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Dance/Movement Therapy in India

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DANCE/MOVEMENT THERAPY IN INDIA

Rakhi Rangparia

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in partial fulfillment of the requirements for

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Abstract

This research presents the field of dance/movement therapy (DMT) in India. The purpose of the research was to understand how DMT is practiced and perceived by current dance/movement therapists in India. The qualitative, ethnographic research was conducted in India by interviewing dance/movement therapists and observing the current DMT practice. The ethnographic component of the research was included to investigate the cultural influence of DMT practice in India. The results presents the social and cultural perspectives about DMT in India including: the challenges and the success experienced in the DMT field by current dance/movement therapists, the western DMT techniques used and modified to suit Indian culture, the integration of various Indian dance styles within the DMT practice, the conflict and controversy of DMT versus dance as therapy and the population that most commonly receives DMT service in India. This research also presents the development of DMT in India as a newly emerging profession. It reflects on the future of DMT within the mental health field. It mentions the differences between DMT practice in India and abroad and points out the directions for further research.

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Chapter One: Introduction

India has a rich and diverse culture, defined by the traditions, religions, languages, foods, music, and clothing styles of each of its 28 states. But among these differences, commonalities exist: most people from India will tell you that guests are like gods, you cannot call any elderly person by his/her first name, and you should not wear shoes inside the temple. Even the multiple languages of India share common roots, as most of these languages are either derived from or influenced by Sanskrit.

Dance is another cultural staple that creates cohesion, yet diversity, in India. Each state has its own traditional, classical and/or folk dance styles. Growing up in India, I have experienced dance in different forms and for different purposes: social functions, religious functions, or simply for entertainment. I was born in Mumbai city, in Maharashtra state, but my ancestors are from Gujarat state, so I was raised with Gujarati traditions at home. Mumbai was a mostly cosmopolitan city, so I was always aware of and took part in other cultural traditions and rituals. Apart from that, Bollywood dance (dancing to the songs from Hindi movies) is also recognized as an important part of Indian culture. Bollywood dance is a combination of different Indian folk and classical dances as well as other Western dances.

While dance is a part of Indian culture, dance/movement therapy (DMT) is unknown, partially because mental health awareness and acceptance in India has been limited (Kumar, n.d.). Thus, when living in India, I did not know what DMT was or that such a profession existed. I never imagined that mental health and dance could be combined together. I had learned that dance and psychology were very different fields, and I could only be part of one or the other. When I was in high school, I started teaching dance to children in the neighborhood. Around the same time, I learned Rajasthani and Gujarati folk dances and Western dance. Dance was my

hobby, but I was also interested in psychology and chose this as my profession. I enrolled in a Masters program at Shree Nathibai Damodar Thakarse University, studying counseling psychology. My experience as a mental health professional in India and my passion for dancing were two separate but important parts of my life. After coming to the United States of America, I was working as a mental health counselor in a hospital where I was introduced to DMT for the first time. Right at that moment, I knew I wanted to become a dance/movement therapist. Through DMT, I integrated my passions into my profession.

Motivation for the Study

When I came to the United States of America and started studying DMT, I wondered if there was DMT in India. I began to research the subject and found that there was. Articles online indicated that there were a few dance/movement therapists in India working with mentally and physically challenged populations. It appeared that DMT was a newly developing profession in India, and thus there were only a few dance therapists that were known for the work that they were doing.

After learning about DMT in India, I started having more questions about how it was perceived and practiced by dance/movement therapists there. As I searched online, I found articles, but there was no thesis-based research about how to apply DMT to Indian populations or how culture affected DMT practice in India. I wondered about how the society and culture influenced DMT practice and wanted to hear about Indian dance/movement therapists' experiences. I wanted to understand, from their perspectives, how DMT was or could be integrated within Indian society. I also wondered if dance therapists in India used Western dance styles: DMT originated in the United States of America and Britain, and it was heavily influenced by modern dance (American Dance Therapy Association, n.d.). Would Western dance

be effective with Indian populations who embraced folk and classical dances? I decided to explore these uncertainties through the lens of current practicing dance therapists in India.

Brief Overview of the Study

The goal of this research was to understand DMT practice and perception within the Indian cultural context. More specifically, I developed research questions with the intention of understanding the perceptions and experiences of dance/movement therapists practicing in India. To conduct the study, I went to India to meet and interview dance therapists currently practicing.

I visited India for 28 days and scheduled tentative appointments with the participants. Some flexibility was needed, as loose scheduling is a cultural norm. Participants requested I call them to finalize dates and times after arriving in India. This research was conducted in English, and the participants interviewed were required to communicate in English. All the interviews were audio recorded. Some of the questions related to the techniques and theory applied by the dance therapists, cultural influences in their practice, and social perceptions of the profession. I also observed DMT sessions conducted by some of the participants. One DMT session was video recorded. Some of the concerns regarding administration of the research were traveling to different cities to meet dance/movement therapists, limited time availability, and avoiding distractions during interviews.

In order to give a better grasp of the Indian culture and traditions some of the words from Indian language, Hindi or Sanskrit are used. Some of these words do not have literal English translations so they are explained in an appendix (See Appendix A). Additionally, Appendix A includes some DMT terminology utilized throughout the thesis.

In this literature review section I will briefly explain to the readers what is DMT. Then I will introduce Indian culture with emphasis on its dances and perceptions of mental health. I will

then inform readers about the traditional healing practices used in India and the therapeutic value of Indian classical dances. I will also introduce the current dance/movement therapists in India and the work they have done or are doing in the community.

In the methods chapter, I will explain the qualitative ethnographic methodology used to conduct this study and will discuss the rationale for using this specific methodology. I will describe the process of recruiting participants and data collection. This section will also include the exact steps used to conduct and analyze the research.

Finally, I will present and discuss the results in detail. The results will inform readers about current DMT practice in India. I will explain how the findings answered the research question and the implications these results may have for the field of DMT.

Value of the Research

This research is significant because this topic is under-published; no available thesis investigates the perception and practice of dance/movement therapists in India. It will be a guide for future researchers who want to investigate DMT in India. More specifically, it will be useful to aspiring dance therapists in India, current dance therapists in India, and Western dance therapists.

First, this research will include the techniques and approaches used in Indian culture by the current dance therapists in India, highlighting the Indian cultural perspective of DMT. It will communicate the significance of different Indian traditions and dance forms included in DMT sessions and their therapeutic relevance. This can help current and future Indian dance therapists in trying to understand or incorporate these methods with Indian clients or clients in general. Similarly, this research will help raise awareness of Indian culture in Western DMT communities. Western dance therapists might better understand Indian clients and see ways in

which Indian culture and/or Indian folk dances can be synthesized with traditional forms of DMT.

Second, future dance therapists might benefit from reading about the experience of practicing dance/movement therapists in India. They can learn from current dance therapists' successes and challenges. Those studying DMT abroad and returning to India, like I will, might get an idea of what it will be like it to go back and work in India as dance/movement therapists.

Finally, this study might spark researchers' interests in the paradox of DMT in India: though mental health is stigmatized and misunderstood in Indian society, dancing, especially cultural dance and movement, is more open and an important part of the culture. Thus, through this and further research, one might come closer to understanding how to best integrate, utilize, and popularize DMT in India.

Chapter Two: Literature Review

Dance/movement therapy is recognized as one of the up and coming professions that incorporate dance/movement as a therapeutic intervention to help clients with mental illness. In particular, DMT emphasizes a mind and body connection: “The use of dance movements as a therapeutic or healing tool is rooted in the idea that the body and the mind are inseparable” (Levy, 2005, p. 1). The universality of mental illness and of dance and movement make DMT transferrable to any culture; thus the concepts and fundamentals of DMT have been applied and practiced around the world. According to the website of the American Dance Therapy Association (ADTA), DMT is serving people across the globe and has been successfully accepted as a profession in different American, European, and Asian countries (American Dance Therapy Association, n.d.). India is among the ADTA’s listed countries, and, although India’s history of DMT is brief, India’s dance history is long and rich, as is its history of dance as a form of healing.

This literature review will investigate Indian culture through its different dance forms and religious practices. It will also relate those practices to DMT: are classical Indian dances and spiritual traditions healing in and of themselves? Do dance/movement therapists in India incorporate those practices into DMT sessions? Do dance/movement therapists in India synthesize classical Indian dances and traditions with Western dances and philosophies? What challenges do dance/movement therapists face in India? Ultimately, this literature review will attempt to summarize the perception of mental health in India, therapeutic value of Indian dances, current dance/movement therapists in India and their DMT experiences.

Mental Health in India

In India, DMT is not well-known or widely practiced. One reason for this is a general lack of awareness around mental health issues. For the average Indian citizen, health refers to being physically healthy, with little awareness or no consideration for mental health. Kumar (n.d), a rehabilitation psychologist, indicated that in India health refers to physical health not mental health. “Mental illnesses have also been viewed as a ‘curse,’ an infliction or a sin of the past birth, and so forth” (Padmavati, 2005, p. 103). A report from different mental health committees in India indicated that achievements in mental health are not satisfactory and that there is a need to improve mental health services in India, but there are no serious attempts made (Kumar, n.d). Kumar also emphasized that the mental illness in the country has led to and exacerbated issues such as violence in the society, alcohol policies, migrants and refugees, street children and more. He expressed that these issues need to be addressed by mental health professionals as they negatively affect society.

The authors Khandelwal, Jhingan, Ramesh, Gupta, and Srivastava (2004) were able to identify that whenever mental health services are available, people come forward, but there are limited mental health professionals that reside in urban parts of the country and even fewer in rural areas. In her report, Padmavati, (2005) stated that “several community studies have demonstrated that one-third of the chronic mentally ill in the community remain untreated” (p. 103). Complicating the situation, mental health legislature is also inadequate (Kllivayalil, Trivedi & Tripathi, 2009).

While the government currently hinders the progression of mental health services, there is growth in private psychiatric practices to provide mental health services, which public institutions are slowly integrating (Khanderwal et al., 2004). In recent times, many

nongovernmental organizations (NGO) have played a vital role in providing mental health services to those in need. According to Padmavati (2005), NGOs fill “the gap in existing mental health services in India and the substantial need for these services” (p. 1). Padmavati reported that there are several community health programs in various parts of India. Her article indicated that these programs were available and cost effective, as they are operated by voluntary agencies and NGOs.

Other encouraging research suggests an increasing awareness and a gradual rise in mental health services in India. Several studies acknowledge and report the growth and development of mental health services in India, and much research exists providing insight into suicide prevention, child development, stress, and the role of families and culture in mental health (Jacob, 2008; Murthy, 2011; Parkar, Nagarsekar, & Weiss, 2009; Shastri, 2008). Bajpai and Sen (1999) suggest that just like western countries psychotherapy could be extensively used with mentally challenged population in India. They pointed out that among other psychotherapy techniques used in the West, DMT is currently being used in India.

Studies have also validated alternative forms of healing for mental illness. Along with traditional rituals and practices, other creative forms of healing have been identified, such as art, music, and dance. S. Singh (2006) indicated that these art forms are completely therapeutic in nature. According to S. Singh, behind the good health, longevity, and incredible stamina of most dancers, musicians and visual artists lies the nature of the work they do. He believes that their work is a symbolic source of all the nutrition that is required for good life, and he considers it protection from any sort of disorders, illness, etc.

Indian Culture and Healing

Culture plays a significant role in the process of healing the mind, body and spirit. Several studies have indicated that cultural traditions, such as religious rituals, prayer, meditation, movements as well as dance, have therapeutic aspects that positively affect one's mental, physical and spiritual self (Parker, 2006; Lopez, 2007; Rea, 2004; Wernic, 2009). In the past, and presently, Indian culture has incorporated several religious or spiritually based techniques that help people deal with common mental health issues. Sharma, Charak, & Sharma (2009) indicated that spirituality and mental health have a common goal to "alleviate emotional suffering to liberate and blossom the self" (para. 4). Believing strongly in religion, and performing traditional rituals and ceremonies instill hope that provides some relief from mental stress. Chattopadhyay (2005) supported this idea that spiritualism and religious feelings are linked with one's mind. He indicated that the inclusion of spiritually based practice could be beneficial in dealing with mental illness.

Yoga, the most ancient technique of India, has currently acquired popularity as a result of its effectiveness. The mind and body connection underlies yoga philosophy. In ancient days, and even today, yoga and meditation were performed as ways to pray and commune with the divine. As Chattopadhyay (2005) presented, yoga is now performed with the intention to improve concentration and self-control, and achieve power and tranquility. In general, Chattopadhyay emphasized the interconnection between religious practice and mental health, suggesting that religious practice should be incorporated in the practice of mental health. Chattopadhyay even discussed the idea that religious based institutions, like temples, churches, and mosques could benefit more people by including psychotherapy and an understanding of scientific approaches to address mental health concerns.

As evident in yoga, faith in God/gods and spirituality is often expressed and practiced through movement or dance. In fact, much Indian art and dance is inspired by religion, and each region has their own distinct artistic styles, spiritual dance forms, and culture (Ganapathy, n.d.). Not all of these dances are religious in nature, however. Others are performed with an intention of entertainment during festive occasions. The most traditional dance forms in India are categorized as classical and folk dance. Indian classical dances are formalized and technique bound, whereas the folk dances are simple and have a sense of rawness to them (Folk dances of India, n.d.).

Kashyap (2005), one of the pioneers of DMT in India, wrote that these cultural dance forms are ways people express themselves and communicate with others. According to her, the Indian classical dances consists of “9 Rasa, or emotions, that are extensively used for emotional expression, namely love, laughter, compassion, courage, fear, sorrow, disgust, surprise, and calm” (Kashyap, 2005, p. 41). Folk dances are a communal practice during which people get together, share their traditions, and express joy in their festive ceremonies (Kashyap, 2005). Similarly Ganapathy (n.d.) expressed that through representation of dance, human nature depicts joy and sorrow. Not only can movements symbolize emotions, but they can also represent elements of the world around us. According to Ganapathy (n.d.), movement brings together all the essential charms in the panchabutha, five elements or constitutes. These elements include earth, fire, water, air, and sky. The movements are a depiction of nature in its true form.

Research indicates that such dances have therapeutic value. For example, Indian philosophers identified that poses of Indian classical dances are based on the asana, or meditative poses (S.Singh, 2006). Asanas, which are part of the practice of yoga, embody soothing and healing qualities. This informs us that Indian classical dance incorporates healing qualities. The

author Sudhakar (2006) also discussed the healing qualities of the Indian classical dance bharatnatyam. Bharatnatyam is a combination of yoga and mantra shashtra, a spiritual and religious book containing phrases used for prayers and spiritual transformation. He further recommended using the mudras, which are hand gestures, for reciting the mantras, or religious phrases. Sudhakar explained that the mudras in bharatnatyam are the same as mudras in mantra shastra, thus indicating that spiritual and healing effects are incorporated in Indian classical dance. He explained that, in Indian classical dance, the maximum number of body parts and muscles are used or moved, which strengthens the heart. Hence, he suggested that classical dance components can contribute to the conditioning of our bodies and help us develop strength, power, balance, and flexibility (Sudhakar, 2006).

S.Singh (2006) asserted that Indian classical dance meets all the criteria required for a therapeutic purpose. Singh further explained that there are certain conditions for dance or exercise to be therapeutic. He said dance should fulfill the following requirements: (a) the movement or exercise should be enjoyable, fulfill the urge of expression that stays with one for a lifetime, (b) it must include the element of play, toning up the muscles and nervous system, (c) there should be symmetry of movement, addressing each and every body part, (d) it should strengthen the heart, improving capacity of lungs and, (e) it should involve the brain, challenging the nervous system, for the development of sound body and alert mind (p. 3).

It appeared that both S.Singh (2006) and Sudhakar (2006) have made great claims, pointing out the biological, physiological, as well as psychological changes that, according to them, occurs with training and practicing Indian classical dance. Sudhakar argued that training in classical dance could positively influence heart rate, sequential perception, and finger agnosia (the inability to distinguish fingers on the hand). He

conducted a study using standard evaluation patterns and demonstrated that, in all three aspects, students from different groups excelled over time with practice in bharatnatyam. He discussed other physical and mental benefits of bharatnatyam, such as improvement in visual perception, fine motor skills, sequential organization, academic scores, engagement of all outer skeletal muscles, and more. Thus, Sudhakar's work illuminated the physiological benefits of bharatnatyam.

As shown in the research, yoga, meditation, and classical and folk dances have therapeutic value and enhance the body/mind connection. Not surprisingly, many pioneering dance/movement therapists in India have been trained in one or more of these practices and some try to use it in their sessions. These pioneers are discussed in the next section, and some of their methods will be presented in the following section.

DMT in India.

Currently, there are few dance therapists in India who are providing mental health related services in the community. DMT is applied with different populations and in a variety of locations, including those suffering from mental disabilities, physical disabilities, domestic violence, and trauma in regular schools, slum areas, and red-light areas (Bhatt, 2009; Kashyap, 2005; L. Singh, 2006). Although attempts are made by media to acknowledge and share the success stories and achievements of these dance/movement therapists, exposure to the field is limited to only certain parts of the country where dance/movement therapists reside. Publicly available interviews and media publications exhibit work of only a few dance therapists currently practicing in India, and in many cases, similar topics or stories about DMT are shared and published by multiple authors. For example, Tripura Kashyap's journey of becoming a dance therapist—shown below—was reported by De (2003), Gotham (2009), and Kashyap (2005).

Tripura Kashyap. Tripura Kashyap is one of the pioneers of DMT in India. Her journey with DMT began when she saw her brother and other children who suffered from physical disabilities moving and dancing to their favorite music. She was amazed to see that their bodies moved beautifully, regardless of their disabilities. That created a curiosity in Kashyap about how movement could be used with people who are physically and mentally challenged.

After learning about the field of DMT, Kashyap traveled to the U.S. and received training as a dance/movement therapist at the Hancock Center of Movement Art and Therapies in Wisconsin (Kashyap, 2005). When she finished her training in DMT, Kashyap returned to India and started working with disabled children and adults. Kashyap conducted specific DMT sessions for adults and children who were diagnosed with schizophrenia, autism, mental retardation, as well as physical, hearing, and visual impairment (Kashyap, 2005).

In addition, Kashyap is a professional classical dancer (bharatnatyam) from Chennai, India. She has done several performances in India and abroad with her dance troupe, Apporva, which translates to the phrase “never before” (De, 2003). As a dancer, she understands other dancers’ desires to use movement to help others. However, in her interview with De (2003), she addressed the misconception that simply by being a dancer in bharatnatyam, or any other dance form, one can understand psychological aspects of movement. She further added that mental health or psychology-based training is required to understand clients’ mental processes and to facilitate psychotherapeutic movement interventions. According to Kashyap, one does not have to be a dancer to participate in DMT sessions. She advocates that dance and other art forms should be part of education

and treatment. In addition to protecting dance/movement therapists' careers and clients' psychological safety, Kashyap has also made other contributions to the field. She has written a DMT handbook, which provides an introduction to DMT, and has facilitated DMT workshops in different parts of India (Kashyap, 2005).

Sohini Chakraborty. Sohini Chakraborty, another pioneer of DMT in India, is professionally trained in bharatnatyam as well. Chakraborty initially started volunteering at an NGO, teaching dance to rescued child prostitutes, using innovative and creative methods in her work with these girls. Biswas (n.d.) briefly explained Chakraborty's process of becoming a dance/movement therapist: his article informed us that Chakraborty was able to identify the effectiveness of dance on the body and mind as a useful tool to express oneself. Teaching dance to women rescued from sex trafficking, Chakraborty experienced a change in her teaching techniques. She used symbolism to help these women express their feelings. In a different interview with Bhatt (2009), Chakraborty claimed that healing would be best facilitated by engaging girls in physical activity. In 1998, Chakraborty developed a pilot project to work with this same population. This project incorporated techniques such as self-expression through art, dance and other creative activities, to help the participants.

The success of the pilot project marked the birth in 2000 of Chakraborty's organization, named Sanved in Kolkata, which means sensitivity in Bengali, one of the many Indian languages. Chakraborty provides training at Sanved to girls who were rescued from human sex trafficking. According to Chakraborty, Sanved pioneered the use of dance and movement as an alternative approach to healing and psycho-social rehabilitation of the survivors of violence and trafficking. In her interview with

Bhowmick in 2010, Chakraborty indicated that through dance and movement she wanted to make these survivors of trafficking stronger and enable them to live in the society with dignity and respect. By training and educating these girls, Chakraborty wanted to empower them (Bhatt, 2009).

Like Kashyap, Chakraborty has shared her experience and knowledge with others, providing DMT workshops and trainings to other service oriented professionals like teachers, social workers, counselors in India and other neighboring countries (Chakraborty, 2005). Chakraborty is also on an international panel of the ADTA, representing India (Capello, 2007). In her presentation/paper at the ADTA Conference in 2005, Chakraborty explained that her concept is to teach dance not only as an art form, but also as an education to instigate transformation and ensure positive change.

Dilshad Patel. With her passion to learn more about dance and movement, Dilshad Patel moved to New York and got her training in DMT at Harkness Dance Center (Patel, 2008). Now she is a dance therapist practicing in Mumbai, India. She counsels children with special needs while teaching dance to different populations of children, such as those suffering from HIV, the hearing and visually impaired, as well as orphans and juvenile delinquents (Patel, 2008).

She also does wellness work. In a newspaper interview, Patel informed her readers that DMT can help deal with everyday stress (Aikara, 2009). The interview indicated that in her private practice, Patel provides individual as well as group DMT sessions to professionals working in different fields. These professional participants expressed that by attending DMT sessions they wanted to gain physical fitness, reduce mental stress, and make connections with others.

Syed Sallauddin Pasha. Another leading dance therapist, Syed Pasha, works with children who have special needs (Bhattacharya, 2004). He successfully choreographed a mythological piece (Ramayana) performed by children with different kinds of disabilities. This theater piece was performed and appreciated world-wide (Bhattacharya, 2004).

Apart from working with the mentally and physically disabled populations, Pasha also had an opportunity to work with the victims of the tsunami of 2004. After the devastating tsunami that hit southern India, he conducted a series of workshops, called Post Tsunami Stress Relief, in the Andaman Nicobar islands on the Indian Ocean. In his interview with Lada Guruden Singh (2006), Pasha said that these creative workshops helped the survivors of the tsunami release their emotions. By engaging in dance, the children as well as adults were able to experience stress relief. Along with DMT, Pasha used several creative therapies like touch therapy, aqua therapy, and other theater techniques. One theatrical intervention he facilitated was to have participants share a story of their tsunami experience and enact it as a performance.

Organizations. Apart from the pioneers of DMT in India discussed above, there are other professional dance institutions in India who teach dance to physically and mentally challenged populations, and they are using dance as therapy. Unlike most pioneers of DMT in India, who are trained in Indian classical dances, these dance institutions specialize in Western styles of dancing. The Victory Art Foundation is a nonprofit organization owned by dancer and performer Shiamak Davar. Dancers and instructors working with Shiamak Davar's Institution of Performing Arts (SDIPA) are trained to teach dance to those who are mentally and physically challenged (Victory Arts Foundation, 2007.). Similarly, The Terence Lewis Academy of Dance believes in the

therapeutic power of dance, and facilitates dance classes to underprivileged children and in retirement homes (Happy feet, n.d.).

Since these organizations are primarily the dance institutions, their staff are usually dancers or dance instructors, and most of their work includes learning and teaching different styles of dancing. Unlike in Western countries, in India, the dance/therapy sessions are often addressed as dance classes. The person conducting the session is called dance instructor or teacher and their clients are called students.

DMT techniques. Current dance therapists in India use a variety of techniques and dance forms in DMT sessions. In her book, Kashyap (2005) indicated that besides bharatnatyam, forms of folk dances could be used as a technique in DMT sessions. Kashyap expressed that she would often use movements or dances with which the participants were more familiar. She said that Indian participants felt more comfortable moving their bodies through Indian dance forms. Kashyap recognized that adapting movements from Indian cultural dance was most effective in her work. Most folk dances in India start in a circle and involve a rhythm generated through body movement such as clapping hands, stomping feet, or snapping fingers. Just as Indian folk dances use the structure of the circle to come together, so too do the DMT sessions in the U.S. Marian Chace, founder and pioneer of dance/movement therapy in the U.S., identified the benefit of starting a DMT group in a circle. She believed that starting the group in a circle could provide an opportunity for the participants to connect with each other (Levy, 2005). Chace also emphasized the importance of rhythmic group activity in her approach to DMT sessions. She believed that rhythmic group activity facilitated and supported group cohesiveness (Levy, 2005).

Several dance therapists in India are using Western DMT techniques like mirroring, symbolism, authentic movement and others. Kashyap developed her own approach where she

identified movements from traditional Indian dances that were most beneficial for various populations. For example, the karma dance from Madhya Pradesh (a state in India) was recommended for visually impaired clients, and garba from Gujarat (another state in India), was beneficial for clients with attention deficit disorders (Kashyap, 2005). Kashyap also informed the readers how props could be beneficial for clients. The results of her case studies indicated significant changes in the clients after participating in DMT sessions.

Challenges in DMT practice. These pioneers of DMT in India discussed the challenges they experienced practicing DMT in their culture. According to Kashyap, it was initially difficult to get participants to move around. She mentioned that these clients felt shy and were hesitant. In her interview with De (2003), Kashyap stated that she had to use structured exercise to get people moving in therapy sessions. Kashyap indicated she had to become a teacher sometimes to facilitate DMT sessions. In India, dance is usually seen as a form of art and entertainment. Chakraborty expressed that when she started doing DMT with girls rescued in sex trafficking, people thought that these girls were learning another form of dance (Biswas, n.d.). Chakraborty explained that, because it is a new field, there are difficulties in accepting DMT in India. In her interview she indicated that lack of finances for Kolkata Sanved, the organization she founded, hinders the growth of DMT. Chakraborty said that although they currently have some support from NGOs, fundraisers, donors, and others, it is not enough to meet the growing need for therapeutic services (Bhatt, 2009). Chakraborty's goal is to empower the survivors and victims of sex trafficking, so they can support themselves. She is using DMT as a therapeutic tool as well as training the survivors to become dance/movement therapists. Yet for these young women getting a job as a dance therapist has been a challenge.

Kashyap, in her interview with De (2003), pointed out the difference between the practice of DMT in India and in the U.S. Kashyap acknowledged that there is a lot of awareness and opportunity for dance therapists in the U.S. In the U.S., dance/movement therapists have options regarding the place where and the population with whom they want to work, whereas in India they do not. She expressed that the trained therapists who return to India are often underpaid and unappreciated in the community. Kashyap believed that there is a need for therapy, but dance/movement therapists are constantly struggling with political barriers. She said that a stranger or a visitor would just walk into a DMT session, whereas in the U.S dance/movement therapists are treated more professionally. Evidently, a lack of awareness and understanding of DMT—and in some cases a lack of financial support—have hindered dance/movement therapists' ability to practice and clients' accessibility to DMT.

Conclusion

This literature review has provided an overview of DMT in India, summarizing the stories of a few dance therapists who are currently practicing in India, their successes, their challenges, and the techniques and dance styles they use in DMT. Most of the articles mentioned above showed success and positive change in clients, so further research areas might include how this change was facilitated through movement, what interventions were used, how techniques were applied, how change was observed, and how clients in the community responded to DMT. More documentation is also needed to more accurately communicate these dance/movement therapists' journeys and how culture influences their practices. Through this further research, the DMT community, counseling communities, and I myself might better understand how DMT is perceived and practiced by current dance therapists in India.

Chapter Three: Methods

Methodology

This study was conducted using two complementary approaches: qualitative and ethnographic research methodologies. Qualitative research involves direct experience through the physical senses (Rossman & Rallis, 2003); it is experiential. It is also conducted in natural settings, representing human beings as a whole within a specific setting or social arrangement (Rossman & Rallis, 2003). Qualitative studies are open ended, and they examine human behavior within specific social settings rather than in a broad population (Holliday, 2002).

Correspondingly, ethnographic research is carried out in a natural setting and involves face-to-face interactions with the participants (Lecompte & Schensul, 1999). The data is mostly collected through observation, interview, and documentation (Agar, 1996; Genzuck, n.d.). In ethnographic research, the researcher's fieldwork observations, open-ended interview questions, in-person documentation, and personal experiences attempt to convey an authentic perspective of those studied. Ethnography is—"of, relating to, or involving analysis of cultural phenomena from the perspective of one who participates in the culture being studied" (Emic, n.d., para.1). thus key to understanding and accurately describing a situation and participants' experiences (Fetterman, 1998). Since the focus of this study is participants' experiences of living and working as dance therapists in India, ethnographic methodology might best reveal participants' beliefs, values, and actions, and understand how those actions affect others in the society (Rossman & Rallis, 2003).

This literature review contains names of the dance/movement therapists who are more popular, and whose work has been published. There are other DMT practitioners in India, who are not yet published but offer valuable contributions to the field. This

researcher will interview and include the experiences of the dance/movement therapists who are well known in India as well as those who are still in the process of getting recognition for their DMT work.

Participants

Thus, to understand dance therapy in India, I chose to meet participants in person, in India, to learn about their experiences and collect data through observation and interview. This research first required me to find participants who were practicing DMT and/or using dance as therapy in India. In order to find participants, I conducted an internet search, using terms like dance therapy in India or dance as therapy in India and seeking out dance/movement therapists. Some dance/movement therapists have publications, as included in the literature review chapter, and there were other dance/movement therapists who were not yet published but were offering valuable contributions to the field. Their names and contact were also found via internet search. Through this process, I found names and contact information for some dance therapists in India. I also found the names and contact information for a few dance professionals and companies who were working with special populations using dance as therapy.

I contacted a total of 11 dance/movement therapists and dance professionals via email. I provided the information about the research and asked the participants if they were willing to participate in this study on DMT in India. Out of the 11 dance/movement therapists I emailed, five responded back that they were willing to participate in this research. Out of the other six who did not respond, I was able to find phone numbers for three of them and called. All three participated in the research bringing the number of participants to eight. Most of the participants responded and agreed to participate; only three did not respond. The participants who responded and agreed to participate were selected to become a part of this study.

In the process of making arrangements for interviews, I considered the time and expenses involved in traveling to different places in India to conduct the interviews. I chose to travel to Delhi, Kolkata, and Mumbai to interview participants because those participants' work was more renowned, according to the volume of literature about them, and because other willing participants resided in the same cities. There was only one other participant who resided in Bengaluru, thus I scheduled a phone interview with that participant. At the scheduled time for the phone interview, the participant from Bengaluru informed me that he had another engagement and would not be able to participate in the interview. The scheduled interview was canceled, and, due to limited time availability, I could not reschedule the interview. Therefore, the research was conducted with seven participants: six females and one male. All of the participants were South Asian, Indian, and practicing a form of DMT in India. They ranged from 30 to 50 years of age.

Procedure

Preparation. Before leaving for India, I developed interview questions to ask the participants in person. I developed these questions based on articles, journals, and books I had read to prepare for this study, including information about Indian cultural dances, healing methods, mental health in India, DMT in general, and DMT in India. The questions asked participants about their experience of becoming a dance/movement therapist, their inspiration, their training, common techniques they used, cultural and social influences in their practice, and more. As I continued researching to complete my literature review, my research question became clearer, and I revised the interview questions to highlight the practice of dance therapy in India and perceptions of dance therapy in India. A list of the interview questions used can be found in Appendix B.

I also developed an informed consent form that was sent to participants electronically (See Appendix C). This included the precautionary measures that I would take to ensure the safety of the participants, protect their identities, protect client identities, and protect the information participants would provide. It also communicated participants' rights. Participants were informed that the information collected from them would only be used for the purpose of this research. Participants had at least two weeks in advance of the interviews to read and review the form. The form was in English, which all participants understood.

Travel arrangements, international and domestic airline tickets and lodging, were made a few months prior to the trip. I contacted the dance/movement therapists in India, who were willing to participate in the study, and informed them of tentative dates that I would be in India. The participants provided me with their availability and dates that would work best for them to participate in the research. After receiving tentative dates from the participants, I purchased airline tickets and made lodging arrangements in order to meet the participants on the dates they preferred.

Before leaving for India, I gathered all necessary materials to conduct the study, such as copies of the final consent form, copies of interview questions, an electronic voice recording device, a camera for video recording, a password-protected computer for storing and protecting the data, participants' addresses and contact information, and international and domestic travel tickets.

Part of the funding for this research came from the Ellen Stone-Belic International Research Award provided by Columbia College Chicago (See Appendix D). This award money was used to buy international and domestic airline tickets, for accommodation, local

transportation, food, and other necessary expenses. Some of the money was used to buy an electronic recording device and put towards developing written interview transcripts.

Schedule. I left for Mumbai, India on January 11, 2011 at 5:30pm from Chicago, IL and arrived in Mumbai, India on January 13, 2011 at 3:00am. A couple of days after my arrival and resting to recover from jet lag, I called and spoke with the participants in Mumbai, Delhi and Kolkata and reconfirmed our interview appointments. I planned to meet with three participants in Mumbai, two in Kolkata, and two in Delhi.

My first appointment was scheduled for January 15, 2011 with Nikita Mittal in Mumbai. I then traveled to Kolkata on January 18, 2011 to meet and interview two dance/movement therapists working there. First I met with Chakraborty on January 19th and had an opportunity to observe a DMT group session that same evening, led by the DMT trainers of Kolkata Sanved. The next day, January 20th, I interviewed Mitul Sengupta. From Kolkata, I reached Delhi on January 22, 2011 to interview two other participants. A few days before the arrival to Delhi, both the participants were called to confirm the date and the time for interviewing them. Both the participants gave the same date but different times to meet for an interview. Both the interviews in Delhi were scheduled on the same day, as both participants preferred that date. So I first met with Pasha on January 23rd in the morning and later in the afternoon I interviewed Kashyap. I returned to Mumbai on January 27, 2011 to interview two more participants. On Monday, January 31st an interview was conducted with the participant Patel, in Mumbai. I had an opportunity to observe another group in Mumbai led by one of the dance instructors from Victory Art Foundation, a nonprofit organization that conducts dance classes with children who are mentally and physically challenged. The last interview was conducted in Mumbai on February 7th. I met with the coordinator at VAF and she came along with me at the scheduled

place to meet the dance instructor. I left India on February 10, 2011 from Mumbai and reached Chicago on February 10, 2011.

Interview procedure. Upon meeting with the participants, I gave them the informed consent form seen in Appendix B. I explained the importance of the consent form and encouraged the participants to read the consent form before participating in the study. Only after participants read and signed the consent form did I begin the interview process. I also told participants that the interview would take a few hours, emphasizing that they could stop the recording at any point to take a break and that they could decline to answer any questions they did not wish to answer.

During the interview, I used the list of questions I had prepared (Appendix C) but also allowed conversations to flow organically. Therefore, I told participants that these questions would be used only as a guideline for conducting the study. At the end of the interview, I encouraged participants to ask any questions they might have about me or the subject of the study.

I used an electronic voice-recording device to record participant interviews. Each participant gave his or her permission to be recorded. All recorded interviews were saved in a password-protected computer. The first interview in Mumbai was conducted in the participant's residence. The participant and I had privacy, and there were no distractions during the interview process. Most of the interviews in Mumbai, Delhi and Kolkata were held in private settings like an office or dance studio; there were minimal disturbances and these participants had control of the space. Only two interviews were held in public places—a restaurant and a coffee shop—because this is what the participants preferred. In these cases, the participants selected the interview setting, and I scheduled the interview times. I tried to pick interview times during

which establishments would be less busy or crowded, avoiding popular meal times. I also made sure we were seated in places that were away from entries, exits, groups of people or other distractions. To further reduce distractions, I asked participants to switch off their mobile phones.

Observation. Another way to immerse myself as an ethnographer was to witness participants' dance therapy sessions with participants' permission. I had intended to observe at least three DMT sessions; however, upon arriving in India and talking with the participants, I found scheduling observations of groups or individual DMT sessions difficult. Many of the participants were not conducting or leading groups or individual DMT sessions at the time when I was in the city. One participant could not get permission from the organizations with which she was working. The participants also indicated that they were sometimes invited to conduct DMT sessions or workshops by outside organizations, but these appointments were not always prearranged or scheduled well enough in advance.

Because of the aforementioned limitations, I was given permission to observe only two DMT group sessions. One of the sessions was conducted by the dance therapist trainer at Sanved, and the other was led by the dance instructors at VAF. Out of the two, only VAF gave permission to video record the session. While recording, I made all attempts to record only the dance therapist/instructor leading the session—not clients, ensuring client anonymity. Only video data gathered on the dance therapist will be used for this study.

Data Analysis

To analyze the data, I first created a written transcript of all the recorded interviews. I played the interviews on my computer and typed them using a word processing program. After transcribing the data into a written format, I applied the content analysis method to understand it. Content analysis is a tool that helps researchers focus on the content of communications.

(Colorado State University, n.d.). It is used to determine and analyze different themes, concepts, texts or sentences within the text, and to conduct an objective analysis of qualitative data (Palmquist, n.d.). Specifically, I conducted relational analysis, one type of content analysis. Relational analysis aids researchers in understanding the relationship between different concepts identified within the data (Colorado State University, n.d.). In relational analysis, individual concepts “have no inherent meaning. Rather, meaning is a product of the relationships among concepts in a text” (Colorado State University, n.d., para. 1).

In order to answer the research question of how dance therapy is practiced and perceived in India, I began with two broad categories: perception and practice. I then read through the interview transcripts sorting participants’ responses into these two categories, grouping similar responses into themes. I looked for the common themes and ideas that would fit within the bigger category of perception and practice. I used the following convention to identify themes for categories:

- Pink highlight for those parts that indicated the perception of DMT in India.
- Blue highlight for those parts that indicated practice of DMT in India.
- Yellow highlight for those parts that could be categorized as either practice or perception.

After reading through all the transcripts and indicating the information that can be part of perception and practice by highlighting them in pink and blue for respective categories, and yellow for those that could be in either, I began to work on the themes within these categories. I first started to look at the perception, the pink section of the transcripts. As the themes came up, I wrote them on post-it notes and then that note was pasted on the section of the document where the themes belonged. Similarly, I indicated the themes for the practice section as well. Following

are some examples of the themes that appeared in each category. These themes are identified here for the purpose of data analysis procedure, but will be described fully in the following chapter.

In the perception category, some of the themes identified were: what is DMT, cultural perception, skills required to become dance therapists, the future of dance therapy in India and DMT in India and abroad.

In the practice category, some of the themes identified were: participants' inspiration, education, dance training, dance therapy training, populations with which they were currently working or had worked with, teaching experiences in India or elsewhere, dance therapy techniques, and cultural influences.

Cultural influences appeared in both categories. In the practice category, cultural influences referred to how dance/movement therapists took into consideration the cultural background of their clients as well as using cultural themes and dances within the DMT sessions. In the perception category, cultural influences referred to the social view of mental health and DMT's role in this schema.

As themes began to shape, I went back to work on the yellow section of the transcript. For these themes that could fall in either of the categories, I tried to distill them further to see if they were better suited for a particular category over the other. When I determined that the information in yellow can be used in one of the themes in perception category, I underlined them pink with a post-it note on it and those that were fitting better in the practice category were underlined blue.

In the process of creating themes, there were few instances where I found that the particular information could be included in two or more different themes, such as information

about how dance/movement therapists in India are assessing the client progress. This could be part of the technique and style theme or in DMT related work experience or it can be its own theme. For these, I took a closer look at the information and determined where the appropriate themes belonged.

Eventually some of the themes that had similar ideas were merged together, for example, inspiration and training and education were initially individual themes and were later combined. Similarly, the major themes, the themes that contain more information, were further sub-grouped. For example, in the perception section, the cultural perception theme was divided into two smaller themes, one is called discrimination and abuse of mentally and physically challenged citizens in India and the other presents the cultural challenges.

In this process, the themes for the categories of practice and perception were developed to understand the DMT practice and perception in India.

Chapter Four: Results

This study investigated how DMT is practiced and perceived by current dance therapists in India and how Indian culture influences the practice of DMT in India. To conduct the study, I used qualitative ethnographic methods, traveling to India to interview current dance therapists practicing there. The qualitative data gathered through interviewing the participants was analyzed using content analysis methods. I grouped different themes or topics into the bigger categories of practice and perception. The themes included in perception are: what is DMT?, cultural perception, DMT in India and abroad, and future of DMT in India.

The themes included in practice are: DMT inspiration, training and education, DMT practice and related work experiences, styles and techniques, caste/class and cultural aspect in DMT practice, and challenges in DMT practice. With in some of these themes contain organized sub-categories.

The results present the data gathered from the verbal interviews that were transcribed in written form and from the DMT sessions observed by this researcher. The observed DMT sessions were led by different individuals than those interviewed. The quotations included in the chapter are also taken from the interview transcripts. The following responses illustrate how DMT is practiced and perceived in India.

Perception

What is dance/movement therapy? Dance therapists in India consider DMT the psychotherapeutic use of dance, as explained by Patel, a dance therapist from Mumbai, India. Also key to most interviewees' definitions was the universality of dance and tapping into the dance existing within individuals. According to Mittal, "dance therapy is moving beyond techniques." She indicated that it is about using universal aspects of dance to bring the best out in

people. Kashyap said, “to look and understand people’s personal movement is the premise on which dance therapy works.” Patel had a similar view, emphasizing that in DMT sessions one does not teach individuals how to dance but encourages participants to move on their own. Likewise, Chakraborty said that DMT is a process in which movement comes from within.

In India, a few dance therapists indicated that there was a difference between DMT and using dance as therapy. Chakraborty held this view, explaining that when you teach dance it has therapeutic aspects, but it is not DMT. Similarly, a dance instructor from the VAF, who conducted DMT classes with mentally and physically challenged populations as well as underprivileged populations, indicated that the training for VAF was completely different from their regular dance class training. The VAF instructor further explained that although both the trainings were dance oriented, VAF classes were not focused on techniques and dance styles. Instead, they were focused on therapy and the therapeutic process. Sengupta, another dance/movement therapist, said that as a professional dancer and psychologist, she has learned that the therapeutic approach is different from dance: “in the therapeutic approach, we need to know the person, concentrate on the problem, and then find a solution.” Accordingly, dance therapists have to select movements that will help the client.

The issue of dance versus DMT has been somewhat controversial for dance therapists in India. Kashyap observed that over the last decade, some dancers turned into “overnight dance therapists” and started working with disabled populations. She stated that these people have no concept of, or training in, DMT. Another problem she pointed out was that the bharatnatyam or kathak dancers restrict dance therapy to that particular style and form, and they say they are doing dance therapy through that particular style; but, ultimately, they are just teaching people with disabilities that particular dance form. Kashyap affirmed that “it is not dance therapy

because there is no verbal processing.” Although there are forms and styles of DMT practice that may require very little verbal processing, according to Kashyap verbal process was an important distinction of what is and is not DMT.

According to Kashyap, all the other body-based therapies like yoga, reiki, and physiotherapy were helpful. However, being a dancer, she believed that DMT was more interesting, because it involves movement and dancing. She also alluded to its power, saying that through dance, one’s mind, body, and soul were unified. Kashyap further added that “other therapies are too serious, whereas, in DMT, you can have lots of fun.” One dance instructor from the VAF also believed that there was a fun aspect in DMT, something that people enjoy and that differentiates it from other therapies. Conversely, Mittal, who is also a physical therapist, thinks DMT compliments physical therapy work. Mittal expressed that anatomical knowledge and physical therapy experience helps her in her DMT practice. Mittal also commented “physical therapy could be too structured, whereas DMT is kind of going beyond all structures.” She indicated that there is no particular structure or a pattern that everybody follows in DMT.

Cultural perceptions.

Discrimination and abuse of mentally and physically challenged citizens in India.

Pasha is from a family of doctors and healers; he indicated that mentally and physically challenged people are often mistreated in India. When he was young, his family babysat children with disabilities who came to his house. Since there were no wheelchairs in the village at that time, many parents would bring their kids in a bullock cart or bike by tying the child behind with the rope. On a couple of occasions, Pasha saw parents tie a disabled child to a chair or wall locked in the room, in a house so that the child with disabilities does not disturb other members in the house. Especially during the wedding and other ceremonial events, he saw that the

disabled child was locked in another room because the family did not want the child to come out and misbehave in front of people. According to him, even today, mentally and physically challenged people are considered crazy in villages in India. He further added that India is not a disability-friendly country, and there are hardly any facilities in public places for wheelchair bound people.

Community Response and Cultural Challenges. All dance therapists who participated in this research shared that friends, family and community members supported them in their processes of becoming dance therapists. The VAF dance instructor indicated that there was a very limited knowledge of dance therapy in India, but still people seemed supportive of the idea of dance therapy and using dance as therapy.

On the contrary, Mittal stated that Indian society is closed to the word therapy. Her colleagues suggested Mittal not use the word therapy in her workshops and call it dance of freedom or something else to market her work. According to them, doing so would get her more attendees, more money, and help her to be better perceived by the community. The dance instructor from VAF agreed: most NGOs prefer to call therapy sessions “dance classes.” She explained, “dance is seen as being fun not therapeutic.” Sengupta also stated that in India parents have notions that their child is going to dance class, and that it was sometimes very difficult to make people understand that it was not dance class.

Patel experienced that when there is a group therapy session, clients do not share their concerns upfront. Some of them talk about their problems after the class one-on-one with the therapist, reflecting that, in India, it is a cultural norm to keep quiet about emotional issues in front of others. According to Mittal, clients are sometimes resistant to move on their own in

DMT sessions. They prefer to follow the therapist and for the therapist to show them movements.

Chakraborty added that “DMT is very experiential, so many times it is difficult for people to understand DMT work.” Thus when her organization, Sanved, is invited by an NGO to conduct dance therapy sessions, these NGOs have to go through her orientation program about DMT and the work the organization does. That way, Chakraborty said, the NGOs know what to expect, and that was how Chakraborty assured quality control of the work they develop.

Kashyap agreed that the concept of therapeutic dance is very abstract in India. Performance is completely isolated from the therapy; she added, “people just put on Bollywood music and dance.” She said people want their children to perform after attending DMT sessions, and she argues with them that it is not all about performance. Patel reinforced all of these ideas, even bringing cultural misconceptions about dance into the discussion: she pointed out that dance is so inherent in Indian culture, but still some people have not been in dance classes. Some people have only watched Hindi movies and “they don’t want to learn anything more than Bollywood or any dance they are exposed to in terms of the television.”

Revisiting Kashyap, she expressed that she was discouraged by the situation of dance therapy in India. Part of this related to her observation that, over the last 10 years, dancers have begun working with disabled populations. Again, these dancers do not have training in DMT yet sometimes have therapeutic goals with participants. This inevitably blurs the line between dance, therapeutic aspects of dance, and DMT as well as the line between dancer and dance therapist, thus hindering the Indian population’s understanding of DMT.

DMT in India and abroad. The VAF dance therapy instructor indicated that there is a lot of difference in DMT practice in India and abroad: “abroad people are more open to

dance/movement therapy than in India, and it is more professional there." Sengupta also believed that it was difficult to convince people that DMT was not just dancing. Patel had similar experience; other professionals would argue that DMT provides the same experience as dancing.

Tripura listed several differences between DMT practice in India and DMT practice abroad. First, in India people love to dance to music, so you cannot have a session without music. Thus, she had to constantly look for music to go with a particular activity. Secondly, in the U.S. "you don't teach people how to move; they are able to get into the movement in their bodies, whereas in India, you need to do something more structured so that people feel confident to move." Because of this, Kashyap uses the word movement instead of dance in her practice. Nevertheless, Kashyap continued, the framework of DMT in India is similar to that of the West. Even in India, when dance/movement therapists work with different populations, they have to modify the activities and the structure in DMT. Chakraborty also acknowledged differences, mentioning cultural and socio-economic disparity, but concluded with the fact that ultimately, anywhere in India or abroad; dance/movement therapists all believe that DMT can change lives.

Despite most dance/movement therapists' shared beliefs, their training approaches vary, even within countries. Dance therapist Patel reported that after she attended the conference held by the ADTA, and met different people; she found that DMT training differed within the U.S. Although the colleges practiced within the same framework, each had a different school of thought about how to bring DMT to their students.

For Pasha, DMT in India was different in the way it incorporated ancient practices. According to Pasha, DMT in India was very powerful due to ancient techniques like mantras, yoga, and natyashastra, and ancient instruments, which he said produced divine music. Correspondingly, Pasha said India's rich culture and diversity brought in a lot of possibilities, of

incorporating art and cultural aspects in the session. He also pointed to relational differences: “in Indian culture, there is a giant family system, where everyone lives together, but that’s not same in the West.”

Future of DMT in India. Patel thought that, though there had been sprouts of dance therapy in India, it would take about seven to eight years for dance therapy to fully develop and expand. Kashyap disagreed, asserting that DMT had much potential: “as there are varieties of dance forms in the country, there is also demand for the dance therapy workshops.” Kashyap has conducted these workshops and participants register in advance for them. Part of this, she claimed, related to the fact that they were conducted in bigger cities where there was openness and demand.

There is also demand in smaller cities, according to Mittal, who mentioned that even in a small city like Pune, the response was immense and overwhelming. She was getting phone call inquires about DMT even when she had not been working for nearly 6 months. Mittal added that, just as India is opening up to Western dance, music and style, DMT is also becoming more popular; and people want to utilize DMT but do not know how to or where to go.

Besides Kashyap, there are other dance/movement therapists in India who have conducted DMT training and/or workshops. Chakraborty believed that there is a future for DMT in India and that her organization, Kolkata Sanved, which holds trainings, would be one of the pioneers in that movement. Similarly Mittal and Patel want to start their own DMT program or college in India. Even Sengupta and Chakraborty have conducted basic dance therapy trainings for professionals in psychology and related fields in Kolkata.

In addition, these dance therapists in India also pointed out the characteristics that may be required to become DMT practitioners in India. According to Chakraborty, dance therapists need

to be passionate about dancing and believe that they can change people's lives. However, according to Patel, as a dance/movement therapist "you should leave behind the dancer in you." Mittal supported this belief, saying that it is important for the dance therapist to move beyond dance. Kashyap emphasized that a dance therapist should be a facilitator and not a teacher. She also indicated that clinical knowledge is important in DMT as a "lot of concepts in dance therapy are coming from psychotherapy." In addition, the VAF dance instructor also believed that psychotherapy training is important to understand the needs of different populations.

A few dance/movement therapists emphasized body knowledge and awareness. As Sengupta stated, it is important how dance/movement therapists communicate with others, so as a dance/movement therapist one really needs to be aware of one's body movement and patterns. Kashyap agreed that there should be body awareness, and openness; she indicated that a "dance therapist's body language, facial expression, and voice modulation need to be open and clear." For Pasha, along with the body awareness, a dance therapist needs to have a knowledge of music and rhythm because "just dance cannot exist; it needs music and rhythm." Pasha clarified that he was speaking as a therapeutic theater director and not as a clinician; thus he also felt that choreography is needed to be a dance/movement therapist.

Kashyap and Sengupta both believed that dance therapists should be creative and innovative in their work. For Kashyap, it is essential that the therapists bring humor in the sessions and not make it serious because "laughter is equally therapeutic". For her humor is one way she brings innovation to her practice. She also recommended therapists have something called a "movement activity bank," different collections of movement based activities.

Other qualities mentioned included an awareness of overall populations as well as personal details about individual clients. The VAF instructor believed that dance therapists

should be sensitive to the population and understand its needs. Patel expanded on this, explaining that one needs to understand the culture and family background of the client.

Practice

DMT inspiration, training, and education. Most of the dance therapists expressed that their passion for dance and movement was the biggest factor for becoming dance therapists. There is no formal DMT training in India; however, most dance/movement therapists have training in Indian cultural dances and formal education in a psychology related field.

Chakraborty said that, along with her passion for dance, she always felt that there was “something more that dance could give us.” Chakraborty shared that she had chronic epilepsy and dancing helped her to feel better. Similarly, Patel gained health benefits from dancing, in the form of weight loss. While she was working as a dance instructor at the Shiamak Davar’s Institute of Performing Arts (SDIPA), Patel attended a DMT workshop led by Tripura Kashyap that “tweaked her interest.” Patel became curious about dance therapy, as it was different than what she was used to doing. In the same way, Mittal was inspired after attending a five-day DMT workshop led by Kashyap. At that time, Mittal was running a dance academy but always wanted to do something different with dance “in a way that could help people.” After learning about DMT, she knew this is what she wanted to do. Kashyap, who inspired both Patel and Mittal, revealed that she was keen on working with people who were physically and mentally disabled. She had a brother who was wheelchair bound, and she wondered how movement could help people with disabilities. Fortunately, she was offered an opportunity to come to the U.S. to study DMT. Sengupta was inspired after meeting Priti Patel, another person who worked with people who were diagnosed with mental disabilities. According to Sengupta, Priti Patel was the first person to bring dance therapy to Kolkata.

Kashyap, Sengupta, Patel and Mittal mentioned that they wanted to break out or move away from the traditional classical forms of dance. Kashyap and Patel expressed that they were tired of doing the same thing. Kashyap stated that she was tired of classical dance, so she wanted to do something more free and contemporary. She also had a genuine desire and need to use dance in a purposeful way that was not on stage and was not just for entertainment. Patel was tired of just doing performance oriented dancing; Mittal wanted to move beyond technique.

Most of these dance therapists were trained in Indian classical and/or folk dances. Chakraborty studied bharatanatyam, an Indian classical dance form originating from Tamil Nadu in the southern part of India, as well as contemporary dances. Pasha is a bharatnatyam dancer and has received training in kathak dance (one of the classical dance forms originating from northern India). Kashyap received training in bharatnatyam; she is also a trained chhau dancer (folk dance from Orissa, a state in India). Sengupta is also a professional kathak dancer. Only the VAF dance instructor indicated that she was trained in Western dance styles only. And though Mittal had gotten some training in bharatnatyam, kathak, and Western dances, she said that she did not specialize in any one dance form.

DMT and formal education. As a child, Sengupta was interested in dancing but pursued psychology, eventually earning her MSC (Masters in science) in Psychology from Kolkata University. Sengupta elaborated, “my education was in psychology and my perspective was in dancing.” She explained that in India it is difficult to just focus on dancing, thus she decided to merge her education and her passion for dancing by practicing DMT. Kashyap completed her masters in psychology in India and Patel completed her bachelor’s in psychology.

There were two interviewees who were currently enrolled in correspondent masters programs in DMT, both based in the U.S. Patel was enrolled in the Harkness Dance Center in

New York, and Mittal was enrolled in a correspondent DMT program called Kinections in Rochester, New York. Mittal was also trained in physical therapy in India.

Another therapist who studied in the U.S. was Kashyap. She came to the Hancock Center in Madison, Wisconsin to study DMT. Other dance/movement therapists had less traditional backgrounds, like Chakraborty. She received her training in DMT from dance/movement therapist Bonnie Bernstein, a dance therapist in the U.S. Chakraborty had studied sociology with specialization in criminology at a post-graduate level. She had begun working with the domestic abuse population and started to wonder how to combine dance with sociology. Similarly Pasha is a pharmacy graduate, as a child he would assist his family who babysat the children with different disabilities. It was then that he started initiating movement and art based interventions with disabled children.

In two DMT sessions observed for this research, one was led by the dance therapist trained at Kolkata Sanved and the other was led by the dance instructor from VAF. The trainers at VAF received DMT training through workshops with Kashyap.

DMT practice and related work experience. Some interviewees had just recently entered the field of DMT and were learning what practicing DMT in India might look like. It had been only a year long process for Mittal, practicing in Pune, India; Sengupta had started her work in 2005, conducting DMT session with children with autism.

There were others who had used dance as a therapeutic tool long before they were dance therapists. Patel was one such therapist who had used dance as therapy when she was a dance instructor in the late 90s. She had started working as a dance therapist in 2008. Chakraborty indicated that when she was working with women rescued in human trafficking in 1995-96 she developed some movement games. At that time, Chakraborty said she was not aware of what

dance/movement therapy was. Kashyap was the only interviewee who was trained in DMT early on and had worked as a dance therapist since the 1990s.

These interviewees had worked with many populations, including children and adults with physical and mental disabilities (autism, down syndrome, mental retardation, schizophrenia, learning disabilities, etc.), domestic violence victims, sex trafficking victims, geriatric populations, those with substance abuse and addiction issues, underprivileged children, cancer patients, and AIDS patients. They had worked with NGOs, in special schools, in hospitals with patients, and in prisons.

This researcher had an opportunity to visit one of the sites in Kolkata, to observe a DMT session led by the dance therapist from Kolkata Sanved. The session was conducted at a shelter for rescued girls in Kolkata. The girls who were participants in the DMT session were between 6 to 12 yrs of age. They are brought to the shelter as orphans or as rescued minors from sex trafficking, abuse, and neglect. The second observed DMT session was in Mumbai, organized by Shiamak Davar's VAF. It was like group dance class, led by the dance instructors at VAF. The group contained boys and girls, in total around five to seven participants. All the participants had some sort of mental disability.

Some expressed an interest in pursuing work with healthy populations in overall wellness and prevention: Patel had started conducting group DMT sessions in Mumbai with a population focusing on stress management. Mittal indicated that, after working with special populations, she wanted to work with healthy populations. Thus she had started a dance therapy class for all. Her target population was the working class, but it also led to dance therapy classes with housewives.

Achievements. The DMT participants shared the success they achieved in their work as dance/movement therapists. After volunteering in an NGO, Chakraborty started her

organization, Kolkata Sanved. Its mission was to heal survivors of violence and abuse through DMT. Currently, Kolkata Sanved works directly with 3000 people who are survivors of violence and abuse. This organization also works with the Department of Social Welfare, in hospitals and shelter homes in West Bengal, with NGOs, in schools in different states of India, and internationally. In addition to their mental health services, this organization financially supports their clients. Kolkata Sanved offers a “livelihood option” to the survivors, and some of them are also trained to become dance/movement therapists themselves. As Chakraborty indicated, it is the organization’s biggest success that these trainers are financially supported and “are very well paid.” Similarly at the VAF, the kids who are doing well in dancing become part of the shows and perform, and they can earn money. Likewise, at Abilities Unlimited, Pasha shared that whenever there is a performance these students get paid for their work they do.

Pasha also shared the improvement in the students of his organizations, due to DMT practice. Pasha’s organization Abilities Unlimited is a theatrical home production that incorporated dance, music and other artistic interventions and used performance based work with mentally and physically challenged populations. He said, “some of these students didn’t even pick up a glass of water at home by themselves. [They] are now holding props and performing drama and dancing.” He proudly informed me that these students have gained confidence and have moved beyond their disabilities. He said “when these differently abled people start their performance on stage, people actually forget wheelchairs. They see only performance.” Besides that, Pasha has trained them in basic skills like social behaviors and personal hygiene. In Pasha’s words he has healed them “physically, mentally, morally and socially.”

Other dance/movement therapists in India reported progress in their clients’ behavior and confidence after a period of attending regular DMT sessions. Kashyap indicated that the

schizophrenic clients she worked with eventually connected better with their peers and socialized appropriately; Sengupta noticed change in autistic children's ability to express and communicate after attending DMT sessions; Patel reported that there were positive physical benefits in her clients who attended DMT sessions. However, Patel also indicated her success rate was about 75% and not 100% because there are people who do not understand or do not want to understand the process of DMT.

DMT training and workshops. The dance/movement therapists in India have developed DMT training programs and are teaching DMT in the community. According to Chakraborty, there are different methodologies of DMT, but Kolkata Sanveds' school of thought is "different from the rest." She stated that Kolkata Sanved is developing tools for social transformation, and their school of thought is "trauma survivors can become healers." Training of Trainers (TOT) trains trafficking survivors to become dance therapists. It is a four-year program and is only for the marginalized. They also host DMT training for "mainstream people; anybody can enroll." It is a certificate course of three months (100 hours).

Another person who was facilitating DMT training in India was Tripura Kashyap. In fact, Kashyap received the Ashoka International Fellowship, "where idea was to travel and train people around India into dance therapy." Currently, she conducts five-day trainings; she indicated, "that's where people get inspired to become dance/movement therapists and then go abroad for further education." Tripura said her workshops are not theory based, though she does follow structured creativity in her workshops and does movement analysis, which she has modified based on what she had learned at Hancock, in Madison. Furthermore, her workshops focus on facilitation skills.

Similar to Kashyap and Chakraborty, Sengupta said she provides a six-month foundation course in DMT. She conducts this course with her husband, who has also received training in movement and body work. This course provides training in Laban Movement Analysis, Bartenieff fundamentals and principals, and overall body and movement awareness. Pasha also conducted DMT workshops and training for special education teachers and students. Despite these offerings, Both Patel and Mittal indicated that they want to bring the right knowledge of DMT to India. They suggested that the best option is to “invite qualified DMT trainers from the U.S. to conduct dance therapy training and courses in India.”

Style and techniques. Patel used Chacian-style and Espenak-style sessions with a mixture of Bollywood dance, classical dance, and folk dance. She explained that this broad array of dance forms helped her clients move more authentically. According to Patel, structure was important; she believed “even [considering] the unstructuredness of dance therapy [clients] want to know what they are doing.” Patel also incorporated other techniques like relaxation, Alexander techniques, and Bartenieff fundamentals. Similarly, Sengupta included aspects from different dance styles, like tapping from kathak, ballet, and folk dances. Sengupta also used techniques like Limone Release and Recovery technique, Graham methodologies, Leigh Warren technique, breathing, massage, and mirroring, where the therapist observes the movement in a client’s body and repeats it.

Mittal did not include any specific dance styles in her work. Instead, she used visualization and imagination techniques, selecting themes like nature or concepts like “become a child;” she also derived themes from music and encouraged clients to move accordingly. Mittal combined essences from DMT pioneers and modified them to work in the Indian cultural context.

Chakraborty said that dance therapists at Kolkata Sanved incorporated Marian Chace's style and technique, and they are also aware and incorporate other pioneers' work like Blanche Evan, Mary Whitehouse and others. They also used healing touch and elements from classical dances. For example, the footsteps from kathak are considered good for anger release, bharatnatyam is good for developing body shapes, and hand gestures from Manipuri dances promote peaceful feelings.

In the observed DMT session led by the dance therapist from Kolkata Sanved, there were approximately 25 participants, all girls. There was one dance therapist leading the session, and along with her was a DMT trainee, that assisted her. This two hour DMT session reflected the Chacian style and structure. There was a verbal checking of participants in circle, followed by movement and theme development. The session included mirroring, echoing, symbolism, and rhythmic group activity that led to group cohesiveness.

Like Chakraborty and Mittal, Kashyap indicated that she applies basic DMT principles and techniques of DMT pioneers in her workshop structures. She also expressed an interest in exploring what Indian props and movements could be integrated into DMT in India, such as the foot work, hand gestures, or eye movements from kathak and other dances.

Two of the participants used Bollywood dance as a primary technique, though in different points within sessions. Patel said she starts with some Bollywood movements to start clients moving and then does DMT work. The VAF dance instructor indicated that they follow a basic structure of warm up, DMT activity, and moving on to teaching Bollywood style dance. In a 45 minute session observed by this researcher, the VAF dance instructor followed the same procedure as mentioned by the interviewee. The session started with a warm up, followed by a therapeutic activity. During this activity the instructor acknowledged the group and connected

with the clients. It was observed by this researcher that during the therapeutic activity, the client and the instructor were not just student and teacher, their relationship seemed different as they talked, played and laughed together. In the end Bollywood dance was taught by the dance instructor leading the session. The VAF interviewee had said that every child identifies with Bollywood music and that they are more likely to remember the dance steps if they like the song. Interestingly, in the observed DMT session, the therapeutic activity was also about Bollywood films and songs.

Pasha incorporated a lot of theatrical as well as other art-based techniques, such as music, painting, drama and of course dance. He teaches different Indian dancing styles to the students in his organization, Abilities Unlimited, like bharatnatyam, or kathak. Pasha stated in his theatrical productions while he is working with the differently abled population, he assigns them tasks commensurate with their abilities. For example, if a child with autism does not like to be in the group he will be given a part or act as per his ability.

Assessment. Most of the dance/movement therapists indicated that currently they are not following any specific format to track clients' progress. In the past, Patel gave a small questionnaire to clients to fill out to express anything they wanted to work on, and later she would talk with the client about it. Similarly, Mittal said she conducts an interview with participants before the session starts and at the end. She indicated, however, that there is no quantitative analysis, only subjective analysis that is either her clients' or her personal perceptions. Kashyap developed her own movement assessment as well, one for the individual and one for the group. Her assessment tool included what she had learned from her DMT training in the U.S. and also added her own perspective to make sure the assessment is appropriate to the Indian culture. Likewise, Sengupta conducted an assessment to evaluate the

progress of autistic children with use of DMT for her PhD research. At Kolkata Sanved, Chakraborty stated they have monthly as well as a weekly report system. Apart from that, they have clinical supervision to assess monthly planning and to develop goals.

Caste/class and cultural aspects in DMT practice. Results regarding the caste and class system of India require some background information, which will be presented here. Within the bigger Indian culture, there are several subcultures that differentiate one group of people from the other. One such differentiation is based on the caste of a person in Hinduism. In ancient times, the caste system defined the professional background and the duties of the person within the society. There were four major caste categories in India, known as; Brahman, who worked as Priests; Kshatriya, were the rulers, warriors or nobles; Vaisya, were the merchant, trader or artisan; Shudra, were farmers and servants. Some people were born outside of the caste system; they were called untouchables. Although the caste system was about professional duties, it soon became hereditary. Each person was born in an unchanged group, called caste. Today in India, the caste system has become more of a political issue or concern than a social problem (Szczepanski, n.d.).

The other major difference in India is the class system that defines the socioeconomic status of a person. Besides the caste/class differences, there are also cultural differences between the rural and urban population. The urban are the people living in the city. They are educated, informed and influenced by western lifestyle. In addition, there are also gender differences in India. Men and women have different duties and roles. Men are the bread-winners, more educated, and supposed to be physically and emotionally stronger than women. Women have more restrictions on their education and careers. Their duty is to do household work. Some of the gender-based differences are less significant in modern-urban India.

Kashyap said that a diverse range of people come to her workshops, and they come from rural and urban backgrounds. In such a mixed group, she added that sometimes people are very withdrawn because of their backgrounds. But Kashyap explained that she insists everyone share and participate in her groups. According to Kashyap, DMT kind of bridges the urban and rural divide: as clients are working together, those types of divisions actually break down. She also mentioned that divisions are not just cultural, but also gender based. Patel agreed, saying that female clients often do not feel comfortable with male peers in the class.

One interviewee mentioned religious differences. Chakraborty said they now have minority Muslim girls who are doing DMT work with Sanved. She indicated that she had to face some challenges from society in accepting people of religious minorities. Through the orientation program, Chakraborty assures the right for dignity and respect for everyone.

In some cases, discrimination was not an issue. According to the VAF dance instructor, NGOs have clients with similar backgrounds—all autistic, underprivileged, etc.—so there is little to no discrimination.

Challenges in DMT practice.

Financial security. Many interviewees brought up the lack of compensation for dance/movement therapists in India. The therapists that did mention payment typically received it during class registration/before the class or when participants dropped in for a class. A few interviewees shared that they could increase their income through other means. According to Patel, if she taught, choreographed, or performed, she could “make a lot of money, but to make money with DMT is not very easy.” Kashyap had the same experience. She realized she was earning more doing choreography, dancing, teaching, and performing. She said, “I was very fed up with the fact that I could not make my living through dance therapy.” She also mentioned that

current conditions have made it hard for Indian students who study DMT abroad: they come back to a job market with little opportunity or pay. This was part of her rationale for deciding to provide training in DMT in India.

Pasha said Abilities Unlimited works on donations and doing performance events. Pasha explained that he does not ask for government grants because then he will be obligated to the government; and he will have to work as per the government's terms and conditions and that may not be in the best interest of his organization. On the other hand, Kolkata Sanved has received grants from the government, which support survivors of trafficking and those who work at Sanved.

Volunteering and its challenges. Dance therapist Patel believed in volunteering; she said, "I volunteer whenever I can." On the other hand Kashyap expressed her frustration towards volunteering, asserting "people just take you for a ride in the name of volunteering." She stated that even "rich" NGOs do not want to pay dance/movement therapists. In her words, she "got fed up with the fact that [she] could not make a living through dance therapy."

Mittal indicated that when she was volunteering, she asked clients to visualize and move using abstract concepts, and clients were resistant because they thought she was making fools of them. Other challenges were mentioned, such as when Kashyap was volunteering in a school. Parents continued to question her about when their kids would be performing: "It was difficult to convince parents that DMT is not about performance."

In spite of their physical and mental disabilities, Abilities Unlimited teams have courageously performed with wheelchairs, in several non-disabled friendly environments in India. Pasha expressed that if he demands for disabled friendly ambiance it is not going to happen. So in order to promote the art and the abilities of the disabled, Pasha and his team have

learned to work and do their best wherever they are. However, it was disappointing for Pasha that people were not open enough to give them enough opportunity and would compare the capabilities of disabled people with able-bodied people.

Chapter Five: Discussion

In order to understand how DMT is perceived and practiced in India, I interviewed current dance/movement therapists in India and observed two DMT sessions. Through this process, I learned about dance/movement therapists' experiences of becoming dance therapists in India, their training in DMT, the techniques and styles they applied, their challenges, and their successes. I also learned about social and cultural influences on DMT practice in India, such as community perceptions and cultural practices incorporated in DMT practice like Indian dances, religious practices, and other traditional rituals. Together, these elements seem to give an accurate picture of what DMT in India looks like in 2011. Though a small sampling, DMT was a new field in India at the time of this research, and there were currently few dance therapists practicing DMT in India. Their stories convey a diverse range of techniques, opinions, and interests, but their goals and obstacles unite them in their journey to bring healing to their communities and strengthen and cultivate the field of DMT in India.

Nearly all of the dance therapists have been trained in Indian classical or folk dances. The results indicate that their passions for dance, and their beliefs that dance has therapeutic aspects and can provide healing, were prime inspirations for becoming dance therapists. The majority of Indian dance therapists have received some sort of DMT training or are currently enrolled in the DMT program in the schools or institutions in the U.S. None of the dance/movement therapists practicing in India have a Masters degree in DMT and are not eligible for the BC-DMT (Board Certified Dance/Movement Therapist) by the ADTA. Two or three of them are currently enrolled in Alternate Route Certificate programs for DMT in the U.S. and thus can become ADTA registered dance/movement therapists upon completion.

The concept of DMT is vague in India. The results indicate that the general public sometimes perceives DMT as a dance class: participants and parents expect to learn dance steps from dance therapists. Furthermore, participants and parents expect that there will be a performance at the end of the therapists' sessions or course. For this reason, some dance therapists have had to make their work performance oriented to satisfy the public.

This idea of doing performance-oriented work relates to the concept of performance as therapy. Performance as therapy can be used as a component of DMT. It is a psychotherapeutic tool using choreographed and/or improvisational dance where clients can express themselves and share their personal voice through their performance (Edsall, 2005). Although a lot of DMT work in India is performance oriented, not all of them reflect clients' inner expression and are not essentially part of their therapeutic process. It is crucial when utilizing performance as therapy, that clients are empowered to express and experience personal growth through their performance and that they realize that it is not all about fun and entertainment. Nonetheless, the concept of performance as therapy may offer a potential inroad to increased understanding of DMT in India.

Many dance therapists' use elements of Indian dance forms in their DMT practices because they agree that Indian classical dances have healing qualities. Meanwhile, there are other classical dancers masquerading as dance/movement therapists who are teaching specific dances in the name of DMT without proper training. This not only endangers clients, but it makes the market for DMT confusing to the public. Information has been gained from several participants concerning these issues. Suggestions were made for having a governing organization of DMT, to structure and professionalize the field of DMT in India. This may help to address the ethical issues and protect the credentials of the dance/movement therapists in India.

Apart from classical dance, Bollywood dance is commonly used in DMT sessions. Dance therapists use Bollywood style dance in their sessions because their clients like it and ask for it. While some consider using Bollywood dance as a helpful tool to work with clients, others believe that Bollywood dance should not be included in DMT sessions. They believe so because Bollywood is very popular in India, and there are tons of dance classes teaching Bollywood dance. Bollywood is perceived by some as entertainment, performance and showing off of the Bollywood stars and not as meaningful work.

The dance/movement therapists in India utilize theories and the frameworks developed by the Western pioneers of DMT, such as Marian Chace, Blanche Evan, Mary Whitehouse, Rudolf Laban and Irmgard Bartenieff. Dance/movement therapist Marian Chace's theories and techniques like mirroring, echoing, symbolism, and rhythmic activity are most popular amongst the dance therapists in India. Still, the techniques and the activities used by the dance therapists are modified to fit Indian cultural context. This is done by using Indian music and dance styles, and because most dance/movement therapists focus on goals through a community-centered approach rather than an individualistic approach, which stems more from Western culture.

As seen from the results presented, DMT is based on the same idea in India and in the U.S.A.—using dance and movement to heal people. However, the way DMT is practiced and perceived in India is considered different from countries in the West. In the West, there is an individual approach to treatment, whereas in India treatment is more family or community-based. The DMT field is also considered more professional in the West than in India. In the West, DMT is considered part of a clinical field that is regulated by governing organizations whereas in India it is viewed more as a dance or art related field. Dance/movement therapists in India face the

challenge of defining and maintaining integrity of the relatively new profession of DMT within the clinical field.

Dance/movement therapists agree that DMT will expand in India, though their opinions differ on the timing of that development. They have witnessed the mental health perspective in India changing. According to the participants, people are becoming more open to DMT, especially in India's bigger cities. Furthermore, their populations are expanding. DMT sessions, which were primarily for mentally and physically challenged populations, are now being offered to healthy populations who are interested in receiving this help. They are professionals who want some relief from everyday stressors and desire to express themselves through movement and dance.

Having said that, there is a sort of imbalance in terms of the populations who are receiving DMT services. The results indicate that most of the DMT work done in India is done with intellectually and physically disabled populations, like mental retardation, autism and other developmental disorders. Only some dance/movement therapists indicated experience working with chronic mental illnesses, like schizophrenia and post-traumatic stress disorder. Other mental illnesses like personality disorders, anxiety, and depression, were not indicated equally. Thus the DMT work in India seemed more apparent with developmentally disabled and physically challenged populations.

Having lived and embraced Indian culture, I have learned that the chronic mental health issues, like depression, anxiety, and trauma, often stay within the family. These issues are usually brought out or expressed in the form of somatic pain or discomfort, and general medical help is received by the clients (Harris, 2007). It is believed that the traditional joint family systems in India facilitate healing. Family members' concern and care motivates the client to

come out of the distressing experiences and face his illness with confidence. By protecting the client from unpleasant comments and hostility the family members foster trust and positive attitude (Raj, 2010). However, some participants indicated that when they conduct workshops many people open up and share their challenges and their trauma, which they had never done before.

In addition, it also appears that DMT as a treatment in India is usually more popular with children than with adults. Almost every participant shared their experiences of working with children at some point in their career, but not all of them have experience doing DMT with young adults or older adults. This may be because DMT is considered more dance-based, and thus attracts a younger clientele. In addition, the focus on the fun aspects of dancing in sessions may work well with children but be counter-intuitive and allow avoidance of the actual therapy needed.

Although there is a demand for DMT, it is difficult to make a living as a dance therapist in India. There are no jobs for dance therapists in India, and organizations that have DMT programs do not pay well. Thus these dance therapists are practicing DMT sporadically or essentially as volunteers. The dance/movement therapists believe they can make more money as dancers, performers, dance teachers, or choreographers, and so some of them do this in order to support their DMT practices.

To supplement income and further the cause of DMT, some dance therapists have developed training for DMT in India. Most trainings cover DMT theoretical models from the West, and some also incorporate Indian dance theories. They are different models, as one focuses on theoretical and clinical knowledge, and the other is about creativity. Training durations vary from 5 days to 3 months. Some training requires certain eligibility, while others are for everyone.

In general, these trainings provide an introduction to DMT. These programs are getting popular in India and are a good source of income for dance therapists.

There is mutual frustration and desire to change the notion of mental health and to professionalize the field of DMT by the current dance therapists in India. While some believe in creating an Indian theory and philosophy of DMT, others want to bring the knowledge and experience from Western countries to India. It appears that in this phase, as it is still developing, it will be best to find a balance of Eastern and Western approaches in order to expand DMT in India. For instance, currently, dance therapists integrate the individualistic approach and philosophy from the West with the Indian perspective of community and family based approach to treatment. Dance therapists in India may also find it helpful to: identify and connect Western DMT theories with Indian dance theories, and publishing Laban movement assessment, Bartenieff principles and other pioneered work in Hindi, an Indian language.

Nevertheless, India is a culture ripe for DMT. Because mental illness is often considered taboo and is stigmatized, people are less likely to open up or seek out mental health services. DMT can help break this cycle of silence and stagnation: DMT is less formal and structured than talk therapy, it is not directly associated with mental health, and it can be disguised as dance or creativity sessions. Thus it is likely that more people will be open to going to a dance therapy class than a counseling clinic. This will also provide an opportunity for mental health care to be embedded in the accepted form of dance. As a result people who would normally avoid treatment, might be able to get much-needed help.

Correspondingly, DMT gives people an opportunity to express themselves without being very direct. Many people in India find it difficult to talk directly about their problems and needs, so DMT provides them with an opportunity to express their feelings non-verbally. On the other

hand, perhaps therapy does not become the focus and may be detrimental to clients and even the perception of DMT in India. However, understanding the perception of mental health in India allows for an informed use of DMT that can address this culture in a sensitive manner.

Limitations of This Research

One of the largest limitations of this study is the sample size. This research was conducted with only a few dance therapists in India that the researcher was able to find through an internet search. There may be other dance/movement therapists practicing DMT in several other parts of India, but they were not included in the study. In addition, only two DMT sessions were observed, and they were not led by the interviewed dance/movement therapists. Thus the information gathered from the observed sessions cannot be generalized. Each DMT session is unique, and a complete understanding of the practice of DMT in India was only partially accomplished.

My personal history and knowledge about the culture could be considered a limitation. As being a part of Indian culture, I may have made assumptions about the information I received based on my past experiences. On the other hand, coming from the same culture could have also made the participants more comfortable to share their experiences. Since I had knowledge of the culture, I took a casual approach to the interview process. However, this may also be considered a limitation. Perhaps with a more structured approach to the interview process, the results may have been more specific and directly related to the research questions.

Summary

This research introduced the reader to the Indian culture and provided Indian perspectives on DMT from the points of view of practicing dance therapists. It provided insight into Indian DMT techniques and the therapeutic values of Indian dance styles. The results of this research

provide valuable information for current and future dance therapists of India as well as professionals in the field of mental health. This research provides a limited but important view of cultural perceptions of DMT, how mental health is viewed, and how DMT is used in conjunction with Indian culture. Furthermore, information about the practice of DMT in India was shared, such as populations being served and challenges to the DMT profession in India.

From this study, implications for further research can be made. In the future, it will be interesting to further explore the connection between Indian classical dances and DMT and the concept of DMT within the clinical mental health field in India. This researcher also recommends the research and exploration of: DMT culture within the Indian culture, the differences and similarities in DMT practice in India and Western countries, and the connection between Indian folk dances with Chace's style and techniques. Finally, this research contributes to the international expansion of dance/movement therapy across the globe. Many countries are in the process of developing training programs, seeking professional status and increasing public awareness in their own unique cultural environments. International research, such as this study, can facilitate the propagation of DMT and further the outreach to people in need all over the world.

References

- Agar, M. (1996). *The professional stranger: An informal introduction to ethnography*. San Diego: Academic Press.
- Aikara, A. (2009, February 8). You don't have to be a dancer for this stress-buster. *Daily News and Analysis*. Retrieved from http://www.dnaindia.com/lifestyle/report_you-don-t-have-to-be-a-dancer-for-this-stress-buster_1228674
- American Dance Therapy Association. (n.d.). What is Dance/Movement Therapy? Retrieved from <http://www.adta.org/Default.aspx?pageId=378213>
- Bajpai, M., & Sen, A. K. (1999). Mental handicap—The changing perspective. *Social Science International, 15*(1), 52-66.
- Bhattacharya, P. (2004, January). Performing arts – dance of well-being. *Life Positive*. Retrieved from http://www.lifepositive.com/Mind/Performing_Arts/Dance_of_Well-being.asp
- Bhatt, L. K. (2009). Sohini Chakraborty: Founder of Sanved. Naari Sakhi. Retrieved from <http://www.naarisakhi.com/viewarticles.php?aid=NTM=&cid=MQ==>
- Bhowmick, N. (2010, September). Power of one: Using dance as psychotherapy, Sohini Chakraborty is helping former child prostitutes regain their sense of self. *Time Magazine*. Retrieved from <http://www.time.com/time/magazine/article/0,9171,2013838,00.html>
- Biswas, R. (n.d.). Health – healing through dance. *SPAN Magazine*. Retrieved from <http://www.123oye.com/job-articles/health-nutrition/healing-dance.htm>
- Capello, P. P. (2007). Dance as our source in dance/movement therapy and practice. *American Journal of Dance Therapy, 29*(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.
- Chattopadhyay, S. (2005). Integrating spiritual and religious themes in psychiatric management. *Internet Journal of Mental Health*, 2(2), 5-5. Retrieved from <http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijmh/vol2n2/religious.xml>
- Colorado State University. (n.d.). Relational Analysis. Retrieved from <http://writing.colostate.edu/guides/research/content/com2b2.cfm>
- Courtney, D. (n.d.). Overview of Indian dance. Retrieved from http://Chandrakantha.com/articles/india_music/nritya.html
- De, A. (2003, July 27). Healing through dance [Online Community]. Retrieved from <http://www.boloji.com/wfs/wfs203.htm>
- 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*, 37(2), 25-37.
- Emic. (n.d.). In Merriam-Webster's online dictionary. (11th ed). Retrieved from <http://www.merriam-webster.com/dictionary/emic>
- Fetterman, D. (1998). *Ethnography second edition: Step by step*. Thousand Oaks, California: Sage Publications.
- Folk dances of India. (n.d.). Iloveindia.com. Retrieved from http://dances.iloveindia.com/folk_dances/index.html
- Ganapathy, L. (n.d.). Spiritual dance: Traditional Indian dance. *Global Oneness*. Retrieved from http://www.experiencefestival.com/a/Spiritual_Dance/id/3254
- Genzuk, M. (n.d.). A synthesis of ethnographic research. Retrieved from http://www.bcf.usc.edu/~genzuk/Ethnographic_Research.html

- Gotham, S. (2009, June 13). Does your body talk? *Daily News & Analysis, India*. Retrieved from <http://emils.lib.colum.edu/login?url=http://search.ebscohost.com/emils.lib.colum.edu/login.aspx?direct=true&db=nfh&AN=41530900&loginpage=Login.asp&site=ehost-live>
- Hackney, P. (2002). *Making connections: Total body integration through Bartenieff fundamentals*. New York: Routledge.
- Happy feet. (n.d.). In Terence Lewis Inc. India. Retrieved from <http://www.terencelewis.com/happyfeet.php?m=menu-csr>
- Harris, M. (2007). The association between pain and mental ill-health. In Russello (Ed.), *Severe mental illness in primary care: Companion guide for counselors, psychotherapist and other professionals*. United Kingdom: Radcliffe Publishing Ltd.
- Holliday, A. (2002). *Doing and Writing: Qualitative Research*. Thousand Oaks, California,: Sage Publications.
- Jacob, K. (2008). The prevention of suicide in India and the developing world. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 29(2), 102-106. doi:10.1027/02275910.29.2.102
- Kashyap, T. (2005). *My body my wisdom: A handbook of creative dance therapy*. New Delhi, India: Penguin Group.
- Khandelwal, S. K., Jhingan, H. P., Ramesh. S., Gupta, R. K., & Srivastava, V. K. (2004). Indian mental health country profile. *International Review of Psychiatry*, 16(1-2), 126-141.
- Kllivayalil, R. A., Trivedi, J. K., & Tripathi, A. (2009). Social factors and forensic psychiatry in India. *Current Opinion in Psychiatry*, 22(5), 482-487. doi: 10.1097/YCO.0b013e32832f56be

- Kumar, A. (n.d). Mental health in a public health perspective. *Bihar Times*. Retrieved from http://d30045992.purehost.com/articles/anant/mental_health.html
- Lecompte, M. & Schensul, J. (1999). *Designing and conducting ethnographic research*. Walnut Creek, California: Altamira Press.
- Levy, F. J. (2005). *Dance movement therapy: A healing art* (2nd ed.). Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- 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, IL.
- Malhotra, A. (2001). An introduction to yoga philosophy: An annotated translation of yoga sutra. *Philosophy East & West*, 53(3), 421-425.
- Matu, S. (1999). Classical dances of India. Retrieved from <http://www.angelfine.com/ma2/bharatanatyam/bn.html>
- Murthy, R. (2011). Mental health initiatives in India (1947 – 2010). *The National Medical Journal of India*, 24 (2), 98-107.
- Padmavati, R. (2005). Community mental health care in India. *International Review of Psychiatry*, 17(2), 103-107.
- Palmquist, M. (n.d.). Content Analysis. Colorado State University. Retrieved from <http://www.ischool.utexas.edu/~palmquist/courses/content.html>
- Parkar, S. R., Nagarsekar, B., & Weiss, M.G. (2009). Explaining suicide in an urban slum of Mumbai, India. *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 30, 192-201. doi: 10.1027/0227-5910.30.4.192
- Parker, I. (2006). *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, IL.
- Patel, D. (2008, April 26). Dance therapy. Dilshad Patel's. Retrieved from <http://www.dilshadpatel.com/dance.html>
- Ponmelil, V. (n.d.). Introduction to folk dance forms of India. Retrieved from <http://www.newkerala.com/india/Dance-Forms-of-India/Introduction-to-Folk-Dance-of-India.html>
- Raj, R. (2010). Preserve and strengthen family to promote mental health. *Indian Journal of Psychiatry* 52(4), 389. doi: 10.40103/0019-5545.74323
- Rea, W. (2004). *Ethnic dance: Connections to body, mind and spirit* (Unpublished master's thesis). Columbia College Chicago, IL.
- Rossman, G. & Rallis, S. (2003). *Learning in the field: An introduction to qualitative research*. London: Sage Publications.
- Sandel, S. (1993). The process of empathic reflection in dance therapy. In S. Sandel, S. Chaiklin, & A.Lohn (Eds). *Foundation of Dance/Movement Therapy: The life and work of Marian Chace* (pp.100). Columbia, Maryland: Marian Chace memorial fund of the American Dance Therapy Association.
- Sharma, P., Charak, R., & Sharma, V. (2009). Contemporary perspectives on spirituality and mental health. *Indian Journal of Psychological Medicine*, 31(1), 16-23. doi: 10.4103/02537176.53310
- 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/>

- Singh, L. G. (2006). Looking glass: Islands of despair, islands of hope. *Sangeet Natak*, 40(1), 80-88.
- Singh, S. (2006). Healing through arts: Decoding the Indian paradigm. *Sangeet Natak*, 40(1), 10-24.
- Sudhakar, K. (2006). The therapeutic value of Indian classical dance. *Sangeet Natak*, 40, 26-38.
- Szczepanski, K. (n.d.). History of India's caste system. About.com guide. Retrieved from <http://asianhistory.about.com/od/india/p/indiancastesystem.htm>
- Victory Arts Foundation. (2007, August 22). About: Victory Arts Foundation. Retrieved from <http://victoryarts.blogspot.com/2007/08/about-victory-arts-foundation.html>
- Wernic, U. (2009). The use of prayer breads in psychotherapy. *Mental Health Religion and Culture* 12, 359-368. doi: 10.1080/13674670902732781

Appendix A

Glossary of Terms

Bartenieff Fundamentals and Principals

Irmgard Bartenieff described the fundamentals of movement to understand the changing relationship of the inner self with the outer world. The Bartenieff principals provide support to the body system, such as, body connection, breathing, grounding etc. (Hackney, 2002).

Bollywood Dance

Dance forms used in Indian Hindi films. It is a mixture of numerous dance styles including different Indian as well as western dance styles. (Courtney, n.d.).

Chacian style

Marian Chace is one of the pioneers of DMT. She invented and developed different styles and techniques in DMT. These techniques are popularly used by the dance/movement therapists in the U.S.A and abroad to facilitate interventions in DMT sessions. Marian Chace's work is also commonly known as Chacian style (Sandel, Chaiklin & Lohn, 1993) .

Dance/movement therapy (DMT)

Dance/Movement Therapy is the psychotherapeutic use of movement to promote emotional, cognitive, physical and social integration of individuals (American Dance Therapy Association, n.d.).

Folk dance

Folk dances in India are simple age-old traditions. The folk dances are performed to express joy. They are part of traditions and customs performed from one generation to another (Ponmelil, n.d).

Indian classical dance

Ancient Indian dance forms, invented from different states in India. There are religious and spiritual in nature (Matu, 1999).

Mirroring

It is one technique of the Chacian style. Mirroring is part of the empathy process, and involves participating in another person's total movement experience (Sandel, Chaiklin & Lohn, 1993).

Natya shastra

It is the oldest text of Indian drama and stage craft. It includes Indian treatise on performing arts (Courtney, n.d.).

Symbolism

Symbolism "is a process of using imagery, fantasy, recollection and enactment of it through a combination of visualization, verbalization and dance actions" (Levy, 2005, p. 22).

Yoga

The word yoga is derived from a Sanskrit word "yuj" that implies union of self with the world. It is a practice for physical, mental and spiritual healing (Malhotra, 2001).

Appendix B

Interview Questions.

- What inspired you to become a dance/movement therapist?
- According to you what is dance/movement therapy?
- How do you think dance/movement therapy is different from dance as therapy?
- Do you think dance therapy sessions are more beneficial than other therapeutic approaches, such as talk therapy, yoga therapy, Reiki therapy etc and how?
- How did you become a dance/movement therapist?
- Have you been trained in dance/movement therapy? If yes, from where?
- What is your dance and educational background?
- How long have you been working in the field of dance/movement therapy?
- What theoretical framework do you practice or work with?
- What techniques do you apply in your practice as dance/movement therapist?
- Do you plan or have structure for your sessions? How?
- What dance forms do you use in your sessions?
- What population do you work with and what are their clinical issues?
- How do you receive clients to participate in a dance therapy session?
- How are patients or clients referred to your services?
- How are your services paid for?
- What do your clients think about dance therapy?
- How do your clients feel after participating in a dance/movement therapy session?
- How do you know if a dance/movement therapy session is helping your client?

- How do you monitor your client's progress? (Do you make a treatment plan? Do you write progress notes?)
- How do you describe dance/movement therapy to your colleagues, clients, members of the public?
- How do you educate the public or publicize your practice of dance/movement therapy?
- What is your cultural background? How is that different from your clients' cultural backgrounds?
- What do you think is the most important thing/quality required to become a dance/movement therapist in India?
- What do you think is the future of dance/movement therapy in India?
- Are you aware of DMT practice in other nations, like USA, UK, etc.?
- Do you think DMT practice in other countries like USA, UK, Australia is different than India? Explain?

Appendix C



C O L L E G E C H I C A G O

Informed Consent Form

Consent Form for Participation in a Research Study

Title of Research Project: Dance/movement therapy in India

Principal Investigator: Rakhi Rangparia, M.A candidate, Dance/Movement Therapy & Counseling Department, Columbia College Chicago.

Faculty Advisor: Laura Allen

Chair of Thesis Committee: Lenore Hervey.

INTRODUCTION You are invited to participate in a research study to understand how dance/movement therapy is practiced and perceived in India by Indian dance/movement therapists. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called ‘informed consent.’ You will receive a copy of this form for your records.

You are invited to participate because you are currently practicing dance/movement therapy in India. It is expected that you are presently working as dance/movement therapist with an Indian population.

PURPOSE OF THE STUDY

The purpose of this research study is to understand the practice of dance/movement therapy (DMT) in India, as informed and expressed by India's current dance/movement therapists.

PROCEDURES

- This research will be conducted in India, the researcher will be meeting with participant individually for the interview. The meeting will last for couple of hours on predetermined date.
- For this research, You will be asked to share information related to your approach and experience of being a dance/movement therapist in India. You will be asked to share your challenges and successes in the field, as a practicing dance/movement therapist in India.
- The interview conducted solely for the purpose of this research, will be video recorded.
- Participants permission will be requested for observing and video recording a dance/movement therapy session conducted by the participating dance/movement therapist.
- All the effort will be made by the researcher to only video tape the instructor.
- Participating dance/movement therapist will be responsible for securing permission from the clients who will be present in the dance movement therapy session.
- At any time in the process of the interview, participant may request to turn off the electronic device and may also request for the information to be deleted.
- The recorded information will be used by this researcher, only for the purpose of the research. The recorded information will not be released in any format and no names will be given.

- As a participant you will also be requested to provide your resume at the interview.
- The information gathered through interview, observation and resume will be analyzed and incorporated in the form of a written thesis. The results and the outcome will be presented in written thesis form at Columbia College Chicago IL , USA.
- It is your right to ask for privacy and non disclosure. If you do not want to disclose your identity, such as your name, place of work or any other profession or personal information shared with this researcher during the time of the interview, you need to inform the researcher to not disclose the information.
- You may be contacted after the interview via email or phone by the researcher if further clarification or information is required.
- Information gathered from you may be provided to a professional for transcription.

POSSIBLE RISKS OR DISCOMFORTS

The potential discomfort or risk of your participation in this study is that your work as a dance/movement therapist in India could possibly be evaluated or compared with other dance/movement therapists around the world. For example some of the risk may be, your work could be judged or questioned or criticized. This is not intention of the investigator conducting the study.

The interview process, the amount of time required to interview you, and telephone/email correspondence as required could also be considered an inconvenience.

POSSIBLE BENEFITS

As a participant you could benefit from your work being described and published in the researcher's thesis, and possibly recognized internationally. The techniques and theoretical orientation applied by you as a therapist could subsequently help develop a standard for

dance/movement therapy in India. Your experiences, whether successful or not, may influence and motivate other or future dance/movement therapists in India. Your beliefs and perceptions about dance/movement therapy may influence the perception of mental health in India as well as inform the readers about the effectiveness of Indian dance forms in therapy. Your approach and techniques that are influenced by Indian culture and traditions may be acknowledged and applied by others in similar cultures.

CONFIDENTIALITY

The following procedures will be used to protect the confidentiality of your information.

1. Any and all the video recorded information will be kept in a password protected laptop that will be kept with this investigator at all times.
2. Once back in the United States the researcher will keep all study records locked in a secure location.
3. No one else besides the primary investigator and her research advisor will have access to the original data.

RIGHTS

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

I will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem you may contact me at xxx-x-xxx-xxx-xxxx. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 011- 1-312-369-7384.

COST OR COMMITMENT

- There will be no financial cost or compensation associated with your participation in this study.
- Your only commitment will be to participate in the interview process.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

Please check one option:

_____ I agree to have my name used in publication.

_____ I do not want my name used in publication.

Signature of Participant	Print Name:	Date:
Principal Investigator's	Signature	Print Name:
		Date

Appendix D

Ellen Stone-Belic International Research Award

Student name: Rakhi Rangparia Date: 05/4/2010

Address: xxxxxxxx

Phones: xxx-xxx-xxxx

Email: xxxxxxxx

A. Please provide this information about your proposed research project location:

Country: India State/Province: Maharashtra. City: Mumbai, Delhi and Kolkata

1. Period of time you plan to be at this location:

I plan to be in India in December 2010 or January 2011.

2. Amount of time devoted to your research project:

Two months

3. Agency/organization/school (etc.) where you will be conducting your research:

I will be conducting my research by interviewing the participants practicing dance/movement therapy (DMT) in different parts of India. The interview could be conducted in or outside of the facility that the participant is working. All the participants will be asked to arrange for the room, office or a space that will be non distracting and conducive for audio recording the interview process. With participants due consent, I will observe and video record them as they will be leading a session. Some of the organizations where I am hoping to observe and record the DMT session are Sanved, this organization works with girls who were rescued from human trafficking and Shiamak Davar's Victory Art Foundation, an organization conducting DMT sessions with

physically and mentally challenged individuals. I will also be conducting interview with independent practitioners of DMT, such as Tripura Kashyap and Dilshad Patel.

4. Supervisor or person(s) who will be sponsoring your project at your proposed location:

There is no supervisor or sponsor; it is an independent research project. However I have been in contact with participants (dance/movement therapists) in India for my research project.

5. Qualifications this person(s): N/A

6. Contact information for that person(s): N/A

7. Please describe any connections you have or have made at this location (family, friends, employers, support system, etc.)

I am an Indian citizen; I was born and raised in India. In India, I will be based in Mumbai where my parents live. I am hoping to make a day trip to different cities to meet with participants and conduct interviews for my research. My parents, friends and siblings will be my support system in India.

8. What documents are required for this visit? (Visas, shots, working papers, etc.)

As an Indian citizen, I do not require any documents or visas for travelling to India. Since I am a permanent resident in the United State of America, I do not require other documents to return back to USA. I will require written consent forms, that will be signed by the participants involved in this study.

9. What other funds do you have for this project to supplement this award?

I have no other funds for this project to supplement this award

B. Please describe, in a few sentences, the research project you would like to conduct at this location:

My research project is about (DMT) in India. The purpose of my research is to enquire and understand the practice of (DMT) in India and how DMT is integrated within Indian culture as experienced and expressed by current dance/movement therapists. There are few dance/movement therapists in India who are in the field and currently practicing. I intend to meet with these therapists and understand their perspective of DMT in India.

C. Please provide these details about your research to the best of your current ability:

1. Research problem:

Since there is not much research about DMT in India, I am enquiring about DMT as perceived and practiced by current dance/movement therapist in India.

2. Value of this research to the participants, to the agency, the community and to the field of dance/movement therapy:

This research will be able to present an Indian perspective on DMT. It will identify the techniques and theoretical orientation used by dance/movement therapists in India. The research will also indicate the influence of Indian culture in the practice of DMT in the country. This research could begin to identify differences in the practice of DMT in India to other Western countries such as the United States of America and Europe. This research will be of value to the larger field of DMT worldwide, as well as in India for its current and upcoming dance/ movement therapists.

3. Research question:

This research study hopes to identify and answer how DMT is currently perceived and practiced by dance/movement therapists in India.

4. Research methodology:

I will be conducting qualitative research, using ethnographic methodology. A large component of this research will involve how Indian culture is integrated into the practice of DMT.

5. Actual research site:

For this research project, I will be travelling to different cities in India to meet with dance/movement therapists. I will not be at any one research site or city throughout my stay. One of the organizations where I will be conducting my research is Victory Art Foundation in Mumbai. This organization provides DMT sessions with physically and mentally challenged individuals. I will also visit an organization name Sanved in Kolkata. This organization provides DMT sessions with girls rescued from human trafficking. The interview site could be at the participants' home or office, or where ever it is most convenient and comfortable for the participant.

6. How will you have access to this site:

I will be travelling to each site using public transport, such as local trains, buses and air planes. I am familiar with Indian public transportation system.

7. Who will be your research participants:

Dance/movement therapists who are currently practicing in India will be my research participants.

8. How will you have access to these participants?

I have started contacting them through emails and have received positive responses. I have also been given their contact information, and they have asked me to call them once I am in India.

9. What will be the participant's involvement?

10. These participants will be involved in the research as an interviewee. Data collection methods:

The data for this research will be collected through interviews and by observing DMT sessions in India. Other sources of information would be resumes of DMT practitioners, newspaper articles and related websites.

11. Special equipment needed:

The equipment needed for this research will be audio and video recorders and tapes.

D. Please attach a letter (email will suffice) from the site where you plan to conduct the research indicating that they understand and are in support of your intentions.

Attached

E. Please provide the names and phone numbers of two people (other than CCC faculty members) who may be contacted to provide references.

1. Name: xxxx Phone: xxx -xxx xxxx

2. Name: xxxx Phone: xxx-xxx-xxxx