

Dance & Recovery

**The impact of dance movement therapy
on people living with mental illness**

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Foreward

In my long career as a worker in the women's movement, one problem that has seemed to be particularly difficult to me is the physical and mental trauma suffered by a woman facing violence. It fractures her entire personality and perpetuates the cycle of suffering that she is entangled in. I have seen this in shelter homes, in prisons, mental health hospitals and even within the household. Young girls trafficked into the sex trade often experience such extreme sexual violence that it creates a disruption in their emotional lives that goes on even after they have been rescued. It is most difficult to restore them to a balanced frame of mind so that they can resume a normal active life. Our society suffers from a moralistic blindness to such problems, our shelter homes, hospitals and prisons also are not adequately equipped to cope with the complex issues of recovery.

It was much later that I came to understand the effectiveness of dance & rhythmic bodily movement in relieving the body and mind of its trauma. Kolkata Sanved has done extensive research in this field by pioneering Dance Movement Therapy as a method of rehabilitation. This report bears evidence to the social relevance of their work and it appears that they are indeed saving lives through dance.

I do hope that a new model for trauma treatment supplementing and going beyond its mere medical aspect will emerge from their work.

Malini Bhattacharya

Dr. Malini Bhattacharya, Chairperson
West Bengal Commission for Women

Foreward

Through all time, dance has been used as an agent for healing body, mind, emotions, spirit and community. Kolkata Sanved is an extraordinary organization that has brought this tradition to many women in Kolkata, India. I am delighted to say a few words about this program as they introduce you to their innovative work with the mentally ill in psychiatric hospital settings.

As a Dance/Movement Therapist with decades of clinical practice and teaching experience in the United States, I was invited to Kolkata in 2008 and 2009, to provide month-long intensive experiential workshops for the Sanved dance trainers, assistant trainers and students. During both years' workshops I instructed the students in the theories and methods of dance/movement therapy as developed in the West for treating mental illness, trauma and for strengthening mental health in individuals and communities. During the 200 hours of workshops and many more hours in the milieu of the Kolkata Sanved organization I was privileged to observe the dedication of dance activist, and director, Sohini Chokroborty and the unique and outstanding community resource she has created.

The first phase of the Kolkata Sanved program helps to transform rescued survivors of human trafficking and social trauma into professional dance trainers who earn their living through improving the lives of others. This transition includes education, dance and verbal therapy, dance therapy training and a focus on bringing out each woman's special gifts. Sohini's approach combines training in classical Indian dance and dance/movement therapy to develop enthusiastic dance trainers with leadership skills and social commitment. In the second phase of Kolkata Sanved's program, these women bring dance into psychiatric hospitals, children's shelters and mental health programs throughout the city. I am extremely impressed by their talent as healers and the creativity they show when bringing dance/movement therapy to their community.

The life of a patient in a psychiatric hospital is greatly enriched by opening their world to the creative resource of dance/movement expression. Building relationships through the connections made in group rhythmic activities brings new sources for strengthening body,

mind, emotions and spirit. Dance builds social skills, improves self-image and brings joy. The Kolkata Sanved dance trainers enter the lives of so many patients in need and create new opportunities for growth. They bring dance to the patients and also bring compassion, intuition and a special empathy that is only gained from having overcome their own personal obstacles.

This research paper allows us to briefly enter the experience of the psychiatric patients touched by the dance/movement therapy brought to them by Kolkata Sanved. While reading it, I encourage you to imagine the rich healing music, the rhythmic group activity and non-verbal support that enhance these dance/movement therapy sessions.

Bonnie Bernstein

Bonnie Bernstein

Bonnie Bernstein is a Licensed Marriage and Family Therapist, Board Certified Dance/Movement Therapist and Registered Expressive Arts Therapist. Mentored by pioneer dance therapist Blanche Evan from 1970-82, she has evolved her dance/movement therapy approach through 35 years of private practice and from her passion for teaching. She has specialized in therapy for sexual trauma survivors and has published on this subject. She currently has a private practice in Palo Alto, California and teaches graduate students.

Preface

Dance is a liberating experience enabling the body to become a creative channel of ideas, expressions, emotions, feelings, rhythms, shape, energy, and direction. It is thus only natural that movements empower and celebrate.

Kolkata Sanved, an organization working with survivors of trafficking, violence and trauma, has been pioneering Dance Movement Therapy (DMT) in South Asia since 2004. As pioneers of using dance for social change, our entire learning process has been experiential. In addition to our programmes with survivors of sex trafficking, economically disadvantaged communities and other marginalized groups, we have recently expanded our reach to include people living with mental illness. This is based on the realization that people with mental health problems are too often ignored in India. They are invisible to society at large, and stigmatized because of their disability. The general public too has little awareness or understanding of mental health issues.

During the course of our work with people living with mental illness we found DMT to be a creative and empowering form of expressive therapy. It served as a unique form of counseling by working as an effective medium for change. Dance provided patients a sense of freedom and joy, providing new avenues for expression to even those hospitalized for many years. Based on this positive response from our participants, we felt that it would be useful to develop a qualitative assessment of our experiences of working with people living with mental illness. With this approach, this research in collaboration with Anjali was conducted in two government-run mental health hospitals in Kolkata.

Initial work on DMT in the two mental health institutions was of our own initiative; financial support was limited. It was in 2009, with the support of Art Action, that we were able to conceptualize and facilitate this exploratory research to assess the impact of DMT on people living with mental illness. It is perhaps the first time that such an initiative is being applied to the mental health field in India. While this is a preliminary study, we hope the findings will raise awareness about the impact of DMT on mental health and encourage greater public intervention on the issue.

This research may also prove to be useful for those using other

expressive art therapies when dealing with mental health concerns.

I am confident that the findings and recommendations will open up new pathways for people living with mental illness to live more expressive and positive lives along with greater possibilities of interaction for those who care for them.

It goes without saying that this research has been possible only because of the participation of patients in two government hospitals (Lumbini Park and Pavlov), Art Action, Anjali and all staff members of the two hospitals. Our deepest gratitude goes out to all these people and organizations that directly or indirectly helped us to complete this project successfully.

Sohini Chakraborty,
Founder Director, Kolkata Sanved

Abstract

Kolkata Sanved, a non governmental organization based in West Bengal, has pioneered dance and movement as a therapeutic tool for those who are most vulnerable and underprivileged. The organization has been conducting a pilot programme in two government mental health hospitals in Kolkata. This study has been conducted to qualify the impact of Dance Movement Therapy on the lives of patients who have been programme participants. 27 respondents (8 women and 19 men) participated in the study. The patients are living with different types of mental illness which include schizophrenia, bipolar disorder, major depression and other severe and persistent disorders. They are currently on remission but require medication and supervision. The responses given by the participants have been classified in the following categories for the convenience of discussion: a) rediscovering the body, b) articulating feelings and emotions, c) self development, d) connecting & communicating. In terms of rediscovering the body, discussions reveal dance brought in an element of magic and fantasy that energized and inspired the participants. This acted at a most basic level and contributed towards creating a positive body image. The creative process of thinking, imagining and dancing increased self-acceptance and encouraged compassion and empathy with others. Being mirrored by another who understands allowed them to feel seen and be accepted in their suffering, knowing they are not alone and leading to the articulation of feelings and emotions. Dance, it appears, helped the participants rediscover themselves and enhanced self-development. The participants' shared DMT experiences made them happier and bond with each other. Prior to DMT each would live in a self-contained isolated world but dance helped them become aware of each other and encouraged them to take the initiative of reaching out to each other, to connect and communicate. The tangible outcome of the study has been the development of a curriculum aimed towards encouraging a more scientific interaction with the patients and thereby enhancing their lives.

Introduction

To grow, from confusion to clarity to practice; to develop the strength to make the statement, to arrive at realisation of one's identity: sexual, social, economic... growth that leads to eventual self therapy...renewing the sense of totality of person.... not to revert to the solitude of the secret but to keep breaking down the secret.

Blanche Evan¹

The use of body movement, particularly dance as a cathartic and therapeutic tool, is perhaps as old as dance itself. In many primitive societies, dance was as essential as eating and sleeping. It provided a means of expression to communicate feelings to others and commune with nature. Dance rituals frequently accompanied major life changes, thus serving to promote personal integration as well as the fundamental integration of the individual with society. Dance therapy, the use of dance movement as a psychotherapeutic or healing tool, is rooted in the idea that body and mind are inseparable. Its basic premise is that body movement reflects inner emotional states and changes in movement behavior can lead to changes in the psyche, promoting health and growth. Supporting individuals, especially those with mental illness and psychological or mental disabilities, to regain a sense of wholeness by experiencing the fundamental unity of body, mind and spirit is the ultimate goal of dance movement therapy.

The dance of the medicine man, priest or shaman belongs to the oldest form of medicine and psychotherapy in which the common exaltation and release of tension were able to change human beings' physical and mental suffering into a renewed state of health. We may say that since the dawn of civilization dancing, religion, music and medicine were inseparable.

In contrast, the complexity and stress of modern living have led many people to feel alienated with themselves and with nature. Much of the turn of the century western thought subscribed to the credo of dualism or the distinct separation of body and mind. Formal art developed as performing art, emphasizing technique with little attention to how it affected the dancer. Medicine and psychotherapy became treatment

with the former focusing on the body and the latter on the mind. Psychotherapeutic treatment approaches were almost entirely verbal and not active. During the first half of the 20th century, efforts were made in many fields to break away from the limitations of these traditions. The modern dance movement sought to replace rigidity and impersonal art forms with more natural, expressive movements emphasizing spontaneity and creativity. In the area of psychotherapy there was a growing interest in the non-verbal and expressive aspects of personality. Out of this changing intellectual climate, dance therapy emerged in the 1940s and 1950s. By the 1930s and 1940s, psychoanalytical thought (the work of Freud, Adler, Jung and others) was gaining acceptance and the concept of inner dance was becoming popular among modern dancers. While psychoanalysts were encouraging expression of the unconscious through verbalization, dancers began to use body movement as a vehicle for similar forms of expression.

Pioneers like Martha Graham attended to thoughts, feelings and insights from the unconscious and included these in their teaching and choreography. Mary Whitehouse and Marian Chace focused exclusively on the psychotherapeutic aspect of dance. Rather than relying on theoretical models that lay stress upon pathology, Chace sought out motion for integration with health. Her profound understanding of rhythmic movement led her to create a method for contacting and sparking the life force of those feeling afraid and alienated. She was able to break the barrier of isolation and communicate on a peer level with very withdrawn and disturbed people. People learnt to encounter themselves and each other through both individual and group work. The reasons people gravitate towards individual work include their inability to trust multiple strangers and their feeling unready or unable to be a part of a group. Conversely there are people who are not ready to be looked at singularly by the teacher and feel alien in individual settings. They want to hide in the group and may themselves change the format when they are ready. Whatever be the form, it is the political and social context within which the therapy of healing takes place that is essential to the concept.

Embedded within this thinking is the materialistic way in which the body has been viewed and put in the shadow. Events or processes by which we may leave our bodies include physical, emotional and or psychological abuse, early childhood illness, poor early object relations in which the mirroring by parental figures necessary for the child to develop a healthy sense of self may have been inadequate, disturbed interpersonal relationships between family members and survival of disasters. DMT is the process of awakening the body to memories, stories, feelings and perceptions and accumulated pain.

¹Extract from Blanch Evan's interview to Iris Rifkin Gainer in American Journal of Dance Therapy, 1982 while summarizing the objectives of dance therapy (page-193).

Background

Kolkata Sanved, a non governmental organization based in West Bengal, is promoting DMT as a therapeutic tool for those who are most vulnerable and underprivileged. The organization works with people from diverse backgrounds including survivors of violence and trafficking, street and platform dwelling children, at-risk youth living in red-light areas or in slums, people living with HIV and AIDS and people with mental illness. The organization uses DMT as an alternative approach to counselling, psychosocial rehabilitation and empowerment. Sohini Chakravarty, Founder-Director of Kolkata Sanved, says, "DMT allows participants to re-construct their worlds and self-identities. The process is completed in a positive space of acceptance that is free from stigma, allowing the new social roles to 'incubate' in an environment of validation and support." What this essentially implies is that DMT has brought dance out of the restricted confines of the ballroom or theatre spaces and encourages the spontaneous movement which remains latent in most of us. Dance transcends the bars imposed by language and acts as a liberating force by offering freedom from thoughts that can act as depressants. It underscores the belief that all of us can free ourselves from the confinements imposed on the mind by social reality. In the case of mental health patients, because of their psychological conditions, the participants have to take heavy doses of medication. Over the years this makes them inactive, lethargic and inert. DMT helps to break down this inertia, strengthens coordination and reinigorates them.

Sohini further adds, "People often have fairly structured conceptions of their body which leave no room for imagination, create inhibitions and even self-loathing. Many of our participants express that they have unreleased anger and aggression that have kept them from opening up and communicating with others. To break down emotional walls, dance therapy makes use of creative challenges to use the body in new and unexpected ways in order to reconsider the body beyond functionality, and use a different mode of thinking to discover personal strengths. For instance, in one of the activities two participants must hold a balloon between them without using their hands. They are to move together with the music without providing each other with verbal instructions and are to use all parts of their bodies while still balancing the balloon between them. Through feeling the presence of their partners, they are led into awkward positions that at once challenge the body as

well as the mind and lead to the development of strong negotiation skills. Through these activities they first come to a state of vulnerability but are then able to find release from the pressures of expectations after working to build trust and confidence in others."

Sanved is distinct in its organic sustainability as the trainers themselves have risen from marginalized backgrounds and are acting as advocates for change within their very own communities. While using dance as a form of therapy, Kolkata Sanved provides an opportunity to heal from physical violence, a state of being that often impacts mental wellness. DMT also knits in a diverse range of skills that ensure participants start optimizing the 7 human emotions towards finding fulfillment in life.² Simultaneously, the organization creates livelihood opportunities for the trainers who themselves have survived traumatic experiences and developed their skills through the same program they now draw on to train others. Some of them were raised in shelter homes with little family to speak of and others continue to reside in slums and encounter several challenges in their day-to-day lives. Through dance and movement, these women and men have found empowerment, bonding and a livelihood that provides them with greater independence. The organization also understands and promotes the importance of recognizing varied definitions of strength, courage, and wisdom arising from its involvement with different kinds of communities. Today, the organization takes pride in the success of various girls and boys who have been survivors of violence and are engaged in reaching out to people in different parts of the country through DMT.

In terms of the application of DMT, there is limited articulation of its significance. While some initiatives have been made to use classical dance forms to reach out to those who are differently abled (for example, teaching classical dance to children with cerebral palsy, or prison inmates), there has been a marked absence of an organizational approach that addresses the issue with a long term vision. There are, therefore, limited outreach programs and the impact of such work is yet to be measured. Kolkata Sanved makes a concerted effort to introduce DMT to its various partners who include organizations that work with diverse populations such as survivors of domestic violence, domestic workers and children from shelter homes. The organizations break away from an elitist approach and reach out to people in remote areas and in marginalized communities;

²The 7 human emotions that bring us pleasure are Love, Sex, Hope, Faith, Sympathy, Optimism, and Loyalty. The 7 emotions that cause us to feel pain are Fear, Hatred, Anger, Greed, Jealousy, Revenge, and Superstition. These all bring us discomfort, so we try to avoid experiencing them. Deon Du Plessis, http://www.articlealley.com/article_26480_24.html

and the relationship built is not that of a teacher and student but an enduring and sustainable bond that allows healing and nurturing of the self.

The dance style taught and encouraged by Kolkata Sanved can be labeled as a form of modern Indian dance with an emphasis on spontaneous movement. The organization believes that the true magic of dance is found in the process of creation rather than in the final product. Trainers develop classes and workshops that draw on the therapeutic elements of multiple traditional Indian dance forms to create a unique and holistic approach for dealing with psychological issues of trauma and everyday life. Footwork from the Kathak tradition might be used to trigger a release of anger, and shape and body placement from the Bharatnatyam tradition might be used to rethink the image of the body and its relation to space. Teamwork is developed through the incorporation of folk dance. Equally, hand gestures are portrayed as tools for story telling and facial expressions become the keys to revealing emotions. Respecting the body and valuing all dance traditions, this technique also allows for a high degree of flexibility with each target audience. No step is considered out of bounds and all movement originates in response to the experiences of the participants. Claiming full ownership to every aspect of the dance, they are able to act out their own stories and truly express their deepest unspoken emotions. As an outcome of this study a curriculum has been developed towards enabling this, called 'Sampurnata' or fulfillment. This curriculum also marks the beginning of fulfilling Sohini's dream of building an institution specializing in dance/movement therapy in India and is based on the findings of the study.

Sampurnata: the curriculum

The curriculum focuses on developing an understanding of dance movement therapy and its varied functions with a particular emphasis on mental health patients. The projected aim of the course is to train those interested in being trainers and dance movement therapists. The focus of the curriculum is on treating mentally ill patients in psychiatric hospitals by introducing dance therapy as an intervention to NGO workers and interested students. The course is designed as a rigorous three-month, three-phase training program. It will include didactic and experiential classes introducing the theoretical components and practical application of dance/movement therapy appropriate for different populations and different settings. The course will include written assignments, a 25 hour internship experience and a final integrative paper.

Kolkata Sanved's work with people with mental illnesses is based on the belief that with adequate care and creative psychotherapy they can be successfully reintegrated into mainstream society. The pilot program implemented in the two government mental health hospitals in Kolkata focuses on the enhancement of the overall wellbeing of people with mental illnesses, with the objective of helping them find inner strength, gain confidence, gain control of their lives and develop life skills. The classes are held once a week in each hospital, for two hours in the afternoon.

The work in these two hospitals has been organized by the support of Anjali, a human rights based mental health organization, established in Kolkata in 2000 by Ratnabali Ray - a trained clinical psychologist and mental health activist who has been working in state institutions of West Bengal for many years. Anjali was established with the goals of humanizing government health institutions to usher in inclusive and rights-based care of persons with mental illnesses, ensuring their full participation and consent in all decisions related to their lives by enabling them to make the transition from victim hood to citizenship and shifting the mental health care and treatment paradigm from institutionalization to community-based care and healing. This study was made possible through access provided by Anjali in the two government hospitals. Apart from interviews with hospital patients, Anjali facilitated discussions with caregivers, medical practitioners and hospital authorities.

Aims & Objective

This study has been conducted to qualify the impact of dance movement therapy on the lives of the patients who have been participants of the DMT program in the two hospitals, conducted by Kolkata Sanved, over the last two years. It aims to understand the benefits of dance movement therapy and thereby strengthen and expand the program in the future. The study reflects on the goals and objectives of the program in order to realize them. The most tangible outcome of the study has been the designing of a curriculum that will lead to a scientific approach in catering to the needs of special persons by responding to their requirements in a more effective manner.

The specific objective of the study has been to determine the extent to which the participants of the program exhibit a change in their behaviour so that they can be reintegrated into their family and community. Signs of behavioural changes considered include:

- appropriate relationship-building ability, socially appropriate dressing, positive mannerisms, self-care
- developing trust in each other and decreased feelings of isolation and marginalization
- being in control of emotions, articulating thoughts
- increasing comfort with body movement and improving body image
- relating and interacting meaningfully with the outside world
- discovering the creative self and self-control

Research Method

A qualitative research design was selected to meet the objectives of the study. The research was conducted in two government hospitals, Lumbini Park Hospital and Pavlov Hospital. Group discussions were held with program participants, nursing staff, non-medical staff, doctors and superintendents of the respective hospitals. Discussions were also held with counselors from counseling institutions in the city. The complete profile of respondents included:

- Hospital patients with mental illnesses
- Hospital authorities and caregivers
- Department of Health officials
- Anjali personnel
- Kolkata Sanved trainers
- Counsellors from counselling institutions

Ethical Issues

The interviews with all respondents including those with mental illnesses were conducted in complete privacy. The respondents were informed about the objective of the interview and their consent was taken. All the interviews were conducted within the hospital premises.

Constraints & Limitations

Over the past 2 years quite a few of the participants who had been involved in the DMT classes have been reintegrated with their families; many of them live in distant villages and it has not been possible to reach out to them. Thus the study could reach only a select number of respondents. Finally, due to the absence of baseline data the complete change in behaviour patterns of those involved in the program may not have been fully captured in the study.

Challenges in Data Collection

Biases in interview or questionnaire data may creep in regardless of population samples. In the context of this study the profile of the special population needed to be considered all the more. Different levels of functioning, educational background, intelligence and income contribute to diversity among the mentally ill just as within a general population. The additional factors that need to be considered are limited social skills, low level of social functioning, limited attention span and difficulty in communicating. These issues were repeatedly manifested during the course of the interviews.

Profile of Respondents

27 respondents - 8 women and 19 men - participated in the study. They comprised participants of the DMT program conducted in both the hospitals. The respondents have participated in the program for a time frame between 6 months and 2 years and have been in the hospital for a time span ranging from 1 year to 14 years, with the average duration of stay being 4 years. They have different mental illnesses which include schizophrenia, bipolar disorder, major depression and other severe and persistent disorders; symptoms of their condition are currently in remission but they require medication and supervision. Many are ready for reintegration but their families are unwilling to take them back. Reasons include fear of relapse, consequent difficulties in readmission to the hospitals in question (which requires a court order), and, most importantly, unwillingness to take responsibility of a non-contributory family member. Most of the respondents are from Kolkata but quite a few are from villages. In terms of family back home, many have spoken about their brothers and their wives, or sisters and their families. Parents have either passed away or are elderly and unable to care for their children so affected.



In terms of past occupations and skills, prior to admission to the hospitals, these are some of the professional roles the men had assumed: laboratory assistant, home tutor for school students, car parking attendants, agents for a cosmetic company or insurance company and workers of a political



party. Some ran errands for their families. The women spoke of being involved in household chores (cooking, stitching and embroidery) and one woman spoke of giving tuitions at home to school-going students in the community.

While the participants did not have any formal experience of dance they did talk about occasions where they had danced. In fact, it was the men who spoke more of dancing in their youth. Such occasions were usually during the time of immersion of Hindu idols. Almost all of them were open to the idea of dancing. A couple of their responses were as follows: "I used to dance during Saraswati Puja; at times I used to dance in front of the mirror at home" and "I used to dance during Kali Puja at the time of immersion. I did not feel awkward when dancing". Three of the women said they had danced either alone or with friends during functions performed in their locality. In fact, almost all the respondents were unanimous in saying that there was no hesitation or trepidation when they were informed about the commencement of DMT sessions; rather, there was an enthusiastic response to the introduction of DMT classes. Very few of them felt that dance would be something they would be unable to do. Neither was there any hesitation about dancing in a mixed group of men and women. This is significant as the participants come mostly from families where opportunities of interacting with the other sex, outside the family setting, may have been limited. The women reported: "We feel no discomfort when dancing with men. It doesn't feel any different from dancing with women." Neither did the men feel that dancing was something not meant for them. Samples of their responses are given below.³

I: How did you hear about the classes?

R: I heard about the classes from Sumit [A DMT facilitator].

I: How did you feel when you heard a class like this was going to be started?

R: I felt good.

I: Why do you like dancing?

R: I used to watch Hindi films and watched a lot of dancing. Moreover, I had fallen in love and that made me like dancing all the more.

[N.B.: R is a male participant]

³ R refers to the respondents and I refers to the interviewer.

I: Did you feel dance was meant for women and not for men?

R1: Not at all. Everyone is equal.

R2: There should be no discrimination. Work is for everyone. Do girls only cook?

[N.B.: R1 and R2 are male participants]

The managers of the hospital program added that initially the participants thought they would be dancing Bharatnatyam or some other form of classical dance. They soon realized that the form and choice of movement were very different. They also enjoyed the ability to choose the music and the movement themes. This kept them engaged in the process:

I: What do you think makes the DMT classes unique?

R: The classes make the patients happy. Their faces light up.

[N.B.: R is the Program Manager of Anjali]

From the Unknown to Discovery: Trainer Speak

For the young dance therapists of Kolkata Sanved, the journey into the hospitals began with hesitation and trepidation. The therapists had earlier interacted with children from shelter homes - a very different group from people with mental illnesses. As Nipuna, one of the trainers, said: *"I was relieved when the first class was over. When I walked out of the hospital gates I felt like I had escaped."*

Interaction with respondents, however, led to the beginning of a positive relationship. The therapists soon realized that in contrast to the high energy of children, this was a group that got tired easily and forgot quickly, daily medication being one of the reasons:

"Children have a lot more energy. They pick up activities very quickly. I spend a lot more time planning my classes for my students with mental illnesses. I constantly think of what they can do, understand, learn and remember."

Kolkata Sanved Trainer

The trainers soon learnt that while the principles of DMT remained the same, what works for one profile of participants may not work for another profile. Thus an activity used with children living in a shelter home to release anger was found comical by the participants in the hospital. At

first, classes would be limited to the patients imitating moves made by the therapists.

The participants would come to class wearing dirty clothes and were careless about their appearance. They would have no recollection of what they had done in earlier classes, be lethargic and took a considerable amount of time to understand and respond to instructions. Facing such challenges, the trainers started wondering whether they were lacking as therapists. Gradually, they started to devise different techniques and also incorporated other forms of creative activities. Sometimes the participants would be asked to laugh loudly to release their emotions. They would also write poems or draw pictures that conveyed their mood:

R: We ask them to draw pictures that express their mood. Then we ask them to express this through movements. We also ask them sometimes to convey their feelings about a class through drawings. At other times we ask them to sing songs they like.

I: How is singing connected with dancing?

R: It helps develop memory. We play a lot of memory games. This is helpful as the respondents find it difficult to remember dance steps.

[NB: R is a Kolkata Sanved Trainer]

Soon there was a change. The group started asking for more energetic dance steps or movements. They drew upon their earlier sessions and composed dance sequences. The therapists saw improvements in their memory and a greater speed in their ability to pick up movements. They became more conscious about themselves and their appearance and they began paying attention to how they dressed for the classes. If someone could not attend a class or was not feeling well, they would talk about it with the therapists. In other words, they became more expressive:

"Sundari was one participant who would stay silent all through the class. She expresses herself much better now. Previously, when she was asked to sing, she wasn't coherent. But now she sings when ever she remembers a song."

Kolkata Sanved trainer

"Kabi di has started helping others in the hospital. Earlier, she would keep to herself and considered herself to be above reproach."

Kolkata Sanved trainer

Opening Windows

Another creative challenge was provided through the use of body and movement metaphors by which a participant is able to develop concentration skills and learns to express himself/herself. These activities encourage people to move together and think of ways to re-conceptualize the body "as a family made up of separate yet interrelated members, [where] each part has an impact on the whole and each part can help us to understand the whole." Some of the physical metaphors that are used include:

- Close your eyes and take a visual journey (which can be positive or negative) and share what you see with the group through movement.
- Become a tree with your body. Start as a seed (grounding) then grow into a sapling (centering) and finally grow into a fully-rooted tree (connecting).

Interaction with men was another area of trepidation for the trainers. *"I was scared because the patients were all men (in one of the hospitals). In the other hospital, Mita (one of the woman participants) would sometimes grasp my hand so tightly that I could not release it from her grip. I wondered what I would do if one of the men did the same thing. But right from the time our classes began, they have considered me to be their sister. When other patients, who are not a part of my classes, talk to me even slightly offensively, they rally around and rebuke them. They tell them that I am their sister and that they should accord me that respect,"* said one of the trainers.

The therapists talked about how a sense of discipline was inculcated amongst the participants. *"The men used to leave in the middle of a class to have khoini (a narcotic substance) or smoke a cigarette. I asked them if, when I had come to take a class with them, it was right for them to leave while the class was in progress to smoke. Now they all sit with us through the entire duration of the class."*

Kolkata Sanved trainer

One of the most important skills that have been reinforced during the training is the ability to pay attention to the needs of the respondents. One of the trainers described her experience thus: *"While I was selecting dancers for a forthcoming program, one of the patients asked me why I hadn't chosen her. I had no answer for her and she stopped coming to*

my classes. Over a period of time, I realized that they must decide for themselves who would perform in a programme." The other trainer shared another aspect of the experience of working with the patients: *"The classes enable me to keep my personal grief and anxieties in perspective. I realize my problems are negligible compared to the patients'."*

Dancing Ahead

The participants themselves shared their dance class experiences with enthusiasm and excitement. Many of them said that they looked forward to the classes and would be happy if the frequency was to be increased. An overriding sense of discipline has been strongly instilled in the participants. They assembled in quiet anticipation before the class, cleaned the floor, spread the mats and sat in a circle. The session began with a prayer, followed by warm-up exercises. Possible themes of work were discussed by the trainers and the participants and a consensus was reached. It was a hot, sultry afternoon and the class began to imagine that it was raining outside. The rhythm of dance movements along with the imagined sound of the raindrops beating on the roof helped them to transcend the immediate discomfort of the heat and also to unearth memories of days lived long ago. While the focus was on group work, attention was also paid to the needs of each individual:



"The individual is important in certain cases, like when someone new enters the classes and she has to be integrated with the rest of the group. But our activities engage the whole group. We use props, arts supplies, dhols (percussion) to attract the group."

Kolkata Sanved trainer

Attempting to understand the impact of dance movement therapy on the lives of the respondents was the most challenging aspect of the discussion. It was also the most stimulating. The respondents had to think and reason out their answers. Many of them found it difficult to express their thoughts in words that conveyed their emotions. In spite of difficulties in articulation, all were unanimous in agreeing that dance made them happy, gave them joy and they wished the classes were more frequent. The responses given by the participants may be classified into the following categories for convenience of discussion:

- Rediscovering the body
- Articulating feelings and emotions
- Self-development
- Connecting and communicating

Rediscovering the body

For those affected by mental illness, recovery can be all the more difficult because innate coping skills are seriously affected. DMT in this regard was an important resource for the treatment of trauma because it helped rehabilitate the body. DMT, through various body movements, provided tools for reconnecting the body with the self. The creative play space provided a distance from intense feelings so that participants could have a safe way to work through them.

The first response the participants offered about the impact of dance on their lives was that it was a form of exercise and it helped increase their fitness levels. When it was argued that yoga sessions are also a way of gaining fitness, the respondents added that they experienced happiness while dancing. The added elements of songs and music that enable participants to express their emotions further differentiated it from yoga. Some of the participants, on the other hand, were not in a hurry to differentiate between the two but dance emerged as a very popular choice:

"Both dance and yoga make me feel fitter. Why should they have to be different?"

Female participant

"Both dance and yoga help you stay fit. But dance is accompanied by music. Dance and yoga are different. To dance you need an orchestra [starts singing aloud]. Dance is coupled with music. I like R.D. Burman's music."

Male participant

From the discussions it appeared that dance, by bringing in an element of magic and fantasy, energized and inspired the participants. This acted at a most basic level and contributed towards creating a positive body image. Many of the women respondents said that dance made them look attractive and helped them develop a nice figure. To this discussion, the health care providers added that dance provided a forum for expression of the self, especially in the hospital which is a confined space offering limited scope for the patients to release their creative energy. The element



of music, essential to dance, transported the participants to a plane away from the grim reality in which they were restricted:

"After many years I can feel the blood flowing in my veins. Dance gives a sense of rhythm to my life"

Female participant

"I feel attractive when I dance. Dance makes my body lighter; it makes me look nicer. Now I like looking at myself in the mirror"

Male participant



Articulating feelings and emotions

Mental illness is an isolating experience which shuts off those affected from experiencing the fun and laughter of everyday life. The respondents who participated in this research are not only away from their families but living in institutions where emotions that enrich and sustain the mind are scarce. Life in a mental institution offers perhaps even less than the bare necessities largely considered essential for daily living. In rooms crammed for space, beds are set together so close that even a pin cannot fall through. The rooms are dark and dreary with very little ventilation. Patients with different disorders are clubbed together, with the severely ill and those under remission living together. The quality and quantity of food is such that it barely allows survival. Such spaces are ideal for generating conflict. It is here that dance weaves its spell and brings in happiness and a feeling of optimism:



"When I dance I feel happy. Dance makes me feel lighter. It provides me with a change from the mundane life here."

Male participant

"Dancing makes us feel happy. I believe that not only can I dance but I can also make others happy by dancing."

Female participant

The body awareness practices and simple rhythmic movements experienced in DMT connected participants with their physical selves and assisted the expression of feelings. DMT provided them with an opportunity for gaining access to their creativity and thereby energized their core vitality and developed personal power. Non-verbal communication united people who had been living together for years but who previously had no desire to bond and share amongst themselves. The creative process of thinking, imagining and dancing increased self-acceptance and encouraged compassion for, and empathy with, others. Being mirrored by another who understands allowed them to feel, be seen and accepted in their suffering, all the while knowing they were not alone:



"The dance classes have made me communicate and interact with people. I want others to share their problems with me."

Male participant

"I want to dance in programs because I like the applause. I want to learn more dance steps. Dance can be a medicine. It makes me happy. Dancing gives me recognition."

Male participant



Self-development

Mental illness often objectifies the individual and robs him or her of an identity. People with mental illnesses are assumed to have little regard for their individuality and personhood. The patients living in such an environment get robbed of their bodily integrity and become numb and bereft of emotions. Dance, it appears, helped the participants rediscover themselves. The participants said that dance made them feel intelligent and gave them a sense of purpose. It helped them relive happy memories and gave them the energy to hope again. Indeed, dance helped them reform their identities which encouraged them to reach out to each other. It helped them reconnect with and befriend each other:

"Dancing evokes memories of my falling in love."

Male participant

"I can now depend on myself. I feel I have gained greater self-control."

Male participant



"Dance gives me a sense of rhythm; I start moving when I hear a song. My anger has also lessened."

Female participant

"I do not know how to explain this: dance helps me pass my time, I can now also depend on myself; I feel nice, I have more self-control and I have more friends."

Male participant

The program managers further added that the participants have lost their shyness during the course of the classes. The annual spring programme (*Basanta Utsav*) where the participants perform is an event eagerly anticipated by all the participants. In fact, the participants themselves take care of all arrangements necessary for this event. Living in a situation of dependence and vulnerability, the participants said that dance is something they have control over: it is something they can do and create. To reinforce this sense of identity the dance therapists added that they encouraged participants to create steps. One of them said: *"If Charu di [a patient at one of the hospitals] wants to do only one movement, we take her movement and do it in a group."*

The dance therapists give importance to fostering a sense of ownership among the participants regarding the movements. During programs, the participants themselves decide what positions they will take on stage during a performance. Before the regular classes start they take the initiative to attend to the pre-class preparations:

"They are the ones who take charge during classes. They bring the CD player and take the initiative to alert the participants that the class is starting. They also take care of others who take time to respond to movements."

Kolkata Sanved trainer

"They understand activities more quickly, are more creative and express themselves better."

Kolkata Sanved trainer

Connecting and communicating

The sense of alienation that mental illness brings isolates the individual; each individual suffers in isolation. DMT provided participants with an opportunity to work, think and spend time together. The need to compose dance sequences made participants sit together and discuss days spent with their families and friends and thereby connect with each other. As mentioned before, the participants described DMT as an activity which enabled them to interact, bond and discuss their problems with each other. It helped them to both control and express their feelings. It increased their enthusiasm, made them happier and they grew more emotionally in tune with each other:



"The dance classes have made me more intelligent. It is because of these classes that we have made friends and share our concerns about our family members with each other."

Male participant

"Dance has made me a humane person. It has made me agile and my foot ache has decreased. I can also visualize my childhood days vividly now."

Female participant

"When I perform in functions organized by Anjali, I cry because I am reminded of home. But I've also become better equipped to deal with grief for I know others too have had similar experiences."

Male participant

The program managers of Anjali acknowledged this increase in expressiveness. One of them said: *"Partho [male participant] is always very grim but I have seen him smiling and laughing in the DMT class."* Almost all of them were disappointed on the days the class did not take place and requested the class to be rescheduled. While the women were more organized in that they called everyone when the trainers arrived to ensure that the classes started on time, a marked improvement was noted in the men as well. They gradually became much less inhibited and spoke more about themselves. All of them communicated more with the nurses and were able to start explaining their concerns more effectively. The Anjali therapists added that the participants began to sleep more soundly and were able to digest their food better. They started feeling happier and also helped their fellow patients. Earlier, patients just could not pay attention and kept wandering away:

Mita [a patient] would tug at our hands and disturb the class. She would also sometimes leave in the middle of the class. When I asked her to use her imagination, she would string together unrelated visuals. Now she does some of the exercises. She listens to what I say. She used to be very shy but that's lessened now. She would never bathe before, but now not only does she herself bathe, she also helps Preeti [another patient] have a bath. She takes on more responsibilities now. Preeti was a very introverted person but has started trusting Mita. She lets Mita do things for her, such as giving her a bath and allows her to be in charge of her things like soap etc. Earlier, Mita would fight with the others, hit them and the others would come and complain to me. I don't hear these complaints anymore. She also talks to me more about her problems."

Kolkata Sanved trainer



The Road Forward

The participants of this study have, along with DMT, attended various other therapy programs such as art, singing, yoga, mime and gardening. Taking cognizance of this, the objective of this study was not to establish the superiority of one form of therapy over the other but to understand the contribution of DMT towards the healing and recovery of people with mental illnesses. The fundamental conclusion that emerges from the study is the joy and happiness DMT has given to the participants residing in the two hospitals where the research was held. Song and music, rhythm and imagination have all been knitted together and dance



has been the final outcome. Through DMT, the respondents of the study have come together and responded as a group.

They have searched in the realms of their mind and rediscovered memories of joy and happiness. They have then weaved these memories in their dance compositions and performed for themselves and for the outer world. In doing so, they have rediscovered their body and have begun to cultivate a positive body image. Along with this they have started talking about their feelings and emotions and have connected and communicated with each other.

The creative process of thinking, imagining and dancing increased self-acceptance and encouraged compassion and empathy with others. Self-development has also been an important part of the process.

The DMT classes thus provided the participants with an opportunity to explore an innovative way to take their lives forward. This unique form weaves in different creative endeavors such as singing, drawing and poetry - all of which shape their personal and collective dances.

For the classes to provide complementary support along with medicinal treatment, it is important they are designed in a manner that is able to address the specific needs of the participants. Awareness of the background of the participants is essential as that would influence the therapist's interactions with them:

R: I know Mita's illness makes her mentally less mature. Her mental age is about 10 years.

I: How will knowing the medical backgrounds of each of the patients help you?

R: I can plan my class activities so that I address their psychological needs.

[N.B.: R is a Kolkata Sanved Trainer]

Kolkata Sanved's curriculum also needs to categorize activities so that there is greater clarity regarding what activities should be conducted in what circumstances or for what psychological conditions. Counseling skills, especially trauma counseling, the option of a space to talk, share and discuss are the other concerns that need to be included:

"The participants themselves can be temperamental. It's hard to gauge why someone is in a bad mood. For instance, one day Rupashi [a patient] wanted to hit Mita, but mistook someone else to be her and hit that person. I spoke to her about this. This tendency is less now and if something like this does happen, they are more willing to talk about it."

Kolkata Sanved Trainer

"There are times when patients who are not a part of Anjali's rehabilitation programme come to class and accost the participants. Sometimes they hit them. All these have to be managed."

Kolkata Sanved Trainer

The doctors, nurses, and care providers who were interviewed during the course of the study recognized that while medicines are necessary they need not be the only course of treatment. Many suggested that patients too need to understand and articulate the impact of the sessions. Their sense of fulfillment will emerge when they too can identify their journey forward and understand the process of evolution:

"It would help if the nature of different emotions was explained to the patients and if they were guided about how to deal with particular emotions. For example, if you are angry, what can you do to control your anger? If you are sad, how can you alleviate your sadness?"

Doctor, Government mental health hospital

Conclusion

While the study highlights the importance of DMT in reaching out to persons with mental illnesses, it also demonstrates the challenges inherent in reaching out to people in difficult circumstances. A strength of DMT is that it is an empowering process wherein the participants are themselves tools of change. The participants of the DMT sessions are coaxed into making decisions and choices: they select the music or the song, start imagining and composing the moves and finally perform not only for themselves but also for the outside world.

It is hoped that the proposed curriculum will take forward these findings towards a systemic integration of DMT. For this, the doctors and other health care providers need to be oriented about DMT and explained the implications of the programme. Specific components that cater to specific needs must be incorporated and their efficacy must be measured on an ongoing basis. Both the programme participants, along with the hospital care providers, must participate in the programme not as learners, but as proactive members and take it forward as per their needs and requirements.

All those involved in the programme felt that there was no reason to evaluate the uniqueness of DMT. In the common goal of reaching out to people with trauma or mental illnesses, it is futile to compare different forms of therapy or create a hierarchical breakdown of therapeutic forms. In the context of DMT, four pre-identified areas assume primacy: rediscovering the body, articulating feelings and emotions, self-development and connecting and communicating. It is necessary to work on each of these components and eventually impact the health of the participants. What must be remembered is that the focus should

be to universalize dance as a popular form as opposed to dance as an acquisition of specialized skills accessible to a few.

DMT has established that dance can be a liberating experience for both sets of people involved - the trainers, who have had to overcome their own body-mind separation and the traumatized persons they are reaching out to. This report is a reflective description of the thoughts of the participants about the impact of DMT on their lives. The curriculum produced as an outcome of this study will look at bringing in changes in the mental landscape of the participants along with measuring the changes and thereby work towards establishing the therapeutic relevance of DMT.

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