4. Research Design

This study adopts a comparative research design to examine the role of art therapy in addressing mental health challenges and Autism Spectrum Disorder (ASD) across different nations, namely the United Kingdom, Australia, and China. By comparing these countries, the study aims

to identify similarities and differences in the implementation and impact of art therapy in educational settings.

Data Collection:

A comprehensive review of existing literature will be conducted to gather information on the current state of art therapy, mental health challenges, and ASD in the selected countries. This will provide a foundation for understanding the background and context of the study.

Interviews: Semi-structured interviews will be conducted with art therapy practitioners, educators, and policymakers in each country to gain insights into the integration of art therapy into educational curricula, challenges faced, and potential strategies for improvement. The interviews will provide qualitative data to complement the quantitative analysis.

Surveys or questionnaires will be administered to art therapy practitioners, educators, and students to gather quantitative data on the perceived effectiveness of art therapy in addressing mental health challenges and ASD, as well as the level of awareness and acceptance of art therapy in each country.

Data Analysis:

The collected data will be analyzed using a comparative approach. Quantitative data from surveys/questionnaires will be analyzed using statistical methods to identify patterns and trends. Qualitative data from interviews will be analyzed using thematic analysis to identify common themes and unique perspectives.

The findings will be compared across the three countries to identify similarities and differences in the implementation and impact of art therapy. This analysis will provide insights into the challenges and successes of art therapy integration in different educational systems.

Participants in interviews, surveys, and questionnaires will be provided with clear information about the study's purpose and their rights as participants. Informed consent will be obtained before data collection.

Measures will be taken to ensure the confidentiality and anonymity of participants' data. All data will be securely stored and only accessed by the research team.

Limitations:

4.1 Research Question One

In the United Kingdom, the policies and practices governing dance therapy education emphasize the importance of delivering high-quality programs in educational settings (Arts Council England, National Governance Association & One Dance UK, year). These guidelines aim to ensure that dance education, including dance therapy, contributes significantly to students' academic development and well-being. They advocate for an inclusive dance experience that nurtures skills and knowledge essential for

students' future educational pursuits and adult life (Arts Council England, National Governance Association & One Dance UK, year). Additionally, industry standards for dance therapists in the UK prioritize safe and effective instruction by qualified educators, as well as access to up-to-date information on promoting healthy dance practices and preventing injuries (Arts Council England, National Governance Association & One Dance UK, year).

On the other hand, in Australia, the Dance Movement Therapy Association of Australasia (DTAA) plays a crucial role as the recognized professional body governing dance movement therapy (DTAA, year). The DTAA sets benchmarks for professional membership, training protocols, and supervision practices within the field (DTAA, year). By promoting the growth of the profession, the DTAA establishes and upholds standards for training, research endeavors, and professional conduct among dance movement therapists (DTAA, year). Additionally, the DTAA facilitates communication, education, and networking opportunities for professionals in the field (DTAA, year). The competency standards are rigorously maintained to evaluate the proficiencies and knowledge necessary for effective performance by dance movement therapists in Australasia (DTAA, year). The Australian Guidelines for Teaching Dance outline minimum standards for dance educators and provide strategies for maintaining or enhancing teaching competencies (Australian Government, year). Furthermore, codes of conduct have been established to uphold professional standards and protect the welfare of the public (Australian Government, year).

These policies and practices demonstrate a shared commitment in both the UK and Australia to uphold standards of quality, safety, and professional ethics in dance therapy education (Arts Council England, National Governance Association & One Dance UK, year; DTAA, year; Australian Government, year).

4.2 Research Question Two

In the United Kingdom, the Association for Dance Movement Psychotherapy UK (ADMP UK) serves as the primary regulatory authority responsible for establishing and upholding standards in dance movement psychotherapy education and practice. Dance therapy education in the UK primarily occurs at the postgraduate level, leading to the attainment of a Master's degree (MA or MSc) in Dance Movement Psychotherapy. ADMP UK accredits select universities and programs that adhere to their rigorous educational and professional criteria. The curriculum encompasses a comprehensive training regimen in dance movement therapy theory, practice, and research, covering key areas such as dance movement psychotherapy theo-

ries and techniques, human development and psychopathology, movement observation and analysis, therapeutic relationship and communication skills, and research methods and ethics. Universities seeking accreditation for their dance therapy programs must undergo a stringent approval process to ensure alignment with ADMP UK standards regarding curriculum, faculty qualifications, and training facilities. Accredited programs mandate a substantial component of supervised clinical practice, with periodic reviews and assessments to maintain their accreditation status. Graduates from accredited programs are eligible to apply for Registered Dance Movement Psychotherapist (RDMP) status with ADMP UK, contingent upon meeting additional professional practice prerequisites, and are required to engage in ongoing Continuous Professional Development (CPD) activities to sustain their registration. In Australia, the Dance Movement Therapy Association of Australasia (DTAA) functions as the premier governing body for dance movement therapy in Australia and New Zealand, tasked with setting standards and accrediting programs. DTAA acknowledges various pathways to becoming a dance movement therapist, encompassing postgraduate degrees and intensive training courses to accommodate diverse educational backgrounds. Core components typically include theoretical foundations of dance movement therapy, therapeutic techniques and interventions, psychological theories and developmental studies, movement observation and analysis, ethics and professional practice, and research methods. DTAA recognizes and endorses programs meeting their stipulated standards, encompassing both university degrees and specialized training courses. Similar to the UK, supervised clinical practice is mandatory, with trainees obligated to complete a specific number of hours under the guidance of experienced practitioners. Programs are evaluated based on their adherence to competency standards delineated by DTAA, focusing on the requisite skills and knowledge for effective practice. DTAA offers provisional membership for graduates of recognized programs commencing their professional journey, with professional membership necessitating further experience and demonstrated proficiency. Members are expected to engage in CPD activities to sustain their membership and professional standing.

4.3 Research Question Three

The curriculum content and structure of dance therapy programs in the United Kingdom and Australia share foundational principles while also reflecting distinct features influenced by the regulatory bodies and educational frameworks of each country.

Similarities:

Both the UK and Australian programs encompass com-

prehensive coursework on the theories and principles of dance movement therapy (DMT), covering historical evolution and contemporary practices. Training in diverse therapeutic techniques and interventions, psychological theories, human development, psychopathology, and movement observation and analysis are fundamental aspects of the curriculum in both nations. Additionally, both programs incorporate training in research methodologies and emphasize mandatory supervised clinical practice to ensure students acquire hands-on experience in authentic settings. Emphasis on ethics, professional conduct, and the cultivation of therapeutic relationships is a shared priority within both educational frameworks, encompassing understanding professional boundaries, confidentiality norms, and ethical quandaries encountered in therapy.

Differences:

In the UK, dance therapy education primarily unfolds through structured postgraduate programs (MA or MSc) at accredited universities, following a standardized format set by the Association for Dance Movement Psychotherapy UK (ADMP UK). Conversely, in Australia, the Dance Movement Therapy Association of Australasia (DTAA) acknowledges diverse educational pathways, encompassing postgraduate degrees and intensive training programs, providing flexibility to accommodate varied educational backgrounds and professional experiences. Furthermore, programs in the UK are often highly structured and standardized, featuring a fixed curriculum and predetermined course sequences designed to ensure comprehensive coverage of requisite competencies. In contrast, program structures in Australia may exhibit more variability due to the recognition of different training routes, potentially incorporating modular courses, part-time study options, and varied sequencing of topics.

4.4 Research Question Four

Both the United Kingdom and Australia share a foundational commitment to comprehensive dance movement therapy (DMT) education, encompassing theoretical foundations, therapeutic techniques, psychological studies, movement observation, research methods, and supervised clinical practice. Ethical and professional practice is a core component in both countries. However, differences emerge in the educational pathways, program structure, assessment methods, content emphasis, and regulatory frameworks. The UK features a more standardized, structured postgraduate program model, with the Association for Dance Movement Psychotherapy UK (ADMP UK) setting clear guidelines for clinical placements, while Australia offers multiple, flexible educational pathways with DTAA setting standards while allowing some flexibility in meeting these requirements.

4.5 Research Question Five

Educators in the UK and Australia face a variety of challenges and opportunities in delivering effective dance therapy education. The challenges include navigating the regulatory landscape, catering to diverse student needs, securing funding, and garnering professional recognition. Opportunities include interdisciplinary collaboration, leveraging technology, engaging in research, and fostering community partnerships. Both countries exhibit robust frameworks for dance therapy education, with educators adapting to evolving healthcare and educational environments to sustain high-quality training.

4.6 Research Question Six

The future of dance therapy education in the UK and Australia is poised for several developments and trends. The UK may see increased integration with mainstream healthcare, efforts to embed dance therapy within the National Health Service, and a shift towards online and blended learning models. Enhanced focus on research and evidence-based practice, as well as diversity and inclusion, may also emerge. In Australia, the trends could involve enhanced national recognition and regulation, standardization of training requisites across diverse pathways, and opportunities for continuous professional development. These trends reflect broader shifts in higher education, healthcare paradigms, and societal attitudes towards mental health and creative therapies.

In the realm of dance therapy education, the future is likely to witness a significant transformation, driven by several key trends and developments. The United Kingdom and Australia, in particular, are poised to lead the way in this evolution, with a focus on enhancing accessibility, fostering inclusivity, and strengthening the evidence base for dance therapy's efficacy.

Expanding remote and online learning options is crucial for overcoming geographical barriers. Virtual classrooms and digital resources can significantly increase access to dance therapy education, enabling learners from diverse locations to engage with the content. This not only broadens the educational reach but also enhances flexibility, catering to part-time students, working professionals, and remote learners.

Developing flexible learning models tailored to accommodate the schedules and needs of diverse learners is essential. These models could include part-time options, modular course structures, and personalized learning paths, which can foster inclusivity and cater to the varied demands of students. This flexibility can also enhance student engagement and retention, contributing to a more effective learning experience.

Strengthening partnerships with other therapeutic disci-

plines and arts-based therapies can enrich the educational experience, providing a more holistic approach to mental health and wellbeing. This collaboration can lead to innovative educational programs, blending the best practices from different fields to offer a comprehensive learning journey for students.

Advancing research within dance therapy can provide a robust evidence base, supporting the efficacy of dance therapy in various clinical and community settings. This can not only strengthen the professional standing of dance therapists but also attract more funding and recognition from healthcare organizations. Advocacy efforts are crucial in promoting dance therapy's role in mainstream healthcare, ensuring its continued growth and integration. Fostering a focus on holistic and integrative approaches to mental health and wellbeing is essential. By emphasizing the interconnectedness of physical, emotional, and social health, dance therapy programs can address a broader spectrum of mental health challenges. This approach can lead to the development of preventive care and therapeutic applications that are more comprehensive and effective.

The future trajectory of dance therapy education in the UK and Australia is expected to be shaped by several key trends. Integration with mainstream healthcare will likely become more prevalent, reflecting the growing recognition of dance therapy's value in addressing diverse mental health needs. The proliferation of online and flexible learning models will continue to expand access and cater to a wider audience. An emphasis on research and evidence-based practice will underpin the development of more effective and scientifically validated programs. Additionally, a focus on diversity and inclusivity will ensure that dance therapy education is accessible and relevant to all segments of society, promoting equity and justice in mental health care.

5. Conclusion

Incorporating dance therapy into the public education system is not only a necessary step but also a strategic move that offers numerous benefits. It enhances students' mental well-being, fosters creativity and self-expression, and contributes to their physical and mental health. To achieve this, three key strategies should be prioritized:

Existing Teacher Training: Equip existing educators with foundational knowledge and skills in dance therapy through comprehensive training programs.

Professional Dance Therapy Training: Introduce teachers with a background in dance therapy to elevate the overall proficiency of the teaching staff.

Teacher Communication Platform: Establish a platform for teachers to share experiences and innovations in dance

therapy teaching, promoting continuous learning and improvement.

Evaluation and Feedback Mechanism:

Implement a systematic evaluation process to monitor the effectiveness of dance therapy implementation, using tools like surveys, student feedback, and teacher evaluations.

Feedback Collection: Gather insights from students, parents, and teachers to identify areas of improvement and address any challenges promptly, ensuring the program's continuous refinement and enhancement.

By focusing on these strategies, we can successfully integrate dance therapy into the public education system, fostering a holistic learning environment that supports students' well-being and growth. This integration not only enriches the educational experience but also prepares students for a more balanced and fulfilling life, equipped with skills in mental resilience, creativity, and physical health.

References

1. *Arts Council England. (n.d.). Dance. Retrieved from <https://www.artscouncil.org.uk/sites/default/files/download-file/Governor%20Guides%20-%20Dance.pdf>.*
2. *Ausdance. (n.d.). Australian guidelines for teaching dance. Retrieved from <https://ausdance.org.au/publications/details/australian-guidelines-for-dance-teachers>.*
3. *British Association for Music Therapy. (n.d.). Retrieved from <https://www.bamt.org/>.*
4. *Capello, Patricia. (2016). Looking to the Future: Tracking the Global Emergence of Dance/Movement Therapy. American Journal of Dance Therapy. 38. 10.1007/s10465-016-9209-1.*
5. *Dance Movement Therapy Association of Australasia. (n.d.). Welcome to the Dance Movement Therapy Association of Australasia. Retrieved from <https://dtaa.org.au/>.*
6. *Dance Movement Therapy Association of Australasia. (n.d.). Competency Standards for dance movement therapists. Retrieved from <https://dtaa.org.au/dtaas-membership-levels/membership/competencies-dance-movement-therapists/>.*
7. *Dance Movement Therapy Association of Australasia. (n.d.). Code of Ethics and Rules of Professional Conduct. Retrieved from <https://dtaa.org.au/about/ethics/>.*
8. *Dance Movement Therapy Association of Australasia. (n.d.). Welcome to the Dance Movement Therapy Association of Australasia. Retrieved from <https://dtaa.org.au/>.*
9. *Dance Movement Therapy Association of Australia. (n.d.). About the DTAA. Retrieved from <https://dtaa.org.au/about/>.*
10. *Dance Movement Therapy Association of Australasia. (n.d.). Welcome to the Dance Movement Therapy Association of Australasia. Retrieved from <https://dtaa.org.au/>.*

- tion of Australasia. Retrieved from <https://dtaa.org.au/>.
11. Dance Movement Therapy Association of Australia. (n.d.). *The Road Ahead: Global Trends in Dance Movement Therapy*. Retrieved from <https://dtaa.org.au/road-ahead-global-trends-dance-movement-therapy/>.
12. Dance Movement Therapy Association of Australia. (n.d.). *What is dance movement therapy?* Retrieved from <https://dtaa.org.au/therapy/>.
13. Dance Movement Therapy Association of Australasia. (n.d.). *Training Information*. Retrieved from <https://dtaa.org.au/coming-events/training/>.
14. Edge Hill University. (n.d.). *Dance Movement Therapy in UK Education*. Retrieved from <https://research.edgehill.ac.uk/en/publications/dance-movement-therapy-in-uk-education>.
15. Goldsmiths, University of London. (n.d.). *MA Dance Movement Psychotherapy*. Retrieved from <https://www.gold.ac.uk/pg/ma-dance-movement-psychotherapy/>.
16. Goldsmiths, University of London. (n.d.). *Foundation in Dance Movement Psychotherapy*. Retrieved from <https://www.gold.ac.uk/pg/cert-dance-movement-psychotherapy/>.
17. Goldsmiths, University of London. (n.d.). *MA Dance Movement Psychotherapy*. Retrieved from <https://www.gold.ac.uk/pg/ma-dance-movement-psychotherapy/>.
18. One Dance UK. (n.d.). *Guide for Governors & Trustees*. Retrieved from <https://www.onedanceuk.org/resources/dance-education-a-guide-for-governors-and-trustees>.
19. One Dance UK. (n.d.). *Industry Standards for dance*. Retrieved from <https://www.onedanceuk.org/programmes/industry-standards>.
20. Payne, H. (2019). *Dance Therapy Today: An Overview of the Profession and Its Practice*. *Creative Arts in Education and Therapy: Eastern and Western Perspectives*, 5(1), 89-102. <https://caet.inspirees.com/caetojsjournals/index.php/caet/article/view/331>.
21. Psychotherapy and Counselling Federation of Australia. (n.d.). *Resources, Policies and Guidelines*. Retrieved from <https://pacfa.org.au/portal/Portal/Prac-Res/Resr-Pol-Guidelines.aspx>.
22. Pickard, A., & Risner, D. (Eds.). (2020). *Dance, professional practice, and the workplace: Challenges and opportunities for dance professionals, students, and educators*.
23. Royal Academy of Dance. (n.d.). *United Kingdom | Recognition and Accreditation*. Retrieved from <https://www.royalacademyofdance.org/exams/recognition-and-accreditation/>.
24. Royal Ballet School. (2020, December 16). *Embracing uncertainty in dance teaching*. Retrieved from <https://www.royalballetschool.org.uk/2020/12/16/embracing-uncertainty-in-dance-teaching/>.
25. The University of Melbourne. (n.d.). *Master of Creative Arts Therapy*. Retrieved from <https://study.unimelb.edu.au/find/courses/graduate/master-of-creative-arts-therapy/>.
26. Teesside University. (n.d.). Retrieved from <https://www.tees.ac.uk/>.
27. University of Derby. (n.d.). *Dance Movement Psychotherapy MA*. Retrieved from <https://www.derby.ac.uk/postgraduate/therapeutic-practice-courses/dance-movement-psychotherapy-ma/>.
28. UKSMDT. (n.d.). *Home*. Retrieved from <https://www.uksmdt.com/>.
- (University of Auckland. (n.d.). *Study Options*. Retrieved from <https://www.auckland.ac.nz/en/study/study-options/find-a-study-option/>.
29. Teesside University. (n.d.). Retrieved from <https://www.tees.ac.uk/>.
30. UK Society for Music and Dance Therapy. (n.d.). *Home*. Retrieved from <https://www.uksmdt.com/>.