DANCE MOVEMENT THERAPY IN INDIA: AN EXPLORATION

A dissertation submitted to the **University of Hyderabad** in partial fulfillment of the award of a

Ph.D. degree in Dept. of Dance

By

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2023

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1. M, Sneha. "Creative Amalgamation Embodying Empathy: Reconstructing Therapeutic Mechanism Through Tele- DMT." (ISBN 978-93-93462-34-3). *Interdisciplinary Art-Based Practices: Problems and Possibilities.* Navyug.Pondicherry University, 2023.
2. M, Sneha. "Therapeutic efficacy and coping potentiality in ethnic dance practices of India: A study on the ritualistic forms of Kerala exploring empathetic engagement and healing strategies."(ISBN 81-86073-441-2). *Natya Ramaneeyam, Nrutyotsavam.* Potti Sreeramalu Telugu University, 2022. 249-255.
3. M, Sneha. "Dance Therapy and Therapeutic Dance: An Interplay". (ISSN 2250-3890, VOL 7, NO.10). *ALFOMINE.* Alphonsa College, 2022. 167-172.

And

B. Presented in the following conferences:

1. "Intermediality in Therapy and Arts: Mapping coordinative practices, Movement ventilation in particular", International Conference of IFTR, Galway, in July, 2021(International).
2. "Arts therapy practices across ethnicities and cultural beliefs: A study on the ritualistic forms of Kerala with a history of healing practices", International Conference by Creative Movement Therapy Association of India, in December, 2021(International).
3. "Creative Amalgamation Embodying Empathy: Reconstructing Therapuetic Mechanism Through Tele- DMT" , International Webinar by Department of Performing Arts, Pondicherry University, March 2022 (International).
4. "Theatre in classroom, campus and beyond with special reference to Kuchipudi", UGC sponsored National Symposium by Department of English, University of Calcutta, March 2019 (National).
5. "Interdisciplinary research pertaining to Indian Dance and Music: A case study on the efficacy of Dance as an intervention in dealing stress among kids in childcare

homes”, National Conference by Department of Performing Arts- Music and Dance. at Jain University,January 2020 (National).

6. “Interdisciplinarity in performing arts: Dance Therapy and Art Entrepreneurship”,10th Day Bridge Course by the School of Drama and Fine Arts, University of Calicut, October 2022 (National).
7. ”New Arenas in Performing Arts: Therapy and Art Entrepreneurship”, Department of Natya, Dr. MGR Janaki College of Arts and Science, December 2021 (National).
8. “Dance Movement Therapy: Introduction, History and Mechanism”, State Conference by Bharatheeya Vichara Kendram, July 2020 (State).

Further, the student has passed the following courses towards fulfillment of coursework requirement for PhD/ was exempted from doing coursework (recommended by Doctoral Committee) on the basis of the following courses passed during his MPhil program and the Mphil degree was awarded:

Course Code	Name	Credits Pass/Fail
l. DN 801	Advanced Research Methodolory	4.00 Pass
2. CC802	Advance Research	4.00 Pass
3. DN 803	Topic Specific Reading with the Supervisor	4.00 Pass

Supervisor Head of Department Dean

Dedication

To my human diary, my pillar of support, my mentor- my husband!

Acknowledgments

Beginning this reflection, I am filled with gratitude for the numerous individuals who have stood as unwavering pillars of support throughout this journey….

Aruna Ma'am, beyond being my supervisor, you have immensely contributed to guiding me on the path of this research, especially when I was academically blinded, emotionally broken, and medically weak. Since my master's program, you've been a constant guiding presence in my academic journey; I started as a student unsure of how to write an article, and now I stand as a research scholar, authoring this 370-page thesis under your mentorship. Reading a book always posed a challenge for me, but you were the one who taught me to truly delve into its essence, create research cards, craft articles, and so much more. I extend my gratitude for the invaluable insights you've shared during your personal movement sessions. Your generosity in granting us access to your extensive personal library, engaging in discussions about our work with your friends and family, procuring books from various sources, and even providing scanned copies of rare books amidst the challenges of the Covid period, is invaluable. Thank you, Bhikshu Sir, for asking if things are going well with me every time I meet him, guiding me with his short yet valuable inputs, and asking me to finish off faster. I respectfully thank your brother Uday Bhaskar, for the valuable book he sourced, I really wished if I could talk to him one day about my work, but gone too soon. Thank you Mahati, for all the fun conversations just to get me back to my senses when I was anxious.

My sincere gratitude to the members of my doctoral committee: Prof. Anuradha Jonnalagadda, for providing concise yet thoughtful feedbacks, and Prof. Padmaja Gadiraju, for her encouragement and incredible support. My appreciation for their contributions

knows no bounds. Padmaja Ma'am, I sincerely appreciate your generous sharing of insights regarding the psychological aspects of the work. Your guidance has been invaluable in helping me rectify errors within the portions of my chapter focused on theoretical constructs. I would also like to extend my gratitude to Prof. Siva Raju for inspiring me to be mindful of time constraints. I thank Jolly Puthussery Sir, Sathyaprakash Sir and all the staffs of library- especially Panicker Sir and Jasna in helping me with the plagiarism check. I thank our dear non-teaching staff, Manjula Ma'am, for helping with all the paperwork. I am grateful to UGC for the fellowship, which served as a source of motivation that kept me going even during moments of doubt. Thanking all the University of Hyderabad staff members in the academic and fellowship sections for their efforts in ensuring a seamless and effortless fellowship process for all of us.

Tripura Ma'am, your substantial contributions to my understanding of DMT began long before I embarked on my research journey. From assisting me in selecting the perfect topic to the countless enriching conversations and valuable insights, my gratitude knows no bounds for your generous sharing of wisdom. Thanking the CMTAI family for making me part of your fraternity. My gratitude to all the practitioners who took part in this study, giving me their valuable time and input on their work. It's noteworthy that some practitioners, who may not even fit into the three-generational categories considered in this study, graciously took time out of their busy schedules to share their valuable experiences and practical approaches., I cannot thank them enough.

On a personal note…

Aravind, I owe this work to you and only you for challenging me to clear JRF, for encouraging me to join for Ph.D. in a different State, for coping with the distant relationship, helping me take psychological support many times when I stumbled in this journey, making me

realize I can do this. Thank you for taking care of our family and Pammu, single-handedly whenever I travel to Hyderabad. Words are not enough to describe the unconditional emotional support you were to me for venting all my anxieties and being a patient listener. I know you are not going to read this thesis ever, but please know that this work is our first baby, which happened at the cost of our relationship, bearing the separation and uncertainties, sacrificing your sleep to take care of P, and listening to my emotional breakouts which finally ended up as our first blossom. Pammu, when you get to read this work any day, I want you to understand that you are the one who made me finish this. I would have procrastinated for a longer time if not for you. Amma is guilty for not being with you most of the time in the first two years of your life, but I promise to compensate for the time. Amma, this is for you. For motivating me to this ambition right from childhood, when I didn't even know what a Ph.D. is. Thank you Amma, for always saying “anything and everything for your PhD”. You are my invisible strong pillar who introduced me to the academics of dance. Muthu, thank you for consistently bringing out the best in me from my earliest years. Thank you Acha, for all the dark chocolates and coffee, that was my pill. You are the only one in the family to read my work. Thank you for the books you collected and read, just to help me read and explain, for proofreading and for helping me get through the writer’s block.

Many of my friends have incredibly helped me in this process, be it academically or emotionally. Sreeshma, thank you for all the information on DMT, you initiated my theoretical process in this study, kisses, and hugs. Sampreeti akka, I cannot thank you enough, why didn’t I talk to you earlier! Thank you for understanding my status, helping me vent, all the talks on academia, encouraging me to work faster, giving me genuine feedback, taking me to reality, and giving me all your time when I needed support the most. My girls- Krishna, Ashi, Sruthy, Puja,

Shilpa, how can I not thank you all, thank you for being my emotional support when my life was literally falling apart. Thank you for all the laughs, fun, food, dance, reels, photos, and moments. Thank you for giving me a space Krish, hugging me when I collapsed, Ashi, listening to me patiently, Sru, and making me laugh, Puj. Arunetta, thank you for all the moments, rides, night walks, and food, life would have been miserable without you all. Nikhiletta, thank you for helping me with the fellowship signatures, proof-reading supports and your willingness to lend a helping hand in even the tiniest matters within the admin block. Divya, for trying your best to help me out last minute, I am indebted to you. Aparna, Sindhuja akka, and Ashwathy chechi, thank you for proof-reading my work. Thank you, Lalita, Niyanthri, Dayanand, Chudamani, Anju and Shrikant for being amazing co-researchers, motivating each other along the journey.

Etta- edthyamma and little Rishi, thank you for all the motivation to do a Post-doc in Canada. Vallu, Acha, Anuetta, Edthyamma, Kunji, and Sanku, thank you for bearing all my mood swings and anxieties throughout the journey. I know I am blessed with such a robust support system back home.

I express my gratitude to my Gurus, teachers, and all individuals who have played a role, both positive and negative, in shaping this journey. I apologize to everyone whom I may have affected negatively, to whom I may have been toxic. I am in the process of learning- unlearning, and I am trying my best.

PREFACE

The motivation of the researcher to come up with a study relating to mental health is a recent World Health Organization report which says, "at least 13.7 percent of India's general population has various mental disorders" (Kamath). According to the health survey by Economic Times in collaboration with the National Institute of Mental Health and Neurosciences (NIMHANS), about 89% of the population in India say they are suffering from stress compared to the global average of 86%, thus necessitating studies on mental illness and the coping strategies in India (Economic Times). As the researcher is a dancer herself, this is an attempt to correlate the fields of psychology and dance within the realm of Dance Movement Therapy.

Prior to commencing the Research, a preliminary study was carried out involving two distinct groups in Kerala. The researcher additionally enrolled in the University of Hyderabad as a Junior Research Fellow for her PhD programme. The proposal for the Research was based on the pilot study. However, diving deeper into the topic made her realize that having proper training for executing an intervention on a particular group demographic, certification in therapy is required. Hence the study was later focused on using therapeutics of dance in education settings. The researcher has been an empanelled artist in SPICMACAY[1] since 2016, conducting workshop demonstrations and intensive training programs among the rural populations of India. Through SPICMACAY, she had the opportunity to interact, converse and spread the healing culture of Indian classical dance among thousands of children.[2] Furthermore in 2018, under the supervision of Prof. Aruna Bhikshu, the researcher had the opportunity to be a part of 'ADBHUTA', a festival

[1] The Society for the Promotion of Indian Classical Music And Culture Amongst Youth, an organization that promotes the cultural heritage of India.
[2] Please see the appendix for more information regarding the schools and population she worked with as part of Spicmacay.

of learning and celebrating the diverse art forms among school children by Ajahn Education Foundation; the modules for this series were conceived and designed by Aruna Bhikshu to teach human anatomy and storytelling through dance. Assisting the supervisor in this workshop series helped the researcher develop a more empirical module incorporating the vast area of expertise the supervisor had on Theater studies and movement techniques. The researcher had also taken part in her movement classes, which stressed the integration of psychosomatic and social aspects. The primary techniques developed and tested by Bhikshu included body awareness, body kinesthetics, cross-cultural training, and movement exploration, which widened the field of interest. Due to the global pandemic, COVID-19, the study had to shift to a theoretical approach rather than a practical one, as social distancing measures and travel restrictions prevented in-person research activities. However, this shift allowed the researcher to explore the historical perspective of Dance Movement Therapy (DMT) in India, tracing its evolution and development over the past 30 years.

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Dance Movement Therapy in India : An Exploration

by Sneha M

Submission date: 25-Aug-2023 10:09AM (UTC+0530)
Submission ID: 2150946804
File name: Sneha_M.pdf (12.78M)
Word count: 78547
Character count: 458697

CHAPTER 1

Movement history: The 'what, why and how' of the study

"Dance has been an integral part of my life: is a chart-topping quote that we often hear. Incidentally, I was introduced to the world of dance at the age of three, right when I started communicating, and it has since then fueled my existence. Dancing was always a form of expression for me, long before I took my first dance class at the age of four. However, I never equated dancing to 'movement' or physical expression, or to be specific, as having a distinct split up of movement from dance earlier. For me, dance meant physically moving for a particular music, using structured techniques which can either be taught or choreographed. The idea of considering movement as a separate modality, distinct from dance was acquired during my Master's program[3] at the University of Hyderabad, where I was introduced to the history of classical ballet[4] and modern dancing[5]. This research is an outcome of the realization that dance is a creative form which can use abstract movements to portray an emotion, feeling, idea, story, or free expression while being adaptive and spontaneous, without being set within the boundaries of the pedagogical systems of learning. Expressing the inner feelings, turning against the structured technicality of a form, dance has served a more comprehensive perspective as a form of healing and coping, which made me dive deeper into the therapeutics of dance and later into Dance Movement Therapy which is the area I am investigating".

[3] Masters in Performing Arts, Department of Dance.
[4] Stylized form of dance based on formalized techniques and movements, mostly done in groups to a particular theme, which originated in Italy in the 16th Century. Ballet performance is a structured and ethereal genre of dancing with restricted scope for improvisation and free expression.
[5] A genre of dance originated in the late 19th Century in the United States, focusing on radical freestyle expression with an aesthetic outlook, and symbolic significance.

The synonymity in the ideological tenet has made the proposition that dance and movement are an entwined philosophy, the identity of each remains remarkably different from a broader contextual understanding. Going through the socioecological and cultural status of social realities helps to hypothesize the analytical demonstration of the origin of movement and how conceptuality has represented dance in a broader paradigm of embodiment. Movements are interconnected with human behavior right from the stage of infancy, suggesting its authority from an anthropological perspective. To understand the realms and matter in question regarding the observance of movement and dance on a palliating apprehension, the origin and evolution of human movement from the primitive past need to be elucidated thoroughly, evaluating its present function. The studies required to trace the 'origin of human movement' lead back through the order of primates, where man holds his pre-eminent place, to the *phylum of vertebrates* from which our type of structure has emerged (*Fay*). It is not debatable that the early significance of movement history might have started before the evolution from primates to homo sapiens- only the extent of it differed. A rather common pervasive assumption was that movements had its origin as a form of communication and self- expression, making sense of the visual language conformed to a typical human understanding of the artistic medium of communication. Mirroring a movement or representing what has been observed is the primary perusal of instinct, which is an impulsion on the behavior of surroundings. Darwin employed the term "instinct" in various contexts: to describe the driving force behind a bird's breeding behavior, as well as a tendency like courage or obstinacy in a dog; to denote behavior patterns cultivated through selective breeding, such as the tumbling motions of tumbler pigeons; to encompass emotions like human sympathy; and to encompass fixed actions like the precise construction activities of honeybees while creating honeycomb cells.[6]

[6] A definition of instinct in Britannica edited by Colin Beer

(Beer) However, acknowledging instinctive movement as an image representing the society that they lived in and recording what they see around is an addition characterized by aggregation. Examining the socioecological situation of humans from an evolutionary perspective could aid hypothesizing the analytical demonstration of the origin of artistry interweaving the abstraction of dance and movement. Sequencing the origin of movement as a separate entity from dance is much apprehended for a deeper cognizance of grasping step by step progression of a procedural system.

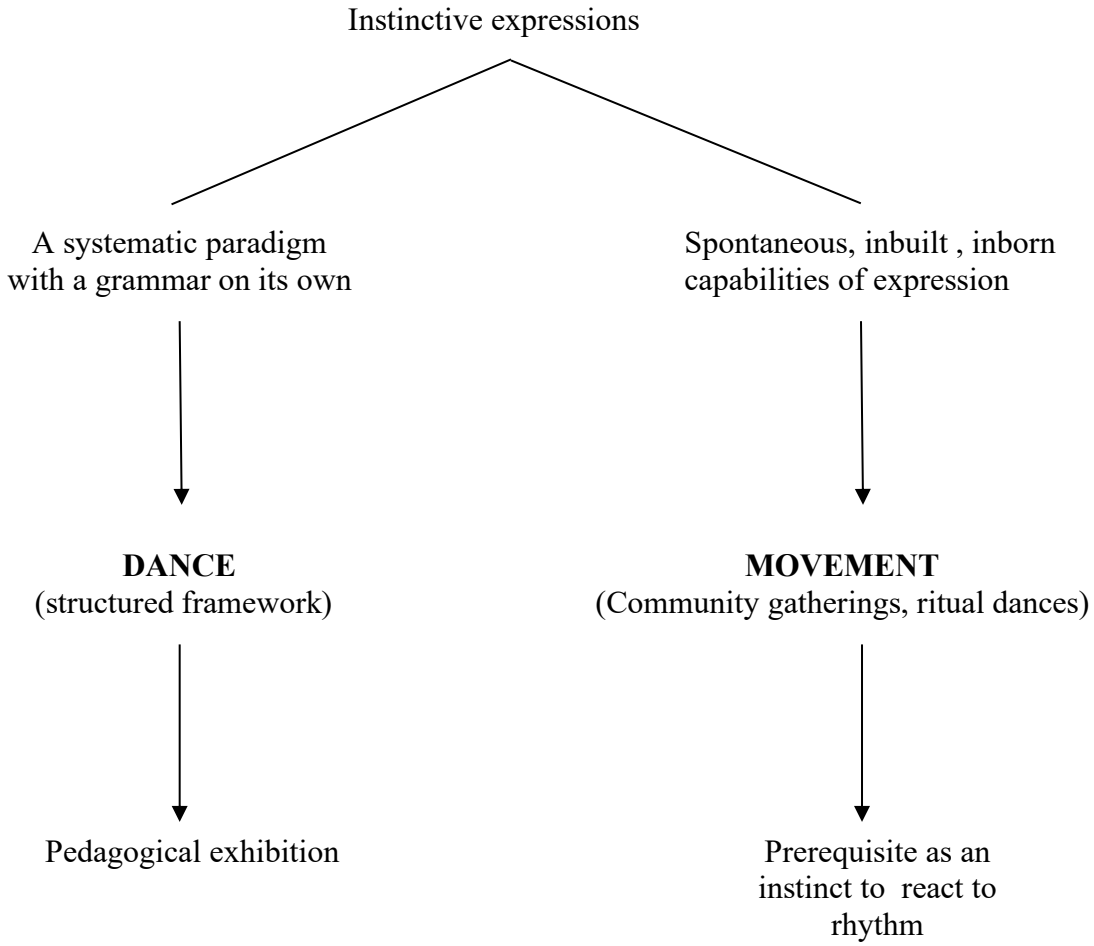


Fig. 1.1: Sequencing the origin of movement

The diagram. Fig. 1.1, conceptualized by dancer scholar Aruna Bhikshu, was evolved during a personal conversation where she interestingly picturized the perspective of movement

evolution as a product of instinctive psychological evaluation. As represented in the flowchart, instinctive patterns in human behavior have contributed immensely to the formation of a systematic paradigm with a grammar on its own, which is metamorphosed as dance. Whereas the spontaneous, inbuilt, inborn capabilities of human behavior transmogrified into different movement cross sections. The above said amalgamations can be visualized as a prerequisite to movement patterns where the ability to move, desire to represent, instinct to react to rhythm, coordinate the motif etc. have furnished into either a structured systematic paradigm or an unstructured evolutionary pedagogy. These instinctive investments represent the extent of human movement which later evolved into either a structured framework or a spontaneous enactment. Ethnographic observations suggest that this spontaneous inherent characterization of movements bounding in small groups is different from a larger aggregate which transcends more similar behaviors, usually leading to the formation of a pattern which is more ritualistic or cultural in nature. Establishing this concept of movement as an instinctive human artistic representation, it has many layers depending on the emotive motif of the communicator, dance could be one among these. Be it spontaneous dancing traditions or an organized system of dance transitions, conceiving it differently adds to more complex variants of expressions.

Early evidence of movement patterns witnessed the investment of ecological dimensions along with the documented representation of societal subsistence as an instinctive outcome. It is perhaps not surprising that we find such archaeological evidence of art suggesting the tranquility of social integration from the period. From fragmented groups to settled harmonized congregations, societal conditioning has come a long way, pointing the archeological visibility to acculturation, whether ecological, social, or even ritual, all these cultural assemblages resulted in the evolution of expression along with different pattern and cultural repertoires. According to

historian William McNeil, group consolidation through dance was critical in separating our remote ancestors from other protohominid species; and dance certainly operated throughout historic times to maintain village communities and innumerable other human groups. (11). He remarks the emergence of humanity as an outcome of the uniqueness of human emoting behavior. Community dancing occurs only among humans if by that phrase we mean a form of group behavior whereby an indefinite number of individuals start to move their muscles rhythmically, establish a regular beat, and continue doing so for long enough to arouse euphoric excitement shared by all participants, and (more faintly) by onlookers as well. (McNeil 13). Dancing is a tool for cultural transaction and social structure, as quoted by Pusnik (Pusnik 5-8), "Polhemus (Thomas 3-15) says that societies create dances and that dance is actually a 'metaphysics of culture', because a culture of specific society is embodied in the forms of material and physical culture, and the latter is also stylized and schematized in the form of dance." The physical body and its actions are social constructs that engage with and decipher other elements within the culture. "Structured movement systems like social dance, theater dance, sport, and ritual help to articulate and create images of who people are and what their lives are like encoding and eliciting ideas and values; they are also part of experience, of performances and actions by which people know themselves." (Dils and Albright 405). Tracing back to the earliest human civilisations, archeological facts and archetypes refer to dancing forms where primitive men danced at social gatherings and celebrations as a pattern to emote and represent. As Kassing explains in her book, "20th-century dance history scholar and author Selma Jeanne Cohen pointed out, dance does not happen in a vacuum; it exists as part of the tapestry of arts, culture, society, and history." (Kassing 15). Many such examples look at the evolution of cultural significance and movement history in the Indian subcontinent. "The reminiscent of the stone-age found in Pallavaram, Chengalpet, Vellore, Tinnivalli near

Madras, in the valley of river Sohan, in Pindhighev area in West Punjab, in Rehand area of Mirzapur in Uttar Pradesh, in Narmada Valley in Madhya Pradesh, in Hoshangabad and Maheshwar, make it clear that India has been the land of development and growth of human culture." (Satpathy 7). The dancing figurines found from Egyptian archeosites refer to cave paintings that point to a dance-infused scenario among the people of the period and how it has transformed into an emotive communicating pattern. Depiction of dance is evident in the cave paintings, *stupas*[7], and temple sculptures, as a testament to hunting, harvest, religious rites, stories, burials, childbirth and so on; encoding such artistic expressions helps us to decode the continuum of practices that were followed in the period. The tomb paintings and monuments from Egypt and Greece that survived the tooth of time also refer to the art of dancing in the 6th Century BCE, where dancing was not just an expression but an exploration of one's inner self. *Predynastic*[8] dancing evidence from ancient Egypt can be seen in their pottery, clay models or wall paintings, before the *Nagada*[9] period dating to the 5th Century BCE, which signifies not just an origin of dancing, but delineating the emotive portrayal of people through dancing. Egyptians considered dancing as a communion with God and used many instruments which are said to be the remains from Mesopotamian civilization, to vent out their emotions through religious dancing. Other than the subjectivity of world dance history, these originations should be looked at as a process of emotive discourse intended to give the mental expression of the experiences of the period.

[7]Hemisphere like structure which is a commemorative monument according to Buddhist architecture.
[8] Predynastic period refers to the earliest human settlement and period before the dynasty rulers took over in 3rd Century BC.
[9] Nagada culture is an archeological culture named after the Nagada town in Egypt.

Fig. 1. 2: Egyptian music and dancing. Courtesy: World history encyclopedia

This painting from the Tomb of Nebamun (c. 1350 BCE) shows an artistic communion where women are getting involved in making music and many others dance to it (Mark and Buggio). The expressive component of these paintings should be noted to establish their coping methodologies corresponding to the societal remediation of mental impairment during the period. The earliest history of dance in Greek dates back to 15th Century BC, originating at the Crete, which was later transformed as a chorus dance, as an expression of group psychology in synchrony with dance exhibition. Egyptian dance and music were referred to by a common name *mousike. Minoan*[10] art had great significance in the world history of dance, providing evidence on their pottery, palace complexes, vases, seal stones, etc., helping us to revisit the emotional stability of the people during the period and how dance has been depicted as a way to emote. Looking at the

[10] Art forms originated during the period of Minoan civilization in Greece circa 2nd Century BCE.

anthropological significance of settlements in Greece and the art forms that were practiced, dancing has contributed significantly to what is called 'Classical Greece' today, coining sexuality, religiosity, and other earthly pleasures with an intent to promote exhibition of their inner emotions. Crete is also known as the birthplace of *pyrrhic*[11] dances, also called the 'dance of fire,' *sikkinis*[12], *komos*[13] dance or "dance of frenzied drunkards', often attributed to the worship of Dionysus[14]. The Dionysiac festival at Athens witnessed an ecstatic dramatic performance as a coping mechanism of therapeutic origin, which later gave birth to modern theater dancing. What began as ecstatic singing and dancing evolved into elaborate and eventually professional choral performances, the emotional impact on performers and audiences can only be guessed; but we can still admire the literary and intellectual vigor with which tragic dramatists of the classical age explored enduring moral and intellectual questions, and we may even enjoy the raucous social criticism that found expression in comedy (McNeil 152). All these instances add testimony to the purpose of dancing as a way of invoking the God or the Supreme, emoting their suppressed desires through dance, serving them closer to the deity. The process of impersonating the Gods was a new entrant, which gave the dancer more freedom to explore the nuances of the art of dancing without connecting oneself to nudity or societal norms prevalent during the time. When group dancing was a part of civilized society, people danced on whichever occasion; perhaps the upper caste did it in more closed private ceremonies or events, extending the expression to happiness and celebrations. All these dances which originated in Greece or Egypt connecting to the religious modalities, evolved morphing into what we call now as social and theatrical dancing with an intense purpose of expression. These religious practices and ritualistic traditions of dance forms have intensely

[11] Pyrrhichios or pyrrhic dances is a war dance that originated in Greece.
[12] Ancient Greek dance
[13] Ritualistic drunken procession
[14] Greek God of fertility and wine making

signified the healing property of dance from time immemorial. In the period when dance was not even recognized to have a cathartic effect, such trance dancing techniques appeared in different parts of the world in a group setting. Trance dances have always been a representation of the suppressed sexuality and social suffering experienced by the majority of the poor population, which serves as a catalyst in performing dramatic transformations. The most popular example of a trance dance is the *Dhamaal* dance in Lahore, Pakistan, that is done under a ritual leader at Shah Jamal.[15] These ritualistic dances in a trance establish a platform for emotive expression through the language of ecstasy and dedication to a Sufi saint. In the context of the revered sites mentioned, the act of devotional dancing doesn't come across as insincere, misleading, or lacking genuineness. Instead, it embodies an aesthetic that involves performative engagement intertwined with legendary meanings, symbolizing the rehearsed manifestations (Wasim 107). Another popular example is the *Zar*[16] culture in Egypt. Many psychological ailments of women, particularly are said to be cured by the trance dances, especially when it comes to disassociation, hysteria, eating and sleeping disorders, calling it *diagnostic zar*. Even in the nineteenth Century, the *Zar* possession was considered a coping mechanism among the rural population of Egypt. In the study on *salentine*[17] dance by Neveu Kringelbach and Jonathan Skinner, they explain how a ritualistic tradition of dance can give a transition in the victims evoking confidence and self-esteem- "In the past, ritual cures of tarantism relied on the aggravation of symptoms through musical rhythms and

[15] "At Sehwan, for instance, I observed a sturdy younger woman, with a shawl draped around her upper body, her eyes almost closed, who gyrated for a full hour, at times swirling her long hair and rotating her head at such a speed that I could hardly distinguish between head and hair—virtually like a spinning top. She alternated this gyration with a particular figurative choreography, namely spreading her arms like a cross, then bending her body forwards and moving her arms like a flying bird—obviously mimetically enacting the image of her beloved Qalandar saint miraculously flying like a 'royal falcon' (shāhbāz). A particular ecstatic circling movement which I only observed among LKMOI.dhamālīs is rotating the head in frenzy, virtually like the head of a drill in motion. This is commonly known as sar kā dhamāl. Staggering dancers, who are unable to control their trance and to align themselves with others, are rudely removed from the circle either by an older malang or by the leading drummer (Observation at ʿurs of Baba Bullhe Shah' on 26 August 2004 in Kasur)." (Wasim 96-110)

[16] A ritualistic dancing ceremony in Egypt to placate possession spirits

[17] Popular dance at Salento, Colmbiao

other sensual stimuli (colors or images, in particular) as an initial phase in the healing process. Victims identified with their aggressors. As the dancing proceeded, other identities came into play: victims became heroes, aggressors acquiescent." (Neveu Kringelbach and Skinner 61). [18]

Revisiting the history of such ritualistic traditions which prevailed from centuries ago conceptualized the understanding to organize dance and movement as not just a form of physical exertion which vented out much energy and in turn helped them to have an outburst of pent-up energy. "Dance discharges repressed aggression, provides a sense of mastery which causes a corresponding change in self- perception and self-esteem and induces possession and trance." (Hanna 23). Without even calling the person who danced as 'dancers', people emoted out their anger, frustration, happiness, pain, celebration etc all through dance and music. Psychologically mobilizing their inner conflicts and situations, may it be when they got a good catch, when they find a new place, puberty, childbirth, death, marriage, seduction or exhilaration, the purpose was to ventilate the emotions through physical movements, called commonly as *community dancing*. Dancing and movement contribute different identities to different individuals. The movement vocabulary of each person may differ according to the kind of experiences and circumstances that they mirrored. However, this natural instinct to move and physically use the body to vent out energy can be a reason for the origin of dance and movements, as even before speech, dance or movements in particular were used as a means to express or communicate. This reflects that the

[18] "Women from the lower classes lead difficult, stress-filled lives in Islamic Africa and the Middle East. Money is tight or nonexistent and usually only comes to them from men. They are under enormous social pressure to conform to their family's expectations, their neighbors' ever-watchful eyes, and their religion's narrow role for women. Their movements are restricted, their marriages arranged, and many were circumcised when they were young. So, when these women are confronted with sudden challenges, such as death, divorce, or a new wife in the household (Islam permits a man to take up to four wives if they are treated equally), their fragile psyches become quickly overwhelmed and susceptible to spirit invasion. Stress and grief often trigger low serotonin levels, but zar rituals offer the stricken a way to self-medicate. Difficult situations become suddenly bearable with regular neurotransmitter boosts and a physical outlet for repressed emotions. At the very least, the rituals allow participants to forget their daily lives for a few hours, change their environments, interact with other women, listen to emotionally charged music, and exercise." (Henkesh 45)

commodification of arts as just pleasurable is not the interpretation in the current world, but digging deeper into the socio-ecological and globalized perspectives helps us to find the newer significance of a stylized human-centric culture where dance is primarily a self-effacement.

Summing up the disposition of the purpose of movement and dance in the world scenario, considering dance as a coping strategy has ignited the attention of many dancers in recent times, giving it scope for redressal of more professional space in the area. Although the definition of movement and dance has varied among theoreticians, anthropologically looking at many perspectives, dance is not just aesthetically utilizing rhythmic movement in space or imbuing aesthetic pleasure and symbolic representation alone. The growing field of movement studies suggests looking at dance not merely as a physical exhibition but much beyond the conceptualization of society and culture. The emergence of Dance Movement Therapy as a new entrant in dance studies explains such a new approach, with the significance of dance as a therapeutic approach. This research is a result of the understanding of how dance can be perceived as a therapeutic utility gaining insights from the history of movement practices and traditional healing strategies prevalent in the country.

1.1 Research Question

Dance as a therapeutic function has existed for a long time. Nevertheless, Dance Movement Therapy has been recognized and integrated into physical therapy practices recently. However, no historical evidence and documentation state the history and development of DMT[19] practices in India since 1990 with a theoretical framework with research direction interpreting, explaining and generalizing the DMT practices in India. Revisiting the technique followed by each practitioner

[19] Abbreviation of Dance Movement Therapy

in the field, as no framework establishes a healing perspective for every aspect of the practice, this thesis tries to investigate the works of Indian practitioners bringing a blend through the cross-cultural amalgamation of Western DMT techniques.

This research study encapsulates an inquiry based on the following questions which primarily became the hypothesis of the study.

1) What is the history of DMT practices in India and how has it transformed over the period?
2) Is the technique of each practitioner individualized or subjective?
3) Is the history of training and fundamental principles similar? What factors have influenced their pedagogical formulations?
4) Does the pedagogy and practice of a practitioner impact the formulation of DMT pedagogy?
5) What is the scope of cross-cultural intervention in DMT?
6) Does DMT give scope for a formalized methodology in India?

1.2 Scopes of the study

The modern genesis of health is augmented by considering the proper functioning of the body alone. Intellectual, physical, and emotional functions are given more priority in assessing the productivity of the young generation in the country and mobilizing the resources to improve the community. Contrastingly, in India, there is a general lack of awareness around mental health issues- right from the perspective where a person taking professional psychological assistance is being considered a stigma. DMT is a product of cultural assimilation and acculturation in which movement principles with different cultural ethnicities, flavors, and textures fuse and flow together. However, even to do this, it is important to be aware of physical traditions and movement

practices available in our own cultural context (Kashyap 32). Activities of the Indian movement training system include postures from *Yoga*[20], *Karma* dance[21], Bamboo dance[22], *Kalarippayattu*[23], *Thullal*, and other regional dances of India. Many scholars and practitioners who have imbibed their training system into the formation of therapeutic practices on particular client groups in India, find their propositions in these forms. This research is significant because this topic is under-published; no available thesis investigates the history and evolution of DMT in India from 1990-2020 tapping the rich vein of experience of many pioneers in the field. In the Indian context, not many hospitals or health settings are encouraging DMT or other occupational therapies which may also be due to the lack of theoretical framework in the area emphasizing Indian cultural acceptance. This study aims to acknowledge and identify the misconceptions speculated about DMT in the medical setting and to promote the awareness of the therapeutic process of dance as a transference relationship. Apart from the historical investigation, the methods and techniques used by each therapist will be discussed in detail, which will help future practitioners to work on successful therapeutic methods. Even though each of these pioneering practitioners has established their own unique system in DMT, the correlation in the pedagogical strategies is not available. Additionally, this thesis will act as a one-point perspective, carefully dissecting the winning strategy of every practitioner-made module. An objective analysis of the same could be beneficial for both the students of dance and psychology to revisit and investigate the efficacy of either one of the practices or all of them. Furthermore, mapping the evolution of DMT, 2020 marks a remarkable change in DMT practices due to the Covid-19 global crisis as Tele DMT[24] programs were the only

[20] An ascetic discipline rooted in India, focussing on breathing, meditation and body postures
[21] Also called Karma Naach is a folk form of Madhya Pradesh which has group circular formations with enthusiastic steps and leaps
[22] Also called Cheraw dance which originated in Mizoram, has strict formation with bamboo which demands a lot of physical training and movement control
[23] Martial art form of Kerala known for the rigorous training system
[24] Online DMT sessions using different platforms such as Zoom or Google Meet.

option to serve the analytic purpose. The significant changes in the tailored module, the concept of social distancing, integration of space constraints, and anxieties on touch-related patterns affected the introduction of this new entrant- 'Tele DMT'. This thesis contributes to drawing a focal point for the too-much available shattered information regarding DMT to make it a structured historical documentation and analysis which can be extrapolated to find the possible changes for future work encouraging the practitioners to choose the most appropriate model for their clients. This work examines four important aspects of DMT:

1) History and Evolution
2) Training and Innovations
3) Professional Associations
4) Institutionalization and Training Programs

The history and development aspect deals with identifying the innovators and pioneers in the field and identifying the activities that they underwent during the 1990s in order to establish this field. The second focus is on the training system and innovations in the training module among the therapists, experiential documentation, and details of the client population that they worked with the most. The third session deals with the professional associations and organizations formed in India which serves as a directory to find a professional in the field. The last session deals with the institutionalization of the system with special mention of the pedagogical considerations and training programs, their affiliations, etc. A detailed examination of these four aspects will serve as a comprehensive compilation of different facets of DMT practices in India, giving it a scientific structure and empirical understanding.

1.3 Hypothesis

This exploration looked into the depths of the utility of dance in India in its dichotomy.

Proposed Hypothesis: Dance Movement Therapy in India is an integrated practice in exploration over a few decades by various practitioners. It is initiated by the study of clients, and for the clients, making it a cross- cultural phenomenon.

- Dance Movement Therapy in India is explored by various practitioners as a part of their integrated and cross-cultural practices.
- Dance Movement Therapy is used to initiate the study of individual clients from a multi-disciplinary perspective
- The two methods commonly used Dance Movement Therapy and Therapeutic Dance Practices (TDP)[25] have different constructs and pedagogical approaches.
- Contribution of individuals and institutions structures the evolutionary trajectory of Dance Movement Therapy practice in India.

1.5 Theoretical Framework

Instead of a pre-existing theory, the grounded theory of initial and focused decoding serves as the theoretical cornerstone for this investigation. Grounded theory is an extension of the constant comparative method, which is developed by Glaser and Strauss organizing the data in a structured way to formulate a new theoretical framework (Glaser and Strauss). The theory put forth a rationale to justify the gap between current theories and the empirical data organized by proposing a grounding theory. As in this case, no previous literature talks about the history, evolution, and technique of DMT practices in India in a structured context. So, the theoretical framework for the documentation is based on the data analyzed which is discussed in the main chapter of the thesis. Hypothesis is not proposed before the data analysis and is formulated from the generated concepts

[25] Abbreviation used for Therapeutic Dance Practices, the thesis will use TDP hereafter.

which become a component part of a theory. The three parts of the constant comparative method are the formation of the concept, development of the concept, and modification and integration of the concept. Here in this case, apart from the literature review, the formation of the concept is based on the interviews conducted which is a raw data. This data is checked to construct validity by triangulating with other sources in literature, revisiting the techniques and coping strategies in India related to dance and ritualistic movement, and an evidence chain is established. External validity by analytical generalization is supported by examples derived from interviews, which helped to study the context more deeply. The internal validity and reliability of the theory are justified as the interviews are recorded and transcribed. It was useful to look at the ideas surrounding the subject generally in order to discover the theoretical underpinnings of past investigations that were pertinent to the concept.

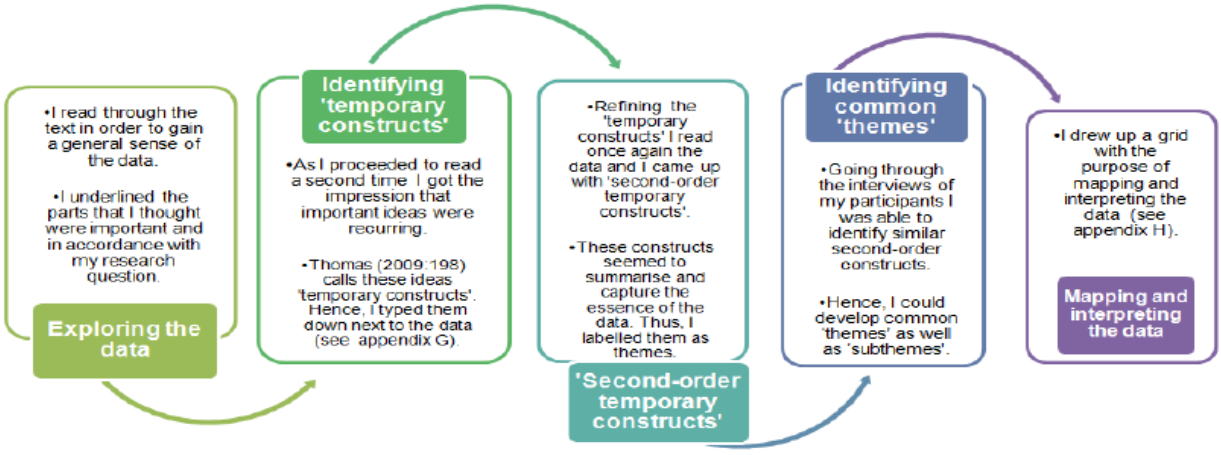


Fig. 1.3: Constant comparative method as a means of data analysis (Palacios)

Theories supporting the origin of Dance Movement Therapy in the West were considered as the rationale of this work. The experimental approach is something that major DMT pioneers take into consideration, or they base their theories on psychodynamic theories that form the basis of their practice.

1) Psychoanalysis- The theory founded by Sigmund Freud states regarding the unconscious, leading to catharsis. This is one of the basic diagnostic tools in developing a theoretical base for DMT. The Freudian developmental theory assumes that through therapy the client outgrows an inefficient, fixated, or infantile mode and dissolves resistance. (Hanna 151, Dance and Stress). In simpler terms, psychoanalysis is a way of treating emotional and stress-related disorders by therapies, revisiting past traumas through igniting the unconscious, say childhood dreams and traumas, and bringing the past to conscious awareness thereby making a catharsis effect. The individual conflicts and traumas of the past are revisited and asked to re-experience it through conscious imagination gaining insights on how the defenses can be manifested and improved.
2) Theory of collective unconscious- Theory founded by Carl Jung is talk-based, bringing together the elements of psychoanalytic theory and exploring unconscious and conscious elements of the experience. “Within the Jungian approach, dance is an expression of healing rather than a projection of personality or psychopathology and evidence of disease and disorder, participation in dance therapy evokes conscious and unconscious fantasies and conflicts that are available for analysis and catharsis” (Hanna 151). Jung believed that there is a kind of connectedness among the beings which is unconsciously manifested. Jung’s theory of active imagination is used very effectively as a theoretical basis for therapies.
3) The theoretical basis of Humanistic theory, Cognitive Behavioral therapy, Psychodynamic theory, Person-Centered therapy and Verbal therapy is closely observed and followed in the course of this study.

4) The Theory of Wilhelm Reich which talks about braving the character of the client walk, stance, breath and muscular tensions were associated with stress. He called this 'defensive armor' to facilitate mobility and vent out repressed feelings.
5) Freud's model of mind, Winnicott's holding and containing, Melanie Klien's transitional objects, Eric Ericson's stages of psychological development, Yalom's principle of group therapy, Tuckman's model of group development, Marian Chace method of Chacian circle, etc. are thoroughly explored in the following chapters.

1.6 Aims and Objectives

1. To explore the implementation of DMT in India by various practitioners as part of their integrated and cross-cultural practices
2. To explore the DMT practices as a tool to initiate the study of individual clients from a multi-disciplinary perspective.
3. To understand the difference in the constructs and pedagogical approaches of both Dance Movement Therapy and Therapeutic Dance Practices.
4. To map the evolution of DMT practices of both individuals and institutions in India.

1.7 Background of the study

The research started as an inquiry regarding the therapeutics of dance and history of DMT in India. Before stepping into the Research, a pilot study was conducted with two group populations in Kerala. The researcher has thorough training in the Indian classical dance forms Bharatanatyam, Kuchipudi, Mohiniyattam, Kathakali, Odissi, and a few folk forms of Kerala. Utilizing and experimenting with the technicality of all these forms, she started a program "Healing

and Growing through Kuchipudi " which started initially as a healing with a training system that ran throughout the year at multiple locations for the underprivileged and differently abled children. This study gave her the experience of dealing with a rural population who is unaware of the therapeutics of dance. Later, this workshop series was expanded as a pilot study among two different populations using the therapeutics of Indian Classical Dance.

1) Children at a childcare home
2) Children in the autistic spectrum

Relevant pieces of information for the intervention, and theories were collected as articles from ADTA[26] as the researcher was a member of the association from 2015. The first study was on children at a childcare home “Kasturba Bala Sadanam’ located at Guruvayur, Kerala. The study spanned almost 8 months, reaching out to a population of 45 children. The sessions were conducted twice weekly, 1 hour each, summing up to an approximately 70 hours of session among the age group 7-15. The intervention was based on an unstructured module that was client-centric, tailored according to the needs of the children in each session after having a verbal communication with them. No scientific data collection or analysis was conducted pre- and post-intervention which is one of the gaps of this study. The data collection was restricted because of the issues related to privacy and permissions for documenting and analyzing a questionnaire. However, as this was just a pilot study and precursor to the further research by the researcher, the observations of the caretaker and warden of the childcare home met the purpose of documenting the efficacy of these sessions. The children who were reluctant, unconfident, and lacking self-esteem showed a drastic improvement in their self-perspective and cognitive abilities. A detailed structure and observation of the study is discussed in Chapter two.

[26] American Dance Therapy Association founded in 1966 for Dance Movement Therapy professionals in the United States

The Rajah Rehabilitation Centre, affiliated with Rajah Hospital in Chavakkad, Kerala, was where the second study was carried out. This center is attached to the Department of Psychiatry and Psychotherapy, providing psychological help to individuals suffering from mental illness along with medication and supervision. The population was a group of children and a few adults in the Autistic spectrum with an age group spanning from 5 years to 35 years. The intervention was conducted weekly an hour for 8 months. A supervisor was present during the trial since she had expertise working with the psychiatrist at the same institution. The support system from the hospital really assisted the researcher in moving through with the study, despite the fact that it was her first encounter in the field of DMT. Data collection was restricted due to privacy concerns and the ethical guidelines of the hospital. However, the observations by the parents of the clients and caretakers stand as a valid point in concluding the efficacy of the study. Further, the Researcher had decided to solve the gap in these pilot studies in her further Research. [27]

1.8 Methodology

This study is primarily an exploration which shoots off from the available data that is now pervasive and accepted. Exploratory research concentrates on obtaining and compiling the facts that currently exist and analyzing what improvements to the body of knowledge are significant. Instead of seeking solutions to a specific question, the research codifies the fundamental concepts about a topic as a basis for future study. The present study was made possible by the discovery, during the researcher's literature search, that there is no proper documented proof or thesis explaining the DMT practices in India. Since no thesis or book has comprehensively covered the history and progress of dance movement therapy in India, , the focal point of this research is on

[27] This pilot study was presented as a case study at the National Conference conducted by Jain University, Bangalore.

gathering and codifying works of all the pioneers in the field, their principles, interrelatedness, theoretical basis, methodologies, analogies, and experiential approaches. This exploratory research compiles the pragmatic propositions and empirical observations of all the pioneering works in India in an accessible format that was not available previously. The gaps in this research can lead to supplemental investigation and detailed studies on the topic, keeping this work as a groundwork to research further providing a deeper context to the research question. Furthermore, the methodology of Artistic Enquiry Research is applied throughout the study.

The proposed methodology for research is through :

1) Archival analysis[28]

2) Discursive analysis[29]

3) Ethnographic analysis[30]

4) Participant observation

The historical method relied on extracting insights and information on the current topic through a Literature review, which is discussed in detail in the coming chapters. The other forms of data collection include journals, scholarly books, treatises, research publications, government reports, etc. The researcher tried to codify all the books and texts related to DMT practices in India and re-examined the role of cultural perspective and multicultural training that the authors or practitioners have gone through. The primary books contributed to the advanced reading were provided by the supervisor, more books were collected by checking and collecting the bibliographic information from the primary books. Bibliographic collection was conducted in three steps:

[28] Research method that involves the systematic examination and interpretation of historical records, documents, or other forms of data to gain insights into past events, behaviors, or trends.
[29] By analyzing the words, phrases, and narratives used in texts, conversations, or media, underlying ideologies, cultural norms, and social practices that contribute to the formation of social meaning and power dynamics are being analyzed.
[30] Involves studying and interpreting the cultural practices, behaviors, and social interactions

1. Subject Bibliographies
2. Series Bibliographies
3. Author Bibliographies

Subject bibliography was based on using keywords in the internet, inflibnet and libraries covering a specialized topic and related areas. The keywords used were Dance Therapy, Movement Therapy, Coping strategies, Art therapy, Creative therapy, Behavioral therapy, Creative arts therapy, and Therapeutic practices in India, to name a few. Although the term Dance Movement Therapy retrieved many Western books and notations of therapeutic practices, the books that contributed to the Indian cultural context as a coping strategy were scarce. Hence meta-bibliographical[31] data was collected to make own subject area.

'Series bibliography' dealt with the publications as a part of a single conference or a journal that published the paperwork of a series of conferences in the past year. The researcher had the added advantage of being a member of the American Dance Therapy Association, which provided her access to the journals of all the past conferences that happened in ADTA, and the research papers that were published in the ADTA journal were accessed. Most of the journals had elucidated descriptions of DMT practices in the West, techniques, methodology, and practices in clinical settings which served as a theoretical construct of this work. Association of Dance Movement Psychotherapy, Creative Movement Therapy Association of India, Indian Association of Dance Movement Therapy were closely observed for the conferences that they conducted. The researcher was a part of the CMTAI International Conference 2019, 2020 and ADTA International Conference 2020, 2021, and many webinars hosted by several organizations, noting the significant presentations and participating in the discussions gaining further insights. More journals were

[31] Meta Bibliographies helps in finding relevant bibliographies in which certain data will be found.

accessed from Academia, CMTAI[32], Research gate, Sage journals, JSTOR[33]. To get the hard copies of these journals was difficult; hence most of the journals and literature reviewed were retrieved from the internet.

Author bibliography was based on all the works listed by a particular author, or an institution. The books in this category were not up to-date as the area has had a significant change in the past 30 years. Theories and frameworks before the 1970s were neglected as the body of knowledge in the area extended beyond its framework but served as a theoretical reference to the latest works. Some of the authors had more works on the clinical concept of the topic which served to compare the techniques to that of Indian practitioners. Institutions and organizations had compiled works of many authors based on a simple thread of topics which made it easier to focus on enumerative bibliography in a systematic and concise manner. Apart from these, annotated re-reading was done with Shodhganga, which has a detailed listing of all the thesis and research conducted in India which helped in outlining the research question.

With this primary analysis after reviewing the literature, unstructured interviews in a descriptive pattern were followed to get more insights on the area. The interviewees were selected based on their expertise, the kind of workshops and short-term courses conducted, level of mastery, and contributions in the pedagogical development of modules and courses offered. Many of them are clinical therapists, research scholars, professional facilitators, and practitioners of other classical dance forms who contributed to the body of knowledge in the area. After thoroughly investigating the scope of the study, the ethnographic study used for data collection was based on semi-structured personal interviews with the current practitioners of DMT in India and those who are working abroad with Indian origin. The Researcher tried to investigate the current practices

[32] Creative Movement Therapy Association of India
[33] Digital library

and pedagogy in the area specifying the importance of cultural context in India. This thesis focuses on considering oral testimony as one of the methods to document and reconstruct the history, evolution, and technique of DMT practices in India, apart from the historical and empirical documentation. The DMT practitioners were codified into first, second, and third-generation practitioners. The interview sessions with each of the practitioners were framed by studying their works, articles written by them, and articles written on them that were shared by them and also were collected independently. Their experiential modules, pedagogical formations, research, and expertise in the area were documented and analyzed. As most of them were Indian classical dancers who studied DMT abroad or used therapeutics of dance from the lens of a cultural arena, the cross-cultural analysis was noted down. Likewise, the second and third-generation practitioners were approached through semi-structured interviews and their work was documented and analyzed. This became the primary data of the study. New analytical information and insights popped up as the interviews progressed, providing more references, books, articles, and journals on the area. This thesis investigates the active participation of all these scholars in preserving the therapeutic contributions, studying the objectivity and subjectivity in the modules formulated by each practitioner, and focusing on multi-cross-disciplinarity. Many dance practitioners in India have a history of working with the differently abled communities, perhaps without coining the term ‘therapy’ to their work. Some of them were classical dance practitioners, some of them were introduced to modern dancing later, some of them are experimentalists, and some of them work on abstract dancing and contemporary methodology. In order to codify the list of practitioners, the certified therapists who are working in the field were considered along with the facilitators who have a master’s degree or diploma in DMT practices. Details of the institutions offering DMT as

master/diploma courses were collected. A detailed questionnaire[34] was provided before the interview to have a more detailed discussion on the historical and ethnographic perspectives. The techniques used, psychological tools used and their impact on their clients, and modules formulated were all discussed and documented focusing on multidisciplinarity. Each scholar had a varied level of expertise according to the background from which they came from, be it classical or contemporary. After carefully examining their work, contributions, methodology, and technique, the researcher attempted to draw the trajectory of evolution and the factors that influenced their methodology. The trajectory of the evolution of DMT in India since 1990 was plotted. This was further analyzed and formalized to know the development and changes that took place in the field of DMT over the last 30 years.

Furthermore, participant observation is considered as another method where the Researcher participated in the following Certificate Courses[35] noting her observations from each course.

1) Certificate course on ‘Therapeutic Movement For Mental Health - Working with Adults' was an online certificate course conducted by the Creative Movement Therapy Association of India (CMTAI) and facilitated by Reetu Jain and Tripura Kashyap, Therapist and Researcher. The course was a training program for individuals/ facilitators/ practitioners who are working with adults. However, the researcher was allowed to be a part of the workshop as an observer being a Senior Research fellow working on the topic. This is an introductory course on the benefits of using therapeutic movement with adults. The course included theoretical as well as experiential learning. The classes were interactive and enriched with readings, discussions, "not-so-demanding" yet stimulating assignments, and

[34] See appendix
[35] See appendix for detailed report on certificate courses.

therapeutic movement exercises and experiences. A wide range of reference lists was also provided for further reading and in depth understanding of the course.

2) ‘Therapeutic Dance in Education’ was a Certificate program conducted by ‘Soulsphere’ Pune, facilitated by Tripura Kashyap, Dance Movement Therapist. The course focused on therapeutic dance rather than dance therapy. The purpose of dance in enhancing the social skills and physical emotional well-being in children was explored. The course trained the participants in the practice of using dance and movement with children and young adults in schools and special education settings and was basically meant for special educators, academic teachers, school counselors, occupational psychotherapists etc. This course focuses on facilitating movement experiences for children from different educational settings and how it can be impactful to their well-being and education..
3) The course titled “Healing with the Arts” offered by the University of Florida presented a hands-on certification program involving artistic endeavors encompassing visual arts, dance, writing, and music, coupled with spiritual routines and directed visualization, and guided imagery. This served as a means to address and mend various aspects of our existence that require healing: the physical, mental, emotional, and spiritual dimensions. The course which was conducted for six weeks had different assignments, submissions, and peer reviews apart from the class.
4) Certificate Course on "The Chakra System and DMT: A systematic exploration of the energy centers in using the expressive arts and meditative movement practices" conducted by Anubha Doshi, assisted by Karishma Harlalka under the aegis of Soulsphere. This course had a detailed analysis on how chakras and fascia affect the mental health of an

individual and how we can tap them with movements and techniques from Buddhist psychology.

Apart from the Certificate courses conducted, the Researcher had the opportunity to undergo a personal therapy session[36] for 6 months noting in-person observations on how therapy works among individuals. Please see the appendix to refer to the detailed observation of each course, the methodologies, the curriculum, and its impact on future researchers.

1.9 Literature Review

As this study is a historiography of DMT in India, the comprehensive examination of existing academic and research literature on the topic was necessary. As the field is relatively untouched, the researcher have attempted to synthesize the information from various sources to provide an integrated overview of the current body of knowledge. The extensive exploration of the theoretical underpinnings, efficacy, and societal impact of DMT in diverse settings like mental health, education, and community contexts helped to critically assess the strengths and limitations of existing studies, providing valuable guidance for the research inquiry. Literature related to the theoretical frameworks on Psychology and psychotherapy, previous works on DMT, and case studies are discussed in detail in the course of study, however, the books given below went to the primary reading that helped to come up with a radical understanding on the area.

The researcher looked at the literature in different spheres.

1) Books and articles on Dance Movement Therapy, which dealt with the theoretical understanding, history, and evolution of DMT in the West, exploration of different methodologies and structures of different theorems that stand as a framework for DMT.

[36] Details of the personal therapy session are not provided due to the confidentiality and privacy concerns.

2) Books and articles on DMT in India: Indian cultural studies, work on therapeutic dance techniques in Indian cultural diaspora.
3) Texts on Psychology and Psychotherapy: dealing with psychological theories, psychotherapeutic approaches like cognitive behavioral therapy, dialectic behavioral therapy, humanistic and person-centered therapy, and verbal psychotherapy.
4) Previous works on DMT and its efficacy: The major scientific studies conducted on evaluating DMT as an intervention, both in India and abroad.

The literature falling under each category is collected through various sources: Libraries, ProQuest dissertations and theses database, Google Scholar, ResearchGate, institutional repositories, websites like Shodhganga etc. The use of the snowball method is also implemented in the literature review.

1.9.1 Works dealing with the history and theoretical constructs of DMT:

Dance Movement Therapy: A Healing Art by Fran Levy: presents a comprehensive exploration of dance therapy, tracing its evolution from its early beginnings in the 1940s to its contemporary applications. The book meticulously examines the theories and practices of key pioneers in the field outside India, shedding light on their significant contributions, using biographical accounts.

The Art and Science of Dance/Movement Therapy: Life is Dance edited by Sharon Chaiklin and Hilda Wengrower: offers a diverse range of theoretical frameworks of DMT, complemented by case studies that highlight practical techniques and its applicability in clinical setting. Several case studies in various contexts helped to examine the clinical perspective and efficacy of DMT.

Dance Therapy and Depth Psychology: The Moving Imagination by Joan Chodorow: integration of DMT with depth psychology was a new examination for me, based on the Jungian analysis. DMT as a tool for active imagination is evaluated through psychological and psychotherapeutic perspective. Dance/movement as active imagination originated in 1916 reevaluated to DMT by dance therapy pioneer Mary Whitehouse. Jung's theory and the major works of renowned psychologists in relation to DMT and body-psyche was an in-depth synthesis for me.

Dance Movement Therapy: Theory and Practice by Helen Payne: The major understanding on the nature of embodiment in psychotherapy and its relativity in DMT is from this book. DMT and its relevance with various populations like dementia, community work, post-traumatic stress disorder, Parkinson's, aspects of infantile movement, psychosocial work with war affected children, transcultural competence were insighted about.

The Expressive Body in Life, Art, and Therapy: Working with Movement, Metaphor, and Meaning by Daria Halprin: introduction to the Tamalpa[37] method, her methodology rooted in body-based activities and case studies in expressive arts therapy were looked upon through this book. The movement metaphor in their approach was multi-layered with interlaces on psychoanalytic, existential, and transpersonal ideas. The researcher got introduced to the somatic psychology, psychokinetic imagery process and "symbolic resonances" of the body through this work.

The Meaning of Movement: Developmental and Clinical Perspectives of the Kestenberg Movement Profile by Judith Kestenberg, et al.: This book provides insights into the Kestenberg Movement Profile, which is used to analyze movement patterns and emotional expressions. As the

[37] An expressive arts approach that combines dance, movement, and visual arts.

researcher was already aware of Laban Movement Analysis, this provided a strong theoretical compendium on KMP. Embodiment of cognition, body movement analysis, developmental work on movement, assessment methods based on different parameters were all new to a performing artist perspective, out of which body defenses and body images are of profound importance.

Dance Movement Therapy: A Creative Psychotherapeutic Approach by Bonnie Meekums: explores the creative and psychotherapeutic aspects of DMT with emphasis on movement metaphor. The widely known major four stages of DMT are been propunded by Meekums as

- Preparation
- Incubation
- Illumination
- Evaluation.

With case studies touching upon each phase, containment theories, early history and overview of DMT, confrontation principles, major definitions etc. introduced a new conceptualization for me. The cross-fertilization of therapeutic dance and DMT was the major take away from the review with insights on psychotherapeutic approaches and evolutionary understanding. Creative process with psychotherapy, taken from Henri Poincare's theory led to the four stages- saturation, incubation, illumination, verification which was later reworked as the 4 stages of DMT by Meekums. According to Poincare's approach, therapy is a 'cyclic occasion as a continual ongoing process.' Other than the psychotherapeutic theories, Meekums elaborates on

- Creativity theories
- Body- Mind theories
- Non-verbal communication
- Interpersonal relationships

Supervision of Dance Movement Psychotherapy: A Practitioner's Handbook edited by Helen Payne: supervisory practices and importance of supervisory experience were introduced with this book from the perspective of psychotherapists and counseling. The emphasis on ethical guidelines in cultural settings, transcultural issues, authentic movement and personal experiences focuses on the therapist- client relationship. This book played a crucial role in my understanding on why it is necessary to follow guidelines under supervision in DMT before venturing into client-based interventions.

Rhythms of Life: The Kestenberg Movement Profile and Dance Therapy by Kestenberg where I enquired on the parameters of nine profiles by Kestenberg, interactional access and attunement analysis. The KMP profiling is discussed in detail in the coming chapters.

"Theory and methods in dance/movement therapy" by Penelope Lewis: with an introduction to medical anthropological aspects within the psychological frameworks, "Refining movement interventions in dance/movement therapy" by Suzi Loman about non-verbal interactions with KMP, "The maturational processes and the facilitating environment" by D.W. Winnicott which delves into psychoanalysis and child development etc. are all part of the reading. Insights from all these works have gone to the framing and structuralisation of the theoretical framework and rationale of the study.

Dance and Stress by Judith Lynne Hanna, explores the profound impact of ritualistic dance practices, revealing their potential for healing and their connection to various stress responses and stressors. Through referencing control studies, Hanna delves into the therapeutic application of dance in managing stress. Moreover, she delves into the intricate biophysical responses to stressors, highlighting how dance serves as a catalyst, stimulating brain changes and reorganization

from a neuroscience perspective. This book serves as one of the major references for understanding the neuroscience perspective of dancing, even though not particularly as DMT.

The Neurocognition of Dance: Mind, Movement and Motor Skills by Bettina Bläsing, Martin Puttke , Thomas Schack talks about the cognitive science of dance. Even though not directly aiming at DMT, this work gave a new perspective on neuroaesthetics, entrainment, and choreographic cognition with emphasis on scientific studies.

An introduction to medical dance movement therapy by Sharon W. Goodill's book explores the psychosocial approach of DMT for medical illnesses. Synthesizing recent advancements in medical DMT, providing real-life examples of its application to different age groups, the book is grounded in established viewpoints like arts therapies in health psychology. Many interviews in this book with therapists stand as a base for this study.

Some of the other works include 'Her Papers' by Marian Chace which is a compilation of the works and papers of Marian Chace, one of the pioneers in DMT. 'Effort-shape analysis of movement: The unity of expression and function' as part of 'Body movement: perspectives in research' by Marian Chace which scrutinizes the Chacian methodology. 'Body movement: Coping with the environment. Audio-taped discussion—Body image' by Marian Chace which is an audio recording on her philosophy and working pattern.

1.9.2 Literature on DMT in the Indian context:

My Body My Wisdom by Tripura Kashyap: what sets this book apart is its integration of theoretical frameworks with real-life experiences from Tripura, enriching the reader with insightful case studies on DMT sessions for individuals with disabilities and psychological disorders. The book also emphasizes the Indian perspective on DMT, highlighting its unique cultural and historical contributions. Additionally, the emphasize on the importance of

psychological testing and assessment to tailor DMT for individual clients were new in an Indian perspective. The Indian traditional approaches, body awareness and Tripura's working methodology is explained thoroughly in the book, which gave valuable insights to work on DMT in India.

Out of all the previous works listed, most of the works looked upon the history and theoretical framework of DMT, its practical applications on certain client groups and personal experiences of the authors. The major lacuna in the readings observed by the researcher is the lack of reading materials on DMT in India. However, certain articles talked about the DMT practitioners in Asia as an overview. *Dance movement therapy in Asia: an overview of the profession and its practice* authored collaboratively by various DMT practitioners across Asia, provides a comprehensive exploration of the historical background, training, professional associations, practices, research by dance movement therapy in the region, with a particular focus on East Asia and Southeast Asia. Despite the limited coverage of Indian DMT in this study, its inclusion served as a catalyst for further exploration and inquiry into the area of work. A Master's thesis on *Dance/Movement Therapy in India* by Rakhi Rangparia is a prelude to this current work as it names a few practitioners and their approach to DMT in India. As this is a postgraduate thesis, it had its own limitations in terms of quantity and content. But as one of the only works related to DMT in India, this dissertation has contributed to the researcher's work to a great extent.

Indian classical dancing: The therapeutic advantages by Kanaka Sudhakar is one of the earliest works on therapeutic dance in India, which specifies the importance and capability of the therapeutic potential of Indian dances. The cultural amalgamation and histrionics in Indian dances are being equated to the therapeutic value giving a comprehensive outlook on the health benefits of Indian dances in particular.

Another article on *Dance Movement Therapy and Kathak in India* by Alka Viswakarma where the discussion revolves around Kathak and explores its transformation from traditional conventions to its contemporary use in therapeutic intervention. The work specifically mentions the Sampoornata model by Sohini Chakraborty and its impact on the revival of therapeutic dance in India.

Bridging The Gap: Exploring Indian Classical Dances as a source of Dance/Movement Therapy by Ruta Pai, interlinks the therapeutic approach of Indian dances to DMT. The work explores various texts that inquire about the therapeutic efficacy of Indian dance and theatre, exemplifying from the textual traditions and classical dance system of training. One of the interesting aspects of this study was its comparative analysis on Chacian methodology to Indian classical dances.

The Therapeutic Value of Indian Classical, Folk and Innovative Dance Forms by Arpita Chatterjee, talks about the possibility of therapeutic dance in India, connecting the classical and folk elements into a cross-cultural dialogue.

Chacian DMT	Indian Classical Dances	Common Features
Body Action Symbolism Therapeutic Movement Relationship Rhythmic Group Activity	Angikabhinaya (physical expression Mudra (gestures) Navarasas (nine s moods) Tala (rhythms)	Provide structure
Belief that mind-body interconnected	Includes both the dances of the body as well as the mind	Mind-body interconnection
Uses dance as tool for communication	Use dance to express, convey and narrate stories	Dance for non-verbal communication
Focuses on enhancing the physical, social, emotional and cognitive well-being.	Uses the entire body including the minor parts such as eyes which results in positive benefits towards the benefitting the physical, social, emotional and cognitive functioning	Holistic well-being

Fig. 1.4: Comparative analysis on Chacian methodology to Indian classical dances (Pai and Lesley University)

1.9.3 Works on the efficacy of DMT in India:

This thesis does not attempt to examine the efficacy of DMT or therapeutic dance as an intervention. However, it is necessary to set the background of the study to the establishment of DMT in India and how dance as an intervention has taken significance while mapping the history and development of DMT as a modality.

Dance and Movement Therapy in a Mental Health Rehabilitation Centre in South India by Aruna Rose Mary Kapanee, Janavi Ananthapadmanabhan, Tripura Kashyap, enquires on the efficacy of DMT on the rehabilitation of patients within mental disorders utilized in a Health Rehabilitation Centre. The modality employed was creative arts and expressive arts with an interdisciplinary perspective with descriptions of structure, composition and process of DMT among the group population. The techniques employed were attunement, mirroring, rhythm development, creative visualization, and movement language. The goals of the study were attained through the improvement of recognition of psychosomatic experiences, the integration of mind and body, coordination of bodily functions, introspection, understanding oneself, and cognitive abilities.

Personality And Psychophysical Health In Relation To Dance Training A Therapeutic Intervention Of Dance Movement Therapy by Leni Nagda: studied the effect of dance training and gender on personality, psychophysical health, and anxiety, on a population in the age group of 18-30 years, with an intervention for 4 weeks. “The results suggest that dance has been beneficial for neuroticism factor of personality, physical health, mental health, and level of anxiety. The other

personality factors such as extraversion, agreeableness, openness to experience, and conscientiousness have not been found to be affected by dance movement therapy." (Nagda 108)

Transforming Lives Through Dance Movement Therapy by Sohini Chakraborty: examines the effectiveness of DMT in relation to individuals who have experienced violence and trafficking in Kolkata. Various stages in the participants' journey are observed: prior to the violence, during the violence, following the violence, throughout the DMT sessions, and after the DMT sessions. The model used for intervention is Sampoornata, in 12 months. Positive changes have been documented depending on various indicators.

The effect of dance movement therapy on autism a psychobiological approach by Mitul Sengupta: experiments on 80 autistic children, with 40 exposed to DMT intervention. Pre- and post-intervention efficacy was checked using scientific scales and body checklists, proving it to be effective in communication, socialization, and other variables. The study also attempted to construct a new scale on 'Body Attitude' for the people in the Autistic spectrum on the Indian population.

Role of Emotional Catharsis through Dance Therapy in Suppressed Anger and Emotional Competence among School Students by Harsha Khandelwal: investigated how therapeutic dance, serving as a form of emotional catharsis, can aid school students in dealing with repressed anger and enhancing their emotional skills. However, this work doesn't follow the DMT methodology and is more inclined towards teaching dance to a particular population and analyzing its effects.

The effect of music and dance on children with attention deficit hyperactivity disorder (ADHD) by Natasha D'cruz: as an intervention on 90 children in the ADHD spectrum, where the intervention was given for 6 weeks. Analysis was based on covariance which found a significant positive change.

An analytical discussion on the folk and tribal dance forms of Bengal in relation to their effect on health by Arpita Chatterjee: which worked on the therapeutic aspect of various folk forms of India, establishes its effect on social psychology and awareness among dancers.

Therapeutic and Beneficial Effects of Teaching Bharatanatyam (Indian Classical Dance) Through Natyakrama among Hearing Impaired Children by K. Kumar: with a pre and post intervention analysis based on performance and study of Bharatanatyam movements.

Exploring the Influence of Parental Literacy Status on the Implementation of Dance Movement Therapy for Motor Skill Development in Children with Intellectual Disability in India by Anita Nanda, Mohammad Rizwaan, B. B. Mohapatra, Pranakrushna Das, Archana Kumari Padhy: enquiring the efficacy of DMT on parental literacy status on children with various intellectual disabilities. This is one of the quantitative studies working on the efficacy of DMT in India.

Dance Movement Therapy in the times of Coronavirus Disease of 2019: A summary of five qualitative interviews in understanding Tele-DMT in India by Tripura Kashyap, Neha Christopher, which works on the innovations and effectiveness of online models of DMT after the global pandemic.

Some other works include *Hasta Mudra Therapy -An Effective Aspect of Dance Therapy* by Vijayapal Pathloth which worked on the effects of Mudra therapy using dance, yoga, acupuncture, Vedic Mudras etc. *Effects of Dance Therapy on Balance and Risk of Falls in Older Persons* by Esha Chakravarty, Indrani Chakravarty, Ipsito Chakravarty, Prasenjit Bhattacharjee on using therapeutic dance for efficacy on older population. *A study to assess the effectiveness of aerobic dance movement therapy on anxiety level among adolescent girls at selected schools at Tiruvannamalai* by conducting pre- and post-intervention anxiety levels for adolescent girls.

The major lacuna observed in many of the intervention-based studies is its lack of empiricality and standardized analysis techniques. Most of the studies rely on verbal analysis of the participants, teachers, and caretakers rather than scientific analysis. As the purpose of this study is not to establish the efficacy of DMT, such studies have formed as a preliminary reading on the extent of awareness on DMT and its applications in the Indian context. The extensive readings on psychological theories and psychotherapeutic approaches have helped the researcher to come up with a comprehensive rationale for the theoretical understanding of DMT, which is discussed in detail in Chapter 3.

1.10. Structure of the thesis

The thesis is structured into seven chapters and the information covered in each chapter is described below.

Chapter 1- Movement history: The 'what, why and how' of the study.

Chapter one begins with an introduction discussing the historical antecedents of movement evolution in the world context and how dance and movement can be equated subjectively with connectivity. After briefly discussing how historians and anthropologists have approached dance and movement, the purpose of the study is set by outlining the parameters of the investigation and the theoretical underpinnings of the narrative patterns in DMT.

The chapter mainly focuses on stating the research question, elucidating the aims and objectives of the study, proposed methodology of the investigation, and the conceptual framework that formulated this research. The driving factors that shaped this study and a glimpse into the pilot study conducted before starting actual research establish the area of interest by the researcher.

Chapter 2

Section 1- Dance Therapy and Therapeutic dance: A play of words?

The first section of this chapter starts with a detailed narrative of the pilot study conducted by the researcher before this investigation. This re-examines the usage of terminologies in Dance Therapy and how Therapeutic dance is different from Dance Therapy.

Section 2- The world of the mind and minding the world!

While describing and defining the key terms such as mental illness, stress, anxiety, depression, and stressors, narrating the statistics worldwide and India in particular with reference to mental illness which expands the scope of this study.

Section 3

The section deals with dance/dances as a healing and coping strategy: Revisiting the Western perspective as well as the Indian perspective in terms of time, space, and cultural integral. This chapter looks over the factors that contributed to developing the therapeutic dance in India and how this has influenced the emergence of Dance Movement Therapy as a separate modality.

Chapter 3- DMT: The mind connect!

An analytical framework based on insights gained from the literature review is gradually established in this chapter, mapping and reviewing the efficacy and development of dance as a therapeutic utility. In-depth discussion is given to the theoretical framework that links psychological theories to anthropological theories, western philosophical theories, and psychotherapy practices. This chapter deals with the findings of the systematic review on how DMT is different from other therapies. The History of DMT, evolution, purpose, and efficacy of DMT worldwide is analyzed as a prerequisite to map the history of DMT in India. Condensing and recapping the data presented in previous studies, their analysis is scrutinized and presented in such

a way to empirically substantiate the effect of DMT, and methodological demonstration to prove the scientificity is re-examined using the statistics presented in previous research.

Chapter 4- Dance Movement Therapy: Where are we?

(Mapping the history, evolution and trajectory of DMT in India)

Chapter four talks specifically about the history of therapeutic practices in India, the entwined nature of therapeutic practices looking at cross-disciplinarity, and how these forms have contributed in developing a coping strategy among different client groups. Dancers who used the therapeutic techniques of dances in India are considered as a prelude to the study. Examining the different somatic practices such as Creative arts Therapy, Chakra system of Therapy, Drama Therapy, Verbal psychotherapy, Massage Therapy, Mudra Therapy etc. this chapter explores the prevalence and efficacy of other therapeutic practices in India which has a research history. Scrutinizing different research studies, pilot studies and articles on the above areas contribute to analyzing the efficacy of DMT in India, this also outlines various research projects that are carried out in India.

Chapter 5- DMT: The brand-new entity

The solid context of this study is based on this chapter where the pioneers of DMT in India from 1990- 2020, the evolution, growth, and development of DMT, and the contribution of each practitioner are discussed. The chapter identifies the therapists in three generations. First-generation therapists are considered to have established their work in the area over a period from 1990-2000. The contribution of the second generation is plotted according to their work between 2000-2010. The third-generation practitioners have a significant addition to the body of knowledge spanning from 2010-2020. The modules and technical investment of each practitioner is closely observed trying to plot the narrative graph of their work and the influence of cross-disciplinary

aspects in their work. This chapter is a narrative history where the historical anecdotes in their movement practices, how their practices and studies from the Western facilitators have influenced their vocabulary of modules, how their expertise in the other Indian forms and modern dancing techniques have systematized cross-disciplinary in the area and the rationale for their work is elaborately analyzed in this chapter. The theoretical framework and movement technique of each practitioner is studied and analyzed in this chapter along with the contribution of cross-cultural amalgamation in the therapeutic module of each practitioner. Within the context of a multi-dimensional perspective, the chapter throws light on how each of these modules have applied their practices on the clients and the group in which they have experimented with their field of work. Transforming and modeling the relevant raw data collected as part of the investigation is systematically investigated plotting flow charts for easy summarizing. Furthermore, the pedagogical approach and way of training of each practitioner is documented through participant observation, participating in the training workshops conducted by the practitioners, and recording the analytical comparison making a qualitative judgment about the optimality of the work.

Chapter 6- DMT: Individuals to Institutions

(The paradigm shift after 2010 and the institutionalization of DMT practices)

The chapter opens by examining the accumulation of revolutionary changes and innovations that happened after 2010. The dominant paradigm after the institutionalization of DMT practices, factors leading to the establishment of non-profit structures, sudden boom of DMT practitioners in India etc. are inspected. This chapter also looks upon the institutionalization of the other therapeutic formulations in India and the formation of affiliated institutions by the first- and second-generation practitioners. This section talks about the different organizations formed in India from 1990 by the therapists, which serves the purpose of imparting training to the students

and as a nonprofit system to help individuals in healing. The organizations offering Certificate courses, University affiliated programs, workshop centric approaches etc are included in the pedagogical formations in DMT. A detailed examination of the curriculum formations of each course is performed with a narrative on the Therapists who formulated the curriculum. The responses of a few graduates from each program are recorded to understand the effectiveness of the modules and how this worked as a training program with them. A comparative analysis on the approach of each course and how the perspectives differ will be studied in this section.

Chapter 7- Conclusion: To conclude or not?

Chapter 6 is the concluding chapter of the thesis discussing the latest innovations and adaptations in Dance Movement Therapy in the Indian context. Due to the global pandemic, significant changes have been brought in the technical and social aspects of the interventions as the idea of social distancing almost shuts down the possibility of group interaction and mirroring experimental practices. This chapter hence talks about the structure and relevance of tele- DMT or online DMT programs offered by different practitioners, the pedagogical paradigm shift in the training system of therapy in masters and graduate programs and the changes in the overall framework of tailor-made modules. It is argued in the final part of this thesis that extrapolating the impact of DMT based on the empirical recordings can lead to more practice-based investigation with added client interactions, which is also one of the lacunas in this work. This chapter summarizes the entire work as a preliminary investigation regarding the documentation of history and evolution of DMT practices in India pointing to the need for further research pinpointing the works of each maestro in the area.

CHAPTER 2

2.1. Section 1: Dance Therapy and Therapeutic dance: A play of words?

This chapter will discuss the difference between using the therapeutics[38] of dance for healing and Dance Movement Therapy. After a comprehensive narrative of the pilot study, theoretical perspectives and experiential differences are gradually established. The researcher started the pilot study with the notion that dancing has a therapeutic benefit. This exact realization prompted her to explore more about the topic probing further investigation on a group using her expertise in the Classical dances of India. The distinction between the therapeutic experience of dance and Dance Movement Therapy needed to be clarified when the pilot study started, which made the researcher suppose that she was eligible to conduct these sessions with the chosen population. However, the significant gap in the pilot study lies in the comprehensive awareness that DMT is different from therapeutic dance practices. Here, when we say therapeutic dance, it can include different methodologies such as teaching specific movements to tap the healing nature of the client or asking them to replicate similar movements, helping them to move their limbs and other body parts as part of body awareness, facilitating emotional expressiveness for them to use similar patterns to emote. The pilot study was primarily conceived as a project running throughout the year at multiple locations in Kerala in 2016, “Healing and growing through Kuchipudi ", serving the underprivileged and differently-abled children. Due to the time frame the modality demands, the study expanded as a pilot study restricting the intervention on two group populations.

[38] Branch which deals with the treatment, cure and care for particular ailments with a purpose of healing.

The pre- and post-intervention inferences were verbal and narrative in style, as the methodology of the study relied on artistic inquiry with contextual analysis.

2.1.1. Rationale of the pilot study

Indian Classical dances have their history and purpose tracing back to the period of *Natyasastra*, said to have been authored between the 2nd Century BCE and 2nd Century CE by Bharata[39]. The widely accepted classical dances of India are Bharatanatyam, Mohiniyattam, Kuchipudi, Kathakali, Odissi, Manipuri, Kathak, and Sattriya[40]. All these dances have a history of using emotions as the basic unit of expression, amalgamating with suitable movements according to the technique, style, and geographical location. This study explores the possibilities of emoting through Rasas[41] and using movements as a gateway to vent out the entwined illness physically. Similar to Indian poetry, music, and sculpture, Indian dance endeavors to convey universal and impersonalized emotions by utilizing the body as its medium; surpassing the physical realm through its technical aspects. Therapeutic dance employs the methodologies found in all Indian arts, and understanding the intricate structure of dance form necessitates awareness of the intricate techniques of the other arts that it consistently and harmoniously combines. As quoted by Vatsyayan, "According to Donovan Roebert, the dancing body becomes for the dancer as much the object of disciplined performance, and the visible means by which the way to cross the threshold that transforms them from a complex, interdependent mechanism into a harmonious organism, of which the dancer represents the presentational form or rupa which we have called the dancing body, and whose vitality is expressed through the inwardly directing and energizing

[39] Author attributed to the treatise *Natyasastra.*
[40] Classical dance form of Assam.
[41] In Indian aesthetics, *Rasa i*s the word used by Bharata in *Natyasastra* to explain emotional experience.

dancing mind" (Vatsyayan 51-70). Many scholars have worked on this aspect of using the body as a tool for communicating emotions, especially in Indian dances. "It is this transmuting intensification from mechanism to a composite living being that takes the rasikas out of themselves to become included as an onlooking extension of the same vital entity and its transmitted or radiated energy or tejas." (Roebert 5). Using the techniques of Indian classical dance, the therapeutic quality of movements through expression has been introduced to the group, which helps to uncover the suppressed feelings and emotional conflicts, in turn serving as a coping mechanism. "Movements, gestures and postures reveal our passions, insecurities and emotions, the kind of love and affection we received, the abuse we suffered as well as our hopes and attitude, all these feed into and shade our movement behavior." (Kashyap 2). The mechanism of Dance Movement Therapy served as the rationale for this study, however, using the repertoire of Indian Classical Dances.

2.1.2. Methodology of the Pilot Study

The pilot study of this research started as an 'Artistic inquiry research,' which is an alternative form of research put forward by Elliot Eisner. This alternative qualitative study has been adapted from different domains of anthropology, art history, and linguistics. Artistic inquiry research got established by 1970 when creative arts therapy and clinical training or investigations gained popularity. The methods of inquiry are different considering the philosophical ways of operation. According to Mcneif, a list of possible studies can range from psychological considerations of motives and artistic imagination to the effects of color on emotion, movement observation, job development, and salary statistics, educational entry-level criteria, methods of supervision utilizing the arts, healing rhythms, mythological patterns in artistic expression, and many other studies. (Mcniff 1-8). While arts-based researchers prioritize research-based outcomes,

they have also potentially highlighted the transformative capacities of arts for individuals (McKay and Sappa).

Historical methods are usually used to document this kind of research without considering the quantitative methodology associated with surveying. In Behavioral Sciences, a Multi-method Approach is advocated, which has the disadvantage of objectivity. A limiting gap in this pilot study is the need for more objectivity in documenting the inferences pre- and post-intervention due to the confidentiality and privacy that the nature of the study demands. The complexity associated with any psychotherapeutic investigation is applicable here, as the field operates in an isolated system lacking empiricality in the analysis, presenting intelligible data and observations that can be used for further research. Rudolf Arnheim pioneered such research in art psychology, demonstrating how psychology, art history, aesthetics, and arts education disciplines, in conjunction with studio and performing arts, can be integrated within theoretical investigations (Mcniff 289-295). Although the pilot study constitutes a written abstract with program notes, the contextual analysis pattern with innovative presentational mediums has been applied according to the demands of the population the researcher deals with. The conventional methods of data collection and analysis with specific procedures in the inquiry is not significant here and the work looks at the interpretations in a descriptive language.

After the preliminary literature review, two population types were finalized for intervention.

1) Children at a Childcare Home

2) Children on the Autistic Spectrum

The intial study was taken on the children at a childcare home, ‘Kasturba Bala Sadanam’, in Guruvayur, Kerala. The study spanned almost eight months, reaching out to 45 children in the childcare home. The sessions were conducted twice weekly, 1 hour each, summing up to

approximately 70 hours of session among the age group 7-15. The intervention module was tailor-made according to the population dealt with, utilizing the potential of the kinesthetic concepts of Indian Classical Dance.

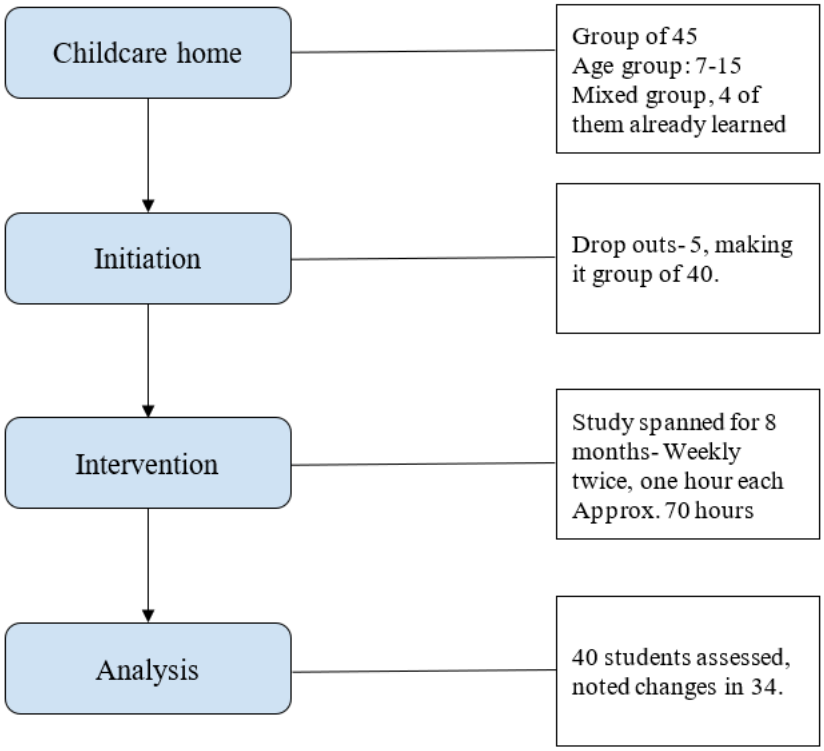


Fig. 2.1. Flowchart summarizing Pilot Study 1

Specific criteria were considered during the initiation phase. The inclusion criteria were:

- Children in the particular age group 7-15.
- Children willing to participate in the sessions continuously for approximately 70 hours.
- Children who are staying in the childcare home regularly.
- Children who are interested in dance, music, and art.

The exclusion criteria were:

- Children who travel to their homes on a random basis.
- Children who were not ready to share their personal issues.

- Children who are below seven years of age.
- Children who are taking psychiatric medications or counseling.

After the initiation, there were five dropouts from the study, making it a group of 40 children. Since this is a pilot project, ethical consent documents were not necessary, and authorization from the warden was obtained. Privacy and confidentiality of the children were maintained throughout the study, and no details were documented other than the narrative inferences by the researcher.

2.1.3. Structure of the Intervention

The sessions were divided into three phases. Most of the sessions started with verbal interactions with open-ended conversations. Their week at school, film, sports, gardening, drawing, and the like were shared as topics to start with, thereby establishing a rapport with the group. The placing of the group was circular almost, drawing inspiration from *Chacian circle*[42]; we opted for different formations as the sessions progressed, and the group became more comfortable with each other. The session starts with music in a small uniform pitch, usually with any instruments, to address and establish peace in the chaotic environment. This concept of the uniform pitch- 'Sruthi'[43] is described in many ancient Sanskrit treatises like Natyasastra, Brihaddeshi[44], Sangita Ratnakara[45], etc. Cardozo (2004) explains music as a therapy that could lessen "feelings of isolation and loneliness and serve as a catalyst to establish verbal and non-verbal communication."[46] In Indian classical music, emotional impact of can be attributed to individual sounds played at distinct rhythms and pitches as it follows a monophonic structure with

[42] Technique formulated by Marian Chace, pioneer of DMT, as part of DMT intervention.
[43] Fundamental pitch as termed in Indian classical music.
[44] A musicological text authored by Matanga.
[45] Indian musical treatise authored by Sarangadeva.
[46] Cardozo opinions about the usage of music and uniform pitch for interventions- "The increasing use of noisy high-technology, along with the numerous procedures and unfamiliar sounds within the critical care environment, can make the patient feel intimidated. To bring in something normal like music, however, can provide a means of filtering out unpleasant feelings and unfamiliar background noise." (Cardozo 22).

a focus on melody, whereas Western classical music is polyphonic and emphasizes harmony (Deshmukh et al.). This is why a certain monotonous pitch was used in the beginning phase of the sessions. Once the group settles, using slokas from *Natyasastra,* an invocation as a group process is carried out where the students were asked to repeat in the same tone. The purpose is to establish group synchrony rather than teaching them the *sloka*. The ice-breaking sessions were carried through simple warm-up exercises along with the music. The activities mostly consisted of circular patterns and formations in the given space, creating touch between the group members. This can be as easy as supporting each other for extended periods of time to develop rapport, which defines phase one. Phase two commences with body awareness, explaining verbally and through gestures about each body part and facilitating on how simple warm-ups on each body part. The *anga*, *upanga*, *pratyangas*[47] according to Natyasastra are introduced to the group along with *Hastabhedas* and *Padabhedas*. The module of 70 hours is split accordingly, where each session focuses on a particular body part. The next phase is the crucial part of the sessions, where we explain different *charis*, karanas[48], and movements. As the chosen group was a group of children, the technique of *mirroring*[49] was improvised here, where the children tried to imitate the movements shown by the researcher. This part took most of the time in a session on average, especially in the initial month, as the children were reluctant to mirror specific movements due to inhibitions and preconceived notions about the perfection and beauty of Indian classical dance. However, after almost 20 hours, they were more adaptive and receptive regarding mirroring and imitating movements. Some of the movements were also equated to that of animals, reptiles, and nature to get a connection with the surroundings, which gradually helped them to come out of the

[47] *Anga, Upanga, Pratyaangas* are categorized body parts according to Natyasastra.
[48] Basic dance units as explained in *Natyasastra.*
[49] Replicating movement technique- Psychotherapeutic purpose of 'mirroring' is further discussed in Chapter three.

feeling of a classroom and observing the surroundings to imitate the patterns, which was a very positive outcome of the pilot study. By the beginning of the next phase, children were comfortable with each other and the researcher to share their everyday experiences regarding movements and emotions. At this point, the concept of *Rasa*[50], expressions, and emotions were introduced. The experiences they go through daily were encouraged to be depicted as a story through movements, gestures, mime, emotions, and certain sounds. Such exercises were new to the group and were very well accepted from the first session. Slowly, the possibility of sharing and emoting pent-up feelings was becoming normal among the children, which was strictly nonverbal. Role-play sessions helped their teachers and warden better understand the child's emotional state and their perspective about society and other beings. These were all performed within the structure of Indian classical dance. The gestures were used according to Natyasastra, and emotions were a little exaggerated to convince the imagery they had in their mind. The final closure session focused on verbally suggesting that they come out of the emotional state they were communicating, warm down, and relaxed. The final phase ends with a summing up of all the points shared, usually closing a common theme of the session on a positive note, touching on gratitude as the point of relaxation. The methods of intervention for children in childcare homes are depicted in the tentative structure in the image below.

[50] Emotional essence in Indian aesthetics.

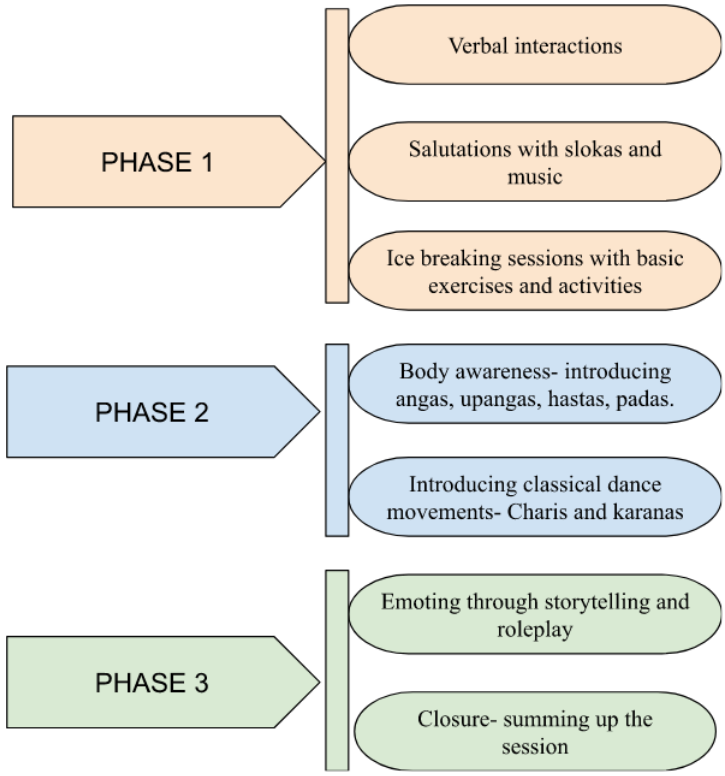


Fig. 2.2. Module designed for the pilot study 1

2.1.4. Inference

Due to the requirement for confidentiality in the process, narrative inferences made up the majority of the study's data. The group's cognitive, physical, and emotional well-being was observed and analyzed by the researcher with the support of the warden, and the outcome was positive. Aside from the three kids who pushed for extra time for phase 3, the rest of the kids successfully complied, and the study was successful in terms of its results.

- Children who were reluctant to open up for counseling sessions verbally found this more interesting and engaged in the process more freely.
- This equipped the children with some skills to emote themselves through the art of dancing without being judged.

- The model was sustainable as the children could use the techniques of emoting, learning, and understanding subjects through movements, role play, and storytelling, even in classrooms.
- This supported the wardens to better understand the child's emotional state without considering their responsiveness to studies.
- Some children realized the dissociation between their body and mind and became aware of the need to work on it through counseling and therapy.
- This study-initiated freedom and liberation in their body, giving them the power of autonomy and confidence, which helped increase their self-esteem.

Children on the autistic spectrum and a few children with Down syndrome were the subjects of the second pilot research. The study was conducted at Rajah Rehabilitation Center, accredited to Rajah Hospital, Chavakkad, Kerala. This center is attached to the Department of Psychiatry and Psychotherapy, providing psychological help to individuals with mental illness, medication, and supervision. The intervention was conducted weekly for an hour for eight months. A supervisor was present throughout the study, as the researcher was not a certified therapist, along with the clinical psychiatrist Dr. N. Pfizer who observed the sessions on and off. Data collection was restricted due to privacy concerns and the ethical guidelines of the hospital. The supervisor was also a dancer, Ms. Sija, hailing from Thrissur, who had been working with the group for a long time. This group was vulnerable under clinical supervision and demanded a distinct approach from the former group of children. The group varied and had almost 60 patients from age 4 to age 65. Generalizing a technique for the group was very difficult as the texture differed among each participant. Some of them were in the Autistic spectrum, some had Down Syndrome, and some had varied mental illnesses. The study spanned almost eight months, with breaks in between.

However, considering the depth of their illness, eight months seemed highly insufficient from the beginning.

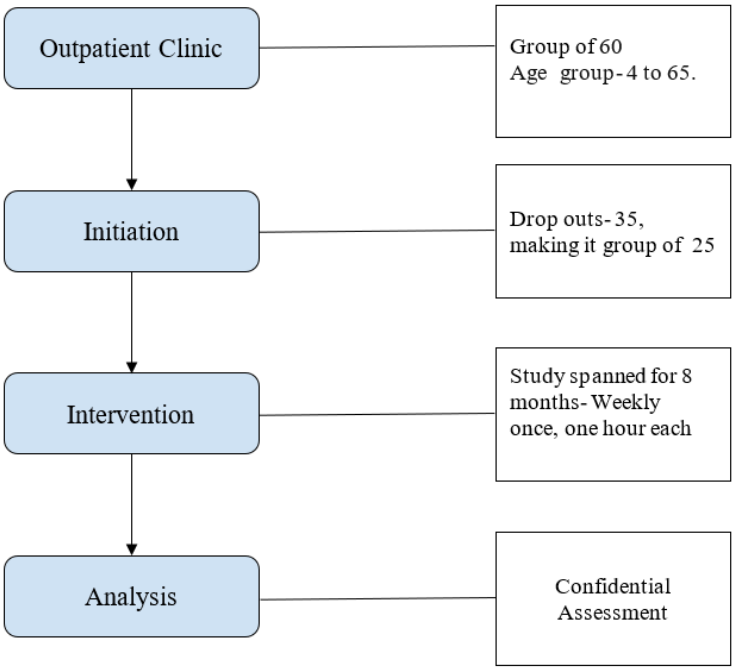


Fig. 2.3: Flowchart summarizing pilot study 2

After the study was initiated, we witnessed a massive number of dropouts. The reasons for the dropouts were mostly:

- Lack of awareness about Indian Classical Dances and dance as a therapeutic utility.
- Lack of confidence among the caretakers about the efficacy of the sessions.
- Timing issues and mobility issues to the clinic.
- Lack of cooperation from the caretakers due to exhaustion, stress, and anxiety about the patients.

Many participants opted out of giving time for the study, which was conducted with 25 participants. The background information about the clients, details about their illness, and current mental state were systematically documented in the hospital records and explained in detail to the researcher by the supervisor who was not allowed to document any of the details. Due to the high

confidentiality that the group demands, none of the sessions had the provision for documentation, and observational notations were noted by the researcher. Each session varied according to the client's mood, the time in which the sessions were conducted, and the nature of previous interactions the group had. Hence the structure of the intervention was absolutely client-centered and mostly a one-on-one approach.

Group interaction was not much welcome by this population; however, suggestions were given in groups with additional personal recommendations. The structure of the sessions was similar, starting with verbal interactions and gestures. Some of the patients had problems with speech and hearing; hence more gestural symbols were used right from the beginning in Phase 1. The salutations were done with Slokas, but it was not expected by the group to reciprocate or repeat the salutations and was encouraged to enjoy it as an ice-breaking method instead. Music differed according to the active participants in each session. Some sessions witnessed a few clients in a deficient situation, while others had them jumping with joy. The selected music was purely based on experience as suggestions from the supervisor but mostly on Indian classical music. For example, "Maadu Meikum Kanne"[51] was considered one of their favorite songs because of its rhythm, tempo, and musicality. Such music was an important part of the sessions. Ice-breaking sessions also had some painting time and imagery developmental activities. Basic exercises were also associated with motor and functional movements, as it was very difficult for this population to do the functional movements. Most of them were obese and lacked the concentration and patience to do physical activity. The functional activities like walking, running, jumping, sitting and many motor activities were rhythmically systematized in music as a musical chair game. This game-like structure had influenced the patients, making them join for the next session to be a part

[51]A popular Tamil song demonstrating the childhood pranks of Lord Krishna.

of the games. Patients who were reluctant to participate in the beginning were also motivated to join the session at this point. These activities played an important role in establishing a healthy and positive relationship with each patient. The second phase was more difficult with this population as they were unaware of their own body parts. Here, instead of using technical terms, we nicknamed each body part and used such words throughout the study, for easier communication and ease of access. Primarily each body part was asked to move in specific patterns. Rather than asking them to mirror the movements, exploration through their own capabilities was encouraged. Introducing the basic postures like *Soushtavam*[52] and *Aramandi*[53] was difficult but not unachievable. It took almost a month for the group to be comfortable with the kind of movements that were introduced. Movements of the eye, eyeball, eyebrow, neck, cheek, hands, and legs were explained to them verbally first, with images, paintings, and some animated videos. These *bhedas*[54] were later introduced to them in particular beats of music which seemed to be funny for them in the beginning. A clown-like character was established for this purpose, and each of these movements actively contributed to their session. After a few sessions, most of them started mimicking these movements even after the sessions while trying to emote. Identifying the emotion or rasas was the next task. The depiction of emotional expressions was introduced to them within the realm of Indian classical dance. Mirroring these emotions made them replicate in a similar way by the end of the sessions. Instead of suggesting bodily movements like *charis* and *karanas*, more importance was given to emotions due to limitations in the physical capabilities of participants. Phase three focussed on how the participants can emote their feelings through gestures. Very often, one of the most intriguing problems that the caretakers of these patients face is that their emotions

[52] Basic stance in Indian classical dance, as mentioned in Natyasastra.
[53] Half sitting posture employed in Indian classical dances such as Kuchipudi.
[54] Wide range of postures, stances, and variations of each body parts.

cannot be picked or understood easily. They emote happiness in a confusing way for the caretaker to understand to help. Similarly, the way they respond to certain emotions like anger, sadness, helplessness, and confusion all differ. The purpose of the last phase was not to have storytelling capability but for them to be aware of the gestures to emote their own feelings and to share their emotions when needed. The need to use gestures and props to explain their feelings were acquired to a great extent through the suggestions in the sessions. However, one of the biggest gaps that was identified is the lack of memory and continuity for the patients. Each session had to be dealt with as a separate single entity, not as a work continuum.

2.1.5 Inference

The analysis of the intervention was very confidential and private. Personal communication with the caretakers was done, investigating the changes they felt in their cognitive abilities and social skills. Most of them responded to the sessions positively and three of them complained about the hyperactive condition that they had after each session. The warm-down was very difficult to work on these patients as their energy was too high by the end of phase three. Social, emotional and cognitive changes were recorded and plotted in their records confidentially. Major observations and outcomes of the study include:

- Recognition and awareness about each body part; the patients started responding to the technical terms and nicknames given for each body part. This was a positive outcome as the caretakers found it easy to communicate with them, especially to make them do any physical activity.
- Increased self-esteem: Most of the patients had high regard for Indian Classical dances, and they started considering it a privilege to have learned some amount of classical dance.

Introducing the classical dance repertoires and movement vocabularies increased their self-esteem and confidence as an assurance in their capabilities.

- After the study, most patients started using facial and body parts to express emotions and hand gestures to express their needs.
- Physical activity in terms of Yoga and other exercises was very difficult to establish among the group earlier. However, using dance movements as part of their therapy helped them to move more enthusiastically without the caretakers forcing them to move. That incredible change was supported by physical exertion which helped them to control obesity, body pains, arthritis, muscle cramps and related illness to a great extent.
- The major gap was the inefficiency in continuing the methodology for a longer period as the changes were comparatively very slow.
- The Herculean task to make them emote through guided imagery in the classical dance vocabulary can be neglected for further studies. For this population, emoting and expressing through Rasas cannot be implemented because of the vulnerability of their functioning.

2.1.6 Conclusions from the pilot studies

Both the pilot studies were not a full-scale efficacy trial and were a randomized trial, which was a critical analysis for the intervention development and should be considered as a small-scale test on the methodological intervention. However, the major hypothesis that surfaced after the pilot study was the difference in using the terminologies like “Dance Movement Therapy”, and using the “Therapeutics of Dance”. The feasibility and accessibility of the approaches in the pilot study helped the researcher gain more knowledge on the patterns of intervention and differences in each population. Some of the feasibility questions that were analyzed after the pilot studies were:

- Can the researcher execute a therapy intervention, keeping in mind that she is not a clinically qualified therapist?
- Can any target population be recruited for the intervention?
- Will there be more dropouts if the study is carried out to a more considerable extent?
- Can a generalized module pattern be formulated to work on different populations?
- Is it ethical to ask the participants to look at the therapeutics of dance, sticking to the experimental tutoring pattern rather than a psychotherapeutic method?
- Are the methodologies credible and treatment specific?

Even though the observational inferences after the pilot studies were positive, most of these benchmark feasibilities went negative after the pilot study, considering the blinded assessments conducted qualitatively. The sample sizes were small and severe cases with adverse effects were not seen in the selected populations questioning the magnitude of the study. No safety concerns were demonstrated in the study, the researcher not being a qualified therapist. Nevertheless, the particular study did not cause any damage or ill effects on the group, but this cannot be a constructive methodology on a larger scale. A major realization was on the ethical considerations of why a performer should not experiment on a vulnerable population without having enough qualifications on psychotherapeutic methods. To enhance the reproducibility of an intervention research, clinical practices should be encouraged only by a certified therapist and not on an experiential basis. In the early years, there was a lack of certification and quality checks on these interventions, but today it is very important to stick on to the ethical considerations before starting a psychological intervention. Certified and qualified therapists will be under constant supervision and undergoing a detailed theoretical and practical internship with observation giving a more regulatory process and procedures. As in this case, the pilot study was not conducted to establish

the efficacy of the hypothesis hence no inferential statistics or analysis was conducted. A lot of studies have been conducted in the country using the therapeutics of dance in the clinical population. The study was not conducted to have such a comparative analysis with a control group and intervention group on the efficacy but to have a preliminary support to make future researchers aware that these trials does not imply Dance Movement Therapy in any sense. Detecting the plausible differences between Dance Movement Therapy by a certified therapist and using therapeutics of dance for healing by a dancer, the possibility of a future trial can be considered. The objective was to initiate awareness in the field of DMT and it served the purpose in actively establishing the difference between TDP and DMT among further researchers.

2.1.7 Therapeutics of Dance and Dance Movement Therapy

The findings of these pilot studies made the researcher come up with a valid discussion point which is the basis of this research, the difference between using therapeutics of dance as a way of healing and using DMT as a modality. In the pilot studies, even though the two populations were completely different and opposite with regards to many therapeutic functions, the healing property and coping strategies of dance were identified in both the studies. However, to deal with a fragile population like in Case 2 here, needs a lot of expertise and an in-depth psychological understanding of their well-being. Rather than using dance as part of the process, the importance of using movement to process and accentuate their physical and mental state was uncovered as an outcome. The psychotherapeutic purpose of movements is completely different from using the therapeutic features of dance for healing. This was evident in the second population which helped the researcher to understand the difference between TDP and DMT. Dance has the power to improve our physicalities and mood but using dance for therapeutic purposes just explores the functions of dance in the therapeutic idiom. Here in Case 1, it worked because the population was

that of children with whom teaching dance itself was therapeutic. The interaction, suggestion, and storytelling method all loosely connect them to a classroom teaching methodology which can be equated to using therapeutic uses of dance. However, Case 2 revealed more severe mental disease, necessitating a broader psychotherapy strategy to explore the underlying problems with the body-mind relationship. Operating from the perspective of therapy for such a population needs expertise, qualification, and proper supervision, which cannot be done by a student of dance studies or even an established dancer. This made the researcher understand that to have an ethical and safe healing for the clients, the person should be qualified as a DMT practitioner, to ensure safe interaction and better well-being. They should be responsible to handle any biopsychosocial issue that may surface during the process. Susan Imus in her speech at the 48th Annual ADTA conference says:

> *"Dance is a creative force that has the potential to change and improve our bodies, our moods and ultimately our lives. Feeling better from dance is not the same as Dance Movement Therapy. All dance movement therapists work along the continuum of dance approaches. Dance artists use dance for art education, recreation, and entertainment. How do the dance artists respond when the body mind connection uncovers issues and emotions from the people with whom they are working is different. Dance Movement Therapists are the only dancers trained to do therapy, they use dance and movement to foster health, communication, and expression, promote the integration of physical, emotional cognitive and social functioning, enhance self-awareness and facilitate change. They are professionals with years of training and clinical supervision to responsibly handle almost any biopsychosocial situation that may surface during the process. If a situation evolves when a patient is triggered by a traumatic memory or by a recent loss of sensory motor functioning secondary to their disease, a dance movement therapist knows not only how to*

assist the patient to cope with his stress but uses what surfaces in therapeutic intervention. What may start as a problem becomes a new possibility. There is a difference between a dance teachers directive approach and the students' receptive response and the facilitation by a DMT who develops a reciprocal relationship with their patient through a dynamic assessment and intervention. They are trained to clinically intervene using the patient's personal movement repertoire. They do not direct the patient how to move, unscripted dance and movement are the DMT assessment tools".

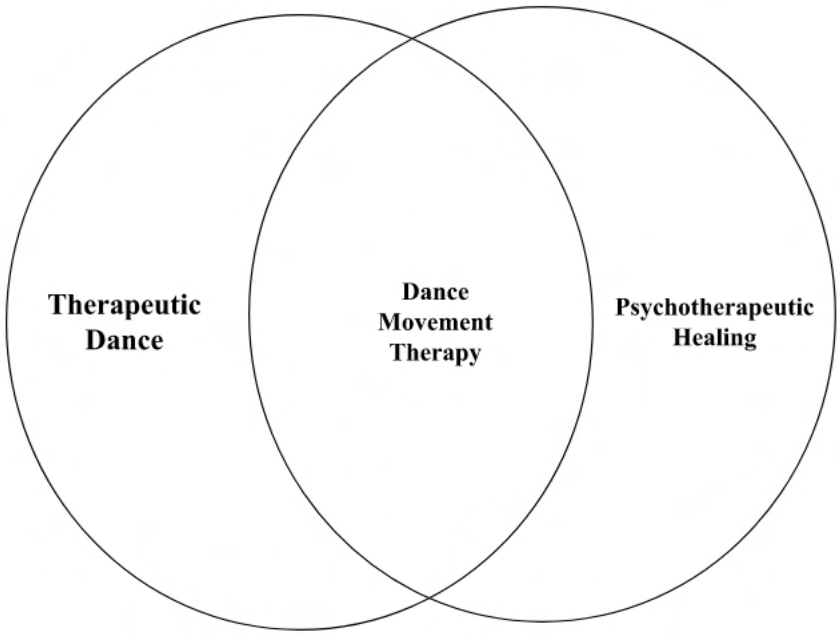


Fig. 2.4. Therapeutic Dance - Dance Movement Therapy nexus- Venn diagram

In the Venn diagram given above, the two circles are called sets which can represent ideas, concepts, numbers etc. The circles overlap or intersect and the shared area is known as intersection. Areas without overlapping show the differences between the two sets. Here, the first set is represented as Therapeutic dance and the second set is represented as Psychotherapeutic healing strategies. This Venn diagram pretty much sums up all the conceptions of Therapeutic Dance and

Dance Movement Therapy. This illustration shows the relationship and interconnectedness between therapeutic dance and psychotherapeutic healing techniques with DMT. The logical relation between the two modalities intersects at one point, which is Dance Movement Therapy. Therapeutic dance and psychotherapeutic healing methods are two disparate modalities, but the overlapping segment shares the commonality which is DMT. This is often misunderstood as an entwined concept where an exponent in dance explores to do an intervention without proper training and studies on psychotherapy or DMT. In this graphical representation, the overlapping intersection shows the feature which both the areas have in common, here in the case, DMT. The common focus of both the areas is explained by Shim, Goodwill, and Bradt in their article published by ADTA (Shim et al. 87-112):

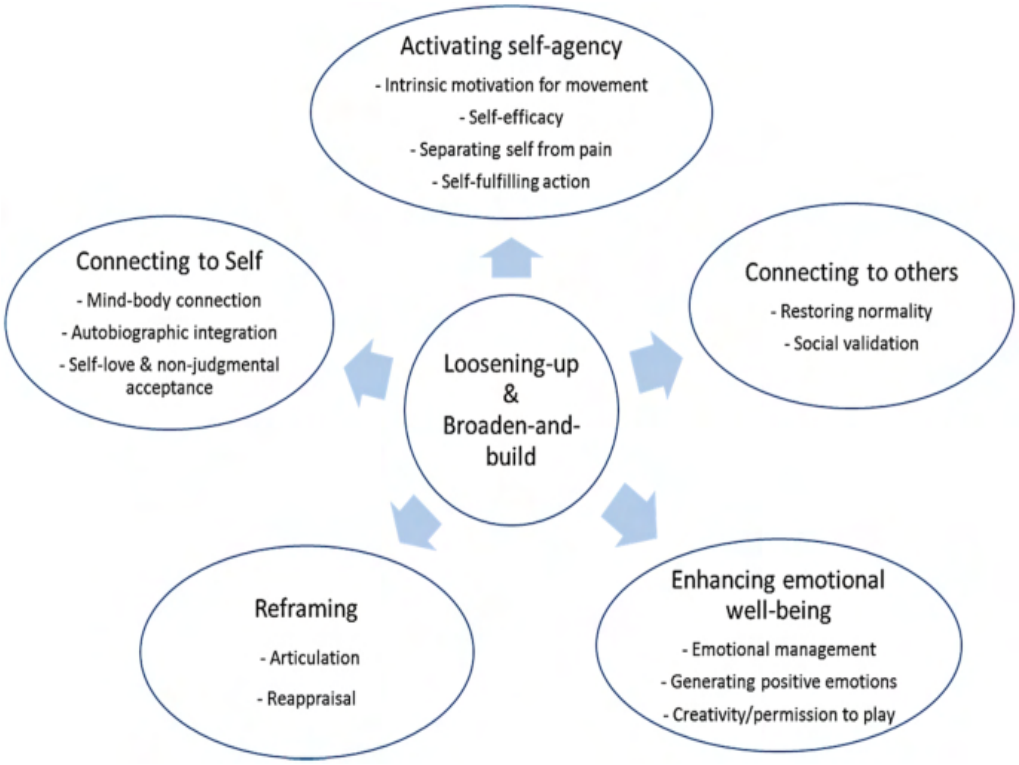


Fig. 2.5. Common areas in therapeutic dance and DMT by Shim et al. (87-112).

Most of the time when dance is being used as a cultural tool as part of rituals, ceremonies and healing techniques, the therapeutic component of dance is being established and is often mistaken as ‘healing’. Many non-dancers and dancers have shared their experiences on how dance made them or their acquaintances feel "better" and recover from their life situations. However, this cannot be identified as DMT. DMT uses both functional and expressive movements as part of the intervention and cannot always be stated as “dance” alone. This is because of the fact that preconceived notions about ‘dance’ can bring in anxiety and fear among the participants foreseeing the socially prescribed expectations on dance. Imbibing movement from their own vocabulary to analyze their psychological states and encouraging them to express through either functional or expressive movements stand as the basis of the DMT technique. Starting right from the qualification, any trained dancer can experiment with therapeutic dancing as it involves teaching movements or dance steps, with or without focussing on the strict, rigid technicalities of the form. Most of the time, students/ exponents of dance studies and dance educators are seen to experiment with therapeutic dance utilizing the dimensions in their form. Here the process of mirroring and imitation is utilized, exploring the movements and expressions within the boundaries of the form, with less possibility of self-exploration and self-expression. While in DMT, movements are used to process health and the purpose is to make them guided rather than taught. Therapeutic dance involves learning the sequencing or experiencing the combinations igniting creativity along with cognitive developments for the participants. As a physical activity, dance strengthens muscles, improves cardiovascular endurance, decreases muscle tensions, releases feel-good endorphins, and gives more social interaction, generating confidence to cope easier. Researchers have established how physical activity such as dancing can improve the mood among mental health patients and therapeutic dance explores this nexus to establish the feel-good factor as therapeutic. While all

these purposes indicate dancing as therapeutic, DMT is a professional space where dance is used in the psychosocial sphere with a more empirical understanding of the psychotherapeutic aspects as well. DMT uses psychotherapeutic principles within the realm of psychology, and hence only a qualified therapist can intervene with participants. DMT practitioners are trained not only in dance movements but in other psychotherapeutic techniques such as Cognitive Behavioural Therapy[55], psychodynamic approaches, client-centered therapy, and humanistic therapy, depending on the approach followed by each therapist. While intervening with the client, a certified therapist will be well equipped in the psychological as well as movement-based theories, including movement analysis, authentic movement, movement profile, etc. which undermines analyzing the movement profile and vocabulary of the client and thereby deducing their mental health status and movement range before intervening. The theoretical mechanism of DMT is completely empirical and client-centric whereas therapeutic dancing only demands the practitioner to be well versed in any dance form that they follow. Therapeutic dance bases its framework on the technique of the form that has been used for the intervention and is style focused. Therapeutic dance often uses the role of instructor substructure where a student-teacher relationship is being established. A DMT practitioner, on the other hand, facilitates the movement sessions where clients lead the session, the therapist uses a movement vocabulary for the expression of the unconscious in between the interventions without addressing it as dance in itself. The major difference is in the instructing-facilitating component which is the foundation of therapeutic sessions. More often, therapeutic dance intervention ends up culminating in the performance skill of the participant thereby cultivating their self-esteem, confidence, and cognitive abilities. DMT may or may not have a performance goal based on the client intervening with. More often, it is not the performance but

[55] CBT- explained in Chapter 3.

the psychosocial goals which are derived from the intervention in DMT sessions. Therapeutic dance does not interfere with the psycho-social aspect at all, as the dancer-practitioner is not equipped to deal with the psychological outcomes during or after the sessions. Structured and repetitive body movements and their sequencing in therapeutic dance does improve physical fitness to a great level but do not necessarily tune to gain insights into the behavioral patterns of the clients. This behavioral analysis implies high confidentiality and ethical considerations while dealing with any client population, which is safely established in DMT. Therapeutic dance cannot be established as a safe coping strategy for cases with intense symptoms. A therapeutic dance practitioner cannot be relied upon dealing with clients with negative symptoms that do not respond to antipsychotic drugs. In such cases, it is unethical and unsafe to intervene using experiential techniques without solid methodologies backed with psychological and psychiatric mechanisms. Because of this, a DMT intervention has intelligible psychotherapeutic functions, and it may not always be joyous as in a therapeutic dance session; however, pleasure or recreation can be just one of the byproducts of a DMT session. The therapeutic relationship in a DMT session is strictly confidential and professional, with clear boundaries being set from the beginning of the session itself. The level of trust and safety depends on building and creating a therapeutic relationship that is more explicit and perspicuous. Therapeutic dance cannot be applied as a clinical trial due to the lack of potential application of trauma-informed practices. Specifically, DMT practitioners are bound to follow the ethical codes with privacy and confidentiality of their psychosocial history, holding relationship boundaries, and safeguarding client vulnerabilities. The emotional materials that may emerge during the process of catharsis[56] can be varied, which need to be addressed carefully without bringing in more repressed emotional outbursts. Most of the DMT practitioners

[56] Releasing pent-up emotions while healing the trauma.

are trained in clinical practices and are supervised regularly to ensure such ethical and safe intervention practices. Both therapeutic dance and DMT rely on the technicalities of dance as a form of expression; DMT has more clinical-based branching due to the psychotherapeutic mechanism it possesses. Let's look into the differences and the commonalities they share.

No.	Feature	Therapeutic Dance	Dance Movement Therapy
1	Teaching movement/ dance steps	✓	
2	Using movement to process health		✓
3	Instruction	✓	
4	Facilitation		✓
5	Development of self- esteem, confidence, cognitive abilities	✓	✓
6	Movement/ performance goals	✓	✓
7	Psychosocial goals		✓
8	Done for pleasure and recreation	✓	✓

9	Psychotherapeutic function- not always joyous		✓
10	Style- focussed	✓	
11	Use psychological theories as framework		✓
12	Use techniques of the form as framework	✓	
13	Confidentiality always necessary		✓
14	Ethical considerations		✓
15	Therapeutic relationship		✓
16	Teacher student relationship	✓	
17	Taught by a Dance educator	✓	
18	Facilitated by a certified therapist		✓
19	Codifies physical, mental and	✓	✓

	emotional wellbeing		
20	Movement can be expressive and functional	✓	✓
21	Client centric		✓
22	Better interpersonal relationship through improvisational storytelling	✓	✓

Table 2.1: Therapeutic Dance and DMT- A comparison.

The questions that arose before understanding the difference were:

1) Can any dancer become a Dance Movement Therapist by working with certain populations?
2) Can the expertise of a dancer be valued as a qualification for being a therapist?
3) Why are psychological studies involved in Dance Movement Therapy?
4) Dance has been a part of healing traditions for a long time. Why can't we use such ritualistic practices and healing traditions as therapy?
5) Can any dancer create their own modules of intervention and work on certain groups?
6) Teaching dance has always been a coping strategy. Can teaching and healing through Dance be called DMT?
7) Can any dancer interested in exploring modern dance and contemporary movements try DMT?

8) What are the ethical considerations that have to be considered while working in the area?

An in-depth study on literature about mental health, other psychotherapeutic approaches and analyzing its influence on the history of DMT answers all these questions, giving an empirical examination of the concepts. Empirically mapping the purpose, strategy and constructs of DMT helps to widen the analysis on therapeutic dance and DMT as separate entities.

2.2. Section 2: The world of the mind and minding the world

In the previous section of this chapter, the background of the study is thoroughly investigated as a prerequisite for understanding the therapeutic approaches with dance as an idiom. Before getting into the history of DMT in detail, it is important to discuss the subjective mental health terminologies and statistics of potential mental health assets as the thesis revisits these phrasings many times. In recent times, there has been increased emphasis on the mental health continuum compared to the past. Apart from the notion of looking at mental health[57] from a psychiatric point of view, people have started sensing the need for awareness regarding the importance of mental health issues around the World. Although it's an integral component equally with physical health, coping with stresses of life underpins the extent of the mental well-being of individuals, be it psychological, emotional, or socio economic. The cognitive perception about life recognizes a person's mental health, although it ranges around a continuum and cannot be determined like physical health. Showing resilience and getting the coping strategies intact cannot always promise a positive spectrum in the continuum. Fulfillment, goal accomplishments, and quality of life are just a small end in the spectrum, and defining mental health as merely an absence

[57] "Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder." (Malhotra and Shah 206).

of a mental illness is critically impactful. Reinforcing the stigma, we might have heard about people using certain terminologies related to mental illness like ‘psychotic’, ‘schizophrenic’, and ‘hysterical’, and victimizing such people only worsens the inaccurate awareness about mental health and it trivializes the concept. Ambiguous usage of the terminologies related to mental health only accentuates the stigma. Different terms associated with mental health such as ‘Mental Illness’, ‘Mental disorder’, ‘Mental disease’, ‘Mental Wellbeing’, etc. have contributed immensely to the skepticism interlaced within the area. These terms on mental health, mental illness, mental health conditions, mental health nursing, etc. are used synonymously in academia. This thesis will be using different terminologies related to mental health, knowing thoroughly what is signified by each term helps to have a better understanding of the topic and to ignore false dichotomy. Having a comprehensive grasp of the meanings of these terms aids in achieving a deeper comprehension of the subject and avoiding misleading distinctions. It is important to dissect these terminologies with respect to a psychiatric discourse to understand the best metaphor for each traumatic condition, explained in the course of this study, which potentially falls within the general framework of DMT.

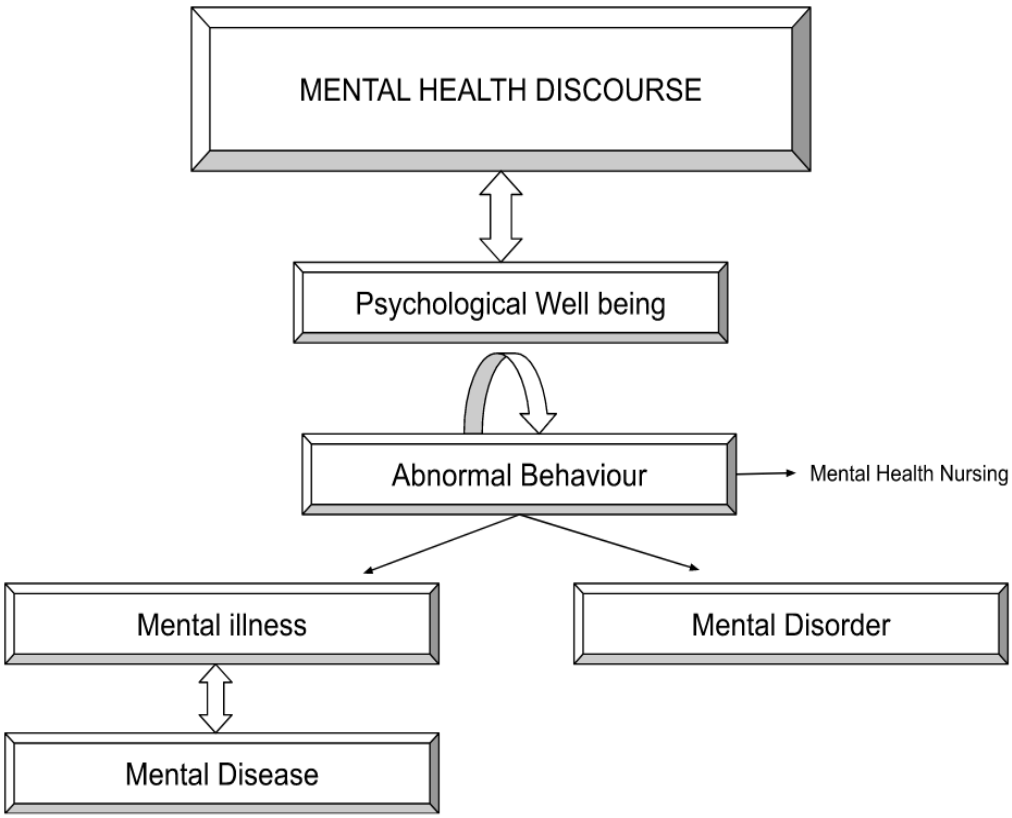


Fig 2.6. Flowchart on mental health discourse

The above figure summarizes the construe of the terms related to mental health. Within the bigger picture of mental health, let's now look in detail at what each of them signifies. The National Health Policy includes mental health distinctively.[58]

Many theories tend to explain the diversity in the terminologies regarding mental health, and de-structuring the intent of each of them helps to synthesize the purpose of them. Several approaches have been developed to better understand mental health and satisfaction in recent

[58] "NHP-2002 envisages a network of decentralized mental health services for ameliorating the more common categories of disorders. The program outline for such a disease would involve the diagnosis of common disorders, and the prescription of common therapeutic drugs by general duty medical staff. In regard to mental health institutions for indoor treatment of patients, the policy envisages upgrading of the physical infrastructure of such institutions at the Central Government expense so as to secure the human rights of this vulnerable segment of society." (Murthy).

decades, including the theory of emotional well-being, which argues that psychological well-being is a function of life satisfaction and a lack of psychological distress, and the theory of positive functioning, which argues that psychological well-being refers to aspects of human development and existential challenges. (De et al.).

Interpreted literally, 'mental health' pertains to a condition of psychological and emotional wellness that encompasses more than just the absence of a mental disorder. Any rupture to the psychological well-being of a person leads to abnormalities, which need to be identified and treated therapeutically. Taking on the view of psychological discourse, abnormal behavior, and its associated dialect also contributes directly to the mental health discourse. Abnormal behavior is a term used in a broader perspective to denote anything which restricts the normal functioning of a person psychologically. In addition to describing specific behaviors, such as phobias, or patterns of behaviors more common to a person, the term can also be used to describe a person's inner personality makeup as well as their outer behavior. It can refer to a chronic, long-lasting illness or an acute and temporary one, such as drug intoxication (Biswas).

There are many therapeutic approaches including traditional healing practices which act as a catalyst in resolving abnormality issues. On the other hand, mental health nursing involves delivering care and therapy to individuals who have been medically diagnosed with a mental disorder or are facing challenges related to their mental well-being (Happell). Again, when we parasitically describe mental health, the conceptualization of mental “disorder” automatically turns in. Psychological disorders, also known as mental illnesses, encompass involuntary psychological or behavioral tendencies that lead to distress or impairment, and these deviations aren't anticipated as typical for normal development or cultural norms (Malhotra). The absence of these positive outcomes of wellbeing may denote distress or mental illness in a holistic perspective. DSM- V and

The National Alliance on Mental Health defines a mental disorder in a more structured way. [59]

It is important to use appropriate intervention in each of the cases looking at the effective patterns of emotional well-being. Mental disorders can encompass a wide range of conditions, including mood disorders; impairing the ability to function effectively on a daily basis. A mental disorder can be defined as a condition that refers to conduct and speech that consists of madness, badness, fright, and misery, which upsets others and that they wish to exclude or control (Pilgrim). Despite facing criticism for potentially implying dualism and severe dysfunction, "mental disorder" remains an established and essential term within the most comprehensive classification system in the field of mental health (Biswas). Ancient Greek physician Hippocrates is said to have identified three forms of mental disorders:

- Mania
- Melancholia
- Dementia.

While his usage of those terms does not always stand in alignment with their current meanings, the usage of the term “mental disease" in its analogy has influenced the psychiatric discourse very recently. Mental disease is a formerly used colloquial term in representing mental disorder. Before encompassing the differences between mental illness and mental disorders, let’s now look into the definitions of mental illness. National Alliance on mental illness defines mental illness

[59] “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above”. (DSM-V 20)

distinctively.[60]

Even though the words mental disorder and mental illness are used synonymously, evaluating the credibility of any attempted definition can be varied as it has to be more socially and morally considered. Mental disorder shares almost similar symptoms as mental illness, however, the purpose can differ. The fig. below Ansari makes a constructive understanding of the differences between mental disorders and mental illness.

Mental Disorder	Mental Illness
1. A syndrome 2. Characterized by: clinically significant disturbance cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. 3. Associated with significant distress or disability in social, occupational, or other important activities. 4. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. 5. Socially deviant behavior 6. Conflicts primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above (DSM-V, p.20)	1. Medical condition 2. Disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. 3. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. 4. Serious mental illnesses: major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. 5. The good news: recovery is possible. Mental illnesses can affect persons of any age, race, religion or income. 6. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. 7. Mental illnesses are treatable.

Fig 2.7. Differentiating mental disorder and mental illness (Al-Ansari 8).

[60]"Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. The good news about mental illness is that recovery is possible. Mental illnesses can affect persons of any age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treaMost people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan ". (Colvard as quoted in Biswas VI, 5).

Distinguishing between mental health problems and mental illness, using a multidimensional model, is one way to distinguish distress associated with adverse life events from more severe disorders involving physiological symptoms (Dogra). DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) describes almost 300 mental illnesses. According to WHO, "the most commonly seen mental disorders by 2020 are

- Anxiety Disorder
- Depression
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Eating Disorders
- Disruptive behaviour and dissocial disorders
- Neurodevelopmental disorders ("What's the Difference Between Mental Illness and Mental Disorder?")."

Terminological confusion exists in the usage of such terms in mental health scenarios. Clearly, having a concrete understanding of these terms helps professional practitioners to authenticate their methodology in assessing and treating these instances.

2.2.1. Revisiting the statistics on Mental Health in India:

Many researches have been conducted in India regarding mental health and mental illness giving a statistical analysis on the health conditions of youth in India.[61] An ICMR –WHO project

[61] When the American Psychiatric Association first approached the problem of formulating a definite scheme for the collection of statistical data relating to mental diseases it was immediately confronted with the necessity of adopting an official classification of psychoses purely for purposes of uniformity. (May 234).

on mental health indicators was initiated to develop Indicators of well-being and to develop psychosocial interventions to improve the well-being of young mothers which used indicators like - the Subjective Well Being Inventory[62] to assess well-being at the individual level and Home Risk Card (well-being at the family level). (Kumar). Such kinds of instruments developed help in standardizing the evaluations in mental health assessments. Working on the literature on mental health issues in India, a significant impact has been assessed because of the family and cultural values that people adhere to in India. As psychiatrist Motensen writes, families from Asian, Middle Eastern, and African (MEA) backgrounds place a high value on family, unity, dignity, respect, spirituality, and humility. These cultural backgrounds influence the way families make decisions, structure their families, and view gender roles and parenting. Cultural differences also affect the behavior of patients and families, as well as their child-rearing practices, caregiver roles, dress codes, and dietary preferences. Different cultural groups have different ways of understanding illness and may attribute different causes to mental health disorders or disabilities. The way illness or disability is explained is strongly influenced by the cultural or religious background of the family. These values also define the acceptable symptoms of illness or disability and influence the behavior, expression, and role of the child or young person ("CALD Child and Adolescent Mental Health").

The overview of mental health issues in India has changed systematically over the past 30 years.[63] The impact of mental health awareness right from schools is very crucial as comprehensive

[62] This is a questionnaire on how you feel about some aspects of your life, each question may be answered by any one of the given categories by putting a circle O around the number which seems to represent your feeling best. (ibid 25-30).

[63] Some examples are: The formulation of the National Mental Health Programme (GOI, 1982); -The integration of mental health with primary health care (PHC) at the district level (Government of India. 2000); The adoption of Mental Health Act in 1987 and Persons with Disabilities Act in 1995; The Supreme Court judgments about mental hospitals and attempted suicides; The increasing participation of voluntary agencies in the areas of family self-help groups, rehabilitation, drug dependence, and suicide prevention;

programs strengthen their health and holistic behavior. The connection between a child's mental well-being and their school environment has become increasingly significant in recent years. This is due to the immense pressure that students face to excel in both academic and non-academic pursuits (Murthy). The connection between a child's mental well-being and their school environment has become increasingly significant in recent years due to the immense pressure that students face to excel in both academic and non-academic pursuits. Gender-based mental health debates, such as violence against women, are also a severe issue in India. Gender considerations in mental health care highlight the complex interrelationship between the individual and their social environment, including inequalities and injustices arising from social restrictions on women through strong patriarchal values that deeply influence mental health burdens (Gahleitner).

According to the Mental Health Action Plan 2013-2020, mental, neurological, and substance use disorders account for 13% of the total global burden of disease. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide, particularly for women. Between 76% and 85% of people with severe mental disorders receive no treatment for their disorder in low-income and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50%. In a study conducted among childcare homes to determine the mental health of children, 74.29% of children were seen to have behavioral problems and 54.29% had diagnosable psychiatric disorders.(Gupta). In a recent survey on mental health care by PHC personnel, out of more than 35000 population, 18.2% had severe mental morbidity. In the recent National Mental Health Survey, the mental

-Media coverage of mental health issues (DATE on radio in 1992, Mindwatch on TV in 1997); The attention to mental health problems at local, regional and national levels following the Erwady tragedy in August 2001." (Murthy 10-15).

morbidity rate was found to have a steady increase. (Kumar)[64] The WHO estimates that the "burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 100,000 population, and the age-adjusted suicide rate per 100,000 population is 21.1. According to a study conducted by Jain and Jadhav, among the seven rural health centers covered by the program, 67.4% suffered from depression, 10.3% from psychosis, 1.2% from substance abuse, 10% from epilepsy, and from 2.7% mental retardation. These statistics on the deteriorating mental health conditions in India stand as the major scope of the study because research on mental illness is the need of the hour. Kaur and Pathak talk about the importance of mental health studies in India quoting the statistics about mental health in India.[65] Such statistical analysis paves way to in-depth research on psychosocial attempts integrating mental illness and other allied strategies of coping.

2.2.2. Common phrases in the mental health discourse:

Before going deeper into the psychotherapeutic approaches in dealing with mental health issues, a contextual understanding of the most commonly used terms on the mental health continuum has to be derived, stress, anxiety, and depression being superficially used in most of the cases. The pointed inclusion of these words suggests the mystifying importance of these terms

[64] Four states - Rajasthan (38.9%), Madhya Pradesh (36.6%), Chhattisgarh (32.4%), and Assam (27.3%) - reported a high prevalence of substance use disorders. Alcohol use disorder was more prevalent in Madhya Pradesh (10.3%) followed by Punjab and Chhattisgarh. Any psychosis (including schizophrenia) was high in the state of West Bengal (1.26%) and in most of the states it ranged between 0.3% to 0.5%. The States of Jharkhand (4.83%), West Bengal (4.80%) and Tamil Nadu (4.62%) reported a high prevalence of mood disorders. Based on a descriptive analysis of unweighted prevalence, the top 10 conditions among those with a single diagnosis include Depression (37.1%), Alcohol use disorders (33.2%), Psychoses (8.2%), Agoraphobia (7.8%), OCD (3.1%), substance use disorder (other than alcohol) (2.6%), Bipolar Disorder (2.2%), General Anxiety Disorder (2.1%), Panic disorder (2.1%), and Social phobia (1.1%). (Murthy).

[65]"In India, the prevalence of mental illness is estimated at around 5.8% and 7.3% of the general population (Reddy and Chandrasekhar 1998), and at 26.7% among the elderly (Ganguli 2000). The prevalence of mental illness in rural and urban India is estimated at 70.5 and 73 per thousand respectively (Ganguli 2000). Neuropsychiatric illness in India accounts for 10.8% of the global occurrence of mental illness (Seby et al 2011). Unipolar depression was the cause for roughly 12 million disability-adjusted life years (DALYs) in 2010 and 8,100 deaths in 2008; anxiety disorders accounted for nearly four million DALYs in 2010 (World Health Organization 2004). The prevalence of serious mental illnesses is estimated at around 6.5% (Institute of Health Metrics and Evaluation 2013) ("Treatment gap in mental healthcare")."

in the mental health continuum. Out of many words suggesting mental illness/disorder, these words are the most commonly used denoting their emotions and feelings in an easier way.

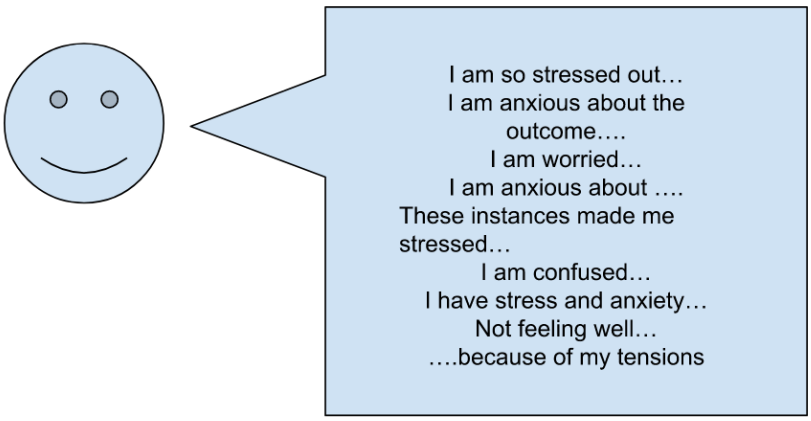


Fig. 2.8. Colloquial terms used for expressing stressful situations

We might have heard patients using these terms very often to denote their state of mind. While be it in a traffic jam, when we are confused about the outcome of an event, while we prepare for any tests/exams, professional confusions, etc, we say "I am stressed". With regard to the current study, it is important to know what stress and anxiety denotes, as it helps to understand how each psychotherapeutic function works on these issues. However, we are not going much deeper into the analysis of the efficacy of therapy with people suffering from stress/ anxiety, due to the fact that this thesis concentrates on the historical mapping of therapy rather than establishing the efficacy.

Stress and anxiety are two indispensable words that have caught the attention of researchers working on mental health. The concept of stress has been around since the 18th century. Darwin (1809-1882) was the first to study the responses of animals and humans to emotional situations.

He published his findings in his book, The Expression of Emotions in Man and Animals (1872/1965). (Jacoby and Keinan). Numerous definitions of stress have been noted by researchers based on the characteristic, stressors, events, responses, etc. However, Hans Selye coined the term "stress" from a psychological perspective, who is also known as the father of stress research. Selye put forward the idea that stress persists in an individual during the entire duration of exposure to an unspecified demand; he differentiated between immediate stress and the overall reaction to stressors applied over a prolonged period, as 'general adaptation syndrome,' a term also recognized as Selye's Syndrome in scholarly works (Schneiderman). In this thesis, it is important to understand the importance of traumatic experiences as it is an often-used terminology among the clients. Typically, individuals who haven't undergone traumatic experiences don't anticipate the occurrence of trauma in their own lives, however, once they have personally experienced psychological trauma, they become more inclined to both objectively encounter further traumatic events and subjectively anticipate the possibility of such trauma happening (Ford and Courtois).[66]

Defining the term stress can be a Herculean task considering the n number of definitions and considerations on the conceptualization of stress.[67] Numerous disorders linked with stress and anxiety are quite common; specific phobias like acrophobia (fear of heights), odontophobia (fear of dentists), arachnophobia (fear of spiders), ophidiophobia (fear of snakes), and claustrophobia (fear of enclosed spaces). There's also social anxiety disorder, often referred to as "social phobia," panic disorder, obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), post-

[66] "A focus is needed on enhancing clients' core abilities to engage in reflective self-awareness in the service of consciously regulating emotions and processing information could provide a framework to guide clinical conceptualization, engagement, and education of clients; treatment planning; and monitoring of therapeutic progress and outcomes for clients experiencing complex traumatic stress reactivity." (Ford and Courtois 74).

[67] "The term stress has been used to apply to a wide range of environmental events that affect a person, as well as to the individual's reactions to a stressful life event, often used to refer both to the stressor and to the entire process, including the stimulus (stressor) and the response (e.g., distress, coping response)." (Goodkin and Visser 3).

traumatic stress disorder (PTSD), substance use disorders, eating disorders, and borderline personality disorder (BPD), among others. (Chapman et al. 25-35). “In a biological perspective, physical, psychological and physiological systems are interconnected and entwined in such a way that the activation of any of these can lead to psychiatric responses.[68] Cohan et al. describe in detail the SAM and HPA and how different stressors affect the physiological process based on different factors.[69]

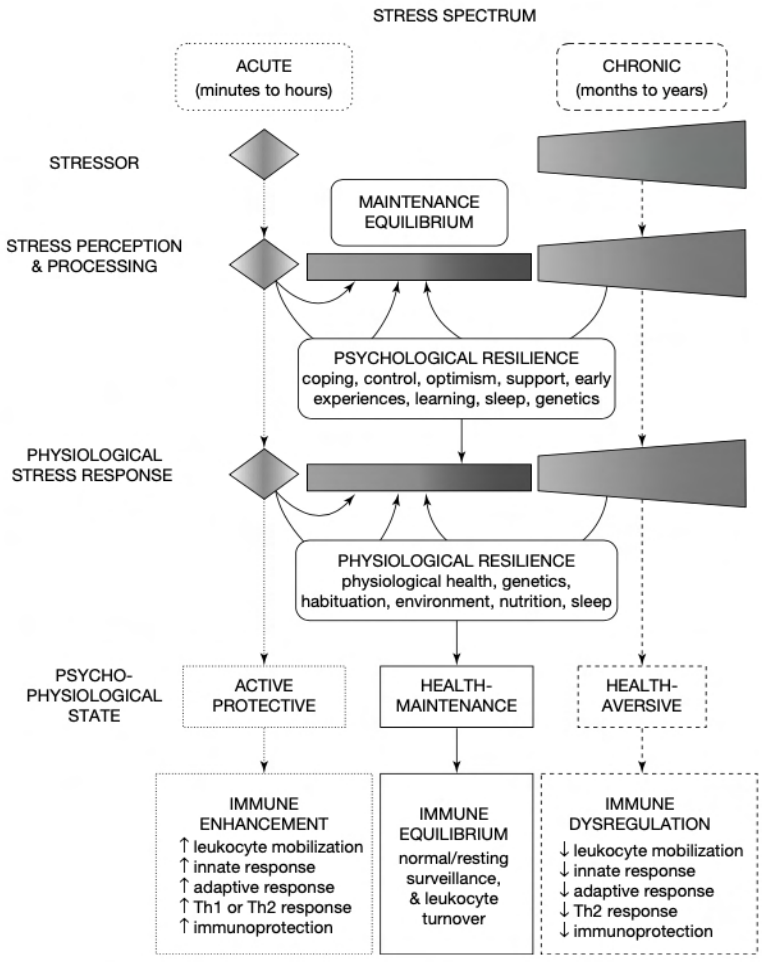
Precisely distinguishing between stress-inducing factors, separating them from the body's stress responses, and outlining the distinct qualities of particular stress reactions are frequently crucial for comprehending how reported stressor impacts influence immunity and overall well-being (Goodkin and Visser 3). Highlighting the significance, it should be noted that assessments of stress are influenced not exclusively by the stimulus situation or the variables of response.[70] Instead, these appraisals are shaped by individuals' perceptions of their interactions with their surroundings; the recognition of stress is a result of both interpreting the significance of an occurrence and assessing the sufficiency of coping mechanisms available (Cohen et al. 22-30). According to Patel, two categories of stressors contributing to mental disorders are biochemical stressors, which involve hormonal changes during significant life stages such as puberty, pre-menstrual periods, postpartum phases, and menopause. “Finally, although stressful events have been studied primarily as risk factors for disease, it is becoming increasingly clear that confronting

[68] “Two interrelated systems that are viewed as the primary indicators of a stress response are the sympathetic-adrenal medullary system (S A M) and the hypothalamic-pituitary-adrenocortical axis (HPA).” (Cohen et al. 22).

[69] “There are several models that explain the relationships among personality, stress, and health, including biological predisposition models, health behavior models, and moderation models. Perhaps the most basic model is the biological predisposition model. This model stipulates that genetic or constitutional (i.e., general biological makeup) factors influence a person’s physiological, emotional, behavioral, and cognitive response to stress.” (Harrington 198)

[70] “Many different types of events could be considered traumatic, including being a victim or witness to physical or sexual assault, being exposed to combat, hearing of a loved one’s unexpected death, being involved in a natural disaster, being in or witnessing a motor vehicle accident, or experiencing a life-threatening illness.” (Chapman et al. 114).

and adapting to stressful events can result in positive outcomes such as personal growth, reprioritization of life goals, increased feelings of self-esteem and self-efficacy, and strengthening of social networks." (Patel 15). Yvonne Gold and Robert A. Roth. in their book 'Teachers Managing Stress and Preventing Burnout' talks in detail about certain examples and case studies on how a facilitator can influence the group and manage the well-being effectively.[71] Contrada and Baum explain the phenomenon of different stress related characters as a stress spectrum.



[71] While in the past, stress was studied mainly by physiologists (Darwin, Cannon, Selye), and hope belonged in the realm of philosophy and poetry, from the middle of the twentieth century the concepts of stress and hope have come to occupy a central position in modern psychology in general and in health psychology in particular." (Jacoby ad Keinan 5).

Fig. 2.9. Stress spectrum by (Contrada and Baum 72)[72]

Although many therapeutic approaches are used as coping strategies for stress related health realms, physical exertion has always been a positive coping strategy in fighting such mental perceptions. Physical activity provides a wide array of health and psychological advantages, encompassing diminished susceptibility to general mortality, cardiovascular ailments, breast and colon cancer, type 2 diabetes, stroke, hypertension, osteoporosis, as well as alleviation of stress, anxiety, and depression (Harrington). Researchers have proven the positive impact of other psychotherapeutic principles which will be discussed in the next chapter. Knowing in-depth about the stress factors and stressors have a positive impact on psychotherapeutic approaches.[73] An awareness about these terms is necessary in order to explain more about the healing perspectives for mental illness. Usage of such terminologies inappropriately has made a lot of impact in the way mental illness is being conceived. For instance, the terms like "depression" and "anxiety" are used synonymously to any kind of mental illness, thereby giving wrong intentions about the awareness in the mental health spectrum. Nevertheless, many psychotherapeutic approaches have been used parallelly with psychiatric medications for the cure of such ailments. Although empirically supported therapies are essential as a basis for effective treatment of children with psychological disorders, the American Psychological Association Presidential Task Force on

[72] "One region of this spectrum is characterized by acute stress or eustress, that is, conditions of short-duration stress that may result in immuno preparatory, or immuno enhancing physiological conditions. An important characteristic of acute stress is a rapid physiological stress response mounted in the presence of the stressor, followed by a rapid shut-down of the response upon cessation of the stressor. The other region of the stress spectrum is characterized by chronic stress or dis- tress, that is, repeated or prolonged stress that may result in dysregulation or suppression of immune function. An important characteristic of chronic stress is that the physiological response either persists long after the stressor has ceased, or is activated repeatedly to result in an overall integrated increase in exposure of the organism to stress hormones." (Contrada and Baum 82)

[73] "Knowing the effect and response of each stressor helps as a tool for psychotherapeutic ally approaching the responses. Even though stress and depression are used synonymously these days, differentiating the transforms clearly helps to come up with more suitable coping strategies. Life stressors and depression are among the psychosocial constructs that have been most extensively investigated in relation to immunity and health." (Goodkin and Visser 3)

Evidence-Based Practice (2006) also identified the experience of skilled clinicians and of ethnoculturally diverse children and families as being necessary to establish a psychotherapy as "evidence based" (Courtois and Ford 85). Analyzing these psychological functions is necessary to establish the healing effect that can be derived accordingly. Dance and many physical activity contribute to the healing effect on a significant level working on the happiness level and positive behaviors.[74]

Before we move to the history and development of Dance Movement Therapy, the factors that contributed in developing the therapeutic dance in India and how this has influenced the emergence of Dance Movement Therapy as a separate modality is examined. Let's now inspect how traditional healing techniques in India have influenced as a way of coping strategy and how it has developed into a therapeutic module over the period.

[74] "Noticeable standouts that promote good feelings or positive relationships are physical exercise, optimism, recreation, positive reciprocity, empathy, gratitude, forgiveness, and altruism. By employing these and other similar skills and behaviors, we can influence up to 40% of our overall happiness, or what Sonja Lyubomirsky (2007, p. 20) calls "the 40% solution. Recall that empirical findings suggest that 40% of our happiness is determined by intentional activity, 10% from life circumstances, and 50% from our happiness set point." (Harrington 466)

2.3. Section 3: Dancing with the Mind

2.3.1. Traditional healing practices in India

In the Indian perspective many approaches claim to have acquired the purpose as a coping strategy be it evidence based mental health care or endangering local mental health traditions. Looking at it from an Indian viewpoint, the therapeutic effects of dance and allied arts continuum surfaced from centuries ago when many ritualistic practices and folk forms practiced the art of healing. The researcher proposes to categorize the healing traditions in India as follows:

1) Ritualistic
2) Medicinal
3) Body culture

However, a mutual interaction and give and take between these independent traditions has existed in continuum and proximity. Ritualistic practices are often associated with religious beliefs shaping the spiritual aspect of the community.

> *"Religious belief systems often have explanations for stressful events and behavior. The gods may be considered to cause famine; demons, witches, and spirits to make people ill or difficult to get along with. Dance is frequently part of a general ritual scene, social milieu, and specific ritual practices that are presumed to appease the divinities or exorcise demons or malevolence caused by spirits. Dance may be prophylactic, honoring supernatural entities to preclude their angry creation of stressors for natural beings. Thus, human honorific performance for the supernatural reverse, greets as a token of fellowship or hospitality, and shows respect. Dance may also be remedial. In this case, the dance propitiates or beseeches the supernatural entities to change stressful conditions, or is expurgatory. Dance may also be a religiously sanctioned "time out" (even in a euphoric*

state) to gain relief from the stressful situation. In healing rituals, the shaman, priest, or equivalent particularizes the part of mythic world for the patient. There are numerous illustrations of religious dance practices that serve to resist or to reduce stress". (Hanna 39)

The Indian subcontinent has welcomed many traditions which are a part of religious lifeways and contributed to the mental healthcare practices. These systematized techniques are often ignited as folk healing with therapeutic valence. This has been a serious point of contention recently as possessed bodies or constrained divinity was used as a healing character also called "faith-healing" locally. India is a diverse country with many cultural paradigms and pluralistic traditions. A diverse system of medical and healing approaches intensifies the cultural history of India in the healthcare systems. Be it physical or mental, these advocating practices co-exist among the Indian community. With respect to mental health-related illnesses, several traditional healing practices stand as a basis for the psychological approach followed in the Indian subcontinent. Considering the systems of approaches in India, different types of models have been explained according to the intensity of the practices. According to Weiss (1986), there are four types of healers in India,

1) Practitioners of Ayurveda

2) Folk healers

3) Healers in temples

4) Allopathic healers (psychiatry) (Weisee et.al).

In India, mental healthcare initiatives primarily emphasize a limited biomedical perspective, often neglecting sociocultural factors contributing to the manifestation of mental disorders" (Kaur and Pathak). The roots of healing strategies in India can be traced back to the

Vedic period, entwining with Indian mysticism rooted in a spiritual concision. By offering a therapeutic practice that is self-directed and fundamentally agentic, and that engages the individual's larger relational, social, and spiritual context, folk healing sites such as Balaji temple in Rajasthan may offer an especially effective healing process. (Sood 766-782).[75]

In this particular scenario, many instances of mental illness were often attributed to manifestations of supernatural entities like demons or ghosts taking control of ordinary individuals. In a three-month investigation by J.D. Burga involving 198 psychiatric patients, insights were gained into the effectiveness and moderate dependence on religious healing methods commonly practiced in Tamil Nadu. The results unveiled that around 30% of patients experienced varying degrees of amelioration after engaging with healers, yet the majority (91%) had discontinued such remedies before seeking medical attention at hospitals (Campion and Bhugra 215-221).

> *"According to findings from the India Human Development Survey (2004-2005), conducted by Ashish Singh and Harilal Madhavan using a nationally representative sample, the majority of Indian patients (92%) expressed a preference for non-traditional healing methods for short-term mental health issues. Only a small proportion (2.1%) indicated a preference for traditional healing approaches. Interestingly, the proportion of patients favoring traditional healing was slightly higher in rural areas compared to urban*

[75] The Balaji temple, located 170 miles south of India's capital Delhi in Rajasthan, is an immensely popular site for treating psychological ailments that present as spirit afflictions…. The sankatwalas who have been performing the temple practices for many years begin to experience them as generative of ''spiritual energy'' or tapas/tap, which they claim, lends fervor and vigor, and healing to their lives… In terms of psychiatric diagnoses, although they are difficult to ascertain given the sheer distinctiveness of illness categories in the temple, the sankatwalas[75] may be seen as presenting symptom complexes akin to psychosomatic, dissociative, affective, and sometimes, psychotic disorders…y description of the Balaji temple's therapeutic milieu suggests that attending to the nuances of traditional healing processes—to how psychological suffering is conceived as a relational and spiritual concern, how healing is approached and practiced with focused intention, and the collective meaning-making that lends it effect—may be critical to assess the value of folk healing sites as mental health resources(...). (Excerpt from the case study by Anubha Sood).

areas. Furthermore, the study revealed that the highest percentage of patients exclusively opting for traditional healing methods was observed among specific groups: (i) individuals from households with the lowest level of education compared to other education categories, (ii) those belonging to the poorest quartile in terms of income, and (iii) patients residing in the eastern region of India. Shubha Ranganathan in her article talks about the healing practices and conceptualisation of its efficacy in Mahanubhav temples. The trance ritual holds paramount significance within the Mahanubhav temples, where afflicted individuals are expected to enter a state of trance during the arati ceremony, particularly in the initial stages of their temple visit when their afflictions are perceived to be more severe. These temples primarily cater to women experiencing mental distress due to familial crises or challenging social situations, aiming to provide a remedial and supportive environment. This practice has also been interpreted from a rationalist perspective, suggesting that women strategically employ possession as a means to resist patriarchal hegemony." (Ranganathan 630)

Antia in his article talks about how indigenous healing practices in India gained attention recently.

"Our civilization has developed robust medical systems, such as Ayurveda, which offer comprehensive perspectives on disease, encompassing their etiology, prevention, and treatment. These systems prioritize a holistic approach, emphasizing the significance of achieving harmony among individuals and their environment, as well as adopting healthy personal habits, lifestyles, and embracing moral, ethical, and spiritual dimensions of health and medicine. This integrative approach recognizes the interconnectedness of

human beings with their fellow beings and the natural world, promoting overall well-being and balance." (Antia 166)

Ritual healing practices are emblematic of particular cultural and historical contexts, thriving within environments to which they are finely attuned; otherwise, their continuity would be unlikely" (Sax). "Traditional healing systems are of paramount importance to the rural communities in India. Although the effects of meditation on individuals from middle and upper-class backgrounds in Western societies can be quantified, it poses significant challenges, if not impossibilities, to measure the impact of traditional ritual healing practices involving ecstatic trances, sacrificial rituals, and oracular diagnoses, which diverge from the standardized methodologies used in scientific measurements" (Sax 843). The intricate nature of these traditional healing methods makes it arduous to capture their outcomes within the framework of conventional empirical analysis commonly applied to Western meditation practices. This can be one of the reasons why traditional healing techniques have been criticized by the medical communities all over the World. According to the perspective of the majority of psychiatrists, psychotherapy is deemed effective primarily for less severe neurotic disorders. In India, such conditions are commonly approached not from a medical standpoint, but rather as spiritual issues. Even in cases of affective disorders, the instances that northern Indian psychiatrists encounter are frequently those deeply ingrained with significant physiological manifestations; these cases tend to exhibit resistance to various treatments except for pharmacological or electroconvulsive therapies (Nunley). Aftab S. Jassal talks say, during these rituals, local deities take possession of individuals, and designated ritual experts called bakkyās diagnose and address personal clients who are experiencing social, psychological, or physical difficulties. This is achieved by providing a space (referred to as sthān) for or creating a space for divine entities (Jassal). A study focusing on healing

traditions within tribal contexts revealed that tribal community members frequently seek the assistance of traditional healers when confronted with issues concerning their physical health and psycho-spiritual well-being, underscoring the effectiveness of traditional healing methods within the tribal community (Rowkith, Shannal, et al.). These healers,[76] deeply rooted in their cultural traditions, play a vital role in addressing the holistic needs of the tribal population, providing remedies and guidance for a range of health concerns that encompass not only the physical aspects but also the intricate interplay between the psychological and spiritual dimensions. Based on the research by Patricia Moffit Cook, in relation to transcultural viewpoints, she outlines distinct phases of healing with music, encompassing Initiation, assessment, therapeutic intervention, and recovery (Cook). Her work focused on 'sacred music therapy' through village healing sessions which is enclosed within the realm of spirituality and sacredness in Indian tradition. While this attribute of healing practices in rural areas may be influenced by specific cultural contexts, it is important to recognize that all forms of psychotherapy share a common objective of eliciting core beliefs, uncovering dissociative patterns, and facilitating the healing of profound disconnection from oneself, society, or a higher power (Cook 22).

The interconnectedness of traditional therapeutic techniques finally led to their development under the auspices of social duties. The interconnection among these signifies the existence of parallel methods of healing with inputs from each of these strategies. Even though religious, folk, ritualistic and social healing practices were prevalent as separate entities, the amalgamation of these indigenous approaches paved the way for a unified coping skill in the society. In India, coping mechanisms of antiquity can be connected to many ritualistic as well as

[76] "The actions of these healers fall within a category of ritual that is neither religious nor magical, that does not necessarily admit the presence of divine entities, and for which a means-end relationship is intrinsic (such as, therapeutic practices leading to health)." (Cerulli 141).

therapeutic practices that contributed to the psychosocial well-being of the period. The immaterial nature and many subjective relatednesses contributed Indian thought process of related mind or consciousness as a virtue of spirituality as well. Spirituality in the Indian context, as one coping mechanism, exists as an entwined philosophy of soul and body. Ritualistic ecstatic trance dances have been recognized as a significant cultural practice in various traditional healing systems and indigenous traditions. These dances involve immersive experiences of altered states of consciousness, intense bodily movements, and heightened emotional expressions. Within the context of therapy, the utilization of ritualistic ecstatic trance dances can provide unique opportunities for individuals to access deep levels of self-exploration, emotional release, and spiritual connection. The cathartic and transformative nature of these dances allows participants to tap into their inner resources, navigate psychological challenges, and facilitate healing on emotional, somatic, and spiritual levels. The integration of ritualistic ecstatic trance dances into therapeutic approaches offers a powerful modality for self-discovery, personal growth, and holistic well-being. Dances during gatherings and community-based practices hold significant therapeutic potential as they are often rooted in cultural traditions, serving as community expressions of joy, celebration, and social cohesion. They create a collective experience that fosters a sense of belonging, connection, and support among participants. In the context of therapy, engaging in dances during gatherings and community-based practices can facilitate the exploration and expression of emotions, enhance interpersonal communication, and promote overall well-being. The rhythmic movements, synchronized actions, and shared experiences during these dances contribute to a therapeutic environment that encourages self-expression, emotional release, and the cultivation of a supportive community. Integrating dances from gatherings and community-based practices into therapy provides a culturally relevant and inclusive approach to healing, allowing

individuals to tap into the healing power of dance within the context of their cultural and social frameworks. The symbolic elements embedded within folk dances and temple-based traditional dances can also contribute to the therapeutic process, be it therapeutic dance or DMT. Ritualistic aspects, mythological narratives, and spiritual symbolism present in these dances can provide a framework for personal reflection, meaning-making, and transformation. They could help individuals connect with deeper layers of their psyche, explore existential themes, and find solace, inspiration, and spiritual connection which has developed into the crux of DMT in India. The importance of investigating the roots and traditions of these practices help in formulating the evolutionary trajectory of DMT from a holistic perspective.

CHAPTER 3
DMT: The mind connect !

The theoretical underpinnings of DMT are the core of this chapter. The development of other therapies and idioms connected to psychology are intertwined in close proximity with the theoretical foundation of DMT. The majority of DMT practitioners strongly adhere to the presumption of the therapeutic philosophy and movement fundamentals in their conceptual framework. Theoretical apprehension on Dance Movement Therapy could be divided into three sections.

- Psychotherapeutic theories
- Body Movement Relational theories
- Practice-Based theories

The Psychotherapeutic approach is a long-term, in-depth approach that consists of approaches to therapy with the rationale from psychological theories. Body-movement relational theories could be connected to post-intervention coaches where movement is focused. The mind-body nexus is given utmost importance here with relational theories and movement practices, along with movement analysis techniques focusing on movement interpretation. Another is the practice-based approach, which combines the other two styles but places more emphasis on the experiences of the individual and the demographic being targeted by the intervention.

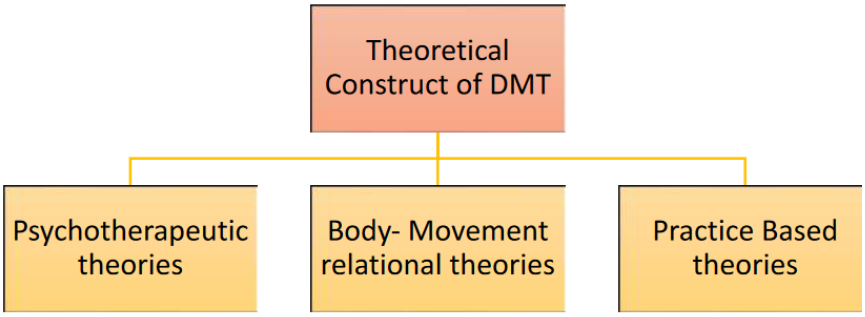


Fig. 3.1: Theoretical construct of DMT

In the psychotherapeutic approach, DMT has its roots in the psychoanalytic and psychodynamic theories and others. Each psychotherapeutic identity discussed in this chapter could be directly or indirectly connected to the theoretical basis of DMT according to the purpose of the intervention and the population. Dance Movement therapists usually draw on one or more theories of psychotherapy in their work, entwining the principles according to the need of the intervention. These theories provide a framework for practitioners to interpret their client's thoughts, behaviors, and patterns before starting their intervention. From a participant's pre- to post-intervention evaluation, it is important to know these theoretical approaches, and navigating through them is a salient part of the therapeutic process. Even though this thesis attempts to document the history and evolution of DMT in India, it is inevitable to understand the theoretical constructs of DMT in general, as in India, DMT is perceived as a creative intervention rather than a psychotherapeutic approach. Integrating the purpose and approach of DMT intervention in accordance with these psychotherapeutic functions is different from using the therapeutics of dance from a creative angle. There is a psychological understanding which needs to be considered here as the substratum of the modality. The foundation of DMT is grounded in the psychotherapeutic perspective, which is often neglected while describing DMT practices in India.

Hence this chapter navigates through a deeper contextual explanation of the history of therapies, how psychotherapeutic theories influence the history of DMT practices, the cross-sectional development of parallel therapies during the same period, and how DMT got established as a separate entity imbibing the theoretical constructs from these theories and approaches.

The therapeutic tenets at large are strongly tied to the ideas and presumptions surrounding psychotherapy. It will benefit the body of knowledge on psychotherapy methods in general, which constitutes the basis of DMT, to conscientiously analyze the evolution of therapies of common tier. As discussed in the former chapter, "Therapy" has not been not a recently identified term, or rather, even before human settlements, helping others and healing through support talks were prevalent as a part of coping with life situations. Therapeutic systems have their root in the *storytelling* and *talk therapy*[77] practices which are later confronted with several ritualistic, folk, religious, and social healing[78] patterns. From the concept of *hypnosis*[79], formulated by Franz Mesmer, to Freud's theory of psychoanalysis and talk therapy by Joseph Breuer, the evolutionary orientation is a vast topic in itself. Evidence suggests 'healing through words' in Egyptian writings existed from more than 3500 years ago. Healing through words and therapy through talks gave way to the emergence and development of counseling. The word 'Counseling' was used initially by Frank Parsons, a social worker in the early 1900s. Later, Carl Rogers used the term effectively for greater application from a non-directive perspective. Even though the modern conceptualization of counseling and psychotherapy has been different, they share a similar trajectory of evolution.

[77] Verbal communication between the therapist-client to address psychological issues.
[78] Collective and community-based processes to address historical traumas and promote reconciliation.
[79] A trance-like state of focused attention and suggestibility.

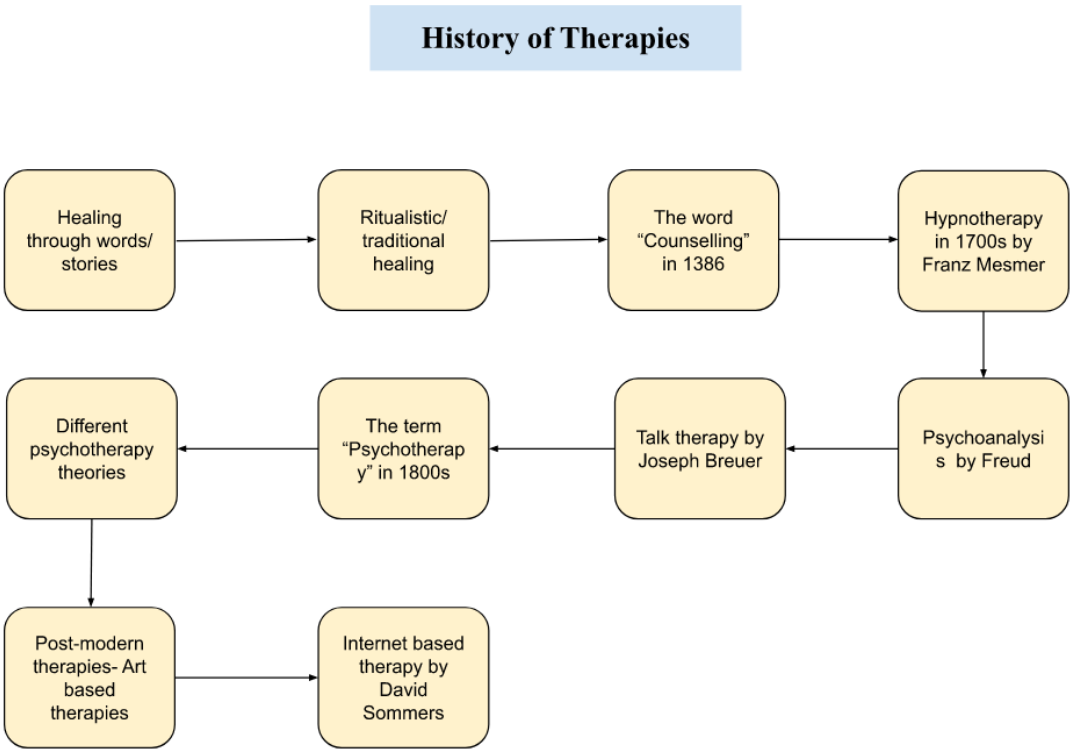


Fig 3.2: Brief history of therapies

The modern theories of therapy trace back their history to the theory of Sigmund Freud's psychoanalysis[80]. Other psychoanalysts who followed Freud's work included Alfred Adler, Sandor Ferenczi, Karl Abraham, Otto Rank, etc, and in the early 1900s, such as Ferenczi, Adler, Rank, Stekel, Jung, and Reich. Later, many theories have been developed within this idiom. Eventually, other approaches, such as humanistic viewpoints, emerged; each of these will be covered in detail in this chapter. The fig. Below is a brief flowchart on the nexus between the main theories in psychotherapy (developed by Mulhauser). This figure outlines the major theories, their development and the interconnection between each of them.

[80] Therapeutic approach that explores unconscious mental processes or childhood experiences to address psychological issues.

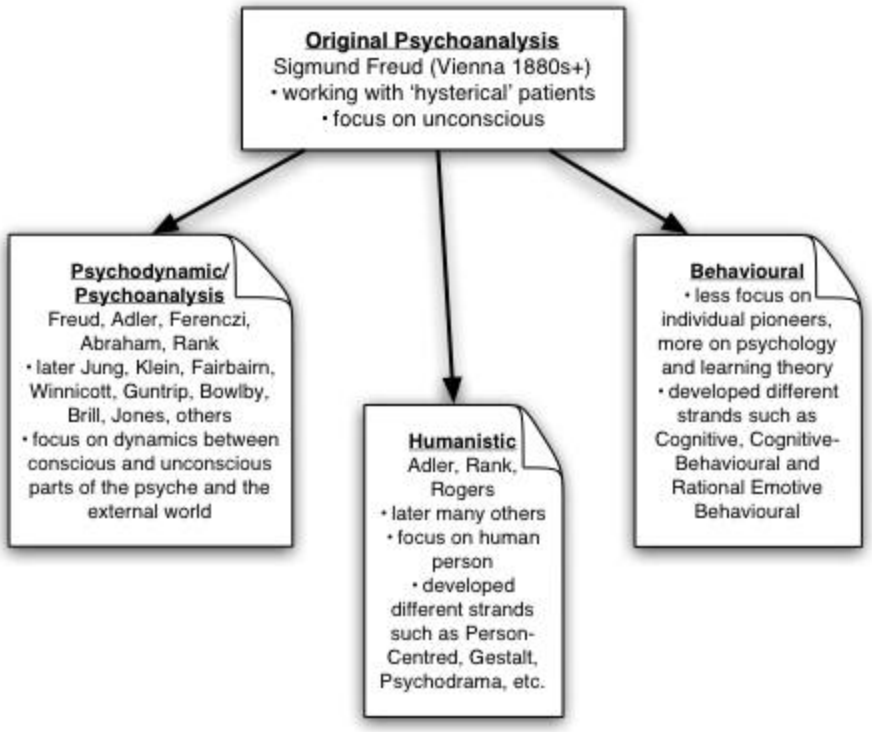


Fig 3.3: History of psychotherapies- flowchart on the nexus between the main theories in psychotherapy as explained by Greg Mulhauser.

3.1 Psychotherapeutic Approach

According to Nigel Benson, "scientifically accepted therapies include psychological and alternative therapies such as psychoanalysis, cognitive behavioral therapy, osteopathy[81], chiropractic[82] or acupuncture treatments." (*Introducing Psychotherapy*). There are many psychosocial interventions that have been used for the treatment of various mental disorders. "In the 1990s, psychological treatments for people with serious mental health problems were introduced into the National Health Service primarily through the development of psychosocial

[81] A complimentary practice of healing involving the massage of musculoskeletal tissues, stretching etc to help in the mobility of joints.
[82] System of practice used to correct nervous system dysfunction through manually manipulating and pressing the vertebrae.

interventions (PSI).[83] In the context of psychotherapy, children who have experienced trauma can develop the ability to identify, communicate, and regulate a variety of emotions, thereby restoring a sense of balance and manageable levels of both emotional and physiological arousal (Courtois et al. 86). This principle is applied in DMT while establishing the emotional connect in the intervention.

There are different groups of professionals who deal with mental health, including psychologists, social workers, psychiatrists, different therapists etc. Until very recently, art therapists were not affiliated with the mental health professionals' list. Silver and Louise describe "five strands that can be identified: the therapeutic community approach; modified group analysis; psycho-education groups; self-help groups; and the arts therapies—which are both individual and group. Over time, many art therapies started getting attention, using different expressive modalities" (126). CBT[84] techniques were at the forefront in dealing with mental wellness-related settings. Grandison (2002) writes that "the history of art therapy is inextricably linked with the practice of art therapy with psychosis', which began in the large asylums in the 1940s and was formally recognized as a health service profession in 1980."[85] (292). World War II influenced the development of therapy further. Following is a general outline for an understanding of how psychotherapy emerged in the modern system of treatment.

[83] The term PSI was adopted to refer to a combination of psycho-educational family work and CBT[83]- based psychological management techniques for individuals, within a framework of outcome-oriented assessment, case management and early intervention." (Alanan et al. 96-97).
[84] This thesis will use CBT as a short form of Cognitive Behavioral Therapy hereafter.
[85] Ibid.

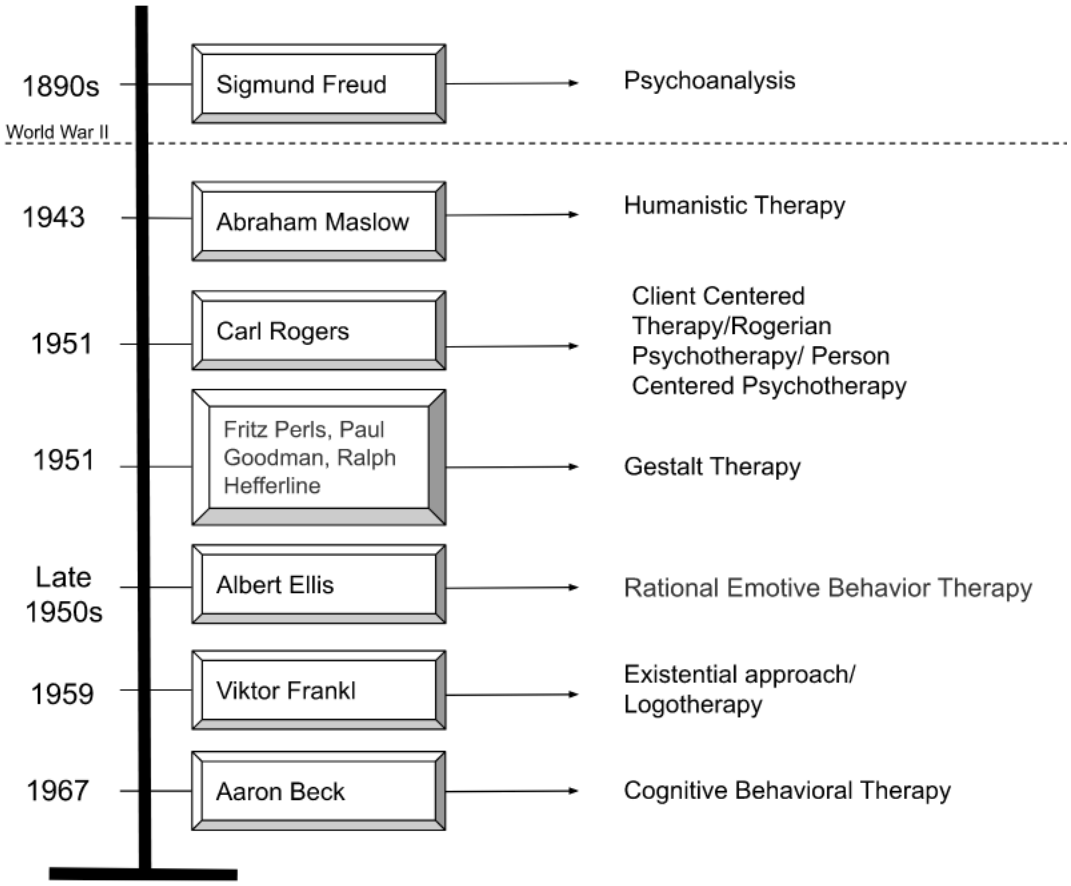


Fig 3.4: Timeline of major contributions in Psychotherapy

Psychotherapeutic theories on DMT personally resonate more with humanistic and person-centered therapy, finding an eclectic approach. Freud's psychodynamic approach can be connected to therapy in various ways. For instance, pushing away something that is producing worry is a natural human reflex. Freud's theory of consciousness and unconsciousness explains this mechanism in an interesting way. The automatic mechanism in the unconscious mind will repress the desires which are usually not to the expectations of the society. Whenever complete awareness is neglected, the unconscious indicates to them, for example, through dreams. According to Freud, a way to reach unconsciousness is sleep, while the other ways are exploited during a talk therapy session, such as free association. All the trapped emotions that are conflicting in nature and are

considered a negative experience could be coming in the forms of sadness, aggression, irritability, etc, during the interplay of consciousness and unconsciousness. Getting into the unconscious through conscious methods can be by engaging in creative activities, drawing, dancing, etc. Through body movements the sense of awareness is being neglected when a person is engrossed in movements, like a dream state, where the unconscious can be trapped to some extent. For instance, asking a child to draw something that comes to their mind, they mostly represent those repressed/ innermost feelings. Dance Movement Therapy utilizes this aspect of Freud's theory where a safe space is being established where we can access content from the unconscious without judgments while expressing movements, accessing piled-up emotions through movements so that it could be sorted out in realization.

Jill E Daino, licensed Talkspace therapist, talks about some of the popular psychotherapeutic approaches, which include,

- "Cognitive Behavioral Therapy
- Dialectical Behavior therapy
- Psychodynamic therapy
- Humanistic therapy: Gestalt therapy, and Existential therapy
- Client centered therapy (Person-Centered Therapy or Rogerian Therapy)
- Experiential Therapy
- Accelerated Experiential Dynamic Therapy (AEDP) ("Different Types")."

In order to establish the connection between DMT and psychotherapeutic theories, it is inevitable to talk about allied psychotherapeutic approaches in detail. Dance Movement Therapy takes its theoretical framework from the psychotherapeutic approaches, combining the methodologies of

each psychotherapeutic school according to the approach of each practitioner. Accordingly, the psychotherapeutic basis of their work is applied according to the needs of each client.

3.1.1 Cognitive Behavioral Therapy

CBT was founded by Dr. Aaron Beck in the 1970s. "CBT teaches clients that their emotional problems can be modified by improving their use of Reason and Reality Testing as part of their developing role as a self-therapist." (Neenan and Dryden 131).[86] In simpler terms, it is the use of self-help strategies to change the unhealthy emotional patterns and thoughts, overriding them with positive affirmative feelings, literally entwining the concepts of cognitive therapy and behavioral therapy.[87] It intervenes and challenges the way you think about a particular feeling along with teaching skills and techniques to alter such thoughts. Later this was equated to Self-Management Therapy. Uprooting the irrational thoughts and beliefs, CBT is a solution focussed therapy that identifies the dysfunctional emotions by encouraging rational concerns and beliefs verbally to a greater extent. DMT practitioners use these techniques in their intervention as a preliminary analysis of how the client's perception of themselves and their surroundings could affect their behaviors, and this helps the therapists in problem-solving.

[86] "CBT works on the principle that our behavior and emotions depend to a large degree on our perception of what we understand is happening, its techniques are particularly effective for mental health problems such as anxiety, depression, panic disorder, phobias (including agoraphobia and social phobia), stress, eating disorders, obsessive-compulsive disorder, post-traumatic stress disorder and difficulties with anger." (Foreman and Pollard 4-5).

[87] "According to Beck's model, these maladaptive cognitions include general beliefs, or schemas, about the world, the self, and the future, giving rise to specific and automatic thoughts in particular situations. The basic model posits that therapeutic strategies to change these maladaptive cognitions lead to changes in emotional distress and problematic behaviors." (Hofmann et al. 427).

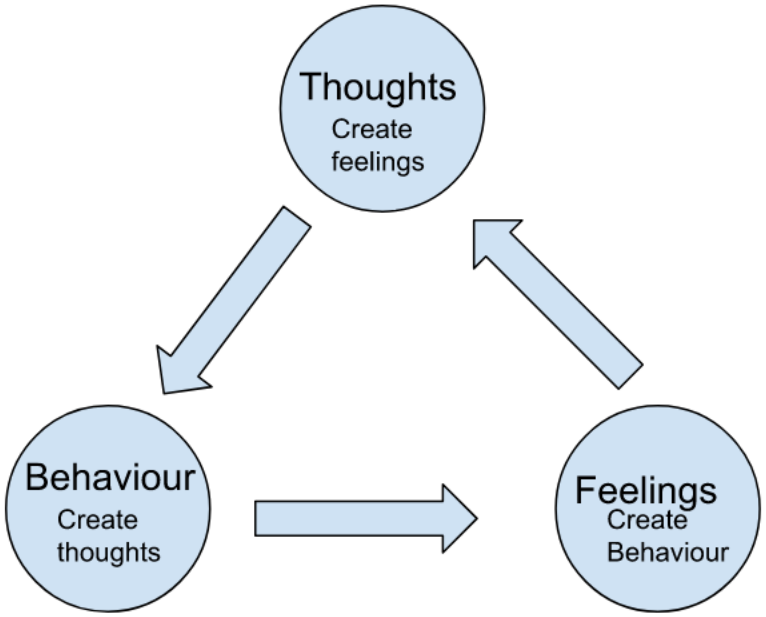


Fig 3.5: Cognitive Behavioural Therapy flowchart

Cognitive Behavior therapy draws the conclusion that our thoughts are the root cause of our feelings and behaviors and not external things such as people, situations, events, or surroundings. It illustrates that, despite the fact that circumstances are sometimes beyond our control, we can adjust the way we think in order to feel better. This is contextualized in DMT practices, through manipulating the thoughts, feelings and behavior of the client in such a way as to make them receptive to therapeutic intervention. Applying the theory of CBT in a DMT practice opens them a new technique that could be applied practically and will be worked towards the goal which is set at the beginning of the intervention. Self-limiting patterns of the client are observed, which also have unintended consequences, and the situation is analyzed on the basis of what triggered the basic problem. This is applied to the CBT mechanism, where thoughts are revisited, and physical reactions to the situation are being observed. Here, why the body reacts to certain

situations is given a meaning entwined with the emotions related to it, such as “Why am I anxious?” which in turn makes up the behavior and consequence on how the client behaves in that particular situation and similar situations. This is sometimes regarded as one of the most important aspects of DMT since recognizing these enables the therapist to establish a connection with the patient and support them as they seek to alter their negative self-talk and thereby enhance their quality of life.

Numerous studies, like the one Gould did, have been done to scientifically demonstrate the effectiveness of CBT in the treatment of a variety of mental health issues.[88] Olantuni and others conducted a study to evaluate the effectiveness of Cognitive Behavioral Therapy (CBT) in treating OCD. The study also aimed to identify potential moderators that may influence the outcome of the treatment. The results of the study showed that CBT was effective in treating OCD and that there were positive outcomes associated with the treatment. O’Kearney’s research aimed to critically evaluate the evidence regarding the effectiveness of Cognitive Behavioral Therapy (CBT) for treating obsessive-compulsive disorder (OCD) in children. The study examined data from both controlled and single-group studies and also compared the benefits of CBT to those of medication. The goal was to determine the benefits of CBT for pediatric OCD and to understand its effectiveness relative to other treatment options.

These studies establish that techniques of CBT can be applied in any age group with different conditions, and the effect is visible when its mechanism is applied in DMT practices.

[88] “A meta-analysis was conducted to determine the effectiveness of Cognitive Behavioral Therapy (CBT) in treating depression among older adults. The results showed that, at the end of the intervention, CBT was significantly more effective in reducing depressive symptoms than treatment as usual (TAU) or being on a waiting list. This was true regardless of whether the symptoms were rated by clinicians or participants. However, CBT was not found to be more effective than active controls.” (Gould).

3.1.2 Dialectical Behavioral Therapy

Based on the CBT techniques, Dialectical Behavioural Therapy, was developed by Marsha Linehan in 1970, focussing on acceptance and challenges to create a treatment for women with multiple problems and suicidal ideation.[89] Modifying clients' cognition and fostering their self-acceptance of emotions, thoughts, and feelings were central to the approach of DBT which hinged on maintaining a balance through dialectical philosophy; a dialectical outlook emphasizes that understanding individual components necessitates a consideration of the entire context, recognizing that reality is interconnected even if it seems feasible to discuss isolated elements or aspects with meaning (Dimeff and Koerner 14). DBT therapists work through hypothesis-testing experiments and is similar to CBT, however, emphasis is given to cognitive modification by initiating conversations with contradictions in their own way (Ibid 10). “Treatment strategies in DBT encompass any approaches or techniques the clinician uses to achieve treatment goals. These techniques include commitment strategies, dialectical strategies, validation strategies, problem-solving strategies, stylistic strategies, and case management strategies.” (Hollenbaugh and Lewis 23).

According to Linehan, treatment strategies are divided into five sets:

1. “Dialectical strategies.
2. Core strategies (validation and problem-solving).
3. Change procedures (use of operant learning principles, skills training, and exposure/response prevention techniques from behavior therapy and cognitive modification techniques taken primarily from rational-emotive therapy).

[89] “Linehan combed through the literature on efficacious psychosocial treatments for other disorders, such as anxiety disorders, depression, and other emotion-related difficulties, and assembled a package of evidence-based, cognitive-behavioral interventions that directly targeted suicidal behavior.” (Chapman 63).

4. Communication strategies (irreverent and reciprocal communication).
5. Case management strategies (consultation with the patient, environmental intervention, supervision/consultation with therapists).” (*An Illustration* 25)

The establishment of such therapeutic practices has helped the emergence of new ways to cope with mental illness.[90]

DBT is based on CBT techniques but focuses mainly on four major principles which are very significant in DMT:

- Mindfulness[91]
- Distress tolerance
- Interpersonal effectiveness
- Emotional regulation

‘Living in the moment’ is a very commonly used phrase in DMT which is the basic principle of DBT where mindfulness focuses on paying attention to what is happening inside our mind including the thoughts, feelings, and emotions and changing it positively. During a DMT session, therapists often use the distress tolerance skills to understand the situation and improve the moment using coping strategies thinking about the pros and cons of not tolerating distress. Interpersonal assertiveness is also introduced in a stage when the client is receptive to the coping methods giving them assertiveness in certain situations and thereby getting to navigate the feelings

[90] Frazier reviewed the “efficacy of DBT for the treatment of anger and aggressive behavior within the context of a Borderline Personality Disorder diagnosis , through a review of 12 studies: these included four uncontrolled studies, seven randomized controlled studies (two of which examined the efficacy of DBT in the presence and absence of medication using a double-blind, placebo-controlled design), and one using a prospective, naturalistic design following treatment on a randomized controlled study. Of the 12 studies, 10 found that DBT significantly reduced overall scores on measures of anger and/or aggressive behavior.” (“Dialectical Behavior” 162).

[91] “Mindfulness could be seen in improved stress management, understanding of self and others, and awareness of thoughts and feelings; emotion regulation connects to improved awareness of thoughts and feelings; distress tolerance relates to improved stress management and relaxation and decreased anxiety; and, interpersonal effectiveness links to improved understanding of self and others.” (Shillington 25).

positively. From various interviews and observations, it is so evident that these techniques of DBT are used directly in therapeutic practices, especially DMT. Application of DBT in Movement therapy can be drawn by considering these four principles as a tool to understand and evaluate the understanding of oneself. Elizabeth Shillington in her study talks in detail about how the combination of modalities DMT and DBT is applicable in effectiveness. The figure below is an excerpt from her Literature review which compares the skills and application of DBT in DMT as explained by various theoreticians, psychologists, therapists and DMT practitioners (Shillington 26).

DBT Skills Found in DMT

	Mindfulness	Emotion Regulation	Distress Tolerance	Interpersonal Effectiveness
Barton (2011)	✓	✓	✓	✓
Barton (2014)	✓	✓		✓
Brown (2009)		✓		✓
Dempsey (2009)	✓	✓		✓
B. Fisher (1990)		✓		✓
P. Fisher (2017)		✓		
Milliken (1990)	✓			
Milliken (2008)		✓	✓	✓
Sanchez (2012)	✓			
Thomson (1997)	✓	✓	✓	✓
Young (2018)	✓	✓	✓	✓

Fig 3.6: DBT skills in DMT, comparison in different scholarly articles by Shillington (26).

3.1.3 Psychodynamic Therapy

For long-term Psychodynamic psychotherapy the following definition given by Gunderson and Gabbard (1999, p. 685; Gabbard, 2004, p. 2) could be applied: “a therapy that involves careful attention to the therapist–patient interaction, with the thoughtfully timed interpretation of

transference and resistance embedded in a sophisticated appreciation of the therapist's contribution to the two-person field''." (qtd. in Leichsenring 844). The psychodynamic theory emphasizes that there is an underlying cause for all behavior which lies in the unconscious. Psychodynamic theory also emphasizes transference and countertransference and subjective experiences, which is a frequently used technique in DMT.[92] Nielsen, in his essay, distilled the "principles of psychodynamic work into five practical therapeutic targets:

- *Underlying issues*
- *Divergent subjective experiences*
- *Transferences*
- *Projective identification*
- *Acceptance."* (Ibid 698)

The following page provides an illustration of the various psychodynamic psychotherapy[93] theories put out by Gabbard (2000) and Luborsky (1984), as discussed in the article by Leichsenring and others. Each function described below is used extensively by DMT practitioners, according to the particular client and problem. To successfully build client-therapist connections, DMT-using therapists may adapt to any of these methods.

- "Interpretation
- Confrontation
- Empathetic validation

[92] "The fundamental concept of transference in psychoanalytic theory is that one's experience of others may be a function of his or her current (often unconscious) wishes and fears, and not so much a function of objective criteria that would shape the perception of a hypothetical transference-free person." (Nielsen 688).

[93] "In terms of the process, 'psychodynamic' is descriptive of a connection between the inner and the outer world in relation to the therapeutic interaction in each individual case, while 'psychoanalytic' can be seen as referring both to technical aspects of clinical practice and to a rigorous stance of analyzing and interpreting clinical material in the transference, which excludes other, more 'real', active or direct forms of intervention." (Mander 12).

- Free Association
- Regression
- Transference and Countertransference etc stand as the basic theoretical construct and rationale for Dance Movement Therapy". (Qtd. in Leichsenring et al 239)

CBT & Psychodynamic Psychotherapy

Table III. CONCEPTS OF PSYCHODYNAMIC PSYCHOTHERAPY (GABBARD, 2000, P. 89–114; LUBORSKY, 1984)

Interpretation (most insight-enhancing)	The most interpretive form of intervention: Making something conscious that was previously unconscious, e.g. "Maybe you do not only want to pass your examination, but you are also afraid of what happens when you are successful."
Confrontation	Drawing the patients' attention to a psychic phenomenon, e.g. "You seem to avoid to face your feelings towards X."
Clarification	Asking the patient to describe a phenomenon more in detail.
Encouragement to elaborate	Request for information about a topic. e.g. "Can you tell me more about that?"
Empathic validation	Empathic conveying of the patient's internal state, e.g. "It hurts when you are treated that way."
Advice and praise	Advice: Suggesting what to do, e.g. "You should talk to your peers about how they prepare for the exam." Praise: Expressing overt approval, e.g. "I think it was very good that you talked to your peers about how they prepare for the exam."
Affirmation (least interpretive)	Comment supporting the patient's behavior, e.g. "Yes, I see what you mean."
Working through	Both the process and result of repeated circles of confrontation, clarification and interpretation including linking a pattern to new contexts, e.g. a pattern of transference to current relationships outside the transference or to past relationships.
Abstinence	Withholding gratification of (certain) transference wishes, referring particularly to physical gratification.
Neutrality	Non-judgmental stance regarding the patient's behaviors, wishes or feelings. Not to be misunderstood as coldness or aloofness.
Therapeutic/ working alliance	Patient's capacity to collaborate with the therapist and to perceive him or her as a helpful person.
Free association (basic rule)	Saying everything that comes to one's mind. Useful in highly interpretive therapies, the less useful the more supportive therapies are. In more supportive therapies, patients are told that they decide what they will talk about in a session.
Transference	Repetition of past experiences in present object relations, but also including a quest for a new reparative object experience.
Counter-Transference	The therapist's emotional responses to the patient, which may be specific responses to the patient's conflicts (diagnostically relevant), but may also include the therapist's resistance or his transference to the patient (to be controlled for).
Regression	Shift to less mature (autobiographically earlier) modes of psychological functioning during psychotherapy. Promoted in long-term interpretive therapy, restricted in short-term and supportive therapy.
Resistance	Although willing to cooperate with the therapist, patients also want to avoid experiencing painful feelings and fantasies, thus trying to preserve the status quo. Resistance is treated by understanding it using clarification, confrontation, and interpretation.

Fig 3.7: Application of Psychodynamic psychotherapy in DMT illustrated by Gabbard and Luborsky (89)

All these concepts are directly related to DMT and are used by DMT practitioners according to the self-reflective and counter- reflective strategies followed by each therapist. Another addition in psychodynamic theory is pragmatic psychodynamic psychotherapy.[94] The basic principle is that each personality can be identified in terms of unconscious psychological processes which we are not fully aware of, and this shapes the personality of a person. It's important for a DMT practitioner to understand the extent of the personality and how the childhood experiences are being contented in their life. These events are sometimes pushed into our subconscious minds without even realizing it which could shape the present persona of the client and his functionality. Psychodynamic theory is applied extensively in DMT by identifying self-limiting patterns from the past experiences of the client and insightfully understanding the unconscious to accomplish therapeutic goals.

Hiller and others put forth commendable observations regarding the efficacy of CBT and psychodynamic therapy in their article lucidly.[95] "With regard to psychoanalytic therapy, controlled quasi-experimental effectiveness studies provided evidence that psychoanalytic therapy is,

(1) More effective than no treatment or treatment as usual, and

(2) More effective than shorter forms of psychodynamic therapy." (Leichsenring 859).

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[94] "Pragmatic Psychodynamic Psychotherapy (PPP) is based on a developmental and conflict model of mental life and involves clearly defined psychodynamic diagnosis and formulation, a focus on education and transparency, integration with other synergistic treatment modalities, and an active, engaged therapeutic stance." (Summers and Barber 23).

[95] "The available randomized controlled trials have provided some evidence that psychodynamic psychotherapy is superior to control conditions (treatment-as-usual or waitlist), and on the whole was as effective as already established treatments (e.g., cognitive-behavioral therapy) for specific mental disorders." (Ibid 65).

Lauffenburger talks about “four major schools of theory which have potentially influenced psychodynamic therapy: Freudian, Ego Psychology, Object Relations and Self Psychology with direct influence to DMT techniques. Among these, Self-Psychology’s client-focussed theory of empathy parallels the attunement process of DMT better than any other psychodynamic/psychoanalytic theory.” (Finding " 45). Incorporating psychodynamic theories in practice helps the DMT practitioner to expand the transferential relationship in therapy.

3.1.4 Humanistic therapy: Gestalt therapy and Existential therapy

Humanistic Therapy focuses on self-discovery individually rather than generalizing on the past experiences. Therapy is completely client-led, and the therapist takes responsibility of the feelings, thoughts and actions. In relation to DMT, this humanistic approach is very crucial as the client is promised with a safe, accepting, and non-judgmental space which is completely self-led, which stands as one of the basic theoretical bases of DMT. The major techniques of humanistic therapy, like self-actualization, safety, and security, the concept of belongingness, self-esteem etc. are the basis of a Movement Therapy session, which is imbibed from the humanistic approach.

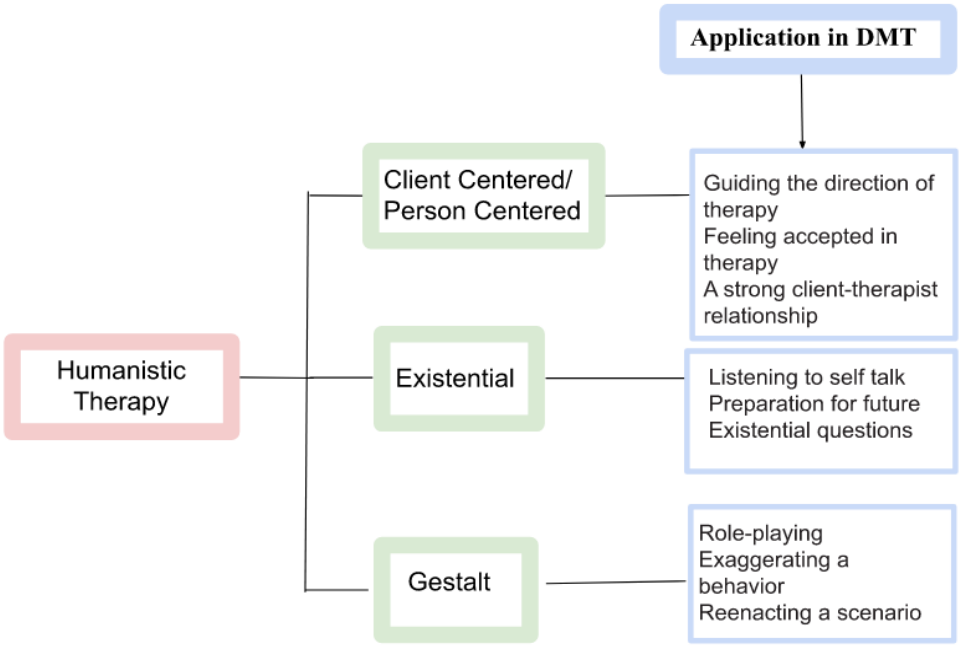


Fig 3.8: Humanistic therapy and its application in DMT

In her work, Mick Cooper explains the major theories in existential therapy.[96] Many existential philosophers had different approaches like Irvin Yalom, Rollo May, R. D. Laing, who developed an existential model of schizophrenia, Dasein's analytic approach, Victor Frankl who talked about logotherapy etc. "Similarly, Frederich Hegel (1770–1831), one of the most influential philosophers of the nineteenth century – and to whom much contemporary existential thought is a reaction – developed a philosophical system in which concrete, individual human existences were subsumed within a model of highly abstract and universal processes." (Ibid 9). Schneider and Krug explain existential therapy techniques as stances, or conditions, through which experiential liberation and

[96] "Whilst Yalom's (1980) existential psychotherapy, for instance, encourages clients to face up to four 'ultimate concerns' of existence – death, freedom, isolation, meaninglessness – van Deurzen's (2002a) existential psychotherapy encourages clients to explore four dimensions of worldly being: the physical, personal, social and spiritual dimensions. Similarly, whilst Bugental's (1978) existential-humanistic approach encourages clients to focus on their subjective experiences, Frankl's (1984) existential analysis frequently encourages clients to focus on their responsibilities toward others." (1-5).

profound transformation could take root.[97] Whereas Gestalt therapy, founded by Frederick Perls and his wife Laura, is another approach that which mainly focuses on the need for change. “In Gestalt therapy, we have always found it important to think of human beings and even things as being in constant flux, instead of seeing them as fixed, solid, immobile and unchangeable entities.” (Staemmler 368). As Gestalt therapy is a form of interactive exchange, the typical approach involves refraining from offering the client interpretative insights as if the therapist comprehends the client's experience better than the client does themselves (Ibid 343).

A DMT practitioner who follows Gestalt’s techniques holds space for their clients and will be nonjudgmental in the approach of accepting the truth as it is without considering their own experiences in the situation. The contexts are usually perceptive in a way that the client becomes aware of their experiences and responses to the situations. Without re-imagining past experiences, clients are encouraged to be more aware, of where holding space is the key element. In DMT, the emphasis is on fostering a successful client-therapist relationship while also assisting the client in returning to the present and avoiding dwelling too much on the past. For example, during a DMT session, when a client seems to be lost in a past painful experience, the DMT practitioner focuses on bringing them going back to their present by asking them about something in the room or asking them to focus on any of their movements at that moment. Self-awareness is highly established with a careful focus on the client’s emotional hurt through experiential exercises which helps in self-awareness. Theoretical realism like

- Role Play

[97] “Finding personal courage, direction, and meaning in managing the paradox of affirming oneself individually while recognizing and accepting the universal is the final goal in existential therapy.” (Van Deurzen 25).

- Guided Imagery
- Use of props

are used as part of experiential exercises during the DMT sessions which is a technique imbibed from Gestalt Therapy.[98] Here, the client is encouraged to explore the emotions and experiences through movements so the therapist may guide using these techniques.

3.1. 5 Person-Centered Therapy

"The governing feature of Person-Centered Therapy (PCT) is not its "humanistic"" orientation but its forsaking of mystique and other "powerful"" behaviors of therapists; in this regard, many humanistic therapies are as different from PCT as psychoanalysis." (Tudor and Worrall 3). Tudor and Worrall explain "Person-centered therapy emphasizes present-centered human development, as distinct from past-centered child development. We do not have to ask clients questions about their past as they experience and express the impact of their past in the present. The view that psychotherapy is a person-centered process of learning and healing reduces the danger of infantilizing adult clients and trainees, which happens when 'growth' or development is defined within the framework of an expert therapist and an in-expert client. (Ibid 34).

Rogers' theory, which holds three major aspects, is significant in this regard, i.e., his theory of personality, often called himSelf theory'; his theory of therapy and his theory of interpersonal relationships (Mearns and Thorne 173). A DMT practitioner connects with the individual through the ways in which the client is consciously engaging with, rather than interpreting the unconscious ideas. Encouraging and exploring their strengths and personal identity helps the client to reconnect

[98] "The mode of change in Gestalt therapy is an opening to new, previously inhibited ways of contacting the world, in which the client experiences him/herself in relation to others in a new way and relaxes the habitual inhibitions to both contact and awareness that previously limited the clients' self-actualization." (Philippson 217).

with their own self-worth. The sociability of the client is expanded through the group DMT sessions where the client controls the sessions without being assessed.

Summing up in simpler terms, each of these psychotherapeutic theories is being applied in the therapeutic process of DMT according to the needs of each client. The fig. below shows a sum-up of all these related theories, placed by the researcher for a quick read.

Theoretical Construct	**Application in DMT**
Cognitive Behavioral Therapy	Thoughts causes feelings and behaviors. external things such as situations, surroundings, people or any events experienced by the client is not influenced.
Dialectical Behavior therapy	Based on CBT, helps to manage/ regulate emotions through mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation of the client.
Psychodynamic therapy	Focus on the unconscious process, and influences of the past in the present behavior of the client.
Humanistic Therapy	Focussing on individual client behaviors in the present rather than past experiences.
1) Person-centered/ Rogerian Therapy	Absorbing disapproval from others can distort the behavior and perception of themself- the client navigates the session.
2) Gestalt Therapy	Personal responsibility, gaining self-awareness of the present through experiential activities.
3) Existential Therapy	Confronting the conflict inherent focuses on self-determination and the search for meaning and purpose.

Table 3.1: Overview of psychotherapeutic theories and their application in DMT

These psychotherapeutic approaches paved the way for new paradigms in the field, including art therapy, play therapy, drama therapy, etc. All these supportive therapies help in community functioning and to improve social skills and cognitive abilities. The emergence of Dance Movement Therapy as a separate modality needs to be considered after closely observing the theoretical perspectives of these psychotherapeutic functions, which have a direct impact on the pedagogy and practice of DMT. Interestingly, along with the development of many of these psychotherapeutic approaches, DMT has been developing as a unique entity exploring the role of body movements in addressing emotions through therapy.

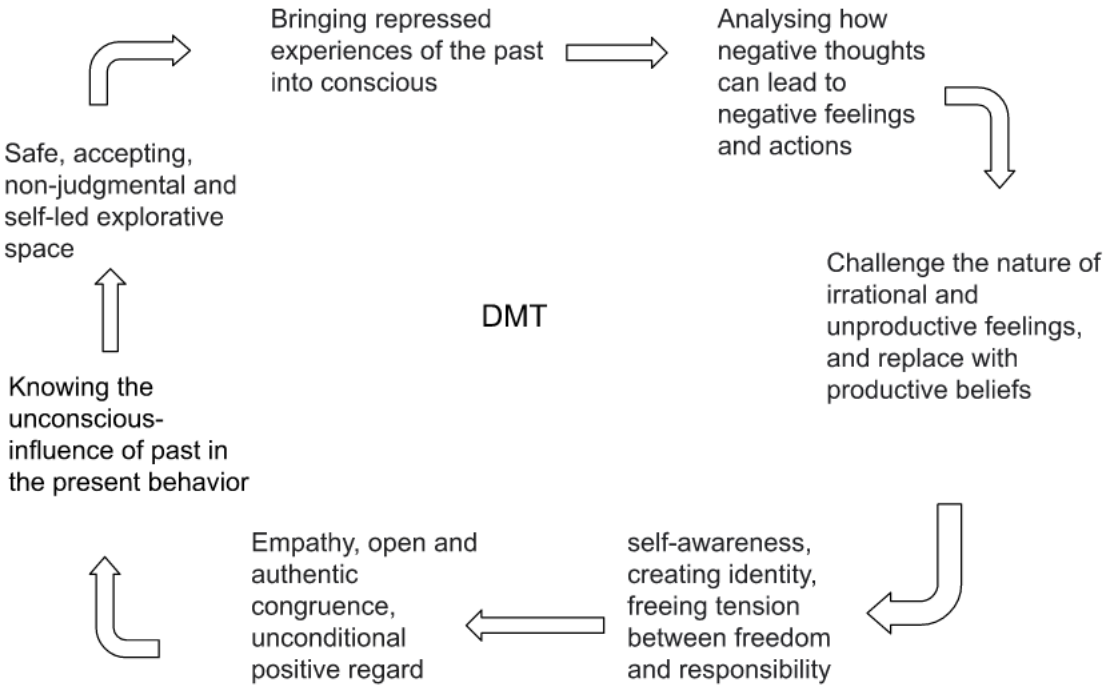


Fig. 3.9: Theoretical constructs of DMT

These principles of psychotherapeutic approaches form the theoretical basis of Dance Movement Therapy, with the medium being the body and movements as an expressional tool. Going through the history of psychotherapeutic modules and their application as a DMT principle helps us to characterize the functioning of DMT in a more empirical way, as the development and evolution of DMT were directly influenced by these approaches. As the current study is particularly focused on DMT alone, which has a psychotherapeutic purpose of healing stress, anxiety, and other mental illnesses, it is necessary to know the theoretical basis of Dance Movement Therapy as it itself explains the psychotherapeutic utility in the modality.

3.2 DMT: Body Movement-Related Approach

The Psychotherapeutic approaches related to DMT are already discussed in detail. Body Movement relational constructs are closely related to the movement metaphor, with special indications on body attitude, use of space and shape, efforts are rhythms used, etc.[99] Differentiating functional movement patterns integrated into one's body is a tough scenario. Presenting and reacquainting individuals with inherent patterns and strategies ingrained in the body's functionality, to those grappling with persistent pain, provides an avenue to alter movement in ways that minimize discomfort, which also allows for the exploration of alternative bodily mechanics to achieve comparable movements. (Hughes 2018). Somatic researchers, such as Bonnie Bainbridge Cohen (2012) and Susan Aposhyan (1999), suggest that initial motor developmental stages, concerning the exploration and utilization of body weight, encompass significant occurrences linked to the emergence of independence, interpersonal connections, and additional psychological advancements (Sackandy 8).

[99] "...from a functional perspective, skeletal body movement has particular advantages over the other modalities for certain emotion components and situations, and may provide information about the emotion that is not available from the facial or vocal expression." (Dael et al. 15).

There are many movement-based somatic therapeutic techniques, and DMT is one among them. Well-recognized movement methodologies geared towards real-time awareness of movement, such as the Feldenkrais and Alexander Techniques, grant the ability to independently adjust everyday motion, which could be harnessed to influence emotional disposition like mastering how to prevent a hunched posture through the Alexander Technique (Tsachor and Shafir 2). The movement profile of each client is studied before starting the intervention to have a reformulation in the therapy sessions. Exploring body movements beyond the way of functionality and using it as a tool for expression forms the basis of Movement related approach in the theoretical construct of DMT.

According to Bonnie Meekums, the theoretical principles of DMT within the body-movement relation include:

- *"Body and mind interact so that a change in movement will affect total functioning (Berrol, 1992; Stanton-Jones, 1992)*
- *Movement reflects personality (North, 1972; Stanton-Jones, 1992).*
- *The therapeutic relationship is mediated at least to some extent non-verbally, for example, through the therapist mirroring the client's movement (Chaiklin and Schmais, 1979; Stanton-Jones, 1992)*
- *Movement contains a symbolic function and, as such, can be evidence of unconscious processes (Schmais, 1985; Stanton- Jones, 1992).*
- *Movement improvisation allows the client to experiment with new ways of being (Stanton-Jones, 1992).*
- *DMT allows for the recapitulation of early object relationships by virtue of the largely non-verbal mediation of the latter (Meekums, 1990; Trevarthen, 2001)." (*Meekums 7).

Mintarsih quotes about the fundamental themes on body-oriented interventions.[100] Among the pioneers in the field of DMT who adopted this approach was Evan, who devised a methodology termed functional technique (Levy, 1992) (Landgraf 9). In her research, Heidi Landgraf outlines five fundamental principles of dance/movement therapy:

1. The body and mind are intertwined and interconnected.
2. Movement serves both practical and expressive purposes, acting as a means of communication.
3. Movement nurtures and amplifies creativity.
4. Movement is intertwined with relationships.
5. Movement is infectious and heightens the desire to take action.

Apart from these, the analysis of their body language is done by the DMT practitioners focusing on different movement notations and analysis theories. Some of them include the works by Rudolph Laban, Judith Kestenberg, Irmgard Bartenieff, Warren Lamb, etc. Some of the other techniques in movement centered approach include: Grounding, Mirroring, Proprioception, Catharsis, Sublimation, Holding and containing, to name a few.

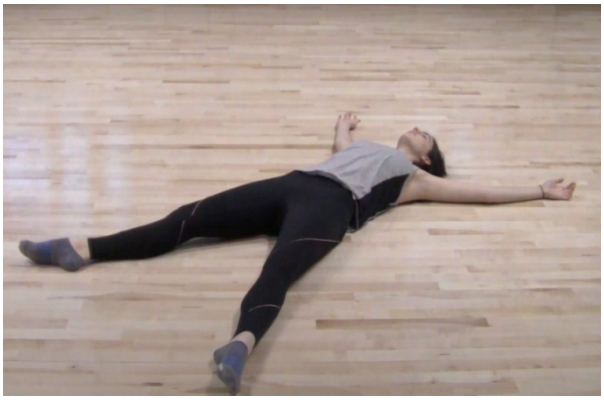
3.2.1 Grounding

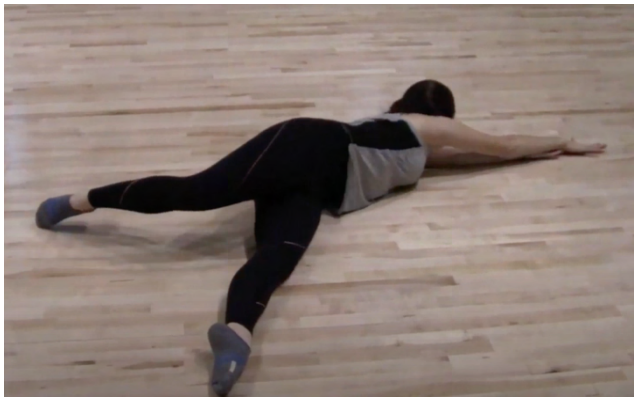
Grounding is a common method used by DMT and psychotherapists to regularize the connection between body and mind. The method is used to re-orient the client to the present from distracting thoughts. Suggestions as simple as picking things you see in the room, and listing the sounds you hear come under the grounding technique. Intrusive thoughts about the past are being

[100] "Four fundamental themes determine practical methods that indicate the integral of body-oriented interventions to produce a therapeutic effect are by a) enhancing awareness of mind and body connection, b) improving mobility and variety of movement, c) creating healthy physical relationships with oneself and others, and d) building new relationships with enacting movements (Levine & Land, 2015; Martinec, 2018)." (134).

smoothed using the technique to get the attention back, often with the use of sensory stimulation using grounding statements. The premise is that emotional understanding rooted in the body finds its expression in the way one carries themselves physically and in the emotional encounters within the surrounding environment (Engelhard et al 1). The concept was first developed by Lowen.[101]

> "*The process is intensive because, by using a grounding approach, the therapists tend to recreate the same physical and emotional conditions the patient experienced when the trauma began. Mental thoughts, verbal expressions, and body-related experiences are used in a combined fashion. The clients could, for example, be asked to lie down on the ground as they did in childhood, to wander in the room and express their feelings during the walk, or to vocalize with pre-verbal utterances the psychophysical sensations that therapeutic hand-on messages have made emerge. To repeat, these techniques are mainly used to make the patients emotionally regress to the specific moment of their past, because, in this way, the client may discharge the old memories and form new ones from the experience just-lived* (Rispoli, 2008; Ottoboni and Iacono, 2013)." (qtd. in Ottoboni 3).





[101] As quoted by Engelhard and others, "*Body psychotherapists and dance movement therapists invite the patient to deepen awareness of this psycho-physical experience through movement interventions that support balance and stability, and deepen awareness of sensation and organ placement in relation to the other and to space* (de Tord and Bräuninger, 2015)." (Ibid 2).

Fig 3.10, 3.11, 3.12 : Grounding techniques demonstrated by Elizebeth Frischling (“Grounding Techniques” 00:00:51 - 00:01:32)

When delving into the practice of grounding, the focus transitions from cognitive self-awareness to a recognition of bodily sensations, shifting attention inwards towards an increased receptiveness of sensory encounters aligns the individual with the genuine experience of the present moment (Sackandy 16). Fig 3.10, 3.11, 3.12: Grounding techniques demonstrated by Elizebeth Frischling (“Grounding Techniques” 00:00:51 - 00:01:32) Engaging in grounding within DMT aids in securing and steadying clients, fostering a link between them and their tangible physical and mental existence (De Tord and Bräuninger 21).

3.2.2 Mirroring

Mirroring technique is naturally realized as mimicking one movement patterns introduced by Janet Adler. However, the technique encapsulates a deeper understanding where the therapist analyzes the client’s movement vocabulary with posture and emotional emphasis, where the imitation is not just of the motor movement. “Mirroring involves imitation by the therapist of

movements, emotions, or intentions implied by a client's movement, and is commonly practiced in order to enhance empathy of the therapist for the client." (McGarry and Russo 178). [102]

Fig 3.13: Mirroring in a DMT session. Courtesy: ADTA

"Modalities of interpersonal mirroring in dance therapy			
No.	*Modality*	*Characteristics of movement and affect regulation*	*Development of mentalization*
l	*Initiation*	*The ability to initiate, continue, and terminate movement/attention processes (gazing toward something, keeping it in view, diverting one's gaze). Primary self-efficacy and prerequisites for regulation.*	*Discovering contingency, self-discovery, causal thinking.*
2	*Medial/oceni c mirroring*	*Totally simultaneous movement between partners or play with controllable objects. Enables interpersonal transcendence, or it is a sign of merging and a lack of differentiation between self and others, or a sign of non-personal. Perception of people as inanimate objects.*	*"Perfect" contingency, self-exploration, taking control.*

[102] *"In the process of mirroring exercise, individuals often feel difficulty creating a movement because of the defense mechanism they created and the fear-freeze response of trauma. Nevertheless, they enhance self-awareness while reenacting movement deliberately and completing the story of a traumatic experience with desired outcomes. The therapist embodies self-awareness by reflecting on the movement originated by the client and strengthening the physical potential to improve self- empowerment and resilience."* (Mintarsih and Azizah 134). "

3	*Concordant mirroring*		
3a	*Modal mirroring*	*Mirroring in the literal sense, egocentric, along a common axis of movement. Affect attunement. Learning from others, and a sense of agency.*	*High-level but not perfect contingency, exploration of the social world.*
3b	*Cross-modal mirroring*	*Dynamic/shape is mirrored by voice, another expressive medium, or another body part. Facilitation of exploration.*	*Medium-level contingency, exploring the environment.*
3c	*Parallel mirroring*	*Side by side = solidarity, one behind the other = support or leading and following. Joint attention toward a third entity. Shared interest. Social referencing.*	*Joint attention, teleological/goal -oriented thought.*
3d	*Counter movement*	*Anti-phasic coordination of cyclic movements, for example, open–close versus close–open, up–down versus down–up. Precursor of intersubjectivity, alter-centric versus egocentric, each participant has their own axis of movement.*	*Perspective taking, differentiation of perspectives.*
4	*Deferred imitation*	*Deferred imitation, retention and recall of movement, memory development, identification processes. Replacing one object with another in the repetition of a situation marks the beginning of symbolization and the pretend modality.*	*Intentional thought, symbolization*
5	*Contrasting-*	*The main intention of the movement is reversed, for example, speed: quick versus slow, shape: round versus jagged, direction: up versus down, etc. Ambivalent: doing the opposite serves differentiation, while the common theme/friction serves connection.*	*Conceptual thought, for example, opposites, directions, positions, forms, intentional thought II*

			differentiation of self/others beliefs
6	*Variation*	*Simultaneously maintaining contact and serving individuation and expansion of abilities. Self-regulation of effects through "tuning" the dynamic/forms of movement. Adaptation to various situations.*	*Adaptivity, representational thought*
6a	*Marked variation*	*Differentiation of one's own and others affects. Regulation of arousal through mild and possibly humorous exaggeration, and containment. Externalization of effects in play or artistic activity, uncoupled from the consequences of reality.*	*Representational thought, pretend play with mental elements (feelings, intentions, and beliefs)*
7	*Complementary interaction*	*The partner's roles are interdependent and constitute one another, for example, the carrier & the carried, the hunter & the hunted, the protector & the protected, the victim & the perpetrator, etc. Integration of reality and fantasy, self/others abilities, regulation of other people's effects (comforting, provoking, etc.)*	*Complete representations and theory of mind, understanding deception. Reflecting mode of thought."(282)*

Fig 3.14: Mirroring taxonomy of Eberhard-Kaechele (2012)." (282-3)

3.2.3 Holding and containment

The concept of holding and containment theory encompasses the therapist's endeavor to establish an emotionally nurturing and supportive environment that acknowledges and embraces the client, this environment also serves as a vessel to contain emerging emotions and dynamics, with the goal of enabling the client to openly explore and express feelings that might be deemed too distressing or embarrassing to share with others (Finlay). This progression facilitates the client's acquisition of coping mechanisms for dealing with detrimental, overpowering, or potentially volatile emotions. The methodology is often equated to the concept of how a mother is caring for a child. The theory was proposed by Winnicott (1953),[103] about the holding environment in psychotherapy. “Certain aspects of providing a holding environment have now been considered essential in the context of this therapeutic potential, and they are almost universally expected when creating such a space as they encompass holding the patient with an impartial positive disposition, temporarily setting aside typical anticipations of social exchanges, acknowledging the patient's self as legitimate and esteemed, and recognizing the individual's experiences as inherently valid and significant.” (Baum).

> *“The core purpose of “holding” is to allow the child to be completely unconscious of his requirement for a separate individual: “It is axiomatic in these matters of maternal care of the holding variety that when things go well the infant has no means of knowing what is being properly provided and what is being prevented.” (Winnicott, 1960, p.52).* [104]

[103] “Holding, for Winnicott, is an ontological concept that he uses to explore the specific qualities of the experience of being alive at different developmental stages as well as the changing intrapsychic-interpersonal means by which the sense of continuity of being is sustained over time.” (Ogden 1350).

[104]“Bion’s theory of containing originates from the idea that the infant projects into its mother feelings that are upsetting, fearsome, painful, or in some other fashion, intolerable. The mother, in turn feels the emotion herself and is able not to react to it but instead to contain it and give the child back the feeling in an adapted and contained form to the infant, so the child can repossess it and reintegrate the emotion as its own.” (“Holding and Containing”)

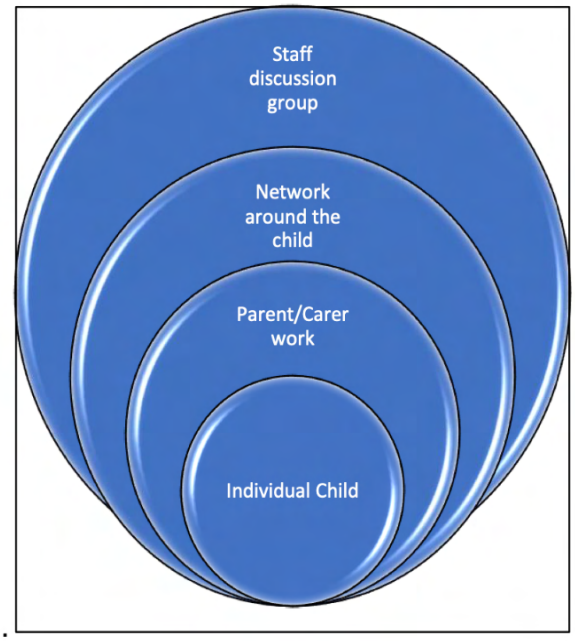


Fig. 3.15: *Concentric Circles of containment model (McLoughlin, 2010)* (qtd. in Baker 31).

*"McLoughlin (2010) presents an approach for those working with children in care that is depicted as concentric circles of containment, using an example of a working model in a Pupil Referral Unit-" (*Baker 31*).*

Fig. 3.16: Images of holding and containment in a DMT session. Courtesy: CMTAI

Whereas the concept of containment[105] is from Jungian philosophy "idea that the therapy process can be likened to an alchemical container in which the 'chemicals' are the thoughts and feelings of both patient and analyst which have to be held safely." (Finlay). "From a bioenergetic perspective, the therapist's space is an extension of her or his body. It is designed to contain, meaning to cradle, and to sustain, strong and deep emotional experiences of self.*"* (Baum). In DMT, group sessions where the clients form a circle is the most effective way for holding and containment as a give-and-take format.

3.2.4 Kinesthetic empathy

DMT practitioners use emotional empathy while working with their clients, majorly by complimenting and recognizing their emotional upheavals and empathizing with them. The process of kinesthetic empathy was named by Miriam Roskin. As quoted by Sampat, "Kinesthetic empathy can be viewed and understood as the embodied experience of participatory knowing, the felt sense of reciprocity, the somatic resonance vibrating between and within the bodies, and establishing connections between bodies (Burns, 2011)." ("When the Body Feels"). Mirroring and witnessing are a few techniques related to enhancing kinesthetic empathy. "The cognitive dimension of empathy are the thoughts that come along with empathy, such as the labeling of emotions and the inference of others' mental condition." (Corsello).

> *"Empathy here does not imply the first definition given by Webster's New College Dictionary, "an imaginative projection of a subjective state into an object so that the object appears to be infused with it," but the second, "the capacity for participation in another's*

[105] "The 'contained', like the container, is not a static thing, but a living process that in health is continuously expanding and changing. The term refers to thoughts (in the broadest sense of the word) and feelings that are in the process of being derived from one's lived emotional experience. While conscious and preconscious thoughts and feelings constitute aspects of the contained, Bion's notion of the contained places primary emphasis on unconscious thoughts."(Ogden 1357).

> *feelings or ideas." Webster defines kinesthesia, from the Greek, kinetin, "to move," plus aesthesis, "perception", as "a sense mediated by end organs located in muscles, tendons, and joints and stimulated by bodily movement and tensions. Also sensory experience derived from this sense". Putting the two terms together, kinesthetic empathy would mean the capacity to participate in another's movement or another's sensory experience of movement. As such, kinesthetic empathy is a mode of apprehending kinetic qualitie*s (Sklar, 1994, p. 15)."(Gonza´lez 97)

Therefore, when considering kinesthetic empathy in interactions, which entails both connecting with one's own sensed encounters and simultaneously engaging with another person, it necessitates a shifting focus between internal and external stimuli. (Aposhyan, 1999, as cited in Burns, 2011, p. 41)." (Sampat).

3.2.5 Breathing

Breathing techniques in DMT involve intentional and conscious manipulation of the breath patterns during movements either rhythmically or with the guided imagery technique. The technique is completely client0 centric and tailored according to each client. "According to Lewis (1979), the most basic area of treatment and diagnosis in D/MT is the flow of an individual's breathing. She divides the importance of breath into three factors:

1. Breathing is innately important because it is the primary indicator of Ufe.
2. It is the most fundamental behavioral reaction to emotion. Specifically, anger, anxiety, and sadness are all reflected in the rate of breathing.
3. Because of factors 1 and 2- breathing is considered to be a major factor in assisting clients return to normal states of functioning." (qtd. in Lundy 31).

3.2.6 Chacian Circle

The technique is formulated by Marian Chace as a communal dancing environment wherein the therapist and group participants collectively mimic each other's movements, rhythms, and bodily stances (Federman 140). “Circle formation can include the following elements: mirroring, echoing of emotional states, containment and holding and physical contact (touch) through holding hands. Furthermore, factors promoted by movement in circular group formations which contribute to symptom improvement are social relations and connectedness, solidarity and increased Global value, learning from each other, being part of the group, and vitality.” (Panhofer and Karampoula 29).

Basic elements of the circle found in DMT literature	Therapeutic factors in group psychotherapy Foulkes (1964) and Bion (1962)	Therapeutic factors in group psychotherapy Yalom and Leszcz (2005)	Healing processes in DMT groups. Schmais (1985)
Mirroring-echoing of emotional states Container-Holding	It creates the “mirror reaction”. Bion's (1962) concept of the “container/ contained”	Imitative behaviour	
Physical contact-touch-holding hands Social relations-connectedness Solidarity-Global Values	Fosters social integration and relieves isolation Activates the collective unconscious or condenser phenomena	Development of socialisation techniques Universality	Integration
Learning from each other Be part of the group Vitality effect	Promotes exchange	Interpersonal learning Group cohesiveness Installation of hope	Education Cohesion Vitalisation

Fig. 3.17: Depiction of Chacian circle. Courtesy: Dance to heal

Fig. 3.18: “Comparison of elements found in Chacian circle and group therapeutic factors.” (Panhofer and Karampoula 30)

3.2.7 Empathic attunement

Empathic attunement was first discussed by Kestenberg and later Siegel has developed the theory of attachment and attunement from infancy.[106] Hence, kinesthetic attunement replicates a significant psychological developmental stage akin to nonverbal synchronization experienced during infancy, this early phase shapes a person's initial perceptions, becoming the fundamental means through which individuals develop their comprehension of themselves and others (Behrends, Müeller & Dziobek, 2016) (Jerak et al 56).

> *Attachment refers to the quality of the lasting emotional bonds that develop between family members, especially parents, and children, as the caretakers respond to and help soothe the very young child’s physically-felt distress. While attachment refers to generalized patterns of physical interactions that parents and their children develop to address their*

[106] “Carl Rogers (1975), an active promoter of the joining technique, states that the empathic process requires two steps: The therapist must experience as if she were the client, The therapist must communicate her sense of that experience.*”* (qtd. in. Lundy 32).

> *distress/soothing over a long period of time, attunement refers to the interactive movement over very short periods of the experience of a present moment (about ten seconds).* (Harvey 161).

"Vitality is ideally suited to be the subject of attunements, because it is composed of the amodal qualities of intensity and time and because it resides in virtually any behavior one can perform and thus provide a continuously present (though changing) subject for attunement." (Lauffenburger 5). These theoretical constructs based on body-mind continuum stand as the basic rationale of DMT practices.

3.2.8 Laban Movement Analysis

Coding and documenting movement systems started from symbolic representations and notational records. An early recording of court dances called as "Feuillet notation" was one such where the progression of steps was notated, and the positioning of the dance was captured with details. However, detailing each movement to record the patterning of each body part and its configurations was not a part of the notation system until a recent time. Fully functional dance and movement notation systems, such as Benesh (Benesh and Benesh 1969), Eshkol-Wachman (Eshkol and Wachman 1958), and Labanotation[107] (Laban 1928), were not developed until the twentieth century (Moore and Yamamoto 7). Laban Movement Analysis is divided into four major parts:

1. Body- What all parts do we use in a movement, and how is it related?

[107] "As a theorist, Laban was one of the first individuals to conceive human movement as a *psychophysical* phenomenon of enormous social and cultural significance." (Lynne preface).

2. Effort- How is the movement done, what are the qualities of the movement? This is divided into four factors: space (direct/indirect), weight (strong/light), time (quick/sustained), and flow (bound/free)
3. Space- How is the space around the bodies used, and where and how is the movement happening?
4. Shape- what is the shape of the movement, and why is it that way? Why is the body moving in shape?

Bales in detail talks about the components of LMA ("Body, Effort, and Space"):

> *Body level attention revolves around proprioceptive capacities or sensing certain parts, and being aware of the weight of the body and flow of movement through the body. In LMA, we talk about initiation and sequencing: where on or in the body does the movement start and how does it progress through the body? Sequencing may be simultaneous (all parts moving at once) or successive (part by part). Effort study revolves around the qualitative and expressive layer of movement, or the dynamics. Qualities of movement connect to the attitudes, moods, and emotions of the mover. Descriptive language reveals the Effort layer: adjectives (soft, smooth), adverbs (lazily, hurriedly), and some verbs (wring, chop, stroke).(127)*

These are further divided into different spectrum and permutation and combinations of these components make different patterns of notation and analysis. "A logistic regression analysis of these ratings yielded sets of Laban movement components which elicited feelings of anger, fear, sadness, or happiness: Anger was elicited by strong, sudden, advancing, or direct movements. Fear was elicited by retreating, condensing, enclosing, binding, or moving back. Sadness was elicited

by passive weight, bringing the arms to the upper body (chest, shoulder or face), sinking, or dropping the head. Happiness was elicited by jumping, rising, spreading, and free, light, upward, or rhythmic movements." (Tsachor and Shafir 3). Apart from analyzing and notating a movement, LMA is also widely used in emotional resilience on the basis of how a client chooses a particular movement for expression. Tsachor and Shafir "suggest three LMA theories to support the gradual process of transformation as

A) "The developmental progression of movement components suggests the order of introducing new elements for expanding the movement range.

B) Laban's theory of affinities of Effort, Space, and Shape can facilitate motor learning of new components.

C) Laban's theory of the progressive shift between movement components can structure the movement change so it is more organic and less abrupt." (3)

LMA in DMT:

LMA is a way to manifest the client's movements by parametrically documenting and understanding the movement patterns. The effects of an embodied, movement-based experience within dance/movement therapy sessions extends past an individual's emotional distress to their physiology and behaviors, by utilizing body movement to explore an individual's inspirational thoughts, emotions, therapy goals, and current/desired physical behaviors to promote therapeutic change. (Shim et. al, 2017). Interweaving the observational level and using LMA parameters help the therapist to systematically explore the nonverbal cues hidden in their behavior. Succinctly empathizing with the client, and understanding their movement patterns is of paramount importance in DMT. Notating their movement behavior through LMA is much more clarifying than by coding the movement vocabulary through explanations and notes. Analyzing a movement

through LMA helps to observe and assess the level of their activity by choosing the right nomenclature and how to modulate them to a different level. The assessment patterning of LMA is also useful to attune them to a wider vocabulary of expression through movement. Laban Movement Analyst and Dance movement therapist Emilya D'annunzio explains her personal experience in using LMA in her therapy sessions:

> *"While in one of my morning DMT groups where we focus on meditation, deep breathing, and stretching, I had a profound experience with a client relating to one of Irmgard Bartenieff's (1980) Fundamental Exercises, Femoral Flexion. When I first started my job, this client was in a wheelchair due to complications from Seizure Disorder and Essential Tremors (I haven't gotten my hands on a DSM V yet, so I apologize if those diagnoses are dated). Since being at my job, he has transitioned from using a wheelchair to using a walker for mobilization. Well in this specific DMT group, this client walked into the room with his walker and proceeded to sit in the chair. Nothing out of the ordinary. After my initial attendance taking and setting up of yoga mats, the client proceeded to stand up and, without his walker, walked to a mat. He then proceeded to kneel down and lay down on a mat. My mouth was ajar in amazement. Next, the client asked me if I could assist him with stretching his legs. Of course, I could! I noticed that the client leg was already lifted, and in the lift of his leg, his heel-sitz bone connection was broken. "Pre-thigh lift!" I thought. And that's exactly what I helped him explore while in the group. I also used an assisted heel rock to introduce some free flow in his lower body. While in the group, I was able to honor my client's request, see where my client was at a movement level, assess what might help my client, and implement an informed intervention choice. I wasn't fumbling around,*

trying to think about my three credit Observation and Assessment course where we briefly discussed pre-thigh lift… that one time… in class… for half an hour…" (D'Annunzio).

Through the utilization of Laban Movement Analysis (LMA) and the Bartenieff Fundamentals (BF), a Dance Movement Therapist can closely examine, evaluate, and record prevailing movement patterns. These insights are applicable regardless of the setting or purpose of the movement. Such non-verbal data unlocks numerous possibilities: building attunement and therapeutic connections, conveying comprehension and approval, and devising and executing well-suited interventions (Laufenberg). Sensing the client's movement qualities helps the therapist to start an opening with more wider interpretations later. For instance, the speed of the movement, such as abrupt/ leisure movements may indicate their experience of time, which uses LMA's effort time. In regards to the effort weight, the physicality of their body in relation to their gravitational inputs can be idealized according to how heavily or delicately they approach their movements. Rigidity/fluidity and the control they have on their parts helps in assessing their feelings on the control where Laban's flow is used. Fixating point in space while movement, coordinating their focus on spatial configurations, etc., may indicate their response to LMA's effort space while moving towards themselves, or moving away in the space may indicate their idea of safe space or longing to have closeness which is described as LMA's kinesphere. LMA's body breath and shape are also widely used by DMT practitioners to assess their emotional state based on whether it is rhythmic, peaceful or communicating through holding up or throwing out. "Noticing from where and how an individual initiates movement and how they follow the movement through is important for the dance/movement therapist to recognize, as possible dysfunctional or maladaptive movement patterns may have resulted from the pain experience." (Hughes 30).

3.2.9 Kestenberg Movement Profile

KMP is a profiling system using 9 diagrams in order to notate the movement patterns of the client. “These nine diagrams are actually broken into two “systems.” System I document what was originally called “tension flow patterns” and System II, “shape flow patterns”. Amighi (1999, p. 13) reports that System I “gives a movement portrait of needs, feelings and temperament, defenses, and coping strategies”, while System II reflects “self-feelings, responses to stimuli in the environment, uses of designs in space, use of directional movements and complex relationships with others”. In Laban Movement Analysis terms, we would say that the adult movement qualities of Effort would fall into System I and Shape into System II.” (Lauffenburger 2).

All these movement-based techniques and theories provide a basic structure to the DMT sessions; however, a session is completely client-centered based on their goals which are set in the beginning of the approach itself. Apart from the psychotherapeutic techniques, these body-mind relational approaches stand as a base for further elucidation of DMT principles among different client groups accordingly.

3.3 Structure of DMT

Zafari and others in their research quote Stanton Jones and Wengrower, three stages of professional focus in DMT movement techniques.[108] Lastly, there is the area of movement analysis

[108] “The first stage of focus is the mutual influence between body, motion, and emotion. The second stage involves the use of words, which reveal the information “held” in the form of the body and in its movement; as a result of integrating psychological theories into DMT, it is possible to relate to the existing connections between form and information (Stanton-Jones, 1992; Wengrower, 2009).

and observation models, which allow therapists to relate to the implicit and explicit information in an objective manner." (Shalem-Zafari and Grosu 665-6). [109]

3.3.1 General outline of a therapy session

Part of Session	*Stages of Session Development*	*How Touch was Used*	*Part(s) of Body Touched Most Often*
1	Warm-up: Relaxing the body and awareness of the body	Stretching alone to gain self awareness; Stretching together to support each other	Hand-hand, arms, wrist, legs, toes; Hand-hand, arm, back
2	Development: Activating body with rhythmic movement	For interaction: Rhythmically shaking or holding hands or patting the shoulders and backs of others	Hand-hand, shoulder, back
3	Short break: Refreshing self with drinks, chatting with others, caring for personal concerns	Not specified	Not specified
4	Closure: Communicating through movement in dyads	From helping or sustaining a partner's movement to helping or sustaining each other	Hand-back
5	Sharing: Verbalizing	Not specified	Not specified

Fig. 3.19: Outline of a DMT session (Sakiyama and Koch 91).

3.4 Practice-Based Approach

As we have already discussed, the methodology of approach differs among each DMT practitioner. Apart from the psychotherapeutic and kinetic approaches, many practitioners apply the combination of these or the application of systematic dance styles into their area of expression. Even though structured improvisation is an inevitable part of a few dance styles, expressionism

[109] "The DMT is trained in movement analysis, and is able to study a client's movements, and extract and imitate particular movement qualities. At the finest level, the client may be unaware that imitation is occurring, and at its most obvious level, exact movements are imitated or movement themes are exaggerated. The end result is an enhanced degree of somatic and emotional understanding in the therapist for the client. The client may also be encouraged to engage in mirroring for the purpose of enhancing empathy in the client for others." (McGarry and Russo 178).

without bordering on the style is practically applied by many practitioners. While employing ballet techniques or modern dance styles is a part of these, using folk dances, ritual dances or religious dances with ethnic flavor is also worked on. In India, several classical dance forms and folk forms seem to be entwined in an application for the practice-based approach in DMT. Even though such interventions lack the empirical clarity and scientific suggestions, it is inevitable to consider that dance has been used therapeutically for many years. However, using the psychotherapeutic principles, coagulating the mind-body nexus, the expressive mechanism of the process can be utilized using the dance in the cultural context. Most used principles in DMT, such as the Chacian circle, are equated to the circular dance patterns prevalent in the ritualistic dance forms, which forms a layer of connection between the cultural flavor in which the client is being brought up. For instance, the usage of props in the sessions as part of grounding their emotions is usually paired with culturally significant replacements in a practice-based approach. The usage of music also varied according to the client's choice and region.

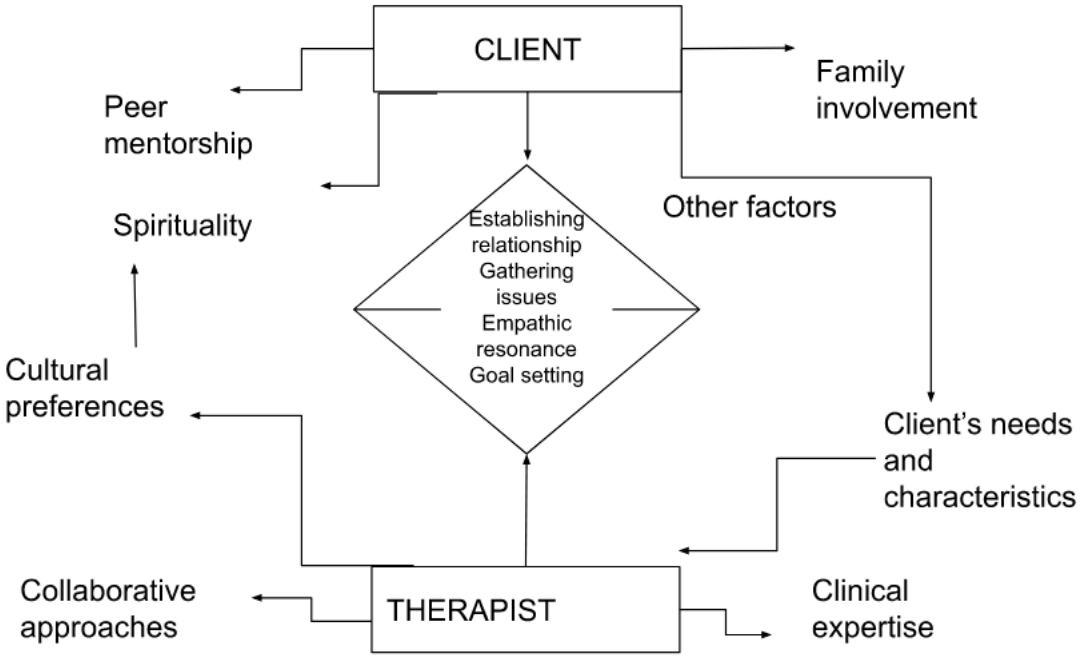


Fig. 3.20: Client- therapist relationship in DMT

Practice based aspect may have its root in many styles and sources or an amalgamation of two or more forms. This representation of using somatic and therapeutic techniques by combining certain styles to have a connection with the client is influenced by many other factors too. Based on the practitioner's background of study or the dance form, movement patterns, and sequences are imbibed during improvisations, and the aesthetic expression is given more importance along with emotional resilience. Reflecting on what the source demands along with establishing a possibility to use musicality and technical nuances of the form, dwelling on the movement in form is focussed in practice-based DMT. Movement principles are used across techniques without calling them into one specific genre of dance with movement efficiency. Progressively aiding the client with more movement patterns, usually picked from a folk form or ritualistic form, cannot be avoided here. Teaching the actual repertoire of the form is not a matter of consideration while

picking elements from the repertoire which support the therapeutic utility of DMT is established. Articulation and fluidity of the approach is mostly based on the expertise of the practitioner creating her own structure and module of approach in a therapy session. However, this is still different from therapeutic dance as the psychotherapeutic principles are worked on rather than focussing on the form and source. Here the style is just an icebreaker to establish the rapport between the client and to engage the sessions interestingly. Whereas therapeutic dance focuses on using technicalities of the form in such a way to enhance their emotional or physical well-being, which is more structured. Movement mechanisms in practice based DMT are used not only in anatomical structures but also in body awareness and changing the body tones. Bales talks about how practice-based approaches using modern dance or post- modern dance using Laban's techniques:

> *"When presenting or coaching an exercise or sequence, the modern or postmodern teacher has the opportunity to isolate and work through B, E, or S. Someone who wants the upper body off-center or curved over the lower body while the dancer is moving through space could try using B (describe or demonstrate the shape of the upper body) or S (bring attention to the spatial intent of the top of the head while continuing to sense the pelvis connected to the floor). Sometimes a qualifying adjective will help, as in "trace a smooth circle" or "freely toss your head."* ("Body, Effort, and Space")

3.5 History of Dance Movement Therapy

Before dwelling on the introduction to DMT, it's important to discuss the establishment of Modern dancing in the West, which opened a new perspective on how to conceive the purpose and definition of Dance in a World scenario. The history and evolution of Dance Movement Therapy have to be observed in two distinct yet connective ways. One is through the psychotherapeutic

approach in the psychological system of a theoretical construct, the other is its evolution in the movement modality, which started with the establishment of Modern Dance in the United States. The fig. given below is formulated by the researcher from the insights gained from the interviews conducted and the works by Bonnie Meekums.

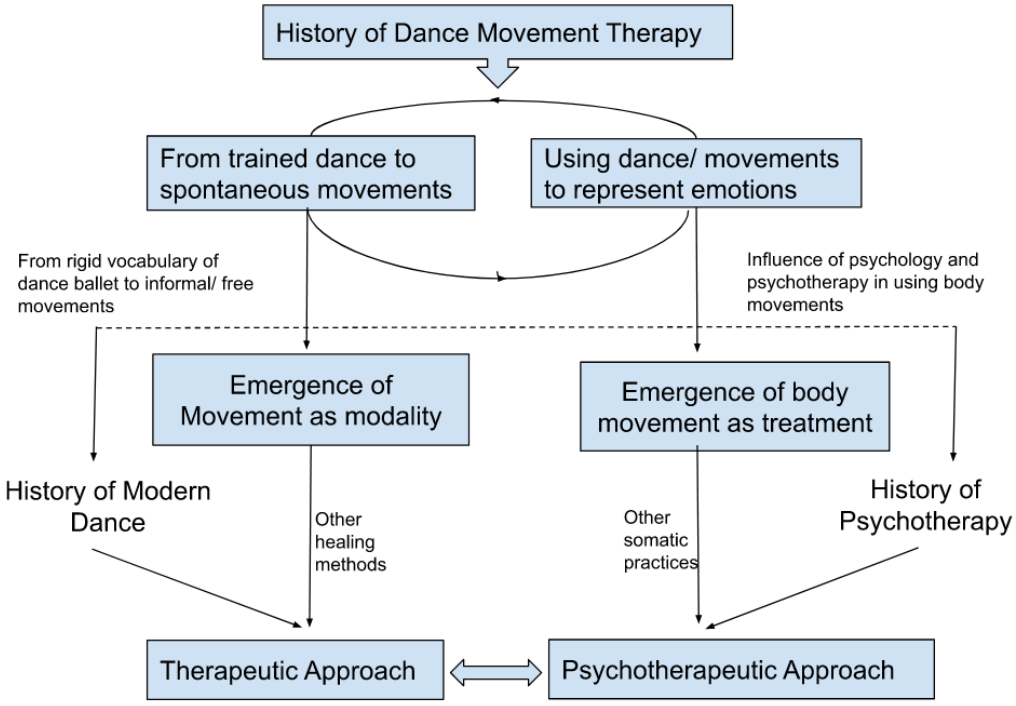


Fig. 3.21: Flowchart depicting the history of DMT

Ballet, Modern Dance, and DMT:

History of DMT traces back to the establishment of Modern Dance in the US during the 19th Century. The establishment of Modern Dance acts as a precursor to the Dance Therapy movement that progressed in the West. Trained dances like ballets were the only recognized dance form in the American and European continents. Ballet is a form of dance that originated in the Italian courts during the period of 15th Century, which witnessed a transition from what is called

the Middle Ages to the modern period. This was a period of cultural revival where ballet was one of the salient features of aristocratic weddings, where celebrations included lavish dance, music, and other arts as entertainment. Later ballet travelled from Italy to France with the assistance of Catherine De' Medici. The dancing style of the period has choreographies adapted from court dances, where tutus, ballet slippers, and pointe were not used, showing the structurality of the form. Most of the costumes covered legs to ankles, and by the end of the performance, the audience joined the dance. The choreographies, ideas, literature and presentation focused on the court as it was the royal money that flowed into the dancing primarily as part of entertaining the royal guests. Later a distinct type of ballet was developed during this period, Ballet d' Entree by independent groups that focussed on common themes and common characters, although by hired nobles. Revisiting the history of ballet at this period, another essential staged dance was Ballet Comique de la Reine, commissioned by Catherine, collaborating with Balthasar de Beaujoyeulx. This was the first production to have a storyline that integrated dance, music, poetry, and other technicalities like stage design and lighting. Till then, ballet was under aristocratic influence, focusing on their own personal needs and entertainments rather than an approach towards the artistic domain. The reestablishment of Opera as Academie Royale de Musique, in 1669 opened the door for the establishment of other professional ballet troupes and ballet was considered as an independent art form and spread to other parts of Europe.

By the 18th Century, during the period of Industrialisation, the middle class was also introduced to the idea of the proscenium stage. It was during this period that the technical standards of ballet got a hike, and ballet became a widely accepted dramatic experience alongside Musical Operas. The period also witnessed the brilliance of Jean Georges Noverre's describing a new ballet genre called the "Ballet d'action". This was a revolutionary paradigm in ballet history which made

ballet and its content more relatable to the common man. The common man replaced Gods as characters, with movements of dancers expressing certain characters, and the plot was more of a narrative style with a storyline, giving more importance to the emotional characteristics. The ballet was divided into three formal techniques- Dance Noble, Demi Caraitre, and Comique. As the name suggests, Dance Noble dealt with noble characters in the plot, Demi Caraitre explored common narrative themes, and Comique talked on humorous plots. Gaining popularity, the ballet was also introduced in operas as interludes called divertissements. Because of the influence of these ballerinas, by the 19th Century, ballet became the most popular dance form in Europe, with ballerinas becoming the star performers. This was evident when the men portrayed women characters with masks to gain attention and acceptance. It was during the 19th C that romanticism was getting established in Europe. The Romantic period saw the rise of the middle class, and the artists used themes praising emotions and passions. The two important aspects of the Romantic period were the interest in the exotic aspects of the world, which was due to the daily stress associated with the middle class, and the fascination towards the nonrational characters and plots. Such plots surfaced as an escape to a dream world, forgetting the perks of the Industrial Revolution and its agony. A significant change was seen in the costumes as the ballerinas wore bell-shaped dresses with cap sleeves and long skirts, which came to be known as Romantic Tutu. No stiffened shoes were used while ballerinas danced at the toes. These changes in the costume supported the characters that they portrayed, mainly giving ghostiness or other supernatural effects. The stage direction and technique were changed in such a way to support such nocturnal scenes with gas lighting, lowering the lights, changing the curtains in between, etc.

The technicalities of ballet history had a sudden shift demanding a proper training system and pedagogy for ballet. Ballet gained its ever-high popularity in 1841 after the premiere of Giselle

by Adolph Adam for Carlotto Grissi with Perrot and Coralli. Coppelia was the last romantic ballet, and due to the French Persian War, Opera was closed, and ballet was the only established art form. When Westernization was at its peak, ballet traveled to Russia while Taglioni traveled to St. Petersburg. By 1850, due to the war, ballet began to decline in Paris but got developed in Russia. Many countries adopted the Russian version of the ballet. Even today, classical ballet is often used synonymously with Russian ballet, which explains the popularity and acceptance of the Russian form. Orientalism and colonization influenced the ballet plots and techniques, however, in 1907, Russian ballet shifted back to Paris when Diaghlev established a ballet company, "Ballet Russes' ' in Paris with dancers who were exiled from Russia. The plots and characters were retained from Russian folklore and ballet began to expand simultaneously soon ballet started getting established all over the World with new companies formed. After a professional issue with Diaghilev, Fokine went to the United States having a border influence and settled in NYC. The amalgamation of culture was welcomed in America, and a lot of dancers visited to perform there. George Balanchine used American themes in the plot and re-choreographed the classics such as Swan Lake, Romeo and Juliet etc.

By the end of the 18th Century, the civil war broke out and dance was considered as a way to express and emote their stress.[110] This paved the way for the establishment of Neo-Classical Ballet, a style between classical ballet and contemporary ballet, "Apollo " being the first neo classical ballet. Neo classical ballet is the precursor to modern dancing in America. By the 20th Century, a new style of dancing emerged which was a rebellion against the rigid ballet techniques. Modern dancing emerged as a tool to express social-economic inequalities and to emote through

[110] As quoted by Levy, "Modern dance replaced the fading content of Western dance with certain key notions: spontaneity, the authenticity of individual expression, awareness of the body, and themes that stressed a whole range of feelings and relationships. The great pioneers of its early years personified themes of human conflict, despair, frustration, and social crisis. Frequently the choreography of the modern dancer crystalized into the age-old form of ritual. Such key innovations led directly to the scene of dance therapy." (Bartenieff 246).

free and fluid movements without sticking to a trained technique. Modern dance is said to have acquired certain elements from gymnastics and free dance with interpretative dance focusing on emotions that naturally emerge from the music without a narrative plot with improvisational languid movements. As an approach towards freedom of movement and free dance, the pointe shoes and corsets were discarded along with the formulated ballet techniques. The pioneers of the movement include Isadora Duncan, Louis Fuller, Ted Shawn, Ruth St. Denis etc. The next generations of modern dancers, such as Martha Graham, Doris Humphrey, Charles Weidman, Katherine Dunham, etc., developed their own styles and systems. Merce Cunningham, Pearl Primus, Paul Taylor etc. focused on abstractionism as their approach to expressive dancing.

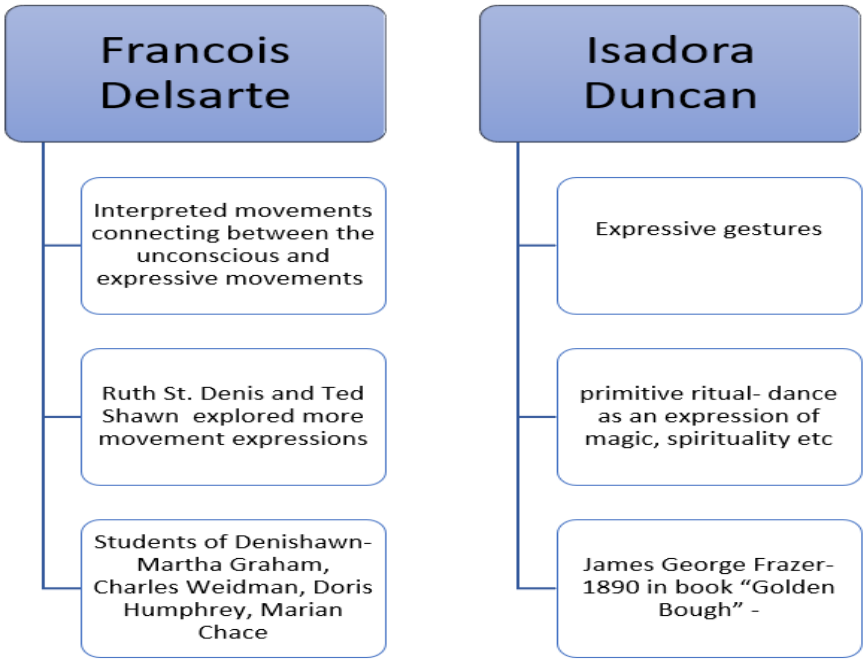


Fig. 3.22: Impact of modern dance in the growth of DMT

Thus, a movement paradigm surfaced during this period which influenced the history of DMT. Considering the timeline, other psychoanalytical thoughts also surfaced during the 1930s

and 40s. The work of Freud, Adler, Jung and other psychoanalysts have influenced the evolution of DMT to a great extent. The concept of unconscious, self-realization and reflection set an innovative trend among the modern dancers and verbalization of these actions through movements started getting popularized. Carl Gustav Jung introduced dance as a form of psychotherapy in 1916 and he wrote a paper that suggested expressive body movement is one of numerous ways to give form to the unconscious, as an extension of Freud's theories. It was during 1930 that Reich proposed the Body's role in psychological health.[111] Mary Whiteman, Marian Chace and other disciples of Martha Graham improvised on this psyche-soma connection that their choreographies were exclusively on self-expression through dance. The psychotherapeutic connection of DMT began then, as these modern dancers improvised their movement preferences and formed the foundation of DMT. Marian Chace was a Denishawn dancer who worked with many patients at St. Elizabeth's Psychiatric Hospital, Washington in 1942. She used expressive movements with psychiatric patients in the hospital and she first called "Dance for Communication " which is a prelude to the DMT movement.

[111] "Orgone therapy (Heller, 2012) was based on Reich's theory that emotional repression is held in the musculature tensions of the body, and that physical manipulation of those tensions may release emotional content. Eugene Gendlin was another major theorist who introduced embodied awareness, or 'felt sense' (Gendlin, 1980, p. 10) as a way to identify implicit knowledge before the mind can completely articulate experience in words." (5).

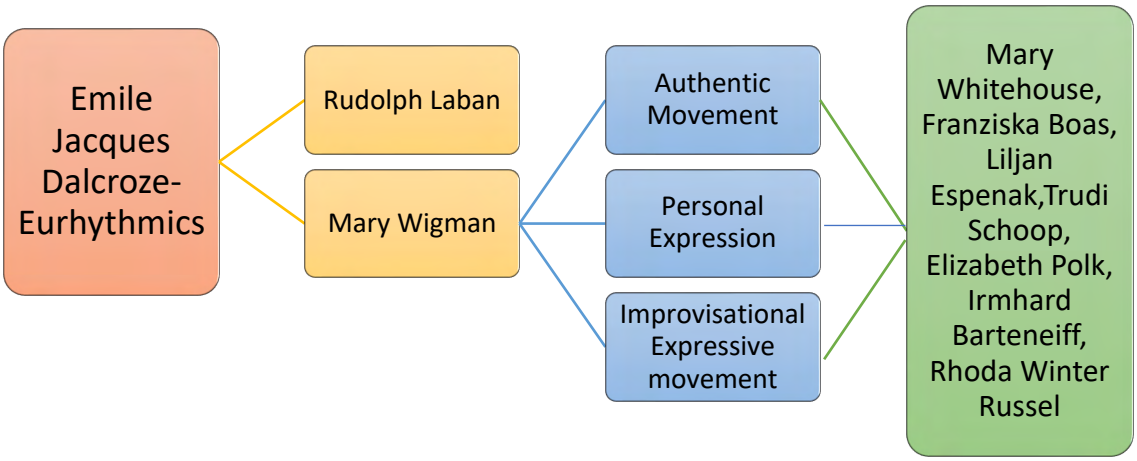


Fig. 3.23: Influence of modern dance in Europe: Contributors in DMT

The first body focussed psychotherapy was introduced by Fritz Perls as the Gestalt Therapy in 1946 which influenced the collaborative theoretical construct of psychotherapy and DMT. Later Trudi Schoop in 1947 built on the foundation of modern dance which is later built upon by each modern dance practitioner as a dance therapy practice. In 1958 Mary Whitehouse used 'moving in depth' which is called an authentic movement, allowing free expression.[112] Later in 1966, by the establishment of the American Dance Therapy Association, a further discipline on DMT emerged as a successor of the modern dance movement collaborating with the existing theories on psychology and psychotherapy.

[112] Sometimes called 'Authentic Movement' or 'Movement-in-Depth,' it involved a process of deep inner listening toward an expressive movement that was spontaneous - unplanned. People generally moved with their eyes closed, or with an inward focus. At first, people were invited simply to immerse in the experience, without the need for reflection. But in time her students learned to yield to the ongoing stream of bodily felt sensations and images, while at the same time bringing the experience into conscious awareness..

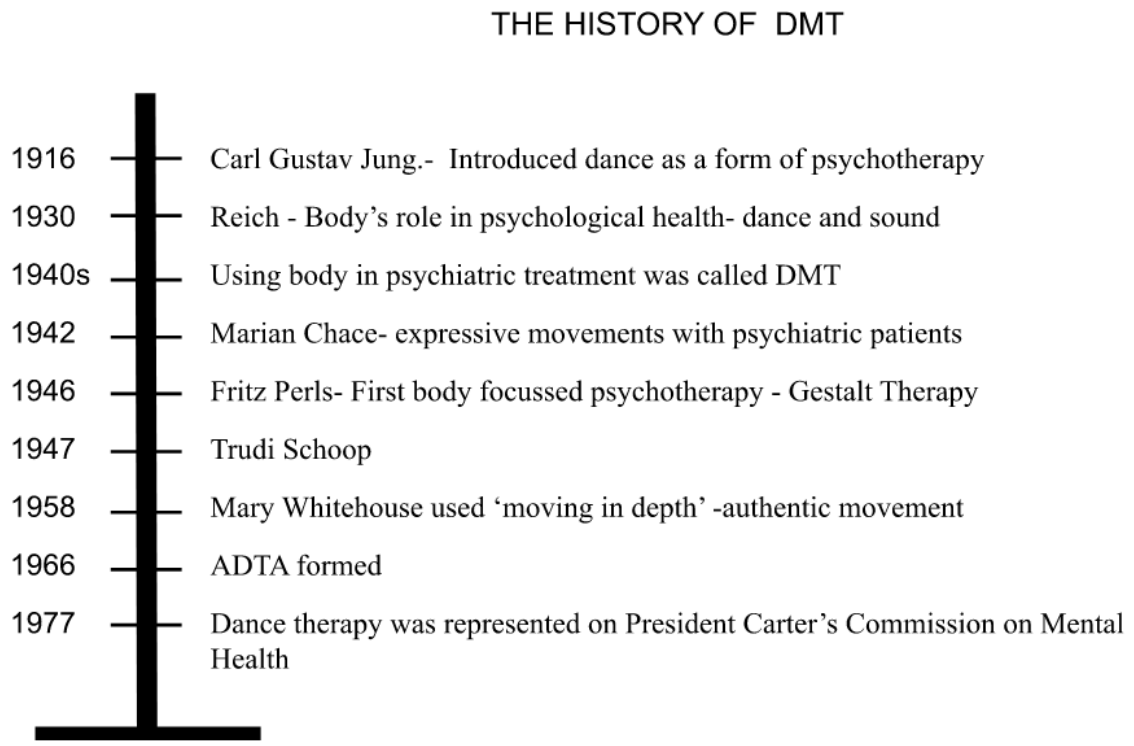


Fig. 3.24: Timeline on the history of DMT.

3.6 Pioneers of DMT

3.6.1 Mary Whitehouse

Whitehouse advances the notion of dance therapy rooted in Jungian psychoanalytic theory, spotlighting five fundamental tenets: Kinesthetic consciousness embodies an internal perception of one's physical self, nurtured, evolved, and fortified through bodily motion; Polarity represents the tendency to apply pressure towards desired pathways while concealing distressing encounters within the recesses of the subconscious, functioning as a defensive mechanism; Active imagination signifies an effort to liberate conscious and unconscious content through a process of relaxation that manifests in spontaneous self-expression; Genuine movement empowers individuals to

engage in bodily gestures that authentically convey emotions or thoughts; Therapeutic rapport and intuition encompass the therapist's aptitude to empower clients to dance or move guided by their discernment and intuitive understanding. (Mintarsih and Azizah 133). [113]

3.6.2 Marian Chace

Marian Chace is one of the pioneers of DMT, who was a dancer and choreographer and a student of DeniShawn technique. Her initiation to therapy started when she employed 'dance for communication' at St Elizabeth's Hospital in where she worked at the psychiatric unit. Chace's objectives for a therapeutic connection involve enabling the client to form their distinct identity, cultivate reliance, nurture autonomy, rebuild social consciousness, and establish and uphold their personal integrity within the context of societal influences (Pierce-Knapp 34).[114] Pierce-Knapp quotes The fundamental principles of Chace's approach encompass bodily movement, symbolism, the therapeutic bond through movement, and synchronized group activities (Sandel, Chaiklin, & Lohn, 1993). ("Strengthening" 34).

> "*I began to be aware of the needs these people were expressing through their bodies. As I became increasingly involved in my interest, I spent many hours contemplating, and I found the understanding of the communications more and more clear. Out of observing the nonverbal communication of individuals taking their first classes, I began to understand and meet the needs for which they were asking help. Instead of feeling frustrated when they*

[113] "Authentic Movement may also advocate group interaction, within which individuals can participate in each other's imaginable realms, project onto each other and experience empathy from other group members (Payne 2001, 2006)." (Federman 140).

[114] "By introducing concepts such as symbolism, empathetic reflection, expressive movement potential, movement elicitation and group rhythmic movement relationships, Chase's method expanded in many ways." (Leonhardt MFA 60)

> *lagged behind the more adequate pupils, I tried to empathize with them as people."* (Chace 12).

In 1966, Chase established the American Dance Therapy Association, the first professional body of DMT. Other than them, many other pioneers in the filed include Blanch Evan, Trudy Schoop, Liljan Espanek, Alma Hawkin, Boas and Levy, to name a few. This thesis is not investigating in detail regarding the pioneers as we move to the Indian exemplification of these techniques among DMT practitioners in India. However, it is important to look at the theoretical underpinnings of DMT from the Western perspective before we analyze the modules and techniques of DMT practices in India.

CHAPTER 4

Dance Movement Therapy: Where are we?

The therapeutic practices that are prevalent in India stand as a precursor to the foundation and development of DMT in the country. India being a culturally variant country, the cultural synthesis has contributed a lot to how the therapies are being accepted and approached. Many dancers embraced the therapeutic benefits of dance in their work before DMT was widely used in India. As elaborated in Chapter 2, the distinction between Dance Movement Therapy (DMT) and the Therapeutic application of dance became prominent in the 1990s with the establishment of a psychotherapeutic approach within DMT. Prior to that, the utilization of dance, particularly Indian classical dance, as a therapeutic modality had. However, at the time, dance was not formally integrated as a separate type of therapy based on psychological theories and principles. Instead, the therapeutic perspective tended to stress the healing elements of dance. Mapping the history of therapeutic practices in India, the trajectory could be equated to several phases, each contributing to the evolution of coping strategies and therapeutics in general. Indian texts and treatises, ritualistic and spiritual practices, etc., paved the way for the therapeutic dance idiom, which made the earlier generation confined to different coping mechanisms with their base on spirituality, mythology, or ritualistic practices. This has been a primer for many earlier generation dancers who used therapeutics of dance in their work, often quoting the theoretical mechanism to either Indian texts, mythology or ritualistic practices. This was a juncture when it got explicitly matured to creative training using dance, music, and arts for marginalized sections and differently-abled. Artists started using their works to touch differently-abled populations to work on their bodies and emotions and even started training them to establish the coping mechanism through dance

performances. Many of them used the technicalities in their form to assist children with developmental delays or special needs. Mapping the history and evolution of all these therapeutic utilities in India identifies the contributions to the biosynthesis of coping mechanisms in India. Below is a fig. describing the evolutionary course of therapeutic practices in India concerning DMT.

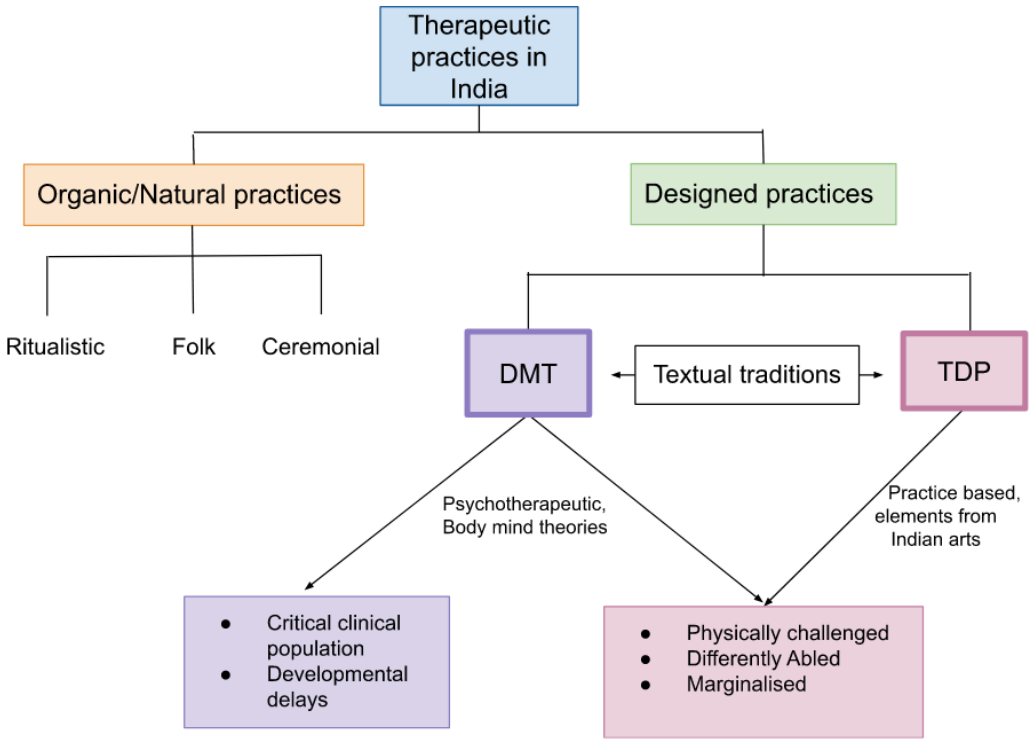


Fig. 4.1: Evolutionary course of therapeutic practices in India.

In the diagram above, ritualistic activities denote those that have symbolic significance and are frequently carried out in a religious or spiritual setting to evoke particular effects or preserve social solidarity. Folk practises are rites of passage that have been handed down through the centuries within a particular group or culture, frequently illuminating their beliefs, values, and way

of life. On exceptional occasions or milestones, ceremonial practises are carried out to commemorate important historical occurrences or to celebrate achievements and life transitions. Even if there may be some similarities between them, they all have unique qualities and objectives when seen in the context of cultural practises. Aruna Bhikshu first used the terms "organic practises" and "designed practises" in a private conversation.

Coping mechanisms have frequently been discussed in the realms of body culture study and medical research. We see multiple writings dated to 2nd C BC in sastras relating to *Natya*[115], *Ayurveda*[116], and *Yoga*[117]. Most of these treatises have also thrown light on with therapeutic utility of performance and body culture[118]. The exploration of such strategies has been extensively examined in the realms of body culture and medicine, as evident from numerous ancient writings. Ayurveda in the oriental science of medicine integrates the body-mind relation and helps in understanding the therapeutic values of indigenous body cultures. These treatises not only delve into the therapeutic applications of performance and body culture but also shed light on their utility in promoting well-being and healing.

4.1 Indian Texts and Treatises describing Emotional Ventilation:

Indian paradigms interrelating social as well as psychological behaviors are holistic yet accommodative. Many of the Indian theoreticians have compiled the earlier Indian mythological treatises in providing a comprehensive approach to how mental health is perceived in the community. The mind-body connected in the modern conceptualization can be equated to the

[115] *Natya* deals with total theater. It comprises audio visual mediums of communication which are called *chathurvidhabhinaya- Angika, Acharya, Sathvika, Vachika*. The comprehensive branch of *natya* later branched out into music, dance and theater/ drama.
[116] Ayurveda is an Indian holistic system of medicine and wellness
[117] Yoga is a spiritual and physical practice that combines breathing techniques, meditation, and physical postures to promote overall well-being
[118] Yoga, martial arts or any other art form involving movements

psyche and soma as prescribed in Ayurveda. In accordance with Ayurvedic principles, materials and energies circulate within the body through specific pathways—both physical and energetic—recognized as srotamsi. Interestingly, a key pathway identified in Ayurvedic teachings is the mental channel, referred to as mano vaha srotas in Sanskrit (Mischke). The purpose of dancing in terms of stress relief and catharsis has been structurally reiterated by many modern philosophers. However, Indian textual references stand as a parallel for this abstraction. From centuries ago, several Indian texts refer to the importance of dance as a technique of movement ventilation and emotional expression as a mechanism to reach consciousness, awareness of one's thoughts and feelings or merely to attain aesthetic pleasure. The sloka explains: mind becomes the instrument of experience such as happiness (sukha) and unhappiness (dukkha) –

Sukhadyupalabdhisādhanamindriyam manaha I

Tacca pratyātmaniyatatvādanantam paramāṇurūpam nityam ca I, T. S. 9).

(Krishnappa 25)

The underlying meaning of the *sloka* is to convey a profound sense of introspection and reflection, to contemplate the complexities of human emotions and experiences. The art of dramaturgy offers a space for emotional release, allowing individuals to find solace, escape, and a temporary reprieve from their challenges, offering them a renewed sense of well-being and inner tranquility. Cognitivism and dualistic conceptualization of the mind-body view has been utilized as a subjective interpretation in various fields such as medicine, philosophy, arts, yoga, etc. In India, therapeutic pedagogy is often linked with Ayurveda, which is a comprehensive system of body-mind-spirit medicine. In accordance with Ayurvedic principles, materials and energies circulate within the body through specific pathways—both physical and energetic—r ecognized as srotamsi. Interestingly, a key pathway identified in Ayurvedic teachings is the mental channel,

referred to as mano vaha srotas. (Rao 203). Though dance as a therapeutic utility got envisioned in the last Century, the theoretical apprehensions on the therapeutic purpose of dance and arts in general have been discussed in detail in many of these Indian treatises. Emotions, as described in our ancient texts, talk about the sensations and energies within our bodies that encapsulates the system of our thoughts and behaviors. Articulating the emotions and interpreting them play a vital role in the expressive capabilities of people. Most of the Indian systems have their root in the ancient texts and treatises, which dealt in detail with the aesthetic enjoyment and effect of it on the mental health of the spectators as well as the performers. Several Indian texts refer to the importance of emotional ventilation and emotional expression as a mechanism to reach consciousness, awareness of one's thoughts and feelings, or merely to attain aesthetic pleasure.

Philosophical investigations on dance and arts in general label beauty[119], imitation[120], and inspiration as the key concepts. Analogizing between the Indian system of aesthetic theories and the mental health presentations, we can find parallels in the theories on *Rasa*[121], *Dhwani*[122], etc. "In Indian literature, emotions are discussed in several different contexts: first, within aesthetics (rasa), secondly, within the context of the bhakti (devotional) movement, thirdly, in various tantric traditions." (Tuske). Emotional release, exemplifying emotion-centered coping, involves focusing on an issue and expressing associated adverse emotions or experiences. (Trần et al. 2).[123] In Ayurveda[124], managing emotions and balancing the emotional upheavals of a person can be

[119] Art as beauty is the expression of creativity and aesthetic appeal that evokes a sense of delight and appreciation in the beholder.
[120] Art as imitation is the representation or mimicry of reality through various artistic mediums to capture the essence of the subject being portrayed.
[121] *Rasa* is the aesthetic experience or emotional essence evoked by a work of art, particularly in Indian aesthetics.
[122] *Dhwani* theory is a concept in Indian aesthetics that emphasizes the emotive power of suggested and evocative sounds in music and literature.
[123] This is further supported by Sarrionandia and others in her meta-analysis address emotion management in two different ways, "the first is the emotion regulation (ER) tradition, which has mainly focused on how a person can effectively manage his/her emotions, the second is the emotional intelligence (EI) tradition, which has focused on understanding who makes the most of his/her emotions." (1).
[124] Indian system of medicine.

attained through coping with the disturbing attributes. Indian textual references envisage the release of emotions as a coping strategy and an important component of mental and emotional health, suggesting various practices like meditation, yoga, pranayama, etc. Similarly, in Indian philosophy, the concept of "Bhakti" is considered as one of the important practices of sentimental sensation where devotion or love towards a supreme power is contemplated as a system of expressive release. Bhakti literature attributes this conceptualization of emotional contentment to a soteriological nature through the expressions of love, longing, and devotion, believing that venting out the pent-up emotions through the medium of bhakti helps to promote emotional well-being. Furthermore, the Indian tradition of storytelling through folk tales, mythological stories, ritualistic practices, etc., often promotes emotional content, which serves as an effective form of communication for the listener or the performer. Classical philosophical texts and these traditional deliberations are entwined to a counterbalance to the conceptualization of aesthetic pleasure, emotional expression, and sentimental coping strategies in the Indian subcontinent. Subjectively experiencing pleasure without any intervening reasoning is a way of emotional balancing, which is the fundamental principle of all the aesthetic theories in Indian philosophy. *Natyasastra*, one of the earliest available detailed compendiums, speaks about Indian Aesthetic theories dated to the 2nd century BC to the 2nd Century AD. Bharata makes the analogy explicit by explaining the purpose of art as beauty and entertainment.

> *śobhāṃ prajanayediti Nṛttaṃ pravartitam* (NS.4.264).

This means dance does not require a meaning at all but has to produce beauty and aesthetic pleasure. The purpose of dance and drama, according to Bharata, is for beauty and entertainment when the joy and solace are induced by the performers, capturing the minds of the audience. Apart from *Natyasastra*, many other ancient Indian texts talk about the purpose of arts as an emotional

ventilation technique.[125] Even though dance is perceived for aesthetic enjoyment, using dance for emotional ventilation is a new arena with its roots in the ancient texts which describe the purpose of dance and drama. Mandakranta Bose talks about the role of emotional expression in relation to dance; given below is a tabular column based on her book *Movement and Mimesis* (1991) on ancient texts that identifies dance as a method for emotional regulation.

No	Text	Author	Inference	Verse
1	Natyasastra	Bharatha	"*Na hi rasadruthe kaschidartha: pravritti"* - No meaning is expressed without producing Rasa, implying that emotional expression is most important in dance and drama rather than expressing the meaning	Chapter 4, Verse 263
2	Dasarupaka	Dhananjaya, 10th C	"*Bhavasrayam Nrithyam,"* expressing inner emotions. Method of expressing various emotions	Chapter 1, Verse 9 Chapter 2, Verses 72
3	Sangitamakaranda	Narada 14th C	33 *natibhavas,* emotional expressions appropriate for women, how it can be used for emoting the feelings. Nrtya expressing emotion by miming and body movements- "*Aangikabhinayaireva Bhavaneva Vyanakthi yath"*	Fourth Section Chapter 7, Verse 267

[125] "Terms used in Sanskrit texts include *vedanā* (feeling) and bhāva (feeling) as well as names of individual emotions, such as *rāga* (love, attraction), *dveṣa* (hatred, aversion), *harṣa* (joy), *bhaya* (fear) and *śoka* (sorrow). One of the reasons why emotions are philosophically interesting in India and the West is their relationship with the mental phenomenon of *vijñāna* or *jñāna*, which is translated as 'cognition'." (Tuske).

4	Bhavaprakasa	Saradatanaya	"*Nrittam Rasasrayam*"- Dance is dependent on Rasa and emotion.	Page 181
5	Sangitasamayasara	Parswadeva	Dance and Music gives emotional liberation.	Chapter 9. Verse-18-21
6	Sahityadarpana	Viswanatha, 14th C	Aesthetic affect, and emotional expression	Chapter 3
7	Nrithadhyaya		Talks about emotional expression and expressing through sense organs- *Indriyabhinaya*	Verse 615-707
8	Nrityaratnakosa	Maharana Kumbha	*"Natyenabhinayam"*- Natya itself is emotional expression/ experience of sentiments Representation of emotions	Chapter 1, Verse 128 Chapter 4- Verse 332-433
9	Rasakaumudi	Srikantha 16th C	Qualities and instruction to the performer to use correct emotional expressions	Chapter 8- 31 verses
10	Sangitadarpana	Damodara (Also attributed to Haribhatta), 17th C	Nritya is portraying emotions through body movements.	Chapter 7, Verses 94-96
11	Hastamuktavali		Purpose of hand gestures is to signify emotions through words.	

Table 4.1: Role of emotional expression in textual references, based on the book *Movement and Mimesis* by Mandakranta Bose

This table illustrates the historical perception of dance as depicted in earlier treatises, highlighting its role in eliciting emotional responses and facilitating the expression of thoughts and feelings. It emphasizes the interconnectedness between dance and emotional cognition, showcasing that dance was recognized not only as a form of artistic expression but also as a means to evoke and communicate various emotional states. This understanding acknowledges the deeper psychological impact of dance, emphasizing its capacity to tap into and convey the rich landscape of human emotions beyond its aesthetic dimensions. For instance, Bharata also emphasizes on Bhana, a type of Rupaka where he deciphers the emotions and movements.[126] John D. Mayer and others talk about the ability to recognise emotions, assimilate emotions to improve cognitive functions, grasp emotions, and manage emotions to promote personal growth is what is meant by intelligence. The particulars given in the ancient texts give scope for emotional expression into self and also as part of the character that they portray. Perceiving and deciphering the emotions through the art of dance and drama, as mentioned in these texts (given in Table 4.1), helps us to identify our own emotions. The potential for dance to facilitate emotional release, self-awareness, and coping strategies through the intentional utilization of movement and emotional expression is being described.[127] It is no doubt that dance has been perceived in a way reflecting the self, to express their inner conflict and emotions to ventilate them through delicate and expressive accommodations. For instance, when Bharata addresses the arousal of feelings and aesthetic pleasure in his detailing on *Abhinaya* using minor and major limbs.[128] Bose further explains the

[126] "The actor can either present his own feelings or those of others by conversing with imaginary persons with suitable movements." (Bose 124).

[127] Goaparaj and Sharma, in their article, articulate that "a comparison of western and Indian model reveals that EI in the Indian context focuses on higher levels of self 'the supreme self '*Atma Bodha* aligning self with external world *'Atman* and its equilibrium with the external soul- *Brahman'* for social outcomes which are transcendental in nature rather than economic/materialistic." (36).

[128] "It is hard to believe that these movements can express any feelings by themselves, but once they are put together, they may indeed form a harmonious whole to enhance communication." (Bose 126).

process of expressing the emotions with the help of body movements, and abhinaya is the major principle of emotional ventilation as discussed in the therapeutic purpose of dance.

In all these works, it's evident that such forms allow the pronouncement of inner emotions through dance which is a kind of ventilation in itself. Dance and drama were presented to emotional situations by miming from the period when these treatises were written. Many recent works on mental health and the therapeutic utilization of dance and movements often draw inferences from these traditional analogies on movement as emotional ventilation. Aparna Ramaswamy, in her article, talks about *Natya Yoga Therapy*, entwining the principles of *Ashtanga Hridaya* with *Natyasastra*.[129] Such interpretations of the textual tradition in India explicate the therapeutic purposes and coping mechanisms in the Indian performative practices. Within the realm of dance therapy, professionals derive guidance from the foundational principles expounded in *Natyasastra*. By integrating components inherent to Indian classical dance, such as *hastas*[130], *abhinaya*[131] (expressive storytelling), and rhythmic patterns, dance therapists' endeavor to cultivate a secure and encouraging space conducive to individual exploration and emotional processing.

[129] "Natya yoga therapy interprets the *Ashta anga* concepts as three sets of distinct practices that work together to create an integrated and strong self.

1. *Yama*: cognitive practices that reinforce self-concept, moral values, and beliefs.
2. *Niyama*: behavioral practices that reiterate discipline, dedication, and self-Competence.
3. *Asana* and *Pranayama*: physical practices that create a meditative experience."(Ramaswamy).

[130] Symbolic hand gestures

[131] Expressive aspect of Indian classical dances

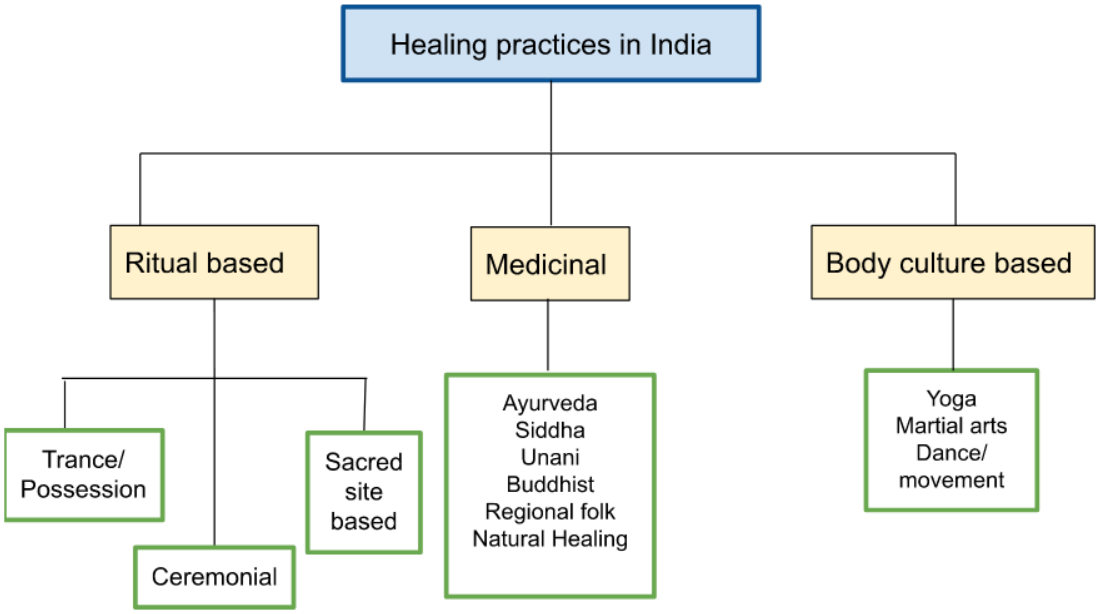


Fig. 4.2: Healing practices in India

Section 3, Chapter 2 have elaborated upon the indigenous healing techniques through ritualistic dances. These traditional healing strategies in India are the therapeutic idioms in existence from time immemorial. These give way to the discovery of more effective coping investigations either through the traditional ritualistic approach and/or scientific inquiry through anthropology or through psychotherapeutic approaches. In the rich tapestry of healing traditions in India, including ritualistic, folk, and social practices, psychotherapists can find valuable insights and approaches that complement their professional work. By exploring and engaging with these diverse healing traditions, psychotherapists can broaden their understanding of human experiences, cultural contexts, and alternative therapeutic modalities. This cross-cultural exchange

can deepen their appreciation for the interconnectedness of mind, body, and spirit and inspire the integration of holistic perspectives into their therapeutic practice. Embracing the wisdom of traditional healing practices alongside contemporary psychotherapeutic approaches could foster a more inclusive and comprehensive approach to healing and personal growth.[132] Such practitioners gain valuable insights into the indigenous knowledge systems, therapeutic approaches, and philosophies that have shaped the landscape of psychological well-being in India. This thought process contributes to a comprehensive understanding of the intersection between traditional healing methods and contemporary therapeutic modalities, facilitating the development and advancement of psychotherapy and DMT within the Indian context. Specific psychotherapeutic interventions in India, such as Creative arts Therapy, Yoga, Chakra system of Therapy, Drama Therapy, Verbal psychotherapy, Massage Therapy, Mudra Therapy, etc., take their roots from these traditional healing techniques in a more profound manner. The next session deals in detail with the therapeutic practices in India.

4.2 Yoga Therapy

Yoga Therapy[133] is a holistic approach that combines traditional yoga practices, such as postures, breath control, meditation, and mindfulness, with therapeutic techniques to promote physical, mental, and emotional well-being and to address specific health conditions or concerns. Yoga therapy recognizes the interconnectedness of the mind, body, and spirit and seeks to restore balance and harmony within the individual. It takes into account the individual's physical condition, psychological state, and lifestyle factors to create a personalized approach to healing

[132] "Psychotherapists can potentially benefit from practicing techniques designed to foster self-awareness and personal growth in order to enhance their professional abilities and to attain proficiency in their field." (Valente and Marotta 71).

[133] "Although most Westerners tend to associate *yoga* with *asanas*, or different postural positions popularized by *Hatha yoga*, Hindus use the word yoga to mean "meditation"." (Harrington).

and self-care.[134] Yoga therapy is used as a complementary approach alongside conventional medical treatments, and it can be beneficial for a wide range of conditions, including chronic pain, stress-related disorders, anxiety, depression, insomnia, respiratory issues, cardiovascular health, and many others. [135]

Fig. 4.3: Yoga therapy. Courtesy: Patanjali Yoga Center

[136]It takes into account the individual's physical condition, psychological state, and lifestyle factors to create a personalized approach to healing and self-care.[137] Yoga therapy is often used in

[134] "Meditation, which can be practiced in many forms, aids in the deepening of one's spiritual self by relaxing the body and mind, thus allowing self-awareness to blossom." (Valente and Marotta 5).

[135] "Amongst the many yoga forms, *Hatha yoga, Mantra yoga*, *Bhakti yoga*, *Ashtanga yoga*, *Karma yoga*, *Raja yoga*, *Jana yoga*, *Tantric yoga*, and so forth, a common denominator is the mindful breathing in synchronization with the movement and physical positions." (Kjellgren 2).

[136] "Yoga therapy relies on modern medicine for diagnostic information, together with its own more intuitive and holistic methods of diagnosis based on posture, breathing patterns, physical and psychological states, energy distributions, mental attitudes, nutritional status and lifestyle." (Monro 215).

[137] "Yoga as an add-on treatment improves positive and negative symptoms and emotion recognition abilities in antipsychotic-stabilized patients with schizophrenia, which in turn might improve their socio-occupational functioning." (Behere 147).

conjunction with conventional medical treatments as a complementary approach to support healing and recovery.[138] The therapeutic benefits of yoga are derived from its ability to promote self-awareness, balance, and harmony within the body, mind, and spirit. In the context of Indian yoga tradition, there is an aspiration that through the backing of both family and community, the encounter with psychosis could potentially evolve into a harmonized, if not enlightened, state of existence (Barton 158). When we contrasted students who participated in a structured yoga program lasting 16 weeks on a daily basis with students who adhered to their regular morning routine, it was observed that the group engaged in the intervention exhibited a decrease in behaviors categorized as undesirable by teachers. These behaviors encompassed irritability, fatigue, withdrawal from social interactions, excessive activity, and noncompliance. (Koenig 544). Duraiswamy and others investigate Yoga therapy as an add-on treatment in the management of patients with schizophrenia. [139] In order to establish the efficacy of yoga therapy, a study was conducted by Annapoorna and others where 54 adults (20 males and 34 females) were studied to evaluate the effectiveness of Yoga therapy in Anxiety disorders (mild to moderate categories).[140] Results of a study by Behere and others show that yoga therapy as an add-on to antipsychotic treatment can be beneficial in improving positive symptoms, negative symptoms, Facial Emotion Recognition Deficit, and socio-occupational functioning (150). Michel Girodo examined nine

[138] "The practice of yoga can potentially aid psychotherapists in confronting their own needs, tending to wounded aspects of the self, limiting emotional reactivity, developing cultural sensitivity, enhancing spiritual development, and many other aspects related to the development of the self of the therapist." (Valente and Marotta 79).

[139] "At the end of 4 months, schizophrenia patients in the YT group showed better ratings than those in PT on different symptom dimensions of schizophrenia" (Duraiswamy et al 228).

[140] "The initial indications are of potentially beneficial effects of medication with yoga interventions on anxiety disorders in quality-of-life and physiological measures compared to the other two groups" (Annapoorna et al. S45). A study on the impact of a regular practice of yoga in the personal and professional lives of psychotherapists was conducted by Vincent Valente and Antonio Marotta, where "six licensed psychotherapists were interviewed about their perceptions regarding the influence of their yoga training on their personal and professional lives." (65).

individuals who had been diagnosed with anxiety neurosis. Before engaging in yoga meditation during each training session, their anxiety symptoms were assessed using a questionnaire, the analysis of patient traits indicated that yoga meditation provided advantages for individuals with a brief illness duration, while flooding showed effectiveness for those with a prolonged illness history. Subsequent studies have demonstrated that consistent engagement in Yoga routines enhances flexibility, vital capacity, cardiovascular endurance, range of motion, equilibrium, and the capacity to tolerate pain. (Shetty 1). Barton talks about the "Movement and Mindfulness program" in her article, and the results provide examples of psychological and physical shifts that had occurred for the participants during the course of the program.[141] In a study combining yoga and meditation conducted by Lange and others, Following a span of 6 weeks within the program, a noteworthy 90% of the children displayed advancement, as evidenced by a decrease in their performance impairment score, an assessment of their academic proficiency. Among the group of 64 children, 25 demonstrated enhancement, aligning them with the normal range based on the evaluations from the Vanderbilt questionnaire (2). The outcomes of a research conducted by Thind et al. indicated a positive feasibility in enrolling both male and female participants for a study centered around utilizing yoga as an adjunctive approach to aid smoking cessation (1).[142]

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[141] "The major goals of Movement and Mindfulness: Skills of Stress Reduction and Relaxation were to increase skills of (1) stress management, (2) coping, (3) relaxation, and (4) communication among the participants." (Barton 158).

[142] "A recent systematic review of 25 randomized control studies examined the effects of yoga on the sympathetic nervous system and hypothalamic pituitary adrenal axis regulation measures, as well as structural and functional brain measures in regions involved in stress and mood regulation." (Groessl et al. 2). "In a 2013 JYPT editorial, Fischer-White and Taylor emphasized that guidelines can be developed through collaborative efforts of yoga/yoga therapy researchers, yoga/yoga therapy practitioners, and scientific disciplines to bring a fully informed perspective to optimizing yoga poses for selected populations." (Taylor and Fischer-White 1).

In another research endeavor aimed at evaluating the impact of a daily regimen of a yoga therapy program acquired through a solitary session of our designed integrated yoga intervention, intended as a stress management technique for school staff, the participants demonstrated notable enhancements in their sensations of tranquility, ease, and positivity ($p<0.001$), they also exhibited substantial reductions in cognitive mental and physical stress ($p<0.001$) subsequent to engaging in the integrated yoga program." (Nosaka and Okamura)

4.3 Creative Arts Therapy

The distinction between arts/music medicine and various creative arts therapy disciplines has lacked consistency, as certain reviews and meta-analyses have combined studies from both fields, leading to a conflation of the two disciplines. "Creative arts therapy (CAT) is a term used for different therapeutic arts disciplines with the goal of working toward psychological and physiological change with a qualified professional in which both the art process and a defined therapeutic relationship are essential to therapeutic growth" (Hertrampf and Wärja 94). According to Kaslow and Eicher, some of the primary methods of intervention within creative art therapies encompass progressive relaxation, pioneered by Jacobson, sensory awareness investigations, projective artistic expression, verbal psychological treatment, and visualization exercises, among others. The patient's artistic expression is manifested through transference and becomes an integral part of the communicative dynamic within the therapeutic relationship or within the patient's creative works. Each form of expression holds its unique aesthetic structure, offering possibilities for changes that evolve throughout the continuous course of treatment (Robbins).

Fig. 4.4: Arts therapy practices in India. Courtesy: Sankalpajpurneys

Emunah, a drama therapist, in her study on adolescence, suggested that the substantial therapeutic benefits of artistic engagement during adolescence are rooted not solely in the avenue it offers for self-expression, but also in its capacity to facilitate containment and in the manner that, with adept guidance from a creative arts therapist, it paves the way for growth and expansion ("Expression and Expansion"). She delineates four fundamental ideas, namely (a) eruption, (b) articulation, (c) enclosure, and (d) enlargement, as pivotal in comprehending the application of creative arts therapy among adolescents. This intricate amalgamation of psychodynamic group mechanisms and imaginative self-exploration through activities like dance and movement, creative tasks utilizing crayons and paper, and expressive writing, guided by sequences of imaginative visualization, offer content for collective deliberations (Lawlor).[143]

4.4 Drama Therapy

When evaluating the distinct therapeutic modalities, drama therapy seems to emerge as a potent intervention for alleviating symptoms of posttraumatic stress, anxiety, and depression among adolescents who have been subjected to the impact of gun violence. (Hylton et al. 7). In drama therapy, they often employ role-playing to embody fictional and symbolic roles, involve themselves in crafting narratives and stories, utilize puppetry, masks, miniature objects, and rituals. These approaches allow them to address their concerns indirectly and with an increased emotional detachment (Orkibi 104).[144] Change in the research talks about transforming the memories and

[143] "The therapist then focuses on sensations, experiences, and thoughts that occur as the client first enters the room and begins to share the physical and psychic space." (Edwards A1).
Hylton and others, in a study, found that "participants in the creative arts therapy camp had fewer symptoms of PTSD, depression, and anxiety, higher levels of positive affect, and lower levels of negative affect after completing the program." (2).

[144] "Psychodrama can also help in group therapy, in which the cast involves not only the director (therapist) and protagonist (client), but also auxiliary egos (someone who plays an important role in the client's life and is related to his problem), and double (the alter ego of the client/protagonist)." (Chang 292).

trauma of the 21 September 1999 earthquake in Taiwan using drama therapy.[145] “The core focus of the drama therapy group revolves around theatrical methods that foster the evolution of group dynamics. These methods encompass role-playing, movement exercises, improvisation, sculpting, and uninhibited self-expression (Trafford and Perks). [146]

Fig. 4.5: Parasuram Ramamoorthy using masks for children in the autistic spectrum.

Courtesy: The Hindu archives

[145] The therapist (or "psycho- dramatist," as he is called) seeks to activate the fantasy life of the subject so that he can act out before an audience of other patients and therapists his problems, fears, and wishes.” (Goodman and Prosperi 21).

[146] “Autobiographical performances can certainly also offer healing – in terms of shining a spotlight on one’s own story, being witnessed by an engaged audience, locating aspects of one’s story that have universality, achieving mastery that comes from creating art out of personal experience, and experiencing a sense of connection with and acceptance by an audience.” (Emunah, “Self-Revelatory”).

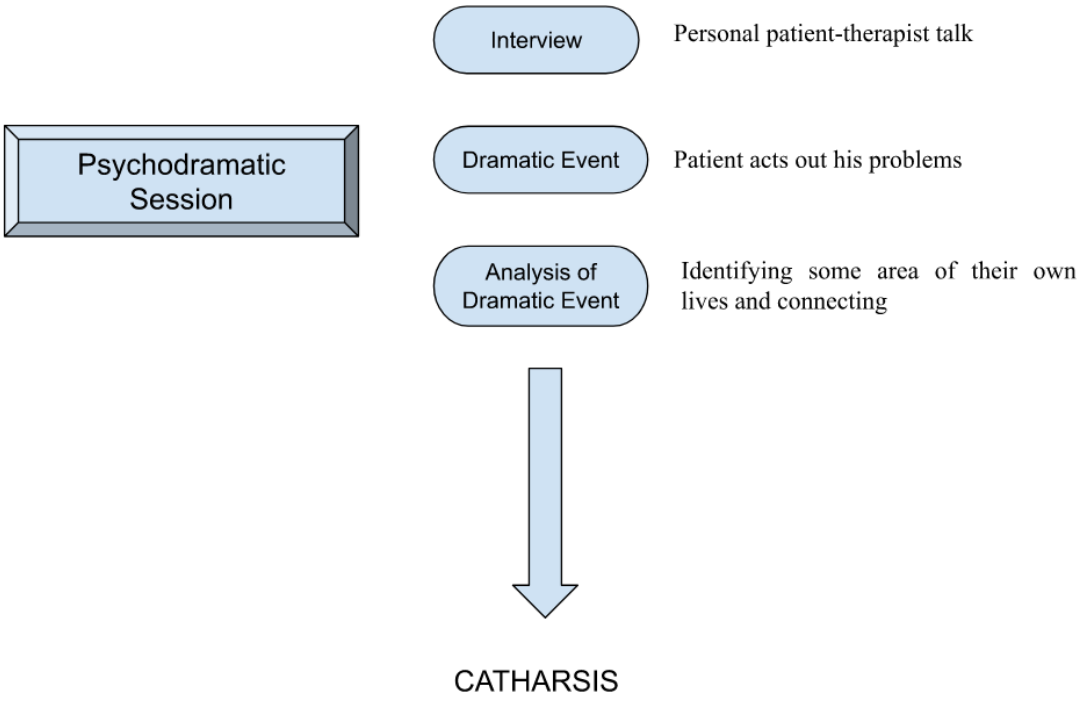

Fig. 4.6: Representation of stages in psychodrama by Goodman et.al (1976)

According to Goodman et al., a psychodramatic session is made up of three stages: An interview, which is a personal patient-therapist talk, A dramatic event where the patient acts out his problems with the aid of a "director," who is the therapist himself, and "auxiliary egos," who are also trained therapists, performing the roles required by the scenes the patient is acting out from his own life and analysis of the results of the dramatic session by identifying some area o their own lives with the scenes enacted by the protagonist, the spectators of a psychodrama are expected to have experienced catharsis themselves. (Ibid 21). Many studies contribute to the efficacy of drama therapy.[147] Other findings that seemed to be related to this were a greater

[147] A study with a group of 12 patients was conducted for 22 weekly sessions of an hour's movement and drama and matched with a control group of 12 patients undergoing group psychotherapy, an increased awareness of the bodily self, as shown in figure drawings. A study by D'Amico and others analyzes the results of a specialized adaptation of drama therapy for a group of preadolescent children with high-functioning Autism Spectrum Disorders. This project demonstrated that the therapeutic

acknowledgment of impulses and feelings stemming from a more primitive part of the personality (increased Rorschach FM or animal movement), and a decrease in restless and aimless activity, noted on the Venables-Withdrawal Scale. (Nitsun et al 26).

Fig. 4.7: Drama therapist Maitri Gopalakrishna facilitating a drama therapy session.

Courtesy: SMART by Brinda Jacob

. An article by Emunah introduces a new concept of 'Self-revelatory performance' as a form of drama therapy recently. Self-Revelatory Performance is a form of drama therapy and theatre in which a performer creates an original theatrical piece out of the raw material of current life issues. (Emunah, "Self-Revelatory").

4.5 Music Therapy

Music therapy constitutes an engaged method (unrestricted melodic-musical improvisation), signifying the dominance of non-verbal and melodic-musical elements within the

intervention using drama therapy was especially effective in enhancing the children's ability to engage in social interactions with others while also reducing competing problem behaviors such as hyperactivity and inattention, externalizing issues, and Autism Spectrum behaviors. (D'Amico et al.).

Another article by Schneider and Wood explores the potential of drama therapy, with its ability to engage cognitive and affective systems through embodiment, to promote neural integration with adults with eating disorders. (55)

immediate connection between the patient and the music therapist. (Raglio et al. 129). Music therapists undergo training to utilize music in tackling objectives beyond the realm of music itself, partaking in structured assessment, formulate personalized therapeutic strategies, and track the advancement of their clients (Robb). Geist and Hitchcock share in the article on how an observant music therapist, well-versed in theoretically-based rhythmic techniques for enhancing focus, noted that introducing a consistent rhythm (perceived through hearing, sensation, observation, or a blend thereof) led to a notable improvement and prolonged concentration in the child (296). Crowe and Rio, in an article, examine the utilization of technology within the realms of music therapy practice and research, with the aim of furnishing music therapy educators with precise and detailed descriptions of the diverse technologies employed across different contexts and their associated advantages. The efficacy of music therapy is further established by many studies.[148] Alice Laing, a music therapist, in her article, shares the experience of music therapy with a woman in a red-light district in Kolkata.[149] Apart from these therapeutic approaches, "Integrative breathing therapy addresses biochemical, biomechanical and psychophysiological dimensions of [Dysfunctional Breathing] with breathing exercises and supportive therapies." (Courtney 3).

[148] The results of the study conducted by Neudorfer suggest that music therapy can lead to a fundamental change in internal states, especially for items relevant to Rage, Anxiety, and Confidence in the group. (Neudorfer 53).
Four case studies by Dimaio using empathic relationships that evolved, the role of boundaries in this technique, the need for flexibility within the stages of music therapy entrainment, the participant's use of control during the process, musical interactions with nonverbal participants, observations about the participants' relationship to music, and observations about how this technique influences the participant's dying process. (Dimaio).
In the contemporary era of evidence-based managed healthcare practice, it is becoming increasingly important for music therapists to demonstrate long-term, stable, and lasting changes that are the result of their interventions.(Silverman, "Durational Effects"). A study by Cook suggests the comparison between "sacred music therapy" in North India and contemporary Western music-centered therapy, focussing on the disappearance of the sacred and spiritual aspects of healing in the latter. (61).
Silverman, in his article, establishes a catalog of published clinical case studies that may serve to help music therapists who are dealing with a particular age, diagnosis/population, music therapy treatment method, or clinical objective by serving as a database or collection of studies. ("Forty Years").

[149] She says, the development of Shristi's musical language, timbres, and expression throughout the work, concluding with her clear and decisive communication around ending (which is quite uncommon in this culture), demonstrated to me the power within the language of music to connect deeply with our stories, our true selves, and our identity.

The incorporation of various therapeutic practices in India, such as yoga therapy, drama therapy, and creative arts therapy, has played a crucial role in shaping the field of Dance Movement Therapy (DMT). These diverse therapeutic approaches have not only contributed to the development of effective therapeutic interventions but have also added cultural significance to DMT practices in India. By drawing from these rich socio-cultural traditions, Indian DMT practitioners have been able to create a therapeutic framework that resonates with the cultural context and values of the individuals they serve. This integration of therapeutic modalities and cultural elements enhances the relevance and effectiveness of DMT in addressing socio-cultural aspects of well-being and healing.

4.6 Dancers using the therapeutics of dance in India

The realm of therapeutic dance in India during the 1900s was influenced by numerous dancers who incorporated therapeutic elements into their practice. However, it becomes challenging to differentiate between formally trained dance therapists and dancers who contributed to the therapeutic field during this period. Consequently, the analysis presented in this thesis extends beyond the conventional boundaries of dance therapy to encompass the broader concept of therapeutic dance, acknowledging the profound impact of such practices within the given time frame. The study seeks to expand the scope of analysis by including a comprehensive list of dancers who have employed the therapeutic potential of dance in India. Although not directly connected to the primary focus of DMT as a separate entity, the inclusion of these dancers is warranted due to their significant contributions to the therapeutic sphere in India. It is important to acknowledge that the establishment of DMT as a distinct field in India is a relatively recent development. Renowned dancers have leveraged their areas of expertise to enrich this emerging field. The works of these dancers/practitioners have encompassed diverse client populations,

encompassing client-centered performance-based works, teaching-centered social work, and clinic-based therapeutic interventions. Additionally, we have included artists who have employed dance techniques to support children with developmental delays and provided creative training to marginalized sections of society. By incorporating a range of approaches and contexts, these practitioners have fostered the growth and evolution of dance therapy as a multifaceted discipline. Acknowledging the contributions of these dancers not only highlights the breadth of expertise and the diversity of approaches within the field but also recognizes the interconnectedness of various forms of dance-based therapeutic interventions. Whether through performance-based works, educational initiatives, or clinical practices, these practitioners have made significant contributions to the field's development, collectively shaping its trajectory. By considering the works of these dancers, this chapter acknowledges their valuable contributions to the growth and expansion of the field of DMT in India. It underscores the importance of recognizing and honoring the collective efforts that have contributed to the rich tapestry of therapeutic practices within the domain of Indian dance.

Areas under Consideration:

1. Dancers using the therapeutic capability of Indian dance forms:
    - Integration of therapeutic elements within Indian dance forms
    - Application of dance techniques for healing and well-being
2. Practitioners who entwine teaching as holistic training:
    - Combining teaching and facilitation approaches
    - Holistic development through technical training and practice-based methods
3. Practitioners using differently abled populations in performances:
    - Inclusion of differently abled individuals in dance performances

- Challenging societal perceptions and promoting inclusivity through dance

4. Artists giving creative training to marginalized sections:
    - Providing creative training opportunities to marginalized communities
    - Empowering individuals through dance for self-expression and personal growth
5. Artists using experience-based psychological improvement:
    - Utilizing dance for experiential, psychological enhancement, assessed through verbal interactions as a measure of progress.
    - Enhancing mental well-being through somatic and embodiment practices
6. Practitioners who produced popular projects establishing the therapeutic capability of Indian dances:
    - Undertaking projects that demonstrate the therapeutic potential of Indian dance forms for a short period.
    - Documenting research findings and contributing to evidence-based practices.
7. Practitioners working with specific populations and less severe mental disorders:
    - Specializing in working with specific population groups, such as mild mental disorders
    - Developing targeted approaches for promoting mental health and well-being.
8. Practitioners working without documenting their own work:
    - Engaging in continuous practice without comprehensive documentation
    - Personal contributions to the field through experiential knowledge and insights.

The delineated areas of consideration provide a comprehensive framework for the systematic assessment of practitioners whose contributions to the progress of DMT in India do not align strictly with the categorization of 'First, Second, or Third generation practitioners'. These

practitioners, while not fitting into DMT practitioners in India within the generational classifications, have demonstrated noteworthy contributions to the development of DMT. However, even though their artistic work may have resonated with individuals on an emotional level, it is important to distinguish between artistic expression and formal therapeutic practices within the field of DMT. This is dealt with in detail in Chapter 5, explaining the inclusion and exclusion criteria on the basis of which this study has mapped the works of practitioners. The criteria employed for inclusion and exclusion, determining the categorization of first-generation and subsequent practitioners, are extensively examined and elucidated in Chapter 5 of this inquiry.

Given below is the list of dancers who used the therapeutic potential of Indian Classical dancing through their work.

No	**Practitioner**	**Type of approach**	**Methodology**	**Client Group**	**Year**	**Institution**
1	Astad Deboo	Performance based	Contemporary movement-Wooden floor movements and vibrations	Hearing impaired, Children with disabilities	1986	Astad Deboo Foundation
2	Kanak Rele	Movement choreography	"Dance and wellness"-energy centers, movement improvisations	Children with disabilities,Visually impaired and Cerebral Palsy	1990s	Nalanda Dance Research Centre
3	Mrinalini Padhi	Drama and dance therapy	Drama techniques	Varied client groups	1992	Sahaya

4	Kanaka Sudhakar	Muscular trigger, Yogic aerobics	Natyasastra and Indian classical dance- Bharathnatyam	Middle aged women	1994	SUNAINA
5	Chithresh Das	Kathak Yoga	Meditation,techniques from Yoga and Kathak	Underprivileged children	1997	Chhandam Nritya Bharati
6	Sudharani Raghupathy	Therapeutic dance	Bharathanatyam	Varied client groups	1990s	Shree Bharatalaya
7	Parasuram Ramamoorthy	Drama therapy	Elements from drama and dance, using properties	Autistic spectrum	1998	-
8	Padma Subrahmanyam	Dance as therapy	Elements from Bharathnatyam	Varied client groups	1900s	-
9	Aloknanda Roy	Workshop and performance. 'Love therapy'	Technique from Odissi, folk forms, martial forms	Corrections homes/prisons	2005	Touch world
10	Komal Shah	Healing. 'Natya therapy and Vedic arts'	Kundalini, Bharathnatyam, Kathak	Alzheimer, Cancer, Autism	2007	Kundalini holistic learning

11	Dimple Caur	'Applied Natya Therapy'	Natyasastra and psychotherapy	Varied mental health issue	2007	Imatter institute of counseling
12	Aparna Ramaswamy(US)	'Natya Yoga Therapy'	Movement, ashtanga, psychotherapy	Psychiatric rehabilitation	2003	-
13	Verena Klamath(Italy)	'Natya Yoga Therapy'	Hasta Mudra, Bharathnatyam, Yoga	Varied mental issues	2005	-
14	Tilottama Koshi	Therapeutic dance	Dance with Surya chikitsa	Dyslexic children	Not specified	Nakshatra
15	A.V. Sathyanarayana	Therapeutic dance	Indian classical dance and mudra therapy	Lifestyle diseases	2000	Shrishti Center of Perf. Arts & Institute of Dance Therapy
16	Aruna Bhikshu	Dance, movement, drama	"Emotion-Movement-Breath Technique" Nrithyachetanam	School teachers, actors, dancers, housewives, corporates, animators	1996	-
17	Vyjayanthi Kashi	Performance based	Kuchipudi	Differently abled, autism	2000	-

18	Methil Devika	Therapeutic dance	Movement kinetics	Differently abled	2007	-

Table 4.2: Therapeutic dance practitioners in India

4.6.1 Astad Deboo

Astad Deboo, an Indian contemporary and modern dancer, initiated his work with the hearing-impaired population in 1986. Astad Deboo's work with the hearing-impaired population demonstrates a significant overlap with the principles and objectives of DMT. While Deboo's approach is primarily performance-based, it incorporates key elements that align with the underlying principles of DMT and therapeutic dance. His collaboration with marginalized groups, such as street children and hearing-impaired individuals, highlights the inclusive nature of his work and its potential therapeutic benefits. “The Astad Deboo Dance Foundation has been instrumental in fostering connections with diverse communities, including street children from the Salaam Baalak Trust, hearing-impaired children from Kolkata's The Action Players, and The Clarke School for the Deaf in Chennai. Additionally, Deboo has provided invaluable training, instruction, and mentorship to 14 young deaf performers from the Kothavala School of Deaf in Bengaluru.” (Chaudhari).

While Deboo's methodology may differ from traditional DMT approaches that incorporate specific therapeutic techniques and interventions, the overarching goals of empowerment, self-expression, and the integration of mind and body resonate with the principles of DMT. By utilizing dance as a transformative tool and engaging with diverse populations, Deboo contributes to the

broader landscape of therapeutic dance by expanding its reach, raising awareness, and advocating for the therapeutic potential of movement in various contexts. By employing vibrations on wooden floors, Deboo effectively communicates with the hearing-impaired population, emphasizing body awareness, synchrony, and the performative aspects of his work. His innovative approach, characterized by vibrations, body awareness, and performative elements, offers individuals opportunities for self-expression, personal growth, and social integration. Through his collaborations with marginalized groups, Deboo exemplifies the inclusive nature of dance therapy and contributes to the broader field by expanding its application and promoting its therapeutic benefits.

4.6.2 Kanak Rele

Kanak Rele, a prominent Mohiniyattam dancer, incorporated movement analysis rooted in Natyasastra and Indian classical dances into her therapeutic methodologies. During the 1900s, Rele focused on working with children with disabilities, including visually impaired and cerebral palsy individuals. Her innovative approach, initially known as "Dance and wellness" (Sruthi), integrated techniques from Mohiniyattam, Kathakali, body kinetics, and elements from martial arts, marking her pioneering contributions in the field of dance and wellness. Recognizing the navel region as the center of gravity or Bindu, Kanak Rele devised specific movements aimed at strengthening the bindu, enhancing the flow of energy, and addressing issues of balance and unnatural body movements, ultimately empowering children to overcome dependency on crutches, conquering fear, and cultivate confidence (Khokar).

4.6.3 Mrinalini Padhi

Mrinalini Padhi is an Odissi dancer and renowned therapeutic dance practitioner who has devoted her career to utilizing drama and dance as powerful tools for bringing about behavioral modifications in hyperactive and autistic children. In 1992, Mrinalini Padhi embarked on a groundbreaking experiment, employing drama as a therapeutic intervention for hyperactive and autistic children. The objective was to facilitate behavioral modifications and assist these children in overcoming their challenges. By tapping into the expressive and transformative power of drama, Mrinalini Padhi provided children with a platform to explore new means of communication and interaction. The outcomes of this pioneering approach were described as "stupendous," with autistic children displaying significant improvements and outgrowing their autistic traits (Agragami). One of Mrinalini Padhi's notable projects was the dance-drama production titled 'Mahabighnayaka Ganesh.' This performance showcased the talents of young autistic, visually impaired, and differently-abled children, offering them an opportunity to express themselves and engage with the arts. Through the medium of dance, these children experienced the enchanting magic of storytelling, creating a captivating and transformative experience for both performers and the audience. By integrating movement, music, and visual elements, Mrinalini Padhi created an inclusive space where differently abled children could shine and celebrate their abilities. central to Mrinalini Padhi's endeavors is Sahaya, the Red Cross Centre for differently abled children in Cuttack. This organization serves as a sanctuary for children with various disabilities, providing them with a nurturing and supportive environment. Sahaya employs a range of therapeutic interventions, including dance, drama, and other expressive arts, to enhance the overall well-being of these children, promoting their physical, emotional, and cognitive development.

4.6.4 Kanaka Sudhakar

Kanaka Sudhakar is a Bharathanatayam and Kuchipudi exponent who has been pioneering research on the therapeutic and beneficial effects of Indian classical dances on child development. "Over a span of seven years, she conducted research under the guidance of her late father-in-law, Shri L. Ramachandran, a nature cure specialist, and collaborated with experts such as Dr. Raman Kapoor (acupressure specialist) and Dr. Pasi (Child Psychiatrist)." (*S.U.N.A.INA Regd*).[150] Furthermore, Kanaka Sudhakar has introduced a unique system called 'Yogic Aerobics' that is based on classical dance movements and specifically caters to the middle-aged population." (*S.U.N.A.INA Regd*). This innovative approach combines the elements of nritta movements from Indian classical dance with the principles of yoga, offering a holistic exercise regimen for middle-aged individuals. Through her work in formulating Yogic Aerobics, Kanaka Sudhakar aims to promote physical fitness and well-being among this demographic. Established in 1994, SUNAINA - Society for the Upliftment of National Arts of India, is a charitable non-profit organization founded by Kanaka which actively participates in various activities such as presentations, training programs, and research initiatives, with a special emphasis on exploring the therapeutic and advantageous impacts of Indian classical dances on the holistic development of learners' minds and bodies. Additionally, Kanaka Sudhakar is presently engrossed in advancing her research on the subject of hormonal changes in individuals who learn Indian classical dances allowing her to deepen her comprehension of the physiological aspects intertwined with this art form.

[150] The culmination of her research resulted in her first book titled "Indian Classical Dances – The Therapeutic Advantages," published by Sterling Publishers in 1994 and released by the Sahitya Kala Parishad at the Triveni Kala Sangam.

4.6.5 Chitresh Das

Chitresh Das, a renowned master and virtuosic performer of the classical Kathak tradition, who also experimented on the application of the therapeutic utility through the medium of Kathak. In 1970, he was awarded a Whitney Fellowship that brought him to the United States, where he taught Kathak at the University of Maryland and embarked on a journey to learn modern dance. Inspired by his experiences, Das founded the Chhandam Chitresh Das Dance Company (CCDDC) in 1979. Through a dedicated practice known as "riyaz," Das developed an innovative technique called Kathak Yoga, a dynamic practice that combines breath, voice, dance, footwork, subtle expressions, and even instrumental accompaniment (Moraga).

> *Kathak yoga is a perfect example of mind-body coordination. It is a cardiovascular exercise that engages every cell in the body. When the dancer is singing, keeping a steady pace and the mind is completely focused and relaxed, the heart starts pounding along with the feet. And when you raise your arms above your head, especially when I am holding a 2.3kg dumbbell, the heart rate automatically speeds up. It is not just a cardiovascular exercise, but also a breathing exercise as it requires the dancer to concentrate and control the breathing because s/he is singing. When you perform, you start perspiring, thus eliminating toxins out of your system.* (Das).

In addition to his artistic endeavors, Chitresh Das extended his impact to improve the lives of others, particularly through his collaborations with organizations such as the blind opera, Newlight, and the Vatsalya Boys School. As quoted by Vishwakarma, “During an interview with *The New York Times*, he says, “I will make sure that *kathak* lasts because I have already done the work of *kathak* yoga.” Sudhakar believes that Indian classical dance, in general, as a movement trigger system, affects the human cardiovascular system.” (60).

4.6.6 Sudharani Raghupathy

Sudharani Raghupathy, a revered maestro of Bharatanatyam, emerged as a prominent figure in the realm of dance, captivating audiences with her exceptional artistry and profound understanding of human expression. Her academic pursuits, including a degree in Philosophy and Sociology from the University of Mysore, equipped her with a unique perspective that influenced her approach to dance and its potential therapeutic applications. Under the guidance of esteemed gurus such as KP Kittappa Pillai, US Krishna Rao, and Mylapore Gowri Ammal, Sudharani honed her skills in Bharatanatyam, mastering the intricate movements and expressions that define the classical dance form. Sudharani's journey took an intriguing turn when she embarked on a transformative experience in the United States, studying at Randolph Macon's Women's College. It was during this period that she encountered the world of dance history, studio arts, and the Martha Graham technique under the guidance of Eleanor Struppa. This exposure to diverse dance forms and methodologies broadened Sudharani's horizons, fostering a newfound perspective on the potential of dance as a therapeutic modality. Motivated by her cross-disciplinary knowledge and the desire to explore the healing aspects of dance, he sought to bridge the realms of dance and therapy, proposing a unique approach to dance therapy that resonated with her experiences and insights. Her academic background, coupled with her artistic prowess, has shaped a unique perspective that emphasizes the transformative capacity of dance. Actually, dance should be taught as part of deportment callisthenics, not just therapeutic for the afflicted persons, but also for the development of beautiful human beings with a healthy and broad outlook on life, creating sensitivity and an awareness of the outside. (Raghupathy 106). Recognizing dance as a means of expression deeply embedded within cultural contexts, she emphasizes the role of dance in promoting individual well-being and social cohesion.

4.6.7 Aruna Bhikshu

Aruna Bhikshu is a dancer- scholar who started using the psychological aspects in dance and theater from the late 1990s. With a background in Kuchipudi dance and grounding in Yakshagana and solos and experience in theatre as an actor choreographer. Her graduation in Psychology with a specialization in Abnormal Psychology and doctorate on Sathviakbhinaya and Psychosomatics with an interdisciplinary approach strengthened her perspective of using dance as an interventional tool for overall well-being. She began to impart her module as part of an education setting where she imparted training to dancers, actors, school teachers, animators, corporates and students. Her workshops on muscular rigidity, initiated on one-on-one clientele, got established as a modality designed by her, giving the strength to further investigate and apply her methodology, among various client groups. She worked with different populations, employing the structure from her personal explorations, bringing in the idea of social, political, cultural, historic, and economic analysis in her practice. Her therapeutic dance approach started as an engagement in dance and theater, introducing the framework on the psyche-soma connection from her personal movement experience. Her methodology, which started as part of education, was further developed as an intervention named Nritya Chethanam- movement for realization, rejuvenation and relaxation. Nritya Chethanam uses the emotion- movement- breath technique evolved from the dance vocabulary, reducing the stress levels in the takers. The suppressed emotions that get solidified in the psychosomatic systems of the individuals due to stress are diffused through the movements are interwoven with breathing techniques formulated in the EMB technique. The integral aspect of her methodology uses music as the stimulating force, using elements from Delsarte's principles and eurythmic improvisations. The session usually starts with a movement ice breaker, where she examines the tension in the body, concentrating on the range of breath.

> *Having been equipped with working on more than four hundred bodies a year, I start the session with an open construct, working on whatever their own bodies originally are. Holding their bodies and recognising their muscular tension has been a major part of the initial phase of intervention. While making them do certain basic functional activities like running, jumping, stretching, dancing, the muscular tension is assessed and as a mechanism to release it, the breath is incorporated in these activities. The predominant negative emotion of the day of each of these participants is taken into account and movements are designed to let go of that emotion. (*Personal interview)

This interwoven pattern of emotion, breath and movement forms the basis of her work, which emphasizes on the introspection of emotional release, expansion of the movement range through coordinated techniques of breath, flexibility and movement improvisation. Feeling the space and shedding the stress attuned to the bodies, EMB technique makes their bodies accustomed to the space that they work with. Working on the emotions, constitute the second phase, where their predominant emotions and feelings are being acknowledged and empathized by the practitioner. The movement pattern used for the expression of emotion is imbibed from her methodology entwined with classical dance and theatre. The oral expressions are also encouraged at this stage, according to the client population working with, which ends up on a movement phrasing which constitutes phase 3. Usage of recorded syllables and improvised music make this phase person-centered, and the session is concluded with a relaxation process. The rationale of her work is on the understanding that body constructs are based on stimulus response (rhythm - reaction) which further gets developed in an intervention. The methodology is based on the 3R's, Realisation, Relaxation and Rejuvenation". EMB technique is aimed at school teachers, school children of different age groups, corporates, dancers of different forms, housewives and working women.

In addition to the individuals mentioned above, there are several other dancers who have made significant contributions to the field of therapeutic dance and social reform. Many of their works revolve around using dance as a tool to empower individuals and communities facing various challenges through innovative approaches and collaborations with different organizations to make a meaningful impact. have recognized the transformative power of dance and its ability to bring about healing, empowerment, and social change. Their work goes beyond the realms of traditional dance performances, as they actively engage with communities, organizations, and individuals to create positive social impact. By using dance as a medium, they are able to reach out to diverse populations and provide them with a means of self-expression, healing, and personal growth.

Given the primary focus of this study on Dance Movement Therapy (DMT) rather than therapeutic dance in general, numerous works from the post-2000 period are not included in the listing. The remarkable endeavors of Alokananda Roy at the West Bengal Correctional Homes, utilizing Bharatanatyam, Odissi, and Kalaripayattu, and Komal Shah's impactful Applied Natya Therapy, incorporating Bharatanatyam, Vilasini Natyam, and Chhau, have garnered significant acclaim and profound social implications. Several notable dancers have also explored the therapeutic aspects of dance, including Dimple Caur who focuses on Bharatanatyam, Aparna Ramaswamy who specializes in Natya Yoga Therapy, Verene Klameth who incorporates Natya Yoga Dance Therapy with yoga, mudra, and energies in her practice, Methil Devika who works with differently abled individuals, Neena Prasad, Vyjayanthi Kashi who works with differently abled and autistic children, and Aruna Bhikshu who explores the Emotion-Movement-Breath technique. The exclusion of post-2000 works from the listing is due to the specific emphasis of this study on Dance Movement Therapy (DMT) as its primary focus, rather than encompassing

therapeutic dance in general. It is important to acknowledge that there have been significant developments and contributions in the field of therapeutic dance since the turn of the century.

Researchers and practitioners have explored various dance forms and therapeutic approaches. These works have made valuable contributions to the understanding and application of dance as a therapeutic modality in diverse contexts. The upcoming chapter delves into a comprehensive exploration of Dance Movement Therapy practitioners in India. It sheds light on the individuals who have dedicated their expertise and passion to the field of DMT, showcasing their unique contributions, experiences, and methodologies.

CHAPTER 5
DMT: The brand-new entity

This chapter forms the basis of the thesis, delving into the life narratives of the pioneers of DMT in India in order to gain a comprehensive understanding of their work, education, credentials, methodology, and technique. The qualitative data required for the narrative was accomplished through in-depth interviews with these individuals, as detailed in Chapter 1. These interviews served as a means to capture rich and nuanced information about the practitioners' journey and initiation to DMT, allowing for a thorough exploration of their training system, modules, and body of work. In this narrative, a contextualized account of the pioneers' work is being documented and analyzed by the researcher, shedding light on the transformative potential of the study. The interviews were conducted online during the pandemic, which was one of the lacunas of the study. These interviews constitute a valuable source of primary data, enabling an in-depth analysis of their works.

The chapter provides a comprehensive narrative analysis of the first-generation practitioners of DMT in India, focusing on the period from 1990 to 2000. It should be noted that during this period, it is challenging to distinguish therapeutic dance from formal DMT practices, as most certification courses and theoretical foundations of DMT were established after 2000. However, the first-generation practitioners were instrumental in pioneering the integration of Indian dance forms with a psycho-social approach, aligning with the principles of DMT. Therefore, when discussing these practitioners, their qualifications or formal education is not the primary focus of consideration. The researcher in this study has made an effort to document the pedagogy and approach of practitioners who have consistently worked with client groups and

populations for over 10 years during the specified timeframe. As discussed in Chapter 4, it is noteworthy that several dancers in India have adopted the use of Indian dances for therapeutic purposes, particularly by including differently-abled communities in dance learning. However, it is important to distinguish these practitioners from those focused primarily on therapeutic goals, as their rationale often revolves around enhancing well-being and demonstrating the healing potential of Indian dance forms. Hence, as outlined in Chapter 2, the researcher has deliberately excluded therapeutic dancing approaches that primarily aim to promote well-being or highlight the healing aspects of Indian dance forms. Instead, the focus of this study is solely on the psychotherapeutic practices employed by practitioners who have worked with client groups and populations for an extended duration, spanning over ten years and more from 1990.

5.1 First Generation Practitioners

An extensive exploration of the inclusion and exclusion criteria used to map the works of practitioners in the field of therapeutic dance will be elaborated. The chapter offers a thorough examination of these criteria, which serve as the foundation for categorizing practitioners and analyzing their contributions to the field. This section elucidates the rationale behind the selection and formulation of these criteria, shedding light on the significance of each criterion in assessing practitioners' impact on the field, offering insights into the decision-making process and establishes a clear framework for the analysis and interpretation of practitioners' works within the context of this study. In this chapter, the specific parameters considered for inclusion in the study are discussed in detail. These parameters encompass factors such as the timeframe of practitioners' work, their areas of expertise, geographical location, incorporation of cross-cultural elements, psychological understanding, and documentation of their works.

By employing these well-defined criteria, the study aims to ensure a systematic and rigorous approach of evaluation of the practitioners in the field of therapeutic dance. Parameters included for citing these individuals as first-generation practitioners in this thesis are as follows:

1. Period of Work: Their work must have taken place before 2000, indicating their contribution during the earlier stages of the field's development.
2. Area of Expertise: The individuals must have focused on utilizing dance or movement as a form of therapeutic intervention, showcasing their proficiency in incorporating dance into the therapeutic domain.
3. Worked in India: The practitioners should have conducted their work within the geographical boundaries of India during the specified time period, signifying their impact on the Indian context specifically.
4. Cross-Cultural Elements in Methodology: Their methodologies should exhibit cross-cultural elements, indicating the integration of diverse cultural perspectives and practices into their therapeutic approaches.
5. Psychological/Psychotherapeutic Expertise: The practitioners should possess a background in demonstrating their psychological awareness and expertise in employing therapeutic principles within their dance practices.

The researcher has categorized practitioners based on specific parameters and criteria, and as a result, some practitioners may not fall under the categorization of first-generation practitioners. It is important to note that this categorization does not diminish the significance or value of their work in the evolution of DMT practices in India. Each practitioner brings their unique contributions and experiences to the field, and their work adds to the diverse landscape of DMT. By employing these criteria, this thesis aims to address the confusions surrounding the

selection process and clarify the specific aspects that have been considered when citing these practitioners as first-generation DMT contributors to the field of Indian Classical dance as a form of therapeutic intervention. The categorization of practitioners into different generations is a methodological decision made by the researcher for the purpose of this study. It allows for a focused analysis of specific periods and trends within the development of DMT in India. However, it is important to acknowledge that the evolution of DMT practices is a dynamic and ongoing process, and practitioners from various generations have played important roles in shaping the field. Practitioners who do not fall under the categorization as first-generation practitioners may belong to subsequent generations or may have entered the field at different stages of its development.

1. Teaching dance using therapeutic Methods: Individuals who primarily focus on teaching dance without incorporating therapeutic interventions into their practice will be excluded from the first-generation DMT practitioners. The emphasis is on practitioners who utilize dance as a means of facilitating therapeutic experiences.
2. Limited scope to performance and learning: Practitioners who restrict their use of dance solely to performances by individuals with disabilities or marginalized populations, without incorporating therapeutic aspects, will not be considered as first-generation DMT practitioners. The criteria require practitioners to go beyond the boundaries of dance as a mere learning tool or performance medium.
3. Limited theoretical foundation in psychological aspect: Individuals who utilize dance as a healing tool without an adequate comprehensive theoretical understanding of the psychological dimensions of the practice will be excluded. It is essential for practitioners

to possess a sound knowledge of psychological principles to effectively integrate dance into therapeutic interventions.

4. Limited project engagement: Practitioners whose work engagement is variable, rather than consistent and continuous contribution, engaging in occasional projects rather than daily practice, will not meet the criteria for first-generation DMT practitioners. The focus is on individuals who have demonstrated a sustained commitment to the DMT practices over an extended period.
5. Capacity to work with clients with serious mental disorders: The exclusion criteria encompass practitioners who may have limited capacity to effectively accommodate clients with complex mental health conditions. The emphasis is on practitioners who have experience and competence in working with a diverse range of clients, including those with complex psychological conditions.
6. Availability of documentation for the specified period: Individuals with reviews, paper cuttings, photographs or other relevant materials that validate their work during the designated period (1990-2000) to ensure the authenticity and credibility of the practitioner's contributions.

The selection process for first-generation DMT practitioners in India adheres to these specific parameters in order to maintain defined standards and acknowledge the significant contributions made by these individuals within the designated time frame. This approach ensures that the study focuses on practitioners who have played a pivotal role in shaping the field of DMT in India, thereby providing a comprehensive understanding of its development and evolution.

5.1.1 Ambika Kameshwar

Ambika Kameshwar is one of the pioneers in India to use dance and drama for therapeutic purposes from the 1980s. Being a follower of Indian classical dance and drama, Ambika started her work while doing her Master's degree with *Natya* as an elective, where she was into academic learning alongside working as a teacher at the special schools. Initially, she started her work with the visually impaired children of Ramana Maharishi Academy for Blind in Bangalore. She later moved to Chennai, where she worked with multiply challenged kids, children with down syndrome, mental retardation and other physical and mental disabilities.

Ambika recalls her opportunity to learn from the children while at the Spastic Society in Chennai, where she encountered children with multiple disabilities. Initial progress in structuring her methodology happened during this phase, noting the working patterns and the effectiveness of her methodology. Her collaborations with physiotherapists, occupational therapists and special educators expanded her learning, along with the certificate courses in special education she had done. This integration with special education and artistic learning contributed to her post-doctoral studies, where she academically documented her work.

> *Ambika consulted speech, mobility, and occupational therapists, studied more on the subject, undertook some experimental work, and documented and analysed the effects. Slowly, by trial and error, she developed a system of rehabilitation that used dance, music, theatre, crafts and games to improve the motor co-ordination, cognitive development, language, communication and social skills of special children.* (Vijay)

However, due to the limitations in integrating her methodology and expertise in teaching to a larger number of special schools, she was motivated to start an organisation to empower even

more people through her postulates. Thus, in 1989, RASA (Ramana Sunrithya Aalaya) was formed, which focused on more outreaches.

Fig. 5.1. Ambika during a TAHD session with children[151] with Down syndrome (Needhima)

Starting her work as "Creative Movement Education with Dance Movement Therapy," she extrapolated her work into "Theatre arts in holistic development" after intensely studying the effective patterns of each client group suffering from varied disabilities. Ambika's work not only uses dance movements but also drama, music, arts, craft, and many other aspects of Indian dance theatre. Natyasastra, the Indian treatise which documents all the above-mentioned aspects in a detailed manner, forms the basis of her work incorporating elements from all these diverse yet inclusive spheres for therapeutic purpose. "A disciple of the legendary DK Pattamal, S Ramanathan, and Rukmini Rajagopal, Dr Ambika, who grew up in Delhi, was exposed to creative choreography under Narendra Sharma and B K Sharma from the Anand Shankar School of thought." (Sampath). Ambika, with her knowledge and expertise in Indian dance and theatre,

[151] The blurring of pictures in which the faces of differently abled children are visible is necessary to adhere to ethical guidelines and ensure the privacy and confidentiality of individuals involved. By blurring the faces, their identities are protected, and their right to privacy is respected.

integrated these domains while working with special children for her post-doctoral studies. She feels it restrictive to call it "dance movement" alone, furthering the fact that she is not using only dance/ movement. She uses a non-structured dance realm along with other arts within a larger umbrella, reframing the terminology in order to clarify the purpose and utility of Indian dance and theatre in the therapeutic regime. Hence, Ambika coined her work as "Natya Therapy." Her work uses the major dramatic principles described in Natyasastra, distinctive from the art movement therapy practices where drama techniques are not used as much. For instance, the *arthaprakritis*[152] like Bija, and Bindu, as described in Natyasastra, are used in the work, not just from the dance perspective but from the dramatic implication of how a plot can be worked upon. Techniques of *Dasarupakas*[153] are implied in such a way as to implement the rationales into the work within the therapeutic sphere. Ambika hence calls it "Theatre Arts in holistic development," a term to clarify the dimensions of the work, which is a Natya experience that fosters holistic development using dance as well as dramatic techniques. Therapeutic experience, according to her, has two people involved- a therapist and a client, with a specific division with a hierarchy of a giver and taker (Ambika interview)[154]. However, in TAHD, a dramatic (dance, music or an artistic) experience is provided where both the 'giver' and the taker gets into one mould of an artistic experience where the giver-taker relationship is not defined, the artistic experience involving both the persons are more relied on. "Ambika completed her PhD in 'Natyasastra: The Art of Communication in Indian

[152] *Arthaprakṛti* refers to the "five elements of the plot" representing the five means of attaining objects of the Plot, according to the *Nāṭyaśāstra* (Muni).

These are the five elements of the plot (arthaprakṛti):

1. *bīja* (the seed),
2. *bindu* (the vital drop),
3. *patākā* (the episode),
4. *prakarī (*the episodical incident),
5. *kārya* (the action).

[153] Dasarupaka according to *Nāṭyaśāstra* are *Nataka, Prakarana, Anka, Vyayoga, Bhaana, Samavakara, Vidhi, Prahasana, DIma, Ihamruga*

[154] Date of the interview.

Theatre,' and has a Post-Doctoral Fellowship on the 'Application of Natya (Theatre Arts) as a Developmental Tool.' She has authored two books, 'My Thoughts on Movement Therapy' and 'Theatre Arts for Holistic Development'."(Ambika).

The methodological formations of TAHD use dance, music, theatre and crafts to improve the motor co-ordination, cognitive development, communication and social skills of special children. Even though she also uses functional movements as part of her work, the theoretical base is from 'Natya', and she calls all the activities Natya based. The comfort zone of the client is established slowly, which the art provides.

> *When I knew that a child has a lot of trouble lifting their hands, and the physiotherapy session needed that to be done, the moment I went there, I started singing the song. Usually, such children won't be comfortable exercising, but it's inevitable for them to work on their muscles to remain in a comfortable, flexible way. As their muscles might be already stiff, movement sessions would be usually very painful for them. In such a case, Natya helps while unknowingly dancing to the song. The attention is completely on dance, and the feeling is that I am dancing and not doing exercise. So, the whole participation changes, the whole ambience changes and the experience happens and therefore, there is the immediate transition from a situation.* (Kameshwar)

The methodology of her work was initially based on her teaching experience, realizations about the needs of special children and her academic learning, which was put together unstructured at RASA. She calls her methodology the ' 4E ' method:

- Exploration
- Experience

- Expression
- Enjoyment

The developmental goals serve as the setting for each client, depending on their situation. In general, as a sample of her work, she mentions the goals and their purpose (Kameshwar, 'Creative and Performing Arts : A Development Tool')

1) Achievement of Gross motor function- Imitating the animal movements

2) Achievement of Fine Motor function: using Mudras

3) Cognitive skills - e.g., Color identification: with appropriate music

4) Self-help skills: Activities

5) Language and Communication: storytelling

6) Social Skills: acting

7) Academic Skills: games and crafts

The employees and teachers at RASA were given the opportunity to have a mirror learning, observing and replicating her modules which had an academic structure already. In the initial period, her collaboration with Tripura Kashyap in the Dance Movement Aspect, Velu Saravanan and Prasanna Ramaswamy in the theatre aspect paved the way for new teaching conceptualizations within her framework. Such collaborators and educators from special education streams and other fields contributed to the expertise in the approach formulated by Ambika. Ambika's alliance with The Spastics Society of India, started by Poonam Natarajan, which was renamed 'Vidya Sagar', made a significant change as the psychologists and special educators were resource persons who were also faculties at Ambika's centre. Experts from these allied fields who came together to empower the students at RASA was the first step towards finding a balance in the curriculum and approach of teaching at RASA.

"Children cry at the sight of a physiotherapist, but they run forward when a theatre teacher walks in, because learning happens in a joyful way here; it is not exercise, speech or mobility therapy; but all of it is happening. Instead of asking a child to repeat words or do exercises, we teach a story through music and dance." (Vijay)

Fig. 5.2: Ambika exploring the aspect of storytelling in her TAHD session (Vijay)

The structure of TAHD session was documented by the researcher as follows:

- Warm-up
- Theme Development
- Closure

The lesson plan will be based not necessarily only on dance and movement, but it can include the aspects of drama, music, storytelling, arts and crafts etc. Reapproaching these tools of theatre, using different permutations and combinations according to the purpose and goal is the framework of each session. For instance, in one session, one of these tools might address one particular goal, whereas in another, one tool might address many goals. The movement groups are called activity bags which are used accordingly for each client group. According to Ambika, a person in the autistic spectrum has to be given more calming movements initially to bring the focus and to get the external and internal synchrony.

So, such sessions begin with very simple, straightforward, calming activities so that they get into the ice-breaking session comfortably and later explore challenging activities. However, clients with Down syndrome are usually more receptive, adapting to most kinds of dance movements. Hence the approach is diverse and completely client-centric, tailored according to each client group and the background information provided.

Fig. 5.3: Ambika working on individual sessions. from Rasa archives

The assessment sheets are completely experiential and client based, according to Ambika. The client assessment techniques are individualized based on the typical program (IEP) conceived from individualized education programs, utilizing aspects of TAHD techniques rather than just special education techniques. A basic assessment is made at the beginning of the sessions, with particular development goals being set. Ambika in her interview with Needhima Nancy explains,

> *We would make a complete assessment when a child with special needs comes to us; we answer questions such as, where is the child today? Where does he need to go tomorrow as far as empowerment is concerned? We then structure THD activities, whether it is dance, drama, storytelling, arts or crafts. We structure activities to meet developmental goals. At the end of the year, depending on the child's progress, we review and then set fresh goals. The child learns non-locomotive skills such as stretching, leaning, more*

comfort with the body, walks comfortably, learns new songs, new words, increases vocabulary and learns to face new situations in life through drama activities. There are three kinds of students, children who will need life-long custodial care, children who work independently but will need sheltered workshop and then children who can face the demands of the real world. Our youngest student has been two and a half years old, but now our youngest is five and a half years old, and early intervention is good. Oldest is about 55 years old. (Needhima)

Fig. 5.4: Theme development in a TAHD session (Kameshwar, 'TAHD')

Fig. 5.5: Role play as part of the theme development. (Kameshwar, 'TAHD)

The structured program and institutionalization of her work happened as an outcome of these initial strategies. Collaborating with Tripura Kashyap, the courses were structured under the inspection of the board of studies, widening the topics- considering different approaches for visual impairment, hearing impairment, people with multiple challenges like cerebral palsy, mental challenges etc. Putting all these together under one banner, the courses were re-structured accordingly at RASA in 1994. The courses constituted two papers focusing on the core subjects of performing arts. One section dealt with dance, drama, music, storytelling, arts and crafts entwining with the philosophy of their development, and the other section dealt with history, psychology, physiology, and approaches to teaching, like in special education. In 1994, a one-year teacher's training course was introduced with the TAHD methodology. Certificate courses from 1994 have been affiliated with different institutions, initially with the Mother Teresa University and later with the Ramakrishna Mission Vivekananda University in Coimbatore. The courses are now affiliated with the internationally certified Bridge Academy of Fine Arts, who are running courses in different modules- diploma and certificate - based on the time frame.

Fig. 5.6: Movement session by Ambika for special children. (*Movement and Dance Session with Dr Ambika Kameshwar*)

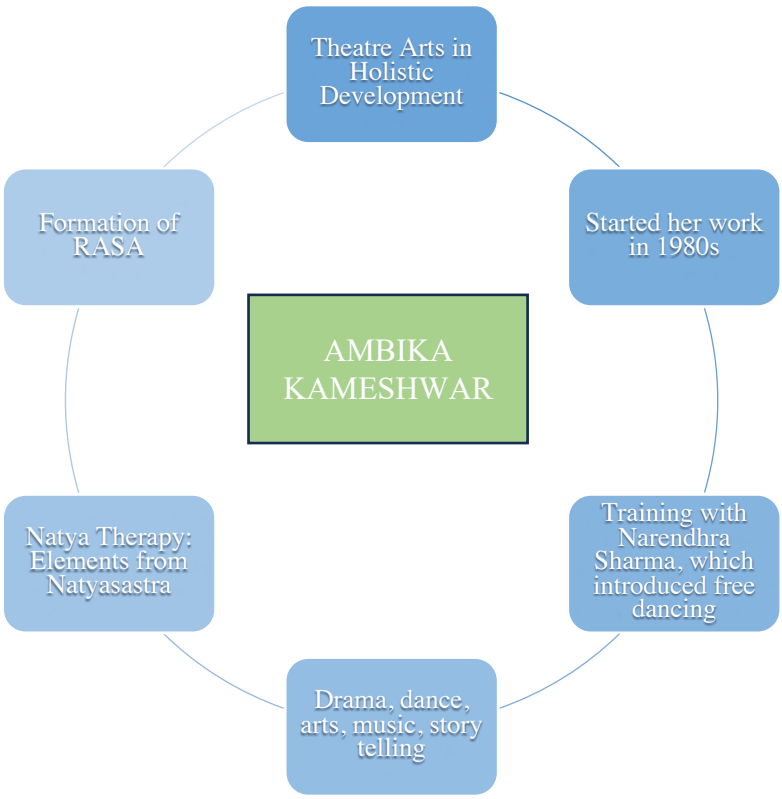

Fig. 5.7: Ambika Kameshwar- Overview

Ambika's TAHD methodology integrates cross-cultural elements into dance movement therapy, encompassing cultural integration, theoretical foundations, collaborative approach, customized sessions, and inclusive assessments.

1. Cultural Integration in DMT: Ambika's approach incorporates dance, music, theatre, and crafts from various cultural backgrounds, recognizing their potential to contribute to the holistic development of special children. By embracing diverse artistic forms, TAHD promotes cross-cultural exchange and inclusivity along with the conceptual base of DMT.
2. Socio-cultural background: Ambika's training with Narendra Sharma introduced her to the concept of free dancing and provided her with a fresh perspective on movement. This unique socio-cultural background as a dancer became the foundation for Ambika to develop her own innovative methodology in the field of Dance Movement Therapy (DMT).

Drawing from her training and personal experiences, Ambika incorporated elements of free dancing and a distinct approach to movement into her therapeutic practice.

3. Theoretical Foundations: The methodology is rooted in the theoretical foundations of 'Natya', encompassing multiple art forms, which expands the theoretical framework of DMT. The integration of cultural perspectives and flavours allows for the exploration of universal principles of DMT and the application of diverse artistic practices, thereby enhancing the effectiveness and relevance of the therapeutic process.
4. Collaborative Approach: A key aspect of Ambika's methodology is the collaboration with experts in dance movement, theatre, and special education which has contributed to the formulation of the TAHD approach. This collaborative approach ensures that DMT incorporates cross-cultural perspectives, knowledge, and expertise by engaging professionals from different backgrounds. This utilisation of cultural diversity widens the therapeutic scope of the methodology, making it more responsive to the needs of various populations.
5. Customized Sessions: The TAHD session structure is individualized and customized to each client group, taking into account their unique characteristics. This client-centric approach acknowledges the importance of cultural sensitivity and adaptation, ensuring that the sessions are relevant and meaningful to each individual within the broad framework of psychotherapeutic intervention. Assessments are experiential and client-based, utilizing techniques specific to the methodology.

5.1.2 Tripura Kashyap

Tripura Kashyap is one of the leading Dance Movement Therapy practitioners in India who had been trained in DMT since the 1900s. Tripura was trained in different dance techniques such

as creative dance, contemporary dance, modern dance, ballet and Bharatanatyam, which contributed to the varied socio-cultural background that she was exposed to. She is a diploma holder in Bharatanatyam from Kalakshetra Foundation and has also performed as part of Chandralekha's dance company. While she performed at the American Dance Festival; she had collaborated with many cross-cultural dancing systems. She is trained in DMT at the Hancock Centre for DMT in Wisconsin, USA, making her one of the pioneers in India to have got a certified training in DMT during the year 1989. Tripura's training at the Hancock Center opened a new perspective where the whole idea was how to get people to bring out their personal movement language, irrespective of their style or form. She applied this conceptualization of dance and movements, having the clients bring out their own movement patterns- which she calls "personal movement language."

Fig. 5.8: Tripura Kashyap

Initially, her methodology of approach was connected with Indian classical dances, taking elements from the nine *rasas* and hand gestures. The movement and exercise patterns were based

on different *bhedas* in Natyasastra, such as eye, neck, head movements, footwork, body movements, mandalas etc. Later, Tripura started incorporating different dance forms creatively as well as therapeutically. It was during the tenure of Fellowship from Ashoka International Foundation that Tripura got the chance to travel across India, training people in dance therapy. The cross-cultural approach of utilizing the therapeutic potential of Indian dances, be it classical or folk, originated at this point when she started comprising the sessions with the elements from Indian dances. She is the author of 'My Body, My Wisdom' and also 'Contemporary Dance: Practices, Paradigms and Practitioners. Tripura had worked as a consultant for the Dance in Education program at Attakkalari Centre for Movement Arts, Bangalore and is the co-founder of CMTAI- Creative Movement Therapy Association of India- an organization working on the propagation of Creative Movement Therapy across India.

Fig. 5.9: Tripura as part of Chandralekha Dance Company (Courtesy: Tripura Kashyap)

Dance Movement Therapy, according to her, is different from motor activities like in physiotherapy. The term "dance therapy" originated because of the fact that many of the pioneers in the field like Marian Chace or Mary Whitehouse were modern dancers who used the idea of using dance as a form of therapeutic intervention. The philosophy of dancing is the construct rather

than psychotherapeutic and physiotherapy, even though they are all integrated in DMT. DMT as a discipline is a combination of the theoretical constructs of psychotherapy, where the mind is the primary tool, and physiotherapy, where the body is the primary tool. The body-mind connect in DMT is focused in such a way that whatever happens in the body affects the mind too. According to Tripura, the spontaneous movements are not pre-planned, which helps the people recognize and acknowledge what they are feeling, express, and finally release it.

Tripura started her work training visually challenged groups of people at a mobility training centre in Bangalore as part of the National Association for the Blind. She was invited to assist them, and she worked for almost three months which ignited her realization that she could contribute so much to their wellbeing.

> *For me, it was very beautiful because these people were really interested in movement and most of all, you could see the change happening in their movement behaviour. Like in the beginning, they would be very stiff with their bodies because they were very scared of the space around, but slowly through movement, they began to open up, and also, they used to suppress a lot of their emotions, so they would try to express it. They also developed a healthier relationship with space. They began to open up their bodies. They began to explore space, and we used to do a lot of folk dancing with them. The idea of joining hands together, going in, going out, going around, they really enjoyed that a lot. So I think with that group, I found I was contributing so much to their well-being and so much to their confidence level. And also, many times, many of them would feel very isolated. They would all sit in their own places, drink their own tea, they would talk to each other, but they had never done anything as a group. So, in this group, for the first time, they came together as*

a group to work with each other, to do warmups with each other, to do a lot of movement, activities, games etc. (Kashyap)

Since 1989, Tripura has worked as a therapist in many rehabilitation centres, hospitals, special schools and de-addiction centres in Bangalore and Pune. According to Tripura, it is very important for a therapist to know in detail about the population that they are working on. "For instance, while working with children in the autistic spectrum, it is inevitable to know the behavioural patterns of the children, their thought processes and physicality before venturing into an intervention. This comes under the ethical consideration of a therapist and whom to call a therapist." (Kashyap) Tripura also coined a new sphere of approach termed as "Therapeutic dance in Education", focusing on the positive benefits of dance therapy on school children and teachers.

Tripura's training methodology has two aspects.

1) Creative movements
2) Elements from Indian classical and folk traditions

However, the rigidity and prefabricated structure of classical dance forms are not encompassed in her methodology. In that sense, as the classical dance forms are stylised and within a boundary, creative movements are free and unbound. This contextualizes the difference between using the therapeutics of dance and dance therapy.

Fig. 5.10: Creative movement session by Tripura at Gurgaon (Courtesy Tripura Kashyap archives)

In dance therapy, there are various activities that the therapist/ facilitator can conduct depending on the initial assessment of the clients' needs. For this, the therapist/ facilitator needs to maintain an Activity Basket. The idea of an activity basket is that the facilitator is always prepared with a host of activities so as to cater to the spontaneous requirements of the client and not just have to follow the pre-planned structure of the lesson. Tripura calls her module ‘movement activity basket’, which is a cluster of dance-based activities assembled to encourage and facilitate active play in an intervention. The purpose is to be equipped with a wide range of movement-based activities to promote gross motor skills and therapeutic interposition while in a session. The content and design of the movement activity basket can be varied depending on the target age group, goals and therapeutic utility. The scheme of the activity basket can include varied activities using different properties. The sessions usually start with a warm-up movement session, with or without particular movements. The purpose of the warm-up movement is to have an ice-breaking approach on the body, activities and the space. It is an attempt to move different parts of the body one by one, waking up each part. There can be a theme associated with fine motor activities. By the end

of a few sessions, the clients are encouraged to come up with their own warm-up activities within the theme with their own imagination. The activity basket contains an array of activities that cover needs such as:

1. Fine and gross motor skills
2. Locomotor and non-locomotor activities
3. Personality development activities
4. Friendship and cohesion activities
5. Peer learning activities
6. Ice-Breaker activities
7. Body Awareness exercises
8. Warm up activities

The activities should also have a primary, intermediary and secondary level to each of them, so that there is a progression in the complexity of the same. In order to note the activity sequences, they can be divided into different movement patterns on the basis of their purpose. Movements can be Ice breaker, Body awareness, Spatial awareness, Body coordination, Emotional layer, Creative layer, Educational concepts, Coordination exercises, Depict stories from their life (Psychological layer), Teamwork and trust (Social layer), and Prepare for Performance. The creative layer, educational concepts, coordination exercises, psychological layer, social layer etc., can be tailored according to the needs of the group that should be addressed. The movements that have been interpreted here are non-motor activities which prepare the client to develop patterns outside their own movement vocabulary and which can be used for almost any group as well.

For example, as part of the warm-up movement, certain cues can be:

Suggestion 1: Imagine you are an elephant. Move or write your name with each body part.

Suggestion 2: Imagine you are water. How do you flow like water?

Summarizing this concept of warm-up movements, given below is an activity basket for warm-up movements prepared by the researcher and assisted by Tripura from the experiential process and observation of her methodology.

No.	Name of the activity	Suggestions
1	Balloon warm-up	Hold a balloon and follow the cues. Keep bouncing the balloon with various parts of the body without letting it touch the ground.
2	Robot	Imagine oneself as a robot, and try moving one's body parts like a robot.
3	Bird	Use different bird imagery and movements to warm up different parts of the body. For example, Neck - cuckoo, Arms - move like wings of an eagle, Arms - spread out like peacock feathers (big circle), Legs - stand on one leg like a stork, Feet - walk like a penguin
4	Nod and jiggle	Have a Ball- Provide small balls (stress balls/ paper balls), play fun/ peppy music in the background, call out different body parts- like head, toes, nose and ask students to balance the ball on the called-out body part.
5	Shower	The client is asked to imagine being in the shower. They are instructed to take the soap in their hand and apply it to each part of their body as the therapist calls out the corresponding body parts. The therapist instructs the client to perform the action quickly when

		prompted with "fast" and to do it slowly when prompted with "slow."
6	Body shake	Start with a simple body part shake warmup and try other body shaking warm-ups progressing. For example, putting heads down, bending down and letting one's hands loosen down. Shake twice. Now bend backwards, keep hands on your hips and shake twice as done before. Repeat both these steps twice, in order. Following that, portray actions of taking a ball from the top right corner and throwing it down to the bottom left corner. Now repeat the same in the opposite direction. Now repeat all the above steps in the given order.
7	River flow	Imagine oneself as a river stream and move likewise. Follow given instructions including moving head right, then left, then up and down, then both sides. Once you neck muscles have been warmed up, hands could be moved in a clockwise direction, followed by anti-clockwise. Follow this with wrists, moving them in circles, and then the waist- try and move it like a flow of a river. The knees follow, in a rolling motion. Then the toes, one at a time, stretch upwards, then downwards.
8	Paint Brush	Imagine different body parts as a paintbrush that needs to be used to paint a canvas/room - starting from the head, hands, hips, back, legs etc.
9	Dancing light	Imagine a dancing light going from the top of your body downwards. As it goes down, it highlights each body part, and that body part needs to move.
10	Puppet	Ask the clients to imagine that they are puppets and move their bodies like a puppet. In an improvised

		version, ask them to imagine they are some animal and do a puppetry motion of that animal.
11	Lying	Lying down, guide to move their body parts one by one. We will do this lying down because, through verbal prompts, their attention will also be drawn to notice the energy that goes to move against gravity and how it feels to move away from the ground in different body parts and control the movements. This can be used as a higher-level warm-up.
12	Partner	This can be done only when the group is comfortable with each other and may be in the final stages of the project. The clients should be aware of touch and respectful touch in particular. Ask the clients to partner up. One partner will lie down and keep their body loose. The other will explore moving the body of their partner. This will guide them to explore the natural ways the body parts can move and persuade them to try slow and soft creative movements with the natural flow of the body.
13	Alphabet	Ask the clients to introduce their names through body parts. Imagine you are writing your name with different parts of the body. So show each alphabet through each part. For example, for SNEHA, the first alphabet is S, so initially, just with the head, write ‘s’. Likewise, the next alphabet ‘N’ can be written with shoulders, then elbows, hands, upper body, hips, ankles, legs, toes and finally, the whole name with the whole body.
14	Number	The facilitator numbers each body part. Upon calling out the number, move that body part.

15	Paint the butterfly	Start Painting Each part of the body (Head to Toe). Once all the parts are covered, ask them to fly using the entire body. Use Levels and Space to fly.
16	Statue	Pretend oneself as a lifeless statue. Now imagine that a fairy is touching each part of your body, and that part suddenly comes alive! The fairy touches your eyes, and your eyes start moving. She touches your head, and your head starts moving. Soon your entire body is alive and can move the way it would like you to!
17	Chit throw warm-up	This warm-up is a group activity which should be done when the clients are comfortable with each other at a later stage. Make chits with names of body parts. Each client picks a chit and throws a soft toy/ paper ball to another client on the body part (calling out the name of the body part mentioned in the chit). The other client makes a movement using that part of the body and picks another chit to pass the soft toy/paper ball to the other one.
18	Imitate	The facilitator would ask them to think about an animal. Then point out different body parts and ask the clients to move that body part as how their respective animals will move it. (Starting from head, shoulder and so on)

Table 5.1: Movement Activity Basket

Fig. 5.11: Usage of Props in sessions

Fig. 5.12: Usage of techniques like blindfolding and mirroring

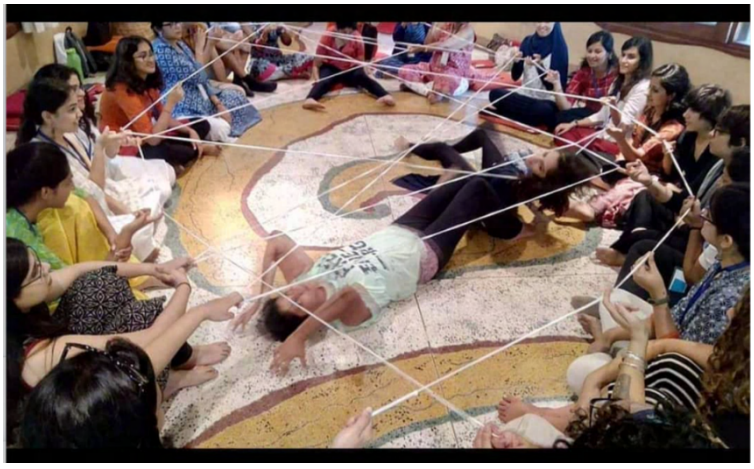

Fig. 5.13: Usage of props in groups sessions facilitated by Tripura Kashyap

The proposition of creative movement therapy, according to Tripura, deals with five stages of approaches:

- Movement seeding
- Movement exploration
- Movement expression
- Resolution
- Integration

Integration of these stages within the utilization of movement activity baskets will be according to the expertise of each facilitator. Movement seeding is the first stage which helps the client recognize what kind of movements are available in their own bodies. The facilitator helps to identify their own body movement patterns, and the movements are seeded rather than taught, and the movements are built and developed from. This stage acknowledges the client to identify their own natural movement patterns and understand their capabilities. Movement cues are suggested by identifying it in three levels and making a movement vocabulary out of it.

Some of the suggestions for movement seeding include the following:

Suggestion 1: Imagine you are in an ocean swimming.

Suggestion 2: Imagine you are trying to escape in a shallow swimming pool or in a bathtub

Such activities are also called ‘movement capsules’. The most important aspect here is that all such activities are process-oriented and not product-oriented. Here, the primary objective is movement building, and the secondary objective is body coordination and flexibility. Apart from this, Tripura has also sequenced movement icebreakers and body awareness exercises as part of her module.

The next stage is movement exploration, which is exploring or finding new movements; this can usually be a pleasurable aspect of taking pleasure in movement. Most of the fun, game activities are being introduced and encouraged in this stage, be it group or partner or circle or formation based. The next aspect is the movement expression, where deeper inferences are being worked upon. The emotions or thoughts that each client comes with are being worked upon individually by the client, while the facilitator tries to give a deeper sense of understanding to express themselves through movements. This session deals with a deeper context therapeutically, where significant and consequential emotions are being triggered and worked on. The resolution stage usually deals with a particular problem-solving circumstance based on the necessity of the client. It is important to address the issue before going further into the movement sessions so as to absorb the experiences of the session. This stage can also be amalgamated with the goals on which the therapeutic intervention is made. The final stage is integration, where they revisit the possibility of integrating the previously done movement activities and interpretations in their real life. This stage gives scope to reappraise the effectiveness of the activities and how they can be effectively substituted in real-life situations. This module conceptualized by Tripura, comprising the five stages, is spread over three to six months, either with groups or individuals. The period of intervention can be anywhere from once a week for an hour. Tripura follows a non-standardised form of assessment which is coded accordingly. Recording the observations of each session, along with the session notes helps to identify the certain aspects in the intervention.For example, if there was good eye contact during the session, how it changed over a period of time at the end of five sessions, would be observed. This helps make the assessment easier and also stands as an evaluation measure for further session plans.

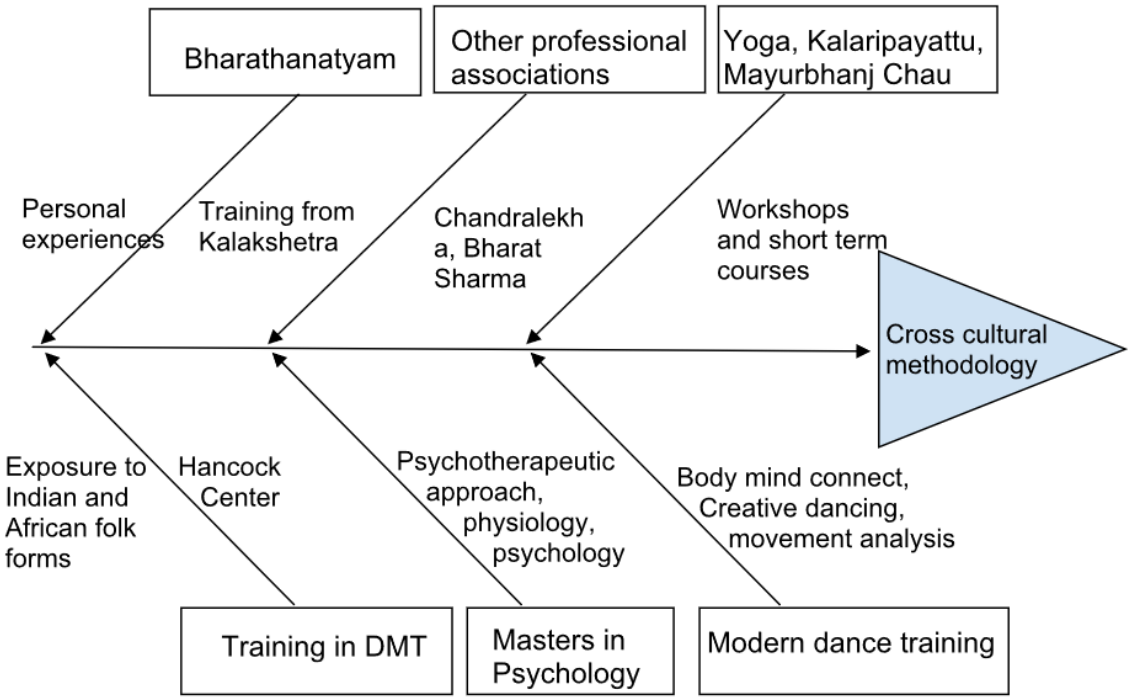

Fig. 5.14: Cross cultural influence on Tripura's methodology

Fig. 5.15: Dance in education workshop conducted by Tripura

Tripura Kashyap's contributions extend beyond her individual practice. Tripura, in her approach, focuses on helping people bring out their personal movement language, irrespective of their dance style or form, encouraging clients to express themselves through spontaneous

movements, which she calls "personal movement language." Her body of work explores different dance forms creatively and therapeutically, including contemporary dance, modern dance, ballet, and Indian folk dances. Socio-cultural significance is utilized in understanding the specific needs and characteristics of the population she works with, such as children on the autistic spectrum, which ensures that interventions are tailored to the individual's behavioural patterns, thought processes, and physicality. This inclusive methodology allows individuals from different cultural backgrounds to engage in more effective therapeutic outcomes, as they can draw upon their own cultural movement vocabulary and experiences.

5.1.3. Priti Patel

Among the many definitions of DMT, Priti Patel gives an interesting conceptualization of the definition, entwining her contextualization “Dance therapy is a physical movement which helps uplift your spirit, mind and body.”(Personal Interview). Priti Patel, a distinguished exponent of Manipuri dance, has garnered acclaim for her remarkable contributions to the art form, trained under the guidance of renowned Manipuri dance gurus, the late Guru Bipin Singh and the Jhaveri Sisters. Priti has mastered the intricacies, seamlessly blending its various forms, including Thang-ta, *Lai-Haraoba, Sankirtana, and Rasleela*, while also exploring its therapeutic applications. Priti pursued formal training in dance and movement therapy at Lesley College in Boston, USA.

Building upon her knowledge and skills, she collaborated with the Indian Institute for Cerebral Palsy, working specifically with children who have special needs. In November 1995, Priti established Anjika, a centre dedicated to Manipuri dance and movement therapy. Anjika follows a unique dual curriculum that integrates movement therapy for children with cerebral

palsy. Having devised a distinctive form of therapy in which these children, who experience challenges with motor coordination, engage in therapeutic exercises through the medium of dance. According to Priti, Manipuri dance, characterized by its gentle, smooth, and fluid movements, provides a conducive environment for these children to gain control over their limbs. The pioneering efforts of Priti Patel in the field of dance therapy have yielded remarkable results, with Anjika witnessing the growth and progress of numerous special children. Her work at Anjika has paved the way for the holistic development of these children, providing them with a platform to express themselves, enhance their physical abilities, and cultivate self-confidence.

Fig. 5.16: A concert entitled Milan (Synergy) with the students of the Indian Institute of Cerebral Palsy (IICP) (Patel)

Her first encounter with individuals with disabilities occurred in 1990 when a friend introduced her to the Indian Institute of Cerebral Palsy. This encounter marked a turning point in Priti Patel's journey, prompting her to delve deeper into the psychotherapeutic dimensions of dance. Recognizing the profound impact that dance could have on individuals with diverse abilities, she embarked on a quest to bridge the realms of Manipuri dance and dance therapy. For

Priti, Manipuri dance holds equal significance to her dance therapy lessons. She believes that both aspects of her practice complement and inform each other, creating a harmonious blend of artistic expression and therapeutic techniques. Drawing from the rich heritage of Manipuri dance, her methodology is rooted as dance therapy classes with the grace, fluidity, and gentle movements inherent in this classical form. Her work included elements from martial forms like Tangta, Natasangirtana, ritualistic and other mythological illustrations. (Vidyarthi; Chowdhurie)

Fig. 5.17: Integrated program with spastic children, by Priti Patel, 2000 (Patel)

This integration allows her students to experience the beauty of Manipuri dance while simultaneously reaping the therapeutic benefits it offers. At Anjika, Priti Patel's dance therapy class welcomes students with a wide range of disabilities. "The gentle, flowing movements help the disadvantaged child to gain mastery over his or her limbs, uplift the spirit, build confidence and hope in young minds imprisoned in disobedient bodies."(Kallapur).

> *"When I began work with these children, disabled by cerebral palsy in 1990, they were small kids. One girl could not get up from her wheelchair. Today, she travels freely in public transport and carries her cell phone with her. These are children who are born without the natural rhythm mainstream people like us are born with. I had begun with the*

aim of treating them towards health and well-being. Eighteen years on, and I feel that the treatment has been on me and not on them. It is my life that is enriched."(Chatterji).

Fig. 5.18: Priti Patels' sessions with different populations (Priti Patel archives)

Anshuman Bhowmick (2008), in her article, notes the responses of a few clients who worked with Priti Patel.

National Scholarship holder Suryasekhar Basu who is suffering from Down's syndrome. Her difficulties are different from Shantideb Bera, who struggles with his speech. "Whatever we do, we make sure that each student benefits in some way," says Patel. Though she declines to describe herself as a 'therapist', she's happy that what began as a rudimentary form in the early '90s is now getting more organised. "Manipuri dance is as important for me as my dance therapy lessons," she says. On our visit to her school, we spoke to some of Patel's students. Doctors say 20-year-old Aparna Roy is a slow learner. Ask her about movies, and Aparna is quick to point out that she's not happy with Sanjay Leela Bhansali's Black. In her words, "Black was unreal." But 26-year-old Marina Samuel maintains that the film did have positives, as it showed a disabled child making it to college.(Bhowmick).

Analyzing the methodology of Priti, the importance of cultural elements and cross training is very significant as the therapeutic sessions are rooted in Manipuri. The inclusivity has transformed into therapeutic utility and performances where all the populations perform together. This was one of a kind during the period where movement and DMT as it was not accepted widely in India. “Using Manipuri’s gentle swaying rhythms and flowing movements, the dance form not only helps the disadvantaged child to gain mastery of his or her limbs, but also to stimulate, absorb and uplift the spirit, building confidence and hope in young minds imprisoned by disobedient bodies.” (Anjika).

5.1.4. Sohini Chakraborty

Sohini Chakraborty is a DMT practitioner using DMT as a tool for healing for psycho-social rehabilitation, reintegration, and empowerment in India. Sohini got initiated to DMT during the 1900s. In 1998, Sohini Chakraborty developed a pilot project called Rangeen Sapnay (trans: colourful dreams) that incorporated various techniques, such as self-expression through art and dance. The project was conducted on over 120 children participating in weekly sessions.

Fig. 5.19: Sohini Chakraborty (Courtesy: Sohini Chakraborty)

In 1996, she worked with Sanlaap, an NGO, teaching dance to rescued girls, which ignited a spark in her, feeling the need to communicate with the underprivileged in society. Her pioneering efforts were in rehabilitating victims of sexual exploitation through the tool of DMT.

With a background in sociology and dance, she wanted to explore the transformative potential of dance beyond the stage. She conducted experiments, realizing that dance brought joy and freedom not only in structured settings but also in personal and communal experiences. 9 years she worked in shelter homes and red-light areas, using dance as a means of rehabilitation for women and children who had suffered from violence, she recognised dance techniques might not resonate authentically with everyone. Working with survivors of trafficking and violence, she discovered the profound impact that societal stigma had on their relationship with their bodies and the importance of reclaiming their identities and bodies from societal definitions.

> *"While working with survivors of trafficking and violence, I realised that body becomes a big issue in itself. These women fall prey to the social stigma and feel that 'I am not pure.' Freedom lies in taking charge over one's identity and body and not allowing society to define it for you."*(Soor).

Witnessing the creative potential of the survivors she worked with, she realized that they, too, could become healers and create a ripple effect within their communities, using dance as a medium of emancipation. This marked the beginning of Sanved, the organisation she founded in 2000.

Fig. 5.20: Sessions at Sanved (Chakraborty)

Sohini started her work addressing the physical and psychological trauma experienced by the victims and such individuals, coining interventions using dance and cultural expression in a group facilitation setting.

> *The first step begins with developing awareness about our sensations to know about our body. As soon as we are aware, we slowly develop an intuition that helps us listen to our bodies. It is similar to how a newborn child communicates through his/her basic instincts of hunger, pain, anger, tiredness. As we grow, we define our body by interacting with and being influenced by the environment. Whatever we are experiencing in life or from the environment, whether it is pain or pleasure, success or failure, irritation or peace, stiffness, or relaxation, it is registered into our body and recorded into our mind. Physical sensation is the connecting point between body and mind. Our body always gives signals. Translating those signals and being aware of that is what they mean by 'listening to your body.' Ignoring our body, therefore, is actually ignoring our self.* (Chakraborty).

The theoretical framework of her approach emphasizes the importance of physical expression in healing and reintegration using cultural amalgamation in the techniques. Sohini

coined her module and methodology as the ‘Sampooranata model’ that builds upon the four core principles of DMT, namely non-verbal, body-based, creative, and experiential approaches. (Chakraborty 2020) The curriculum of Sampoornata is influenced by various elements, including the spontaneous movement of individuals, improvisation, therapeutic aspects of Indian dance forms, and 'Navanritya' (a contemporary dance form in India). Sampoornata incorporates a range of techniques and practices such as foot movements, hand gestures, Navarasas in Indian aesthetics, group dance, folk dance, and the use of a healing touch.

‘Healing touch’ is a gesture practiced at the end of sessions when the practitioner places a hand on the heads of each client, as a sense of reassurance and healing. While the model draws inspiration from Indian dance forms and cultural elements, it also recognizes the importance of cultural sensitivity and inclusivity in its approach. The approach has three stages:

- Healing
- Empowerment
- Transformation

The healing stage deals with participants exploring their body through movement, building rapport with the DMT practitioner, and engaging in creative processes, encouraging self-nurturing, catharsis, and self-reflection, fostering healing and self-care. Empowerment deals with creative problem-solving, trauma release, self-realization and reflection, giving them the courage to share their stories. The transformation stage is when a healer becomes a therapist. A detailed curriculum on the Sapoornata model is described in the thesis by Sohini. Given below is the methodology documented in the thesis. Sampoornata, with its focus on psycho-social elements and a multicultural perspective, follows a systematic approach that includes several key components. Firstly, an assessment is conducted to identify the specific requirements and challenges of the

participants. Based on this assessment, a comprehensive plan of implementation is developed to guide the DMT sessions. The DMT sessions have various components:

First, an opening ritual, creating a sacred space for exploration and healing. A warm-up phase follows, preparing the participants physically and mentally for the subsequent activities. The needs-based therapeutic process forms a crucial part of the session, allowing participants to address their individual needs and explore their emotions, thoughts, and experiences through movement and creative expression. Recognizing the significance of trauma release, Sampoornata incorporates specific activities that focus on this aspect. These activities provide a platform for participants to release and process traumatic experiences in a supportive and empowering environment. Following the trauma-focused segment, a relaxation phase is incorporated to promote a sense of calm and well-being. An integral component of Sampoornata's approach is the inclusion of a healing touch. The closing ritual brings the session to a meaningful conclusion, marking a transition from the therapeutic space back to everyday life. Group discussion, feedback, and reflection are vital elements that encourage a multicultural dialogue and provide an opportunity for participants to share their experiences, insights, and challenges. Debriefing sessions enable participants to process the session's outcomes and learnings, enhancing self-awareness and personal growth, ending with documentation and evaluation.

Excerpt from her thesis regarding the model:

> *Stage 1. Healing. The healing process is divided into two parts—exploring the body, and nurturing self. Exploring Body. In this part, the participants explore their entire body through movement, using different body parts at a time. The participants are enabled to know the feelings and sensations in their body. The focus of the process is to be friendly*

with the body and acknowledge what is happening in the body. During this stage, the DMT practitioner and the participants build rapport and establish a therapeutic movement relationship. Verbal articulation is not necessary in this stage. Activities in this stage are guided. Nurturing Self- In this stage, the participants work with their holistic self which includes physical, emotional, cognitive and social selves. Nurturing self is the stage from where the healing starts. Here, one engages consciously to work with each part of self. The creative process takes place during this stage. The participants use creative imagination. Catharsis and pain release take place. Self-reflection is a part of this stage during which the participants describe the process and the facilitator ends with a debrief, which includes eliciting the learning. The process teaches its participants to nurture self.

Stage 2: Empowerment. When one consciously nurtures the self, then transformation begins. During this stage, the participants improvise their own problems and work towards a creative solution. Trauma release happens in this stage. Self-realization begins. In-depth self-reflection is a part of this stage, where the participants analyse the insights from the process. During this stage, they find courage to share their life stories. Stage 3: Transformation. In this stage, the survivors become more independent and they are directly in touch with 'mainstream society' and access the opportunity to become DMT practitioners. Here, the journey from a survivor to a healer begins. In this stage, they learn to go beyond themselves, connect with others, gain skills, and reintegrate with society. (Chakraborty, 290).

Theoretical framework	Curriculum Elements	Approach Stages	Methodology	Impact Assessment
Physical expression, cultural amalgamation, and DMT principles	Spontaneous movement, improvisation, therapeutic aspects of Indian dance forms	Healing stage	Opening ritual, warm-up, needs-based therapeutic process. Trauma release activities, relaxation phase, healing touch	Assessment to identify participants' requirements and challenges
Non-verbal, body-based, creative	Elements from Navanrithya	Empowerment stage	Closing ritual, group discussion, feedback, and reflection	"Sampoornata indicators" as an assessment scale
Experiential approaches	Foot movements, hand gestures, Navarasas, folk dances	Transformation stage	Debriefing sessions, documentation, and evaluation	Measures physical, emotional, social, and cognitive aspect

Table 5.2: Sohini Chakraborthy’s methodology

Socio-cultural framework: The incorporation of elements from 'Navanritya' and various indigenous Indian dance forms in the Sampoornata model adds a cross-cultural flavour to the therapeutic approach. By embracing the cultural richness of Indian dance traditions, Sampoornata expands its scope beyond a single cultural context. The usage of Indian-inspired footsteps, hand gestures, shapes, and Rasa elements from Natyasastra, along with group dance practices and indigenous Indian folk forms, reflects a diverse and inclusive approach. This cross-cultural infusion enhances the therapeutic experience by honouring and celebrating the cultural diversity of the participants. The music, deeply rooted in Indian traditions, further adds to the cross-cultural tapestry of the Sampoornata model, creating a dynamic and culturally inclusive environment for healing and self-exploration.

Fig. 5.21: Sohini’s work with different communities (Kolkata Sanved)

Sohini's work in Dance Movement Therapy (DMT) diverges from the clinical structure commonly found in Western models, placing a strong emphasis on holistic well-being. Unlike a results-oriented approach, her methodology prioritizes the overall well-being of individuals. Furthermore, Sohini's approach recognizes the creative potential inherent in each individual within the group context, moving beyond reliance on verbal articulation alone. The practitioner argues that by the end of the Sampoornata session, the participants find resilience to use the methodology

on themselves and to impart the experiences as a healer. However, the researcher observes the amalgamation of therapeutic dance elements in the technique of DMT by Sohini, which can be misleading to the training system necessary for DMT practitioners. It is likely that ethical considerations might be misused later on as the methodology establishes itself as a personal coping strategy which might be secure in some cases, but cannot be generalized. Even though the Sampoornata model finds rationale in the theoretical framework of DMT, the methodology is more practice-based and non-clinical. However, the Sampoornata model is not only culturally contextualized but also easily adaptable, with a specific focus on individual contexts. By incorporating cultural elements and flavours into the Western Dance Movement Therapy (DMT) techniques, the model has acquired a unique and distinct character. This integration of cultural aspects enhances the relevance and effectiveness of the model, allowing for a more meaningful and resonant therapeutic experience for individuals from diverse cultural backgrounds. Through her research and evaluation efforts, Sohini is systematically assessing the impact and effectiveness of the model in achieving therapeutic outcomes. Sohini formulates 'Sampoornata indicators' as an assessment scale for the identification of key indicators, such as physical, emotional, social and cognitive, emerging from the narratives to measure the impact of DMT on psycho-social rehabilitation. By employing rigorous methodologies and measuring various indicators of success, such as improvements in psychological well-being, self-expression, and social integration, Sohini aims to provide empirical evidence of the model's effectiveness and contribute to the growing body of knowledge in the field of Dance Movement Therapy.

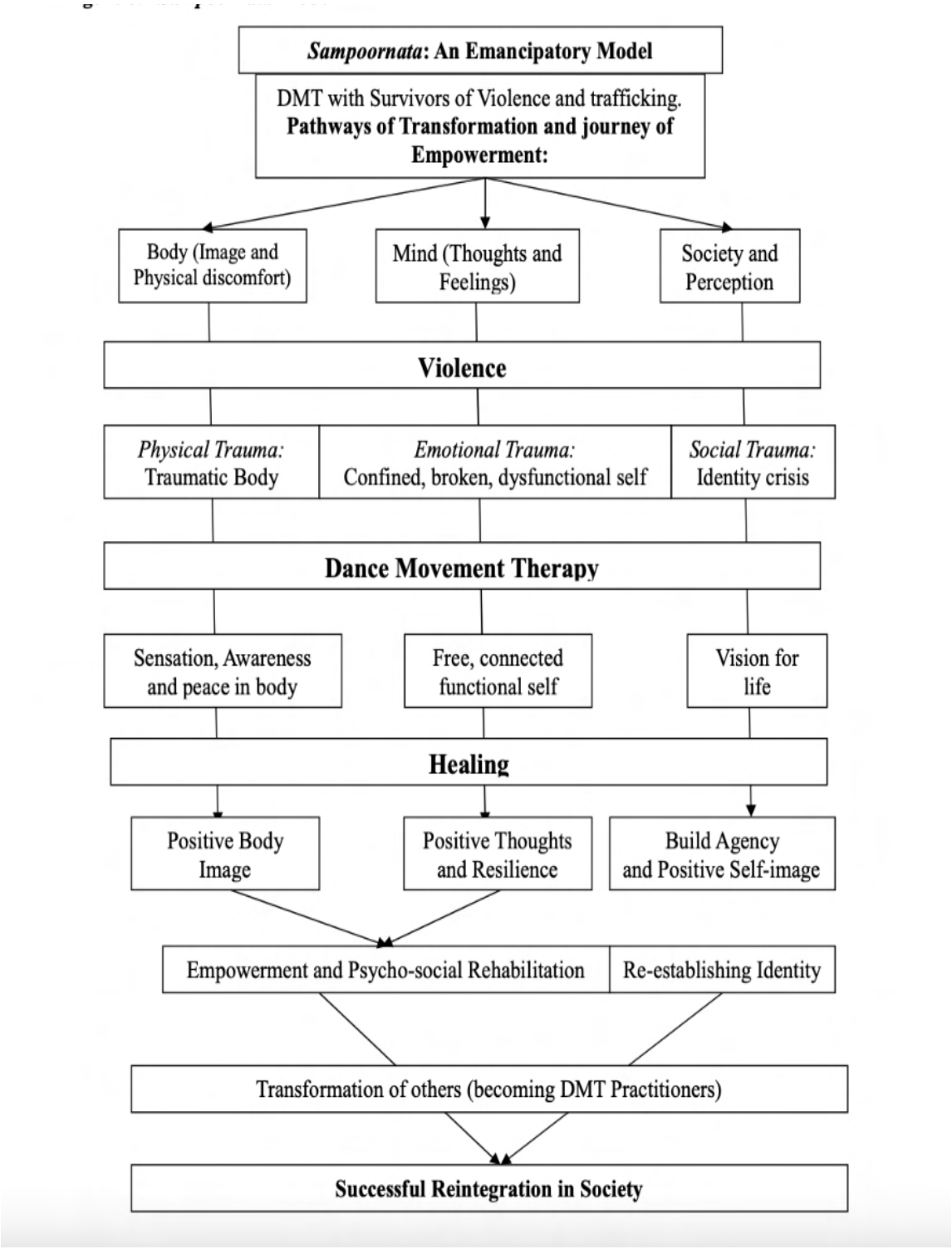

Fig. 5.22: Sampoornata model chart designed by Sohini Chakraborty

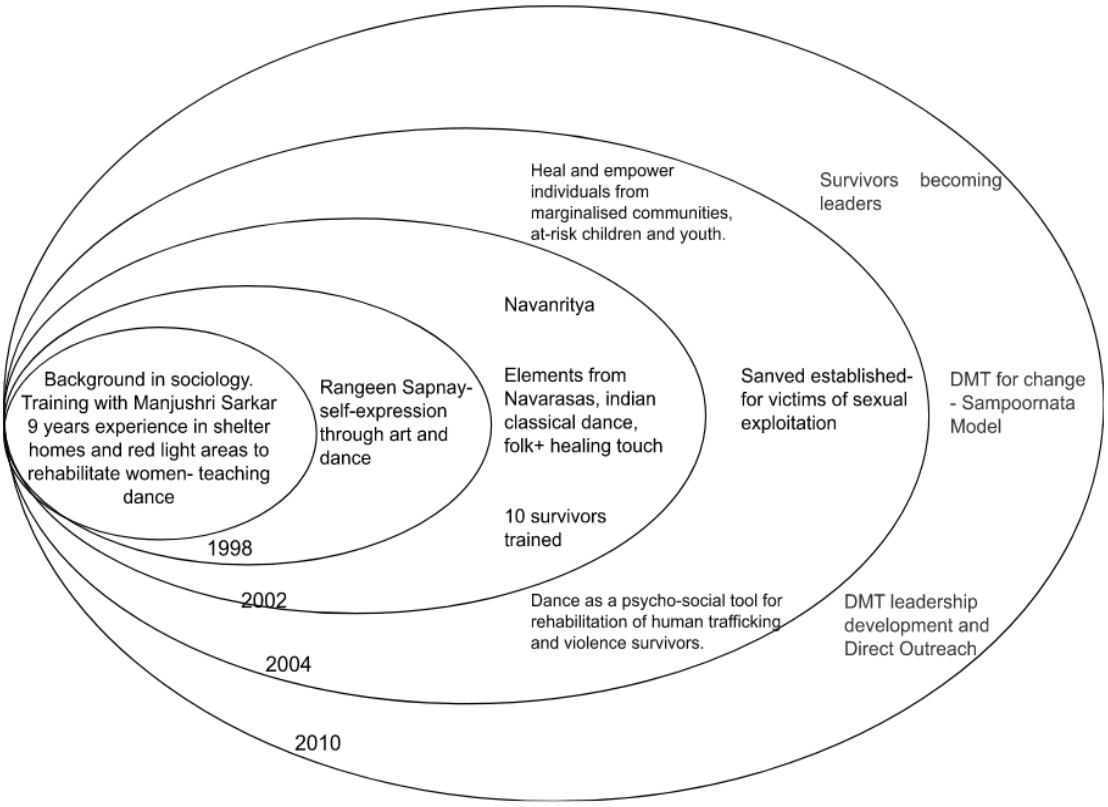

Fig. 5.23: Evolutionary trajectory of Sohini's methodology

In Sohini Chakraborty's work, the cultural context of India plays a significant role as she recognizes the importance of cultural elements and flavours in the therapeutic process of DMT. By incorporating cultural aspects into the Western DMT techniques, her approach becomes more relevant and effective for individuals from diverse cultural backgrounds. The "Sampoornata Model" embraces the cultural diversity of India and includes elements from Indian dance forms, such as foot movements, hand gestures, *Navarasas* (the nine emotions in Indian aesthetics), group dance, folk dance, and the use of a healing touch and contemporary dance form called "Navanritya" into her approach. Sohini integrates cultural elements to create a space where individuals connect

with their heritage, express themselves authentically, and find resonance with their identity. This fosters comfort and engagement, as participants relate to cultural context and symbolism in the therapy, deepening the therapeutic experience.

5.1.5 Suchitra Date

Being a Bharathanatyam dancer and a postgraduate in Psychology, Suchitra Date, with her extensive background in Indian classical dance forms, has successfully bridged the gap between artistic expression and psychological healing. Through her innovative and inclusive dance classes, Suchitra has provided a platform for individuals with various abilities, including those with physical, developmental, and emotional challenges, to explore and engage in therapeutic movement. Her emphasis on personalized experiences and tailored interventions has garnered attention and appreciation from both the medical and dance communities. Before 1980, Suchitra conducted her dance classes in Bombay. In 1981, she married and moved to Pune, where she established her classes. She pursued postgraduate studies at the Tata Institute of Social Sciences after completing her graduation in psychology from Ruelle College. Suchitra pursued her postgraduate studies in social work and medical psychiatry at the Tata Institute of Social Sciences (T.I.S.S.). She led a team of therapists/counselors at the self developed Prerana Dham counselling centre imparting dance therapy sessions and psychological counselling. She is also a founding member of the NGO Swadhar IDWC in Pune, for underprivileged women and children, expanding her working population.

Fig. 5.24: Suchitra Date (Courtesy: Nrityaprerana)

Suchitra initiated two programs: Nritya for Body and Soul, and Bharatanatyam program specifically designed for individuals with visual impairments. These programs were developed with the assistance of her professor, Dr T.A. D'Souza, who served as the head of psychology at Ruparel College. Dr D'Souza provided guidance in the field of counselling, complementing Suchitra's efforts to integrate dance into therapeutic practices. Additionally, Suchitra received invaluable support from her Bharatanatyam guru, Krishna A. Mani, who contributed to her understanding of the art form. Inspired by their collective expertise, Suchitra commenced teaching dance to blind students, marking the inception of her groundbreaking work in therapeutic dance education. This educational background in social work led her to venture into counselling and become a founding member of an NGO. During her time at the Tata Institute of Social Sciences, Suchitra engaged in fieldwork, working with children who were employees' dependents at T.I.S.S., including those with various abilities. One of her placements was in Bombay, where she encountered teenagers, some of whom exhibited bullying behaviour. While working with teenagers at Bombay Coru, Suchitra utilized therapies to redirect their energy from bullying towards more constructive activities. She also worked at an orphanage, where she focused on a

small group of children with high attention-seeking behaviour, ADHD, and hyperactivity disorders. Through a combination of counselling and a unique approach combining dance and therapy, Suchitra helped these children overcome the challenges they faced, fostering their self-care abilities and enhancing their self-esteem. This success led her to continue her work and research in dance therapy, which she referred to as Natyatherapy, to make it more relatable. In 1991, she expanded her work by collaborating with Kama, a facility for mentally challenged individuals. Suchitra worked at a renowned daycare school and skill development centre in Pune. She utilized neurotherapy with children who had various challenges, such as Down Syndrome, autism, and mental disabilities. Over time, her research expanded to include Parkinson's patients and senior citizens with dementia.

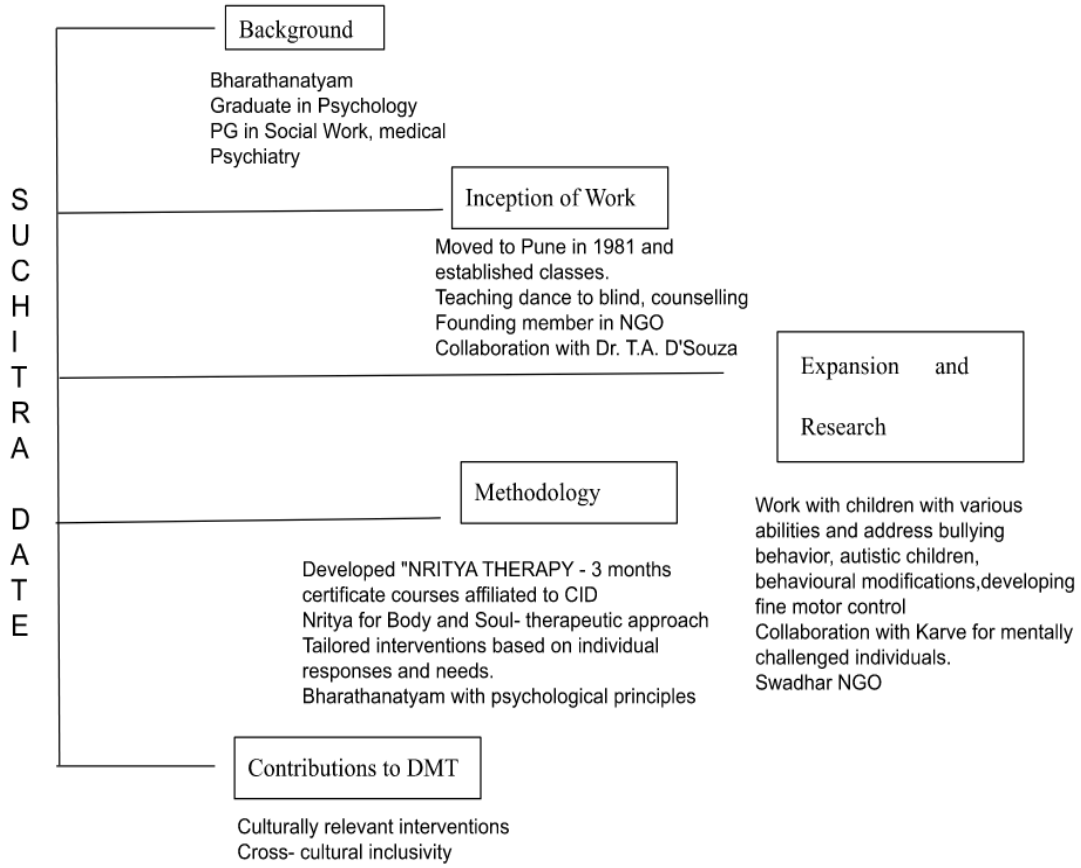

Fig. 5.25: Inception of work by Suchitra Date

Nritya therapy is a therapeutic approach grounded in the premise that dance and music play a fundamental role in brain development and cognition across various life forms. “Suchitra coined the methodology called “Nrutyopachaar” as a training methodology with which she has worked with children with ADHD, Autistic, Spastics with Ataxia type symptoms with hypertonia, tremors, deaf and mute, blind, equinus difficulty entailing walking on toes, polio, brain damage leading to muscular difficulties etc..” (Nrityaprerana). She has also worked with adults with Parkinson’s or age-related issues.

Fig. 5.26: Nrutyopachaar by Suchitra Date (Suchitra Date archives)

Suchitra's observations revealed that dance and music elicited responses from all living beings, including plants, animals, and humans, attesting to their innate receptivity to rhythmic vibrations. Notably, individuals displayed diverse reactions to different dance forms and musical genres, prompting Suchitra to tailor her interventions accordingly. Using self-developed dance movements based on classical dance, she introduced "Nritya for Body and Soul" for various groups, including Parkinsons, equinus difficulties, orthopaedic difficulties, arthritis, children in the autistic spectrum etc.

Employing alternate movements characterized by specified symmetrical motions in different directions, she devised a structured methodology that addressed the specific needs and abilities of individuals. For instance, blind individuals encountered difficulties in lateral movements, necessitating adaptations in the therapy. By leveraging dance and music in a purposeful manner, Suchitra aimed to create a meaningful and personalized experience for each participant, optimizing therapeutic outcomes. She acknowledges the influence of Indian classical dance forms, particularly Bharatanatyam, in her therapeutic interventions, focusing on cross-cultural diversity to a great extent. Correlating the psychological awareness that she has with the psychotherapeutic methodology along with the Indian classical scenario, she appears to contribute to the initial years of DMT history in India. By combining her psychological awareness with a psychotherapeutic methodology rooted in Indian classical dance, Suchitra emerges as a significant contributor to the formative years of Dance Movement Therapy history in India.

5.1.6. Surangama Dasgupta

In the realm of dance and psychology, the convergence of expertise in both disciplines was a rarity, particularly during the 1900s. However, Surangama Dasgupta emerged as a remarkable individual who defied conventional boundaries by combining her proficiency in dance with her deep understanding of psychology. Her unique ability to incorporate elements from both disciplines into dance therapy set her apart as a trailblazer in her field. During the 1900s, dance therapy was still in its early stages, with limited recognition and exploration of its therapeutic potential. Her exceptional contributions extended specifically to the domains of Kathak dance and Indian folk music as therapeutic mediums, allowing her to harness the transformative power of these art forms for therapeutic purposes. Surangama is known for using folk music as part of her therapeutic module, such as hangra, lavani, baul, bhatiali, dandiya, and bihugeet.

Fig. 5.27: Surangama Dasgupta archives

Surangama's academic background is noteworthy. She pursued an MSc. in Applied Psychology from Kolkata University and became a certified career counsellor. “During a Dance Therapy session, the change in pulse rate, heartbeat along with the flow of blood generally helps a client to overcome certain uneasiness in the body caused by somatisation.” (Surangama). Over the years, Surangama skillfully merged her knowledge of psychology with the elegance of Kathak, creating a new genre of performing arts that seamlessly blended psychological principles and expressive dance techniques. To nurture and impart her knowledge, she established a vibrant dance centre named 'Suchanda' at her residence. This renowned centre offers Kathak, Bharat Natyam, Folk Dance, Manipuri, Kathakali, Dance with Rabindra Sangeet, and creative dance classes for students of all age groups. Driven by her passion for exploration and the desire to validate the therapeutic effects of different musical genres, Surangama conducted a comprehensive study. The study focused on assessing the impact of folk music in comparison to other genres on emotional instability. She recruited 40 emotionally unstable subjects who were exposed to folk music, while 20 subjects served as controls and were exposed to different genres of music. Through personal data sheets and interviews, Surangama collected valuable information to measure improvements

in various symptoms. Statistical analysis, specifically employing the t-test, was conducted to determine the significance of the differences between the emotionally unstable group and the control group. The results revealed significantly higher scores among individuals exposed to folk music, suggesting its comprehensive therapeutic effects.

> *I have concentrated primarily on Psychoanalysis and Cognitive Behavior Therapy, because in my view these two therapeutic methods helped me to develop the basis of my research on music and dance therapy. One should add in this context that Psychoanalysis was developed by Sigmund Freud. His therapy is based on exploring the dynamics of mind resulting from the interactions of three aspects of mind, one being pleasure seeking id, the other one rational, that is, ego and the moral aspect, that is, super ego. The interactions between these three aspects of mind, result in conflicting situation and mind itself attempting to resolve these conflicts through various kinds of ego defense mechanisms. The main objective of Psychoanalytic therapy is to purge out the repressed desires and associated pent up emotions through the process of abreaction and catharsis, so that the client with the assistance of the analyst can restore his/her insight and perceive the reality in an objective way. Similarly, Music therapy also facilitates the process of catharsis and help the client to restore harmony in life.* (Dasupta).

Surangama's methodology is based on psychoanalysis and cognitive behavior therapy, along with the utilization of Indian classical and folk art elements. She recognized the immense value of these therapeutic methods, which laid the foundation for her research on music and dance therapy. “Drawing inspiration from Bharata's Natyashastra, a seminal text on dramaturgy and performing arts, Surangama embraced the holistic nature of Sangeet, which encompasses dance (Nritya), songs (Geet), and instruments (Badya).”(Personal Interview) Her flourishing dance

centre, 'Suchanda,' serves as a hub where students of diverse ages are nurtured in various dance forms. “Reflecting upon therapeutic *kathak*, Surangama Dasgupta (2018) shares her experiments with dance therapy and psychoanalysis in which ‘abreaction’, i.e., repressed negative emotion, finds “a healthy outlet and facilitates the process of catharsis through free association.” (Viswakarma). Through her study on the therapeutic effects of folk music, Surangama's preliminary findings have shed light on its profound impact. By prioritizing psychoanalysis and cognitive behaviour therapy, she has laid a solid groundwork for her research on music and dance therapy. Ultimately, Surangama's work echoes the ancient wisdom of Bharata's Natyashastra, illustrating the cultural significance of Sangeet as a medium that encompasses dance, songs, and instruments in the pursuit of holistic well-being.

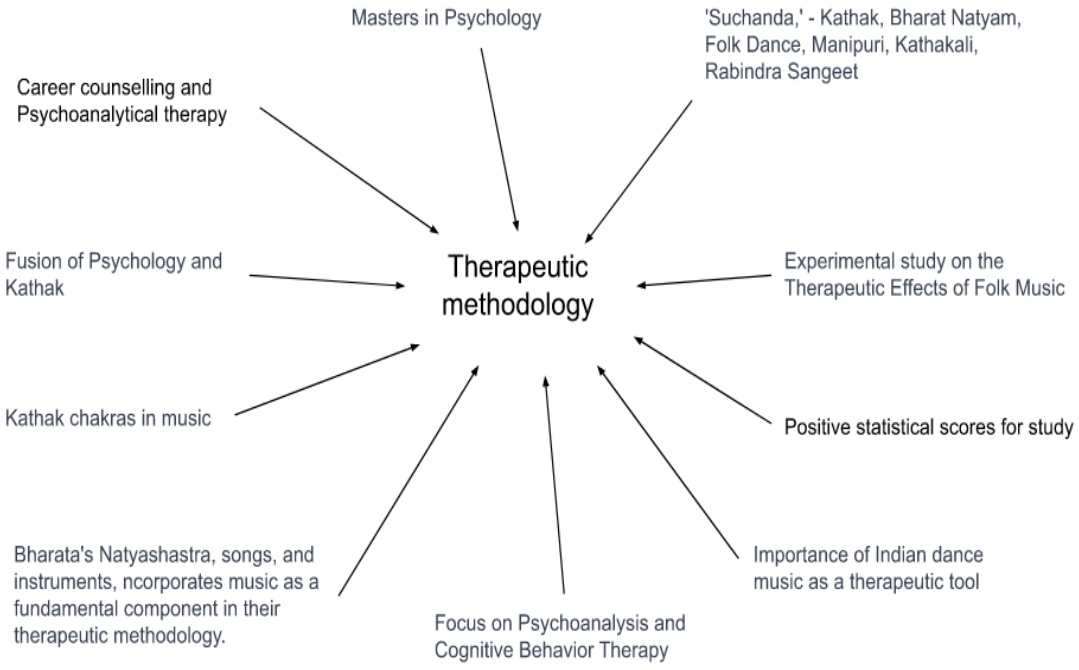

Fig. 5.28: Surangama Dasgupta’s therapeutic methodology- a multi-cultural analysis

She states that

The genres of music which are most applicable in Music Therapy are Indian and Western Classical music along with some semi-classical music and especially Rabindrasangeet (Tagore Songs). The three aspects of music are its tune, rhythm and the lyrics. The tune helps in relaxing and realizing one's own self and to slowly unbound oneself from the ailments of mind and body, the rhythm helps in body movements which rejuvenates the mind and lyrics help in creating images in the mind and also to unfold repressed wishes and desires. (Dasgupta).

5.1.7 Brinda Jacob

Brinda Jacob, an experienced practitioner in the field of expressive arts therapy, began her therapeutic journey as a contemporary dancer. In 1994, while actively performing and deeply enamoured with dance, Brinda recognized that dance held a transformative power beyond mere performance. This realization sparked her desire to work with children from special needs backgrounds, specifically those who were physically challenged, with special needs, passionately engaging in this work, utilizing movement as a means of self-expression and exploration. Brinda was a primary dancer at the Stem Dance Kampini from 1994, which ignited her movement-based approach, offering dance classes to the underprivileged. In 1999, Brinda Jacob's strong desire to make a positive impact on society led her to establish Dream A Dream, a non-governmental organization (NGO) dedicated to empowering children in need.

Fig. 5.29: Brinda Jacob

In 2001, Brinda's dedication and commitment led her to pursue further training and development in the field of dance therapy. She was awarded the Crowther fellowship to intern under a dance therapist in the UK under dance therapist Terry Braithwaite, an experience that shaped her understanding of the therapeutic potential of movement.

Upon her return, Brinda expanded her skills by training as a counsellor, blending her background in dance therapy with psychological principles. Brinda's approach to therapy evolved over time, gradually transitioning from dance therapy to expressive arts therapy, although movement remained a central element in her work. “The body is central in all my work. I haven't done any certification of masters, but I have done a lot of courses over the years, so my learning has been what I've gained over the years from different teachers, people who visited when I've had a chance to go abroad,” she says. While she did not pursue formal certification at the master's level, Brinda engaged in numerous courses and learning opportunities, drawing wisdom and knowledge from various teachers and experts she encountered throughout her career. Since 2012, she has been under the supervision and mentorship of Kate Don, who has played a significant role

as both her teacher and guide. What distinguishes Brinda's approach is her emphasis on the personal journey and experiential learning rather than academic credentials. She believes that true transformation occurs when individuals fully immerse themselves in their own experiences and actively participate in their healing process. Brinda considers the pioneers of this form of therapy to be artists who possess an intimate understanding of the therapeutic value inherent in their artistry.

Fig. 5.30: Brinda Jacob facilitating a workshop exploring polarities using expressive arts therapy (Brinda Jacob archives)

One of Brinda's notable projects is the Desire Project, a deeply personal endeavour that she has dedicated four years to developing. Additionally, she has established the Expressive Body program, which integrates years of research and process-oriented exploration. Her work primarily focuses on working with functioning adults, particularly those in the stage of individuation, usually beyond the age of 40. Drawing inspiration from depth psychology, Brinda employs techniques such as active imagination, authentic movement, and dream work to facilitate self-discovery and healing. In her client-centred approach, Brinda tailors her methodology to meet the unique needs and preferences of each individual. Embodied presence, staying fully attuned to the present

moment, and cultivating authentic movement are recurring elements in her sessions. She also incorporates breathwork, voice work, and contemporary dance techniques, all stemming from her background in contemporary dance. Brinda strives to create a safe space for clients to explore their unruly trinity of the body, shadow, and feminine aspects, using metaphor and symbolism as tools for deeper exploration. When it comes to assessment, Brinda believes in collaboratively evaluating the therapeutic journey with her clients. She places little emphasis on diagnostic tools, instead focusing on the client's personal assessment of their progress, goals, and evolving path. Her aim is to foster deep work and facilitate each person's unique healing process, steering away from standardized assessments. Brinda's methodology is formulated based on various movement disciplines, including contemporary dance, Authentic Movement and Ashtanga yoga. She is also trained in Kalaripayattu, Bharatanatyam, Kathak, Hatha and Vinyasa Flow yoga, Physical theatre, Contact Improvisation, etc., (smart move) which made her explore and utilise different flavours in her methodology.

> *My work is client-centric, so it changes from client to client, but what I use the most is the tool of embodied presence—staying in the present and following the impulses. I use a lot of authentic movement and tools, trying to access the self. Working with the body, the shadow, and the feminine, I use a lot of metaphors and symbols. I do use some level of voice work just to work with resonance in the body and contemporary dance techniques to enter the body.* (Personal interview).

The basic structure of her methodology is movement based, while she draws upon the principles and methods of visual art therapy, drama therapy, sand play, and psychodrama to complement and enrich her therapeutic work. By integrating these diverse techniques, Brinda is able to offer a comprehensive and multidimensional approach to therapy. In addition to her primary

modalities of dance therapy and visual art therapy, Brinda incorporates a range of therapeutic techniques into her practice. These include therapeutic communication, expressive art therapy, drama therapy, group process work, short modules in psychodrama, play therapy, community work, caste and mental health, trauma-informed practices, and queer affirmative approaches.

Fig. 5.31: Snippets from Desire project facilitated by Brinda Jacob (Courtesy: Facebook)

Fig. 5.32: Snippets from Desire project facilitated by Brinda Jacob (Courtesy: Brinda Jacob)

The field of expressive arts therapy has experienced both growth and challenges. While more training programs have emerged, there is still a struggle for recognition and acceptance, as some perceive arts therapies as lacking in scholarly validation. Brinda highlights the difficulty of quantifying experiences and the limitations of relying solely on measurable outcomes, emphasizing the value of working with the emotional, imaginal, and physical bodies to achieve holistic healing. She believes that lasting change occurs when we acknowledge and honour the wisdom and language of the body, going beyond the purely visible and quantifiable aspects of healing. Brinda Jacob, an Authentic Movement practitioner, founded The Studio for Movement Arts and Therapies in 2008.

Fig. 5.33: Brinda Jacob demonstrating her methodology (SMART archives)

Fig. 5.34: Brinda Jacob workshop: To move and to be moved (Brinda Jacob

Say I access a dream or an image. I question it. And I have a free response to it and see what emerges; or I can draw it out, or create it in clay, using my hands and senses. Then I can move it, which gives me a different experience of the same image, or I can write it, which gives me different answers. Then I try and see how this is relevant in my life, or in

which areas of my life this is playing out. It is not so much about skills that you learn, but about developing presence. Because the experience is in my body — it is much deeper than the cognitive awareness that I would get in having a conversation with a therapist. (Deccan herald).

She believes in the interconnectedness of arts, the Psyche-Soma, and the Body-Earth connection. Her organization offers the FECAT program[155], training participants in using various art media for therapeutic relationships. In collaboration with JFK University, SFO, she developed the Samaghama program, combining Indian philosophy and Jungian theory for advanced therapist training (Dasgupta).

As she draws wisdom from various teachers and experts encountered throughout her career, she likely incorporates diverse cultural perspectives into her therapeutic practice. This awareness allows her to respect and integrate cultural values, beliefs, and practices when working with clients from different cultural backgrounds. Movement and expressive arts have a universal quality that transcends cultural boundaries. Brinda Jacob's use of dance, embodied presence, voice work, and contemporary techniques allows individuals from various cultural backgrounds to engage in a non-verbal and experiential form of therapy. This approach can be particularly effective in cross-cultural contexts where language and communication barriers may exist. It is important to note that cross-cultural training and exposure to diverse cultural contexts can have a significant impact on a therapist's practice. Such training often enhances the therapist's cultural competence, understanding, and sensitivity when working with clients from different cultural backgrounds.

[155] Program offered at SMART, explained further in Chapter 6.

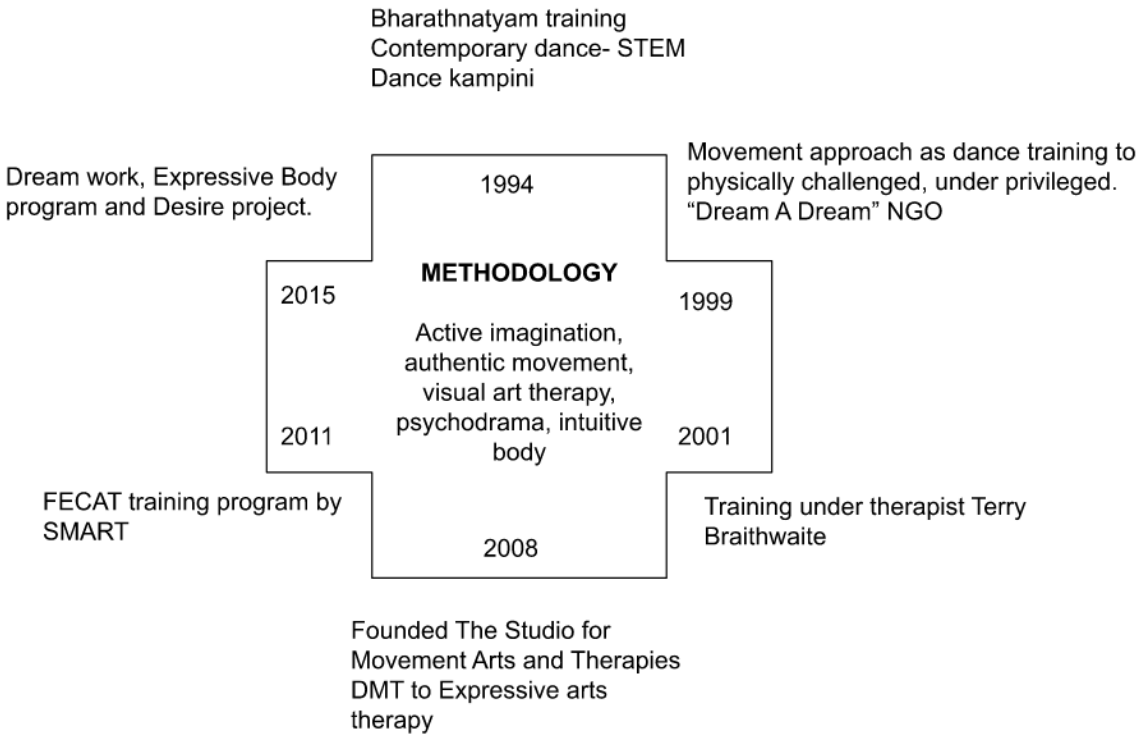

Fig. 5.35: Brinda Jacob's formative methodology timeline

5.1.8 Malini Nagpal

Malini Nagpal is a board-certified dance movement therapist who also works as an Industrial Organizational Psychologist. She began her journey in dance movement therapy in 1990. She started practising in 1996 after graduating and becoming a registered dance movement therapist with board certification after establishing herself as a certified dance movement therapist, completing around 3,700 hours of clinical practice and supervision. Initially, Malini did internships and volunteer work before officially starting her career in 1996, which was not on a clinical population. She returned to India in 1997 and began teaching workshops in Bangalore.

Fig. 5.36: Malini Nagpal

Additionally, she conducted workshops with neurosurgeons at a hospital, specifically working with Parkinson's patients undergoing surgery. She is one of the earliest practitioners in India to have acquired a master's in DMT in 1998 from the University of California. Her work in India involved teaching rather than direct practice with clinical populations. She had worked with the Parivarthan counselling centre in Bangalore, and also worked closely with neurosurgeons who specialized in Parkinson's surgeries and treated patients with Parkinson's disease. Upon returning to the United States, Malini focused on working with actors, athletes, and organizations such as 20th Century Fox. With her roots in Indian classical dance Kathak, her cross-cultural approach revisioned her studies in DMT. She integrated Western psychological theories into her approach but also explored the Indian model of dance movement therapy. Her thesis at The University of California delved into the work of Tobi Kaka, an influential figure in Indian psychoanalysis and psychodynamics. Malini believed that Western models could not be directly applied outside of the United States and that therapists in India should develop dance therapy based on Indian theories and concepts of human psychology. Nagpal utilizes her expertise to provide coaching services for

both organizational and individual clients, focusing on enhancing their body communication skills to promote effective leadership, and organizational community well-being (Inspirees).

Malini envelops her methodology with Indian psychology, personality development, and child nurturing as opposed to child rearing. She, upon the conversation with the researcher, expressed concern that many therapists in India rely heavily on Western theories and attempt to modify them to fit the Indian context, rather than starting from the Indian source. She mentioned several Indian theorists and anthropologists whose work could provide a foundation for Indian dance therapy. Malini developed her own unique approach, incorporating both Western and Indian theories. She viewed dance as the core element of dance movement therapy, allowing clients to express and integrate their emotions and thoughts through choreography. Her role as a therapist was to facilitate and support clients in choreographing their own dances, promoting a dancer-to-dancer relationship rather than a traditional client-therapist dynamic. She clarified that she did not use yoga or physical education modalities in her practice and did not initiate specific movements for her clients. Instead, she relied on kinesthetic empathy- picking up on clients' movements and following their lead. The structure of her sessions had a general framework with a start, middle, and end, including some processing at the conclusion. However, her sessions were not prescriptive, and the clients' goals and choreography were central to the therapeutic process. The methodology employed in this approach is rooted in kinesthetic empathy, placing the client at the centre of the session. While there is a general structure for the module, it is customized to meet the unique therapeutic goals of each individual client. The emphasis is on creating a client-centric experience where the client takes the lead in the session, allowing for a more personalized and effective therapeutic process.

> *What that dance looks like for my clients is up to my clients. I don't teach them dance, I just create a space where they feel comfortable and at ease to create their own choreography of what's going on in their life, and they're inside them, inside their body, inside their mind, and inside their psychological makeup. I do not use yoga, I do not use any kind of physical education modality, I'm not a physical education person. I'm not a physical therapist. I don't introduce movement. I do not introduce movement to my clients; I follow my clients. I do not tell my clients that they raise their hands up and just stretch. I do not initiate it. They do; I follow them. I will use movement to encourage a move. Everybody's a dancer in it. Nobody's a client. So it's a dancer-to-dancer relationship that's happening. The structure of my module is theirs. They come up with it. I can facilitate it by using kinesthetic empathy. (*Personal Interview).

Malini aimed to empower her clients to become self-sufficient, eventually reaching a point where they no longer needed her assistance. She mentioned that her average client engagement was around two years, and if clients stayed longer, she would reassess whether her approach was still suitable for their needs. She highlighted her work with corporate clients, focusing on workplace psychology and organizational dynamics, which required a different mode of practice compared to clinical clients.

In the context of psychological assessments of her clients, Malini emphasizes the importance of clearly identifying their goals and the underlying issues. She believes that unless the issue is accurately identified, the subsequent analysis becomes less valuable. Her focus lies on facilitating the client's progress through the therapeutic process, allowing them to work through their issues during the sessions. Typically, within a span of one to one and a half years, significant changes are observed, which are verbally acknowledged by the individuals seeking therapy. Once

the desired outcomes are achieved, the therapeutic relationship concludes, as the clients have reached a better state in their lives. It is worth noting that Malini's practice does not align with institutional settings where psychiatric measures and surveys are utilized for assessment purposes. While surveys and measurement scales are employed in her work with corporate clients due to the nature of their objectives, they do not feature prominently in the therapeutic relationship. Instead, Malini draws upon various theories, both from Indian and Western perspectives, to inform her understanding of the clients' experiences. However, she avoids engaging in client analysis during sessions, as she believes that interpreting and making meaning out of their gestures or non-verbal communication detracts from the core therapeutic process.

Methodology	**Approach of therapist**	**Paradigm shift in DMT**	**Assessments**	**Group setting**
Kinesthetic empathy	Understanding movement patterns	Advocacy in Indian context	Based on therapeutic goals	Fostering connections among individuals in a group session.
Client-centric	Non-verbal communication	Highlighting the holistic and culturally rooted nature of dance therapy	Verbal acknowledgement of progress.	Observations of unconscious synchronization of movements and its therapeutic implications.

Tailor-made module	Mirroring	Deconstructing DMT culturally	Institutional settings-questionnaires	Emphasizing the facilitation of client expression through movement.
Psychology informed	Shift from a traditional client-therapist dynamic to a dancer-to-dancer relationship.	Challenging reductionist approaches prevalent in Western models of DMT.	Clinical cases-psychiatric measures and surveys	Use group psychology to foster individual growth

Table 5.3: Malini Nagpal's conceptualisation on DMT in India

As a dance therapist, Malini creates a therapeutic space by fostering a connection among the individuals in a group session. She observes that in dance classes, individuals often unconsciously synchronize their movements with others, reflecting the essence of dance therapy. This process of nonverbal conversation, where participants respond and mirror one another's movements, forms the foundation of her therapeutic approach. She identifies herself solely as a dance therapist, as opposed to engaging in creative movement therapy or other related modalities. The focus is on facilitating dancing rather than prescribing specific movements or patterns. She assists and supports clients in choreographing their own dances, enabling them to express their emotions through movement. Her emphasis lies in recognizing the beauty and significance of each client's unique dance, refraining from breaking it down into prescribed movements. Malini clarifies that her practice is not about analyzing or deconstructing dance, as Western perspectives might

suggest, but rather embracing the holistic and culturally rooted nature of dance therapy, particularly in Indian contexts. Malini advocates for a paradigm shift in the perception of dance therapy, urging a departure from reductionist approaches prevalent in Western models. She emphasizes the significance of dance as a relational, therapeutic practice and highlights the need to recognize and preserve its roots.

Analysis of first-generation practitioners:

Upon analyzing the methodology of major practitioners in the first generation of dance movement therapists in India, it becomes evident that cultural factors have greatly influenced their therapeutic approach. Many of these practitioners have a background and training in Indian dance forms or other systems of arts. While some of them have acquired experiential knowledge about certain aspects of dance movement therapy (DMT) through their work with specific populations, others have been exposed to therapeutic approaches to dance. It is worth noting that practitioners like Ambika Kameshwar, Suchitra Date, Surangama Dasgupta, and Sohini Chakraborty do not have formal training in DMT. However, their exposure to diverse populations, psychological awareness, and knowledge of therapeutic principles have enabled them to work within the realm of DMT without explicitly labelling it as such. As mentioned earlier, prior to the 2000s, it was challenging to distinguish therapeutic dance from formal DMT due to the absence of structured training programs in DMT. Interestingly, all the practitioners mentioned above integrate psychological theories and psychotherapeutic frameworks into their methodology. Furthermore, their exposure to contemporary dancing, modern dance, or other non-structured movement practices has broadened their movement vocabulary beyond their classical dance training. Collaborations with professionals from different movement modalities and training in diverse

dance forms have significantly influenced their approach to methodology, structure, and philosophy in their practice of dance movement therapy.

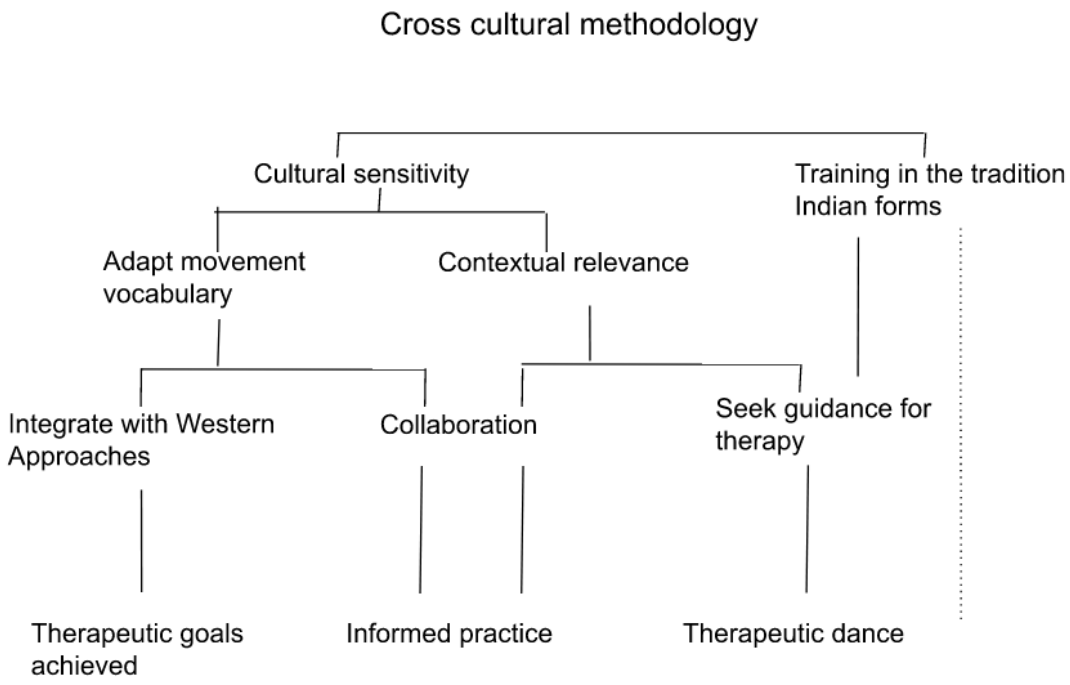

Fig. 5.37: Cross- Cultural Methodology of DMT practices in India

The major indicators that directly contributed to the analysis of the methodology and philosophy of first-generation practitioners include:

- Socio-cultural influences on methodology
- Background in Indian dance forms and systems of arts
- Experiential knowledge and exposure to therapeutic approaches
- Integration of psychological theories and psychotherapeutic frameworks
- Inclusion of non-performatory, therapeutic goal-oriented philosophy
- Expansion of movement vocabulary through exposure to contemporary/ modern dance

- Collaborations and training in diverse modalities

No	Name	Initial Training	Collaborations	Western approach creative dancing in DMT	Year	Methodology
1	Ambika Kameshwar	Bharathanatyam and Indian theatre	Physiotherapists, occupational therapists, special educators	Narendra Sharma and Bharath Sharma	1988	“Theatre arts in holistic development”
2	Tripura Kashyap	Bharathanatyam-Kalakshetra	Chandralekha and contemporary dance training, Bharat Sharma	Trained at Hancock Center for DMT	1989	Creative Movement Therapy Therapuetic dance in Education
3	Priti Patel	Manipuri	Sankeertana, Tangta	Expressive Therapy- Lesley College in Boston	1900	Integrated Dance therapy program
4	Suchitra Date	Bharathanatyam	PG in Psychology, social work, association with T.A. D'Souza	Experiential work. No formal training.	1991	Nritya for Body and Soul-Nrutyopachaar
5	Sohini Chakraborty	Sociology	Navanritya-Manjushri Sarkar, introduction to modern	Experiential work. No formal training	1995	Sampoornata Model

			dancing tech.			
6	Surangama Dasgupta	Kathak and Indian folk music	MSc Applied Psychology, Creative dance training	Certified counsellor	1995	
7	Malini Nagpal	Kathak	Associations with neurosurgeons	MS in DMT, University of California	1996	DMT
8	Brinda Jacob	Bharathanatyam	Contemporary dance-STEM dance Kampini	Training under Terry Braithwaite	1999	Creative arts therapy-Desire

Table 5.4: Overview analysis of First-generation practitioners

No	**Name**	**Institution**	**Year**
1	Ambika Kameshwar	RASA	1989
2	Tripura Kashyap	CMTAI	2014
3	Priti Patel	ANJIKA Center for Manipuri and Movement Therapy	1995
4	Suchitra Date	Nrityaprerana	1984

5	Sohini Chakraborty	Kolkata Sanved	2000
6	Surangama Dasgupta	Suchanda	1997
7	Brinda Jacob	SMART	2008

Table 5.5: Institutes of first-generation practitioners.

5.2 Second generation practitioners

The term 'second generation practitioners' has been coined by the researcher to provide a clearer understanding of the specific period of work by these practitioners. By categorizing them as second generation, the researcher aims to differentiate them from the earlier pioneers and acknowledge their contributions to the field of dance movement therapy in a defined timeframe. This categorization allows for a more systematic analysis and documentation of the work and advancements made by this group of practitioners during the specified period. The timeframe for second-generation practitioners in this study is defined as the years 2000-2010. Within this timeframe, practitioners who initiated their work, regardless of whether they received formal training in dance movement therapy (DMT) during this period, are included. The previously discussed inclusive parameters, such as their qualifications, experience, contributions to the field, and work with diverse populations, are applicable to second-generation practitioners as well. Additionally, practitioners who began their work within the specified timeframe but received DMT training later, towards the end of this period, are also considered based on the quality and extent of their work with different populations. This broader perspective allows for a comprehensive examination of the contributions and evolution of DMT during the second-generation period.

5.2.1 Preetha Ramasubramanian

Preetha Ramasubramanian's journey in the field of therapy and education has been marked by a diverse educational background, a PG Diploma in Special Education and Teaching, a master's in Psychology, and an MA in Dance Movement Psychotherapy. She started her work as a special educator using dance as a medium, working with children and adults. Starting her career in 2000 at Vidyasagar (Spastic Society), she quickly realized the potential of dance movement in working with children and adults. This led her to further explore the field in the UK, where she continued her work as a special educator at Walton Leigh School, Surrey, incorporating movement into her teaching practices. After returning back to India, she started working with the clinical population and differently-abled children. Preetha's experience spans over several years, with clients she has been seeing for a long time, some even up to nine years. While Preetha has drawn inspiration and knowledge from her experiences in the West, she recognizes the need to adapt and make therapy culturally significant in the Indian context. Preetha's commitment to ethical practices and understanding the most effective ways of working guides her in creating a structured session that suits individual or group requirements- verbal processing and body-oriented approaches are integral aspects of the sessions, allowing one to express and explore thoughts and emotions. "Individual sessions generally last for a maximum of one hour and may start with either conversation and sometimes with gentle 'warm-up' exercises, whichever the client prefers" (kinesthetics). "How do you create co-creation space rather than taking over their agency in some way because these are the people who already feel very helpless in their lives." (Ramasubramanian) Setting boundaries is an important aspect of the therapeutic process, and Preetha recalls the challenges of doing so in the Indian cultural context. She emphasizes the need for clear communication regarding boundaries and ensuring an understanding of the parameters of

the therapeutic relationship. In a society where mental health was once stigmatized, Preetha recognizes the evolving awareness and works towards creating a more open dialogue about mental well-being. Assessment is a crucial component of Preetha's work, and she utilizes her own tools, including observation of movement patterns and psychotherapeutic analysis, to understand clients' progress and needs. These assessments are the base for tailoring the sessions to specific requirements, without solely focusing on physical movements but rather on holistic growth. Extending beyond individual therapy sessions, she has been actively involved in advocacy work, collaborating with organizations and working closely with the Ministry of Health and Family Welfare to bring recognition to dance movement therapy as a separate licensed profession in India. Through her efforts, dance movement therapy is becoming a specialized licensed profession, and regulations are being put in place to ensure quality and standards in the field. Preetha founded Kinesthetics – Dance Movement Psychotherapy and counselling centre and is the founder and President of IADMT.

5.2.2 Rumya Natraj

Rumya, a practitioner of Bharatanatyam and a clinical psychologist, holds many qualifications in the field, including a Diploma in Counselling Psychology and a Diploma in Dance-Movement Therapy from the Tata Institute of Social Sciences (TISS). Since 2012, Rumya has been practising as an independent dance movement therapist, conducting workshops and seminars for diverse groups such as differently-abled children, senior citizens, street children, college and school students, and corporate employees. Rumya's methodology involves designing sessions that are filled with creative activities and different types of movements using props such as balloons, streamers, colours, and stretchable cloth (Coutinho). Starting with the icebreaker, she works on activities cultivating empathy, emotional processing, group activities, and cool-down.

Each activity has a specific goal and structure, but within that framework, participants enjoy the freedom to express themselves and move according to their own inclinations. This approach allows for acknowledging and redirecting active behaviours in a constructive manner. At the end of the sessions, participants are educated on how they can implement the learnings from dance movement therapy into their daily lives. Rumya's work extends to various groups across Mumbai, including special children groups, the Paraplegic Foundation, senior citizens groups, rescued girls, school and college students, and more. Depending on the specific needs of the group, sessions may focus on stress release or go deeper into emotional aspects (Shanker). Rumya incorporates classical dance movements to build physical muscle strength, motor coordination, attention span, and multitasking abilities. This integration of classical dance with dance movement therapy techniques adds a unique dimension to the therapy sessions, especially for special children who are already learning classical dance through conventional methods. Evaluation and assessment are based on notes taken during the activities, with special observations documented at the end. She started her organisation Nrityasamarpanam Institute of Classical Dance and Therapeutic Movement in 2015.

> *As a practitioner, the idea that attracts me the most towards this concept is its flexibility and applicability to diverse groups. I'm challenged at every point to bring in innovative ideas in order to meet the demands of the group I'm working with. Although it is a therapy, it differs from other conventional therapeutic methods in the sense that it is more enjoyable, active and works on the individual as a whole. DMT practitioners strongly believe in maintaining a non-judgemental attitude towards their clients, and there is also unconditional acceptance of the individual-s. Although DMT works best in a group setting, however, in selective cases, planned individual sessions seem more beneficial.* (Nrityasamarpanam).

5.2.3 Shabari Rao

Shabari Rao, an artist, and educator, began her career as a professional dancer - therapist in 2001. Despite studying Kathak and contemporary dance, she felt restricted by the prescribed movements and decided to focus more on education. Rao emphasizes the intersection between therapy and education, believing that a safe and secure environment is essential for creative engagement. She has developed ways to create a sense of safety, allowing individuals to express themselves authentically. Rao's educational journey includes studying contemporary dance at Laban in London and pursuing a Master's in Dance and Education from the Royal Academy of Dance. She has taught at the Shanti Institute of Art and Design in Bangalore and observed the potential for hidden emotions to surface through movement. In her work, Rao focuses on the emotional and psychological well-being of undergraduate students, whom she finds to be a vulnerable population experiencing significant identity formation and pressure. She notes that therapeutic dance can be integrated into various educational objectives, such as academic learning, cultural understanding, or psychological intervention. Apart from educational settings, Rao has also co-directed a play called "Positively Shameless" that combines therapy and art to address the experiences of adult women with a history of child sexual abuse. While she does not have a specific module, Rao values creating a safe space where individuals can engage authentically without the need to please others. She invites participants to explore their own interpretations of frameworks and instructions, taking responsibility for their choices and understanding what feels right for them (The Hindu).

5.2.4 Reetu Jain

Reetu Jain is the Co-Founder of the Creative Movement Therapy Association of India (CMTAI) and is a certified Creative Movement facilitator who holds a PhD in Creative Arts Therapy. Reetu's professional journey has been marked by a deep commitment to serving underserved adolescents and the transgender (hijra) community (Dadafest). Through her expertise in creative movement therapy, she has empowered individuals from these communities to explore their emotions, find their voices, and embrace their identities. Reetu Jain's background as an Indian classical dancer further enriches her therapeutic practice. With a profound knowledge of various folk dance forms such as Dandiya, Rajasthani, and Bangda, she has integrated therapeutic dance methods since 2003 (Jain). Initially, Reetu conducted workshops across diverse populations, using movement as a means of self-expression and healing. In 2011, Reetu Jain forged a significant partnership with Tripura Kashyap, focusing on the psychotherapeutic aspects of Dance Movement Therapy (DMT). She then delved deeper into the therapeutic potential of movement and developed a profound understanding of its psychological and psychotherapeutic impact.

5.2.5 Hema Swaminathan

Hema Swaminathan began working with movement in 2005, incorporating it into her behavioural programs with adults. Movement has always been a part of Indian culture, bringing healing and spirituality. As a facilitator, she naturally progressed to using movement in her workshops. The body's intelligence allows movement to tap into the subconscious mind more easily. Swaminathan has been inspired by Tripura and Marian Chace, who use movement in their work. She emphasizes the importance of qualifications in movement therapy and highlights the influence of Chace's authentic movement technique. Initially, she used movement as a tool in

corporate workshops for mental and emotional wellness. Movement can help connect with the body's intelligence and emotions. Swaminathan's work integrates dance, drama, and drawing in education, emphasizing their value in various subjects. The therapy sessions typically last around one to one and a half hours and include movement, music, and artwork. Assessment tools like Laban's movement analysis provide valuable information about clients' spatial awareness and eye contact. Introducing movement can be challenging as it is a new concept for many. However, witnessing clients' progress and transformative experiences is rewarding. Swaminathan, in her conversation with the research scholar, shares a personal success story of a client with autism and dyslexia who found her rhythm and passion through drumming.

5.2.6 Anubha Doshi

Anubha, a dedicated practitioner of Dance Movement Therapy (DMT), embarked on her journey in 2006. With a background in psychology and a passion for the arts, she found her calling in working with the clinical population, particularly children with special needs. Anubha's approach was holistic, using creative arts- drama, music, visual arts, poetry, and gestures incorporating various art forms and expressive techniques to cater to each individual's unique abilities and preferences. Anubha uses mindfulness techniques, infusing her sessions with sound, movement, and body-mind awareness. Recognizing the diverse responses of different client groups, Anubha adapted her therapeutic strategies and methodologies accordingly, using techniques from mindfulness-based interventions and an intersection of Buddhist psychology, allowing the clients' interests and responses to guide the therapeutic process. While children with Down syndrome showed enthusiasm for dance, those with autism responded more positively to music, making it an individualized client-based methodology. She devised creative musical activities and games to engage and connect with them. Alongside her psychology studies, she

developed her own expressive arts assessments and utilized creative tools to generate insightful and imaginative reports, aligning with the concept of arts-based research, where even session notes and reports are considered artistic expressions. Anubha found her niche at the intersection of Eastern philosophy and expressive arts, drawing wisdom from indigenous traditions and infusing it into her therapeutic practice.

Recognizing the need for formal training in Dance Movement Therapy, Anubha, along with her colleague Tripura, aimed to establish a structured program. Together, they collaborated with Pune University to design a curriculum and obtain formal recognition for their training program. Anubha, in her interview with the Researcher, emphasized meeting the clients where they were, allowing the therapeutic process to unfold naturally. Anubha acknowledged that although she carried a wealth of knowledge and techniques with her, she approached each session with a blank slate, responding intuitively to the clients' cues and facilitating their own self-discovery. Anubha established Artsphere in 2013, an immersive arts venue that promotes active involvement and interaction with performing arts and provides transformative therapeutic and spiritual experiences through artistic engagement.

5.2.7 Supritha Aithal

Supritha Aithal is a DMT researcher working on the efficacy and review of interventions in DMT. Supritha's training in classical dance, particularly in Bharatanatyam and Kathak, laid the foundation for her understanding of movement. However, it was her educational journey in speech-language therapy and audiology that opened her eyes to the nonverbal elements of communication. Through her dance background, she sought to explore the application of dance beyond mere performance and to understand its role in communication. In 2008, Supritha stumbled upon a video that introduced her to the concept of DMT. Coming from a background of structured dance forms,

she was intrigued by the vastness and expressive potential of movement within the context of therapy. This discovery prompted her to delve deeper into the field, conducting research and seeking available information. Her experiments and research projects were based on her understanding of dance and movement applied to the client populations she worked with as a speech-language therapist. Her work involved teaching movements to support communication needs, but she had yet to grasp the full scope of facilitating therapy through movement. In her pursuit of bridging the gap between her existing knowledge and dance, Supritha explored the benefits of DMT. She gradually realized that her prior understanding of dance therapy was different from the contemporary definition of DMT, which emphasized creative expression. Through her own explorations, Supritha began to grasp the therapeutic potential of movement that emanates from within as a form of expressive power. After joining a certificate program in dance movement therapy in 2013, Supritha gained a deeper understanding of the field's applications and possibilities. Her perspective shifted from external movement training to facilitating internal movements for expressive purposes. She started recognizing the power of movement as a medium for exploring emotions and unspoken words. For her doctoral research, Supritha conducted a systematic review of existing studies on DMT, focusing on children on the autism spectrum and their caregivers. She developed a model based on the principles of intersubjectivity and kinesthetic empathy, aiming to explore how these principles could influence therapeutic interventions. The intervention approach was child-led and centred around bidirectionality, considering the reciprocal influence between caregivers' and children's well-being. The analysis of the intervention process involved an integrative and artistic approach, drawing inspiration from person-centred and psychodynamic theories. The sessions were semi-structured, allowing children to lead and express themselves through movement without the imposition of predetermined movements. The study

employed a mixed-methods design, combining artistic inquiry to document the process and quantitative measures such as questionnaires to assess the impact on communication, social behaviours, and well-being.

Supritha's interdisciplinary background in dance, speech-language therapy, and audiology has provided her with unique insights into the multilayered nature of movement. Through her research and practical experiences, Supritha has contributed to the evolving field of DMT, expanding our understanding of movement as a means of expression, communication, and therapeutic intervention (Edge Hill).

5.2.8 Devika Mehta

Devika Mehta, a registered Dance Movement Psychotherapist (R-DMP), began her career as a Clinical Psychologist Student Trainee and later obtained an MSc in dance movement psychotherapy from Queen Margaret University College. With extensive experience working with diverse populations, she incorporates Indian forms into therapy sessions, aligning them with clinical goals and client preferences. Throughout her career, she has worked extensively with diverse populations, including individuals with schizophrenia, bipolar disorder, alcohol addiction, depression, personality disorders, childhood disorders, and those in alcohol and drug rehabilitation units. She has also provided therapy to individuals with psychotic disorders and depression, among others. Devika's approach is developmental, influenced by theorists like Su Thora, and integrates neuroscientific techniques. In multidisciplinary teams, she focuses on specific movements to enhance self-regulation, social skills, and connection. In school settings, DMT is included in the timetable for all students, and individual goals are set within group goals. Over time, her methodology expanded to encompass insights from neuroscientific research. This expansion was influenced by her volunteer work as a therapeutic dance facilitator for the Parkinson Society from

2009 to 2011, during which she also pursued her clinical psychology studies. Through this experience, she gained exposure to the Dance for PD program, which involved training with experts in the field who specialized in using dance as a therapeutic intervention for individuals with Parkinson's disease. Devika adapted and applied these learnings to the Indian context upon her return in 2014, incorporating neurodevelopmental and neuroscientific approaches into her practice. Her module is guided by the integration of the neurodevelopmental and KMP (Kestenberg Movement Profile) frameworks. These frameworks provide a structured approach to building upon previous movement patterns and developmental stages.

Devika Mehta incorporates elements of Indian forms into her therapy sessions, ensuring that they align with specific clinical goals. For instance, when working with children who express a desire to dance to a particular Marathi song or perform the Garba, Devika utilizes these folk forms as a means of building rapport and addressing therapeutic objectives. Private practice duration varies, with a culturally based approach that adapts to the client's context. Effective communication of movement instructions is essential, and while her clinical notes may reflect Western influence, her implementation work remains culturally grounded. Her therapy goals focus on utilizing specific movements, such as rhythms and pathways on the floor, to enhance self-regulation, social skills, and connection among clients. In school settings, DMT is incorporated into the timetable for all students, regardless of identified therapeutic needs, with individual and group goals established. She founded ‘Synchrony’ imparting counselling and DMT sessions for individuals.

5.2.9 Ritushree

Ritushree is a DMtherapist with a Master’s degree in Psychology, an MA in Dance/Movement Therapy and Mental Health Counseling, and a PhD in Expressive Therapies

from Lesley University. Her professional journey began in 2008 at the Delhi Psychiatry Center, where she conducted group therapy sessions for patients with diagnoses such as schizophrenia, OCD, substance abuse problems, and other Axis I disorders. Ritushree has specialized experience in working with children with specific needs. She has conducted Expressive/Dance Therapy group sessions for children with Autism Spectrum Disorder and Sensory Processing Difficulties in the age range of 2-5 years. Additionally, she has provided Early Intervention Therapies/Dance Therapy group sessions for children with ADHD and Sensory Processing Difficulties in the age range of 5-10 years. Her interventions have focused on social, language, and communication skills for children with autism, as well as therapeutic approaches for emotional and attachment dis-regulation in children with ASD and ADHD. Ritushree primarily utilizes Play Therapy with movement assessments using the Kestenberg Movement Profiling. Ritushree's therapy sessions begin by observing the child's current activities. Unlike activity-based sessions, she focuses on individualized approaches. If a child is engaged in repetitive actions or not making eye contact, Ritushree uses sensory mediums like spray bubbles, balloons, or a crash pad to join in and establish a sense of connection. Her primary goal is to initiate joint attention and foster a strong therapeutic bond, as this connection serves as a foundation for achieving other developmental goals. In individual sessions, she tailors her approach to the child's movements and sensory awareness, aiming to engage them in a meaningful way.

She takes a developmental approach to understanding how a child progresses from infancy to adulthood, including their neurobiological and sensory system development. When working with a specific population, she adapts to the approach that works best for them. Understanding the sensory system and sensory integration is crucial in her work, as she creates a sense of connection and trust by using sensory mediums. Ritushree, in her work, makes use of multiple assessment

scales to evaluate and measure the progress of her clients. These assessment scales provide a structured framework for assessing various aspects of an individual's development, behaviour, and functioning. Some of the assessment scales she mentioned include the Adaptive Scales, which help in evaluating adaptive skills and behaviours, like the Vineland Adaptive Scale, which assesses adaptive behaviour across different domains, SCARS, which may be a specific assessment related to her practice, and M-CHAT (Modified Checklist for Autism in Toddlers), which is a screening tool for identifying potential signs of autism spectrum disorder in young children.

5.2.10 Rashi Bijlani

Rashi Bijlani Tandon is an accomplished Dance Movement Psychotherapist (ADMP, UK), Child-Parent Therapist, and Child and Adolescent Rehabilitation Psychologist. She commenced her therapeutic career at the Hope Foundation in 2010, where she worked extensively with children diagnosed with Autistic Spectrum Disorder (ASD). After completing her MA in DMP in London in 2012, she served as a therapist at Asha Hai & Centre for Dance Movement Psychotherapy. Recently, Rashi has established the Centre for Dance Movement Psychotherapy (CDMP), a unique platform that brings together professionals from various creative arts fields.

Fig. 5.38: Rashi Bijlani using the Chacian circle approach, working with children with Dyslexia. (Courtesy: http://rashibijlani.blogspot.com/?view=classic)

Her comprehensive methodology incorporates Body Mind Psychotherapy, Dyadic Developmental Psychotherapy, Intensive Short Term Dynamic Psychotherapy, Parent Work, Parent-Child Interaction Therapy, and Person-Centered approaches. In a therapeutic session, Rashi follows a structured framework that includes a Hello Song and Rapport Building, Basic Warm Up, Thematic Body Movement and Attunement, and Closure (Hai). "DMP sessions act as a rehearsal ground where actions can be imitated and seen as to how they can be replayed in the real world around us." (Bijlani)

She uses psychometric assessment methods along with developmental checklists while working with children. She has extensively worked with children in the Autistic spectrum, Cerebral Palsy, Down Syndrome and Intellectual Disability, focusing on child-parent psychotherapy. She has made significant contributions to the field by providing therapy at Tata Memorial Hospital in Mumbai, where she works with children bravely battling cancer.

5.3 Third generation practitioners

The period between 2010 and 2020 in India marks the emergence of the third generation of DMT practitioners, which is significant due to the influx of master's graduates returning to India during 2013-2015 and practising with proper licensing from organizations such as ADTA. This period witnessed a transformative shift in DMT practices with the establishment of numerous organizations and centres, encouraging more individuals to take up DMT professionally. After 2010, there has been an increased awareness of the benefits of DMT in India, leading to its integration into various healthcare settings, educational institutions, and community programs. Several organizations and practitioners have emerged, offering DMT services and conducting workshops, training programs, and research studies. The third generation of practitioners can be broadly classified into two groups: those who pursued their master's degrees abroad, obtained

licensing there, and then returned to work in India, and those who completed certificate or diploma courses from Indian institutes and began their DMT careers. This period also witnessed the institutionalization of DMT practices in India, leading to the rise of certificate and diploma programs offered by Indian institutes.

This research focuses specifically on the third generation of practitioners and does not consider therapeutic dance practitioners after the year 2000, as the field began to adopt a more linear and scientific approach, integrating psychological theoretical frameworks and psychotherapeutic principles. One noteworthy aspect of the third-generation practitioners is their increased acceptability in the clinical spectrum. Many of them worked in clinical settings such as hospitals and care centres, focusing on specific ailments and providing an empirical approach to DMT in India. The growth of organizations like IADMT and CMTAI during this period contributed significantly to the standardization and popularity of DMT studies, leading to a surge in the number of DMT practitioners after 2015.

5.3.1 Anshuma Kshetrapal

Anshuma Kshtrapal is a registered Drama and Movement Psychotherapist. She is affiliated with BADth (British Association of Dramatherapists) and holds a master's degree in Drama and Movement Therapy (Sesame) from London (IADMT). Anshuma's professional expertise lies in the integration of drama, movement, and other arts within the psychotherapeutic framework, earning her recognition as a Creative Arts Psychotherapist.

Over a decade ago, Anshuma embarked on her journey into drama psychotherapy, driven by a realization of the significance of incorporating the body in therapy to effectively address trauma and emotional struggles. Drawing from her background as a psychoanalyst, she recognized the limitations of traditional talk therapy in engaging clients on a profound level. Initially focusing

on marginalized populations in India, including individuals seeking asylum from domestic violence, children with profound learning disabilities, incarcerated individuals, and those grappling with mental health issues, Anshuma created a safe and inclusive space for individuals to express themselves and embark on their healing journeys. Central to her therapeutic approach is the recognition that therapy must be tailored to each individual, as there is no universally applicable approach to healing. Her methodology, known as the SES method, draws from the foundations of Yin, Laban movement work, and the Chacian approach. Within her therapeutic sessions, Anshuma employs a combination of structured exercises, improvisation, and free movement, encouraging clients to explore their bodies, emotions, and thoughts. The client-centered nature of her practice emphasizes the importance of understanding different theories and methodologies, and their applicability on a case-by-case basis. Through this process, clients are able to access their inner resources, gain insight into their experiences, and develop new ways of relating to themselves and others. Fostering a collaborative and empowering therapeutic relationship, positioning herself as a facilitator and guide who accompanies clients on their healing journeys. She places great importance on creating a safe and non-judgmental environment where clients feel acknowledged, listened to, and validated. Establishing this foundation of trust is crucial for clients to open up, explore their vulnerabilities, and embrace personal growth. Additionally, Anshuma acknowledges the significance of supervision and ongoing professional development, actively engaging in continuous learning, seeking inspiration from diverse practitioners, and integrating various therapeutic orientations into her work.

She underscores the need for therapists to maintain objectivity in therapy, cautioning against excessive personal attachment to cultural practices. She asserts that objectivity is essential for therapists to effectively address their clients' needs. Anshuma expresses concern about the

potential lack of objectivity within the field of movement therapy and emphasizes the importance of rigorous research and evidence-based practices. She criticizes the inclination to create new therapeutic fields solely based on personal preferences, emphasizing the significance of proven efficacy and the study of existing theories and practices. Anshuma acknowledges ongoing efforts in India to establish a decolonized definition of dance therapy; however, she advocates for the necessity of substantial research before adopting existing definitions (Lone pack).

5.3.2 Mugdha Shivapurkar

Mugdha Shivapurkar is a visual art therapy facilitator and psychologist, having finished her MA in clinical psychology started working as visual art facilitator in 2015. Mugdha's initial work involved a project with Teach for India, where she integrated creative arts to promote the overall well-being of school children. She conducted movement-based sessions for seventh and eighth-grade students, focusing on the mind-body connection, presence, calmness, and breath. While the techniques she used were influenced by Western theories, she made sure to adapt them to the local context by conducting sessions in the local language, blending Hindi with bits of English. Mugdha embraces the resourcefulness and multipurpose nature of Indian culture. Instead of using specific Western props like scarves, she incorporates culturally relevant items such as dupattas. Mugdha's methodology typically includes an opening ritual, a warm-up session, a main activity, verbal processing during debriefing, and a closing ritual. Her work extends to various populations, including neurotypical individuals, those with special needs, and diverse clinical populations.

> *If you're working with a child with ADHD and aiming to improve sustained attention, I might employ a dynamic approach that incorporates movement while still addressing the goal of sitting in one place and focusing. For instance, I introduce activities that involve*

> *the child moving between different spaces, such as sitting down to color, then getting up to walk to another area, followed by sitting down again to fold a piece of paper, and so on. This approach allows the child to release energy through movement while also providing opportunities to practice sustained attention and processing tasks.* (Shivapurkar)

Mugdha emphasizes tailoring the activities to the specific needs of the client, ensuring that the movement component supports their engagement and overall therapeutic progress. To assess the effectiveness of her interventions, Mugdha uses a group observation sheet that covers physical, social, and emotional criteria. This assessment is conducted both before and after the sessions to measure progress and impact. Mugdha's approach combines her expertise in psychology, visual art therapy along with Drum circle facilitation, Bach Flower Therapy and Adlerian Therapy. She is the co-founder of 'The Secret Ingredient Mental Healthcare.'

5.3.3 Neha Christopher

Neha Christopher, a creative arts therapist, employs a mixed model approach in therapy, with a primary focus on dance/movement. Alongside this, she incorporates art (visual), crafts, drama therapy principles (such as role play and character building), as well as music (including the creation of live music during sessions) to enhance the therapeutic experience. Starting her career as a therapeutic dance facilitator, Neha Christopher worked with students of diverse disabilities such as Down syndrome, learning disabilities, and physical deformities in schools. She acquired her initial learning at SMART by Brinda Jacob in 2013 and holds a BA in Psychology, an MSc in Dance Movement Therapy, and is currently a graduate researcher, working on psycho-education initiatives.

Fig. 5.39: Workshop facilitated by Neha, published in myrepublica (MyRepublica).

Neha works with body focussed theories with a person-centered approach, focussing on kinesthetic empathy. “Although kinesthetic empathy holds great potential for addressing emotional dysregulation, it is an under-utilized dance/movement therapy intervention in health optimization, especially in adults living with treatment-resistant depression.”(Christopher, Tamplin). Neha has extensively worked with teenagers suffering from affluent neglect in New Delhi.

5.3.4 Tarana Khatri

Tarana Khatri is a registered Dance movement Psychotherapist who embarked on her professional journey in 2011 at RASA, where she began her work as a facilitator for individuals with special needs. Concurrently pursuing her graduation in Psychology, she further honed her skills as a movement therapist after completing her MS in Dance movement psychotherapy. Her methodology is rooted in DMT principles, using movement engagement, verbal interaction and play-based processing.

Fig. 5.40: Tarana Khatri engaging in movement facilitation (Courtesy: Horizon Therapy Center)

Fig. 5.41: Play based movement interaction (Courtesy: Horizon Therapy Center)

"Play is an activity that consists of a mixture of familiar and new ideas that are an amalgamation of creative imagination and general thinking" (Khatri). Tarana, in an interview, explains her structure of a session:

> *It's a three-part session- you start with an opening ritual, which is usually a transition into a therapeutic space. It could be just a verbal check-in, a body check-in or maybe some breathwork. Then there's an exploratory part of a session where you really go into what it is that we want to look at in that particular session. With children or even with adults, it could be just playing. It could be pure spontaneous playing, it could be in-depth processing*

of trauma, it could be identifying a person's response to stress or identifying triggers of one's worry and concern. (Khatri).[156]

Tarana is the co-founder of Synchrony India, working to empower the healing techniques of DMT among different populations.

5.3.5 Preeti Rajagopalan

Preeti Rajagopalan's journey exemplifies the intersection of personal experiences, professional aspirations, and the emergence of DMT as a therapeutic discipline. Despite her extensive experience as a dancer, she found herself disconnected from the art form, as she had a break from dancing. However, her desire to rekindle the joy of dance prompted her to explore its therapeutic potential. She discovered that engaging in dance had a profound impact on her mood, resulting in a shift towards a more positive outlook. Inspired by her personal experience, Preeti began researching dance therapy and embarked on a training program to expand her knowledge and skills. In 2015, she enrolled in a training program in Belgium, immersing herself in the study and practice of DMT. Over the course of three years, she received comprehensive training from experienced faculty members, many of whom held leadership positions within the ADTA.

Preeti's journey led her to specialize in working with children, particularly those on the autism spectrum. Collaborating with schools and organizations in Bangalore, she dedicated her energy to helping children with special needs through DMT interventions. Her work extended to

[156] "So, the exploratory part of that session is about really exploring and expanding the experience that the person is in therapy for. The level of movement engagement in that section can vary depending on the comfort of the person that you're working with, how open they are to movement engagement, and what their range of mobility is. It kind of translates into a verbal discussion, acknowledging the realizations and insight that may have come in during the exploration, how that can be integrated into their learnings about themselves and then how this could be further integrated into their behavioural responses. The last part of the session is usually a closing. I think if you talk to any creative arts therapist, for most of us, rituals are so important. So is the closing and winding down of that shared space because, in the exploration session, it is a shared, co-created space. It's not me saying 'let's do this', and it's not the client telling me to listen to all their troubles. It's a very co-creative space. It's this dialogue. Even if it's in the body, there's the concept of a dialogue. There's a concept of give and take. So it's important to finish that integration and prepare them to carry that forward into their lives."(Lone pack).

children with cerebral palsy and other physical and developmental challenges. Preeti's approach to DMT with children involved incorporating warm-up exercises, dance movements, and elements of yoga. Sessions typically began with a designated song to signal the start of the therapeutic experience. Activities were tailored to address specific goals, such as group cohesion or individual regulation. Preeti maintained flexibility, adapting her interventions based on the unique responses and needs of each group. Following the completion of her training, Preeti expanded her practice to include one-on-one therapy sessions with adults. She adjusted her approach to meet the specific needs and goals of each client, using a combination of warm-up exercises, dance movements, and other techniques. The COVID-19 pandemic limited her group work, prompting a focus on individual clients. Preeti's approach to assessment in DMT focused on intuitive observation and attunement to clients' movements, expressions, and verbal sharing during sessions. Psychological tools and questionnaires were not employed, as Preeti relied on her instinctive understanding of the clients' needs and progress.

5.3.6 Ruchi Shah

Ruchi Shah is a Registered Dance Movement Therapist who began her journey in the field as a Dance Movement trainer and yoga instructor at the Nirmaya Foundation in 2013, where she conducted movement workshops. With a passion for supporting individuals with developmental disabilities, Ruchi has worked with adults in this population and further enhanced her expertise by completing her master’s in Dance Movement Therapy and officially started practising as a Dance Movement Therapist in Mumbai in 2018. Ruchi is the founder of “the rhythm project”.

5.3.7 Nikita Mittal

Dr Nikita Mittal is a co-founder of the master's degree program for dance therapy at Pune University. In 2010, she established Life and Dance, an organization dedicated to promoting wellness through dance therapy interventions. Nikita Mittal began her work in 2007 with Let's Play, a paediatric rehabilitation centre specifically for special needs children.

5.3.8 Disha Sampat

Disha Sampat embarked on her journey as a mental health therapist, initially working at SPJ Sadhana and Fairyland School in Mumbai. As the founder of MotionsEmotion, she has made significant contributions to the field of therapy. Disha holds a master's degree in DMT from Pratt Institute in New York City. Her methodology is rooted in integrating verbal counselling and allied artistic modalities.

5.3.9 Aditi Trivedi

Aditi Trivedi, a registered dance movement therapist, embarked on her professional journey at the Vallabhdas Dagra Indian Society for the mentally retarded in 2015. Inspired by this, Aditi pursued a master's degree in DMT to further her expertise, gaining extensive work experience in various healthcare settings, including hospitals, outpatient clinics, and care facilities. Additionally, Aditi worked in a children's hospital, an in-patient unit for adults with psychiatric disorders, an in-patient unit specializing in geriatric mental health, and an outpatient agency for children and families. This breadth of experience enabled her to adapt her therapeutic interventions to meet the unique needs of each client population. "She has written extensively on neurobiological pathways like the mirror neuron system, the autonomic nervous system, neurotransmitters, and

hormones that help support the therapeutic movement relationship, which lies at the core of any DMT session, because of the role they play in factors such as mirroring, attunement, empathy, and synchrony." (Trivedi).

5.3.10 Deepa Sai Avula

Deepa Sai, a passionate dance movement therapist, began her journey in 2015 by working at a school where she introduced dance as an educational and therapeutic tool. Deepa's commitment to professional growth led her to pursue a master's degree in DMT. She is a queer affirmative therapist. Deepa Sai has also obtained certification in couple therapy, further augmenting her skills as a therapist.

5.3.11 Nishi Joshi

Nishi Joshi is a dedicated Movement Psychotherapist who embarked on her professional journey in 2016 at the esteemed Asha Hai therapy centre. Her passion for helping individuals with complex needs led her to complete her master's degree and establish The Acres Foundation. She has dedicated her expertise to collaborating effectively with various departments and professional teams in refuges, mental health centres, and schools. Her methodology is based on psychodynamic psychotherapy, psychoanalytic psychotherapy, and social-emotional learning.

5.4 Analysis

During the data collection for this study, many other third-generation practitioners were recognized for their contributions in the field of dance movement therapy in India. Some of these practitioners include Janavi Anant, Aanchan Viswanathan, Aparna Ramakrishnan, Rashi Trehan, Sindhura Yamini, Aditi Boradkar, Karishma Harlalka, and Angirra Chakraborty, Niharika Shah,

Simone Saiya, Yahsvi Bhatnagar, and Saar Dhangya, among others. While the study acknowledges the presence of numerous other practitioners who have made significant contributions to the field of dance movement therapy in India after 2010, certain criteria and limitations have led to the documentation of data being limited to the practitioners mentioned above. Factors such as their area of specialization, qualifications, experience, and specific research focus were considered when selecting the practitioners for this study. The intention behind focusing on a select group of practitioners was to provide a comprehensive analysis of their work and shed light on the clinical practice, academic inputs and the organisational approaches of each practitioner.

The analysis of the study on third-generation dance movement therapy (DMT) practitioners reveals several key findings. Firstly, many of these practitioners are licensed professionals who have obtained their licenses and registrations from bodies outside India. This is due to the absence of a centralized licensing body in India that provides registration or licensing for therapists. Consequently, these practitioners hold certifications from international organizations, which adds credibility to their practice. Given below is the table explaining the licensing by third-generation practitioners.

No.	**Name of the Practitioner**	**License/Registration**
1	Anshuma Kshetrapal	BADth (British Association of Dramatherapists)
2	Neha Christopher	New York State Education Department, BC-DMT ADTA

		AThR[157] ANZACATA[158]
3	Tarana Khatri	ADMP[159] , UK
4	Ruchi Shah	ADTA
5	Disha Sampat	ADTA
6	Aditi Trivedi	ADTA
7	Deepa Sai Avula	ADTA
8	Nishi Joshi	RDMP

Table 5.6: Licensing and registration of third-generation practitioners

A notable difference observed in the approach of third-generation practitioners is their emphasis on psychotherapy, psychology, and other Western theories and philosophies, rather than focusing on culturally indigenous elements in DMT.

This shift in methodology reflects a broader trend of aligning with established Western therapeutic models and frameworks. Moreover, it was found that most third-generation practitioners specialize in working with clinical populations that face serious issues. The majority of the third-generation practitioners have received clinical training and supervision during their

[157] Registered Arts Therapist
[158] professional body of creative arts therapists in Australia, New Zealand and the Asia/Pacific region
[159] he Association for Dance Movement Psychotherapy UK

master's program. This extensive clinical background has equipped them with the necessary skills and knowledge to effectively work with individuals who are facing serious mental health challenges and require clinical intervention. These practitioners are well-prepared to provide therapeutic support to clients who are receiving clinical treatment, ensuring that their interventions are appropriate and beneficial to their clients. Their training and expertise enable them to effectively address the specific needs and concerns of these populations, making a significant impact on their well-being. The table below lists the third-generation practitioners who work in clinical settings.

No.	Name of the practitioner	Hospitals/ clinical setting
1	Anshuma Kshetrapal	Apollo Spectra Hospital, Delhi'
2	Neha Christopher	
3	Tarana Khatri	Cambridge Medical Center
4	Ruchi Shah	SPJ Sadhana School, Prisim Health Institute – The Healing Temple
5	Disha Sampat	Woodhull Medical and Mental Health Center
6	Aditi Trivedi	Haven Behavioral Hospital, Children's Crisis Treatment Center, Kennedy Memorial Hospitals
7	Deepa Sai Avula	B'nai B'rith Housing

Table 5.7: Practitioners working in clinical setting

Another noteworthy aspect is the educational background of these practitioners. Many of them have completed their master's degrees abroad and then returned to work in India. However, their pursuit of further studies continues, with some practitioners engaging in teletherapy or online sessions to offer their services remotely. This commitment to ongoing education reflects a dedication to professional growth and the desire to stay updated with the latest developments in the field. The table below signifies such practitioners who have taken training abroad as part of their master's program.

No.	Name	Master's program	University
1	Anshuma Kshetrapal	MA in Psychosocial Clinical Studies MA in Drama and Movement Therapy (Sesame)	Ambedkar University, Delhi Royal Central School of Speech and Drama, University of London
2	Tarana Khatri	MS Dance Movement Psychotherapy	Queen Margaret University Edinburgh
3	Mugdha Shivapurkar	Masters in Art Therapy	University of Roehampton
4	Ruchi Shah	MA Dance/Movement Therapy	Columbia College

		(DMT) & Counseling	Chicago, USA
5	Disha Sampat	MA DMT	Pratt Institute
6	Aditi Trivedi	MA DMT and counselling	Drexel University
7	Deepa Sai Avula	MA Clinical mental health counselling and DMT	Lesley University
8	Nishi Joshi	MA DMP	Goldsmiths, University of London

Table 5.8: Practitioners with Western training/ educational approach.

In terms of therapeutic approach, third-generation practitioners adopt a person-centred approach. They actively involve clients in the therapeutic process and prioritize the client's individual journey and progress. Session durations are typically fixed and standardized, typically lasting between 40 to 50 minutes, focussing on efficient and consistent therapeutic experiences. Furthermore, many of these practitioners demonstrate a gender-neutral approach, exhibiting an understanding and acceptance of the queer and LGBTQIA+ community. Importantly, none of the interviewed practitioners advocated for conversion therapy. They display openness and sensitivity towards the needs of non-binary individuals while also effectively addressing the mental health conditions and abilities of their diverse clientele. This inclusive and affirming approach contributes to a safe and supportive therapeutic environment. Ethics and boundaries are important considerations for third-generation practitioners. They are mindful of maintaining ethical principles and adhere to time frames and boundaries while working with clients. This awareness

helps establish professional boundaries and ensures the well-being and safety of both the therapist and the client. Clinical supervision is highly valued among these practitioners, who understand the importance of regular supervision and actively seek opportunities for ongoing professional guidance and support. In personal interviews, practitioners expressed how clinical supervision enhances their professional growth and positively impacts their emotional and mental well-being. This emphasis on supervision highlights their commitment to providing high-quality and ethically sound therapeutic interventions.

Lastly, many third-generation practitioners are engaged in teaching and sharing their expertise in various institutions, both in India and abroad. They offer lectures and classes to educate others about the significance, efficacy, and process of DMT. This academic involvement contributes to the standardization and popularity of DMT as a recognized therapeutic modality. These findings highlight the evolving landscape of DMT practice in India and the dedication of these practitioners to providing effective and inclusive therapeutic interventions.

No	**Name of the practitioner**	**Academic position**	**Course**
1	Anshuma Kshetrapal	Course Director, Supervisor and Faculty member	CMTAI certificate course,
2	Neha Christopher	Dance Therapy faculty, Expressive Arts Therapy guest lecturer, Curriculum design	St. Mira’s college St. Xavier's College

			CMTAI certificate course
3	Tarana	Visiting Faculty	St. Xavier's College, CMTAI certificate course

Table 5.9: Academic contributions/ teaching at various institutions

5.5 Analysis of second and third-generation practitioners

The narratives of DMT practitioners are scrutinized to offer valuable insights into their experiences, motivations, and approaches to therapy. By analyzing these narratives, the researcher has identified some key indicators, providing a comprehensive overview of the field in India. Based on the analysis of their work and practice in India, several key pointers emerge, highlighting common themes and experiences within the field of DMT. These indicators shed light on the transformative power of DMT and its impact on individuals and communities.

1. Personal Experience and Transformation:

   Many DMT practitioners in India have undergone personal experiences that have led them to discover the therapeutic potential of dance. A prominent indicator emerging from the narratives of DMT practitioners is the profound experiences that have transformed their journeys into DMT. These practitioners often have personal connections to dance and movement, which have positively influenced their own well-being, serving as catalysts for their engagement with DMT and inspiring their dedication to sharing its benefits with their clients. Many of the first and second-generation practitioners have imbibed their technique

of approach based on their training in the particular dance form, be it Indian Classical dances or indigenous folk elements.

2. Shift from Performance to Therapy:

A significant shift observed among DMT practitioners is a transition from a focus on performance-oriented dance to using dance as a therapeutic tool. DMT focuses on overall well-being rather than performance-oriented methodology. Especially the practitioners who deal with the clinical population are very clear about the empirical outcome rather than the performativity. Collaborative and empowering therapeutic relationships are the key factor with facilitators guiding their journey. The emphasis is on creating a safe and non-judgmental environment with the importance of trust, openness, and personal growth. In addition to the approaches of first-generation practitioners, many second-generation practitioners have undergone a significant transformation in their working strategies. While they initially started their careers as therapeutic dancers, they have gradually aligned their approaches with the principles of psychology and psychotherapy. This paradigm shift has allowed them to emphasize the therapeutic aspect of their work, focusing on the well-being and healing of their clients rather than solely on the performative aspects. This shift in approach has enabled the practitioners to advocate for dance movement therapy as a valid and indigenous treatment method. They have moved beyond the notion of dance as a mere performance and embraced its therapeutic potential. By integrating psychology and psychotherapy into their work, they have been able to create a safe and supportive environment for their clients to explore and express their emotions, enhance self-awareness, and promote personal growth. Through their continued professional development and collaboration with other mental health professionals, these

practitioners have gained a deeper understanding of the psychological aspects involved in their clients' experiences. They now strive to provide evidence-based interventions and incorporate therapeutic techniques that are grounded in psychological theories.

3. Specialization and Target Populations:

DMT practitioners in India often specialize in working with specific populations or addressing particular needs. Common areas of specialization include working with children, especially those on the autism spectrum or with physical and developmental challenges. Practitioners also work with individuals facing mental health issues, trauma, and diverse cultural backgrounds.

No.	**Therapist**	**Type of therapy**	**Major client population**
1	Reetu Jain	Creative arts therapy	Hijra community
2	Hema Swaminathan	Creative arts therapy	Children(overall development)
3	Shabari Rao	Therapeutic practitioner in education	Students in the age group (18-22) (Based on what)
4	Supritha Aithal	Speech-language therapist/audiologist DMT research	Children with special needs, adults with Parkinson's, and individuals with post-traumatic head injuries.

5	Anshuma Kshetrapal	Drama, movement psychotherapy	Diverse clients in a clinical setting
7	Anubha Doshi	Mindfulness-Based and Buddhist psychology	Diverse client groups in clinical settings, majorly special children
8	Devika Mehta	Creative Arts Therapy	Schizophrenia, bipolar disorder, alcohol addiction, depression, personality disorders, childhood disorders, Alcohol and drug rehabilitation unit, psychotic disorders, depression etc
9	Ritushree	Expressive therapy	Children with Autism Spectrum Disorder and Sensory Processing Difficulties, ADHD, ASD
10	Preetha Ramasubramanian	Dance Movement Psychotherapy	Diverse clients in clinical settings, adults and children with special needs, children on the autistic spectrum
11	Rumya Natraj	DMT	Paraplegic, differently abled children, children on the autistic spectrum
12	Mugdha Shivapurkar	Visual Art Psychotherapy	Diverse client population- differently abled, neurotypical, special needs.
13	Neha Christopher	Creative Arts Therapy	Diverse disabilities such as Down syndrome, learning disabilities, and physical deformities
14	Tarana Khatri	Dance Movement Psychotherapy	Children and adults with Neurodevelopmental and Behavioural Challenges

15	Rashi Bijlani	Dance Movement Psychotherapy	Child and Adolescents, autistic spectrum disorder, neurodivergent children
16	Ruchi Shah	DMT	Clients in inpatient psychiatric facilities, with developmental disabilities, experienced severe trauma
17	Disha Sampat	DMT	Workplace, school children
18	Aditi Trivedi	DMP	Individuals with psychiatric disorders, geriatric population, children with cerebral palsy
19	Deepa Sai Avula	DMP	ASD, Down syndrome, and ADHD diagnosis
20	Nishi Joshi	DMP	Refugees, psychiatric patients, children with different abilities

Table 5.10: Major client population of Second and Third generation practitioners.

Disclaimer: The terminologies used for client population in this table is according to the description by each practitioner during the personal interview.

4. Methodology

Even though the methodology of each practitioner is different, they encompass a client-centred approach that combines various therapeutic orientations and cultural sensitivity. They view themselves as facilitators and guides, walking alongside their clients on their healing journeys. This approach emphasizes the importance of creating a safe and non-judgmental environment where clients feel seen, heard, and validated. Methodologies

of all the practitioners establish the significance of having a foundation of trust, allowing clients to open up, explore their vulnerabilities, and embrace personal growth. This environment encourages clients to freely express themselves through movement and other creative modalities, which forms the base of their module.

No	Therapist	Methodology
1	Reetu Jain	Psychotherapeutic with cultural elements, props and other allied arts
2	Hema Swaminathan	Curriculum-Contemplative Studies in Pedagogy using contemplative practices of movement, art and theatre.
3	Shabari Rao	Dance and theatre- performance based
4	Supritha Aithal	Client led DMT intervetnion.
5	Anshuma Kshetrapal	SES method, which draws from union psychology, Laban movement work, and the Chacian approach
6	Suman Sarawgi	
7	Anubha Doshi	Body and mind in a mind-based cycle. Client led sessions using drama, poetry, music, visual art- unstructured
8	Devika Mehta	Developmental theories, neuro techniques, Kestenberg movement profile

9	Ritushree	Dynamic psychoanalytic framework, psychodynamics, neurobiology, Kestenberg Movement Profiling
10	Preetha Ramasubramanian	Laban Movement Analysis, Principles of DMT and psychotherapy. Client led sessions
11	Rumya Natraj	Psychotherapeutic principles, Sampoornata model by Sohini, techniques from Bharathanatyam
12	Mugdha Shivapurkar	Client-led intervention based on art-based therapy. Drum circle facilitation, art psychotherapy, visual art. Bach Flower Therapy, Adlerian Therapy
13	Neha Christopher	Person-centered approach along with body-focused theories and kinesthetic empathy. Incorporates art (visual), crafts, drama therapy principles
14	Tarana Khatri	Using movement, art, drama and storytelling. integrated approach that is Trauma-informed and Queer affirmative. Focus on a developmental approach to therapy
15	Rashi Bijlani	DMT techniques along with play, rhythm, ritual, music, vocalization, mirroring, props, art and drawing during sessions.
16	Ruchi Shah	DMT techniques, person-centered tailor-made modules.

17	Disha Sampat	Psychotherapeutic techniques, verbal counselling, allied arts
18	Aditi Trivedi	Psychotherapeutic techniques, Chacian principles, strengths-based perspective
19	Deepa Sai Avula	Rainbow dance techniques., movement, music, and poetry, along with psychotherapeutic tools
20	Nishi Joshi	Psychodynamic Psychotherapy, Psychoanalytic Psychotherapy, Movement Psychotherapy, Social Emotional Learning

Table 5.11: Methodology of each practitioner- Second and Third Generation

5. Integration of Various Approaches and Techniques:

DMT practitioners in India incorporate a range of approaches and techniques in their therapeutic practice. These may include warm-up exercises, dance movements, yoga, improvisation, music, storytelling, and body awareness. The integration of these techniques allows for a holistic and individualized approach to therapy, catering to the unique needs and goals of clients. DMT practitioners integrate various therapeutic modalities and theories into their work, like expressive arts therapy, which combines different art forms such as drama, movement, art, music, poetry, psychodrama, and narrative. This integration allows for a holistic approach to therapy, addressing different aspects of an individual's experience.

No.	Therapist	Tools used	Area of application
1	Reetu Jain	Dance, drama, folk elements, DMT techniques	Transgender community
2	Hema Swaminathan	Dance, drama, and drawing	Education
3	Shabari Rao	Creating a safe and equal space for authentic engagement	Therapy and Education
4	Supritha Aithal	Principles of intersubjectivity and kinesthetic empathy	DMT in children on the autism spectrum and their caregivers
5	Anshuma Kshetrapal	Individualized approaches and adaptation based on the client's needs	domestic violence shelters, schools, prisons, psychiatric settings
6	Anubha Doshi	Mindfulness, Buddhist psychology	Clinical population-special children
7	Devika Mehta	Dance Movement Therapy, Expressive Arts Therapy, Arts Based Therapy	Differently abled children, adolescents, adults and elderly
8	Ritu Shree	DMT, Expressive Therapy	Children with psychological disorders and developmental disorders

9	Preetha Ramasubramanian	Movement Psychotherapy, Expressive Arts Therapy	People with special needs, adults in the clinical setting with mental health issues.
10	Rumya Natraj	DMT with classical dance movements	Paraplegic, differently-abled
11	Mugdha Shivapurkar	Art psychotherapy	Neurotypical adults
12	Neha Christopher	Creative Arts, DMT	Children and adults and psycho-education initiatives
13	Tarana Khatri	DMT with Movement based play	Children and adults with Neurodevelopmental and Behavioural Challenges
14	Ruchi Shah	Creative arts and DMT	Children and adults with Trauma, developmental disabilities
15	Rashi Bijlani	DMP and child-parent therapist	Child & Adolescent Rehabilitation
16	Disha Sampat	DMT, allied arts	Education

17	Aditi Trivedi	DM Psychotherapy, ecosystemic structural family therapy	Clinical setting
18	Deepa Sai Avula	Counselling and DMT	Clinical setting
19	Nishi Joshi	Psychoanalytical, psychotherapeutic	Refugees and children

Table 5.12: Practitioners Overview

6. Adaptability and Cultural relevance:

Practitioners emphasize the importance of flexibility and adaptability in DMT sessions. They adjust their interventions based on the responses and needs of individuals or groups. This flexibility allows for spontaneous exploration, empowering clients to express themselves through movement and find their own creative pathways towards healing and self-discovery. DMT practitioners adapt their therapeutic approaches according to the local cultural context and the specific needs of their clients. They understand that therapy should be locally adaptable and consider the diverse backgrounds, beliefs, and values of their clientele. This adaptability allows practitioners to create interventions and experiences that provide agency and allow clients to bring their own culture into the therapeutic process.

The second-generation practitioners in the field of dance movement therapy have not only received formal training in dance movement therapy but have also brought their expertise in specific dance forms into their therapeutic approach. These practitioners have a deep

understanding and proficiency in various dance forms rooted in Indian culture, such as Indian classical dances and indigenous folk elements. For instance, Reetu Jain incorporates her knowledge of Indian classical dances and folk forms like Dandiya and Rajasthani Harba into her therapeutic sessions. Hema Swaminathan draws from her training in Kattaikuthu and classical Indian forms, while Shabari Rao specializes in Kathak, a classical dance form known for its intricate footwork and storytelling. Supritha combines Bharatanatyam and Kathak, blending the expressive and rhythmic elements of both dance forms. Anshuma Kshetrapal's background in Indian theatre and drama brings a unique perspective to her therapeutic work, incorporating elements of storytelling and character development. Anubha Doshi integrates Buddhist practices and indigenous cultural elements into her approach, adding a spiritual dimension to her sessions. Devika Mehta's expertise lies in folk dances from Northern India, such as Garba, which she incorporates to connect with the cultural roots of her clients. Preetha Ramasubramanian draws from modern dance and contemporary dance techniques to explore movement and expression in a contemporary context. Rumya Natraj and Rashi Bijlani bring their proficiency in Bharathanatyam, a classical dance form characterized by intricate footwork, rhythmic patterns, and storytelling, into their therapeutic practice. By incorporating these diverse dance forms and cultural elements, the practitioners create personalized and culturally sensitive therapeutic modules and approaches. They tap into the expressive and symbolic qualities of the dance forms, allowing clients to connect with their cultural heritage, explore personal narratives, and express emotions through movement. This cross-cultural approach adds richness, depth, and authenticity to their therapeutic work.

No	Practitioner	Cultural amalgamation
1	Reetu Jain	Indian classical dances and folk forms like Dandiya, Rajasthani Harba etc.
2	Hema Swaminathan	Kattaikuthu, Classical Indian forms
3	Shabari Rao	Kathak
4	Supritha	Bharatanatyam and Kathak
5	Anshuma Kshetrapal	Indian theatre and drama
6	Anubha Doshi	Buddhist practices and indigenous cultural elements
7	Devika Mehta	Folk dances from Northern India, like Garba
8	Preetha Ramasubramanian	Modern dance and contemporary dance
9	Rumya Natraj	Bharathanatyam
10	Rashi Bijlani	Bharathanatyam

Table 5.13: Cross-cultural approach

7. Intuitive Assessment and Evaluation:

DMT practitioners often rely on intuitive observation and attunement to assess and evaluate the progress of their clients. They pay close attention to clients' movements, expressions, and verbal sharing during sessions, rather than relying solely on standardized psychological tools or questionnaires. This intuitive approach allows for a deeper understanding of clients' experiences and tailoring of interventions accordingly.

No.	Therapist	Method of approach	Analysis method
1	Reetu Jain	Movement, dance, music	Personalised movement goals
2	Hema Swaminathan	Movement, music, arts	NM[160]
3	Shabari Rao	Movement, drama, performance	Client-centred.
4	Supritha Aithal	DMT	Mixed methods approach, including convergent mixed methods design and artistic inquiry.
5	Anshuma Kshetrapal	Creative Arts	Not specific-
6	Anubha Doshi	Arts-based therapist	Creative tool reports, self-inventory sheets

[160] Not mentioned by the practitioner

7	Devika Mehta	R- Dance movement psychotherapist	Client-based psychological assessments
8	Ritushree	R- DMTherapits	Kestenberg Movement Profiling, psychometric test, Vineland Adaptive Scale, SCARS, M-CHAT
9	Preetha Ramasubramanian	R- Dance movement psychotherapist	Self-made analysis chart with Observation of movement patterns, notes on their change in psychotherapeutic space
10	Rumya Natraj	DMT facilitator	Self-made narrative assessment, activity and goal based
11	Mugdha Shivapurkar	Art Therapy facilitator	Self-made group observation sheet
12	Neha Christopher	Creative arts therapy	Self- made observation sheet
13	Tarana Khatri	DMPsychotherapy	Self-made based on Developmental goals
14	Rashi Bijlani	DMPsychotherapist	Psychometric assessments and personality assessment. Developmental checklists
15	Ruchi Shah	DMT	Body and movement goals. Individual Service Plans (ISP)

16	Disha Sampat	DMT	Personalised checklist
17	Deepa Sai Avula	DMT	Biopsychosocial development, movement analysis, and goal progress. Mental Health Status Examination and Body/Movement Profiling
18	Nishi Joshi	DMP	Self-made checklist

Table 5.14: Approach and client assessments

8. Advocacy and Training:

Many DMT practitioners in India are actively involved in advocating for the recognition and integration of DMT within various settings, including schools, rehabilitation centres, and mental health facilities. They also engage in continuous professional development, attending workshops, training programs, and conferences to enhance their skills and stay updated with emerging practices in the field. DMT practitioners emphasize the importance of supervision and reflective practice. Supervision provides a space where practitioners can discuss their work, seek guidance, and gain a third-party perspective on their therapeutic processes.

9. Formation of organisations

During the period of 2010-2020, a significant shift can be observed in the pattern of practitioners in the field of DMT in India. Many practitioners have taken the initiative to form their own institutions or organizations to increase the outreach and impact of DMT-

related activities across the country. This development has led to a sudden influx of DMT practitioners, facilitators, and enthusiasts during this period. The formation of these institutions and organizations has played a crucial role in promoting the growth and recognition of DMT in India, providing platforms for practitioners to come together, share their expertise, and collaborate on research, training, and advocacy initiatives. Through these institutions, practitioners have been able to expand the reach of DMT by conducting workshops, training programs, and awareness campaigns and this significantly increased public awareness about DMT and its potential applications in various settings such as schools, hospitals, rehabilitation centres, and community programs.

No.	**Therapist**	**Institutions**	**Year in which established**	**Place**
1	Hema Swaminathan	4swithin- a space for creative expressions	2008	
2	Anshuma Kshetrapal	The Color of Grey Cells, IADMT		
3	Anubha Doshi	Artsphere	2013	Pune
4	Devika Mehta	Synchrony India	2013	Mumbai
5	Preetha Ramasubramanian	Kinesthetics, The Arts Therapists Co-lab, IADMT	2011	Chennai

6	Rumya Natraj	Nrityasamarpanam Institute of Classical Dance and Therapeutic Movement	2015	Mumbai
7	Mugdha Shivapurkar	The Secret Ingredient Mental Healthcare	2019	Pune
8	Neha Christopher	Awareness in arts	2015	Tele-Therapy(Based in Bangalore)
9	Tarana Khatri	Horizon Therapy Center Synchrony	2016	Chennai
10	Rashi Bijlani	Asha Hai	2013	Delhi
11	Ruchi Shah	The Rhythm State	2017	Mumbai
12	Disha Sampat	MotionsEmotion	2019	Mumbai
13	Deepa Sai Avula	Dance for Mental Health	2019	Mumbai
14	Nishi Joshi	Acres Foundation	2019	Mumbai

Table 5.15. Organisations in DMT in India

CHAPTER 6
DMT: Individuals to Institutions

Over the years, DMT gained recognition as a valuable intervention in the field of mental health in India, paving the way for an institutionalised way of approach with certain pedagogical systems being introduced. In this thesis, the institutionalisation of DMT in India refers to the process of integrating the practice of DMT into various institutions and systems within the country. This consolidative process incorporates the integration of DMT as a formal discipline within academic, clinical, and professional settings, with the goal of enhancing mental health services, improving well-being outcomes, and promoting holistic approaches to healthcare. The institutionalisation of DMT in India started by the late 2000s and held significant potential for transforming the landscape of mental health services in India. By integrating DMT into institutions, such as academic programs, healthcare facilities, research organisations, and professional associations, a structured framework has been created for pedagogical evolution, practice, research, and collaboration in the field of DMT. This framework helped standardise the education and training of DMT professionals, established ethical guidelines, and ensured the quality of DMT services in the Indian subcontinent. Providing a platform for interdisciplinary collaborations, expanding therapeutic options, and facilitating the integration of research findings into evidence-based practice are the direct benefact of the institutionalisation of DMT in India. This chapter focuses on the effect, impact and approaches contributing to the institutionalisation of DMT practices in India.

This chapter looks at the institutionalisation of DMT in India from 6 perspectives.

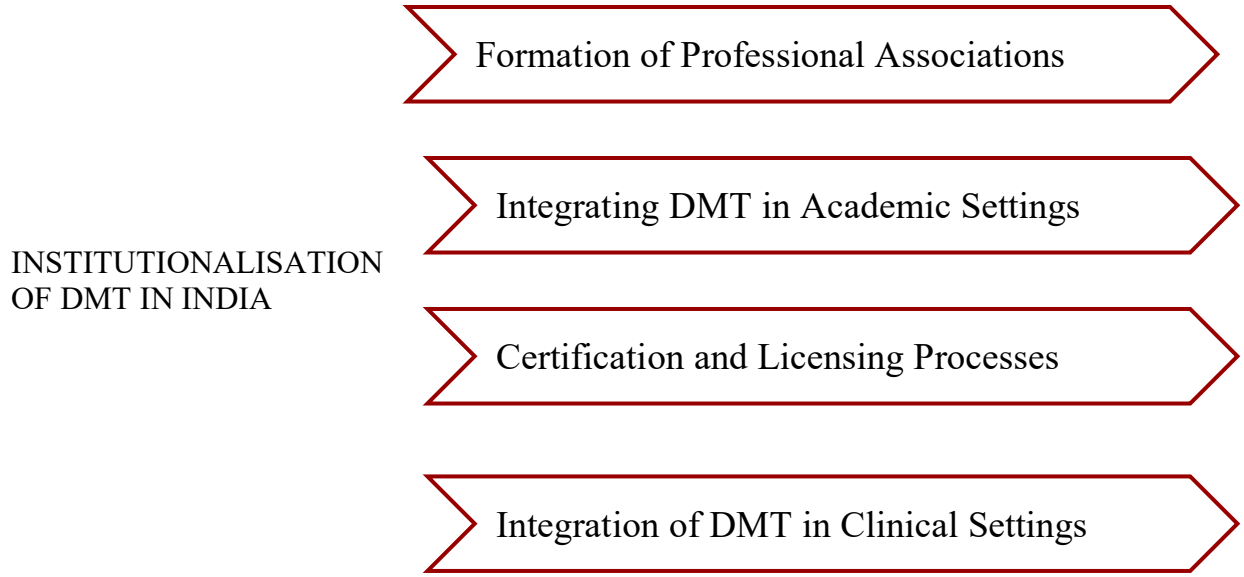

Fig. 6.1: Institutionalisation of DMT in India

The importance of establishments supporting and developing DMT approaches in India got established very late, almost a decade after DMT had been successfully practised by many therapists. As discussed in Chapter 5, many first-generation practitioners established their work between 1990-2000 as an efficient form of intervention; however, its scientific and empirical reading was yet to be described. The purpose and need for such standardised uniform perspectives were very much needed during the period as many dancers tried to practice their own therapeutic dance practice, calling it DMT. This is one of the basic reasons why the significance of a regularised system of the body was needed for DMT.

6.1 Professional Organisations

The field of DMT in India is supported and nurtured by various professional associations that strive to promote its practice, advocate for recognition, and provide a platform for collaboration and professional growth. These associations play a vital role in advancing the field of DMT, fostering a supportive community, and contributing to the development of standards and

guidelines for DMT practitioners. Professional associations dedicated to DMT have emerged, bringing together practitioners, educators, researchers, and students who are passionate about harnessing the power of movement and dance for healing and therapeutic interference. The researcher, with her methodology of fieldwork, has tried to gather information regarding the most prominent and registered professional associations up to her ability and knowledge. In this chapter, we will delve into the key professional organisations in DMT in India, their founders, and their contributions to the field. The list of organisations is based on the data base from first, second and third generation practitioners discussed earlier, popularity, amount of work done in the field, contribution to the client populations and efficiency of implementation.

6.1.1 RASA

Founded in 1989 by Ambika Kameshwar, one of the first-generation practitioners, is one of the pioneering organisations in the field of DMT in India. Driven by the vision of using dance and movement for healing and self-expression using Indian dance and theatre, RASA has been instrumental in popularising dance therapy and integrating it into therapeutic practices.

Fig. 6.2: Outreach program by RASA. Courtesy: Rasa archives

Theatre Arts in Holistic Development is the major outreach program conducted by RASA, looking at life skill training for different populations. RASA is also offering a diploma program for teachers with a comprehensive curriculum including five theory papers on Indian theatre and its application for holistic empowerment, anatomy, Physiology, Psychology and child development (RASA). Rasa's regular outreach programs include Ashraya School Southern Railway, Saraswathi Kendra Learning Center, Andhra Mahila Sabha, Pathways Special School, Downs Syndrome Association of Tamil Nadu - Mathru Mandir, Dr MGR Home & Higher Secondary School for the Speech and Hearing Impaired to name a few.

6.1.2 Sanved

Founded by Sohini Chakraborty in 1995, focuses on using "dance movement therapy as a tool for social change and rehabilitation in particular."(Sanved). With a special emphasis on working with survivors of trauma and violence, Sanved has pioneered the Sampoornata model, which collaborates with NGOs and survivors to provide healing through movement-based interventions. The participants include survivors of violence, exploitation and trafficking, children living in NGos, red light areas, and rural and urban slums majorly within West Bengal. The organisation's official launch in 2004 marked a significant milestone in the integration of DMT into social and community development initiatives by Sohini. Sanved works with direct outreach programs, DMT leadership development, workshops and advocacy initiatives. Sanved also offers a diploma and postgraduate diploma in DMT in association with TISS, Mumbai.

Fig. 6.3: Creative well-being program by Sanved. Courtesy: Sanved archives

6.1.3 CMTAI

Creative Movement Therapy Association of India, established by Tripura Kashyap in 2014, co-founded by Reetu Jain, is one of the organisations aiming to professionalise the field of DMT in India. The organisation's focus on standardising and promoting ethical practices and advocacy activities contributes to the professional growth of DMT in India. CMTAI offers a certificate course in DMT focussing on training, capacity building and memberships to promote education and research. Different outreach programs for corporate companies, educational institutions and hospitals serve as one of the major works of CMTAI.

Fig. 6.4: CMTAI outreach programs. Courtesy: CMTAI (CMTAI)

Client groups: Corporates, educational institutions, NGOs, hospitals, special needs

6.1.4 SMART

The Studio for Movement Arts & Therapies Trust, initially created in 2008 and officially established in 2011, is dedicated to the use of movement arts and therapies by Brinda Jacob. SMART offers a one-year virtual Foundation program called FECAT, which provides a comprehensive introduction to expressive body-based therapies. Additionally, the organisation offers the advanced level program "Expressive Body" for trained therapists and counsellors, further expanding the knowledge and expertise in DMT. In 2017, her association with JFK

University resulted in a one year training program for therapists in Jungian theory. (About Brinda Jacob-Janvrin)

Fig. 6.5: FECAT program at SMART by Brinda. Courtesy: SMART archives

Fig 6.6: Drama session as part of a training workshop at SMART. Courtesy: Deccan Herald (Muniandi)

6.1.5 IADMT

Indian Association of Dance Movement Therapy, founded by Preetha Ramasubrahmaniam and Anshuma Kshetrapal in 2020, serves as a significant professional association in the field of

DMT in India. IADMT focuses on promoting research, training, and supervision among DMT practitioners. Apart from the other professional organisations, IADMT stands as a body to regularise DMT professional practice rather than involving in outreach activities. However, through national and international conferences, publications, and membership benefits, IADMT contributes to the development and recognition of DMT as a profession. The significant contribution of the organisation is in standardising the professional practice, including ethical guidelines and licensing, and liaising with International bodies like ADTA.

6.1.6 Rhythmosiac

Led by Dr Mitul Sengupta, is an organisation formed as a contemporary dance school which also promotes DMT philosophies and movement arts based in Kolkata. Driven by the belief that dance and movement have the power to heal and transform, Rhythmosiac offers training programs, workshops, and community initiatives to spread awareness and create opportunities for individuals to experience the therapeutic benefits of DMT through choreographies. The company offers a certificate course in movement art and therapy. Synchrony India, founded by Devika Mehta and Tarana Khatri, is an organisation that focuses on integrating movement-based practices into therapeutic settings. Through its workshops, training programs, and collaborations with professionals from various disciplines, Synchrony India aims to bridge the gap between movement, psychology, and well-being with DMT. The organisation works at imparting participatory training workshops, consultancy, mentoring, internships and supervision. (Synchrony) Synchrony has worked with varied group settings, offering workshops for the participants. Kinesthetic, led by Preetha Ramasubrahmaniam, specialises in Dance Movement psychotherapy and counselling through its training programs and workshops and provides

opportunities for individual and group sessions. By offering comprehensive training and professional development, Kinesthetic contributes to the advancement of DMT in India.

No	Name	Year in which established	Founder	Area of work	Training System
1	RASA- Ramana Sunritya Aalaya	1989	Ambika Kameshwar	Dance and movement for healing and self-expression	Courses offered
2	KOLKATA SANVED	2000	Sohini Chakraborty	Collaborates with survivors, forming the Sampoornata model	Survivors turned trainers
3	CMTAI - Creative Movement Therapy Association of India	2014	Tripura Kashyap	Professionalise the field of Creative and Dance Movement Therapy	Impart training. Collaborates with universities
4	SMART - The Studio for Movement Arts & Therapies Trust	2014	Brinda Jacob	Movement art and therapies- training, supervision and propagation	Offers a one-year virtual Foundation program
5	IADMT - Indian Association of Dance Movement	2020	Preetha Ramasubrahmaniam and Anshuma	Promoting research, training, and collaboration among DMT practitioners	No direct training

	Therapy		Kshetrapal		
6	Rhythmosiac	2010	Mitul Sengupta	Contemporary dance schools with DMT philosophies	Training programs, workshops
7	Synchrony India	2013	Devika Mehta	Promoting workshops, consultancy, mentoring, internships and supervision.	Outreach programs
8	Kinesthetic	2009	Preetha Ramasubrah maniam	Promoting psychotherapy and counseling	Workshops, individual and group sessions
9	SAMYA foundation for special needs	2015	Dr. Aditi Bandhopadh yay	Disability friendly clinical services and therapeutic interventions	Client sessions

Table 6.1: Registered organisations for DMT in India

These professional organisations have played crucial roles in the institutionalisation of DMT in India, contributing to its growth and recognition in distinct ways. Pioneering organisations, especially the pens formed before 2010, have been instrumental in raising awareness and advocating for the integration of DMT in the earlier years. Their efforts have laid a strong foundation for DMT as a recognised therapeutic modality in the country, especially during the period when it was not popularised. On the other hand, organisations focused on professionalisation and standardisation have been pivotal in establishing ethical guidelines, certification processes, and practice standards, ensuring competence and professionalism among DMT practitioners. In addition, several organisations offer comprehensive training programs and courses, equipping aspiring DMT practitioners with the necessary knowledge and skills to

effectively work in the field. Meanwhile, research-based collaborations have significantly advanced the understanding and application of DMT through research studies exploring its effectiveness for diverse populations on an empirical basis. Moreover, there are organisations devoted to professional development and resource building providing valuable support to practitioners through continuing education opportunities, workshops, conferences, and disseminating information about DMT through resource materials and publications. The table below analyses the influence of these organisations:

	Name of the organisation	**Year of establishment**	**Founder**
Pioneering organisations	RASA - Ramana Sunritya Aalaya KOLKATA SANVED	1989 2000	Dr Ambika Kameshwar Sohini Chakraborty
Professionalization and Standardization	CMTAI - Creative Movement Therapy Association of India IADMT - Indian Association of Dance Movement Therapy	2014 2020	Tripura Kashyap Anshuma Kshetrapal Preetha Ramasubrahmaniam
Training and Professional Development	RASA KOLKATA SANVED	1989 2004	Ambika Kameswar Sohini Chakraborty

	SMART - The Studio for Movement Arts & Therapies Trust Kinesthetics Rhythmosiac	2014 2009	Brinda Jacob Preetha Ramasubrahmanian Dr Mitul Sengupta
Research and Collaboration	IADMT - Indian Association of Dance Movement Therapy Synchrony India	2014 2013	Anshuma Kshetrapal Preetha Ramasubrahmaniam Devika Mehta

Table 6.2: Overview of organisations for DMT in India

While analysing the functioning of each organisation, it is important to view their working patterns in depth. The following questions are recommended by the researcher to be taken into account while analysing the working patterns of various organisations.

- Are they offering comprehensive training programs, workshops, and continuing education courses to ensure that therapists acquire the necessary competencies and stay updated with current practices?
- Do they provide mentorship and supervision programs for emerging DMT professionals connecting experienced practitioners with newcomers, allowing for guidance, support, and knowledge exchange?

- Does the organisation organise outreach programs and collaborate with NGOs, educational institutions, and healthcare facilities to bring DMT interventions to underserved communities?
- Do they provide platforms for researchers to share their findings, present at conferences, and collaborate on research projects, encouraging evidence-based practices?
- Do they engage in advocacy efforts to raise awareness about the value and efficacy of DMT among policymakers, healthcare professionals, and the public

The attempted analysis of the organisations of DMT is presented in a tabulation

Organisation	**Education and Skill Enhancement**	**Mentorship and Supervision**	**Community Engagement and Outreach**	**Research and Innovation**	**Advocacy and Policy Development**
RASA	✅	Not specified	✅	✅	Not specified
SANVED	✅	✅	✅	✅	✅
CMTAI	✅	✅	✅	✅	✅
SMART	✅	✅	✅	Not specified	Not specified
IADMT	✅	✅	✅	✅	✅
RHYTHMOSIAC	✅	Not specified	✅	Not specified	Not specified
SYNCHRONY	✅	✅	✅	✅	Not specified
Kinesthetics	✅	✅	✅	Not specified	Not specified

Table 6.3: Analysis of professional organisations based on the objectives

All these professional organisations in DMT in India have played instrumental roles in the professionalisation and development of the field. Through their pioneering work, emphasis on professionalisation and standardisation, focus on training and professional development, and promotion of research and collaboration, these organisations have significantly contributed to the growth, recognition, and acceptance of DMT as a therapeutic modality in India. Their collective efforts have elevated the status of DMT practitioners, established ethical guidelines, and expanded the application of DMT in various contexts, ultimately benefiting individuals seeking healing, self-expression, and personal growth through movement-based therapy.

6.2 Integrating DMT in Academic Settings

One crucial aspect of the institutionalisation process is the introduction of DMT in academic settings. This involved developing curriculum guidelines, establishing DMT courses and programs, and training faculty members to teach DMT. By offering DMT education at the undergraduate and postgraduate levels, aspiring therapists could gain a solid theoretical foundation and practical skills necessary for effective DMT practice. Academic institutions also served as centres for research, fostering a culture of inquiry and innovation in the field of DMT.

The integration of DMT in academic settings for therapists in India involves providing specialised training, courses, and professional development opportunities.

This section specifically involves:

1) Postgraduate Programs:
2) Continuing Education and Workshops
3) Collaboration with Academic Institutions:

4) Research and Publication Opportunities:

5) Supervision and Mentoring:

Some academic institutions in India offer postgraduate programs in DMT specifically designed for therapists. Academic institutions open doors for interdisciplinary studies, providing in-depth theoretical knowledge, practical skills, and supervised clinical experiences in DMT. Therapists can enrol in these programs to enhance their understanding of DMT principles, refine their therapeutic skills, and gain expertise in working with diverse populations.

No	**Name of the institute**	**Place**	**Affiliation**	**Courses**	**Year in which started**
1	St.Mira's college	Pune	Affiliated with Savitribai Phule University	PG Diploma	2018 Pilot program as a certificate in 2013
2	Tata Institute of Social Sciences-Nirantar: Continuing Education Programmes (CEP)	Mumbai	Centre for Lifelong Learning, Tata Institute of Social Sciences	Diploma Postgraduate Diploma	2016 Pilot pgm as a certificate in 2013.
3	CMTAI	Delhi, Bengaluru	CID, UNESCO	Certification	2015

4	SMART	Bengaluru	Self	Foundation course in Expressive & Creative Arts Therapies Advanced course for trained practitioners- 'Expressive body'	2011
5	Sancheti Healthcare Academy	Pune	Sections (NY, USA) Savithribhai Pune University	PG certification Masters in Expressive Movement Therapy	2019 2021
6	Performing arts therapy Centre	Calcutta	Rabindra Bharati University	Advanced PG Diploma in Performing Art Therapy PG Diploma	2020
7	St. Xavier's College	Mumbai	University of Mumbai	PG Diploma	2017
8	Women's Christian College	Chennai	University of Madras	Diploma	

Table 6.4: Institutions offering academic courses in DMT in India

No	Name of course	Offering Institutions	Modality	Type	Clinical Supervision
1	Masters in Expressive Movement Therapy	Sancheti	Expressive Arts Therapy	Hybrid	Yes
2	PG Diploma	St. Mira's	DMT	Hybrid	Yes
		TISS	DMT	Hybrid	Yes
		Rabindra Bharati University	Performing Arts Therapy	Regular	No
		St Xavier's College	Expressive Arts Therapy	Regular	Yes
3	Diploma	Women's Christian College	Expressive Arts Therapy	Regular	Yes

Table 6.5: DMT in academic settings: Postgraduate programs

No	Name of course	Offering Institutions	Modality	Type	Clinical Supervision
1	Certification	CMTAI	Creative movement therapy	Hybrid	Yes
2	Foundation course	SMART	Expressive & Creative Arts Therapies	Hybrid	Yes
3	'Expressive	SMART	Expressive &	Hybrid	Yes

	body' certificate course		Creative Arts Therapies		
4	PG Certification	Sancheti Healthcare Academy	Performing Arts Therapy	Regular	Yes
5	Certification in Movement art	Rhythmosaic Institute	DMT	Regular	No

Table 6.6: Analysis of certificate courses for DMT in India

A few other institutions in India offer non- directive courses related to art therapy in general which include:

- Movement Therapy, Open Elective, Psychology Department, Christ University,
- Creative Movement Therapy (higher elective course), Psychology Dept, Ashoka University, Delhi 2018-2021
- Movement Therapy – Diploma course in Dance and Mixed Media, Attakkalari, Bengaluru, 2007 onwards
- Movement Therapy in PG Diploma course in Music Therapy, The Music Therapy Trust/ Ashwaas Mental Health- St. Mira College, Pune
- Dance Movement Therapy, Dept of Performing Arts, World University of Design, Delhi, 2022 onwards
- Foundation course: Buddhist practices and Therapeutic value of Expressive Arts and Movement. Soulsphere- St. Mira College, Pune

- Dept of Creative Movement, The Creative Arts Academy
- Laban Movement Analysis (Online course), Chaari Center for Creative Movement Therapy
- Shristi Institute of Dance Therapy, Bangalore
- Asian Pacific Therapeutic Theatre
- Bhoomika Center, Delhi
- Nrityanjali Dance Therapy Centre, Indore
- Indian Spinal Injuries Centre, Delhi
- Symbiosis

Other than academic courses, many professional organisations continue education programs and workshops on DMT for therapists. These programs offer opportunities to learn about the latest developments in DMT, explore specific therapeutic approaches, and expand their repertoire of intervention techniques. Therapists can attend these workshops to stay updated with current practices and enhance their professional competencies. DMT practitioners like Tripura Kashyap and Sohini Chakraborty have collaborated with affiliated universities to offer specialised courses, guest lectures, and seminars on DMT. Such collaborations with academic institutions provide platforms for therapists to engage in DMT research and publication. Therapists can collaborate with academic researchers on research projects, conduct their own research studies, and contribute to the growing body of evidence supporting the efficacy of DMT, offering access to research methodologies, resources, and ethical guidelines to facilitate research endeavours. All the universities offering courses do give wider scope for research capabilities in the field of DMT in India.

Many of these institutions often provide supervision and mentoring opportunities for

therapists pursuing DMT. Experienced DMT practitioners or faculty members offer guidance, support, and feedback to therapists as they apply DMT principles in clinical settings. Supervision and mentoring ensure the integration of theory and practice, enhance therapeutic skills and promote professional growth among therapists especially working with the clinical population. In India, lack of supervision has caused a lot of damage to the ethical standards of DMT in India. Without adequate supervision, therapists may face challenges in maintaining professional boundaries, ensuring client safety, and upholding ethical guidelines. Without regular supervision, therapists may struggle to establish and maintain appropriate boundaries with their clients. This can lead to boundary crossings or even violations, such as dual relationships, inappropriate self-disclosure, or personal involvement. Supervision promotes accountability among therapists by providing a platform for review, feedback, and ongoing learning. Without supervision, there is a higher risk of therapists operating independently without regular checks on their practice. This can compromise client safety, as there may be limited mechanisms in place to identify and address any ethical violations or inadequate treatment. In all the above-given institutions, major training is being imparted along with the supervision which provides a structured and supportive framework for therapists to reflect on their clinical practice, receive guidance, and ensure the delivery of safe and effective therapy.

> *"To be an objective clinician, you actually have to have a lot of distance from the piece of work that you're doing. Otherwise, you're going to just hurt your clients by saying, this is right and this is wrong. So when I went through the articles and the research papers and research thesis, there was something lacking, which is a lack of objectivity. Even though it's wonderful to have interactions with the field, it's important to consider ethical guidelines and supervision while in practice. Just because it works for you does not make*

it effective to other people or any clientele. It is very important to provide that safe space for the clients. So actually, supervision is a space where a therapist becomes a therapist; before that, it's just an academic inquiry. Any good clinician has to go to supervision to analyse the work and expand the possibility within the safe space, ethical considerations and boundaries. So the supervisor helps you get a third eye into the process, and they help you figure out what to do next." (Excerpt from a personal interview with Anshuma Kshetrapal) (Kshetrapal)

The process of institutionalisation of DMT in India has provided the establishment of supervisory boards in most of the academic institutions and its awareness resulting in:

1. Reflective practice critically examines their therapeutic interventions, their impact on clients, and their own personal responses. Through the guidance of a supervisor, therapists can gain deeper insights into their work, identify areas for improvement, and enhance their professional growth.
2. Skill Development: Provides an opportunity for therapists to refine their therapeutic skills and receive feedback on their techniques. The supervisor can offer suggestions, alternative approaches, and strategies to enhance the therapist's interventions, improvisation, movement observation, and facilitation techniques, helping the therapists become more competent and confident in their practice.
3. Ethical considerations: DMT supervision ensures that therapists adhere to ethical guidelines and professional standards in their practice. The supervisor navigates them in ethical dilemmas, maintains boundaries, and addresses any ethical concerns that may arise during therapy sessions. This ensures the safety, well-being, and autonomy of clients and upholds the integrity of the therapeutic relationship.

4. Self-Care and emotional support: DMT work can be emotionally demanding, and therapists may encounter challenging situations or become emotionally affected by their clients' experiences. Supervision provides a safe space for therapists to process their own emotional responses, receive emotional support, and engage in self-care practices. It helps prevent burnout, compassion fatigue, and supports the therapist's overall well-being.
5. Professional development: Supervision contributes to the ongoing professional development of DMT therapists. Through supervision, therapists can stay updated with current research, theoretical advancements, and best practices in the field. The supervisor may recommend relevant literature, training opportunities, or suggest areas for further professional growth, enabling therapists to continuously enhance their knowledge and skills.
6. Accountability and quality assurance: Supervision ensures accountability in the practice of DMT. It provides a mechanism for therapists to assess and monitor their work, ensuring that they are providing high-quality, evidence-based interventions. The supervisor can review case notes, observe therapy sessions, and provide constructive feedback to ensure that therapists maintain a high standard of practice.
7. Personal and professional support: Supervision offers a supportive and non-judgmental space for therapists to explore their personal and professional challenges. It allows therapists to seek guidance, discuss their concerns, and receive validation for their work. The supervisor can offer encouragement, help therapists build resilience, and foster a sense of professional identity and belonging.

No	Name of the institute	Course Name	Terminology	Structure	Duration	Place	Supervision and Assessment
1	St.Mira's college	PG Diploma	DMT practitioner	Theory Personal Therapy Internship	1 year 750 hours	Pune	Assignments, Presentations, exam, Final report, Viva
2	Tata Institute of Social Sciences	Diploma (PG DIploma exit)	Dance Movement Therapy Practitioner.	Theory Experience Field Work-Practice sessions in the field. Internship- Individual therapy, Group Therapy Research	1 year 28 Credits – 600 Hours	Part-time Mumbai, Kolkata	Assignments, Presentations, Written, Dissertation, Viva, supervision
		PG Diploma	Dance Movement Therapy Advanced Practitioner.	Same as above	1.5 years 40 Credits - 780 Hours	Part-Time Mumbai, Kolkata	Same as above
3	CMTAI	Certificate Course	Movement Therapy Facilitator	Theoretical framework Movement	330 Hours	Part-time On-site- at	Assignments, Supervision

				experience Training Supervision Internship		Delhi, Bengaluru	
4	SMART	Foundation Course	Expressive arts therapy facilitator	Theory, therapeutic communication, group process work, short other modules, internship	1 year 350 hours	Part-time On-site-Bengaluru	Personal and professional development profile, supervision
		Advanced Course		Theory in different modalities, internship, personal therapy	14 months 518 hours	Part-time On-site-Bengaluru	Assignments, developmental profile, internship, supervision
5	Sanchet i	PG certification		Contact, Theory, Internship	400 hours	Part-time	Internal Assessments
		Masters in EMT	Expressive Movement Therapist	Theory-Psychology and clinical practice, practical studies, internship, clinical supervision	2 years	Hybrid	Assessments
6	Rabindra Bharati University	Adv. PG Diploma		Theory, ethics and hosting, ARts therapy, music therapy, drama therapy, DMT, play therapy, practical	1 year	Regular	Internal Assessment, Written exam Theory, practical

		PG Diploma		Theory- psychology, Psychotherapeutic techniques, practical	1 year	Regular	Internal Assesment, Written exam, Theory, practical
7	St. Xavier's College	PG Diploma	Expressive Arts Therapy Practitioner	Expressive Arts Therapy theory, skills, fieldwork	1 year 810 hours	Regular	Assignments, Exams- Theory and practical
8	Women's Christian College	Diploma		Theory- DMT, art therapy, psychodrama,	1 year 570 hours	Regular	Assignment, mini project, main project, supervision

Table 6.7: Comparison of the structure of DMT courses in each institute

Comparing the methodology of each course, the certificate course by CMTAI follows theoretical frameworks on DMT, schools of psychology, mind-body connection, counselling skills, ethical considerations, facilitation skills among different populations, research methods and application in the Indian context. Methodology associated with PG Diploma by Sanved looks at DMT and social development, theories and approaches of Western DMT, Indian approach, counselling theories, integration of other art forms in DMT, embodiment theory, research, field-based research, skill workshops, human rights perspective, psychosocial rehabilitation, anatomy and physiology. The certificate course by SMART has a different approach, working on expressive arts therapy principles, therapeutic communication, depth psychology, visual art therapy, drama therapy, authentic movement, group process work, psychodrama, play therapy, trauma-informed

practices, queer affirmative approaches and personal development profiling. Apart from these, RASA by Ambika Kameshwar also offers a diploma for teachers that include Indian theatre and its application for holistic empowerment, anatomy, physiology, psychology, child development, frameworks on using dance, music, mime, drama, and arts and crafts for learning environment and TAHD methodology. The difference in the methodology and approach of each course depends on the philosophy and practice of the therapist they are associating with. However, most of the institutions offering these courses are lined with the standardised framework of psychotherapeutic principles.

6.3 Integration of DMT in Clinical Settings

The integration of DMT in clinical settings, such as hospitals, mental health centres, and rehabilitation facilities, is crucial for expanding access to DMT services. This integration involves collaborations between DMT professionals and other healthcare providers, creating interdisciplinary teams that offer comprehensive care to individuals with diverse mental health needs. However, in India, other than the clinical practices offered by the above-mentioned therapists, the integration of DMT in the healthcare system is not widely practised. By incorporating DMT into treatment plans, clinicians could enhance therapeutic outcomes and provide alternative avenues for expression and healing. The possibility of such inclusion can be in various spheres:

- Mental Health Institutions such as hospitals, psychiatric clinics, and rehabilitation centres.
- Specialised Rehabilitation Centers, including those for individuals with physical disabilities, neurological disorders, and developmental disabilities.
- Palliative Care and Hospitals

- Child and Adolescent Mental Health settings, including schools, counselling centres, and residential facilities.
- Community Mental Health Programs conducted in collaboration with NGOs, community centres, and government initiatives.
- Cross-disciplinary Collaborations working with occupational therapists, physiotherapists, speech therapists, and other healthcare professionals to provide a multidisciplinary approach to treatment.

> *The body and mental health share a bi-directional relationship. Yet many therapeutic frameworks fail to integrate the two clinically. It is important to acknowledge that body-based practices, such as yoga, meditation, and breathwork, do exist and are being consciously integrated into the conceptualisation of mental health in India. While psychology, at large, seems to adopt a mind-over-body approach, these practices lean more towards a body-over-mind approach. The former creates space for verbal rather than experiential processing, whereas the latter focuses primarily on the physical manifestations of mental health needs without necessarily addressing their origins. There is a need for a body-and-mind approach that taps into the vital interplay between them in a more balanced way. For mental health professionals, this means acknowledging and working with genetic influences, psycho-neurophysiological functions, body memory, body language, and movement-based responses and coping skills. Not to include the body in mental healthcare services or training is to dismiss a whole part of a person's being. (Excerpt from the article by Aditi Trivedi, Deepa Avula and Sanjini Kedia). (* (Trivedi, Avula and Kedia).

Some of the second and third-generation practitioners are working extensively with clinical populations in many hospitals and clinical settings. However, more inclusivity for DMT and other mind-body approaches is necessary for the healthcare systems in India. Some of them include *Goenka and Associates Educational Trust Counselling Centre, Mumbai, Jeeva Centre, Therapeutic Services for the Elderly, Parkinson's Disease and Movement Disorder Society, PM Stone Clinic and ENT and Urology Centre – Kalkaji, to name a few.*

6.4 Certification and Licensing Processes

As part of the institutionalisation, the development of certification and licensing processes to ensure the competence and ethical conduct of DMT practitioners. However, in India, there are no particular guidelines for the same. The creation of certification boards or regulatory bodies established criteria for certification, including educational requirements, supervised clinical hours, and adherence to ethical guidelines. Licensing processes provided legal recognition to qualified DMT practitioners and protected the public by ensuring that only competent professionals were authorised to practice DMT. Professional organisations such as the Creative Movement Therapy Association of India (CMTAI) and the Indian Association of Dance Movement Therapy (IADMT) play a significant role in promoting the professionalisation of DMT in India. While they do not provide official certification or licensing, they offer membership and professional development opportunities, promote ethical guidelines, and facilitate networking and collaboration among DMT practitioners. Some DMT practitioners in India have sought certification through international organisations that offer certifications in DMT, such as the International Dance Therapy Institute of Australia or the American Dance Therapy Association. These certifications typically involve meeting specific educational and clinical requirements and may require the completion of supervised clinical hours. However, it is important to verify the recognition and relevance of these

certifications of training within the Indian context. At present, DMT does not have specific recognition or regulation by government bodies in India. The field of psychotherapy and counselling, under which DMT often falls, is gradually gaining recognition and regulation in some states in India. As the field continues to develop, there may be future possibilities for government recognition and licensing of DMT practitioners.

It is important to emphasise that while certification and licensing can be valuable in ensuring professional standards and accountability, they are not the sole indicators of a therapist's competence or effectiveness. Ethical practice, ongoing professional development, and adherence to established guidelines and ethical codes are equally important in providing quality DMT services. It is advisable for aspiring DMT practitioners in India to seek training from reputable institutions, participate in professional organisations, engage in supervision and continuing education, and maintain awareness of the evolving professional landscape. Staying informed about developments in the field, actively engaging in self-reflection and learning, and seeking guidance from experienced professionals can contribute to the ethical and competent practice of DMT in India. The institutionalisation of the field has involved promoting research and evidence-based practice in the field of DMT. Research efforts focused on exploring the effectiveness of DMT interventions, understanding the mechanisms underlying their therapeutic effects, and identifying specific populations or conditions that benefitted most from DMT. By generating empirical evidence, the field of DMT gained credibility and contributed to the broader body of knowledge on mental health and well-being.

CHAPTER 7
To conclude or not ?

This research inquiry started with a panoramic perception that dance is a therapeutic regime with healing properties, the idea which has been cultivated from a considerable time in the past. Whilst in the preparatory process itself, the researcher encountered numerous inquiries about "dance therapy" as it is called colloquially by many artists. The stereotype perception was that 'dance therapy' involved teaching dance to physically or mentally vulnerable populations. However, the understanding of DMT as a separate entity expanded when the researcher indagated into the discipline, revealing that it is a therapeutic approach where movement, dance and other modalities are utilized appropriately to make each person's inner world tangible. The research enquiry started as an argument on why DMT is presumed as 'dance therapy', the major context discussion that prompted the work. The phrase Dance Movement Therapy looks at a conglomeration of different approaches and choosing to call it 'Dance Movement Therapy' instead of simply 'Dance Therapy, is not just a matter of semantics. While the fact is that many pioneers who plotted DMT in the 1940s were modern dancers who explored abstract dancing distinctively, this differential terminology also reflects the underlying philosophy and approach of the therapeutic modality. Looking at the embodied approach in the work, the pioneers recognised that dance could go beyond the structured regimen of technical forms, as a powerful avenue of therapeutic discovery tapping emotions through movements. By incorporating the term "movement" alongside "dance," the aim is to emphasise the broader scope of the therapeutic process, subsuming the inclusion of various movement expressions, not just limited to structured dance styles but also encompassing more abstract and personal movement propositions. Through

this process, individuals share their personal symbolism, and as they dance together, their relationships become visible and can be explored in a therapeutic context. DMT provides a platform for individuals from different cultures to come together, express themselves authentically, and learn from one another's unique movement expressions and cultural perspectives.

Fig. 7.1: Dance “Movement” Therapy

Similarly, encountering several misconceptions surrounding DMT warranted clarification, including the fallacious beliefs that DMT exclusively caters to clients with physical limitations, or mental health issues, that it is only suitable for those naturally gifted in rhythm and movement, and that it is primarily for individuals inexperienced in creative expression. Whilst the possibility to have clients with these attributes in DMT interventions cannot be nullified, it is important to note that the referral criteria for DMT are not based solely on these aspects. DMT is an inclusive and versatile therapeutic approach that benefits different populations from diverse backgrounds

and with various needs. This thesis aims at contributing to the global dialogue on DMT, recognizing the influence of cultural contexts on individuals' expression and perception with respect to the Indian subcontinent. The study describes the centrality of evolution and documentation of DMT in India, since its inception from late 1980s.

7.1 Overview of the study

The study was initially embarked as an inquiry with the intention of offering intervention and support to a specific client population. However, as the literature review progressed, the realization of the essential parameters that define a practitioner, facilitator, or therapist in the field of DMT made it evident that being a performing artist, the researcher lacked the necessary qualifications to work directly with the identified client group. Furthermore, the challenges posed by the pandemic led to a restructuring of the research work, shifting its focus towards a historical mapping of DMT in India. The historical information on DMT in India is mostly found in fragments and bits and as an incomplete document rather than a comprehensive anecdote. This made the exploration more complex and a worthy study. Despite the change in direction, the researcher's journey has led to a deeper understanding of DMT in India, the evolution, institutionalization and its professional requirements, providing valuable insights for future pursuits in the field.

The study starts with an introductory segment that delves into the origins of art as a therapeutic practice and traces the historical development of movement practices in a global context. It provides a comprehensive understanding of the various approaches to movement as observed by historians and anthropologists, setting the stage for the subsequent discussions. Emphasizing the importance of an interdisciplinary approach, the study draws upon theories and practices from fields such as psychology, sociology, and anthropology. Through an extensive

literature review, a conceptual framework was developed to guide the research process and provide a theoretical foundation for the study.

Chapter 2 starts with the insights from a pilot study conducted prior to the main research providing valuable context establishing the researcher's area of interest. A critical analysis of previous works in the field of DMT is presented, examining the contributions of previous researchers. This emphasizes the need for further investigation and underscores the unique perspective that this study aims to contribute, literature and identifying gaps and limitations in current knowledge about the history and evolution of DMT in India. Conceptualization of DMT in India is closely entwined with the basic prescience that dance in itself is curative. However the vital dissimilitude has gone unrecognized in India, making DMT and therapeutic dance synonymously elucidated by many practitioners. In the Indian context, body culture is embedded in the therapeutic sphere be it DMT or other healing practices. The variance in the movement-based interactions of both therapeutic dance and DMT is highly significant in the Indian diaspora considering the heterogeneity in the Indian body culture. As elucidated in Chapter 2, psychotherapeutic interference in the contextual mechanism makes a significant difference in the core components of DMT and therapeutic dance. As quoted by Hyvonen, “Meta-analyses have shown that DMT and the therapeutic use of dance can be effective with a range of disorders, including psychiatric symptoms, autism, eating disorders, and stress (Ritter and Low, 1996; Cruz and Sabers, 1998; Koch et al., 2014, 2019).” (Hyvönen). The fascinating realm of dance therapy and therapeutic dance and the nuances and distinctions between these two practices forms the core of the first phase research. A majority of art practitioners in India, are still unaware of the intricacies of terminology and conceptual frameworks employed in the field of dance therapy and therapeutic dance. This journey of linguistic exploration is validated, aiming to untangle the play

of words surrounding dance therapy and therapeutic dance and the subtle differentiations between these two interconnected yet distinct domains. Through a meticulous analysis of existing literature and scholarly discourse, the researcher tries to unravel the intricate web of meanings associated with dance therapy and therapeutic dance, shedding light on their unique characteristics and applications in the Indian context. Revisiting the differential analysis on the therapeutic dance and DMT the fig below explains the purpose and significant comprehension in the two allied yet similar spheres.

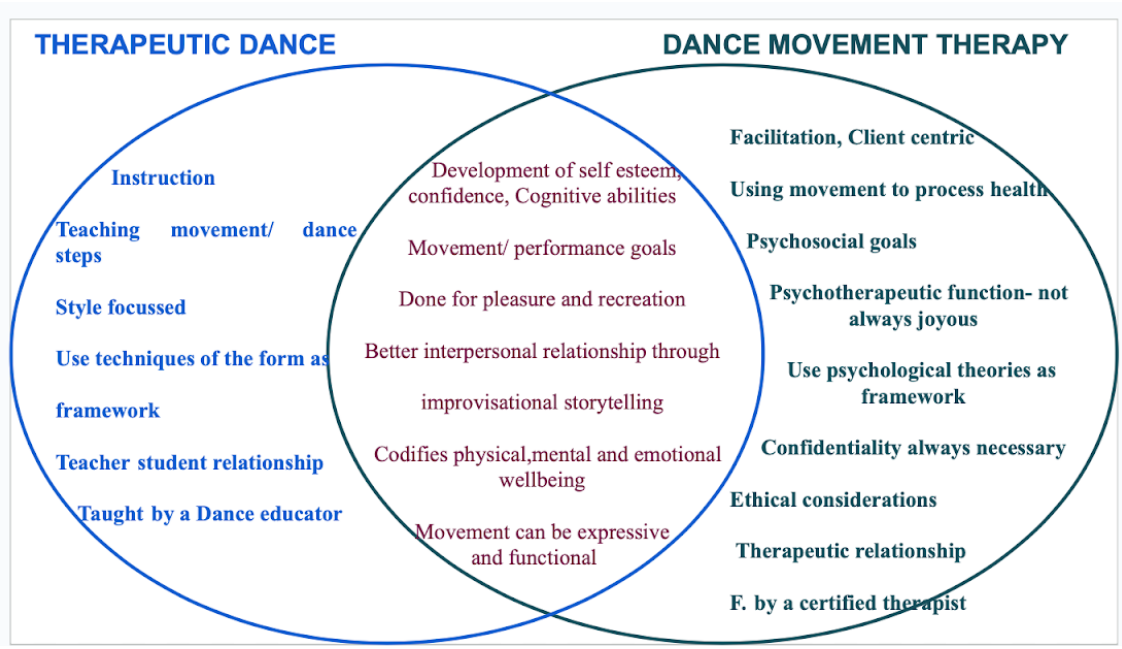

Fig. 7.2: Therapuetic Dance and DMT- Analysis

Therapeutic alliances in India are closely entwined with the philosophy of ritualistic, ceremonial and spiritualistic practices. These are argued to exemplify the growth and development of DMT within the quality of heterogeneity and multi-cultural amalgam in the healing strategies. Navigating through the labyrinth of terms such as stress, anxiety, mental illness, and stressors, the researcher has attempted contextualizing their definitions and implications within the Indian landscape. Drawing upon global statistics on mental illness, with a specific focus on India, the

researcher underscores the relevance and significance of exploring therapeutic interventions for mental well-being. The diverse range of therapeutic approaches employed in both psychotherapy and psychology, unraveling their underlying principles and coping strategies helped to examine the rich tapestry of theoretical foundations and the evolution of various therapeutic modalities worldwide.

Without a distinctive background in Psychology or psychotherapy, mapping the intricate connections between psychological theories, Western philosophical perspectives, and anthropological insights within the realm of DMT served as an opportunity to equip with the knowledge of the related domains of study. Chapter 3, through a synthesis of diverse scholarly perspectives, critically analyzes the history, evolution, purpose, and efficacy of DMT on a global scale; a comprehensive understanding of its transformative power can be studied. The chapter delves into the theoretical underpinnings of DMT, the conceptual foundation of DMT is intricately interwoven with the development of other therapeutic modalities and psychological concepts. The prevailing methodological framework embraced by the majority of DMT practitioners aligns closely with the underlying philosophy of therapy and the fundamental principles of movement. The categorization of three distinct sections as Psychotherapeutic, body-mind relational and practice based helped the reconstruction of the theoretical understandings in the DMT as a precursor to the study.

The chapter extensively talk about the relational dynamics of certain psychotherapeutic techniques such as CBT, DBT, psychodynamic therapy, humanistic therapy along with person centered approach, existential and gestalt therapy, The core tenets of psychotherapeutic approaches and examining the historical application of psychotherapeutic models within DMT enables us to elucidate the workings of this therapeutic modality in a more empirical manner. The growth and

advancement of DMT have been intricately shaped by the influence of these psychotherapeutic approaches. Chapter 3 also delves into movement-based approaches and theories, such as grounding, mirroring, sublimation, holding and containing, kinesthetic empathy, and attunement, which are meticulously analyzed, providing readers with a subtle yet comprehensive introduction to the underlying rationale of DMT. In addition to these aspects, DMT practitioners also conduct an in-depth analysis of body language, concentrating on various movement notations and analysis theories including Laban movement analysis by Rudolph Laban, Kestenberg movement profiling by Judith Kestenberg, Bartenieff fundamentals by Irmgard Bartenieff,among others. Their work has significantly enriched the understanding and interpretation of movement patterns within the realm of DMT, getting into the structuring of a DMT session. Besides the psychotherapeutic and kinetic approaches, many practitioners combine these methodologies or incorporate systematic dance styles to express themselves, including structured improvisation, focusing on free expression without adhering strictly to a particular style. They might draw upon ballet techniques, modern dance styles, or integrate folk, ritual, or religious dances with ethnic elements to represent a practice-based synthesis in DMT. These practice-based adaptations help enrich the therapeutic experience and resonate more deeply with the individual's cultural identity and emotional needs. The chapter also elaborates the origins of DMT to the establishment of Modern Dance during the 19th Century. Modern Dance served as a crucial precursor to the development of the DMT movement that later evolved in the Western world, introducing a new paradigm that significantly influenced the history of DMT. In the timeline of DMT's development, other psychoanalytical ideas also emerged during the 1930s and 40s, further shaping the field. Pioneers of DMT, such as Marian Chace, Blanch Evan, Trudy Schoop, Liljan Espenak, Mary Whitehouse, Alma Hawkins,

and others, played pivotal roles in advancing the practice and theory of DMT and have had a lasting impact on the evolution and recognition of DMT as a valuable therapeutic modality.

Chapter 4 purposes to trace the origins and evolution of the therapeutic practices in India, a wide range of somatic practices, including Creative Arts Therapy, Drama Therapy, Verbal Psychotherapy, Massage Therapy, Mudra Therapy, and more. Ancient texts, scriptures, and traditional healing systems, uncovers a treasure trove of wisdom that has shaped the landscape of therapeutic interventions in India. From Ayurveda to Yoga, Indian culture has long recognized the holistic nature of healing, encompassing the physical, mental, emotional, and spiritual dimensions of human existence from a very long time. These practices draw inspiration and insights from multiple disciplines, including psychology, performing arts, energy healing, and more, establishing an inherent cross-disciplinarity. Creative Arts Therapy, for instance, harnesses the transformative power of various art forms such as painting, music, dance, and drama to facilitate healing and self-expression, Chakra system of therapy explores the subtle energy centers within the body, aiming to restore balance and harmony, drama therapy utilizes theatrical techniques and storytelling to enable individuals to explore and resolve emotional challenges, verbal psychotherapy emphasizes the power of words and dialogue in promoting self-awareness, massage therapy employs touch and manual techniques to alleviate physical and emotional tension, mudra therapy harnesses the gestures and positions of the hands to influence the flow of energy in the body. Central to this exploration is an in-depth analysis of the prevalence and efficacy of these therapeutic practices, and how this signifies the establishment of DMT as an integrated modality. While the contributions of dancers and artists who have incorporated therapeutic dance in their work may not fit within the framework of DMT per se, their use of therapeutic dance has played a significant role in the history and evolution of DMT in India. These artists have intuitively

recognized the healing potential of movement and have utilized it as a means of expression, self-discovery, and emotional release even before DMT was constructed. During the 1900s in India, therapeutic dance saw influences from numerous dancers who integrated therapeutic elements into their practice, distinguishing formally trained dance therapists from dancers who contributed to the therapeutic field during this time became a challenge. The study aims to widen its scope by including an extensive list of dancers who harnessed the therapeutic potential of dance in India, though not directly linked to the primary focus of DMT as a distinct field, their inclusion is warranted due to their significant contributions to the therapeutic domain in India. Notably, DMT's establishment as a separate discipline in India is a relatively recent development, and many practitioners have leveraged their expertise to enrich this emerging field in that period.

The works of these practitioners have touched diverse client populations, encompassing client-centered performances, teaching-centered social work, and clinic-based therapeutic interventions. Moreover, they have supported children with developmental delays and provided creative training to marginalized communities. By embracing various approaches and contexts, these practitioners have fostered the growth and evolution of DMT as a multifaceted discipline during the initial phasing of DMT.

No	**Practitioner**	**Client Group**	**Year**
1	Astad Deboo	Hearing impaired, Children with disabilities	1986
2	Kanak Rele	Children with disabilities,Visually impaired and Cerebral Palsy	1990

3	Kanaka Sudhakar	Middle aged women	1994
4	Chithresh Das	Under privileged children	1997
5	Sudharani Raghupathy	Differently abled	1990s
6	Parasuram Ramamoorthy	Autistic spectrum	1998
7	Padma Subrahmanyam	Differently abled	1990
8	Aruna Bhikshu	School teachers, actors, dancers, housewives, animators and corporates	1996
9	Vyjayanthi Kashi	Differently abled, autism	1998

Table 7.1: Therapeutic dance practitioners in India

Recognizing the contributions of these dancers highlights the breadth of expertise and diversity of approaches within the field while acknowledging the interconnectedness of various forms of dance-based therapeutic interventions. Whether through performances, education, or clinical practices, these practitioners have made significant contributions to the field's development, collectively shaping its trajectory.

Chapter 5 works on the documentation and analysis of three distinct generations of DMT in India, and aims to shed light on the development and progression of DMT over the years. This chapter serves as the foundation of the thesis, exploring the life narratives of the pioneers through in-depth interviews and qualitative data was gathered to comprehensively understand their work, education, credentials, methodology, and cross-cultural influences in their techniques. These interviews provided rich and nuanced information about the practitioners' journeys and initiation to DMT, facilitating a thorough exploration of their training systems, modules, and body of work. The first-generation therapists, who laid the groundwork between 1990 and 2000, are examined alongside the contributions of the second generation practitioners, active from 2000 to 2010 and the significant additions made by the third generation therapists between 2010 and 2020. During this period 1990-2000, distinguishing therapeutic dance from formal DMT practices was difficult, as most certification courses and theoretical foundations of DMT were established after 2000. Therefore, the qualifications or formal education of these practitioners are not the primary focus of consideration, instead, the researcher documented the pedagogy and approach of practitioners who consistently worked with client groups and populations for over 10 years during the specified timeframe, explaining their rationale and significance in categorizing practitioners and analyzing their contributions to the field. A major focus of this study is to closely observe and document the modules and technical investments of each practitioner, working on the narrative history of these therapists, uncovering their unique movement practices, the influence of Western multi-cultural establishments on their vocabulary of modules, and the incorporation of their expertise in various Indian forms and modern dancing techniques. Through meticulous analysis, the chapter seeks to trace the evolution of their work and understand the impact of cross-disciplinary influences on their therapeutic approaches. Additionally, the pedagogical approaches and training

methodologies of each practitioner are meticulously documented through participant observation, active engagement in training workshops, and personal interviews, gaining firsthand experience of the training process. This allowed for an analytical comparison, enabling qualitative judgments about the effectiveness and optimality of each practitioner's work. Throughout the work, historical anecdotes are interwoven with detailed analyses of the therapists' practices. The rationale behind each practitioner's work is explored in depth, providing a comprehensive understanding of the motivations and guiding principles behind their therapeutic interventions.

No	**Name**	**Cross-cultural training**	**Western approach/ creative dancing/ DMT**	**Year**
1	Ambika Kameshwar	Physiotherapists, occupational therapists, special educators	Narendra Sharma and Bharath Sharma	1988
2	Tripura Kashyap	Chandralekha and contemporary dance training, Bharat Sharma	Hancock Center for DMT	1989
3	Priti Patel	Sankeertana, Tangta	Expressive Therapy- Lesley College in Boston	1900
4	Suchitra Date	Psychology, social work, association with T.A. D'Souza	Experiential work. No formal training.	1991

5	Sohini Chakraborty	Navanritya- Manjushri Sarkar, introduction to modern dancing tech.	Experiential work. No formal training	1995
6	Surangama Dasgupta	Applied Psychology, Creative dance training	Certified counsellor	1995
7	Malini Nagpal	Associations with neurosurgeons	MS in DMT, University of California	1996
8	Brinda Jacob	Contemporary dance- STEM dance Kampini	Training under Terry Braithwaite	1999

Table 7.2: First-generation DMT practitioners in India

These practitioners are influenced by India's socio-cultural context, integrating traditional dance forms and arts into their methodologies. With a strong foundation in Indian dance forms, they skillfully blend psychological theories and psychotherapeutic frameworks, offering a holistic healing experience through movement patterning in DMT. Emphasizing therapeutic goals over performance, they prioritize the transformative potential of movement for their clients' well-being and expanded the movement vocabulary by embracing contemporary and modern dance techniques, and through collaborations and diverse training. They cultivate a multidisciplinary cross-cultural approach to DMT. These attributes collectively form the basis of their distinctive

and impactful practices, contributing to the development and growth of DMT in India.

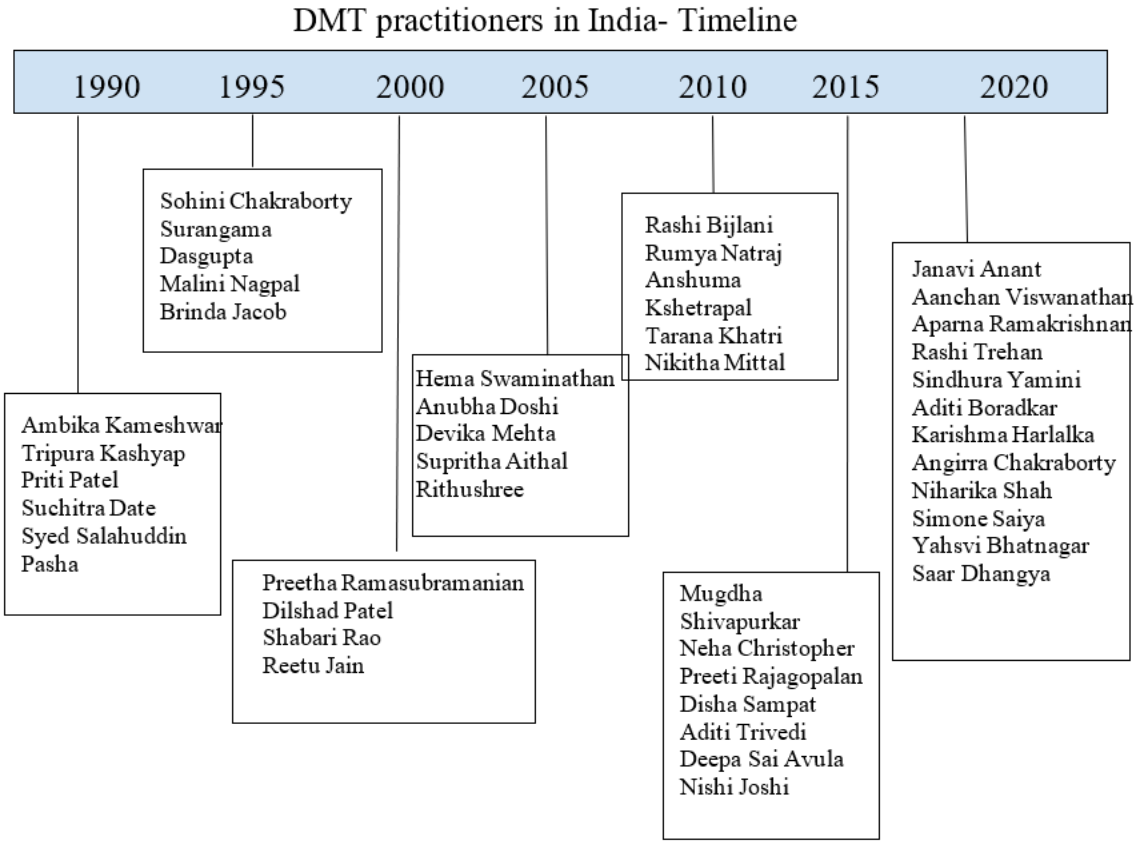

Fig. 7.3: Timeline of DMT Practitioners in India

The analysis of all the three generations of practitioners explains the individualistic approach followed by each of them. Perusal of experimentation, observation and supervision have reflected on the methodology of each practitioner. The methodology of each practitioner is based on 2 predominant factors: Movement vocabulary formulated by them which is mostly cross cultural, second is designing different modules as an entirely client centric phenomenon using certain specific techniques to a particular group of clients. These personalized approaches exemplify the diverse and dynamic nature of DMT as practiced by different generations of practitioners.

Chapter 6 deals with the process of institutionalization in DMT. Revolutionary changes and innovations took place after 2010 in the realm of DMT in India, following the institutionalization of DMT practice. The factors that led to the establishment of non-profit structures, and the sudden surge in DMT practitioners in India, along with the formation of affiliated institutions by first and second-generation practitioners happened during this period. Institutions like RASA and Kolkata Sanved serve as pioneering organizations, whereas CMTAI and IADMT work on professionalization and standardization activities. Professional development and training has been imparted by all of these institutions along with SMART, Kinesthetics, Rhythmosaic to name a few. Consolidated contributions in the areas of research and collaborations are done by IADMT, Synchrony India and CMTAI and the like. These organizations serve the dual purpose of providing training to students and functioning as non-profit entities to facilitate healing for individuals. The pedagogical formations in DMT encompass a diverse range of offerings, including Certificate courses, University-affiliated programs, and workshop-centric approaches. A meticulous analysis of each course's curriculum is conducted, with particular attention given to the therapists who formulated these educational frameworks. By undertaking a comparative analysis of the different courses and their perspectives, this researcher aims to uncover the nuances and divergences in their approaches.

7.2 Major Avenues of Analysis

Understanding the history and evolution of DMT in India mainly focuses on five achievable avenues.

1) Psychological

DMT has many varied processes of interactions such as cathartic reaction, cognitive insight, emotional estimation, traumatic verbalisation, communicative involvement etc. The

psychological level of the study investigates the role of each of these in developing the module by each practitioner. This helped to analyze movement characteristics in a deeper way, connecting it to the Indian way of therapeutic interventions. The psychotherapeutic effect of the client-therapist relation was analyzed making it more significant to acknowledge the psychological benefits of DMT practices in India and how it can be carefully proposed as a part of psychiatric treatment in the healthcare setting. Various correlative factors such as range of client population, curative emphasis, therapeutic illustrations etc were documented in a systematic way, this will serve as a purpose for future generations to look at the psychological apprehensions of DMT in India in an empirical way.

2) Physical

The movement vocabulary and practice of each practitioner is different and the impact of cross-cultural training is very much evident on the methodology they formulated. After examining their own dance history and evolution as a dancer/practitioner, the researcher could draw upon the conclusion that the technique that they imbibed into their therapeutic process is multidimensional and directly proportional to the training system they were into. Although the Western influence is seen as most of them were trained/ graduated from a foreign University, the cultural amalgamation made it easier for the practitioners to connect easily with the client population, opening new avenues in the set of movement patterns. As the researcher was a participant observer of the movement technique of nearly five practitioners, learning and entwining the principles and techniques of the practitioners helped to widen the movement vocabulary and use the body in a more wholesome way. Similarly, this study will help the students or aspirants in DMT technique to widen the horizons of information and principles relating to DMT in a more precise and codified way.

3) Pedagogical

DMT practices are not institutionalized effectively yet and the training system has a lot of lacunae. This thesis investigates the modality and pedagogy of courses offering academic programs, making it a one-point solution to understand the possibilities and importance of affiliation. The emphasis and approach are to be standardized in order to apprehend further possibilities for institutionalizing DMT studies. This study is a preliminary documentation and investigation in the process, working towards recognition of DMT as a more pragmatic course in education service. This study can be used to formulate a course consistent with other postgraduate courses validating the approach and significance of DMT techniques in India culturally acceptable to the work setting in India.

4) Academic.

The current theory of therapy lies in the interconnectedness of healing with mind, body and soul, entwining the history of the origin of dance itself from early societies. But the therapeutic history of dance practices relies on many psychosomatic theories such as Jung's theory, Payne's contribution, theory of eurhythmics, psychodynamic theory, humanistic psychology, Laban movement analysis, CBT, Bartenieff fundamentals etc. In many countries, DMT has already been established as a branch of psychology and dance studies where Universities offer courses for academic and research purposes. But in India, the academic setting for DMT practices is not available yet as DMT itself is seen as fringe and occurs only in an independent setting. Psychological and anthropological studies are in the forefront now, but dance studies are not propagating the concept of creative therapies. More research on the academic interpretations on the subject will help to establish the use of DMT in direct health care practices alongside psychiatric medications. This work helps to promote scientific research into the mechanisms and

efficacy of dance therapy in India, extending its reach to a qualitative level and its application to be integrated in primary level education as a co- curriculum.

5) Improvisational

There has been an energetic development of DMT in other countries. In the Indian scenario, DMT is still in its infancy. The documentation of current practices and methodology helps to delve deeper into the dimensions of the subject thereby promoting indigenous improvisational mechanisms in its approach. DMT is a new entrant which is constantly defining itself and the orientations of the contributors are mirrored in their illustrations. The chapters in this thesis reflect this purpose of documenting linear development, opening doors for further improvisation. The study has opened a new vision to establish DMT practices in India in an empirical way and must be innovatively taken forward to make it reach everyone in need.

7.3 Observations and Findings

The following questions were raised from the statement of hypothesis elucidated in Chapter 1:

1) What is the history of DMT practices in India and how has it transformed over the period?
2) Is the technique of each practitioner individualized or subjective?
3) Is the history of training and fundamental principles similar? What factors have influenced their pedagogical formulations?
4) Does the pedagogy and practice of a practitioner have an impact on formulation of DMT pedagogy?
5) What is the scope of cross-cultural intervention in DMT?
6) Does DMT give scope for a formalized methodology in India?

The major avenues discussed above elucidates the partial acceptance of the hypothesis. They are being answered in the observations and findings through the research carried out, proven

through the data collected and analyzed of the three generations. The landscape of DMT practices has undergone notable transformations over the past three decades. The categorization of practitioners into three distinct generations by researchers holds substantial importance, albeit not based solely on the practitioners' age. Instead, the emphasis is on how the practitioners' division aligns with the thesis. Particularly noteworthy is the fact that the first generation practitioners, as grouped in this thesis, have played a pivotal role in training a significant portion of the second generation practitioners. A significant shift in pedagogy becomes evident when examining the practices of third-generation DMT practitioners. This shift is attributed to the substantial changes in the technical facets and the comprehensive application of DMT. Notably, there's a discernible decrease in the prominence of cultural assimilation and cross-cultural influences within the practices of the third generation. Instead, their focus has shifted toward empirical rigor, setting boundaries, and prioritizing ethical considerations in their approach. Technique of each practitioner: Each practitioner's technique in DMT is inherently subjective, revolving entirely around the individual client's needs. A standardized methodology is not obligatory; instead, the practitioner's amalgamation of experiential and theoretical knowledge provides a versatile toolkit. This toolkit can be customized to align with the unique therapeutic objectives of each client. In this context, the client takes precedence in dictating the direction of sessions, a foundational principle in DMT practices. This approach renders the methodology highly personalized and adaptable, tailored to the specifics of each distinct population. While the historical training and fundamental principles of DMT might share commonalities, the formulation of pedagogy varies significantly based on the practitioners' focus population and their individual experiences. Their unique pedagogical approaches have, in turn, given rise to diverse methodologies within the realm of DMT in India. This phenomenon could be likened to the emergence of different schools of

thought within DMT, each shaped by the extent of their application and influence on clients. Exploring these diverse approaches and their impacts could serve as a compelling avenue for future study.

The cross-cultural influence is particularly pronounced, particularly within the first and second generations of practitioners. Their training and influence in modern dance, as well as the realm of free expression and movement techniques, have afforded them the opportunity to expand their capabilities beyond dance into the realm of movement expression. This transformation is readily apparent in their DMT pedagogy and practice. The adoption of a multi-cultural approach stands out as a noteworthy contribution from the Indian subcontinent to the global landscape of DMT. The amalgamation of diverse cultural influences is a distinguishing feature, setting it apart from other contexts. This unique blend of cultural assimilation is not as prevalent elsewhere, making it a significant and distinct facet of DMT practice on the world stage.A standardized methodology is challenging to establish comprehensively in India due to the distinct cultural landscape that significantly shapes clients' experiences, as well as the broader socio-cultural influences within the country. Every practitioner devises their methodology based on a personalized approach that resonates with them and proves effective for their clients. The impact on clients serves as the primary determinant of their chosen methodology, prioritizing client well-being over rigidly codifying DMT into a standardized structure. Nevertheless, the institutionalization of DMT has resulted in the establishment of uniform ethical principles and theoretical frameworks. This foundation provides a fundamental and essential structure that sets minimum standards for practitioners when working with diverse client populations. A formalized pedagogy is naturally taking shape as a result of the gradual institutionalization of DMT. This process is expanding its horizons, solidifying its status as an independent field of study.

7.4 Limitations of the study

1) Lack of comprehensive historical records: Obtaining accurate historical data was challenging due to the limited availability of documented records, especially in the early stages of DMT in India, leading to incomplete or fragmented information.
2) Unintentional bias in available sources: Historical records collected by the researcher may be influenced based on the interactions and interviews the researcher conducted, both intentional and unintentional. Many of the practitioners, other than those mentioned, were very reluctant to participate in the interview or consent to the study. Hence, certain perspectives or practitioners may be overrepresented, while others could be underrepresented, leading to a skewed historical narrative.
3) Timeline biases: As the study is one of the first attempts in documenting the history and evolution of DMT practitioners in India, the timeline plotted is based on the information provided by each practitioner and the documented sources. In case of personal accounts, exact years may be distorted, leading to inaccuracies in the accounts provided by practitioners involved in DMT's early days in India.
4) Limited perspectives: Some practitioners or individuals were not accessible or willing to share their experiences, leading to gaps in understanding the historical evolution of DMT in India, especially among the third-generation practitioners.
5) Interpretation challenges: As the major documentation of the study is based on the researcher’s analysis, it is subject to potential inaccuracies during data interpretations.
6) Omission of current developments: A focus on historical evolution between 1990-2020 has led to the omission of recent developments and advancements in DMT practices in India. The global COVID-19 pandemic has had a significant impact on various aspects of society,

including healthcare practices such as DMT. The immobility of resources and restrictions on in-person clinical practices during the pandemic led many practitioners to adapt and turn to Tele-DMT practices, also known as online or virtual DMT offered remotely through video conferencing platforms or other digital means. Such innovations and developments are not analyzed thoroughly in this study.

7.5 Notes for further developments in the modality

1. Need for Standardisation:

In India, there is no autonomous body with a standardized system of practice in DMT with ADTA guidelines mostly followed by the Indian practitioners. The lack of a native body which governs the necessary guidelines and protocols is leading to a state of affairs filled with a lot of confusion, misinterpretations, and multiple interpretations. This leads to emergence of inconsistent methodologies and unorganized work. Hence a body which governs ethical principles and standards of any and every DMT practitioner in India is the need of the hour which looks into the quality assurance of DMT.

2. Professionalisation:

The professionalization of DMT in India is a much less discussed arena, as DMT has not been yet recognised as a therapeutic discipline by the major healthcare organizations in India. There are a lot of challenges in integrating DMT to mainstream healthcare systems in India. Even though DMT is not a parallel discipline to medication or allopathic treatment, integrating the psychotherapeutic perspectives of DMT along with the other treatment structures for irremediable diseases can be considered in psychiatric treatment centers. The efficacy of DMT interventions, methodologies and structuralism training systems have already been established outside India, however the Indian health care system is rigid towards implementing and incorporating DMT as

part of treatments. This made it difficult for qualified and supervised trained practitioners in India to make DMT a reliable profession in India. Some of the reasons for the lack of professionalism in the area include:

- Lack of awareness
- Absence of formal training systems
- Lack of regulatory framework
- Limited evidence-based Research
- Socio cultural factors.

DMT is a multifaceted discipline that combines elements of dance, movement, psychology, and psychotherapeutic principles. Its interdisciplinary nature makes it challenging to develop standardized training programs that encompass all relevant aspects especially in India, being a culturally variant country. The complexity of DMT may require collaboration between experts from different fields and the development of comprehensive curriculum guidelines, which can be a time-consuming and resource-intensive process. The shortage of qualified DMT trainers in India can also contribute to the very less number of education centers in India. The limited number of experienced trainers are one of the reasons why there are not many such establishments or sustainable training institutes in India.

3. Research and Evidence based practice:

Research studies contribute to the evidence base for DMT interventions, helping establish its efficacy and informing best practices. It is important to encourage the integration of research findings into evidence-based practice, ensuring that DMT interventions are grounded in scientific knowledge. Research in any field requires financial support, including grants, funding, and resources. In India, there may be limited funding opportunities specifically dedicated to DMT

research. As a result, researchers in the field face challenges in conducting rigorous scientific studies due to a lack of financial resources. The availability of researchers with expertise in DMT and research methods specific to the field may be limited in India. This lack of expertise can act as a barrier to conducting rigorous scientific studies in DMT. Collaborative efforts between DMT practitioners, researchers, and academic institutions are essential for conducting high-quality research.

- Limited funding
- Limited research infrastructure
- Research expertise
- Recognition and awareness
- Time and resources
- Collaboration with academic institutions

4. Collaboration and Networking

Collaboration and networking allow practitioners to come together, share their experiences, and exchange knowledge and expertise. Each practitioner brings unique perspectives, techniques, and insights to the table, learning from one another, enriching their practice and expanding their understanding of DMT. Such possibilities are rare in India, except a few of the organizations trying to organize workshops, conferences, training etc. This continuous professional development plays a significant role to the growth and advancement of DMT practice in India. Thse kind of give and take helps researchers to engage in projects with the practitioners enhancing more scientific evidence-based research. Collaborative initiatives increase visibility, awareness and promote the integration of DMT into healthcare settings, educational institutions, and community programs. By networking with other professionals, associations, and organizations, DMT practitioners can

collectively advocate for the importance of DMT in mental health, well-being, and healthcare, influencing their impact. DMT practitioners can integrate diverse perspectives and approaches into their practice through interdisciplinary approaches and resource sharing.

5. Integration to Health care systems.

By establishing collaborations with hospitals, mental health centers, and rehabilitation facilities, DMT can be recognized as a valuable therapeutic option allowing more people to benefit from it. The researcher postulates some points which can be considered for the same, mainly by raising awareness. It is essential to create awareness among healthcare professionals, administrators, policymakers, and the general public about the benefits and effectiveness of DMT. Conducting workshops, seminars, and awareness campaigns can help educate healthcare stakeholders about the therapeutic value of DMT and its potential contributions to mental health, well-being, and overall patient care. DMT practitioners should actively collaborate with healthcare professionals, including doctors, psychologists, psychiatrists, nurses, and occupational therapists, rather than working on a personal setting. Conducting high quality research generate evidence-based data supporting integration of DMT into healthcare systems in India. Pilot programs projects are necessary for this, partnering with hospitals and clinics, demonstrating the benefits and implementation.

6. Policy development:

By forming professional associations and engaging with policymakers, DMT professionals can advocate for the recognition and inclusion of DMT in healthcare policies, funding initiatives, and professional regulations. Research and evidence gathering on the potential impact of DMT, reviewing the existing literature is very important. Formulating frameworks considering aspects such as training and certification requirements, ethical guidelines, quality standards, scope of

practice, reimbursement mechanisms, and collaboration with existing healthcare practices can be the strategy. Engaging with relevant regulatory authorities responsible for healthcare policy development and implementation is being done by a few organizations, however is not adequate. More organizations and practitioners should come forward highlighting success stories, testimonials, and research evidence to gain support for policy development and implementation.

The landscape of Dance Movement Therapy in India is marked by a unique blend of historical evolution, socio- cultural influences, and personalized practitioner approaches. The journey through the generations of practitioners has unveiled a transformative narrative while the essence of DMT remains rooted in the holistic connection between movement, emotions, and healing, each generation contributing distinctive perspectives and methodologies. The multi-cultural approach originating from the Indian subcontinent emerges as a remarkable contribution to the global DMT scenario, fostered a rich tapestry of influences from modern dance, cultural influences and movement techniques which has not only expanded their expressive capabilities but has also shaped the very fabric of DMT pedagogy and practice. The practitioner-centered formulation of methodologies resonates with the dynamic nature of DMT practice, finely attuned to the needs of their clients, with the client's well-being being the compass that guides their methodology. This personalized yet ethical approach stands as a testament to the evolving nature of DMT. DMT in India embodies a harmonious convergence of tradition, innovation, and personalization. Furthermore, while formalized pedagogies have emerged, the intrinsic flexibility of DMT endures. The researcher tries to add to the body of knowledge, an empirical analysis on the scientifically of DMT practices in India. With a keen eye on the transformative potential of DMT, the researcher sets the stage for future exploration, guided by the principles of scientific inquiry and a deep appreciation for the profound interplay between the mind and body in the

therapeutic realm. The study focuses on tuning the mapping of DMT using a metaphoring analysis on the evolution and history of DMT in India. As this journey unfolds, the boundaries of this therapeutic art continue to expand, driven by a commitment to client well-being, cultural diversity, and an unwavering dedication to understanding the profound connection between movement, expression, and healing.

Works Cited

"American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders", 5th ed., American Psychiatric Publishing, 2013. DSM-V, doi-org.db29.linccweb.org/10.1176/ appi.

"Art for Heart's Sake." Deccan Herald, 12 Dec. 2015, www.deccanherald.com/content/517079/art-hearts-sake.html.

"CALD Child and Adolescent Mental Health." eCALD, https://www.ecald.com/resources/cross-cultural-resources/cald-child-and-adolescent-mental-health/. Accessed 10 August 2021.

"CREATIVE and PERFORMING ARTS : A DEVELOPMENT TOOL by Dr. AMBIKA KAMESHWAR - Director - RASA." Narthaki.com, Aug. 2000, narthaki.com/info/articles/article3.html.

"FECAT Faculty." SMArT, smartmove.co.in/fecat-faculty/.

"Finding the Best Psychodynamic Support for Dance Movement Therapy'. Dance Therapy Collections, no. 3, 2009, pp. 40-50. DTAA, http://dtaa.org.au/wp-content/uploads/2017/03/LauffenburgerS2009Finding-the-best-psychodynamic-support-DMT.pdf

"Forty Years of Case Studies: A History of Clinical Case Studies in the Journal of Music Therapy, Music Therapy, and Music Therapy Perspectives". *Music Therapy Perspectives,* vol. 24, no. 1, 2006, pp. 4-12. Oxford Academic,https://doi.org/10.1093/mtp/24.1.4

"Grounding Yourself: A Guide to Dance Therapy." YouTube, uploaded by Elizabeth Frischling, 9 May 2019, https://www.youtube.com/watch?v=lGVzldXol7E

"Holding and Containing - Winnicott (1960)". UKEssays, 24 June. 2021.

"Horizon Therapy Centre." Www.horizontherapycentre.com, www.horizontherapycentre.com/gallery.html.

"Kinesthetics :: What Is DMP." Kinesthetics.in, kinesthetics.in/what_is_dmp.php.

"Mental Health Action Plan 2013-2020". ISBN 978 92 4 150602 1.

"Mental health", https://www.who.int/india/health-topics/mental-health. Accessed 10 August 2023.

"Movement and Dance Session with Dr Ambika Kameshwar | Ramana Sunritya Aalaya." Www.youtube.com, 9 Nov. 2018, www.youtube.com/watch?v=A9VtWGBaKEg. Accessed 22 July 2023.

"Nritya Therapy(Dance Therapy) - Suchitra's Nrutyopchaar - NrityaPrerana International School of Bharatnatyam." Www.nrityaprerana.com, www.nrityaprerana.com/dance_therapy.html.

"Reetu Jain." Www.dadafest.co.uk, www.dadafest.co.uk/artist/reetu-jain.

"Self-Revelatory Performance: A Form of Drama Therapy and Theatre". Drama Therapy Review, vol. 1, no. 1, 2015, pp. 71-85. Intellect Discover, https://doi.org/10.1386/dtr.1.1.71_1

"Special Children :: Anjika Society for Manipuri Dance & Movement Therapy." Www.anjika.co.in, www.anjika.co.in/special-children.

"Surangama Dasgupta." Www.surangama.com, www.surangama.com/therapy.html.

"What's the Difference Between Mental Illness and Mental Disorder?" SOBA New Jersey, 24 March 2020, https://www.sobanewjersey.com/blog/2020/march/whats-the-difference-between-mental-illness-and-/. Accessed 10 August 2021.

"When Survivors Found Dance as a Way to Heal." Thrive Global India, 7 Jan. 2019, stories.thriveglobal.in/when-survivors-found-dance-as-a-way-to-heal/.

About Brinda Jacob-Janvrin. n.d. <https://smartmove.co.in/brinda-jacob-janvrin/>.

Agragami, S N. "Magically Abled!". The New Indian Express, 3 Jan. 2015,

Aithal, Supritha. Interview. By Sneha M. 14 Sep. 2022.

Alanen, Yrjo O., et al, editors. Psychotherapeutic Approaches to Schizophrenic Psychoses.Routledge, 2009.

Al-Ansari, Abi. " Defining Abnormality: Illness, Disorder, or the Crystallization of Culture?" ResearchGate, 1 July 2016, https://www.researchgate.net/publication/304673773_Defining_Abnormality_Illness_Disorder_or_the_Crystallization_of_Culture. Accessed 9 August 2021.

Annapoorna, K., et al. "251 Effectiveness of the Practice of Yoga Therapy in Anxiety Disorders: A Randomized Controlled Trial". Asian Journal of Psychiatry, vol. 4, no. 1 (sup), 2011, p. S45. ScienceDirect, https://doi.org/10.1016/S1876-2018(11)60172-X

Antia, N. H. "On Health and Healing: Community Health Care in India." Indian Journal of Pediatrics, vol. 58, 1991, pp. 161-173. https://doi.org/10.1007/BF02751114.

Avula, Deepa. Interview. By Sneha M. 15 Sep. 2022.

Bajaj, Tanvi. Interview. By Sneha M.

Baker, Sally. The Role of containment and holding in Psychoanalytic

Bales, Melanie. "Body, Effort, and Space: A Framework for Use in Teaching". Journal of Dance Education, vol. 6, no. 3, 2006, pp. 72-77. ResearchGate, https://www.researchgate.net/publication/233471219_Body_Effort_and_Space_A_Framework_for_Use_in_Teaching

Barton, Emma J. "Movement and Mindfulness: A Formative Evaluation of a Dance/Movement and Yoga Therapy Program with Participants Experiencing Severe Mental Illness". Americal Journal of Dance Therapy, vol. 33, 2011, pp. 157-181. Springer Link, https://doi.org/10.1007/s10465-011-9121-7

Baum, Scott. "Containment, Holding, and Receptivity: Somatopsychic Challenges". Bioenergetic Analysis: The Clinical Journal of the IIBA, vol. 27, no. 1, 2017, pp. 21-47.

Bioenergetic Analysis, https://bioenergetic-analysis.com/article/view/0743-4804-2017-27-21/html

Behere, R. V., et al. “Effect of Yoga Therapy on Facial Emotion Recognition Deficits, Symptoms and Functioning in Patients with Schizophrenia”. Acta Psychiatrica Scandinavica, vol. 123, no. 2, 2011, pp. 147-153. Wiley Online Library, https://doi.org/10.1111/j.1600-0447.2010.01605.x

Benson, Nigel C. and Borin Van Loon. Introducing Psychotherapy: A Graphic Guide. Icon

Between Stress and Hope: From a Disease-Centered to a Health-Centered Perspective, edited by Rebecca Jacoby and Giora Keinan, Praeger Publishers, 2003, p. 10.

Bharath, Manasa. Interview. By Sneha M. 31 Aug. 2022.

Bhatnagar, Yahsvi. Interview. By Sneha M. 23 Sep. 2022.

Bhowmick, Anshuman. “Change in Motion.” India Today, 9 June 2008, www.indiatoday.in/magazine/supplement/story/20080609-change-in-motion-736429-2008-05-29.

Biswas, Madhumita. Social Stress and Mental Illness. vol. chapter 6, 1988, p. 5.

Books, 2015.

Boradkar, Aditi. Interview. By Sneha M. 26 Sep. 2022.

Bose, Mandakranta. Movement and Mimesis: The Idea of Dance in the Sanskritic Tradition. Springer-Science+Business Media, B.V., 1991.

Campion, J., Bhugra, D. "Experiences of Religious Healing in Psychiatric Patients in South India." Social Psychiatry and Psychiatric Epidemiology, vol. 32, 1997, pp. 215-221. https://doi.org/10.1007/BF00788241.

Cardozo, Margaret. “Harmonic sounds: complementary medicine for the critically ill.” British Journal of Nursing, vol. 13, 2004, p. 22.

Cerulli, Anthony. The Practice of Texts: Education and Healing in South India. University of California Press, 2022.

Chace, M and Susan L. Sandel. Foundations of dance/movement therapy: The Life and Work of Marian Chace. Edited by Sharon Chaiklin and Ann Lohn, American Dance Therapy Association, 1993.

Chakraborty, Angirra. Interview. By Sneha M. 24 Oct. 2022.

Chakraborty, Sohini. Interview. By Sneha M.

Chakraborty, Sohini. Transforming Lives through Dance Movement Therapy. 2019, hdl.handle.net/10603/276497.

Chang, Ivy I-chu. "Theatre as Therapy, Therapy as Theatre Transforming the Memories and Trauma of the 21 September 1999 Earthquake in Taiwan". Research in Drama Education: The Journal of Applied Theatre and Performance, vol. 10, no. 3, 2005, pp. 285-301. Taylor & Francis Online, https://doi.org/10.1080/13569780500275907

Chapman, Alexander L. "Dialectical Behavior Therapy: Current Indications and Unique

Chapman, Alexander L., et al. The Dialectical Behavior Therapy Skills Workbook for Anxiety: Breaking Free from Worry, Panic, PTSD, and Other Anxiety Symptoms. New Harbinger Publications, 2011.

Chatterji, Shoma. "The Tribune - Magazine Section - Saturday Extra." M.tribuneindia.com, 14 June 2008, m.tribuneindia.com/2008/20080614/saturday/main2.htm.

Chaudhuri, Indrojit D. "Shall We Dance: Here's How Astad Deboo Conquers Boundaries with His Choreographed Moves". YSWeekender, 18 Jul. 2020, https://yourstory.com/weekender/boundaries-astad-deboo-contemporary-dancer

Christopher, N., Tamplin, J. The Use of Kinesthetic Empathy with Adults Living with Treatment Resistant Depression: A Survey Study. Am J Dance Ther 44, 115–142 (2022). https://doi.org/10.1007/s10465-022-09371-4

"CMTAI." n.d. <https://www.cmtai.org/page/res&pub>.

Cohen, Sheldon, et al., editors. Measuring Stress: A Guide for Health and Social Scientists. Oxford University Press, 1997.

Colvard, Michelle, et al. "Consumer Satisfaction with National Alliance on Mental Illness Written Medicine Information." The Mental Health Clinician, vol. 7, no. 2, 2017, pp. 74-80, https://doi.org/10.9740/mhc.2017.03.074. Accessed 9 Aug. 2020.

Contrada, Richard J., and Andrew Baum. The Handbook of Stress Science: Biology, Psychology, and Health. Edited by Richard J. Contrada and Andrew Baum, Springer Publishing Company, 2011.

Cook, Patricia Moffitt, and Pat Moffitt Cook. "Sacred Music Therapy in North India." The World of Music, vol. 39, no. 1, 1997, pp. 61–83. JSTOR, http://www.jstor.org/stable/41699130

Cooper, Mick. Existential Therapies. SAGE Publications, 2003.

Corsello, Perri. "Mirror Neurons and The Role They Play in Dance/Movement Therapy". Perri Corsello, 10 Nov. 2018. Medium,

Courtney, Rosalba. "A Multi-Dimensional Model of Dysfunctional Breathing and Integrative Breathing Therapy: Commentary on the Functions of Breathing and Its Dysfunctions and Their Relationship to Breathing Therapy". Journal of Yoga & Physical Therapy, vol. 6, no. 4, 2016, pp. 1-3. ResearchGate, https://www.researchgate.net/publication/311339355

Courtois, C. A., & Ford, J. D. (Eds.). Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide. The Guilford Press, 2009.

Courtois, Christine A. and Julian D. Ford, editors. Treating Complex Traumatic Stress Disorders. The Guilford Press, 2009.

Coutinho, Nevelle. “BIS #5083 DANCE MOVEMENT THERAPY at SHELTER.” BIS #5083 DANCE MOVEMENT THERAPY at SHELTER, 3 Apr. 2017, bismumbai.blogspot.com/2017/04/bis-5083-dance-movement-therapy-at.html.

Crabben, Jan van der. “Ancient Egyptian Music and Dancing (Illustration).” World History Encyclopedia, 15 September 2014, https://www.worldhistory.org/image/3028/ancient-egyptian-music-and-dancing/. Accessed 25 July 2021.

Crowe, Barbara J., and Robin Rio. “Implications of Technology in Music Therapy Practice and Research for Music Therapy Education: A Review of Literature”. Journal of Music Therapy, vol. 41, no. 4, 2004, pp. 282–320. Oxford Academic, https://doi.org/10.1093/jmt/41.4.282

D’Amico, Miranda, et al. “Evaluating the Efficacy of Drama Therapy in Teaching Social Skills to Children with Autism Spectrum Disorders”. Drama Therapy Review, vol. 1, no. 1, 2015, pp. 21-39. Intellect Discover, https://doi.org/10.1386/dtr.1.1.21_1

Dael, Nele et al. “Emotion Expression in Body Action and Posture”. Emotion, vol. 12, no. 5, 2011, pp. 1-15. ResearchGate, http://dx.doi.org/10.1037/a0025737

Daino, Jill E. “Different Types of Therapy [Psychotherapy]: Which is Best For You?”. Talk Space. 27 Sep. 2016. https://www.talkspace.com/blog/different-types-therapy-psychotherapy-best/

Dance.Movement.Therapy. 18 Apr. 2014. Wordpress, https://emilyadannunzio.wordpress.com/2014/04/18/laban-movement-analysis-in-dancemovement-therapy/

D'annunzio, Emilya. “Laban Movement Analysis in Dance/Movement Therapy".

Das, Pandit Chitresh. “Kathak Yoga: Meditation in Motion”. Complete Wellbeing: Body, Mind and Beyond, 19 Aug. 2011, https://completewellbeing.com/article/kathak-yoga-meditation-in-motion/

Date, Suchitra. Interview. By Sneha M. 14 Oct. 2022.

De Tord, Patricia and Iris Bräuninger. “Grounding: Theoretical Application and Practice in Dance Movement Therapy”. The Arts in Psychotherapy, vol. 43, 2015, pp. 16-22. Elsevier, https://www.sciencedirect.com/science/article/abs/pii/S0197455615000040

De, Utpal Kumar, et al., editors. Issues on Health and Healthcare in India: Focus on the North Eastern Region. Springer Nature Singapore, 2017.

Deboo, Astad. Interview. Conducted by Lalitha Venkat. Narthaki: Gateway to the World of Dance, 20 Nov. 2001, https://narthaki.com/info/intervw/intrvw33.html

Deshmukh, Abhijeet D., et al. “Effect of Indian classical music on quality of sleep in depressed patients: A randomized controlled trial.” Nordic Journal of Music Therapy, 2009.

Dhangya, Saar. Interview. By Sneha M. 17 Sep. 2022.

Dils, Ann, and Ann Cooper Albright, editors. Moving History/Dancing Cultures: A Dance History Reader. Wesleyan University Press, 2001. p. 405

Dimaio, Lauren. “Music Therapy Entrainment: A Humanistic Music Therapist's Perspective of Using Music Therapy Entrainment with Hospice Clients Experiencing Pain”. Music Therapy Perspectives, vol. 28, no. 2, 2010, pp. 106–115. Oxford Academic, https://doi.org/10.1093/mtp/28.2.10

Dimeff, Linda A. and Kelly Koerner, editors. Dialectical Behavior Therapy in Clinical Practice Applications across Disorders and Settings. Guilford Press, 2007.

Dogra, Nisha. “(PDF) Defining mental health and mental illness.” ResearchGate, 2009, https://www.researchgate.net/publication/255657987_Defining_mental_health_and_mental_illness. Accessed 10 August 2021.

Duraiswamy, G., et al. “Yoga Therapy as an Add-On Treatment in the Management of Patients with Schizophrenia – A Randomized Controlled Trial”. Acta Psychiatrica Scandinavica, vol. 116, no. 3, 2007, pp. 226-232. Wiley Online Library, https://doi.org/10.1111/j.1600-0447.2007.01032.x

Eberhard-Kaechele, Marianne. “Memory, Metaphor, and Mirroring in Movement Therapy with Trauma Patients”. Body Memory, Metaphor and Movement, 2012, pp. 267-287. ResearchGate, https://www.researchgate.net/publication/284440109

Economic Times. “89 per cent of India's population suffering from stress; most don't feel comfortable talking to medical professionals.” The Economic Times, 10 July 2018,https://economictimes.indiatimes.com/magazines/panache/89-per-cent-of-indias-population-suffering-from-stress-most-dont-feel-comfortable-talking-to-medical-professionals/articleshow/64926633.cms. Accessed 11 July 2018.

Edwards, Jane. “The Therapist’s Use of the Self in Creative Arts Therapy Practice”. The Arts in Psychotherapy, vol. 55, 2017, pp. A1-A2. ScienceDirect, https://doi.org/10.1016/j.aip.2017.08.009

Elements”. Psychiatry, vol. 3, no. 9, 2006, pp. 62–68. ResearchGate, https://www.researchgate.net/publication/47545216

Emunah, Renee. “Expression and Expansion in Adolescence: The Significance of Creative Arts Therapy”. The Arts in Psychotherapy, vol. 17, no. 2, 1990, pp. 101-107. ScienceDirect, https://doi.org/10.1016/0197-4556(90)90019-M

Encyclopedia of Philosophy, edited by Edward N. Zalta, Stanford University, 2021. https://plato.stanford.edu/archives/fall2021/entries/concept-emotion-india/

Engelhard, Einat Shuper et al. “Grounding the Connection Between Psyche and Soma: Creating a Reliable Observation Tool for Grounding Assessment in an Adult Population”. Frontiers in Psychology, vol. 12, no. 621958, 2021, pp. 1-13. Frontiers, https://www.frontiersin.org/articles/10.3389/fpsyg.2021.621958/full

Fay, Temple. “The Origin Of Human Movement”. American Journal of Psychiatry, Apr. 2006, p. 644. ajp.psychiatryonline.org/doi/10.1176/ajp.111.9.644.

Federman, Dita. “Kinesthetic Ability and the Development of Empathy in Dance Movement Therapy”. Journal of Applied Arts and Health, vol. 2, no. 2, 2011, pp. 137-154. ResearchGate,

https://www.researchgate.net/publication/233599691_Kinesthetic_ability_and_the_development_of_empathy_in_Dance_Movement_Therapy

Finlay, Linda. “Holding, Containing and Boundarying”. Relational Integrative Psychotherapy: Engaging Process and Theory in Practice. http://relational-integrative-psychotherapy.uk/chapters/holding-containing-and-boundarying/

Ford, Julian D., and Christine A. Courtois. “Sample Chapter: Treating Complex Traumatic Stress Disorders in Adults: Second Edition.” Guilford Press, 2020, https://www.guilford.com/excerpts/ford2_ch1.pdf?t=1. Accessed 14 August 2021.

Foreman, Elaine Iljon and Clair Pollard. A Practical Guide to CBT: From Stress to Strength. Icon Books, 2011.

Frazier, Savannah N. “Dialectical Behavior Therapy for the Treatment of Anger and Aggressive Behavior: A Review”. Aggression and Violent Behavior, vol. 19, no. 2, 2014, pp. 156–163. Elsevier, https://www.sciencedirect.com/science/article/pii/S1359178914000147

Gahleitner, Edith. “Mental Health of Survivors of Domestic Violence in Rural Northern India. A Qualitative, Intersectional Approach.” ÖFSE, 2015, https://www.oefse.at/fileadmin/content/Downloads/Publikationen/Foren/forum61_web.pdf. Accessed 10 August 2021.

Geist, Kamile and John Hitchcock. “Single Case Design Studies in Music Therapy: Resurrecting Experimental Evidence in Small Group and Individual Music Therapy Clinical Settings”. Journal of Music Therapy, vol. 51, no. 4, 2014, pp. 293-309. ResearchGate, https://www.researchgate.net/publication/269716065

Girodo, Michael. “Yoga Meditation and Flooding in the Treatment of Anxiety Neurosis”.

Glaser, Barney G., and Anselm L. Strauss. The Discovery of Grounded Theory: Strategies for Qualitative Research. Aldine Transaction, 1967.

Gonza´lez, Luisa F Barrero. “Dance as Therapy: Embodiment, Kinesthetic Empathy and the Case of Contact Improvisation”. Adaptive Behaviour, vol. 27, no. 1, 2019, pp. 91-100. Sage Journals, https://journals.sagepub.com/doi/epdf/10.1177/1059712318794203

Goodkin, K., & Visser, A. P. (Eds.). Psychoneuroimmunology: Stress, Mental Disorders, and Health. American Psychiatric Publishing, Inc., 2000.

Goodkin, Karl, and A. Ph Visser, editors. Psychoneuroimmunology: Stress, Mental Disorders, and Health. American Psychiatric Press, 2000. Accessed 14 August 2021.

Goodman, Judith, and Mario Prosperi. “Drama Therapies in Hospitals.” The Drama Review: TDR, vol. 20, no. 1, 1976, pp. 20–30. JSTOR, https://doi.org/10.2307/1145034

Goparaj, Hemanth, and Radha R. Sharma. “Emotional Intelligence: Vedic and Modern Perspectives”. Emotional Intelligence & Leadership, Excel Books, 2011, pp. 23-38. ResearchGate, https://www.researchgate.net/publication/261850600

Gould, Rebecca L., et al. “Cognitive Behavioral Therapy for Depression in Older People: A Meta-Analysis and Meta-Regression of Randomized Controlled Trials”. Journal of the American Geriatrics Society, vol. 60, no. 10, 2012, pp. 1817–1830. AGS, https://doi.org/10.1111/j.1532-5415.2012.04166.x

Groessl, Erik J. “An Overview of Yoga Research for Health and Well-Being”. Journal of Yoga & Physical Therapy, vol. 5, no. 4, 2015, pp. 1-4. Longdom, https://www.longdom.org/open-access/an-overview-of-yoga-research-for-health-and-wellbeing-2157-7595-1000210.pdf

Gupta, Prashant. “(PDF) Gaps Analysis in Mental Health Care Services in Child Care Institutions: a Delhi based Study.” ResearchGate, 11 July 2017, https://www.researchgate.net/publication/318350888_Gaps_Analysis_in_Mental_Health_Care_Services_in_Child_Care_Institutions_a_Delhi_based_Study. Accessed 10 September 2021.

Hanna, Judith Lynne. Dance and Stress: Resistance, Reduction, and Euphoria. AMS Press, 1988.

Hanna, Judith Lynne. Dancing for Health: Conquering and Preventing Stress. AltaMira Press, 2006.

Happell, Brenda. “Mental health, mental illness, or some of each? The need for care with the use of language.” International journal of mental health nursing, vol. 18, no. 6, 2009, pp. 381-2. pubmed, https://pubmed.ncbi.nlm.nih.gov/19883408/.

Harlalka, Karishma. Interview. By Sneha M. 23 Sep. 2022.

Harrington, Rick. Stress, Health & Well-Being: Thriving in the 21st Century. Cengage Learning, 2013.

Harrington, Rick. Stress, Health and Well-Being: Thriving in the 21st Century. Cengage Learning, 2013.

Harvey, Steve. “The Application of Attachment and Attunement to Dance Therapy”. Dance Therapy Collections, no. 3, 2009, pp. 158-164. DTAA, http://dtaa.org.au/wp-content/uploads/2017/03/HarveyS2009The-application-of-attunement-attachment.pdf

Henkesh, Yasmin. Trance Dancing with the Jinn: The Ancient Art of Contacting Spirits Through Ecstatic Dance. Llewellyn Publications, 2016. p. 45.

Hertrampf, Ruth-S. and Margareta Wärja. “The Effect of Creative Arts Therapy and Arts

Hofmann, S. G., et al. “The Efficacy of Cognitive Behavioral Therapy: A Review of

Hollenbaugh, K. Michelle Hunnicutt and Michael S. Lewis. Dialectical Behavior Therapy with Adolescents: Settings, Treatments, and Diagnoses. Routledge, 2018.

http://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000451PA/P001555/M018232/ET/1481104757P8M35TEXT.pdf

https://cryptopath.medium.com/mirror-neurons-and-the-role-they-play-in-dance-movement-therapy-995f4007db74

https://www.newindianexpress.com/states/odisha/2015/jan/03/Magically-Abled-700799.html

https://www.ukessays.com/essays/psychology/holding-and-containing-winnicott.php

Hughes, Victoria. “Using Dance/Movement Therapy and Laban Movement Analysis to Build a Better Model of Rehabilitation for Chronic Pain”. Dance/Movement Therapy Theses, no. 42, 2018. Dance Movement Therapy Commons, https://digitalcommons.slc.edu/cgi/viewcontent.cgi?article=1041&context=dmt_etd

Hylton, Emily, et al. “Improvements in Adolescent Mental Health and Positive Affect using Creative Arts Therapy after a School Shooting: A Pilot Study”. The Arts in Psychotherapy, vol. 65, 2019, pp. 1-8. ScienceDirect, https://doi.org/10.1016/j.aip.2019.101586

Hyperactivity Disorder”. Journal of Yoga & Physical Therapy, vol. 4, no. 3, 2014, pp. 1-4. Longdom, https://www.longdom.org/open-access/yoga-and-the-therapy-of-children-with-attention-deficit-hyperactivity-disorder-2157-7595.1000168.pdf

Hyvönen, Katriina, et al. “The Effects of Dance Movement Therapy in the Treatment of Depression: A Multicenter, Randomized Controlled Trial in Finland.” Frontiers in Psychology, vol. 11, Frontiers Media, Aug. 2020, https://doi.org/10.3389/fpsyg.2020.01687.

Jacob, Brinda. Interview. By Sneha M. 22 Sep. 2022.

Jacoby, Rebecca, and Giora Keinan, editors. Between Stress and Hope: From a Disease-Centered to a Health-Centered Perspective. Bloomsbury Academic, 2003.

Jain, Reetu. Interview. By Sneha M. 18 Oct. 2022.

Jain, Sumeet, and Sushrut Jadhav. "Pills That Swallow Policy: Clinical Ethnography of a Community Mental Health Program in Northern India." Transcultural Psychiatry, vol. 46, no. 1, 2009, pp. 60-85. DOI:10.1177/1363461509102287, p. 80.

Jassal, A. S. "Making God Present: Place-Making and Ritual Healing in North India." Hindu Studies, vol. 21, 2017, pp. 141-164. https://doi.org/10.1007/s11407-017-9208-y.

Jerak, Tjaša et al. “The Experience of Attunement and Misattunement in Dance Movement Therapy Workshops”. The Arts in Psychotherapy, vol. 60, 2018, pp. 55-62. Academia.edu, https://www.academia.edu/47218796/

Joshi, Anubha. Interview. By Sneha M. 19 Sep. 2022.

Joshi, Radha. Interview. By Sneha M. 25 Sep. 2022.

Journal of Behavior Therapy and Experimental Psychiatry, vol. 5, no. 2, 1974, pp. 157-160. ScienceDirect, https://doi.org/10.1016/0005-7916(74)90104-9

Jyotsna. Interview. By Sneha M. 26 Aug. 2022.

KALLAPUR, MALATI. “One Lifetime Isn’t Enough to Dance.” The Times of India, 25 Jan. 2002, timesofindia.indiatimes.com/bangalore-times/one-lifetime-isnt-enough-to-dance/articleshow/807375716.cms?from=mdr.

Kamath, Vandana. “13.7% Indians are mentally ill, study says | Bengaluru News - Times of India.” The Times of India, 12 October 2016, https://timesofindia.indiatimes.com/city/bengaluru/13-7-indians-are-mentally-ill-study-says/articleshow/54805096.cms. Accessed 12 January 2017.

Kameshwar, Ambika. “Article - Theatre for Holistic Development - Ambika Kameshwar.” Narthaki.com, 28 Sept. 2012, narthaki.com/info/articles/art330.html.

Kameshwar, Ambika. Interview. By Sneha M. 15 Sep. 2022.

Kashyap, Tripura. Interview. By Sneha M. 17 Sep. 2021.

Kashyap, Tripura. My Body, My Wisdom: A Handbook of Creative Dance Therapy. Penguin Books India, 2005.

Kashyap, Tripura. My Body, My Wisdom: A Handbook of Creative Dance Therapy. Penguin Books India, 2005.

Kaslow, Nadine J., and Virginia W. Eicher. “Body Image Therapy: A Combined Creative Arts Therapy and Verbal Psychotherapy Approach”. The Arts in Psychotherapy, vol. 15, no. 3, 1988, pp. 177-188. ScienceDirect, https://doi.org/10.1016/0197-4556(88)90002-0

Kassing, Gayle. History of Dance: An Interactive Arts Approach. Human Kinetics, 2007.p. 15

Kaur, Reetinder, and RK Pathak. “Treatment Gap in Mental Healthcare : Reflections from Policy and Research.” Economic and Political Weekly |, 5 August 2017, https://www.epw.in/journal/2017/31/perspectives/treatment-gap-mental-healthcare.html. Accessed 10 August 2023.

Kaur, Reetinder, and RK Pathak. “Treatment Gap in Mental Healthcare : Reflections from Policy and Research.” Economic and Political Weekly |, 5 August 2017, https://www.epw.in/journal/2017/31/perspectives/treatment-gap-mental-healthcare.html. Accessed 14 August 2021.

Khatri, Tarana. “Building Bridges through Play- a Dance Movement Therapy Perspective on Engagement through Movement Based Play with Neurodiverse Individuals.” Official Blog - Autism Connect, 30 Apr. 2022, www.autismconnect.com/blogs/building-bridges-through-play-a-dance-movement-therapy-perspective-on-engagement-through-movement-based-play-with-neurodiverse-individuals/.

Khokar, Ashish. “Dance as Yoga and for Fitness”. Epg Pathshala,

Kjellgren, Anette and Martin Anderson. “Relaxation and Wellness through Yoga Practice”. Journal of Yoga & Physical Therapy, vol. 5, no. 4, 2015, pp. 1-2. ResearchGate, https://www.researchgate.net/publication/286202523

Koenig, Kristie Patten, et al. “Efficacy of the Get Ready to Learn Yoga Program among Children with Autism Spectrum Disorders: A Pretest–Posttest Control Group Design”. The American Journal of Occupational Therapy, vol. 66, no. 5, 2012, pp. 538-546. American Occupational Therapy Association, https://doi.org/10.5014/ajot.2012.004390

Krishnappa, Durga Tanisandra, et al. “Concept of Mind in Indian Philosophy, Western

Kshetrapal, Anshuma. Interview. By Sneha M. 6 Sep. 2022.

Kumar, Narender. “Mental Health Research in India Mental Health Research in India.” Indian Council of Medical Research, 2005, https://main.icmr.nic.in/sites/default/files/reports/Mental_Health.pdf. Accessed 10 August 2021.

Laing, Alice. “‘Music in the Dark’: A Reflective Case Study on Music Therapy Work with One Woman in a Red-Light District in Kolkata, India”. British Journal of Music Therapy, vol. 29, no. 2, 2015, pp. 21-30. Sage Journals, https://doi.org/10.1177/135945751502900204

Landgraf, Heidi. “A Theoretical Comparison of Dance/Movement Therapy and Expressive Arts Therapy”. Creative Arts Therapies Theses, no. 30, 2013. Dance Movement Therapy Commons, https://digitalcommons.colum.edu/cgi/viewcontent.cgi?article=1034&context=theses_dmt

Lange, Katharina M., et al. “Yoga and the Therapy of Children with Attention Deficit

Lauffenburger, Sandra Kay. “Attunement”. Self Motion, http://selfnmotion.com.au/site/wp-content/uploads/2010/10/Attunement-LMA-and-DMT.pdf

Lawlor, Eileen M. “Creativity and Change: The Two-Tiered Creative Arts Therapy Approach to Co-Dependency Treatment”. The Arts in Psychotherapy, vol. 19, no. 1, 1992, pp. 19-27. ScienceDirect, https://doi.org/10.1016/0197-4556(92)90060-2

Leichsenring, Falk & Hiller, Wolfgang & Weissberg, Michael & Leibing, Eric. “Cognitive-Behavioral Therapy and Psychodynamic Psychotherapy: Techniques, Efficacy, and Indications”. American Journal of Psychotherapy, vol. 60, no.3, 2006. ResearchGate, https://www.researchgate.net/publication/6729000

Leichsenring, Falk. “Are Psychodynamic and Psychoanalytic Therapies Effective?: A Review of Empirical Data”. The International Journal of Psychoanalysis, vol. 86, no. 3, 2005, pp. 841–868. ResearchGate,

https://www.researchgate.net/publication/7664530_Are_psychoanalytic_and_psychodynamic_psychotherapies_effective_A_review

Leonhardt MFA, Ellie J. “Holistic Education: Using the Tools of Marian Chace to Teach Dance in Higher Education”. Journal of Dance Education, vol. 11, no. 2, 2011, pp. 60-62. Taylor & Francis Online, https://www.tandfonline.com/doi/abs/10.1080/15290824.2011.559146?journalCode=ujod20

Linehan, Marsha M. “An Illustration of Dialectical Behavior Therapy”. In Session: Psychotherapy in Practice, vol. 4, no. 2, 1998, pp. 21–44. Wiley Online Library, https://doi.org/10.1002/(SICI)1520-6572(199822)4:2%3C21::AID-SESS3%3E3.0.CO;2-B

lonepack, “LonePack Conversations- the Alternative Therapy Series: Drama Therapy Ft. Anshuma Kshetrapal.” The LonePack Blog, 24 Mar. 2021, lonepack.org/blog/index.php/2021/03/24/lonepack-conversations-the-alternative-therapy-series-drama-therapy-ft-anshuma-kshetrapal/. Accessed 17 Aug. 2023.

lonepack. “LonePack Conversations- the Alternative Therapy Series: Dance Therapy Ft. Tarana Khatri.” The LonePack Blog, 11 Feb. 2021, lonepack.org/blog/index.php/2021/02/11/lonepack-conversations-the-alternative-therapy-series-dance-therapy-ft-tarana-khatri/. Accessed 17 Aug. 2023.

Lundy, Heather. Using Dance/Movement Therapy Techniques to Augment the Effectiveness of Therapeutic Holding with Children. MCP Hahnemann University, MA Thesis. https://core.ac.uk/download/pdf/190334606.pdf

Malhotra, Savita, and Ruchita Shah. "Women and Mental Health in India: An Overview." Indian Journal of Psychiatry, vol. 57, Suppl 2, 2015, pp. S205-11. doi:10.4103/0019-5545.161479.

Malhotra, Savita, and Ruchita Shah. “Women And Mental Health In India: An Overview.” Indian Journal Of Psychiatry, vol. 57, no. 2, 2015, pp. 205-211, 10.4103/0019-5545.161479.

Mander, Gertrud. A Psychodynamic Approach to Brief Therapy. SAGE Publications, 2000.

Mark, Joshua J., and Marco Buggio. “Music & Dance in Ancient Egypt.” World History Encyclopedia, 19 May 2017, https://www.worldhistory.org/article/1075/music--dance-in-ancient-egypt/. Accessed 15 July 2021

May, James Vance. Mental Diseases: A Public Health Problem (Classic Reprint). Fb&c Limited, 2017.

Mayer, John D., et al. “Models of Emotional Intelligence”. Handbook of Intelligence, edited by R. J. Sternberg, Cambridge University Press, 2000.

McGarry, Lucy M. and Frank A. Russo. “Mirroring in Dance/Movement Therapy: Potential Mechanisms behind Empathy Enhancement”. The Art in Psychotherapy, vol. 38, 2011, pp. 178-184. Elsevier, https://www.sciencedirect.com/science/article/abs/pii/S0197455611000426#:~:text=The%20 therapist%20is%20trained%20to,than%20exact%20 motor%20 movements%20 themselves

McKay, Loraine, and Viviana Sappa. “Harnessing creativity through arts-based research to support teachers’ identity development.” Sage journals,, vol. 26, no. 1, 2019.

McNeill, William H. Keeping Together in Time: Dance and Drill in Human History. Harvard University Press, 1997. p.13

Mcniff, Shaun A. “Research And Scholarship In The Creative Arts Therapies.” The Arts In Psychotherapy, vol. 14, 1987, pp. 285-292.

Mearns, Dave and Brian Thorne. Person-Centered Therapy Today: New Frontiers in Theory and Practice. SAGE Publications, 2000.

Medhuri, Avanthi. “Western feminist theory, Asian Indian performance, and a notion of agency.” Women & Performance: a journal of feminist theory, vol. 5, no. 2, 1994, pp. 90-103.

Medicine on Psychological Outcomes in Women with Breast or Gynecological Cancer: A Systematic Review of Arts-Based Interventions”. The Arts in Psychotherapy, vol. 56, 2017, pp. 93-110. ScienceDirect, https://doi.org/10.1016/j.aip.2017.08.001

Mehta, Devika. Interview. By Sneha M. 16 Sep. 2022.

Meta-analyses”. Cognitive Therapy and Research, vol. 36, no. 5, 2012, pp. 427–440. Springer Link, https://doi.org/10.1007/s10608-012-9476-1

Mintarsih, Rullita Aristya and Baiq Sopia Iswari Azizah. “Mirroring Exercise: Dance/Movement Therapy for Individuals with Trauma”. Advances in Social Science, Education and Humanities Research, vol. 395, 2019, pp. 131-138. ResearchGate, https://www.researchgate.net/publication/339190840_Mirroring_Exercise_DanceMovement_Therapy_for_Individuals_with_Trauma

Mischke, Melody. “The Channel of the Mind: Ayurveda and the Mind-Body Connection”. Banyan Botanicals, 2021, https://www.banyanbotanicals.com/info/ayurvedic-living/living-ayurveda/health-guides/the-channel-of-the-mind/

Mishra, Akanksha. Interview. By Sneha M. 10 Nov. 2022.

Moffitt Cook, Patricia. "Sacred Music Therapy in North India." The World of Music, vol. 39, no. 1, 1997, pp. 61-83.

Monro, Robin. “Yoga Therapy”. Journal of Bodywork and Movement Therapies, vol. 1, no. 4, 1997, pp. 215-218. ScienceDirect, https://doi.org/10.1016/S1360-8592(97)80047-2

Moore, Carol-Lynne and Kaoru Yamamoto. Beyond Words: Movement Observation and Analysis. Routledge, 2011.

Moraga, Charlotte. “Pandit Chitresh Das: Master Artiste, Guru and Humanitarian”. Narthaki: Gateway to the World of Dance, 5 Jan. 2009, https://narthaki.com/info/profiles/profil97.html

Mulhauser, Greg. “History of Counseling & Psychotherapy”. Counseling Resource. 20 Dec.2014. https://counsellingresource.com/therapy/types/history/

Muniandi, Rashmitha. “Movement Studio Teaches Art Therapy.” Deccan Herald, July 2018, www.deccanherald.com/india/karnataka/bengaluru/movement-studio-teaches-art-681798.html.

Murthy, R. Srinivasa. “MENTAL HEALTH BY THE PEOPLE.” MENTAL HEALTH POLICY GROUP, Peoples Action For Mental Health, 10 October 2006, https://mhpolicy.files.wordpress.com/2011/05/mental-health-by-the-people.pdf. Accessed 2 August 2020.

Murthy, Srinivasa. “National Mental Health Survey of India 2015–2016 - PMC.” NCBI, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5419008/. Accessed 10 August 2021.

Nagpal, Malini. Interview. By Sneha M. 13 Aug. 2022.

Natraj, Rumya. Interview. By Sneha M. 9 Nov. 2022.

Needhima, Nancy. “Dance Therapy Empowers People with Special Needs at RASA.” Medindia, 20 Sept. 2011, www.medindia.net/news/interviews/dance-therapy-empowers-people-with-special-needs-at-rasa-90827-1.htm.

Neenan, Michael and Windy Dryden. Cognitive Behaviour Therapy: An A–Z Of Persuasive Arguments. Whurr Publishers Ltd., 2002.

Neudorfer, Anita. “Music-Healing-Therapy? Music Therapy and “Singing Hospitals” in the Tension between Self-Positioning and Any Understanding of Therapy”. Nordic Journal of Music Therapy, vol. 25, no. 1 (sup), 2016, p. 53. ResearchGate, https://www.researchgate.net/publication/303695291

Neveu Kringelbach, Hélène, and Jonathan Skinner, editors. Dancing Cultures: Globalization, Tourism and Identity in the Anthropology of Dance. Berghahn Books, 2012. p. 6

Nielsen, Arthur C. “Psychodynamic Couple Therapy: A Practical Synthesis. Journal of Marital and Family Therapy, vol. 43, no. 4, 2017, pp. 685-699. Wiley Online Library, https://doi.org/10.1111/jmft.1223

Nitsun, M., et al. “Movement and Drama Therapy with Long-Stay Schizophrenics”.

Nosaka, Michiyo and Hitoshi Okamura. “A Single Session of an Integrated Yoga Program as a Stress Management Tool for School Employees: Comparison of Daily Practice and Nondaily Practice of a Yoga Therapy Program”. The Journal of Alternative and Complementary Medicine, vol. 21, no. 7, 2015, pp. 444-449. Mary Ann Liebert Inc. Publishers, https://doi.org/10.1089/acm.2014.0289

Nunley, M. "Why Psychiatrists in India Prescribe So Many Drugs." Culture, Medicine and Psychiatry, vol. 20, no. 2, 1996, pp. 165-197. doi:10.1007/BF00115861.

Occupational Therapy: The Official Journal of the Association of Occupational Therapists, vol. 34, no. 12, 1971, pp. 26-27. Sage Journals, https://doi.org/10.1177/030802267103401219

Ogden, Thomas H. “On Holding and Containing, Being and Dreaming”. The International Journal of Psychoanalysis, vol. 85, no. 6, 2017, pp. 1349-1364. Counselling, http://www.counsellingme.co.uk/wp-content/uploads/2017/09/On-Holding-and-Containing-Ogden.pdf

O'Kearney, Richard. “Benefits of Cognitive-Behavioural Therapy for Children and Youth with Obsessive-Compulsive Disorder: Re-examination of the Evidence”. The Australian and New Zealand Journal of Psychiatry, vol. 41, no. 3, 2007, pp. 199–212. Sage Journals, https://doi.org/10.1080/00048670601172707

Olantuni, Bunmi O., et al. “Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder: A Meta-Analysis of Treatment Outcome and Moderators”. Journal of Psychiatric Research, vol. 47, no. 1, 2013, pp. 33–41. Elsevier, https://doi.org/10.1016/j.jpsychires.2012.08.020

Orkibi, Hod. “The User-Friendliness of Drama: Implications for Drama Therapy and

Ottoboni, Giovanni. “Grounding Clinical and Cognitive Scientists in an Interdisciplinary Discussion”. Frontier in Psychology, vol. 4, no. 630, 2013, pp. 1-5. Frontiers, https://www.frontiersin.org/articles/10.3389/fpsyg.2013.00630/full

Pai, Ruta, and Lesley University. Bridging The Gap: Exploring Indian Classical Dances as a source of Dance/Movement Therapy, A Literature Review. 2020.

Palacios, Nahielly. “(PDF) Exploring the influences of professional sojourns on teachers' practices, assumptions and beliefs about intercultural communication.” ResearchGate, 20 November 2015, https://www.researchgate.net/publication/284185696_Exploring_the_influences_of_professional_sojourns_on_teachers'_practices_assumptions_and_beliefs_about_intercultural_communication. Accessed 25 November 2022

Panhofer, Heidrun and Elena Karampoula. “The Circle in Dance Movement Therapy: A Literature Review.” The Arts in Psychotherapy, vol. 58, 2018, pp. 27–32. Academia.edu. https://www.academia.edu/36212218/The_circle_in_dance_movement_therapy_A_literature_review

Parnika. Interview. By Sneha M. 11 Sep. 2022.

Patel, Vibhuti. “(…).” Wiktionary, https://sndtunivsped.academia.edu/VibhutiPatelsndt?swp=tc-au-656093. Accessed 14 August 2022.

Pena-Sarrionandia, Ainize, et al. “Integrating Emotion Regulation and Emotional Intelligence Traditions: A Meta-Analysis”. Frontiers in Psychology, vol. 6, 2015, pp. 1-27. Frontiers, https://doi.org/10.3389/fpsyg.2015.00160

Philippson, Peter. Gestalt Therapy: Roots and Branches— Collected Papers. Karnac Books, 2012.

Philosophy, and Psychology". Yoga Mimamsa, vol. 52, no. 1, 2020, pp. 25-28. Lippincott, https://journals.lww.com/yomi/Fulltext/2020/52010/Concept_of_mind_in_Indian_philosophy,_Western.5.aspx

Pierce-Knapp, Jennifer A. "Strengthening the Therapeutic Relationship Through Mirroring in a Dance/Movement Therapy Group for People with Alzheimer's Disease: A Descriptive Study". Creative Arts Therapies Theses, no. 15, 2010. Dance Movement Therapy Commons, https://digitalcommons.colum.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1010&context=theses_dmt

Pilgrim, D. "Defining Mental Disorder: Tautology in the Service of Sanity in British Mental Health Legislation." Journal of Mental Health, vol. 14, no. 5, 2005, pp. 435-443.

Prakash, Nalini. Interview. By Sneha M. 30 Oct. 2022.

Psychodrama Admission and Training". The Arts in Psychotherapy, vol. 59, 2018, pp. 101-108. ScienceDirect, https://doi.org/10.1016/j.aip.2018.04.004

Psychotherapy with Children in Care. 2022. University of Essex, Doctoral Thesis. https://repository.essex.ac.uk/35628/1/Sally%20Baker_99034896_DoctoralThesis.pdf

Pusnik, Marusa, editor. "Anthropological notebooks." Introduction: Dance as Social Life and Cultural Practice, vol. 16, 2010, 1408-032X. 3 vols. p. 5-8

Raghupathy, Sudharani. "Dance Can Play a Therapeutic Role". Dances of India. Vivekananda Kendra Patrika, pp. 105-107. https://prakashan.vrmvk.org/media/wysiwyg/ipaper_pdf/Dances%20of%20India.pdf

Raglio, Alfredo, et al. "Autism and Music Therapy. Intersubjective Approach and Music Therapy Assessment". Nordic Journal Music Therapy, vol. 20, no. 2, 2011, pp. 123-141. Taylor & Francis Online, https://doi.org/10.1080/08098130903377399

Rajagopalan, Preeti. Interview. By Sneha M. 13 Sep. 2022.

Ramakrishnan, Aparna. Interview. By Sneha M. 14 Sep. 2022.

Ramamoorthy, Parasuram. Interview. By Sneha M. 9 Sep. 2022.

Ramasubramanian, Preetha. Interview. By Sneha M.

Ramaswamy, Aparna. “Natya Yoga Therapy: Using Movement and Music to Create Meditative Relief in Schizophrenia (Based on Ashta Anga Yoga)”. Action Research, vol. 12, no. 3, 2014, pp. 237-253. Sage Journals, https://doi.org/10.1177/1476750314534454

Ranganathan, Shubha. "Healing Temples, the Anti-Superstition Discourse and Global Mental Health: Some Questions from Mahanubhav Temples in India." South Asia: Journal of South Asian Studies, vol. 37, no. 4, 2014, pp. 625-639, doi:10.1080/00856401.2014.961628.

Rao, A.Venkoba. “Mind in Ayurveda”. Indian Journal of Psychiatry, vol. 44, no. 3, 2002, pp. 201-211. ResearchGate, https://www.researchgate.net/publication/49729138

Rao, Shabari. Interview. By Sneha M. 22 Sep. 2022.

“RASA”

Robb, Sheri L. “Journal of Music Therapy: Advancing the Science and Practice of Music Therapy”. Journal of Music Therapy, vol. 51, no. 1, 2014, pp. 1–3. https://doi.org/10.1093/jmt/thu005

Robbins, Arthur. “A Psychoaesthetic Perspective on Creative Arts Therapy and Training”. The Arts in Psychotherapy, vol. 15, no. 2, 1988, pp. 95–100. ScienceDirect, https://doi.org/10.1016/0197-4556(88)90016-0

Roebert, Donovan. Essays on Classical Indian Dance. Jenny Stanford Publishing, 2021.

Rowkith, Shannal, and Raisuyah Bhagwan. “(PDF) Honoring Tribal Spirituality in India: An Exploratory Study of Their Beliefs, Rituals and Healing Practices.” ResearchGate, 9 October 2020, https://www.researchgate.net/publication/346384184_Honoring_Tribal_Spirituality_in_I

ndia_An_Exploratory_Study_of_Their_Beliefs_Rituals_and_Healing_Practices. Accessed 14 August 2021.

Rumya. “Movement Therapy: My View!” Nrityasamarpanam.com, 29 Nov. 2018, nrityasamarpanam.com/my-first-article/#more-367.

“S.U.N.A.INA Regd.” https://www.sunaina.org/about

Sackandy, Kyleigh. “Cultivating Presence and Relatedness: The Role of Grounding in Dance/Movement TherapyDance/Movement Therapy”. Dance/Movement Therapy Thesis, no. 14, 2016, pp. 1-23. Sarah Lawrence Library, https://digitalcommons.slc.edu/dmt_etd/14

Saiyya, Simone. Interview. By Sneha M. 13 Sep. 2022.

Sakiyama, Yukari and Nana Koch. “Touch in Dance Therapy in Japan”. American Journal of Dance Therapy, vol. 25, no. 2, 2003, pp. 79-95. ResearchGate, https://www.researchgate.net/publication/244866383

Sampat, Disha. “When the Body Feels: Kinesthetic Empathy in Dance/Movement Therapy”. Dance for Mental Health, 26 Aug. 2021. Medium, https://medium.com/@dmh_68898/when-the-body-feels-kinesthetic-empathy-in-dance-movement-therapy-c29097bb83c4

Sanglap: Journal of Literary and Culture Inquiry 8.2 (June 2022)Dance Movement Therapy and Kathak in India Alka Vishwakarma

Satpathy, Binod Bihari. “INDIAN CULTURE AND HERITAGE.” DDCE, Utkal University, https://ddceutkal.ac.in/Syllabus/MA_history/paper-8-N.pdf. Accessed 25 July 2022.

Sax, William. "Ritual Healing and Mental Health in India." Transcultural Psychiatry, vol. 51, no. 6, 2014, pp. 829-849. doi:10.1177/1363461514524472.

Schneiderman, Neil, et al. "Stress and Health: Psychological, Behavioral, and Biological Determinants." Annual Review of Clinical Psychology, vol. 1, 2005, pp. 607-28. doi:10.1146/annurev.clinpsy.1.102803.144141.

Sebastian, Shilpa. “Embracing Imperfections through Dance.” The Hindu, 16 Oct. 2017, www.thehindu.com/entertainment/art/embracing-imperfections-through-dance/article19871090.ece.

Sengupta, Mitul. Interview. By Sneha M. 26 Oct. 2022.

Sengupta, Mitul. Interview. By Sneha M. 26 Oct. 2022.

Shalem-Zafari, Yifat, and Emilia Florina Grosu. “Dance Movement Therapy, Past and Present: How History Can Inform Current Supervision”. Education, Reflection, Development, 2016, pp. 663-672. The European Proceedings of Social & Behavioural Sciences, http://dx.doi.org/10.15405/epsbs.2016.12.81

Shetty, Anand. “Yoga as Physical Therapy Intervention and Future Direction for Yoga Research”. Journal of Yoga & Physical Therapy, vol. 6, no. 2, 2016, pp. 1-2. Longdom, https://www.longdom.org/open-access/yoga-as-physical-therapy-intervention-and-future-direction-for-yogaresearch-2157-7595-1000e122.pdf

Shillington, Elizabeth. “Dance/Movement-Dialectical Behavior Therapy: Combining Modalities in the Treatment of Substance Use: A Literature Review”(2020). Expressive Therapies Capstone Theses. 4 May 2020. https://digitalcommons.lesley.edu/expressive_theses/301/

Shim, M., et al. “Mechanisms of Dance/Movement Therapy for Building Resilience in People Experiencing Chronic Pain.” American Journal of Dance Therapy, 2019, pp. 87-112, https://doi.org/10.1007/s10465-019-09294-7.

Shivapurkar, Mugdha. Interview. By Sneha M.

Shivapurkar, Mugdha. Interview. By Sneha M.

Shree, Ritu. Interview. By Sneha M. 21 Sep. 2022.

Silverman, M J. “Durational Effects of Music Therapy: The Use of Follow-Up Methodology in the Journal of Music Therapy, Music Therapy Perspectives, and Music Therapy”. Music Therapy Perspectives, vol. 27, no. 2, 2009, pp. 130-134. Oxford Academic, https://doi.org/10.1093/mtp/27.2.130

Sood, Anubha. "The Global Mental Health Movement and Its Impact on Traditional Healing in India: A Case Study of the Balaji Temple in Rajasthan." Transcultural Psychiatry, vol. 53, no. 6, 2016, pp. 766-782. doi:10.1177/1363461516679352.

Soor, Jayoti. “#FreedomRedefined: Sohini Chakraborty Transformed the Lives of Survivors of Violence through Dance.” IDiva, 13 Aug. 2015, www.idiva.com/career/advice/freedomredefined-sohini-chakraborty-transformed-the-lives-of-survivors-of-violence-through-dance/15081331.

Staemmler, Frank-M. Aggression, Time, and Understanding:Contributions to the Evolution of Gestalt Therapy. Routledge, 2015.

Summers, Richard F. and Jacques P. Barber. Psychodynamic Therapy: A Guide To Evidence-Based Practice. The Guilford Press, 2012.

Swaminathan, Hema. Interview. By Sneha M. 2 Sep. 2022.

Symptoms Varies by Levels of Social Support”. International Journal of Intercultural Relations, vol. 92, 2023, pp. 1-9. ScienceDirect, https://doi.org/10.1016/j.ijintrel.2022.101750

“Synchrony | Dance Movement Psychotherapy.” https://synchronyindia.com/mission-vision.php

Taylor, Ann Gill and Tamara G. Fischer-White. “Collaborative Researchers Combine Knowledge and Skills to Adapt Yoga Practice to Selected Populations”. Journal of Yoga & Physical Therapy, vol. 4, no. 4, 2014, pp. 1-2. Longdom, https://www.longdom.org/open-access-pdfs/collaborative-researchers-combine-knowledge-and-skills-to-adapt-yoga-practice-to-selected-populations-2157-7595.1000e117.pdf

Thind, Herpreet, et al. “Differences between Men and Women Enrolling in Smoking Cessation Programs Using Yoga as a Complementary Therapy”. Journal of Yoga & Physical Therapy, vol. 6, no. 3, 2016, pp. 1-4. Longdom, https://www.longdom.org/open-access/differences-between-men-and-women-enrolling-in-smoking-cessationprograms-using-yoga-as-a-complementary-therapy-2157-7595-1000245.pdf

Thomas, Helen, editor. Dance, Gender and Culture. Palgrave Macmillan UK, 1993.

Trafford, Gill and Alison Perks. “Drama Therapy in a Child and Family Psychiatry Unit”. The British Journal of Occupational Therapy, vol. 50, no. 3, 1987, pp. 94-100. Sage Journals, https://doi.org/10.1177/030802268705000309

Trần, Vy, et al. “To Vent or Not to Vent? The Impact of Venting on Psychological

Trivedi, Aditi, Deepa Avula and Sanjini Kedia. Mental Healthcare is Incomplete without the Body. n.d. <https://mhi.org.in/voice/details/mental-healthcare-incomplete-without-body/>.

Trivedi, Aditi. “A Brief Overview of Some Neurobiological Processes Involved in Dance/Movement Therapy.” Medium, 25 Jan. 2021, medium.com/@dmh_68898/a-brief-overview-of-some-neurobiological-processes-involved-in-dance-movement-therapy-b8b366d5f8e3.

Tsachor, Rachelle P. and Tal Shafir. “A Somatic Movement Approach to Fostering Emotional Resiliency through Laban Movement Analysis”. Frontiers in Human Neuroscience, vol. 11, no. 410, 2017, pp. 1-8. Frontiers, https://www.frontiersin.org/articles/10.3389/fnhum.2017.00410/full#B56

Tudor, Keith and Mike Worrall. Person-Centered Therapy: A Clinical Philosophy. Routledge, 2006.

Tuske, Joerg. “The Concept of Emotion in Classical Indian Philosophy”. The Stanford

Upadhyay, Anweiti. “Dancing Your Way through Life.” My Republica, 13 Apr. 2018, myrepublica.nagariknetwork.com/news/dancing-your-way-through-life/.

Valente, Vincent and Antonio Marotta. “The Impact of Yoga on the Professional and Personal Life of the Psychotherapist”. Contemporary Family Therapy, vol. 27, no. 1, 2005, pp. 65-80. Springer Link, https://doi.org/10.1007/s10591-004-1971-4

Van Deurzen, Emmy. Existential Counseling and Psychotherapy in Practice. SAGE Publications, 2002.

Vatsyayan, Kapila. Classical Indian Dance in Literature and the Arts. DK Printworld, 1968.

Vidisha. Interview. By Sneha M. 10 Sep. 2022.

Vidyarthi, Nita. “Review - Narta Sutra: The Dancing Thread by Anjika - Nita Vidyarthi.” Narthaki.com, 17 Feb. 2019, narthaki.com/info/rev19/rev2303.html.

Vijay, Hema. “Ambika Kameshwar Finds Joy in Making Special Children Hold Their Heads High.” Www.theweekendleader.com, 17 June 2011, www.theweekendleader.com/Culture/539/joy-in-theatre.html.

Vishwakarma, Alka. “Dance Movement Therapy and Kathak in India”. Sanglap: Journal of Literary and Cultural Inquiry, vol. 8, no. 2, 2022, pp. 57-69. Sanglap, https://sanglap-journal.in/index.php/sanglap/article/view/209

Wasim, Jürgen. “Dhamāl and the Performing Body: Trance Dance in the Devotional Sufi Practice of Pakistan.” Journal of Sufiji Studies 1, 2012, pp. 77-113.

Weiss, M. G., et al. "Traditional Concepts of Mental Disorder among Indian Psychiatric Patients: Preliminary Report of Work in Progress." Social Science & Medicine (1982), vol. 23, no. 4, 1986, pp. 379-86. doi:10.1016/0277-9536(86)90080-8.

Wood, Laurel L. and Christine Schneider. “Setting the Stage for Self-Attunement: Drama Therapy as a Guide for Neural Integration in the Treatment of Eating Disorders”. Drama Therapy Review, vol. 1, no. 1, 2015, pp. 55-70. ResearchGate, https://www.researchgate.net/publication/280758961

Workplace and Social Psychology Informed Practice of “Organizational Dance Therapy” . www.inspirees.com/workplace-and-social-psychology-informed-practice-of-organizational-dance-therapy/.

Reading Bibliography

"Bharatanatyam reduces body fat and helps in smooth delivery." *DNA*, 12 Oct. 2012.

"Emic." *Merriam-Webster's Online Dictionary*, 11th ed., Merriam-Webster, http://www.merriam-webster.com/dictionary/emic.

"Internet Journal of Mental Health", vol. 2, no. 2, 5-5. Retrieved from http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijmh/vol2n2/religious.xml

"Poise and how!" *The Hindu*, 12 Oct. 2012.

"The Healing Power of Dance." *Reintegration.com*, 2003, http://www.reintegration.com/health/.

Aakesson, J., Lennartsson, F., & Wahlberg, H. *The Neurobiology of Dance*. SAGE Publications, 2017.

Agar, M. *The Professional Stranger: An Informal Introduction to Ethnography*. San Diego: Academic Press, 1996.

Aikara, A. "You don't have to be a dancer for this stress-buster." *Daily News and Analysis*, 9 Feb. 2009, http://www.dnaindia.com/lifestyle/report_you-don-t-have to-be-a-dancer-for-this-stress-buster_1228674.

Ainsworth, M., & Witting, B. "Attachment and Exploratory Behavior of One-Year-Olds in a Strange Situation." *Determinants of Infants' Behavior IV*, edited by B. Foss, Methuen, 1969, pp. 95-124.

Akandere, M., & Demir, B. "The Effect of Dance over Depression." *Collegium Antropologicum*, vol. 35, no. 3, 2011, pp. 651–656.

Al-Harbi, K. S. "Treatment-Resistant Depression: Therapeutic Trends, Challenges, and Future Directions." *Patient Preference and Adherence*, vol. 6, 2012, pp. 369.

American Journal of Anatomy, vol. 216, no. 2, 2010, pp. 158–176. Published online 2009 Nov 6. doi: 10.1111/j.1469-7580.2009.01160.x.

Amighi, K. J., Loman, S., & Lewis, P. *The Meaning of Movement: Developmental and Clinical Perspectives of the Kestenberg Movement Profile*. Routledge, 1999.

Aposhyan, S. *Natural Intelligence: Body-Mind Integration and Human Development*. Windrock, 1999.

Austin, D., & Dvorkin, J. "Peer supervision in music therapy." In M. Forinash (Ed.), *Music Therapy Supervision* (pp. 219–229). Gilsum, NH: Barcelona, 2001.

Bailer, J., et al. "Emotion Dysregulation in Hypochondriasis and Depression." *Clinical Psychology & Psychotherapy*, vol. 24, no. 6, 2017, pp. 1254–1262.

Bajaj, Tanvi, & Vohra, Swasti. "Performing Arts and Therapeutic Implications." Routledge Publications, 2015.

Bajpai, M., & Sen, A. K. "Mental handicap–The changing perspective." *Social Science International*, vol. 15, no. 1, 1999, pp. 52-66.

Bakal, D., Coll, P., & Schaefer, J. "Somatic Awareness in the Clinical Care of Patients with Body Distress Symptoms." *BioPsychoSocial Medicine*, vol. 2, 2008, pp. 6–6. https://doi.org/10.1186/1751-0759-2-6.

Barnett, J., Goodyear, R., Cornish, J., & Lichtenberg, J. "Commentaries on the ethical and effective practice of clinical supervision." *Professional Psychology: Research and Practice*, vol. 38, no. 3, 2007, pp. 268-274.

Barnstaple, R. E. "Movement in Mind: Dance, Self-Awareness and Sociality - An Investigation of Dance as Treatment/Therapy."

Bartenieff, I., & Lewis, W. *Body Movement: Coping with the Environment*. Routledge, 1980.

Beaudoin, M. N., & Maclennan, R. "Mindfulness and Embodiment in Family Therapy: Overview, Nuances, and Clinical Applications in Poststructural Practices." *Family Process*, vol. 60, no. 4, 2021, pp. 1555–1567.

Berrol, C. F. "Neuroscience Meets Dance/Movement Therapy: Mirror Neurons, the Therapeutic Process, and Empathy." *The Arts in Psychotherapy*, vol. 33, no. 4, 2006, pp. 302-315.

Berrol, C. F. "The Neurophysiologic Basis of the Mind-Body Connection in Dance/Movement Therapy." *American Journal of Dance Therapy*, vol. 14, no. 1, 1992, pp. 19-29.

Best, P. "Interactional shaping within therapeutic encounters: Three dimensional dialogues." *The USA Body Psychotherapy Journal*, vol. 2, 2003, pp. 26–44.

Beurel, E., Toups, M., & Nemeroff, C. B. "The Bidirectional Relationship of Depression and Inflammation: Double Trouble." *Neuron*, vol. 107, no. 2, 2020, pp. 234–256. https://doi.org/10.1016/j.neuron.2020.06.002.

Birdwhistell, R. L. "Body Motion." *Kinesics and Context: Essays on Body Motion Communication*, edited by R. L. Birdwhistell, University of Pennsylvania Press, 1970, pp. 183-191.

Biswas, R. "Health – healing through dance." *SPAN Magazine*. Retrieved from http://www.123oye.com/job-articles/health-nutrition/healing-dance.htm.

Bowlby, J. *Attachment*. Basic Books, 1983.

Britannica Encyclopedia. "Space." 2014. Retrieved Feb. 18, 2014, from http://www.britannica.com.

Brooke, S. L. *The Creative Arts Therapies Manual*. Charles C Thomas Publisher, 2006.

Brown, C., Meyerowitk-Katz, J., & Ryde J. "Thinking with image making- supervising students art therapists." In J. Schaverien and C. Case (Eds.), *Supervision of Art Psychotherapy*. Routledge, UK, 2007.

Bruyneel, A. V. "Effects of Dance Activities on Patients with Chronic Pathologies: Scoping Review." *Heliyon*, vol. 5, no. 7, 2019, e02104.

Burns, C. A. "Embodiment and Embedment: Integrating Dance/Movement Therapy, Body Psychotherapy, and Ecopsychology." *Body, Movement and Dance in Psychotherapy*, vol. 7, no. 1, 2012, pp. 39-54.

Caldwell, C. "ADTA 52nd Annual Conference - Movement as Pathway to Neuro-Resilience and Social Connection: Dance/Movement Therapy at the Forefront." Paper presented at the ADTA Conference, San Antonio, Texas, 2017.

Capello, P. P. "Looking to the Future: Tracking the Global Emergence of Dance/Movement Therapy." *American Journal of Dance Therapy*, vol. 38, no. 1, 2016, pp. 125–138.

Capello, P. P. (2007). "Dance as our source in dance/movement therapy and practice." *American Journal of Dance Therapy*, vol. 29, no. 1, 37-50. doi: 10.1007/s10465-006-9025-0

Chakraborty, S. (2005, October). "Advocacy through dance." Paper presented at the meeting of the American Dance Therapy Association, Nashville, Tennessee.

Chen, W. G., et al. "The Emerging Science of Interoception: Sensing, Integrating, Interpreting, and Regulating Signals within the Self." *Trends in Neurosciences*, vol. 44, no. 1, 2021, pp. 3–16. https://doi.org/10.1016/j.tins.2020.10.007.

Chodorow, J. *Dance Therapy and Depth Psychology: The Moving Imagination*. London: Routledge, 1991.

Cineka, A., and J. Raj. "Dance and Music as a Therapy to Heal Physical and Psychological Pain: An Analytical Study of COVID-19 Patients during Quarantine."

Colorado State University. "Relational Analysis." *Writing@CSU*, http://writing.colostate.edu/guides/research/content/com2b2.cfm.

Compare, A., et al. "Emotional Regulation and Depression: A Potential Mediator between Heart and Mind." *Cardiovascular Psychiatry and Neurology*, vol. 2014, 2014, 324374. https://doi.org/10.1155/2014/324374.

Coomaraswamy, Ananda. "Hindu View of Art." *The Dance of Shiva: Fourteen Indian Essays*, The Sunwise Turn Inc., 1918.

Cooper, M. "Embodied empathy." In S. Haugh & T. Merry (Eds.), *Empathy*. Ross-on-Wye, UK: PCCS Books, 2001.

Ćosić, K., et al. "Impact of Human Disasters and COVID-19 Pandemic on Mental Health: Potential of Digital Psychiatry." *Psychiatria Danubina*, vol. 32, no. 1, 2020, pp. 25–31.

Coubard, O. A., et al. "Practice of Contemporary Dance Improves Cognitive Flexibility in Aging." *Frontiers in Aging Neuroscience*, vol. 3, 2011, pp. 13.

Cruz, R. F. (2001). "Perspectives on the profession of dance/movement therapy: past, present, and future." *Bulletin of Psychology and the Arts*, vol. 2, no. 2, 74-78, http://dtaa.org.au/wp-content/uploads/2014/07/WingsofSupport.pdf.

Davis, M. "Body Movement and Nonverbal Communication: An annotated bibliography. 1971-1980." *Bloomington: Indiana University Press*, 1982.

Davis, M. & Markus, K. "Misleading cues, misplaced confidence: An analysis of deception detection patterns." *American Journal of Dance Therapy*, vol. 28, no. 2, Fall/Winter, 2006, pp. 107–126.

Davis, M. *Towards Understanding the Intrinsic in Body Movement*. Arno Press, 1975.

De Almondes, K. M., Marín Agudelo, H. A., & Jiménez-Correa, U. "Impact of Sleep Deprivation on Emotional Regulation and the Immune System of Healthcare Workers as a Risk Factor for COVID-19: Practical Recommendations from a Task Force of the Latin American Association of Sleep Psychology." *Frontiers in Psychology*, vol. 12, 2021, 564227. https://doi.org/10.3389/fpsyg.2021.564227.

de Natale, E. R., et al. "Dance Therapy Improves Motor and Cognitive Functions in Patients with Parkinson's Disease." *NeuroRehabilitation*, vol. 40, no. 1, 2017, pp. 141-144.

De Witte, M., et al. "From Therapeutic Factors to Mechanisms of Change in the Creative Arts Therapies: A Scoping Review." *Frontiers in Psychology*, https://doi.org/10.3389/fpsyg.2021.678397.

Deaver, S. P., & Shiflett, C. "Art-based supervision techniques." *The Clinical Supervisor*, vol. 30, no. 2, 2011, pp. 257–276.

Dils, Ann, and Ann Cooper Albright. *Moving History/Dancing Cultures: A Dance History Reader*. 1st ed., Wesleyan University Press, 2001.

Dosamantes, I. "Body-Image: Repository for Cultural Idealizations and Denigrations of the Self." *The Arts in Psychotherapy*, vol. 19, no. 4, 1992, pp. 257-267.

Duggan, D. "Goals and Methods in Dance Therapy with Severely Multiply Handicapped Children." *American Journal of Dance Therapy*, vol. 2, no. 1, 1978, pp. 31-34.

Dunbar, R. I., & Shultz, S. "Evolution in the Social Brain." *Science*, vol. 317, no. 5843, 2007, pp. 1344-1347.

Dunne, J., et al. "Losing Trust in Body Sensations: Interoceptive Awareness and Depression Symptom Severity among Primary Care Patients." *Journal of Affective Disorders*, vol. 282, 2021, pp. 1210–1219.

Durkin, J., Perach, D., Ramseyer, J., & Sontag, E. "A model for art therapy supervision enhanced through art making and journal writing." In H. Wadson, J. Durkin, & D. Perach (Eds.), *Advances in Art Therapy* (pp. 390–432). New York, NY: Wiley, 1989.

Earhart, G. M. "Dance as Therapy for Individuals with Parkinson Disease." *European Journal of Physical and Rehabilitation Medicine*, vol. 45, no. 2, 2009, pp. 231-238.

Edsall, M. E. (2005). "Moving out of black and into blue: The cross referencing of performative metaphor in dance, psychotherapy and writing." *Dance Research Journal*, vol. 37, no. 2, 25-37.

Edsall, Mary E. "Moving Out of Black and into Blue: The Cross Referencing of Performative Metaphor in Dance, Psychotherapy and Writing." *Dance Research Journal*, vol. 37, no. 2, 2005, pp. 25-37.

Elliott, R. "Qualitative Methods for Studying Psychotherapy Change Processes." In D. Harper & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*, Wiley.

Emic. (n.d.). In *Merriam-Webster's online dictionary*. (11th ed). Retrieved from http://www.merriam-webster.com/dictionary/emic

Erikson, E. *Childhood and Society*. Revised edition, Vintage, 1995.

Erskine, R. G. "Attunement and Involvement: Therapeutic Responses to Relational Needs." *International Journal of Psychotherapy*, vol. 3, no. 3, 1998, pp. 235.

Federman, D. J. "Kinaesthetic change in the professional development of Dance Movement Therapy trainees." *Body, Movement and Dance in Psychotherapy*, vol. 6, no. 3, 2011, pp. 195-214.

Federman, D. J. "Kinesthetic Ability and the Development of Empathy in Dance Movement Therapy." *Journal of Applied Arts & Health*, vol. 2, no. 2, 2009, pp. 137–154.

Feldman, Y. "Gestalt and Dance Movement Psychotherapy in Adults with Eating Disorders: Moving towards Integration through Practice and Research." *Essentials of Dance Movement Psychotherapy: International Perspectives on Theory, Research, and Practice*, edited by D. Reynolds & M. Reason, Routledge, 2017, pp. 83-97.

Fetterman, D. *Ethnography Second Edition: Step by Step*. Sage Publications, 1998.

Fiedler, I. "The Balint group model applied to dance/movement therapy supervision." In H. Payne (Ed.), *Supervision of Dance Movement Psychotherapy: A practitioner's handbook*. London: Routledge, 2008.

Finlay, L. "Dancing between Embodied Empathy and Phenomenological Reflection." *Indo-Pacific Journal of Phenomenology*, vol. 6, supplement 1, 2006, pp. 1-11.

Fischman, D. "Therapeutic Relationships and Kinesthetic Empathy." *The Art and Science of Dance/Movement Therapy: Life Is Dance*, 2009, pp. 33–53. Routledge.

Friedrichsdorf, S. J., et al. "Chronic Pain in Children and Adolescents: Diagnosis and Treatment of Primary Pain Disorders in Head, Abdomen, Muscles and Joints." *Children (Basel)*, vol. 3, no. 4, https://doi.org/10.3390/children3040042.

Gallese, V., Eagle, M. N., & Migone, P. "Intentional Attunement: Mirror Neurons and the Neural Underpinnings of Interpersonal Relations." *Journal of the American Psychoanalytic Association*, vol. 55, no. 1, 2007, pp. 131-175.

González, O. F., Pérez, J. C., & Krause, M. "The Relation between the Therapeutic Alliance and Communicative Intentions in Therapeutic Interaction during the Initial Phase of Adolescent Therapy." *Research in Psychotherapy*, vol. 22, no. 2, 2019, pp. 356. https://doi.org/10.4081/ripppo.2019.356.

Goodill, S. W. "Dance/Movement Therapy for People Living with Medical Illness." *Creative Arts Therapies Manual*, edited by S. Brooke, Charles C Thomas Publisher, 2006, pp. 52-60.

Greensor, S. I., & Wieder, S. "The Developmental Individual-Difference Relationship-Based (DIR) Model." *The Interdisciplinary Council on Developmental and Learning Disorders*.

Gross, C. "Body Image Concept in Dance Movement Therapy." University of London Press, 1992.

Hackney, M. E., & Earhart, G. M. "Effects of Dance on Movement Control in Parkinson's Disease: A Comparison of Argentine Tango and American Ballroom." *Journal of Rehabilitation Medicine*, vol. 41, no. 6, 2009, pp. 475-481.

Hackney, Peggy. *Making Connections: Total Body Integration through Bartenieff Fundamentals*. Routledge, 2002.

Hagensen, K. P. "Using a Dance/Movement Therapy-Based Wellness Curriculum: An Adolescent Case Study." *American Journal of Dance Therapy*, vol. 37, no. 2, 2015, pp. 150–175.

Haller, H., et al. "Complementary Therapies for Clinical Depression: An Overview of Systematic Reviews." *British Medical Journal Open*, vol. 9, no. 8, 2019, e028527.

Harris, Miriam. "The Association Between Pain and Mental Ill-Health." *Severe Mental Illness in Primary Care: Companion Guide for Counselors, Psychotherapist, and Other Professionals*, edited by Russello, Radcliffe Publishing Ltd., 2007.

Hellem, T., et al. "The Emotional Dance with Depression: A Longitudinal Investigation of OULA® for Depression in Women." *Journal of Bodywork and Movement Therapies*, vol. 24, no. 4, 2020, pp. 413–422. https://doi.org/10.1016/j.jbmt.2020.05.007.

Hindi, F. S. "How Attention to Interoception Can Inform Dance/Movement Therapy." *American Journal of Dance Therapy*, vol. 34, no. 2, 2012, pp. 129–140.

Hirschfeld, R. M. "The Comorbidity of Major Depression and Anxiety Disorders: Recognition and Management in Primary Care." *Primary Care Companion to the Journal of Clinical Psychiatry*, vol. 3, no. 6, 2001, pp. 244.

Holliday, Adrian. *Doing and Writing: Qualitative Research*. Sage Publications, 2002.

Holmes, A., et al. "Chronic Mental Illness and Community Treatment Resistance." *Australasian Psychiatry*, vol. 14, no. 3, 2006, pp. 272–276. https://doi.org/10.1080/j.1440-1665.2006.02284.x

Horner, M. T. "On the Formation of Personal Space and Self-Boundary Structures in Early Human Development: The Case of Infant Stranger Reactivity." *Developmental Review*, vol. 3, 1983, pp. 148-177.

Imus, S. "Creating Breeds Creating." *Dance and Creativity within Dance Movement Therapy: International Perspectives*, edited by H. Wengrower and S. Chaiklin, Routledge/ Taylor & Francis Group, 2021, pp. 124–140. https://doi.org/10.4324/9780429442308-12

Jacob, K. "The Prevention of Suicide in India and the Developing World." *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, vol. 29, no. 2, 2008, pp. 102-106. doi:10.1027/0227-5910.29.2.102.

Jeong, Y.-J., et al. "Dance Movement Therapy Improved Emotional Responses and Modulated Neurohormones in Adolescents with Mild Depression." *International Journal of Neuroscience*, vol. 115, no. 12, 2005, pp. 1711–1720. https://doi.org/10.1080/00207450590958574

Jerath, R., et al. "Self-regulation of Breathing as a Primary Treatment for Anxiety." *Applied Psychophysiology and Biofeedback*, vol. 40, no. 2, 2015, pp. 107–115. https://doi.org/10.1007/s10484-015-9279-8

Johnson, M. "Embodied Understanding." *Frontiers in Psychology*, vol. 6, 2015, p. 875. https://doi.org/10.3389/fpsyg.2015.00875

Jones, P., & Dokter, D. (Eds.). *Supervision of Drama Therapy*. London: Routledge, 2008.

Joormann, J., & Gotlib, I. H. "Emotion Regulation in Depression: Relation to Cognitive Inhibition." *Cognition & Emotion*, vol. 24, no. 2, 2010, pp. 281–298. https://doi.org/10.1080/02699930903407948

Karkou, V., et al. "Effectiveness of Dance Movement Therapy in the Treatment of Adults with Depression: A Systematic Review with Meta-analyses." *Frontiers in Psychology*, vol. 10, 2019, p. 936. https://doi.org/10.3389/fpsyg.2019.00936

Karp, J. F., et al. "Safety, Tolerability, and Clinical Effect of Low-dose Buprenorphine for Treatment-resistant Depression in Midlife and Older Adults." *The Journal of Clinical Psychiatry*, vol. 75, no. 8, 2014, pp. 18861.

Kashyap, T. (2005). *My Body My Wisdom: A Handbook of Creative Dance Therapy*. New Delhi, India: Penguin Group.

Kestenberg Amighi, J., Loman, S., Lewis, P., & Sossin, K. M. "The meaning of movement. Developmental perspectives of the Kestenberg Movement Profile." Gordon and Breach, Australia, Canada, 1999.

Kestenberg, J. "Children and Parents: Psychoanalytic Studies in Development." New York: Jason Aronson, 1975.

Khandelwal, S. K., et al. "Indian Mental Health Country Profile." *International Review of Psychiatry*, vol. 16, nos. 1-2, 2004, pp. 126-141.

Kllivayalil, R. A., Trivedi, J. K., & Tripathi, A. "Social Factors and Forensic Psychiatry in India." *Current Opinion in Psychiatry*, vol. 22, no. 5, 2009, pp. 482-487. doi:10.1097/YCO.0b013e32832f56be.

Ko, K. S. "Korean Expressive Arts Therapy Students' Experiences with Movement-Based Supervision: A Phenomenological Investigation." *American Journal of Dance Therapy*, vol. 36, no. 2, 2014, pp. 141-159.

Koch, S. C., et al. "Effects of Dance Movement Therapy and Dance on Health-related Psychological Outcomes. A Meta-analysis Update." *Frontiers in Psychology*, vol. 10, 2019, p. 1806. https://doi.org/10.3389/fpsyg.2019.01806

Koch, S. C., et al. "The Joy Dance: Specific Effects of a Single Dance Intervention on Psychiatric Patients with Depression." *The Arts in Psychotherapy*, vol. 34, no. 4, 2007, pp. 340–349. https://doi.org/10.1016/j.aip.2007.07.001

Koehne, S., Schmidt, M. J., & Dziobek, I. "The Role of Interpersonal Movement Synchronisation in Empathic Functions: Insights from Tango Argentino and Capoeira." *International Journal of Psychology*, vol. 51, no. 4, 2016, pp. 318–322. https://doi.org/10.1002/ijop.12213

Koff, S. "Toward a definition of dance education." *Childhood Education*, vol. 77, no. 1, 2000, pp. 27–31.

Kong, J., et al. "Treating Depression with Tai Chi: State of the Art and Future Perspectives." *Frontiers in Psychiatry*, 2019. https://doi.org/10.3389/fpsyt.2019.00237

Koshland, L., & Wittaker, J. B. "PEACE through Dance/Movement: Evaluating a Violence Prevention Program." *American Journal of Dance Therapy*, vol. 26, no. 2, 2004, pp. 69-89.

Kovacs, M., Joormann, J., & Gotlib, I. H. "Emotion (Dys)regulation and Links to Depressive Disorders." *Child Development Perspectives*, vol. 2, no. 3, 2008, pp. 149–155.

Kraus, Richard G., Sarah Chapman Hilsendager, and Brenda Dixon, *History of the Dance in Art and Education,* 1981.

Kumar, A. (n.d). "Mental Health in a Public Health Perspective." *Bihar Times*. Retrieved from http://d30045992.purehost.com/articles/anant/mental_health.html.

Laban, R. "The Language of Movement: A Guidebook to Choreutics." Boston: Plays, 1974.

Laban, R., & Ullmann, L. *The Mastery of Movement*. Macdonald and Evans, 1980.

Lacson, F. C. "Embodied Attunement: A Dance/Movement Therapy Approach to Working with Couples." *Body, Movement and Dance in Psychotherapy*, vol. 15, no. 1, 2020, pp. 4–19. https://doi.org/10.1080/17432979.2019.1699859

Lauffenburger, S. K. "'Something More': The Unique Features of Dance Movement Therapy/Psychotherapy." *American Journal of Dance Therapy*, vol. 42, no. 1, 2020, pp. 16–32.

Laws, K. R., & Conway, W. "Do Adjunctive Art Therapies Reduce Symptomatology in Schizophrenia? A Meta-analysis." *World Journal of Psychiatry*, vol. 9, no. 8, 2019, pp. 107–120. https://doi.org/10.5498/wjp.v9.i8.107

Lecompte, M. & Schensul, J. (1999). *Designing and Conducting Ethnographic Research*. Walnut Creek, California: Altamira Press.

Lee, H. *To Kill a Mockingbird*. HarperCollins, 2014.

Leventhal, M. "Movement and Growth: Dance Therapy for a Special Child." *Movement and Growth: Dance Therapy for the Special Child*, edited by M. Leventhal, Center for Educational Research, 1980, pp. 39-46.

Levy, F. J. "Dance Movement Therapy: A Healing Art." *Reston, VA*: The American Alliance for Health, Physical Education, Recreation, and Dance, 1988.

Lewis, P. "The Use of the Chacian Technique in the Depth of Dance Therapy Process of Recovery, Healing, and Spiritual Consciousness." *The Foundations of Dance/Movement Therapy: The Life and Work of Marian Chace*, edited by S. L. Sandel & S. Chaiklin, American Dance Therapy Association, 1993, pp. 154-169.

López, P.W. (2007). "The use of the Puerto Rican folk dance Bomba in dance/movement therapy for women survivors of domestic violence." Unpublished master's thesis, Columbia College Chicago.

Mahler, M., Pine, F., & Bergman, A. *The Psychological Birth of the Human Infant: Symbiosis and Individuation*. Hutchinson and Co. Pub. Ltd., 1975.

Malhotra, A. (2001). "An introduction to yoga philosophy: An annotated translation of yoga sutra." *Philosophy East & West*, 53(3), 421-425.

Marion, P., & Felix, M. "The relationship of art therapy interns and supervisors." *Art Psychotherapy*, vol. 6, 1979, pp. 37–40.

Marshall, A. C., Gentsch-Ebrahimzadeh, A., & Schütz-Bosbach, S. "From the Inside Out: Interoceptive Feedback Facilitates the Integration of Visceral Signals for Efficient Sensory Processing." *NeuroImage*, vol. 251, 2022, 119011. https://doi.org/10.1016/j.neuroimage.2022.119011

McGarry, L. M., & Russo, F. A. "Mirroring in Dance/Movement Therapy: Potential Mechanisms behind Empathy Enhancement." *The Arts in Psychotherapy*, vol. 38, no. 3, 2011, pp. 178–184.

McIntyre, R. S., Millson, B., & Power, G. S. "Burden of Treatment Resistant Depression (TRD) in Patients with Major Depressive Disorder in Ontario using Institute for Clinical Evaluative Sciences (ICES) Databases: Economic Burden and Healthcare Resource Utilization." *Journal of Affective Disorders*, vol. 277, 2020, pp. 30–38.

McNiff, S. "Educating the Creative Arts Therapist: A profile of the profession." Springfield, IL: Charles C. Thomas, 1986.

Meekums, B. "Dance/Movement Therapy with Mothers and Young Children at Risk of Abuse." *Arts in Psychotherapy*, vol. 18, no. 3, 1991, pp. 223-230.

Meekums, B. (2002). *Dance Movement Therapy: A Creative Psychotherapeutic Approach*. Sage Publications, 2002.

Meekums, B., Karkou, V., & Nelson, E. A. "Dance Movement Therapy for Depression." *Cochrane Database of Systematic Reviews*, no. 2, 2015, Cd009895. https://doi.org/10.1002/14651858.CD009895.pub2

Millrod, E. "Medical Dance/Movement Therapy in the Infusion Room: A Model for Individual Sessions with Adults in Active Treatment." *American Journal of Dance Therapy*, vol. 42, no. 1, 2020, pp. 61-89.

Mollon, P. "Anxiety, supervision and a space for thinking: Some narcissistic perils for clinical psychologists in learning psychotherapy." *British Journal of Medical Psychology*, vol. 62, 1989, pp. 113-22.

Mollon, P. "Supervision as a space for thinking." In G. Shipton (Ed.), *Supervision of Psychotherapy and Counseling: Making a place to think* (pp. 24–34). Philadelphia, PA: Open University Press, 2000.

Morriss-Kay, Gillian M. "The evolution of human artistic creativity." *Journal of Anatomy*, vol. 216, no. 2, 2010, pp. 158-76. doi:10.1111/j.1469-7580.2009.01160.x

Murray, D. W., & Rosanbalm, K. "Promoting Self-regulation in Adolescents and Young Adults: A Practice Brief (OPRE Report 2015-82)." *Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services*, 2017.

Murthy, R. "Mental health initiatives in India (1947 – 2010)." *The National Medical Journal of India*, vol. 24, no. 2, 2011, pp. 98-107.

Nwokedi, V. C. "Dance Movement Therapy, Reflective Practice, and Supervision." In *The Art and Science of Dance Movement Therapy: Life is Dance*, edited by S. Chaiklin & H. Wengrower, 52–62. New York, NY: Routledge, 2009.

Okamoto, E. "Dancing with Cops: A Strengths-based Approach toward Revitalizing Police Training."

Okamoto, E. "Dancing with Cops: A Strengths-based Approach toward Revitalizing Police Training."

Olchanski, N., et al. "The Economic Burden of Treatment-resistant Depression." Clinical Therapeutics, vol. 35, no. 4, 2013, pp. 512–522. https://doi.org/10.1016/j.clinthera.2012.09.001

Olmedo, M. "Moving through Depression: Development of a Dance/Movement Therapy Method in Psychiatric Inpatient Care."

Padmavati, R. "Community mental health care in India." *International Review of Psychiatry*, vol. 17, no. 2, 2005, pp. 103-107.

Palhano-Fontes, F., et al. "Rapid Antidepressant Effects of the Psychedelic Ayahuasca in Treatment-Resistant Depression: A Randomized Placebo-Controlled Trial." Psychological Medicine, vol. 49, no. 4, 2019, pp. 655–663. https://doi.org/10.1017/S0033291718001356

Pallaro, P. "Self and Body-Self: Dance/Movement Therapy and the Development of Object Relations." *The Arts in Psychotherapy*, vol. 23, no. 2, 1996, pp. 113-119.

Pandarakalam, J. P. "Challenges of Treatment-Resistant Depression." *Psychiatria Danubina*, vol. 30, no. 3, 2018, pp. 273–284.

Panhale, Vrushali, et al. "Analysis of Postural Risk and Pain Assessment in Bharatanatyam Dancers."

Panhale, Vrushali, et al. "Postural analysis in female Bharatanatyam dancers: a cross-sectional study."

Panhofer, H., et al. "Dancing, Moving and Writing in Clinical Supervision? Employing Embodied Practices in Psychotherapy Supervision." The Arts in Psychotherapy, vol. 38, 2011, pp. 9-16.

Panksepp, J. "Toward a General Psychobiological Theory of Emotion." The Behavioral And Brain Sciences, vol. 5, 1982, pp. 407-467.

Parkar, S. R., B. Nagarsekar, and M. G. Weiss. "Explaining Suicide in an Urban Slum of Mumbai, India." Crisis: The Journal of Crisis Intervention and Suicide Prevention, vol. 30, 2009, pp. 192-201. doi: 10.1027/0227-5910.30.4.192.

Parkar, S. R., B. Nagarsekar, and M. G. Weiss. "Explaining Suicide in an Urban Slum of Mumbai, India." *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, vol. 30, 2009, pp. 192-201.

Parker, Ivy. "Dance/Movement Therapy and Traditional Dance in a Ugandan Community: The Expressive and Healing Properties of Movement in a Traumatized Country." Unpublished master's thesis, Columbia College Chicago, 2006.

Parris, C., & Frank, C. "The Role of Movement in Supervision: A Model for Practice." *Body, Movement, Dance in Psychotherapy*, vol. 7, no. 1, 2012, pp. 55-67.

Paulus, M. P., & Stein, M. B. "Interoception in Anxiety and Depression." *Brain Structure and Function*, vol. 214, no. 5, 2010, pp. 451–463.

Payne, H. "Dance movement therapy: theory and practice." New York, NY: Brunner-Routledge, 1992.

Payne, H. "Supervision in Dance Movement Psychotherapy: An Overview." In *Supervision of Dance Movement Psychotherapy: A Practitioner's Handbook*, edited by Helen Payne, Routledge, 2008.

Payne, Helen. Dance movement therapy: theory and practice. New York, NY: Brunner-Routledge, 1992.

Pericleous, I. A. "Healing through Movement: Dance/Movement Therapy for Major Depression."

Perry, B. D. "Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics." In *Working with Traumatized Youth in Child Welfare*, edited by B. Boyd Webb, Guilford Press, 2005, pp. 28-51.

Phipps, K. M. "A Place for My Self: Issues of Space in Dance/Movement Therapy with Women in a Homeless Shelter." Master's thesis, Hahnemann University, 1995.

Pishghadam, R., Adamson, B., & Shayesteh, S. "Emotion-Based Language Instruction (EBLI) as a New Perspective in Bilingual Education." *Multilingual Education*, vol. 3, no. 1, 2013, p. 9.

Ponmelil, V. "Introduction to Folk Dance Forms of India." http://www.newkerala.com/india/Dance-Forms-of-India/Introduction-to-Folk-Dance-of-India.html.

Proctor, J. "Choreographic Strategies for Dance Therapy Supervision." *The Arts in Psychotherapy*, vol. 14, 1987, pp. 143-149.

Proctor, J. "Choreography as Supervision in Dance Therapy." *The Arts in Psychotherapy*, vol. 8, no. 2, 1981, pp. 147-151.

Punkanen, M., Saarikallio, S., & Luck, G. "Emotions in Motion: Short-term Group Form Dance/Movement Therapy in the Treatment of Depression: A Pilot Study." *The Arts in Psychotherapy*, vol. 41, no. 5, 2014, pp. 493–497.

Pylvänäinen, P. M., Muotka, J. S., & Lappalainen, R. "A Dance Movement Therapy Group for Depressed Adult Patients in a Psychiatric Outpatient Clinic: Effects of the Treatment." *Frontiers in Psychology*, vol. 6, 2015, p. 980.

Raj, R. "Preserve and strengthen family to promote mental health." *Indian Journal of Psychiatry*, vol. 52, no. 4, 2010, p. 389. doi: 10.40103/0019-5545.74323

Ramaswamy, Aparna. *Natya Yoga the Yoga of Bharatha Natyam.* California Institute of Integral Studies, San Francisco, 2012.

Rea, W. "Ethnic dance: Connections to body, mind and spirit." Unpublished master's thesis, Columbia College Chicago, IL, 2004.

Rea, William. *Ethnic Dance: Connections to Body, Mind and Spirit.* Unpublished master's thesis, Columbia College Chicago, 2004.

Rele, Kanak. "The Healing Touch." *Sruti*, issue 358, July 2014.

Rele, Kanak. "Movement for Rehabilitation." *Sruti*, Issue 359, August 2014.

Reynolds, D., & Reason, M. "Kinesthetic Empathy in Creative and Cultural Practices." *Intellect Books*, 2012.

Roberts, N. G. "Embodying Self: A Dance/Movement Therapy Approach to Working with Concealable Stigmas." *American Journal of Dance Therapy*, vol. 38, no. 1, 2016, pp. 63-80.

Roelofs, K. "Freeze for Action: Neurobiological Mechanisms in Animal and Human Freezing." *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences*, https://doi.org/10.1098/rstb.2016.0206

Röhricht, F., & Papoušek, M. "Kinaesthetic Empathy in Counseling and Psychotherapy: A Body-Oriented Approach." *Psychotherapy Research*, vol. 19, no. 6, 2009, pp. 619–633.

Rossman, Gretchen, and Sharon Rallis. *Learning in the Field: An Introduction to Qualitative Research.* Sage Publications, 2003.

Rova, M. "Embodying Kinaesthetic Empathy through Interdisciplinary Practice-Based Research." *The Arts in Psychotherapy*, vol. 55, 2017, pp. 164-173.

Rybak, Y. E., et al. "Treatment-Resistant Major Depressive Disorder: Canadian Expert Consensus on Definition and Assessment." *Depression and Anxiety*, vol. 38, no. 4, 2021, pp. 456–467. https://doi.org/10.1002/da.2313

Salgado, R., & de Paula Vasconcelos, L. A. "The Use of Dance in the Rehabilitation of a Patient with Multiple Sclerosis." *American Journal of Dance Therapy*, vol. 32, no. 1, 2010, pp. 53-63.

Samritter, R., & Payne, H. "Kinaesthetic Intersubjectivity: A Dance-Informed Contribution to Self-Other Relatedness and Shared Experience in Nonverbal Psychotherapy with an Example from Autism." *The Arts in Psychotherapy*, vol. 40, no. 1, 2013, pp. 143-150.

Sandel, Susan. "The Process of Empathic Reflection in Dance Therapy." In *Foundation of Dance/Movement Therapy: The Life and Work of Marian Chace*, edited by Susan Sandel, Sharon Chaiklin, and Ann Lohn, pp. 100. Marian Chace Memorial Fund of the American Dance Therapy Association, Columbia, Maryland.

Santillano, Solveig. "The Effects of Hatha Yoga on Contemporary Dance: Pitfalls, Practices, and Possibilities." *Wesleyan University*, 2007.

Santomauro, D. F., et al. "Global Prevalence and Burden of Depressive and Anxiety Disorders in 204 Countries and Territories in 2020 Due to the COVID-19 Pandemic." *The Lancet*, vol. 398, no. 10312, 2021, pp. 1700–1712.

Scharoun, S. M., Reinders, N. J., Bryden, P. J., & Fletcher, P. C. "Dance/movement therapy as an intervention for children with autism spectrum disorders." *American Journal of Dance Therapy*, pp. 209-228. doi:10.1007/s10465-014-9179-0

Schaverien, J. "Transference and Countertransference in Art Psychotherapy Supervision: A Personal and Professional Perspective." *Journal of Analytical Psychology*, vol. 55, no. 2, 2010, pp. 131-144.

Schaverien, J. *Art and Psychoanalysis.* London: Karnac Books, 2013.

Schaverien, J. *Creative Analytical Practice in Art Psychotherapy.* London: Routledge, 1999.

Schaverien, J. *Supervision of Art Psychotherapy: A Theoretical and Practical Handbook.* London: Routledge, 2002.

Scheiby, B. "Forming an Identity as a Music Psychotherapist through Analytical Music Therapy Supervision." *Music Therapy Supervision*, edited by M. Forinash, Barcelona, 2001, pp. 299-333.

Schleip, R., Calsius, J., & Jäger, H. "Interoception: A New Correlate for Intricate Connections between Fascial Receptors, Emotion, and Self-awareness."

Selye, H. "Stress and the General Adaptation Syndrome." *British Medical Journal*, vol. 1, no. 4667, 1950, pp. 1383-1392.

Shah, R. "Paving the Road to Resilience: A Grounded Theory Pilot Study." *Creative Arts Therapies Theses*, vol. 98, 2017. https://digitalcommons.colum.edu/theses_dmt/98.

Shahar-Levy, Y. "Emotorics: A Psychomotor Model for the Analysis and Interpretation of Emotive Motor Behavior." In *The Art and Science of Dance Movement Therapy: Life is Dance*, edited by S. Chaiklin and H. Wengrower, Routledge, 2015, pp. 265-298.

Shahar-Levy, Y. *The Visible Body Reveals the Secrets of the Mind: A Body-Movement-Mind-Paradigm (BMMP) for the Analysis and Interpretation of Emotive Movement.* Author's Hebrew Edition, 2004.

Shamasundar, C. "Understand Empathy and Related Phenomena." *American Journal of Psychotherapy*, vol. 53, no. 2, 1999, pp. 232-245.

Sharma, P., Charak, R., & Sharma, V. "Contemporary Perspectives on Spirituality and Mental Health." *Indian Journal of Psychological Medicine*, vol. 31, no. 1, 2009, pp. 16-23. doi: 10.4103/02537176.53310

Shastri, P. C. "Future Perspective of Planning Child Guidance Services in India." *Indian Journal of Psychiatry*, vol. 50, no. 4, 2008, pp. 241-243. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2755141/.

Shastri, P. C. (2008). "Future Perspective of Planning Child Guidance Services in India." *Indian Journal of Psychiatry*, 50(4), 241-243. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2755141/

Sherborne, V. "Movement and the Integration of Exceptional Children." *The Educational Forum*, vol. 54, no. 1, 1990, pp. 105-116.

Shuval, A. *Naim Velomdim - Tnuat Haguf Vetrumata Lalemida* [Body Movement and its Contribution to Learning]. Ach, 2006.

Siegel, D. J. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are.* Guilford Press, 1999.

Siegel, D. J. *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-being.* Norton, 2007.

Siegel, E. "Trauma and the Body: A Sensorimotor Approach to Psychotherapy." *New York, NY: W.W. Norton*, 2005.

Singh, L. G. "Looking Glass: Islands of Despair, Islands of Hope." *Sangeet Natak*, vol. 40, no. 1, 2006, pp. 80-88.

Singh, S. "Healing through Arts: Decoding the Indian Paradigm." *Sangeet Natak*, vol. 40, no. 1, 2006, pp. 10-24.

Singh, Y., et al. "A Study on Different Forms of Intelligence in Indian School-going Children." *Industrial Psychiatry Journal*, vol. 26, no. 1, 2017, pp. 71–76. https://doi.org/10.4103/ipj.ipj_61_16

Sloan, E., et al. "Emotion Regulation as a Transdiagnostic Treatment Construct across Anxiety, Depression, Substance, Eating and Borderline Personality Disorders: A Systematic Review." *Clinical Psychology Review*, vol. 57, 2017, pp. 141–163. https://doi.org/10.1016/j.cpr.2017.09.002

Smallwood, J., Whitehouse, M., Fay, C., Capy, M., & Bernstein, P. "Five Dance Therapists Whose Life and Work Have Been Influenced by the Psychology of C.G. Jung." *American Journal of Dance Therapy*, vol. 2, no. 2, 1978, pp. 17-18.

Smith-Autard, J. M. *Dance Composition.* Routledge, 2002.

Sohlberg, M. M., et al. "A Pilot Study Investigating the Use of the Dynamic Assessment Approach for Adults with Treatment-Resistant Depression." *Archives of Clinical Neuropsychology*, vol. 33, no. 1, 2018, pp. 95–107. https://doi.org/10.1093/arclin/acx084

Sonnemans, J. J. P., et al. "The Use of Rhythmic Auditory Stimulation to Treat Depressive Symptoms: A Randomized Controlled Feasibility Study." *Frontiers in Psychiatry*, vol. 12, 2021, p. 604678. https://doi.org/10.3389/fpsyt.2021.604678

Sossin, M. K. "Locating Authenticity: Authentic Movement and the Potential for Transformative Learning." *The Arts in Psychotherapy*, vol. 40, no. 1, 2013, pp. 104-113.

Spaulding-Givens, J., & Teyber, E. "Emotion Regulation in Therapy: Affect Dysregulation." *American Psychological Association*, 2018.

Specktor, M. "A Study of Twins and Coping with Crisis Using Emotorics." *Body, Movement and Dance in Psychotherapy*, vol. 10, no. 2, 2015, pp. 121-135.

Stanton-Jones, K. "An Introduction to Dance Movement Therapy in Psychiatry." *Routledge*, 1992.

Stanton-Jones, K. *Dance Movement Therapy in Psychiatry*. *Tavistok/Routledge*, 1992.

Stark, S. "Investigating the Impact of Authentic Movement on the Experience of a Therapeutic Relationship: A Hermeneutic Phenomenological Approach." *Journal of Humanistic Psychology*, vol. 54, no. 3, 2014, pp. 338-360.

Stern, D. *Dissociation and Unformulated Experience: A Psychology Model of Mind*. Lecture, Tel Aviv University, Sackler School of Medicine, 17 Feb. 2013.

Stewart, L., et al. "Music and the Brain: Disorders of Musical Listening." *Brain*, vol. 129, no. 10, 2006, pp. 2533–2553. https://doi.org/10.1093/brain/awl171

Stone, M. H. "Effectiveness of Yoga and Mindfulness-Based Interventions for Mood Disorders." *Journal of Evidence-Based Integrative Medicine*, vol. 25, 2020, p. 2515690X20963050. https://doi.org/10.1177/2515690X20963050

Studd, K., & Cox, L. *Everybody is a Body*. *Dog Year Publishing Company*, 2013.

Sturges, J., & Hanrahan, M. "The Use of Nonverbal Communication in the Supervision of Art Therapists." *Art Therapy*, vol. 7, no. 4, 1990, pp. 208-213.

Sudhakar, K. "The Therapeutic Value of Indian Classical Dance." *Sangeet Natak*, vol. 40, 2006, pp. 26-38.

Vaitl, D., et al. "Psychobiology of Altered States of Consciousness." *Psychological Bulletin*, vol. 131, no. 1, 2005, pp. 98-127.

Vamos, M. "Body Image in Chronic Illness: A Reconceptualization." *The International Journal of Psychiatry in Medicine*, vol. 23, no. 2, 1993, pp. 163-178.

Van Gordon, W., et al. "Meditation Awareness Training (MAT) for Psychological Wellbeing in a Sub-clinical Sample of University Students: A Controlled Pilot Study." *Mindfulness*, vol. 6, no. 2, 2014, pp. 281–292. https://doi.org/10.1007/s12671-013-0262-0

Van Gordon, W., et al. "Meditation Awareness Training for the Treatment of Workaholism: A Controlled Trial." *Journal of Behavioral Addictions*, vol. 6, no. 2, 2017, pp. 212–220. https://doi.org/10.1556/2006.6.2017.025

Van Gordon, W., et al. "There Is Only One Mindfulness: Why Science and Buddhism Need to Work Together." *Mindfulness*, vol. 6, no. 1, 2015, pp. 49–56. https://doi.org/10.1007/s12671-013-0260-2

Venkatraman, Leela. "Negotiating the Extremes: Dance." *India International Centre Quarterly*, Volume 33, No 1, 2006, pp. 11.

Vriezekolk, J. E., et al. "Psychological and Somatic Predictors of Perceived and Measured Occlusal Stability in Patients with Temporomandibular Disorders." *Journal of Oral & Facial Pain and Headache*, vol. 26, no. 2, 2012, pp. 131–139.

Waelde, L. C., et al. "Dance/Movement Therapy Intervention for Emotionally-Behaviorally Disordered Nursing Home Residents." *The Arts in Psychotherapy*, vol. 31, no. 5, 2004, pp. 383–387.

Wallin, D. J. *Attachment in Psychotherapy*. *The Guilford Press*, 2007.

Wang, C.-W., et al. "Exploring Personality Characteristics of Chinese Adolescents with Internet-related Addictive Behaviors: Trait Differences for Gaming Addiction and Social Networking Addiction." *Addictive Behaviors*, vol. 42, 2014, pp. 32–35.

Wang, C.-W., et al. "Managing Stress and Anxiety through Qigong Exercise in Healthy Adults: A Systematic Review and Meta-analysis of Randomized Controlled Trials." *BMC Complementary and Alternative Medicine*, vol. 16, no. 1, 2016, pp. 1–13.

Warnecke, A. "Using Group Movement in Supervision." *Body, Movement, Dance in Psychotherapy*, vol. 4, no. 2, 2009, pp. 153-164.

Watkins, E. *Handbook of Psychotherapy Supervision*. *John Wiley and Sons*, 1997.

Watson, T., & Kim, S. "Fostering Creativity, Identity, and Agency through Digital Media: Arts Integration in Digital Media Art." (Year of publication not provided). https://doi.org/10.1007/978-981-13-6123-2

Weiner, I. B., & Craighead, W. E. *The Corsini Encyclopedia of Psychology*, vol. 4, *John Wiley & Sons*, 2010.

Wernic, U. (2009). The use of prayer breads in psychotherapy. *Mental Health Religion and Culture*, 12, 359-368. doi: 10.1080/13674670902732781

Whitehouse, M.S. "C.G. Jung and Dance Therapy: Two Major Principles." *Eight Theoretical Approaches in Dance Movement Therapy*, edited by P. Lewis Bernstein, *Kendal/Hunt*, 1979, pp. 51-70.

Wilkinson, S., et al. "The Role of Movement and Dance in Facilitating Communication in Autism Spectrum Disorder: A Systematic Review." *Review Journal of Autism and Developmental Disorders*, vol. 5, no. 2, 2018, pp. 179–193.

Winnicott, D. W. *Playing and Reality*. *Penguin Books*, 1971.

Woolf, V. *On Being Ill*. *Paradigm Press*, 1976.

Young, J. L. "Bringing My Body into My Body of Knowledge as a Dance/Movement Therapy Educator." *American Journal of Dance Therapy*, vol. 34, no. 2, 2012, pp. 141-158.

Young, R. "Cross-cultural Supervision." *Clinical Social Work Journal*, vol. 32, no. 1, 2004, pp. 39-48.

Zarilli, P. B. *Acting (Re)Considered: A Theoretical and Practical Guide*. *Routledge*, 2004.

Zeng, Y., et al. "A Study of Self-regulation, Self-efficacy, and Self-esteem: Exploring Students' Emotion Regulation Processes with Respect to Gender, Emotional Intelligence, and Music Training." *Frontiers in Psychology*, vol. 6, 2015, p. 1238. https://doi.org/10.3389/fpsyg.2015.01238

Zernicke, K. A., et al. "Mindfulness-based Stress Reduction for the Treatment of Irritable Bowel Syndrome Symptoms: A Randomized Wait-list Controlled Trial." *International Journal of Behavioral Medicine*, vol. 26, no. 6, 2019, pp. 561–571. https://doi.org/10.1007/s12529-019-09799-8

Zhang, Y., et al. "Mindfulness-based Cognitive Therapy for the Treatment of Insomnia: A Meta-analysis of Randomized Controlled Trials." *Neuropsychiatric Disease and Treatment*, vol. 15, 2019, pp. 1049–1061. https://doi.org/10.2147/NDT.S186672

Zotev, V., et al. "Self-regulation of Amygdala Activation Using Real-time FMRI Neurofeedback." *PLoS ONE*, vol. 6, no. 9, 2011, e24522. https://doi.org/10.1371/journal.pone.0024522

GLOSSARY

- DMT- Dance Movement therapy
- NIMHANS- National Institute of Mental Health and Neurosciences
- Tele- DMT- DMT that is conducted using telecommunication technologies such as video conferencing, telehealth platforms, online platforms etc.
- Transference and countertransference- Transference is the patient's projection of emotions onto the therapist, while countertransference refers to the therapist's emotional reactions towards the patient, both influencing the therapeutic relationship.
- Winnicott's holding and containing- Winnicott's "holding" refers to the caregiver's nurturing environment that supports an infant's early development, while "containing" involves the caregiver managing the infant's emotional experiences, fostering emotional growth.
- Melanie Klien’s transitional objects- Melanie Klein's transitional objects are comfort items, like stuffed animals or blankets, that facilitate a child's emotional transition from dependency to autonomy.
- Eric Ericson’s stages of psychological development- Erik Erikson's stages of psychological development encompass eight key life stages, each presenting a unique psychosocial crisis that individuals must navigate to achieve healthy personality growth.
- Yalom’s principle of group therapy- centers on the therapeutic power of interpersonal interactions within a supportive group setting

- Tuckman’s model of group development-Tuckman's model of group development consists of five stages: forming, storming, norming, performing, and adjourning, which teams go through to achieve effective collaboration and productivity.
- Chacian circle- involves using circular patterns in group therapy, thereby encouraging different techniques like mirroring.
- Psychotherapy- therapeutic process that involves interventions to address mental and emotional challenges
- Catharsis- emotional release and purification experienced through expressing and processing deep-seated feelings, often facilitated in therapy or artistic expression.
- Psychoanalysis-therapeutic approach developed by Sigmund Freud, focused on exploring unconscious thoughts and emotions through techniques like free association and dream analysis to gain insight into psychological issues.
- Hathayoga-Hatha yoga is a branch of yoga that emphasizes physical postures, breathing techniques, and meditation to achieve balance, flexibility, and mental clarity.
- Karmayoga-Karma yoga is a spiritual practice in which individuals selflessly engage in actions and duties without attachment to the results, aiming to cultivate selflessness and a sense of service.
- Rajayoga-Raja yoga is a path of yoga that focuses on meditation and self-discipline, aiming to attain mental and spiritual mastery and ultimately, union with the divine.
- Asana-physical postures practiced in yoga, designed to promote physical health, flexibility, balance, and alignment, while also fostering mental focus and relaxation.

- Natyasastra- The Natya Shastra is an ancient Indian text that serves as a comprehensive guide to performing arts, including dance, music, and drama, detailing principles of aesthetics, expression, and performance techniques.
- Ashtangahridaya-The Ashtanga Hridaya is a classical text of Ayurveda
- Humanistic theory-Humanistic theory emphasizes the individual's innate drive for self-fulfillment, personal growth, and self-awareness, highlighting the importance of subjective experiences and the pursuit of one's potential.
- Behavioral therapy-Behavioral therapy is a psychological approach that focuses on modifying and changing problematic behaviors by using principles of learning, reinforcement, and conditioning to promote positive behaviors and decrease negative ones.
- Psychodynamic theory-Psychodynamic theory explores how unconscious thoughts, emotions, and early life experiences shape behavior and psychological functioning, often through techniques like free association and dream analysis to gain insight into underlying conflicts and motivations.
- Client-centered therapy-Client-centered therapy, developed by Carl Rogers, is a humanistic approach that emphasizes creating a supportive and non-judgmental therapeutic environment where clients can explore their own feelings, thoughts, and experiences, fostering self-discovery and personal growth.
- Person-centered therapy- Another word for client-centered therapy
- Obsessive-compulsive disorder (OCD)-Obsessive-Compulsive Disorder (OCD) is a mental health condition characterized by recurring, intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing anxiety, often interfering with daily life and functioning.

- Creative Art therapy-Creative art therapy involves using various artistic forms such as painting, drawing, music, or dance as a therapeutic tool
- Behavioral therapy-focuses on identifying and modifying behaviors through techniques such as reinforcement, conditioning, and behavior analysis, aiming to alleviate psychological distress and promote positive changes in behavior
- Mindfulness-Mindfulness is a practice that involves paying non-judgmental attention to the present moment, cultivating awareness of thoughts, emotions, sensations, and the environment, often used to reduce stress, enhance well-being, and promote mental clarity.
- Interpersonal effectiveness-
- Interpersonal effectiveness refers to the ability to communicate, relate, and interact with others in ways that foster healthy relationships, effective communication, and the fulfillment of personal needs while maintaining self-respect and respect for others.
- Distress tolerance-Distress tolerance refers to the ability to tolerate and manage emotional distress, discomfort, or pain in healthy and adaptive ways, without resorting to impulsive or harmful behaviors to cope with difficult situations.
- Emotional regulation-involves the process of recognizing, understanding, and effectively managing one's emotions in order to navigate life's challenges and maintain psychological well-being.
- Grounding-Grounding is a technique used to connect with the present moment and reality by using sensory experiences, such as focusing on physical sensations, surroundings, or breathing, to alleviate feelings of anxiety, dissociation, or overwhelming emotions.

- Mirroring-Mirroring is a psychological concept referring to the subconscious imitation of another person's gestures, expressions, or behaviors, often occurring in social interactions and helping establish rapport, empathy, and a sense of connection.
- Proprioception-Proprioception is the body's sense of its own position, movement, and orientation in space, allowing individuals to have an awareness of their body's position without relying on visual or external cues.
- Catharsis-Catharsis is the emotional release and purification that occurs when individuals express and process deep-seated feelings, often through artistic, therapeutic, or narrative means, leading to psychological relief and insight.
- Sublimation-Sublimation is a defense mechanism in which individuals channel or redirect socially unacceptable impulses, such as aggression or sexual desires, into more socially acceptable and productive outlets, like creative or constructive activities.
- CMTAI- Creative Movement Therapy Association of India
- ADTA- American Dance Therapy Association
- PTSD-post traumatic stress disorder,
- LMA- Laban Movement Analysis
- KMP- Kestenberg Movement Profile
- DBT- Dialectical Behavioural Therapy
- CBT- Cognitive Behavioural Therapy
- ER- Emotional Regulation
- EI- Emotional Intelligence

- Differently abled- term used to denote people with disabilities in an inclusive way: physical, sensory, intellectual, developmental, cognitive, psychiatric, neurological disabilities come under the term.
- Developmental disabilities- usually include intellectual disabilities, Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, Learning disabilities, genetic disorders, communication disorder etc.
- Autism Spectrum Disorder- a complex neurodevelopmental condition characterized by challenges in social communication, repetitive behaviors, and restricted interests, varying in severity across a spectrum of individuals and often affecting their social interactions, communication skills, and sensory experiences.
- Cerebral Palsy- group of permanent movement and posture disorders caused by non-progressive brain damage, typically occurring early in life, and impacting muscle control, coordination, and sometimes cognitive function.
- Down Syndrome-genetic condition caused by the presence of an extra copy of chromosome 21, leading to developmental delays, intellectual disabilities, distinctive facial features, and often associated with certain medical conditions and health challenges.
- Learning disabilities- neurodevelopmental disorders that affect an individual's ability to acquire and use specific academic or life skills, such as reading, writing, math, or communication, despite average or above-average intelligence and adequate opportunities for learning.
- Communication disorder-A communication disorder is a condition that affects an individual's ability to effectively express themselves, understand language, or interact with

others, often resulting in difficulties in speech, language comprehension, articulation, fluency, or social communication skills.

- Stress- Stress is the body's physiological and psychological response to challenging or threatening situations, characterized by various physical, emotional, and cognitive reactions, which can have both short-term and long-term impacts on well-being.
- Stressors- Stressors are external or internal factors that trigger the body's stress response, including events, situations, or demands that challenge an individual's ability to cope effectively and maintain a state of equilibrium.
- Queer-informed therapy- approach that acknowledges and respects the experiences, identities, and needs of LGBTQ+ individuals, focusing on creating a safe and affirming therapeutic environment that addresses their unique challenges and promotes their mental and emotional well-being.

APPENDIX I

List of Interviews

No.	Name of the Practitioner	Generation	Field of Work	Videos/therapy sessions observed/ Archived
1	Ambika Kameshwar	1st	DMT	Yes
2	Tripura Kashyap	1st	DMT	Yes
3	Parasuram Ramamoorthy	1st	Drama Therapy using movements	Yes
4	Sohini Chakraborty	1st	DMT	Yes
5	Malini Nagpal	1st	CMT	No
6	Syed Salhuddin Pasha	1st	DMT	Yes
7	Dilshad Patel	2nd	DMT in sports	No
8	Brinda Jacob	2nd	CMT	Yes
9	Anubha Joshi	2nd	DMT	No
10	Reetu Jain	2nd	DMT	No

11	Preetha Ramasubramanian	2nd	DMT	No
12	Anshuma Kshetrapal	2nd	DMT	No
13	Ritu Shree	2nd	DMT	No
14	Aruna Bhikshu	1st	TDP	Yes
15	Devika Mehta	2nd	DMP-P	No
16	Supritha Aithal	2nd	DMT	No
17	Hema Swaminathan	2nd	DMT	No
18	Shabari Rao	2nd	DMT	No
19	Mugdha Shivapurkar	2nd	DMT- P	No
20	Aparna Ramakrishnan	3rd	DMT	No
21	Yahsvi Bhatnagar	4th	DMP	No
22	Manasa Bharath	4th	DMT	No

23	Preeti Rajagopalan	3rd	DMT	No
24	Vidisha	4th	DMT	No
25	Aditi	4th	DMT	Yes
26	Deepa Avula	3rd	DMT-P	Yes
27	Jyotsna	4th	DMT	Yes
28	Karishma Harlalka	4th	DMT	No
29	Radha Joshi	3rd	DMT- CMT	No
30	Saar Dhangya	3rd	DMT- CMT	Yes
31	Parnika	4th	DMT	No
32	Suchitra Date	1st	DMT	Yes
33	Angirra Chakraborty	4th	DMT	No
34	Nalini Prakash	1st	CMT	Yes

35	Akanksha Mishra	2nd	DMT	No
36	Rumya Natraj	2nd	DMT	No
37	Mugdha Shivapurkar	2nd	DMT -P	No
38	Tanvi Bajaj	2nd	DMT	No
39	Mitul Sengupta	2nd	DMT	Yes
40	Simone Saiyya	2nd	DMT-P and CMT	No

APPENDIX II

Certificate Course: 'Therapeutic Movement for Mental Health - Working with Adults'

'Therapeutic Movement For Mental Health - Working with Adults' was an online certificate course conducted by the Creative Movement Therapy Association of India(CMTAI) facilitated by Miss. Reetu Jain, Therapist and Researcher. Creative Movement Therapy Association is a non-profit organization founded in 2014 by Ms. Tripura Kashyap for training and collaborating with Dance Movement Therapy practitioners and other creative art therapies in India. Because of the global pandemic, the course TMMH was done online for the first time using the platform of Zoom. The course was a training program for individuals/ facilitators/ practitioners who are working with adults. However I was allowed to be a part of the workshop as an observer being a Senior Research fellow working on the topic. This is an introductory course on the benefits of using therapeutic movement with adults. The course included theoretical as well as experiential learning. The classes were interactive and enriched with readings, discussions, "not-so-demanding" yet stimulating assignments, and therapeutic movement exercises and experiences. A wide range of reference lists was also provided for further reading and in depth understanding of the course.

The workshop started with explaining the different concepts related to mental health and body awareness. Most of the notions regarding the therapeutic functions of dance are very much confusingly used, for instance the notion that any dancer/ dance student can be a therapist and facilitate the therapy sessions. As an individual's movement is seen as a form of communication, Dance Movement Therapists utilize this art form to help individuals or the group find a way to express their emotions and their experiences which helps in their own internal processes, providing a holistic and creative approach to healing and wellness. The theoretical sessions started from the understanding of movement- it can be functional, developmental, expressive and communicative. So when we talk about 'movement', normal motor activities and physical exertions are not concentrated on while we facilitate a session. So utilizing the expressive, communicative and developmental qualities of movement, we were trained to start the sessions understanding the underlying concept in using patterns. Although movement is a primary mode of intervention it can also be a part of assessment modality. Before starting to facilitate a session, we were explained to observe and note the movement vocabulary and assess the modality of their body. The theoretical framework of working with a client population was that "Movements reflect the personality of the mover and the creative process embodied in the use of free association in movement is inherently therapeutic". We started by realizing the importance of therapy within the safety of therapeutic relationships between the client-facilitator and knowing the ethical paradigms in the area. The sessions started by introducing our own names through movements, how ice breaking sessions are important in establishing a healthy client-therapist relationship, confidential space and privacy for the clients to open up, find comfort in the space around etc. The role of a dance movement therapist was given a lot of importance considering how to develop a trust and safe relationship with the client. The therapy sessions are not to be seen as a way to make the clients move or physically exert, but to encourage the clients' movements by either mirroring, suggesting or empathetically observing. Every client has a movement vocabulary on their own, the therapist utilizes and observes their inherent pattern and encourages them to acknowledge the movements through suggestions and also by helping them to emote through movements. The

awareness about our own body is one of the primary principles used where therapists try to help them explore their own patterns. This strictly assured that there is no “teaching” or “commanding” used for facilitating a session. The suggestions however help them to emote their own understanding of the movements, which differentiate from the normal “dance teaching” style prevalent. So it was clear that being a dancer or dance teacher choreographing or working on the bodies of a certain population does not qualify in the spectrum of art therapies. This was explained as unethical, unless you are a qualified therapist coming under the species of “facilitators”, “practitioners” or “therapists”.

The next day we were explained the modalities and possibilities where therapy can be effective. People experiencing difficulties or concerns with emotional problems, conflict or distress or the ones who may find some feelings or experiences too overwhelming, or difficult to be communicated with words alone, or for those who may avoid feelings can be considered. Most of their problems are bound up in the body in the form of body tension, or impaired movements or anxieties about proximity, physical contact or trust. This is where a facilitator helps to explore their own body patterns to release the anxieties through the space. The impairment or trauma may hinder the capacity for them or others to acknowledge and understand the personal strengths and weaknesses which can be attained to a certain level through establishing self-awareness, self-esteem and personal autonomy. The session dealt with giving space for the clients and allowing free association of the movements. The primary goal of the therapist is to recognise and encourage the various emotions that emerge as part of the sessions while facilitating. The link between thought, feelings and actions has to be explained to the client in order to express and manage overwhelming feelings and thoughts that interrupt learning. The discussions during the classes were also based on using the psychological/psychotherapeutic framework that deals with movement analysis like that of the Laban’s. We were also introduced to various observation tools to understand how the client relates to themselves and others in the environment. We developed the rationale maximizing opportunity of communication through movement, play or other resources that the client chooses to use. We were introduced to using properties that are available right away for the client like pens, pencils, dupattas/ shawls, bedsheets, pillows, threads, balloons, balls etc. How these plays explored body patterns in three planes- upper, lower and middle was defined. This is when we surprisingly realized that we don’t use our lower planes at all in our daily lives and it was a thought provoking opportunity to understand personal autonomy and space utilisations. The usage of guided imagery method was introduced and we were given the opportunity to initiate physical, emotional and cognitive shifts to enhance social interaction and emotional regulation. The areas that use therapy can be so diverse that each client population would demand a different kind of intervention. Different mental health settings in special schools, rehabilitation centers, hospital settings, educational settings such as schools, colleges, universities, forensic settings, nursing homes, pediatrics, children and youth psychiatry and psychotherapy, neurology, oncology and private practice demand particular attention to certain aspects. The basic requirement of the course was to design and implement modules to diverse client groups. An activity sheet was maintained from the beginning of the workshop in order to record the works and activities that were asked to do. We were introduced to the different concepts relating to the facilitation of the sessions, even though the modules and the interventions are strictly unstructured, this can be used as one of the basic approaches in dealing with the therapy sessions. In therapy there are various activities that the therapist/ facilitator can conduct depending on the initial assessment that is made on the needs of the clients. The idea of an activity basket is that the facilitator is always prepared with a host of activities, so as to cater to the spontaneous

requirements of the client and not just have to follow the pre-planned structure of the session. A normal session contains an array of activities that cover needs such as:

1. Fine and gross motor skills
2. Locomotor and non-loco motor activities
3. Personality development activities
4. Friendship and cohesion activities
5. Peer learning activities
6. Ice-Breaker activities
7. Body Awareness exercises
8. Warm up activities

The activities should also have a primary, intermediary and secondary level to each of them, so that there is progression in the complexity of the same. In order to note the activity sequences, it can be divided into different movement patterns on the basis of its purpose. Movements can be Ice breaker, Body awareness, Spatial awareness, Body coordination, Emotional layer, Creative layer, Educational concepts, Coordination exercises, Depict stories from their life (Psychological layer), Teamwork and trust (Social layer) 11) Prepare for a performance 12) Performance. The creative layer, educational concepts, coordination exercises, psychological layer, social layer etc can be tailored according to the needs of the group that will be addressed. The movements that have been interpreted here are non motor activities which prepare the client to develop patterns outside their own movement vocabulary and which can be used for almost any group as well.

The next session dealt with a few aspects related to the therapy sessions in a detailed manner.

- Warm-Up
- Movement Seeding
- Creative Movements
- Locomotor and NonLocoMotor movements
- Movement Icebreaker
- Body Awareness
- Laban Analysis
- Directions and spaces

- Eurythmy and allied theories
- Layers of approaches- Emotional Layer

  Psychological layer

  Intellectual Layer
- Group Personalities

Warm up sessions serve as an initiation to the therapy session. For instance, imagine you are writing your name with different parts of the body. Show each alphabet through each part. For example SNEHA- the first alphabet is S, so initially just with head write 's'. Likewise the next alphabet 'N' with shoulders, then elbows, hands, upper body, hips, ankles, legs, toes and finally the whole name with the whole body.

Movement Seeding is when we seed or introduce a few movements through suggestions. Please note that here we are not teaching movements or asking them to do certain movements, instead asking them to use their imagination to understand their own movement vocabulary. The therapist uses this as an observatory exercise to understand their bodies. For instance, a few suggestions like these may act as movement seeding- imagine yourself in the position of solid, liquid and gas. How will you move when you are a molecule in solid state? How will you move in liquid and gas? Solid will be tightly packed. So imagine you are tightly packed in a small box and move. Then when you are in a liquid state, imagine you are a little more relaxed. When you are in the gaseous state you can totally relax and move.

Creative movement stage is when we use body movements creatively to explore their understanding of body patterns, imagining and picturising the movements in order to apprehend its purpose. For example the suggestions can be- Make a house using straight lines alone, with a particular body part, for example it can be both hands alone. Then make a tree beside curved lines with legs alone. Do this in pairs and ask the other person to explain what she showed.

Finding locomotor and nonlocomotor movements from their activities is the next part. For instance we can ask the clients to create four non Locomotor and four Locomotor movements. The suggestions can be- When I say a number, do that movement. Memorize them. Then I will mix and match so that they can sequence them. Then I would ask them to do the same thing at different speeds.

Movement Icebreaker supports the clients to break their own patterns to a wider perspective. Especially in a group session this part encourages the clients to have trust among the partners and to have a safe environment to interact with. Partnering, mirroring, using different pace to emote etc are the significant approaches here. For example, when I put on the music, the whole class moves in one circle, in one direction. When the music freezes, let them go in the opposite direction and at slow speed. Likewise repeat the same in the order slow, fast, medium,slow,fast, medium, slow, fast, medium etc so as to sequence it. Then as the next step, when music stops touch the partner's elbow and circle as pairs the same way.

Body Awareness session deals with introduction of each body part, awareness on the parts, how they function, what they can convey, how can we control the parts, which all parts are interconnected and how to get out of a particular body part movement. For example- Do movements with each part of the body and do a circle to complete the movement, likewise use each body part and do a circle.

The next session starts with using emotions, introducing sentiments, intensifying passions, using instincts and institutions etc. This can be equated to the use of theories by Laban which explains about effort, shape, space etc. The suggestions can be- Become a flower. Start to blossom through movements. Or it can be water flowing through movements. Now make a story of the flower and enact it.

As the session progresses, the client is introduced to a sense of direction and space. They are expected to respond to suggestions related to the upper, middle and lower space. The usage of directions like right, left, front, back, corner etc. is used intensively in this session. This helps the clients to have a sense of understanding the direction and how to use the idea to convey certain manifestations of their emotions. Certain suggestions can be as follows: Draw a star. Move the body in the direction of a star, in three levels. Imagine a 3 dimensional star and move in the three levels.

The Eurhythmy part of a session helps the client to emote better, especially for children in a playful manner. This is done by relating their movements with that of an animal and identifying the emotions associated with them. To get emotions out of children the facilitator often relates them to animals. For instance they suggest expressing a happy cat, or an angry tiger etc. Making them do the 'animal warm' up along with it also helps them to get rid of their inhibitions to move out of their comfort zone.

Layer exploration is usually done using properties like sticks, balls, dupatta or bedsheets. While they explore the different layers, this also serves as a provision to emote using properties and relate to them personally. The personal experiences are evoked here moving to a form of catharsis. For instance, you can verbally promote them to use a shawl- "Using Dupatta, show the 3 layers and relate it to emotion. For example, when you are angry, how do you move the Dupatta? Same way when you are sad how do you use Dupatta? Imagine you are Dupatta yourself, how do you show you are angry." So these techniques help the clients to have a reason to emote their feelings without verbally saying this out or consciously going through the sentiments. This part of the therapeutic session also has a deeper understanding when it comes to the emotional layer, psychological layer and intellectual layer. In the emotional layer exploration you can use suggestions like- Name a situation when you will feel joy, sadness, fear, disgust, shame and courage and act this through movements. Suggestions for a psychological layer exploration can be- "Emote a story. Or pair up and talk through movement about the sessions. " The intellectual layer can be identified by equating it to certain educational suggestions. For example- Use vowels and relate it to colors with movements. Now write your name with these colors that serve as movements.

Apart from these levelwise examinations, the personality level of each client and the group population also contribute a lot in facilitating a session.

1. High energy- High energy and creative population need more challenging assignments. For example- Assign an animal, the whole day makes them move like animals. Make them do the same at different speeds. Learn a particular movement for each animal etc.

2. Quiet- A quiet and uncertain client population would need more motivation to open up and explore. Their activities can be linked with academics or more intellectual explorations, partnership with water, fire or other elements etc

3. Disruptive- A disruptive group would need proper focus and it is inevitable for the facilitator to bring them to their own bodies. They can be given a warm up which has a lot of big movements, rhythms, etc which will help them get centered and get calmer for the rest of the session.

4. Closed- A closed and unimaginative group is the most difficult to work with and they can be introduced to more properties and other interesting things like asking them to move in circles with dupatta and link shapes to it.

Apart from introducing the therapeutic session in detail, the workshop also focused on enabling the facilitators to make their own movement activity basket and module which is the crux of the course. This course served as a purpose to completely understand and document the process of therapy that has been used with different client populations, along with having a deeper understanding on the perspectives of therapy and its application. Apart from the theoretical understanding, experiential learning, observing the facilitating practice of the therapists, noting the client responses etc were all part of the course. However due to the confidentiality the course demands and respecting the privacy of the clients who interacted with us during the course regarding the efficacy of therapeutic sessions with them, client responses are not recorded as part of this report. We were asked to maintain privacy and not to disclose the name, credentials, therapists' name or issue that they dealt with, and their experiences outside the course. The classes were interactive with discussions and debates, with more than three assignments which was essential to complete the course. The assignments were evaluated and graded before considering the completion of course and providing the certificates. Apart from these, we were allowed to witness experiential sessions by the experienced therapists. We were divided into groups of 5 and initiated to facilitations by facilitating each other in the group. This detailed course enabled us to make our own movement activity basket and to further use the techniques of therapy.

APPENDIX III

Certificate Course: '<u>Therapeutic Dance in Education</u>'

'Therapeutic Dance in Education' was a Certificate program conducted by 'Soulsphere' Pune, facilitated by Miss. Tripura Kashyap, Dance Movement Therapist in 2020. The course focused on therapeutic dance rather than dance therapy. How dance promotes creativity, enhances social skills and physical emotional well being in children apart from exploring how dance can reinforce concepts. The course trained the participants in the practice of using dance and movement with children and young adults in schools and special education settings and was basically meant for special educators, academic teachers, school counselors, occupational psychotherapists etc. This course focuses on facilitating movement experiences for children in diverse educational settings including methods and techniques of integrating dance as a cross curricular activity alongside academic learning in schools.

Among the different studies in Dance related discourses as therapy, the terms are often used ambiguously. The course started with differentiating the concepts of Therapeutic dance and Dance therapy. Therapeutic Dance is sometimes mistaken as Dance Therapy. Therapeutic dance can be defined as a group process where movement is used as a tool to bring out the best self, improving their social skills, cognitive abilities, self awareness, coordination, body awareness, flexibility etc. Therapeutic dance also seems to contribute to the overall development of the child in academic levels as well. The core principle of therapeutic dance is the use of movements in a pleasurable way and in turn work a therapeutic way rather than addressing an issue in particular. Certain movements may be used to enhance balance, coordination, or to improve neural activity. Therapeutic dance will more commonly result in a performance or demonstration of achievement. The focus is more on the natural body movements and the facilitator just facilitates by encouraging and motivating the person through instructions. It is true that the movement is universal and we all are already equipped with our own movement vocabulary. In therapeutic dance these skills are being attended. The form and content that emerges is the self expression of one's thoughts and feelings. These movements connect us to our own body and others' bodies as well. Another notable feature is that the movement is eclectic, gender neutral and across linguistic, religious and socio cultural divisions.

The next part dealt with explaining the objectives of therapeutic dance in education, to create self expression, to develop a body language with verbal physical synchronicity. The ability to develop a language scheme by which you can translate ideas, memories etc to movements is considered extensively. The other objectives that were discussed in the course include:

- Socio cultural awareness- Movement awareness helps in understanding the roots of the ethnicity and cultural awareness among themselves. Skill development is another necessary factor which helps in individual progress. Be it coordination using properties or other small exercises. Therapeutic dance also follows a dance aesthetics where understanding and appreciating different forms of dance is considered. It becomes easier to interpret what the dancer wants to say.

- Physical Literacy is another objective where the language of the body is learnt through different movement activities. Therapeutic dance is not always completely mechanical where you just move, there is a level of physical fitness associated with it as creative dancing is important here. The body will get toned to the movement activities and there is a possibility to work on the limitations.

The course focussed that Dance therapeutics is also used to increase the energy level, body coordination and attention span. While dealing with children, therapeutic dance also offers a possibility to reinforce academics through dance. There are provisions to creatively dance the lesson out, choreographing the learning materials through movements to communicate more with children with less attention span.

Apart from the theoretical basis such as definition, principles, scope and objective of therapeutic dance in education, innovative methods and techniques of teaching movements were a part of the course. This provided a variety and contrast in movement experiences. The theories of Dance movement therapy along with the difference between therapeutic dance and dance therapy was examined in detail. The most important insight was that 'feeling better from dance is not the same as dance movement therapy', differentiating dancers who utilize the innate therapeutic power of dance and Dance Movement Therapy. Dance Movement therapists work along the continuum of dance approaches. This experiential course helped to develop an understanding of various aspects of therapy, the individual strengths and their effects on our body-mind continuum. Artwork and verbal reflection further deepened the overall experience and enhanced our knowledge in the area. Apart from these, different ethical principles and considerations regarding the different terminologies in calling a person doing therapy was also discussed in detail. They are:

1) Dance Movement Therapy Facilitators (DMTF)

These are facilitators who have done certification programs taught by qualified Dance Movement Therapists or Dance Movement Therapy Practitioners. In order to continue being recognized as a Dance Movement Therapy Facilitators, continuous professional development (CPD) in the form of regular client work, self-work, supervision, attending workshops and conferences etc. must be attended to annually.

2) Dance Movement Therapy Practitioners (DMTP)

This role requires a diploma level training, taught by qualified Dance Movement Therapists. In order to continue being recognized as a Dance Movement Therapy Practitioners, continuous professional development (CPD) in the form of regular client work, self-work, supervision, attending workshops and conferences etc. must be attended to annually.

3) Dance Movement Therapists or Dance Movement Psychotherapists (DMTs or DMPs)

In order to become a Dance Movement Therapist or Dance Movement Psychotherapist, a minimum qualification of a master's level program is required. Currently, there is no Indian masters program that meets these requirements. In order to continue being recognised as a Dance Movement Therapist or Dance Movement Physiotherapist, the individual is expected to meet the CPD requirements in the form of regular client work, self-work, supervision, attending workshops and conferences etc.

The course focused mainly on facilitating sessions for children and how the sessions should be reworked on while dealing with adults and children separately. The main purpose of this course was to enable practitioners to develop their own modules within the therapeutic idiom for children and make it engaging. The facilitators took us through different experiential sessions which detailed on which kind of child they are dealing with. For instance when we start a warm up session for children, it should be designed in such a way to engage the kids into the further sessions as well. Activities like "Robot dance" were introduced where children are suggested to move in a robotic style. First the head, eyes, lips, shoulder, elbow, hands, fingers, belly/hip, thighs, feet, marchpast (or) walk like a robot. Another activity was the "The free peacock" where children at first are presented with various pictures of a peacock.They are then asked to imagine themselves as a peacock while it is just about to rain . As the music is played they are asked to imitate or demonstrate the peacock using all the parts of the body. Later using other movements they are introduced to many other techniques. Some of the activities specially designed for children are:

ACTIVITY 1 - Use the thumb finger of your toe to draw circles on the floor, and use your nose to draw different types of triangles in the air.

ACTIVITY 2- Draw all the shapes that you know using various parts of your body. Be as creative as you can.

Here, the ice breaking sessions are formulated in such a way to improve their coordination and self esteem. Without teaching them dance, the facilitator builds, feeds and develops movement in the children's body. They use movement cues to tap yourself using words like small/ big/ fast/ slow etc making a movement vocabulary. For instance, certain suggestions can be:

PART 1 - Once the music starts, start walking in different directions and when it stops give a friendly greeting to the student who is opposite to you. The greet can be a smile, hug, a simple "hello", or a handshake.

PART 2 - Keep walking, ,when the music starts, dance like a bear partnering with the student beside you until the music stops.

PART 3 - Continue with your partner's of the previous part of the activity. When the music starts, imitate every second move of your partner. So their second move becomes your first move.

Reflective questions should also be a part of the sessions, for example-

- Which are the most comfortable or uncomfortable body parts to move?
- Did you have an action in your mind when you were making a movement?
- How did you feel when you did each movement?
- Which movement felt the most like you?
- How did you feel when someone couldn't understand what you were trying to express?
- How would it feel if you had to speak without moving at all ?

The course also reflected on some of the ethical and practical considerations while working with adults in therapeutic movement including knowing their own limitations, reflecting and responding to power differentials etc. Checking our own biases and recognising socio cultural differences are also a part of it. Reflexivity is also one of the considerations where journaling and observations are part of. Good leadership skills, communication capabilities, and knowledge on the body helps us to assess the clients. Using touch and physical contact should be well filtered in the sense it should be very well researched on which kind of the group would need it and at what level. Here, helping a client to perform a movement is considered but the limit is to be maintained. The therapist should be aware of the positive uses of touch and inappropriate uses of touch. Checking your own biases, reflecting and responding to power differentials, reflexivity etc. are major ethical considerations. Dealing with different constellations demand different types of instinct, intuition and intention on how, what they require, what the activity is all about.

Certain guidelines were discussed as part of therapeutic dance in education such as:

- Silence while the children move
- Be carefree as children are to let go of inhibition
- Be non-judgmental
- Ask them to make new partnerships in pairing exercises
- Keep playing music till they come up with more movement material
- Movement is eclectic, gender neutral and also across linguistic, religious, socio-cultural divides

Moving on, we revisited the objectives of Therapeutic dance in education from the perspective of a facilitator which is to create self expression, develop verbal, physical synchronicity which helps to translate ideas memories etc, socio- cultural awareness, skill development, dance aesthetics to artistically understand and appreciate different forms, physical literacy learning the language of the body, physical fitness, therapeutic dance awareness, reinforcing academics through dance etc. The course discussed in detail on the ‘educational dance’

founded by Rudolf Labann and Rudolf Steiner, which is a child centric free moving setting. Some of the tools and techniques that has to be considered while doing a session on children were to follow a spacial measure, use space constellation- square, shattered, geometric patterns etc to materialize and activity, use verbal prompts, introduce dance studies with pairing, mirroring, shadowing etc., and set ground rules. Each session should have one objective or one goal like emotional expression or trust building, providing variety and contrast and by the end of the sessions give importance to projective expression.

The course also focussed on formulating a three month movement activity module addressing the different layers of personality of children and also recording and carefully examining the stages in doing movement activities.

- Physical- strength, endurance, stamina etc.
- Psychological- Aware of feelings, being open, thought process etc.
- Intellectual- Movement puzzles, memory, sequencing, concentration, attention etc.
- Social- Help interaction, social skills, share movement etc.
- Spiritual- deeper connection between self, movement activities that take them inwards.
- Creative- to express themselves creatively
- Emotional- to build emotional intelligence , to distinguish one feeling from other and also someone else's feeling
- Performance- Performing what they learnt.

Stages in doing Movement Activities

1. Movement initiation where they discover natural movement language through play, experimentation, learning to explore limitless possibilities of physical expression or preference.

2. Movement development helps to expand movement repertoire of vocabulary with more scope for improvisation and expand what they already know. This can be through using space, changing levels and directions, imitating someone, physical stamina to longer movement exercises, sharpening listening skills, introspection or verbally reflecting what they already know, describing movement experience to parents.

3. Interactive sessions are conducted by pairing in groups which helps them to learn to follow, compliment and mirror, helping in peripheral vision, eye contact and manipulate them. Small dances are created to bond with members putting on thematic materials.

4. Movement narrative and theme begins with exploring different themes and narrations. They are prompted to visualize images in their mind, internalize images that we give them

and express this as stories. This helps in emoting their feelings and expressing it through the body.

5. Pre- fabricated movements are introduced next, in order to memorize and sequence movement material. This will improve group coordination and when they practice alone, they will be able to replicate its extent.

6. Dance choreography part encourages them to present the learnings in a format with a beginning, middle and end. This promotes them to structure their own presentations of emotions through body plotting the movement in different parts of the stage.

We then discussed the different teaching and learning strategies in connection with therapeutics such as passive learning, interactive learning, experiential learning, auditory learning, collaborative learning, latent learning etc. The models in Dance in education settings was discussed in detail with special reference to the Educational model influenced by Laban's which is process oriented to look at the body's potential with more movement principles using time, space, energy etc. This method is very open and non judgemental and useful for primary school children. The professional module considers performance is important which is used by ,osy Indian schools with rules and regulations, which are technique oriented and a closed method learning to a certain extent. The midway model is where the teacher encourages creative dance and technique where children are given a chance for imagination and they use the technique imbibed from the art form to articulate the process. However, this model demands more time frame for such active and interactive learning and expression. The course thus established the freedom of the facilitator to choose and explore such varied models into academia as well. To sum up, the purpose of the course was to enable the facilitators in structuring their own sessions with

- body preparation
- exploring an idea
- developing a skill
- Creating movement
- Movement technique
- Cool down
- Verbal reflections

If the session is requested for an hour, proper time management is important for each part and we were allowed to facilitate a session on a group of students for an hour. Here I explored body preparation for 5 mins with body isolation (teach each part separately) and considering the whole body as a single unit. Exploring an idea took 10 minutes where I took a movement and made them do it at different speeds. Developing a skill was the most intriguing part of the session which was given 10-15 minutes where they were introduced to using fingers in different ways with rotations, monkey jumps and permutations of footworks. Creating a movement was also charted for 10-15 minutes where I supported the children to come up with their own movement, generating

a movement vocabulary to express their emotions and empathize with it. Movement technique was given 5 minutes where they learnt to emote a certain emotion through their own movements. The cool down and verbal reflections were also given 5 minutes each where they used their breath and movement at the same time to relax and come to a calmer state and gently stretch their different parts. Reviewing and conversing with the students helped to record the observations. By the end of the program we submitted two assignments which were assessed and graded by the facilitators. The course ended after the submission of a three month long rough module with details on facilitation on a child group.

APPENDIX IV

Course: "Healing with the Arts"

The course titled "Healing with the Arts" offered by the University of Florida was a learning experience. Through art projects including visual arts, dance, writing, and music along with spiritual practices and guided imagery, Healing With the Arts was a tool to heal what we need to heal in our life: physical, mental, emotional, and spiritual. The course which was conducted for six weeks had different assignments, submissions and peer reviews apart from the class.

The first part started with 'lighting the light' which represents the merging of your artist and healer as one. The class started with lighting the candle, some sacred objects and creating a sacred space. A sacred space is the place that you have created with the objects you collected from various parts of the world which gives you a sacred intuition on yourself. The space is supposed to have an internal connection with you and with the objects that you can relate to. We can create a sacred space with a few of our own sacred special objects. And these objects can be anything that you feel are special to you. They can be simple, they could be pieces of jewelry, rocks, pieces of wood etc.

The 'Guided Imagery Technique' was introduced to the students. Guided imagery works with the simple technique of picturising in your own mind's eye. Guided imagery is when you close your eyes and picture a scene, you picture it, with all your senses- it's smell, taste, vision, hearing. Practises for guided imagery were done with different experiences such as centering. Reclaiming the inner artist and the inner healer was the next step where the artist and healer has to be merged as one. The first aspect to be covered was the introduction to visual arts. We were asked to prepare a journal with paintings, sculptures, mandalas and collages. We were asked to collect visual images and paste them in the journal with images of postcards, photography, collages or anything that ignites us. Journal is considered as a visual diary. Exploration of different mediums in visual arts by noticing things around which may include simple things like shadows, lines, shapes, textures, colors was taught. Unlike an art class where we're try to reproduce things, this was a way to explore our own playfulness so that it need not come out in a particular way. The intuitive painting process was also introduced. The purpose of the intuitive painting process is to invite your inner energy to move, and the truth of the moment to express yourself. Sending your inner critic and judge out of the room, leaving you free to paint exactly how you wish, is the process. Just moving the crayon, allowing the painting to just begin to play itself and paint itself to you will make a great impact on yourself.

The next session was on 'finding your essence piece' where we were asked to to sit with ourself and think about what is holding us back from getting to our essence. What is a barrier or what are the barriers that we are experiencing that are keeping us from our essence? The next session dealt with keeping a journal on my own. Journal writing allows to explore through our own stream of writing, to begin to get to where it is we want to go and allow our writing just to take us wherever it leads us. The journal is a place to just sort of open up to yourself. It let whatever comes to us, whatever images come, whatever thoughts come. It helped me to tango with my own

inner critic. This session helped me to think about whatever I am doing is exactly what I need to be doing in this moment, allowing my intuition to allow whatever emerges.

The next part was finding what my essence was. 'What keeps you from living in the essence of who you are?' was the question raised. The obstacles, the barriers in life, what we need to do to transcend these obstacles to live more fully, more completely, and more being exactly who we truly are? Next session was one Healing with the Visual Arts. It started with a class of guided imagery to meet your inner artist. We also did experiments with different visual arts materials. It helped us to experience some sessions on our own. We were asked to put some music on, open a studio, get our own personal sacred space and notice the beauty, notice the world around us. That's how we interpret and see the world through the eyes of an artist. Then I learnt about intuitive painting process. This is a wonderful guided imagery exercise called meeting your spirit animal, or meeting your spirit guides. The purpose of creating a sacred space here is to invoke guardian spirits, ancestral spirits or spirit animals that can accompany us on our journey.

Later we started exploring the possibility of healing through music. We were asked to make sounds with our bodies. Sound like toning, sounds with our own voices etc. For example I was asked to do a humming sound where I just would make a humming noise in my voice. And that was very relaxing and soothing. It was said that in settings where people have dementia and memory disorder and seem to be catatonic and non-responsive and non-verba, music helped them. When people come and start singing their favorite songs to them, they can sing along even if they don't speak any longer. Music has been brought into people's headings because not everybody can have a live musician singing to them 24/7. It can be started by creating a program where they can make a playlist with the help of a family member or the people who work in the setting and know what kind of music that person likes put it on their head with headphones. So they can be completely immersed in the music. They start talking about where they were when they heard this music, even if they haven't spoken for weeks.

Music guided imagery was something that helped in developing an aural environmental enhancement. When people come in and they're sad, or upset, or scared, or nervous and all of a sudden they hear some music playing. They look over and see that there's a real person playing.The piano is a very versatile instrument, so you can play music from all different countries, and by different composers and different styles.

The Dance module dealt with a creative movement exercise, an opportunity to really begin to use movement as a way of healing. Movement or dance or any kind of creative flow of energy that we do in our body is very important. It acts as a natural rhythm to begin to open ourself up to allow the energetic creativity of the well-spring energy to begin to emerge. Dance is considered as a way of creating community, a way of creating almost feverish pitch of energy where people get into a community and dance together. Later we were given space to explore the ability to move and to open up. Dance is treated as an opportunity to really embody yourself low. Later we were allowed to explore different kinds of mediums. Many people shared their experience on how they used movement as a way of healing themselves. Anna Halprin a famous dancer in California, has used dance as a way of creating community, a way of healing community, about bringing people together to be able to move together and create circles together. In ancient times people came together in more of a tribal ceremonies and they used dance as a way of creating ritual, and

ceremony, and passages in their lives. So dance is a very exciting medium which can be explored every single day.

The first and foremost step is to explore our body and letting our body naturally move or letting our body do what it does. One of the powerful ways of dance in healing is it allows us to move inside our body and follow our body as the master of our movement. Dance allows us to go to that center that is within us. Dancing here also means dancing with your hands, dancing with your scarves etc which is in one way or another, using your body as a way to explore the possibilities. The true start is to play with the limitations and play with just the ecstasy of moving. Feeling the beauty, the lusciousness and the deliciousness of just being in your body is the aspect. If you feel awkward in your body, play with that awkwardness, stiffness and tension. The sessions focussed on using dance as a way of moving and exercising. Dance is an opportunity for you to create a physical shift in yourself. Dance, which is a powerful healing modality is explored to move, in every way, shape and form possible.

The next session was on Movement guided imagery. In this session, as an example we were asked to imagine yourself inside the tree. Then we were asked to allow ourself to move in the gracefulness of the way that the branches move, feeling ourself gently swaying as we and the tree are one. We felt moving from feeling very grounded. We allowed ourself to simply sway and opened our body, feeling ourself expanding. Later we did this with our eyes closed in meditation space and we began to gently move our body in this meditation. This was done as if our body open up and reach out to sky. We felt ourself connected to the earth and felt nourishment coming up from the earth into the body.

This kind of meditation practice have a series of steps.

- Breathing deeply in and out.
- Allowing yourself to find the stillness within you.
- In your mind's eye, gently close your eyes as we begin this meditation.
- Imagine you are standing tall, as tall as a beautiful ancient tree.
- Feel your body in perfect alignment with the sky all the way through your body to the earth.
- Feel yourself alluded like an ancient tray, feel yourself connected, strong, open, and wise.
- Allowing your body to feel nourished by the sun, by the air, from the earth and standing tall, connected and grounded.
- For a moment, imagine in your mind's eye you are standing tall like a tree.
- Now, inside the tree imagine yourself as a figure that steps out of this tree.
- Allowing yourself to move in the gracefulness of the way that the branches move, as they move in the wind.

- Just feel yourself gently swaying as you and the tree are one.
- Feel yourself moving from feeling very grounded. Allowing yourself to simply sway.
- Now breathe. Breathe in the sunshine.Breathe in the air.
- Feel yourself expanding into the sky, at the same time feeling grounded in the earth.
- Now in your mind's eye, imagine you are opening,opening yourself up to the sky, opening your body, feeling yourself expanding, stretching, allowing yourself to gently move.
- Now you may do this with your eyes closed in meditation space, or you may begin to gently move your body in this meditation.
- Allowing yourself to gently move and opening up your arms.
- Opening and reaching out to the sky and feeling the sun come down, filling your heart and your entire body.
- Now feel yourself connected to the earth and the nourishment coming up from the earth into your body. Now, visualize yourself as a dancer.
- Feel yourself free and natural in this moment.
- Feel the dancer becoming you, and you becoming the dancer.
- Feel this connection to your body, the embodiment of who you are in this beautiful vision of a dancer.
- Now begin to move in your mind's eye.
- You are capable of grace, movement, and freedom.
- Allow yourself in this moment to move beyond all limitations, beyond inhibitions, beyond what you think might hold you back.
- In this moment your body is free, it's strong, it's beautiful,it's capable of moving, it's capable of jumping, it's capable of twirling,it's capable of all the movements that you can imagine yourself doing with your body.
- Now dwell in this moment of seeing this visionary dancer.
- You are this dancer. Allow yourself to become this dancer. Now gently breathe.
- Now return to being the tree feeling yourself grounded to the earth.Feeling your body opening up to the sky in perfect alignment. Feel yourself being nourished, open.
- Feel the healing energy of the earth flowing through your roots, your trunk up into your branches and out into the leaves of the tree.

- Imagine yourself gently swaying,returning to the stillness and then centering.

Debraa Cohaan's dancing video before the breast cancer surgery was an example of how healing with dance helps. Later we were introduced to the sacred grove. This is a dance where we get to take this opportunity to step out of judgment of ourselves and of others, and explore movement. The movement is medicine which we get to open our hearts and minds by stepping out of our head and delving deeper into our body, listening to all the signals or information our body is constantly offering us. So this is an opportunity to take this dance and reconnect with our soul and shed some of that weight that we accumulate in the world, let it go and rediscover what our soul is saying to us now. So, in the dance we step out of the judgement of ourselves and we step out of verbal conversation as well. However, all kinds of vocalization is invited, such as, making sounds, animal sounds, hooting and hollering, screaming, crying, even singing along with the music. Dance is more of exploring the movement and form. The dance may be very subtle at times,or may be very exaggerated at times, may be very beautiful, and it could be very awkward. That's all part of the exploration. The rhythms create a wave form that helps with delving deeper into the dance inviting more of a release. The music also ranges from all different genres, eras or parts of the world. There may be songs that you love, maybe songs you just like and it's all just an opportunity to play with it and just express through it. Then watch observe ourself as things change while we're just exploring.

Another way to find intimate connection is through movement, touch, contact and dance. This can be called 'contact improvisation'. In this dance form, you are exploring a point of contact with another individual, seeing what arises out of that point of contact and it can be as simple as just touching fingers or rolling with each other or jumping over each other. But the idea of it is to be present and to connect and to feel what's coming up for you as you're dancing with another human being. The creation of sacred space for dancing is the first step to start with healing yourself. Sacred space can be anything as simple as a piece of cloth with a candle. The second foundation is creating an intention. The third is blindfold where the lineage of using darkness as an atmosphere to meditate and to find inner answers. The closing of the eyes under the blindfold is a very powerful way to take away that sense, so that your other senses are heightened. The fourth foundation is breath. Pay attention as you breath out. More powerful breathing practice is what we call the shamanic breath where you inhale twice through your nose, and exhale once through your mouth. This is very powerful to increase oxygen to your brain, therefore, it increases a sense of lightness,a sense of subtlety which can also help you get into that space of your intuition. The fifth practice is to pick some music and the best type of music is the one that doesn't have lyrics, that makes you feel a sense of curiosity. That could be any type of music from the world, could be really simple music, really complex, fast or slow. But ideally, something that doesn't have lyrics that you can understand, so that you're able again to go into an intuitive space. Knowing all the five foundations, we start.

Breathe as you think about your intention.

Place the blindfold over your eyes

Put on your music, and you'll start to move.

And when your music comes on, you are free to move in any way that you feel inspired to move which could mean that you don't move much or it could mean you move a lot. That’s how you really start to explore your body's potential of movement.

Mirror dancing is another innovative technique introduced in the course. Two people who become partners are given a chance to explore dancing with each other. The first step is, when the first one moves, the other one follow her and mirror her. Then it pauses and the same is done vice versa. After a small session like that, one tells a story with her movement and the other responds to that, but staying in the flow with it. Thus a dance of healing is co created together.

The last session dealt with the power of words in healing. Writing a poem, writing a letter to your own self and to the people you can connect to, was done as a way of healing yourself and opening up. This course was a calling for me to discover who I am. This experience can be transformative and it created meaning and really helped me manifest my destiny in life. Artis about sharing who you truly are. It's an expression of your spirit. It's an expression of your humanness. It's an expression of your wholeness. Through this course we open up the essence of who we are and allow ourselves to discover the wisdom, the insight that what we truly know to be true within ourselves.

APPENDIX V

Movement Activity Basket

Disclaimer: The movement activity basket which is stated below is exclusively made by me, Sneha M., under the guideship of Ms. Tripura Kashyap and Ms. Reetu Jain as part of the certificate course.

WARM UP MOVEMENTS

- Balloon warm up - You are holding a balloon and following my cues you have to keep bouncing the balloon with various parts of the body without letting it touch the ground.
- Robot warm up- Imagine you are a robot and try moving with body parts like a robot.
- Bird Warm Up- Use different bird imagery and movements to warm up different parts of the body like : Neck - cuckoo, Arms - move like wings of an eagle, Arms - spread out like peacock feathers (big circle), Legs - stand on one leg like a stork, Feet - walk like a penguin
- Nod and jiggle warm up - Make each part of our body nod and jiggle, start with your head. Nod your head, then shake it, shake, shake, shake to jiggle. (Repeat a few times over). Nod your shoulders (moving them together) nod, nod, nod, then jiggle (by moving them alternately). Nod your elbows. Move them as if flapping with elbows, then jiggle (move them alternately). Nod your knees. Move them together and then jiggle, move them alternately. Nod your feet. Jump or move, skip to move together then jiggle, moving them alternately.
- Have a Ball- Provide small balls (stress balls/ paper balls), play fun/ peppy music in the background, call out different body parts- like head, toes, nose etc and ask students to balance the ball on the called out body parts
- Shower warmup- Imagine that you are in the shower- you take the soap in your hand and then you put it on each part of your body as I take its name.Now when I say fast you do it fast and when i say slow you do it slowly.
- Body shake warmup- You can use a simple body part shake warmup, progressingly try other body shaking warm ups. For example, put your heads down, bend down and let your hands loosen down. Shake twice. Now bend backwards, keep your hands on your hips and shake twice as you did before. Repeat both these steps twice, in order. Following that portray actions of taking a ball from top right corner and throwing it down to bottom left

corner. Now repeat the same in the opposite direction. Now repeat all the above steps in the given order.

- River flow warmup- Imagine you are a river stream. Now move yourself like it. Give instructions. move your head right, then left, then up and down, then both the sides. Now once you have warmed up neck muscles, go to the hands, move your hands in clockwise direction, then anti clockwise, now move to your wrists, move them in circles, now to your waist, try and move it like a flow of river, now your knees, roll them as it would. Then the toes, one at a time, stretch upwards then downwards.

- Lying warm up- Lying down, guide to move their body parts one by one. We will do this lying down because through verbal prompts their attention will also be drawn to notice the energy that goes to move against gravity and how it feels to move away from the ground in different body parts and control the movements. This can be used as a higher level warm up.

- Partner warm up- This can be done only when the group is comfortable with each other and may be in the final stages of the project. The clients should be aware of touch and respectful touch in particular. Ask the clients to partner up. One partner will lie down and keep their body loose. The other will explore moving the body of their partner. This will guide them to explore the natural ways the body parts can move and persuade them to try slow and soft creative movements with natural flow of the body.

- PaintBrush warm up- Imagine different body parts as a paintbrush that needs to be used to paint a canvas/room - starting from head, hands, hips, back, legs etc

- Dancing Light Warm up- Imagine a dancing light going from top of your body downwards. As it goes down it highlights each body part and that body part needs to move.

- Chit throw warm up- This warm up is a group activity which should be done when the clients are comfortable with each other on a later stage. Make chits with names of body parts. Each client picks a chit and throws a soft toy/ paper ball to another client on the body part (calling out the name of the body part mentioned in the chit). The other client makes a movement using that part of the body and picks another chit to pass the soft toy / paper ball to the other one.

- Alphabet warmup- Ask the clients to introduce their names through body parts. Imagine you are writing your name with different parts of the body. So show each alphabet through each part. For example SNEHA- the first alphabet is S, so initially just with head write 's'. Likewise the next alphabet 'N' with shoulders, then elbows, hands, upper body, hips, ankles, legs, toes and finally the whole name with the whole body.

- Puppet warm up- Ask the clients to imagine that they are puppets and move their bodies like that of a puppet. In an improvised version, ask them to imagine they are some animal and do puppetry motion of that animal.

- Jungle warm up - Associate each part of the body to an animal like Owl - Eyes, Eagle - neck, Peacock - Arms and shoulder, Monkey - Legs, Snake - Hip and back, Frog for knee etc

- Number warm up- Facilitator numbers each body part. Upon calling out the number, move that body part.

- I say warm up- Stand in a circle, facilitator names a body part, everyone identifies it together by touching it, then one person in the circle will start by saying 'I Say.. body part' while doing an action related to that part and everyone will follow the action. Then you move to the next person with a different body part.

- Paint the Butterfly - Start Painting Each part of the body (Head To Toe) . Once all the parts are covered then ask them to start flying using the entire body. Use Levels and Space to fly.

- Imitate warm up- The facilitator would ask them to think about an animal. Then point out different body parts and ask the clients to move that body part as how their respective animals will move it. (starting from head, shoulder and so on)

- Statue warm up- Pretend that you are a lifeless statue. Now imagine that a fairy is touching each part of your body and that part suddenly comes alive! The fairy touches your eyes and your eyes start moving. She touches your head and your head starts moving. Soon your entire body is alive and can move the way it would like you to!

MOVEMENT ICEBREAKER

- Movement Intro- Everyone stands in a circle. Each person introduces themselves by doing a simple movement and their name.

- Let all the clients walk in a free space. Now ask them suddenly to freeze. Repeat the pattern.

- Imagine you are in a closed space with boundaries, ask them to walk and freeze with restricted movement patterns.

- Imagine you are solid-liquid-gas, ask them to move like molecules in it.

- Repeat the freeze- move exercise with a partner.

- Ask the clients to move around with a handshake or hi5 or greeting through some movement.

- Find a partner, greet them with a movement and teach them a simple move. (Meet- Greet-Teach)

- Ask people to find their own space in a big room. Facilitator claps and people start walking around. Clapping stops, and participants partner up with whoever they see at that moment. Partners come up with 2-3 movement greetings. Clapping resumes, people walk and then clapping stops. Participants find new partners. Come up with different greeting rituals. Repeat this

- The same exercise can be repeated with music instead of clapping. Instead of walking people are dancing around and instead of a greeting ritual, participants link their elbows and dance around eachc other

- Meet a partner and mirror their greeting movements. Later ask them to do other movements with each part of the body, and let the partner mirror it.

- Vice versa to the previous task, when the music starts the partners remain together and they dance, when the music stops they look for another pair to link elbows with - continue this till the whole group comes together.

- After walking in a random manner, stop when the facilitator calls out, greet each other by using a high five, second with an elbow tap the third part could be greeting using your new power move.

- Ask the clients to move in various directions. When the facilitator claps, the person will have to introduce themselves to the person in front of them through a movement. It can be like explaining your name with a small movement. Continue this exercise till everyone has met all the group members

- Play the music and ask the clients to use claps, whistles, jumps, rub hands, tap on each body part etc in rhythm together.

- Ask the clients to run inside the room, when the facilitator whistles ask them to pair with the nearest person. Then ask them to jump together, then clap together, then tap together.

- When the music is on, ask the whole group to form a circle in one direction. When music is off, freeze and go in the opposite direction. Repeat in slow, medium, slow, fast, medium, very slow, very fast etc.

- Make 2 concentric circles with an equal number of people. When the music starts, both the circles start moving in the opposite directions. When the music stops, pair up with the one closest to them from the other circle. Repeat

- Movement exchange- Everyone does one movement while moving in space. When you cross someone, stop, say hi, and exchange movements. You can say I'm giving my movement to you and do the action of giving while exchanging movement. This contributes to the idea of sharing as well.

- All the clients will be divided into groups of 4-5 (the number of groups and the number of members in the group will be dependent on the strength of the group). Groups would be numbered. Each group will stand together like a cluster. Then, they have to come up with one single movement and this movement will represent their group. They would be given 2-3 minutes to decide upon it. So, when the music starts the group number would be called out and the entire group together will do the movement.This way the groups are made, they get to have a brief introduction and their first group activity is also done.

- Assign a movie/ fictional character. Ask them to move like the character.

- Ask them to make straight lines and curved lines using different parts of the body. Using a mix of straight and curved lines, enact the shape of an object for others to guess. For example trees, kites, pots etc.

- Dance and move in different directions in the room. When the facilitator claps you should learn the move of the person right next to you and continue dancing in that move till he claps again.

BODY AWARENESS

- Give a task like cleaning the room- Use different movements that mimic cleaning movements with different parts of the body.

- Partner up- One partner calls out a body part and the other partner shakes/ move that particular body part

- Reverse roles- Reverse the movements done by the other partner.

- Mirroring- Imitating partners body movement.

- Calling out the body parts and asking them to touch the part first, then move that part alone at different speeds. This can be done in slow, fast, very fast speed which can lead to body coordination as well

- Ask the group to be in a circle. Let one person touch a body part and the person next to him reacts by moving that part.

- Paint the Butterfly - Start Painting Each part of the body (Head To Toe) . Once all the parts are covered then ask them to start flying using the entire body. Use Levels and Space to fly.

- Ask them to concentrate on the breath. Start with abdominal breathing with one hand on the stomach so that they can physically sense the movement in their body.

- Ask them to count the heartbeat. Concentrate on listening to the heartbeat by touching each part of the body and sensing the movement. For example, near the chest, wrist, backside of the ear, abdominals etc. Ask them to find in which all parts, the heartbeat can be felt. They'll be prompted to draw their attention to different body parts one after the other from top to bottom.

- After asking to identify their own body parts, form a circle and ask to touch one part of the person on the right(Ex- shoulder)do some movements touching it

- Lying down, guide them to move their body parts one by one. We will do this lying down because through verbal prompts their attention will also be drawn to notice the energy that goes to move against gravity and how it feels to move away from the ground in different body parts.

- Partner up. One partner will lie down and keep their body loose. The other child will explore moving the body of their partner. Verbal prompts will guide them to explore the natural ways the body parts can move and persuade them to try slow and soft creative movements with natural flow of the body.

- Movements involving different parts of the body, with self and /or with a partner. For ex; with your left elbow, touch his right shoulder; touch back of the head; touch both your right elbows; with your right hand, touch his left knee;and so on according to the music and instructions.

- Do a simple activity like lifting an object or walking. Now try the same activity very slowly by observing how you are picking up an object and the muscles and call out the body parts involved.

- Lie on the floor without moving. Now observe which all body parts are touching the floor. Now turn to one side like a baby and observe the same. Facilitate by naming the possible body parts which could be touching the floor.

- When music is on, ask them to move only the upper part of the body which could be the head, the neck or the shoulders, then move their mid part of the body which is the hips , along with it they can use their hands or arms or their fingers. Lastly, ask them to move lower body parts which include their legs, toes, ankles etc.

- Close your eyes and start moving, start slow movement, now fast, now restricted as if you have walls around you, now open, now big, reach high, now small movements, now slow and restricted, now fast and restricted, now small and open and slow, now open and fast movements

SPATIAL AWARENESS

- Taking the entire space everyone walks freely in any direction. Then change the speeds by asking students to run and jog. Students are not allowed to touch each other and should avoid bumping while running. Now reduce the area by half, by using chairs or dupatta and repeat the same activity. Further reduce the area and repeat the same exercise with change in speeds.

- Move freely in a group in any direction. Avoid bumping into each other. The moment you cross someone, turn and take any other direction.

- With a drum beat, 1-2-3-4 they have to move in one direction. Then again when 1 starts you have to move in another direction. When changing direction, one should take the turn softly and gracefully. You can go in any direction you wish to. Forward, backward, left, right or any other direction. This is simply walking, not any other movements. Next the speed levels of the beat will be changed randomly.

- To the music played, move in three levels. First we start with the upper level, then mid and then the lower level. When moving in the lower level try to move as low as level , maybe lie down on the floor even. When moving be sure which level you are moving at. When the music starts the facilitator would tell when to change the level.

- Make different kinds of lines in the three levels. When we move in the upper level we will draw only vertical lines, when we move in the mid level we will draw only horizontal lines and when we move in the lower level we will make only criss-cross lines. The facilitator will tell the children which instruction level and which kind of line.

- Mix level, speed and direction. For a beat 1-2-3-4. Walk in this beat. First you have to walk slowly with only upper part movements. Then walk in a mid speed and mid body movements and lastly walk fast with lower body movements. While moving around you can move in any direction you want and try to walk around in every corner of the room possible. When the music starts, they start moving . The facilitator will instruct the children again which speed and which level.

MOVEMENT SEEDING

- Become various animals and move around accordingly as I call out their names. - lion, monkey, elephant, peacock, snake, etc.

- Imagine you are stuck to the ground. How would you move?

- Imagine how would you move through different substances like water, stuck in mud, in space, air, sand

- Depict how you would move with different feelings like heavy/carrying a lot of weight, very light/weightless, being pulled down by gravity, being pulled up by strings etc.

- Ask the group to make two circles of the same size; one circle on the inside of the other. The group of both the circles shall face each other. Provide the children with Dandiya sticks, or any sticks (they can even use just hands). The inner circle should move clockwise and the outer circle should move Anti clockwise. Play music.Teach them 3 to 4 basic paired steps. As the music plays, they will have a new partner at every interval, and also they will change their steps after short intervals (when the facilitator instructs)

- Ask them to enact their daily activities.

- Move across the space (room) to the sound of the elements. Verbal prompts like: Water- Flow like the water; Flow gently like a stream (different directions, finding its path around boulders); Fall like a waterfall different levels) Earth- Connect with the ground; Move on the floor Fire- Erupt like fire (Non Locomotor), Spread everywhere (Locomotor) Air- Lightly blow like a gentle breeze; Move around like a storm (varying intensity of movement and texture)

- Choose an animal again. Move very slowly like that animal- let them move in any way that they choose. Follow these steps: Move like you are catching your food, move like you are swimming, move like you are climbing a tree or a hill, move like you are caring for a young one. We then move on to the emotional aspect, where we ask them to show fear of an attacker, joy at seeing a fellow animal or food, surprise at falling into a pool of water, sadness at losing the way home, disgust at seeing garbage thrown all over the forest and such actions.

- Use pictures of a village or a city or a picture story and ask them to become different things they see in the picture. Ask them to use different body parts to depict the things they see in the image. For example, use arms to show branches of a tree, a group of 3-4 students sitting together to look like a bench under the tree, a child to walk / jump like an animal etc. Encourage us to use as many bodies as possible and not just hands and legs.

- The facilitator can use the degrees of adjective to enable movements. The positive, comparative and superlative forms of adjectives will be used. For instance, Big, bigger, biggest or lowest, lower, low etc will be given as cues to seed various movements

- Imagine yourself in the position of solid, liquid and gas. How will you move when you are a molecule in solid state? How will you move in liquid and gas? Solid will be tightly packed. So imagine you are tightly packed in a small box and move. then when you are in a liquid state, imagine you are a little more relaxed. When you are in the gaseous state you can totally relax and move.

- Ask clients to form pairs. Encourage them to use different parts of the body to show different shapes. Each of them enacting opposites to the other. Play music and each pair performs one at a time to create a choreography. For example, one pair shows half circle and full circle, the other pair moves forward and backward, the next a high jumps and squats, one revolves around the other depicting a big circle while other rotates standing in

the same place, eyes wide open in contrast to blinking eyes, small wrist movement in contrast to shoulder movements.

IMPROVISATION

- Imagine you are a small plumule encapsulated in a seed. Feel the seed coat around you. Holding you with warmth and love. Feel it around you. Now break it open to be a small shoot. Spring up a little. Move around to see the world around you. Grow up a little more to be a young plant. There is soft wind, swaying a little along with it, there is strong wind moving faster with it. Then there is sun drying you in summers, then there is sun in winters, grow tall with it, then there is rain, you blossom again, feel the rain on you and move with the rain falling on you. Grow and feel tall and as a strong plant.

APPENDIX VI

MOVEMENT CURRICULUM

Duration: 3 months

(2 Days per week, 40 minutes per session)

Disclaimer: This movement curriculum is formulated by me, Sneha M., incorporates experiences from my participation in previous courses on Movement Therapy, certificate course on "Healing with the Arts" by University of Florida and the workshops I conducted on children in the Autistic spectrum and children in a child care home(2016). This is a sample module for 10 sessions.

MONTH 1

WEEK 1

DAY 1

Warm up session: The children have to think they are like a balloon and imagine they are swayed by air. Starting from the head, moving the body part by part ending to the toe.

Theory : A brief talk and discussion about what dance is.

Activity : Movement seeding. Clients will be asked to move in different levels, on different sides and different levels and finally all around the room. They will be asked to share their feelings and experience.

Cool down session: The children will just focus on breathing and concentrate on the voice of the facilitator.

DAY 2

Warm up session : The children will follow what the facilitator is saying. First they will move the right hand, followed by the left hand and then both the hands. Then will move only the right leg, then the left leg and lastly both the legs. At the end move around the room.

A quick summary of the previous session.

Activity : The children have to make circles. First, with their heads, shoulders, arms, fingers and full hand. Covering the whole body like that part by part.

They will be asked to share their feelings and experience.

Cool down : They have to concentrate on parts of the body by breathing slowly and deeply.

WEEK 2

DAY 3

Warm up session : The children will form a circle and standing in that circle holding hands , they have to move. First the upper part, then mid and followed by lower. Lastly, they will move around the room.

A quick summary of the previous session.

Activity : The children will try to make certain movements with regard to certain gestures and postures. First it would be pulling and pushing , then they would try to do the same movement in different directions, levels and try to move around the room.

They will be asked to share their feelings and experience.

Cool down session: The children will have to move around the room , really slowly and try to touch and feel different objects in the room.

DAY 4

Warm up session : They have to imagine they are on a trampoline. Being on a trampoline how will their body move. Example: their upper , mid and lower body.

A quick summary of the previous session.

Activity : They will be scattered in the room. When the music starts, they start moving around. When the music stops, they stop by the nearest person and to that person just by movement say hi and bye. This will go on till everyone meets everyone.

They will be asked to share their feelings and experience.

Cool down session: By taking deep and slow breaths they need to focus on what they hear around them.

WEEK 3

DAY 5

Warm up session : This warm session is called emptying your cup. It is not really a body warm up but a mind warm up. With one hand they have to imagine that they are holding a cup and with the other hand they have to start putting from their minds to that cup. When they feel the cup is getting heavier and the mind feels lighter, they pour the cup on the mother earth and let her take in all the negativity.

A quick summary of the previous session.

Theory : Importance of Dance in Education

Activity : Body awareness activity

We will have 3 different sets of music.

First set of music : they have to move only the upper part of the body which could be the head, the neck or the shoulders .

Second set: next they have to move their mid part of the body which is the hips , along with it they can use their hands or arms or their fingers.

Third set : lastly, they have to move their legs , which can include their toes and ankles too.

The activity can be divided into two parts. In the first part it can be non locomotive, which means they move on all the three sets of music in the same place. In the second part it can be a locomotive, which means they do all the three sets of music moving around the room. As the music changes, the facilitator will instruct which level of the body is supposed to be moved in which music.

They will be asked to share their feelings and experience.

Cool down session : Wherever they are they have to close their eyes , moving their hands up they have to bring it down. Then from right to left and left to right.

DAY 6

Warm up session : They have to imagine they are a leaf , very light and they have to move like a leaf. First the head , neck, shoulders and every body part , part by part.

A quick summary of the previous session.

Activity : Body awareness exercise. A video would be played and they have to imitate that video. First they do it alone and then together in pairs and lastly, in two groups.

They will be asked to share their feelings and experience.

Cool down session : holding the palms at chest level with fingers facing down. When you inhale take them far away from the chest and when you breathe put it close to the chest.

WEEK 4

DAY 7

Warm up session : They have to imagine they are in a ferris wheel and how would they move according to it. First the upper body, moving on to the mid and then the lower body. Then moving around the room.

A quick summary of the previous session.

Activity : Laban inspired Spatial Awareness Activity

Direction:

1st part : There would be a drum beat. 1-2-3-4 . When 1-2-3-4 is said you have to move in one direction. Then again when 1 starts you have to move in another direction. When changing direction, one should take the turn softly and gracefully. You can go in any direction you wish to. Forward, backward, left, right or any other direction. This is simply walking, not any other movements.

2nd part :The drum beat would go on as it went the last time 1-2-3-4 and the activity would go as usual which means you have to change directions at the beat of 1. But this time speed would be introduced. There will be three speeds- slow, fast and medium. As it starts the facilitator will say slowly they move with the beat slowly and change directions , then they move to medium and lastly, fast.

Levels:

1st part : There will be soft music playing. You have to move in three levels. First we start with the upper level, then mid and then the lower level. When moving in the lower level try to move as low as level , maybe lie down on the floor even. When moving be sure which level you are moving at. When the music starts the facilitator would tell when to change the level.

2nd part : Now we will have to make different kinds of lines in the three levels. When we move in the upper level we will draw only vertical lines, when we move in the mid level we will draw only horizontal lines and when we move in the lower level we will make only criss cross lines. The facilitator will tell the children which instruct again which level and which kind of line.

Final part :

The final part of the spatial awareness activity is a mix of both direction and levels. There will be a beat 1-2-3-4. Walk in this beat. First you have to walk slowly with only upper part movements.

Then walk in a mid speed and mid body movements and lastly walk fast with lower body movements. While moving around you can move in any direction you want and try to walk around in every corner of the room possible. The music starts, the children start moving . The facilitator will instruct the children again which speed and which level.

They will be asked to share their feelings and experience.

Cool down session : They have to be positioned like a dog , when they inhale they move forward and when they exhale they move backward.

DAY 8

Warm up session : You have to imagine you are drawing a line. First with the right hand, then left hand , then with both hands. Moving on to legs. First right, then left and then both.

A quick summary of the previous session.

Activity : Eurhythmy

The facilitator will choose a poem and read it out to the class. They have to enact it. Later, they have to come up with their favorite poem and express it.

They will be asked to share their feelings and experience.

Cool down session : The children have to simply lie down on the floor, breathe deeply and feel every part of the body.

MONTH 2

WEEK 5

DAY 9

Warm up session : The gesture will be to give and then take. First they will start with their upper, then mid and then moving on with their lower bodies.

A quick summary of the previous session.

Activity : The entire class will be divided into teams, every team will have 2 people in it. In the team both the people will share only one dupatta. One child would hold one end of the dupatta and the other child would hold the other end of the dupatta. They have to come up with a choreography for about a minute. For that they would be given around 5-7 minutes. When the music starts they will start their movements with the dupatta. When they are doing it they cannot leave the dupatta at any moment of time, both the partners will have to remain holding the dupatta.

They will be asked to share their feelings and experience.

Cool down session : Open your arms as wide as possible, when you exhale the arms go out and when you inhale, it comes closer.

DAY 10

Warm up session : Imagine you are a boat and you are trying to row. First row it with the upper part, mid part and then lower part of the body.

A quick summary of the previous session.

Activity : The first part would be the children need to express the emotions (all the emotions they enacted before) imagining they are alone. It could be imagining you are alone in a room and there is no one else to share that emotion with you. Then, in the second part they have to imagine that they have someone to share their emotions with . It could be their parent, teacher, friend or anyone else in their lives. They have the opportunity to share it with someone. In both the parts , they can move around if they wish to. When the music starts first they have to express and move as if they are alone and then the facilitator would say when they have to do their next part, that is, when they have to express imagining they have someone to share it with.

They will be asked to share their feelings and experience.

Cool down session : Take deep breaths and first move the neck from left to right, then the shoulders, the head and focus just on the upper body relaxing the muscles.

APPENDIX VII

Who is who in DMT

No	Terminology	Qualification needed	Works
1	Dance Movement Therapy Facilitators (DMTF)	Certification programs taught by qualified Dance Movement Therapists or Dance Movement Therapy Practitioners	Continuous professional development (CPD)- regular client work, supervision
2	Dance Movement Therapy Practitioners (DMTP)	Diploma level training, taught by qualified Dance Movement Therapists.	Continuous professional development (CPD)- regular client work, supervision
3	Dance Movement Therapists (DMT)	Master's level program in DMT	Continuous professional development (CPD)- regular client work, supervision, Theoretical underpinning in DMT
4	Dance Movement Psychotherapists (DMP)	Master's level program in DMP	Continuous professional development (CPD)-

			regular client work, supervision, Theoretical underpinning in Psychotherapy

APPENDIX VIII

Questionnaire for Interview

ORIGIN AND HISTORY

1. What is the origin of Movement according to you?

2. Can you explain the historical antecedents to movement evolution?

3. Can movement/dance be used as a form of Therapy? What is Dance Movement Therapy?

4. Do you think DMT is an effective coping strategy?

5. Which are the other therapeutic methods used in India?

6. What is the theoretical basis of therapies in India? Has any particular text/theory been followed?

7. At what period did Dance Movement Therapy gain recognition in India?

8. Is there any published work regarding DMT in India during that period?

9. Who are the pioneers of DMT in India? Do you know anyone before 1990 who facilitated DMT in India?

10. Are they certified therapists, diploma/Masters holders/ practice based therapists?

11. When did DMT get recognised as a scientific approach in India?

DEFINITION AND TECHNIQUE

12. What are the different therapeutic methods used in India?

13. Can you define DMT in the Indian context?

14. What is the difference between behavioural therapy, Creative arts therapy and DMT ?

15. How and when did your work on DMT start ? Where was the technique imbibed from?

16. On whom did you start your work? / which client group did you focus on initially?

17. Can you briefly explain the different DMT techniques in the West? Is it related to the DMT practices in India?

18. Who are the Western pioneers of DMT whose work have inspired you?

19. Is there any connection between the current DMT technique and the western techniques ?

20. Which theories are used as a rationale to your work ?

21. How did Dance Movement Therapy evolve in India?

22. Is the history and evolution in India connected with the Western developments in the field? Or is there an independent history of DMT evolution in India?

23. Are there published works with focus on DMT works in Indian Dance?

24. What is the basic technique of DMT?

25. What are the prerequisites needed for a dancer/ psychologist to work on DMT?

26. Can you please explain the basis of your module/ what is the order in which your practice is formulated?

27. Is the technique formulated exclusively by you or would you like to credit any institution from which you learnt the technique?

28. According to you, how is DMT beneficial than other therapeutic techniques?/ Why did you choose DMT over other therapeutic techniques?

29. Are you considering normal motor movements in the therapeutic module?

30. How is normal motor movement different from the movements associated with DMT?

31. What is the importance of imagery and catharsis with respect to DMT?

32. Is DMT any form oriented? Or is it just the movement which is focussed on ?

DMT AS A CAREER

33. Normally if anyone is interested in learning DMT what are the prerequisites?

34. Where are the centres where DMT is offered as a course?

35. Is it possible to learn DMT under any practitioners authentically?

36. According to you, who can be termed as a ‘therapist’ ?

37. Do you think a Diploma/ Masters/ PhD is needed to call someone a “Therapist”?

38. In India, do you think there are only very few opportunities to learn DMT from ?

39. What does a student start with while learning DMT to become a facilitator?

REPERTOIRE/ MODULE

40. Is there any special movement for special issues that we address? Or the module is already made and followed?

41. Is there a repertoire in which you have formulated the sessions?

42. How many sessions are needed for a DMT full module? Can you specify the number of hours?

43. Are these movements different from basic exercises or are they particularly dance movements?

44. Why is it named DMT and not 'Movement Therapy' if it's only the movements that are considered? Is it just because music is used?

45. How is the use of music beneficial in DMT?

46. Is there any therapist who doesn't use music for the DMT session?

47. Is DMT connected with Music therapy? Are the histories of the both interconnected?

48. Can you please explain Delcarte's technique? Is it connected with your repertoire of DMT ?

49. Are the movements/ patterns composed on each client?

50. Which age group have you worked the most with ?

51. Do you think DMT is more effective for a particular age group?

52. Is DMT effective on children and aged clients? Specifically below 15 years and above 60 years?

53. How's the effect of DMT on people in the autistic spectrum?

54. Is DMT used among "Divyaang"/ "DIfferently abled" clients?

55. What are the psychological tools used to evaluate the effect on the client? Is there any scientific method used?

56. What are the likely changes that have come to DMT practice since 1990?

57. Can you please explain which all techniques have acquired maximum accessibility ?

58. Is a therapist required to perform DMT or is it possible to learn and do it own like Yoga?

59. Is there a particular module/ repertoire which can be followed by individuals alone on a daily basis?

60. Which all music are used for DMT sessions?

61. Is music selected according to the client's take or is it previously set ?

62. Can you explain how the music has helped you in the technique?

EFFECT OF DMT

63. When you started the work on DMT was it effective on the clients?

64. How many years of experience is needed to work on DMT on special children/ children in the autistic spectrum?

65. How do you evaluate the work after each session?

66. Roughly how many sessions are needed to complete the repertoire formulated by you?

67. Is DMT as effective as other therapeutic methods?

68. Is DMT recognised by Psychotherapists ?

69. Is DMT recognised by the Indian Medical Association?

70. Is there any case where DMT has cured an illness completely in your experience?

71. Is medication necessary along with therapy in curing ?

72. Is DMT used in hospitals and care centres in India? Can you give information regarding those centres?

73. Is it possible to talk to your clients regarding the effect on them?

74. Have you ever found it very difficult with any particular client group?

INNOVATIONS

75. What are the changes that have come to the technique of DMT over the years?

76. Is there a drastic change/ paradigm in the last decade?

77. Over how many years have you noticed the change in DMT practises in India?

78. According to you, has the technique improved or become more effective?

79. Do you think DMT is a new entrant in the field of psychotherapy?

80. How has the effect of pandemic been on the evolution of DMT?

81. Can you please explain what Tele DMT is?

82. What is the major difference between Tele DMT and normal DMT session?

83. Is Tele DMT as effective as a normal therapy session?

84. Do you think there is a career possibility for DM therapists in India now ?

85. Is there any specific parameter to be considered before choosing DMT as a career option? Is a psychology background necessary ?

86. Who can be called a Dance Movement therapist? Can any dancer be a therapist?

87. Do you envisage any changes regarding the technique of DMT in future?

88. What are your suggestions to the future students of DMT ?

APPENDIX IX

INTERVIEW CONSENT FORM

Research project title: Dance Movement Therapy in India- An exploration.

Research investigator: Sneha M., Senior Research Fellow, Dept. of Dance, University of Hyderabad

Research Supervisor: Prof. Aruna Bhikshu, Dept. of Dance, University of Hyderabad

Research Resource Person: _____

Thank you for agreeing to be a part of the interview conducted by Ms. Sneha M. for her PhD thesis titled " Dance Movement Therapy in India- An exploration" .

As part of the ethical procedures in academic research, the consent from the interviewees explicitly agreeing to being interviewed and how the information shared will be used, is to be documented. Hence this consent form is required agreeing to the participation in the Research as a resource person. Kindly read the informations stated below and sign the form to certify that you approve-

- Interviews will be audio recorded for transcription purposes and will not be shared/ used for any other purpose. Care will be taken to ensure that other information in the interview that could identify as personal will not be shared with anyone even in the trasncript.
- Transcript will be written and will be used for analysis by the Researcher.
- Transcript will be sent to you before documenting it as part of the thesis giving the opportunity to correct the factual errors if any.
- Access to the transcript will be limited to the Researcher and the Supervisor.
- Any quotation where your words will be quoted directly, will be only after consultation with you.
- All or part of the content, after transcript check by you, will be used in the thesis and academic papers written by the researcher.

By signing this form I agree that;

1. I am voluntarily taking part in this investigation as a Research resource person.
2. The purpose of the study is explained to me and I have had the opportunity to ask questions.
3. The transcribed interview or extracts from it may be used as described above.

4. I can have a copy of the transcript of the interview and may make necessary edits before publishing it in the thesis.
5. I can contact the Researcher any time if I need any details regarding the transcription and usage of the content in her thesis.

Name of the Resource Person: _____

Signature of the Resource Person Date:

Signature of the Researcher Date:

Contact Information:

If you have any concerns or questions about the study, please contact:

Researcher investigator:

Sneha M.

Jyothis

Chakkamkandom P. O.

Guruvayur, Thrissur

Kerala 680522

You can also contact the Research Supervisor:

Prof. Aruna Bhikshu
Department of Dance
University of Hyderabad
Prof. C. R. Rao Road, Gachibowli
Telangana 500046

Dance Movement Therapy in India : An Exploration

by Sneha M

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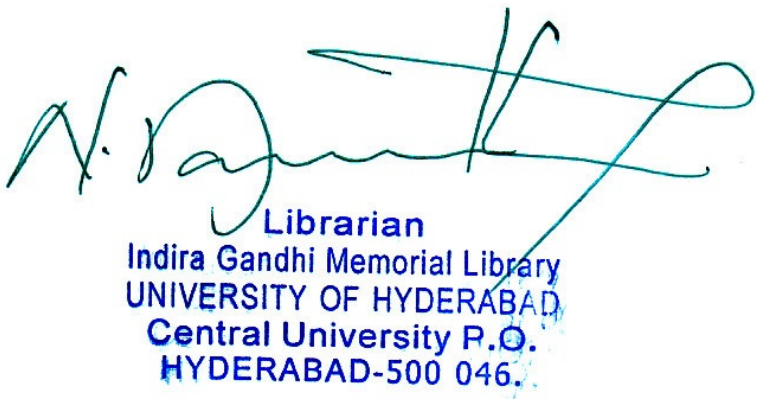

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