

**THE WINSTON CHURCHILL MEMORIAL TRUST**

**CHURCHILL FELLOWSHIP 2003**

**The Stuart and Norma Leslie Churchill Fellowship to study  
psychological and general welfare support services for  
vocational dance students and professional dancers**

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## **SUMMARY AND ACKNOWLEDGEMENTS**

### **Summary**

This report outlines the major findings and recommendations from a 2003 Churchill Fellowship which included visits to dance schools and companies in London, Birmingham, Paris, Toronto and New York.

The project was designed to:

- investigate the provision of psychological and general welfare support services for vocational dance students (including those in residential settings),
- benchmark my current practice at The Australian Ballet School against international best practice,
- foster professional networks and explore collaborative research opportunities, and
- study the evolving role of psychology in dance.

### **Acknowledgements**

I wish to express my gratitude to members of the Churchill Foundation, particularly Stuart and Norma Leslie, without whose financial support this trip would not have been possible.

I also wish to acknowledge The Australian Ballet School for allowing me time out of our busy schedule and supporting me in the planning stages – with special thanks to our Director, Marilyn Rowe for encouraging my application and to my referees, David McAllister (Artistic Director, The Australian Ballet) and Michael Carr-Gregg (Psychologist specialising in Child and Adolescent Mental Health).

In addition I must thank the organisations and individuals overseas who assisted in arrangements for my visits, gave of their time so generously when I arrived and were willing to share their experiences and ideas.

## EXECUTIVE SUMMARY

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### Fellowship Highlights

- Networking and professional development opportunities at the Annual Conference of the International Association for Dance Medicine & Science held in London
- Meetings with the following psychologists consulting to dance schools involved discussion of the delivery of psychological/counselling services, approaches to managing/treating issues typical to the dance population and the growing role of psychology in dance: Dr Joan Duda (Birmingham), Britt Tajet-Foxell (London), Dr Richard Meed and Dr Niva Piran (Toronto), Dr Linda Hamilton, Dr Nicole Marcus and Dr Frank Roma (New York)
- Visits to dance schools with residential facilities: Le Conservatoire in Paris, The Arts Educational School at Tring (UK), The Royal Ballet School's Whitelodge (UK), The National Ballet School of Canada and School of American Ballet
- Future research opportunities: The Jerwood Centre (Birmingham), Laban (London), Central School of Ballet (London) and University of Toronto with Assistant Professor Lynda Mainwaring

### Major conclusions

- Dance science research can be strengthened through association with the university system and international collaboration.
- While many in the Australian dance scene are providing (or are in the process of developing) fairly comprehensive services to support injury prevention and management, to stay at the forefront we must continue to initiate change based on scientific research, to develop and conduct rigorous empirical research and to continue to push the boundaries using creative thinking.
- Dance, like all performing arts, is a talent based industry replete with challenging situations. Dancers who are resilient are more likely to maximise their potential and gain joy and satisfaction in their chosen field.
- The current accommodation situation for interstate and international students who come to Melbourne to study at The Australian Ballet School is inadequate, particularly in comparison to other international vocational dance schools.
- Psychology is in its relative infancy in the Australian dance scene but in recent years there appears to have been a growing interest among dance teachers, students and professionals and associated health practitioners. In order for psychological support services to be of benefit to a dance school or company, psychology must be seen as a valued construct by all involved.

**Dissemination of Information:** Several avenues are available for disseminating information arising from this study trip including (1) educative sessions for students, parents and staff at the ABS, (2) the ABS Information-Sharing Programme (professional workshops conducted across Australia for the dance teaching community), (3) personal communication with fellow psychologists/counsellors in Australia and (4) presentations at various dance and psychology conferences. It is also envisaged that opportunities will arise, or will be sought out, for written contributions in Australian dance publications.

## **CHURCHILL PROGRAMME**

**TRAVEL DATES: OCTOBER – DECEMBER 2003**

**London:** October 22 – 26, November 11 – 25

*Conference:* The annual conference of the International Association for Dance Medicine & Science (IADMS) provided extensive networking and professional development opportunities.

### *Dance Schools*

- The Arts Educational School (Tring): Visit coordinated by Director of Dance, Rachel Rist (current President of IADMS) included observation of meeting for teaching staff with school physiotherapist Leah Holdroyd, observation of students in classes, meetings with Marise Cornwell (Director of Pastoral Care), Brian Cornwell (Assistant Director of Pastoral Care) and Rachel Rist, plus a tour of the student residence.
- The Royal Ballet School (Upper School and Lower School – White Lodge): Visits to both schools were organized by Director, Gailene Stock and included meetings with Peter Wilkinson (Pastoral Principal - Whitelodge), Frances Rees (Nurse - White Lodge), Janet Briggs (Physiotherapist – White Lodge), Stuart Anderson (Physiotherapist - Upper School) and Paul Thacker (Fitness/Motivation coach – Upper School) plus observation of students in classes and rehearsals.
- Laban: Met with Mirella Bartrip (Vice-Principal) and Emma Redding (Course Leader, MSc Dance Science) to discuss Laban's Dance Science course, the role of psychology education in preparing for a career in dance and problems of overtraining.
- Central School of Ballet: Met with Assistant Director, Sara Mathews and teacher, David Yow to discuss methods of coordinating health care services, issues of fitness and body image/shape and possible research collaboration. Observed students in classes and delivered an education session entitled *Dealing with Perfectionism* for senior students.

*Private Practice:* Several meetings with Britt Tajet-Foxell (Consultant Psychologist to The Royal Ballet company, Central School of Ballet and the British Olympic Medical Centre) to discuss delivery of psychological services, the types of issues encountered when working with dancers (students and professionals), the current role of psychology in the dance world and the possibility of improving psychological functioning among professional dancers by including (or increasing) mental skills education during the training years.

**Birmingham:** October 28 – 31

*The Jerwood Centre:* An extended visit to Birmingham Royal Ballet's centre for the prevention and treatment of dance injuries where Sharon Morrison (Clinical Director), arranged a series of meetings with their health professionals including consultant Psychologist Dr Joan Duda from the University of Birmingham (School of Sport & Exercise Sciences) plus observation of company dancers at work in the studio and utilising the centre's fitness and treatment facilities.

**Paris:** November 2 – 9

*Dance School:* Visit to the Choreographic Studies Department of the Conservatoire de Paris organised by Frederic Moreau (Production Manager and International Relations) - meetings with Daniel Agesilas (Director) and Frederic mainly focussed on the value of underpinning dance training with clearly stated policies that reflect student welfare, student/teacher relationships,

teaching philosophy, etc. Also met with Christine Gicquel (Student Services), visited the student residence and observed students in dance classes.

**Toronto:** Nov 27 – Dec 6

*Dance School:* Visit to the National Ballet School of Canada where Mavis Staines (Artistic Director) arranged meetings with Dr Richard Meen (Consultant Psychiatrist), Dr Niva Piran (Consultant Psychologist), Barbara Bodnar (Head of Student Residence), John Maitland (Academic Principal) and Corina Bomers (Tutorial Co-ordinator). Also sat in on a meeting of the physiotherapy team and the Physiotherapy/Ballet Co-ordinator (Ana Jojic-Begovic), observed students in classes and attended a parent information evening conducted by Mavis Staines and Richard Meen followed by a student performance.

*University:* Discussed future research collaboration with Assistant Professor Lynda Mainwaring (University of Toronto) on the topics of (1) injury experiences and (2) perfectionism.

*Medical Centre:* Visited the Al and Malka Green Artists' Health Centre (Toronto Western Hospital) to discuss delivery of conventional and complementary health care with Gabriella Herr (Primary Health Care Nurse Practitioner) and Ginette Hamel (Physiotherapist).

**New York:** December 7 – 11

*Dance Schools*

- School of American Ballet: Visit coordinated by Peter Libman, Director of Student Life included observation of students in classes, discussion of the role of psychology in dance training with Peter himself, a tour of the residential facilities (accompanied by Peter and John Austin, Director of Residence Life) and a meeting with Dr. Nicole Marcus (P/T School Psychologist).
- Juilliard: Met with Frank Roma (Director of Psychological Counselling Services) to discuss the provision of psychological services and the counselling issues he and his team typically encounter.

*Private Practitioner:* Meeting with Dr Linda Hamilton (Consultant Psychologist to New York City Ballet and Alvin Ailey Dance School) focussed on the need for empirical research involving professional dancers (most past research involves dance students) and the problems that can arise in dealing with issues of body shape among dance students and professionals.

## **CHURCHILL REPORT**

### **Introduction**

In 2000, toward the end of my first year as full time Psychologist/Counsellor at The Australian Ballet School (ABS), I wrote an article for Ausdance's magazine, Dance Forum which contained the following comments:

Whatever happened to the days when most ballet training consisted of a simple regimen of practical dance classes with a few lessons in Dance History and, possibly, Drama? Those days appear to have long since gone! With the increased importance placed on academic education for young dancers and the growth of knowledge in the area of sport science (e.g., nutrition, fitness, injury prevention and treatment, and sport psychology), ballet training has taken on a completely different profile.

While The Australian Ballet School has been providing its students with academic education and health services since the early nineties we have, more recently, progressed beyond merely meeting academic and physical needs. In line with our holistic approach to training, we are now incorporating a much greater emphasis on meeting the emotional and mental health needs of students. This programmatic shift has been in response to the recognition that students at the ABS face the same issues as all other developing adolescents in our rapidly changing social environment.

Two years after writing that article (two years during which the ABS has continued to develop and expand its education and support services catering to students' physical and emotional needs) it was my belief that I had the breadth of experience and understanding that would make a Churchill Fellowship a worthwhile and valuable undertaking. I was eager to meet the relatively few psychologists who specialise in working with dancers, to discuss the provision of psychological and general welfare services, to compare counselling issues typically encountered among dancers, to explore collaborative research opportunities and to look at residential facilities in dance schools of a comparable size to the ABS. I saw the Churchill Fellowship as a way of studying the evolving role of psychology in dance in Europe and North America and bringing that knowledge back into the Australian dance community.

The following report is divided into four main sections that reflect the major themes which emerged during my study trip: (1) development of professional networks and exploration of collaborative research opportunities; (2) mental health issues typically encountered by psychologists working with dance students and/or professional dancers; (3) residential facilities for dance students; and (4) the relationship between the evolving role of psychology in dance and the provision of psychological support services.

### **Part 1: Development of professional networks and exploration of collaborative research opportunities**

#### **Conference of the International Association for Dance Medicine and Science (IADMS)**

The annual IADMS held in London offered fantastic opportunities to network, to meet like-minded people and to showcase the resources of The Australian Ballet School (ABS). It also afforded the chance to listen to and discuss the latest dance research from around the world and to

be stimulated into thinking about possible research projects (within the ABS, in conjunction with The Australian Ballet or in collaboration with schools and companies nationally and internationally). The Australian dance scene was well represented with presentations from the ABS, The Australian Ballet, University of Sydney and Dance Medicine Australia.

### **Conference Activities**

- 1) *Panel member* (Day 1: Teachers Day): ‘Coping and learning through injury – how can dance teachers and educators work with medical practitioners to help students cope with the emotional and physical effects of injuries?’  
*Panel members:* Britt Tajet-Foxell (Royal Ballet Psychologist) – injury rehabilitation as a time of personal growth, Moira McCormack (Royal Ballet Physiotherapist) – physical aspects of injury and Dr Linda Hamilton (New York City Ballet Wellness Program) – problematic adjustment to injury. I spoke on early education about psychological aspects of injury onset and recovery and the value of a whole school philosophy based on acceptance of injuries as a normal part of dancing.  
*Impressions:* This was a valuable activity which highlighted the need for psychological assistance during what is often a very stressful time for dancers, emphasised the importance of personal growth issues particularly for senior students and professionals with chronic injuries and provided ideas for expanding the content of educational sessions on the psychological aspects of injury. Audience questions initiated discussion about the role of parents of dancers in training and the benefits of educating parents about both the physical and psychological aspects of dance injuries.
- 2) *Group presentation from the ABS:* ‘An in-house integrative approach to injury management: A case study from The Australian Ballet School’ presented with Janet Karin (ABS Injury Prevention Specialist) and Sarah Way (ABS Physiotherapist).  
*Impressions:* We discovered, from feedback and questions, that the ABS is extremely well placed in the dance world in terms of support systems and education in the prevention and management of injuries. One delegate asked why Australians have always been ‘so far ahead’ in many areas of dance – my response was that I thought Australia’s openness to new methods and ideas stems partly from the relative recency of the dance profession in Australia (particularly in comparison to the UK, Europe and Russia) – this may mean we are not as heavily invested in tradition, not as constrained by the rules and regulations commonly associated with classical ballet schools and companies in many parts of the world (a view that was to be reinforced throughout my study tour as I listened to others speak about the traditional and sometimes restrictive environments in which they work).
- 3) *Research presentation* (conducted through the University of Western Australia, co-authored by Neil McLean): ‘Performance anxiety: The roles of perfectionism, anxiety sensitivity and perception of threat’. The presentation outlined my research procedures, findings and conclusions and demonstrated how these findings had informed my practice at the ABS.  
*Impressions:* My presentation stimulated questions about psychology education for dance students and put me in contact with delegates currently studying and/or researching in the field of dance psychology.
- 4) *Round table discussion group – Psychology and Psychiatry* chaired by Assistant Professor Linda Mainwaring (University of Toronto) and attended by conference delegates from the UK, USA, Canada, Spain, Russia and Switzerland. Participants

included psychologists, psychology and medical students (ex-dancers), health service providers and teachers.

*Impressions:* Issues raised were notable for the similarity of concerns expressed by participants. Discussion centred on the psychological components of dance wellness programs and the importance of a holistic approach, the dancer's 'voice' (or lack of voice) and eating disorders, ways of developing professional support networks (a need that arises from working in relative isolation) and collaborative research opportunities.

*Outcomes:* Lynda Mainwaring has emailed participants a contact list with the aim of establishing an IADMS interest group. It is envisaged that through this network we will be able to develop research links/collaborations and assist each other with up to date information on practice aspects such as dance research articles, treatment issues and opportunities for professional development.

**Additional Conference Impressions:** With regard to research, it appears that the best studies are those that emanate, not surprisingly, from the university system. Likewise, research that the ABS has been associated with in the past has been conducted by university students at Honours, Masters or PhD level. In the future, Australian schools and companies could consider creating more formalized links with university research personnel interested in dance science research in order to produce sound scientific research and support collaborative projects.

It became clear at the conference that the ABS can be pleased with their current approaches to injury prevention and management. However, we must not become complacent – the challenge for all dance institutions and companies in Australia is to stay at the forefront. We must continue to initiate change based on scientific research, to apply the most up to date research findings, to develop and conduct rigorous empirical research and to continue to push the boundaries using creative thinking.

### **Further Research Opportunities**

A common problem when planning research into dance issues is obtaining enough participants at an elite level for reliable statistical analysis. International collaboration is one solution and was a major topic of discussion at the IADMS Conference. The following contacts should allow the ABS (and hopefully other Australian training institutions and professional dance companies) to follow up on such a course of action – collaborative involvement could range from making participants available through to statistical analysis and co-authoring articles.

**Birmingham:** The Birmingham Royal Ballet's (BRB) Company Manager, Kevin O'Hare, assisted in organizing a visit to the company's *Jerwood Centre* for the treatment and prevention of injuries. Clinical Director, Sharon Morrison, discussed the possibility of collaborative research projects involving Matthew Wyon from University of Wolverhampton, the ABS, The Australian Ballet and the Jerwood Centre (current research at the Jerwood Centre centres on fitness training for dancers - mood, fatigue and periodisation). Opportunities may also present themselves through the work of BRB's consultant psychologist, Dr Joan Duda (a leading international sport psychology lecturer, writer and researcher) and/or her students.

**London:** Networking opportunities at the IADMS Conference led to a meeting with Assistant Director, Sara Matthews and teacher, David Yow at *Central School of Ballet*. Of particular research interest to Central School is fitness training and the issue of fatigue – they expressed a keen interest in collaborating (specifically offering participant numbers) in any research projects that may emanate from the ABS or The Australian Ballet. *Laban*, one of Europe's leading training institutions for contemporary dance, offers a Dance Science course. In a meeting with

Mirella Bartrip (Vice-Principal) and Emma Redding (Course Leader, MSc Dance Science) it came to light that many students are choosing to do their research thesis in the area of psychology (an indicator, possibly, of the growing recognition of psychology in dance) – this may lead to collaborative research projects as students seek out participants.

**Toronto:** Assistant Professor Lynda Mainwaring (University of Toronto) has several research projects already underway and we agreed to look at collaborating on projects concerning (1) injury experiences and (2) the development of a domain specific measure of perfectionism (specifically, there is a need for high numbers of participants to test the psychometric properties of this latter measure). We also discussed the possibility of presenting research findings at the annual IADMS conference in 2005 (to be held in Sweden).

## **Part 2: Mental health issues typically encountered by psychologists working with dance students and/or professional dancers**

The dance world can be a complex place in which to work as a psychologist or counsellor without an understanding of the peculiarities of the dance culture. In general, the psychologists I met overseas had either developed an understanding of the cultural constraints or had extensive backgrounds in dance (as dance students, dance professionals or in related roles). While all spoke about helping individuals to function well within the system, they also felt a duty to effect healthy changes within the schools and companies they consult to.

In the countries visited mental health practitioners appear to come across similar mental health issues among dancers. Most notable are depression and anxiety as a result of injury, body image problems, disordered eating, career transition and general career concerns. There is a belief among psychologists working with professional dancers that many of these problems are established during the training period and may be related to issues such as low self-esteem, lack of empowerment and self-responsibility, low self-confidence, negative perfectionism, poor identity development and parental over- or under-involvement.

Dance schools need to consider educating dancers in a way that prepares them to be healthy in both body and mind. With regard to students' emotional well being and preparation for a dance career, it is recommended that the following measures be taken into consideration:

- Adopt a whole school philosophy of acceptance of injuries as a normal part of dance; teach students to manage injuries (e.g. seeking treatment at the early stages of an injury, accepting the injury, adapting their physical workload, being pro-active in rehabilitation); establish a multi-disciplinary network of health professionals to assist with injury prevention and treatment (including a psychologist); encourage honest communication between students and teachers regarding injuries; educate students and parents about the psychological aspects of injury; ensure that students who are unable to fully participate in dance activities still feel included in the class
- Include mental skills training based on the principals of sport psychology into the dance curriculum (eg, systematic goal setting for focus and motivation, adaptive self-talk, self-evaluation, concentration skills, adaptive perfectionism, imagery skills, stress management)
- Involve parents at an appropriate level; build partnerships with parents through education, communication and involvement in decision making; ask parents of senior or graduated students to mentor parents of younger students

- Provide general support for emotional well-being and identity development; encourage dancers to achieve and/or maintain balance in their lives; take an interest in students' non-dance related interests; assist students to see that who they are is not merely a reflection of their dance ability
- With the knowledge that dancers often face many transitional periods in their lives (eg, changing training institutions, moving out of home and sometimes overseas, getting their first professional job, general career transitions such as promotion or changing place of employment and a relatively early end to their career) educate dance students about coping with transition and encourage professional dancers to retrain for a life beyond dance while they are still employed as professional dancers.

**Body Image/Eating Disorders:** There are recognised risk factors for eating disorders in both dance training and the dance profession (eg, requirement for a lean physique, striving for perfection in technique and body shape, expectation of compliance to authority figures and reliance on approval of others such as teachers, choreographers, dance directors, reviewers and audiences). Whether these factors actually result in a higher proportion of eating disorders than in the wider community is open to debate. However, it does appear that, while the proportion of clinical eating disorders is commensurate with the general population, there is a fairly high proportion of disordered eating and body image difficulties.

A particularly problematic issue for healthy body image and prevention of disordered eating is the necessity for dancers to maintain a lean physique. This is a twofold issue in that (1) dance has a particular visual aesthetic and (2) dance technique is usually facilitated by a lean body mass. A question that often arises in vocational dance schools is how to educate students about the need to maintain a certain body shape and/or how to address this issue with the individual dancer without causing eating disorders or difficulties with body image (an issue for both female and male dancers). While there is currently no unequivocal answer to this question, there do seem to be some commonalities in schools' approaches:

- Adopt a whole school approach that encourages fit and healthy bodies; provide education on healthy nutrition as it relates to the different stages of growth and the energy requirements of dance (for students, parents and teaching staff); increase student/parent awareness of the diversity of body shapes in professional companies and of the different body shapes in different forms of dance; provide the knowledge and support that allows dancers to take responsibility for their own body shape
- If schools or companies decide to address body shape with the individual dancer, they need to have relevant support systems (most notably a doctor, nutritionist, psychologist and fitness coach); establish clear guidelines for dancers whose weight is considered too low (including provision to restrict workload based on medical advice); address the issue of refining body shape only after students have gone through their normal maturation process (i.e. allow bodies to go through the normal weight gains and losses associated with the adolescent growth spurt); involve parents when concerns about body shape affect younger students
- Provide students with career guidance according to their particular abilities, talents and body shape; guide students toward forms of dance that suit their body shape rather than making them conform to a rigid standard that may cause later problems with body image and possibly eating disorders

Another point to consider in the disordered eating/body image debate is that of the ‘dancer’s voice’ (or lack of voice). During the round table discussion group at the IADMS conference a stimulating dialogue took place about the tendency for dancers (both students and professionals) to experience a lack of empowerment particularly in the more traditional constructs of the ballet world with its hierarchical, authoritarian management structures. Discussion focussed on the relationship between passive communication typical of dancers, lack of empowerment, perceived lack of control and eating disorders. The issue of the dancer’s voice was also raised at a meeting with Dr Niva Piran (Toronto), who established the eating disorder prevention program at The National Ballet School of Canada (see *A participatory approach to the prevention of eating disorders in a school*, in *The Prevention of Eating Disorders*, Ed. Vandereycken, W. & Noordenbos, G., 1998). Niva pointed out that the dancer’s voice was the key to success in the program – that the voice needs to be constructive (not destructive) and that empowerment can lead to responsible student suggestions, requests and comments (in contrast, lack of empowerment can lead to frustration, aggressiveness and anger).

Empowerment among dancers may seem contrary to the traditional authoritative style that typifies management of dancers however, those working in the dance training area recognise that young people have changed – they are generally more assertive, aware of their rights and expect more say in their lives. Dance schools and companies set up in a traditional regimented fashion may fear dancer empowerment – believing that it leads to loss of discipline and control. While personal empowerment could result in less external control and external discipline (i.e. control exerted by those in authority), it is likely to lead to increased self-discipline and self-control - surely desirable traits in professional dancers. Empowerment and self-discipline may also lessen the need for external controls and rigid rules in the professional environment. Therefore the following recommendation is also put forward to consider in the training of dance students:

- Provide assertiveness training; encourage assertive communication (eg, psychologists or counsellors could facilitate meetings between dancers and teaching staff and assist dancers to prepare for such meetings through discussion and/or role play); encourage students to be curious, to ask questions, to contribute ideas for the school environment

Many dance schools in Australia have recognised the necessity of providing students with the psychological resources to enjoy life as a professional dancer, however there are few people qualified to educate students on the issues addressed above. Hopefully we will see in the future more dance students or professional dancers retraining as counsellors, psychologists or career guidance specialists and specialising with this unique population.

### **Part 3: Residential facilities**

The major vocational ballet schools around the world have residential facilities for students who travel from distant parts of the country and for international students. The Australian Ballet School (in conjunction with the National Institute of Circus Arts, Victorian College of the Arts Secondary School, and the Australian National Academy of Music) is in the process of establishing such a facility, a facility that our Director and staff believe is vital if we are to maintain training dancers of the highest international calibre and continue to improve our approaches to student well being.

The ABS is situated in Melbourne and currently accepts part time students from age 10 and full time students from 14 or 15 (Year 10 secondary education) – all students must audition for a place at the School. Full time students from interstate and overseas organise their own

accommodation either with host families, in share flats with other students or with family members who move to Melbourne. The former two options are not always ideal and the latter often inconvenient – sometimes meaning that families are split while a parent moves away from the family to support their son or daughter at the ABS or, in the worst case scenario, that a student is unable to attend the course. Although the ABS has operated for 40 years without residential facilities, there has been increasing demand for such facilities from parents in recent years. In fact, some parents choose to send their sons or daughters to Europe and North America to training institutions which make residential care available despite the obvious disadvantages of distance.

Although the schools I visited had different structures and different ideas about managing a residence there were some common characteristics that could be considered in the establishment of such a facility in Melbourne. For example, senior students being given a greater degree of independence (in some cases, those aged 18 or over live out of residence to assist the transition to self-care), the availability of independent counsellors or psychologists on a regular basis, regular mid-term weekend visits home particularly for the more junior students (although distances in Australia can make this a prohibitive exercise) and freedom for students to arrange furniture and decorate rooms according to their own desires (promoting individuality).

With regard to coping with living away from the family, the following impressions were gained from those involved in the management of residential facilities: (1) among younger students girls tend to be more independent and cope better than boys, (2) children cope best when they come from a stable family background, (3) living away from home at a young age does not necessarily impact adult development – rather, the key to the developmental pathway is the dynamics between children and their parents (the age at which children entered the various residences ranged from 8 to 14 years, however most staff were of the opinion that children cope best when they are aged 13 to 14 years or older – this, of course, is a very individual issue and the decision rests ultimately with parents) and (4) developing a balanced lifestyle is vital and can be facilitated by involvement in non-dance related and/or community activities (eg, when I visited New York, residential students at School of American Ballet were planning a party for underprivileged children).

#### **Part 4: The relationship between the evolving role of psychology in dance and the provision of psychological support services**

Although the role of psychology appears to be increasing in the dance world (both in Australia and internationally), there were relatively few presentations from this field at the IADMS conference – presentations being more prevalent in areas related to the physical aspects of dance. Despite the scarcity of psychology related papers the response to those presented was enthusiastic and delegates were eager to engage in discussion about the future possibilities for psychology in dance.

During my travels after the conference I observed a direct relationship, not surprisingly, between the provision of psychological support services and underlying beliefs about psychology. Where psychology is a valued construct, psychological services can exist as an accepted and normal part of training or professional environments. However psychology, for whatever reason does not always seem to be welcome in the dance environment. Sometimes there may be a fear of employing psychologists – for the simple reason that hidden problems are more likely to come to light. Sometimes there appears to be a belief

that psychology will “weaken” dancers – a belief that may arise from concerns about dependence on a therapist (in fact, psychological intervention should encourage independence and aim to increase resilience). In other cases, there may be a fear among staff that students/employees will merely use the service to complain about staff. Finally, the apparent non-acceptance of psychology can sometimes be due to lack of knowledge about the type and range of services that psychologists can provide.

An important factor in establishing psychology as a normal part of training or the profession is endorsement of psychological services by Directors, teachers, management, health practitioners, etc. Endorsement appears to be important for overcoming the stigma often associated with psychological services. A first step in integrating psychological services into a dance environment could be the provision of counselling for those with chronic injury – long term injury causes distress for most dancers and this is a time when counselling is often well accepted. Once established as an important part of a multi-disciplinary rehabilitation team, a psychologist may find that their services are needed more widely. Several practitioners overseas pointed out that when seeking a psychologist, organisations need to seek out people with an understanding of the dance scene and who believe in dance as an art form (rather than pathologising the rather unusual culture).

To the best of my knowledge there does not appear to be an ideal model of delivering psychological services to either training institutions or professional companies. Some organisations are set up with completely independent practitioners who visit on a ‘needs be’ basis, some have practitioners who consult on a regular weekly basis, some have practitioners who are more closely aligned with a multi-disciplinary team of health providers and focus on injury related issues and some organisations have no specialist counselling services. Nowhere did I find a psychologist who is employed full time as I am to provide mental skills training and individual counselling.

## CONCLUSIONS AND RECOMMENDATIONS

### Dance Science Research

Research in the field of dance science can be strengthened through association with the university system and international collaboration. It is therefore recommended **that Australian dance schools and companies consider creating formal links with university research personnel interested in dance science research.** In addition it is strongly suggested **that researchers seek out and support international collaborative projects.**

While many in the Australian dance scene are providing (or are in the process of developing) fairly comprehensive services to support injury prevention and management, to stay at the forefront we must **continue to initiate change based on scientific research, to develop and conduct rigorous empirical research and to continue to push the boundaries using creative thinking.** In order to keep up with the most up to date research it is recommended **that dance directors, teaching staff and associated health practitioners join the International Association for Dance Medicine and Science ([www.iadms.org](http://www.iadms.org)).**

### Mental Health

Dance, like all performing arts, is a talent based industry replete with challenging situations. Dancers who are resilient are more likely to maximise their potential and gain joy and satisfaction in their chosen field. It is therefore recommended **that dance schools provide psychological**

**education that highlight strategies for student emotional well being in preparation for the profession** (see Part 2, pages 10 & 11 for specific recommendations).

Research shows that ballet schools are high risk environments for the development of body image dissatisfaction. It is therefore suggested **that dance schools adopt a whole school approach that encourages fit and healthy bodies** (see Part 2, pages 11 & 12 for specific recommendations).

### **Residential Facilities**

The current accommodation situation for interstate and international students who come to Melbourne to study at The Australian Ballet School is inadequate, particularly in comparison to other international vocational dance schools. While the ABS is currently in the process of establishing a facility in conjunction with other Melbourne based national training institutions, this venture will benefit with support from the whole Australian dance community.

### **Provision of Psychological Support Services**

Psychology is in its relative infancy in the Australian dance scene but in recent years there appears to have been a growing interest among dance teachers, students and professionals and associated health practitioners. In order for psychological support services to be of benefit to a dance school or company, psychology must be seen as a valued construct by all involved. It is therefore recommended **that the establishment of such services is accompanied by direct endorsement from Directors, management staff, teaching staff and health personnel.**

The dance world can be a complex place in which to work as a psychologist or counsellor without an understanding of the peculiarities of the dance culture. With this in mind it is suggested **that dance students or professional dancers are encouraged to retrain as counsellors, psychologists or career guidance specialists** to specialise with this unique population.

## **DISSEMINATION OF INFORMATION**

Several avenues are available for disseminating information and recommendations arising from this study trip including (1) educative sessions for students, parents and staff at the ABS, (2) the ABS Information-Sharing Programme (professional workshops for dance teachers conducted across Australia), (3) personal communication with fellow psychologists/counsellors in Australia and (4) presentations at various dance and psychology conferences. It is also envisaged that opportunities will arise, or will be sought out, for written contributions in Australian dance publications.