KOLKATA SanvED

Empowering Lives through dance

SCRIPTING THEIR LIVES:

A case study of Dance Movement Therapy in a Shelter Home for Children in Cooch Behar West Bengal

Kolkata Sanved

2016

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ACKNOWLEDGMENT

Taking Dance Movement Therapy into government shelter homes in West Bengal would have remained a cherished desire, if the following people and organizations had not believed in us and supported us.

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Very few people offer their expertise and academic knowledge voluntarily, Bonnie Bernstein if one of them. She remains Kolkata Sanved's international guest faculty and means much more than that. She is responsible for the advanced trainings of all practitioners who emerge from Kolkata Sanved and we cannot think of our evolution without her constant support.

Finally, we would like to thank and draw attention to the people who actually operationalized Dance Movement Therapy in Cooch Behar - the team of senior practitioners - Sreeja Debnath, Jhulan Mondal, Tilottama Chowdhary and Sucharita Mondal. We also thank Samita Bhattacharya for managing such a challenging programme with so much grace and maturity.

There are many others, not named here but equally important to our work, and we would like to thank them all.

Thank you all!

Sohini Chakrabarty
(Research Director)

FOREWORD

It is with great pleasure that I write this forward introducing this Kolkata Sanved Case Study from their Training of Trainers program at Cooch Behar Shelter Home. Observing the development of this program since 2011, I see it as an outstanding model for an empowerment-focused therapeutic intervention that touches its young participants during a most important time in their personal development. This dance-based program provides an enlightening experience for its participants opening their self-concept and lifetime vision to include confidence in their creative expression, personal agency and determination. Whether or not the participant eventually becomes dance trainers, the program provides experiences that build personal strengths and encouragement to pursue personal hopes and dreams.

I am a seasoned professional Dance/Movement Therapist, licensed Marriage and Family Therapist, and educator from California, US. Since 2008, I have travelled to Kolkata to provide yearly, month-long workshops for the Sanved program. I provide training and therapy in established Western dance/movement therapy methods to augment the rich Indian culture- based training program developed by Sohini Chakraborty. Initially I provided training and therapy for the "Senior Trainers." As the program has grown my role also has expanded to include therapy and training workshops for the "Junior Trainers" and "New Batch".

Since 2011 I have provided a yearly training and therapy workshop for the Cooch Behar participants in Kolkata Sanved's "Training of Trainers" program. In this capacity I have been continually impressed by how Kolkata Sanved has matured and developed as an organization, expanding to reach more young individuals with valuable personal growth experiences and professional training. The innovative idea of bringing dance/movement therapy into a government youth shelter highlights the profound social impact that this program can provide. This outreach brings an empowerment-focused therapeutic intervention to youth when they are forming their lifelong self image and foundations for their future. In addition to my admiration for Sohini Chakraborty's innovative vision, I am impressed by the government officials and staff at Cooch Behar for supporting this therapeutic program.

As a Mental Health professional and a long-term observer of Kolkata Sanved: Saving Lives Through Dance, I have no doubt about the huge success of this program. Through extensive dance study and dance/movement therapy training, the Sanved participants develop the capacity to move from the many challenges they experience in their own lives, through Sanved's training and towards a stronger future. This path includes becoming a skilled professional "dance trainer" if they choose to. There is no better testament of this program's success than the outstanding Senior

Trainers now facilitating the Cooch Behar program. These women developed their extraordinary skills through the Sanved process. The Training of Trainers director, JhulanMondal and her talented team of dance/movement therapy educators including Sreeja Debnath, Tilottama Chowdhary and Sucharita Mondal have become brilliant leaders matching in talent and skill the many American dance/movement therapy graduate students that I have trained over decades.

These Senior Trainers, with compassion, insight, empathy and skill in dance/ movement therapy intervention enter the lives of the Cooch Behar youth and provide life-changing experiences. Following the Sanved model, this team passes on wisdom gained through personal experience and training to a next Sanved generation. I am delighted that I can contribution to the training process of these Senior Trainers and Cooch Behar participants.

Kolkata Sanved's case study allows us to look more closely at the impact of dance/movement therapy on the Cooch Behar youth. While evaluating different aspects of this program, I encourage the readers to envision the full Kolkata Sanved experience at Cooch Behar. This is an atmosphere of support and encouragement where youth are engaged in inspiring expressive dance education and empowerment-focused experiences. These elements shape the foundation of this Training of Trainers program.

Bonnie Bernstein
M.Ed., MFT, BC-DMT

PREFACE

Psychotherapy has a very clinical meaning attached to it. The fields of clinical practices dominated by Cognitive Behaviour Therapy, Rational Emotive Therapy, Psychodynamic therapy are so well established that for the common person, the word therapy conjures up images of a clinician and 'patient' relationship within a closed set-up. In such common images, also perpetuated by popular media (fictions and movies), there is usually a clinician who holds solutions to individual 'patient's' problems. The two meet regularly for sessions and so on. Dance Movement Therapy, the term itself is very benign. It uses two very common words - 'dance' and 'movement'. Very easy to understand and with very well established meanings. This is a bane and boon for Dance Movement Therapy. On one hand, the realm appears less threatening as the term is familiar and on the other hand meanings of dance and movement are so well established that it takes considerable time to overcome preconceptions in people's minds that restrict its meaning to simply dancing and moving. The researcher, new to this field also had similar cognitive struggles in understanding the concept of Dance Movement Therapy, because of her academic foundations in Clinical Psychology.

Therefore, the reader of this research report will find the first two chapters concentrating in clarifying the conceptual meaning of Dance Movement Therapy (DMT). This clarification was part of the literature review and will offer readers from an eclectic milieu a concise insight into the foundations of DMT and Kolkata Sanved's adaptation of the same.

Chapter three presents the context of the present study. The reader by now will know that this is a qualitative case study of DMT intervention in a shelter home for children in Cooch Behar, West Bengal. For getting a better idea of what spurned this research the reader is urged to see the 'note on methodology' in Annexure I. Chapter three presents the context in which Kolkata Sanved introduced DMT and introduces the reader to the needs that were to be addressed through DMT.

Chapter four is the analytical chapter presenting the process and identifying best practices involved in introducing DMT as an intervention in the context of a shelter home in West Bengal. The reader, if wishing to replicate this intervention in other contexts, will find valuable insights and information on how the process might enfold and will be able to learn strategies to deal with challenges that may appear in the process.

Chapter five presents the necessary closure to this report in the form of 'summary and conclusions'. These are the final interpretations that can be drawn from the data. The researcher has restrained herself in not extrapolating the findings to develop a 'grand theory', because of methodological limitations (listed in Annexure I) and because the purpose was not to theorize on DMT but to present a case study of an intervention.

Dr. Chandrani Dasgupta
(Principal Researcher)

EXECUTIVE SUMMARY

Purpose

Kolkata Sanved introduced DMT in Shahid Bandana Smriti Mahila Abash (SBSMA), a shelter home for girl children in Cooch Behar, in 2008. By 2015, a group of 14 girls who left the shelter home had opened a DMT unit in the community. There was observable change in the children who attended DMT in SBSMA and the opening of the unit was considered as indication of overall success of the program. Therefore, the purpose of the present study was to understand how and why DMT was successful in the context of SBSMA. The Kolkata Sanved team wanted to know this because the DMT intervention in another shelter home in Murshidabad was running into constant challenges and barriers. By knowing the underlying processes that made DMT successful in SBSMA, Kolkata Sanved wanted to institutionalise this particular method of introducing DMT in other shelter homes. The objective was to document this model and then replicate it and finally conduct an efficacy study.

Objectives

The objectives of the present research were:

1. To identify the process by which DMT can be introduced in a shelter home.
2. To understand strategies of identifying and working through operational challenges.
3. To understand the nature of change experienced by children who participate in DMT within a shelter home.

Methodology

Qualitative case study method was used to understand DMT intervention as the case. The unit of analysis was therefore, the intervention itself. Secondary data in the form of evaluation reports, meeting reports, literature on DMT, case reports, interview transcripts were analysed. Some primary data was collected from the program director and DMT team in the form of interview and Focus Group Discussion (FGD) respectively. Data were analysed qualitatively using the narrative analysis technique.

Findings

The main findings were as follows:

1. SBSMA had three types of challenges. Individual challenges included behavioural and psychological issues in the children, stigma and discrimination within the children; structural issues included the actual and emotional segregation between children in need of care and protection and children in safe custody

being practiced in the shelter home; and operational challenges were to do with shortage of skilled caregivers, stress among caregivers and negative attitude towards DMT team.

2. Collaborative model of DMT was a successful strategy in resolving structural and operational challenges. The outcome of this model was that children in safe custody were granted permission to attend DMT sessions and they could also receive school education within the shelter home.
3. There were marked behavioural and emotional changes observed in children who were attending DMT sessions. Awareness of the intervention and its impact also created increasing levels of acceptance among caregivers. A workshop was conducted for caregivers to address the operational challenges identified. Overall, the intervention progressed from fluid to become more structured and goal oriented.
4. Some girls experienced a great empowering change in their personality and skills. The DMT team interpreted this as sign of readiness to receive training to become a trainer and introduced Training of Trainer (ToT) sessions. Girls who left the shelter home after undergoing this ToT began taking classes for younger girls in the shelter home and also began setting up an independent DMT unit outside the shelter home, in the community.
5. Thus need assessment, collaborative approach, utilizing sympathetic stakeholders to create awareness and improve attitude and introducing Caregivers' workshop and ToT seemed to be successful strategies that can be utilized while introducing DMT in other shelter homes. The effectiveness of these strategies and DMT need to be tested by replicating this model in other shelter homes and contexts and conducting a large scale impact analysis of the same.

Conclusion

DMT, a creative cost effective therapy is ideal for the Indian context. The lack of mental health services in shelter homes has been a debilitating condition in India and is a result of lack of capacities, resources and awareness. In such a context, introducing and institutionalising the practice of DMT can prove to be effective because it requires very little financial investment, it empowers survivors of adversities by allowing skilled DMT practitioners to emerge from such communities, it is well suited for group work and is inclusive and therefore all can benefit from its positive mental health approach. Efficacy studies are recommended to measure its effectiveness. However, before such studies can be conducted it is important to replicate this model across settings and over similar contexts as well.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

At the time of writing this report around 14 young girls are developing a Dance Movement Therapy Unit in a town of Cooch Behar in the foothills of Eastern Himalayas in West Bengal. These girls are between 17 and 20 years of age and have survived various adversities around violence, abuse and exploitation, which brought them into the shelter home in Cooch Behar. Brought together by such circumstances these girls also shared a journey towards empowerment through the medium of DMT (Dance Movement Therapy) that they all participated in during their stay in Shahid Bandana Smriti Mahila Abash (SBSMA) shelter home in Cooch Behar.

Today they are at a position to open their own independent DMT training unit outside the shelter home. This was possible only because of their introduction to DMT while they were in the shelter home. This research study traces the evolution of DMT in SBSMA, a journey of the intervention that led to this development.

This is a case study of DMT in SBSMA. It aims to understand the process by which Kolkata Sanved introduced DMT in a shelter home and the roles played by various stakeholders in making it successful. The study presents the challenges of working in a shelter home and offers the ways in which Kolkata Sanved managed to overcome them.

1.2 DANCE MOVEMENT THERAPY

Box 1

Dance - 'to move your body with the rhythm and style of music that is being played' Merriam-Webster Dictionary

Dance has been part of human civilization since antiquity. Though treated as an art form it can and does have the ability to make one feel better. The use of dance for therapy for people with psychiatric difficulties began as early as 1940s . However the development of DMT as a formal methodology occurred in the US around 1960 influenced by the work of four American women - Marion Chace, Trudi Schoop, Blanche Evan and Mary Whitehouse. In 1966 the American Dance Therapy Association (ADTA) was formed under the leadership of Marian Chace.

At this point it is important that the reader understands what DMT is. According to Helen Payne (see footnote 1) in its simplest form, DMT is the use of creative movement and dance in a therapeutic relationship. She further offers a recent definition of DMT, which has been adopted by the ADTA, which says -

'Dance Movement Therapy is the use of expressive movement and dance as a vehicle through which an individual can engage in the process of personal integration and growth. It is founded on the principle that there is a relationship between

[1] Payne, H. (ed.) (1992). Dance movement therapy: theory and practice. London: Routledge.

motion and emotion and that by exploring a more varied vocabulary of movement people experience the possibility of becoming more securely balanced yet increasingly spontaneous and adaptable. Through movement and dance each person's inner world becomes tangible, individuals share much of their personal symbolism and in dancing together relationships become visible. The dance movement therapist creates a holding environment in which such feelings can be safely expressed, acknowledged and communicated.' (p4).

To unpack this definition, let us look at assumptions on which DMT stands -

1. Individuals can achieve growth and feeling of integration between their social, emotional, psychological and physical self through the medium of dance and movement.
2. Transformation of the individual is involved in DMT. This transformation is the focus of therapy.
3. Unconscious, inner emotions find an outlet or a medium of expression through DMT. Such expression of the private occurs in the safety of the space created through the therapeutic relationship.

Therefore, DMT is founded on the premise that there is a relation between mind, body and spirit. The therapist is an important part of the entire process. The person and process together with the use of movement as a form of non-verbal communication comprises DMT.

We can now appreciate the difference between dance (see definition in box 1) and Dance Movement Therapy. Use of DMT doesn't depend on the skill of dance but depends on the ability of the process of dance and movement to bring forth a transformation for a particular individual or group. It fulfills what Marian Chace did by letting individuals be seen and heard so that communication and relationships could grow.

DMT can be used in almost all situations. The spectrum of difficult life situations that can be managed by using DMT include developmental disorder, anxiety, depression, personality disorder, eating disorders, movement disorders in geriatric population, physical and sexual abuse, substance abuse, traumatic brain injury etc.[2]

According to Helen Payne (see footnote 1) typical DMT session has an introductory warm-up, followed by a period of initiation into the process of moving and finally a warm-down. The warm down stage integrates and focuses participants on the closure of the session. The therapist may explain at the outset the aim of the session and how that might be achieved. The session might be directed by concentrating on a specific theme selected by the client or in conjunction with the therapist, or material emerging in previous sessions. It may be non-directed, where the group move, or not, concluding with verbal processing.

[2] Pratt, R.R. (2004). Art, dance and music therapy.Physical medicine and rehabilitation clinics of North America, 15(827-841).

CHAPTER 2

KOLKATA SANVED'S[3] MODEL OF DMT

This section will describe the way Kolkata Sanved adapted the traditional concepts of DMT to match the cultural context in India and to create a unique methodology that merges Western concepts and the need and resources available in the Indian scenario. Merging of emerging practices in the West, specifically the US and contextual realities of India occurs and gets continuously updated through Kolkata Sanved's international guest faculty Bonnie Bernstein[4]. Ms. Bernstein, has been mentored by Blanche Evan, one of the founders of Dance Movement Therapy, and has developed her methods over forty years of experience. She conducts advanced trainings for upcoming DMT practitioners in Kolkata Sanved. Therefore, her methodology has greatly influenced the way Kolkata Sanved interprets and adapts DMT to the Indian context.

2.1 Kolkata Sanved's interpretation and adaptation of DMT: According to Sohini Chakraborty, a sociologist and dance activist and the founder director of Kolkata Sanved, DMT as practiced by Kolkata Sanved has certain unique characteristics, such as:

2.1.1 DMT for social development: DMT according to Kolkata Sanved is not restricted in its application within the walls of the therapy room but will have an impact in overall social development. Though sessions are typically held in groups, the impact of empowerment experienced by the individuals in the groups is expected to have a ripple effect in individuals and systems that will come in contact with that individual. For example, a survivor of trafficking who experiences her feelings of shame and stigma reducing through DMT will be able to perform her social roles better from that point forward. Thus the impact of DMT is envisaged not just to transform the individual or group attending the session, the objective includes having an impact on the community to which the individual belongs, as well.

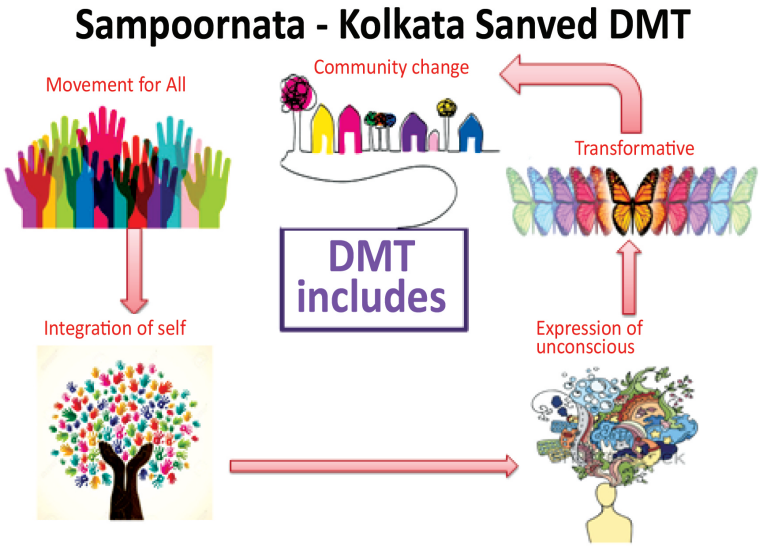
2.1.2 Movement for all: Considering the ability to tap one's kinaesthetic energy and body based experience as one of the most essential ingredients to become a practitioner as against necessity of a formal academic training. In Ms. Chakraborty's words, 'our principle is that all movement is equal… an academic career is not a prerequisite to body based expertise. I can first gather experience and then gather academic clarity…' This principle has made it possible for survivors of adversities to become trainers or healers. In that sense the DMT espoused by Kolkata Sanved

[3] Kolkata Sanved is a Non Governmental Organization, based out of Kolkata and promoting the practice of its own unique method of DMT, specially developed to suit Indian cultural context. For more details please check www.kolkatasanved.org.

[4] Prof Bonnie Bernstein, teaches graduate students in Northern California at JFK University, and is Director of Education for alternative route DMT certification program, Center for Movement Education and Research. Ms. Bernstein is an author on dance/movement therapy for sexual trauma survivors and on trauma therapy within the global community. Her lifelong research is on the therapeutic aspects of dance in world cultures. She is a CAMFT Certified Supervisor and her private practice is in Palo Alto, California.

is inclusive and believes in giving an opportunity to not just transform oneself but also become a change agent.

2.1.3 DMT for change: Through DMT Kolkata Sanved aims to bring a change not just in the individual but in the system. The sessions are not meant to treat the therapy group as an isolated part of the whole. The sessions instead consider the whole, the larger picture of which the group is a part and aims to transform the system. Future trainers receive training not just in DMT methodology but also on social problems, human rights approach, mental health approach, etc. Policy advocacy, change advocacy and personal growth are all part of its objectives. This is the greatest departure of DMT-Kolkata Sanved model from DMT in theory.



2.2 Basic content of Kolkata Sanved's DMT Model: According to the FGD data of DMT trainers, Kolkata Sanved's DMT model offers the following to participants:

2.2.1 A balance between mind and body - the intervention was designed in such a way that a participant would be able to align her mind and body together. The aggression, pent up anger, depression and other anxious reactions that led children in shelter homes to resort to fights, misbehaviour and tendency to escape reflected a serious disconnect between their mental and physical balance. Thus repressed feelings of anger, grief, and confusion were getting expressed through physical behavioural reactions. Thus, the trainers, tried to target this imbalance through DMT and moved the participants towards regaining this balance.

2.2.2 Creating self awareness - by aligning the mind and body the participants could move towards better self awareness. Here self awareness was defined by one

of the trainers as, ability to know what one needs and ability to choose it. Self awareness was understood as identity formation and creation of a bridge between self and society.

2.2.3 Experiential change - the change experienced as a result of DMT is at an unconscious level. The change, according to one of the trainers who participated in the FGD was never very overt nor was it well defined. In her words, 'when a person can feel the change, only then the person realizes that DMT has worked'. Thus the presence of DMT could be only measured by the quality of change and not by any objective quantifiable variable. This change, it appeared could only be experienced by the individual and therefore may vary immensely between persons.

2.3 Success of DMT with various vulnerable groups

Before taking the decision to foray into government shelter homes for children, Sanved pioneered the use of Dance Movement Therapy (DMT) as an effective, alternative approach to recovery and rehabilitation for survivors of human trafficking and violence; HIV/AIDS patients and people living with psychosocial disabilities. Breaking through barriers of traditional counseling and therapy, Kolkata Sanved uses movement and dance to enable individuals to reclaim their physical selves and their souls through a newfound sense of freedom, peace and confidence[5] . An evaluative qualitative study of effectiveness of DMT introduced in a hospital for people living with mental illness, the researcher observed several positive effects of DMT on the sample. The care providers in the hospital observed an increase in expressiveness, in terms of increase in communication with nurses and talking about themselves among the patients who participated in the sessions[6].

2.4 Taking DMT into Government Shelter Homes

In 2008, Kolkata Sanved decided to approach the Department of Social Welfare, Government of West Bengal to present their proposal for introducing DMT in shelter homes for children. In the beginning the Directorate of Social Welfare, the department responsible for sanctioning such projects to NGOs was not very enthused with the idea of changing the on-going system in shelter homes. However with persistent advocacy and with increasing understanding of the meaning and benefits of DMT, the Directorate agreed to allow Kolkata Sanved to work in its shelter homes situated in Districts other than Kolkata. Thus began this journey of Kolkata Sanved and DMT inside the SBSMA in Cooch Behar.

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[5] Kolkata Sanved () Steeping Stone: DMT intervention in Government Shelter Homes.

[6] Kolkata Sanved () Dance and recovery: the impact of dance movement therapy on people living with mental illness.

CONTEXT IN WHICH KOLKATA SANVED INTRODUCED DMT

3.1 Description of the shelter home

SBSMA, founded under the Juvenile Justice (Care and Protection) Act, 2000 is a shelter home for girls till they reach 18 years of age. It has as of figures present in http://wbsc.gov.in/homes/homesGovt.htm 150 children out of whom 100 are juvenile (children in conflict with law), and 50 are children in need of care and protection. At the time of introducing DMT in 2008 this shelter home had children from varied types of vulnerable situations as depicted in **figure 1**.

Shelter Home

Figure 1
Categories of children
living in SBSMA

Categories of children living in shelter Home

1. Destitute children placed in shelter home by family so that the child can complete education till she reaches 18 years of age.
2. Runaway children found on streets or railway platforms.
3. Orphans.
4. Missing children.
5. Children trafficked for sexual exploitation or labour.
6. Victim's of child marriage who have been abandoned or widowed.
7. Children from Bangladesh caught in the borders or rescued from trafficked situations.
8. Juveniles in conflict with law.

Children in any shelter home are divided into two broad groups - children in conflict with law (CCL) that is juveniles who have been placed in the shelter home by courts after finding them guilty of a crime and children who are in need of care and protection (CNCP). The latter group includes children who have been placed in the shelter home by orders from Child Welfare Committee (CWC)[7] for rehabilitation

[7] Child Welfare Committee (CWC) is a statutory authority with its members being executive appointees. JJ act empowers the CWC to be the final authority in disposing cases for the care, protection, treatment, development and rehabilitation of the children as well as to provide for their basic needs and protection of human rights.

before they are allowed to go back to their families. The children in conflict with law group are under lock and key with greater supervision and less mobility as compared to the children in need of care and protection. However there is a grey area called children who need to be kept in safe custody as per orders from the CWC. These children are victims of crime, usually of trafficking, rape, false marriages, etc. Such children are known as children with ongoing cases within the shelter home and are also kept with the CCL children, under lock and key. This is one of the most glaring injustices meted out to children who are victims not just of a crime but also of a system.

3.2 Observed condition of children in SBSMA

According to Kolkata Sanved's report, Stepping Stones, SBSMA has a very dreary ambience akin to that of a correctional home or a prison. High walls surround the complex and heavy locks hang on the doors in the area in which children are housed. Need for restricted mobility of all children within the shelter home is probably an overburdened and understaffed shelter home management's strategy to address the issue of children trying to escape.

Children living in the shelter home are not in the best of conditions given the paucity of funds and infrastructure. At the time Kolkata Sanved began introducing DMT in SBSMA there were no other psychotherapeutic interventions in the form of counselling or any other methods. While children in need of care and protection, were allowed to go to mainstream schools, the children in conflict with law and the ones supposed to be in safe custody did not even enjoy that distraction. Not being allowed to move freely within the shelter home premises and with no recreational activities except for lying on their beds, it was natural that attempts to escape such living conditions either through physically breaking structures or through aggressive or depressive outbursts were common, especially among children who were completely under lock and key.

3.4 Care provider structure in the shelter home

The care providers include direct caregivers, who work directly with the children, e.g. Superintendent (who headed the Shelter Home), Matron, House Mothers, sweepers, cooks, and it also include indirect caregivers like the people in different administrative posts, the security personnel.

3.5 Challenges within SBSMA

The objectives of introducing DMT for children living in SBSMA became more and more clear as the practitioners from Kolkata Sanved observed and engaged with the staff and children of the shelter home. Based on their observations and

CWCs therefore have the sole authority to deal with matters concerning CNCP. CWCs as a group have powers similar to first class Judicial Magistrates.

assessment, the challenges present in SBSMA were as follows and a summary of these challenges is presented in Figure 2:

3.5.1 Feelings of discrimination, envy - within the groups there was a feeling of being discriminated on the basis of their pre-institutionalization vulnerability contexts. So for example girls rescued from trafficking were discriminated against girls from 'normal' but impoverished families by those girls as well as the shelter home staff. Girls living under lock and key felt stigmatized by others who made comments on their juvenile records, cases, characters, etc.

3.5.2 Actual segregation of some girls - there was actual segregation of girls on the basis of the category discussed before. Children in conflict with law were treated very badly and were under extreme amount of hostility from not just other girls but also home authorities. Moreover children who need to be kept in safe custody to keep them safe from further victimization are also segregated and stigmatized and ironically further victimized within the system.

3.5.3 Floating population - some girls live in a shelter home and are then shifted to another periodically. These are girls who are placed under CCL and have court cases that require them to be shifted.

3.5.4 Individual differences - the challenge was of designing something that would be able to add meaning for each participant, though in a group format. The types of vulnerabilities that preceded a girl's entry into the shelter home ranged from abusive parents, mostly fathers, abandonment, poverty, orphaned, trafficked and more.

3.5.5 Continuity of DMT - there was need to identify children who could lead other inmates into practicing DMT even on days when therapists from Kolkata Sanved were not there.

3.5.6 Future orientation - a common feeling of despair and hopelessness exists among girls in shelter homes. This is due to lack of clarity in terms of their future. Questions on when they would return home or what would they do after turning 18 usually plague their minds and drive them towards depression and self-harm. Hence there was need to develop future orientation that would help them plan for their lives in a realistic manner.

3.5.7 Caregivers' sensitization - caregivers were observed to lack capacities to provide psychological support to the children. There was very little understanding of impact of trauma that the children may be suffering from leading to their aggressive reactions or withdrawal symptoms. Hence there was an urgent need to sensitize caregivers towards mental health needs of children from vulnerable context.

3.5.8 Lack of caregivers - being understaffed the shelter home authorities often resorted to a custodial approach of locking girls up and not allowing them to participate in any activities. DMT would need to address the issue of lack of adequate care in the lives of children living in the shelter home.

Figure 2 Challenges within SBSMA

Individual

- Stigma
- Varied contexts of vulnerabilities
- Behavioural

Structural

- Physical segregation of children
- Emotional segregation of children
- Perpetuation of discri-miation within

Operational

- Continuity of DMT
- Lack of capacities in caregivers
- Caregivers' negative attitude

PROCESS ANALYSIS OF DMT IN SBSMA

4.1 A timeline of events

2008 (beginning of the year)	Kolkata Sanved approaches the Department of Women and Children and social welfare, Directorate of Social Welfare, Government of West Bengal, with proposal to introduce DMT in Shelter Homes
2008 (end of the year 2009	Director, Directorate of Social Welfare agrees and after considerable advocacy with the Department and the Shelter Home, finally permission is acquired and class begins DMT classes are held 2 days in a month on a weekend when all the girls are available. Separate classes are held as per age of the child - Junior Group, Senior Group and a separate class for Children in safe custody who are allowed to leave their area of residence only for DMT and meals. The children in safe custody are allowed to attend DMT after positive advocacy with the CWC. Some girls in the senior batch show potential to hold sessions in absence of trainers from Kolkata Sanved and begin doing so.
2010	Idea of Training of Trainers (TOT) to develop trainers or practitioners, following the Kolkata Sanved Model of DMT envisaged by Ms.Chakraborty, begins taking shape and planning starts.
2011	First batch of TOT begins
2012	Care provider's workshop and Consultative Meetings with district administration takes places.
2015	Girls who have left the shelter home begin the first independent DMT unit in Cooch Behar as trainers passed out of the TOT program

Five broad themes emerged as main features of DMT in SBSMA, based on evaluation reports, process documentation and meeting reports related to this intervention.

4.2 Configuring the DMT team

Kolkata Sanved planned a team comprising of a project coordinator and five trainers that would visit Cooch Behar every month. Interestingly majority trainers were young girls from marginalized backgrounds or may have had spent their childhoods in shelter homes. They became trainers through an intervention similar to the one they were implementing across various settings through Kolkata Sanved. Technical support, such as - refreshing the skills of the trainers, managing the operations of the entire programme and conducting meetings with District and State level government functionaries and monitoring and evaluation, was provided by the director and other administrative staff from Kolkata Sanved. A professional

psychologist conducted skill assessment of the trainers and planned their capacity building at regular intervals.

4.3 Regularizing DMT sessions and making it accessible for children in safe custody: Having obtained necessary permissions to begin DMT in SBSMA the DMT team realized that they would have to foremost work through the resistance from the shelter home staff in order to regularize the sessions and include children in safe custody in the sessions.

The reasons for resistance were identified to be:

1. Lack of knowledge on DMT, which was causing suspicion and apprehension.
2. Lack of experience of working with NGOs since no other NGOs had ever conducted any intervention in the shelter home before Kolkata Sanved. This too led to apprehension, curiosity and general lack of trust among the shelter home officials.
3. Attitude of home superintendent. The attitude was hierarchical and not very cooperative. Reasons for which could be related to points 1 and 2 above.

Behaviour that reflected this resistance included - not letting the DMT team enter the space in which they would take the session on time, not informing how many participants would be available and non-verbal forms of communicating feelings of dislike (as per FGD data).

After initial meetings with the home superintendent (in 2008-2009), it was realized that since she was hierarchical in her approach, she would adhere to orders from someone higher up. Since children are placed in safe custody by the CWC, and since the CWC chairperson was sympathetic, the advocacy meetings with the chairperson led to one of the first achievements of the DMT team. Thus permission was obtained to ensure that children in safe custody could also join in DMT sessions.

This was a significant change, given the environment of high control, restriction and discrimination under which the children in safe custody lived. Therefore, by the first year of implementation, DMT session were held every month, on one weekend in three batches - junior, senior and safe custody. Junior and senior batches were divided by age and at times by kinaesthetic maturity of the child.

4.4 'It's not just about dance' - laying the foundations of DMT and changing expectationsThis was a common misconception that the DMT team had to deal with across settings and situations. Since DMT is still nascent in India and because itinvolves use of an established form of art - dance, the confusions are bound to happen. An incident narrated by a trainer during the FGD can provide perspective to the challenge that the team faces.

A trainer in the FGD said, 'the caregivers were suspicious and they would enter the room at any point during a session and observe what was going on. At that very

moment the group may be doing a spontaneous movement or expressing an emotion through movement. All this would not make any sense to the caregiver, who would leave thinking this is a 'pagoler class' (mad people's class) and then would share her perception with other shelter home staff'.

This was also the case with children who came to participate in the session. Even they expected DMT to be a dance class, a term still used colloquially amongst the participants.

Therefore, the challenge was to remove misconceptions and create awareness of the concept of DMT, and this had to be done at two levels - one at the shelter home staff level and another at the participants level.

It was more organic and natural for the participants to realize the difference between simple dancing and DMT as the sessions progressed. The trainers subtly but firmly established structured sessions after spending a few unstructured sessions to build rapport and created an environment of trust. The emphasis on movement and treating all movement as equal and not setting hierarchy in terms of skill in movement, together led to a growing perception of DMT for what it is.

In case of shelter home staff, the strategy was to create a space for communication between Kolkata Sanved and shelter home officials. This was created by a two-pronged approach. One was to begin meeting the staff of the shelter home and the second was to begin advocacy with district administration in Cooch Behar. This included meetings with the CWC and DM to appraise them of the situation and to create awareness about what the DMT team was doing in SBSMA. Among the shelter home staff too, the objective was to create awareness about DMT and about helping them realize their own stress and create a willingness to use DMT to manage their own stress[8] . This approach too, yielded some success. The shelter home staff did not change completely but there was a marked mellowing down of their previously held attitudes and their non-verbal behaviour also showed signs of familiarity.

4.5 Community change - the ripple effect and managing it

Kolkata Sanved's DMT aims, not just at transformation of an individual, but of the larger community as well. Community here means a shared and layered identity. For example, for a child X living in safe custody on orders by the CWC, community would mean her immediate shelter home inmates closest to her in terms of proximity and connection, the next layer would be other children in the shelter home and

[8] Government shelter homes function with very little resources and infrastructure. Staff vacancies are not filled and tendency is to cut costs by recruiting contractual staff. In this way the quality of people who take up the job is very poor in terms of capacities to think and act from a child friendly perspective and in terms ofwillingness to change as they know they will not be doing this job on a long term basis.

care givers, the next layer would be administrative staff with whom she doesn't interact frequently and finally the outer layer of her community would be her family, and various other institutions that have an impact on her being.

As a result of DMT in SBSMA a certain change was being observed by the care givers. This change came about after passage of around two to three years of time since DMT began in SBSMA. Children had become more assertive and expressive in their communication. They refused to obey rules if such rules did not make sense to them. They were become 'unmanageable' in some ways. Yet on the other hand they were less inclined to escape, less unruly - there was decrease in aggressive reactions and generally appeared to be happier. Some children in the senior group were showing interest in leading sessions and there was a decrease in their tendency to bully younger children.

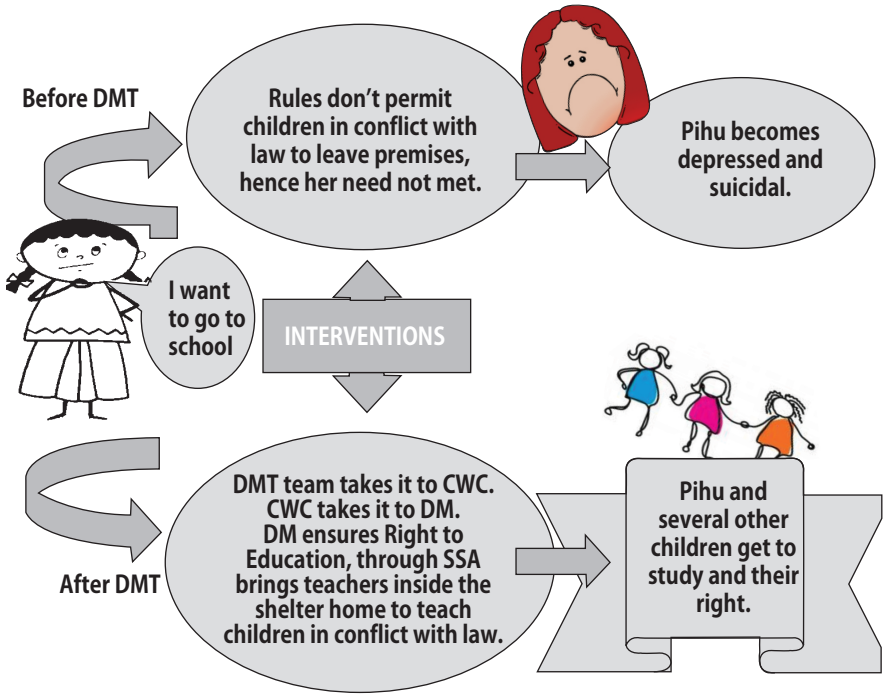
The challenge here was to align this new energy - positive for children but negative for shelter home officials, in a way to maintain the best interests of the child. Thus emerged the idea of conducting Caregivers Workshop. Having introduced the concept of DMT through staff meetings, the aim now was to help caregivers benefit from the therapeutic value of DMT. As mentioned in footnote 7, caregivers were also under stress and lacked capacities to understand and manage issues of children living in SBSMA. However, it was not very easy to gain their trust or motivate them to participate in such a workshop. Again the strategy of identifying someone who would be able to motivate was adopted and the head clerk, who had worked in SBSMA since its inception was deemed to be that person. This lady enjoyed respect and authority among the staff and also showed conviction in DMT and its effects. With her help the caregivers workshop was conducted in SBSMA.

The next community level impact of DMT in SBSMA was in the form of operational changes. An excerpt from what the CWC chairperson shared will help qualify this change better.

It was noticed that the children under the Children in need of care and protection (CNCP) section and the Child in Conflict with Law (CCL) section were staying under the same roof but only the children under the CNCP category were entitled to go to school at 10:30 amwhile the children under the CCL category stayed under lock and key and stared at the school going children. One such child named Pihu (name changed to maintain confidentiality) under the CCL category wanted to go to school and started complaining to all the visitors that nobody was taking any step to enroll her in school. The shelter home took the decision that since she was complaining she would be transferred to another shelter home.Pihu went into acute depression and also developed suicidal tendency. In the mean time she was also attending the DMT sessions in the shelter home and gradually started reviving. Her demand to go to school was brought to the notice of the Chairperson of CWC by the trainers of Kolkata Sanved and initiative was taken by the CWC to submit the suggestion of ensuring the right to education to the District Magistrate (D.M.), Principal Secretary

and Chief Judicial Magistrate. The D.M. has taken the initiative to open a school within the shelter home premises for CCL. Pihu at present is attending the school and is happy.

Figure 3 Collaborative Model and how it works



The Collaborative Model depicted in figure 3 is drawn from the case shared by the CWC chairperson. It is illustrative of the entire process of including all stakeholders in making a change in the lives of children living in SBSMA through DMT. This highlights the community approach adopted by Kolkata Sanved's adaptation of DMT and is an important contribution to the discipline.

4.6 Coming full-circle - when participants become trainers and much more

We began this study in order to explain how DMT created a change in the lives of children living in SBSMA to the extent that the participants were now running their own DMT centre in Cooch Behar and training others. This outcome came about gradually over 6 years of DMT in SBSMA. Short case studies of around 14 girls, collected by the DMT team, mapped significant changes in the lives of these girls. An overview of the process of change is depicted in figure 4.

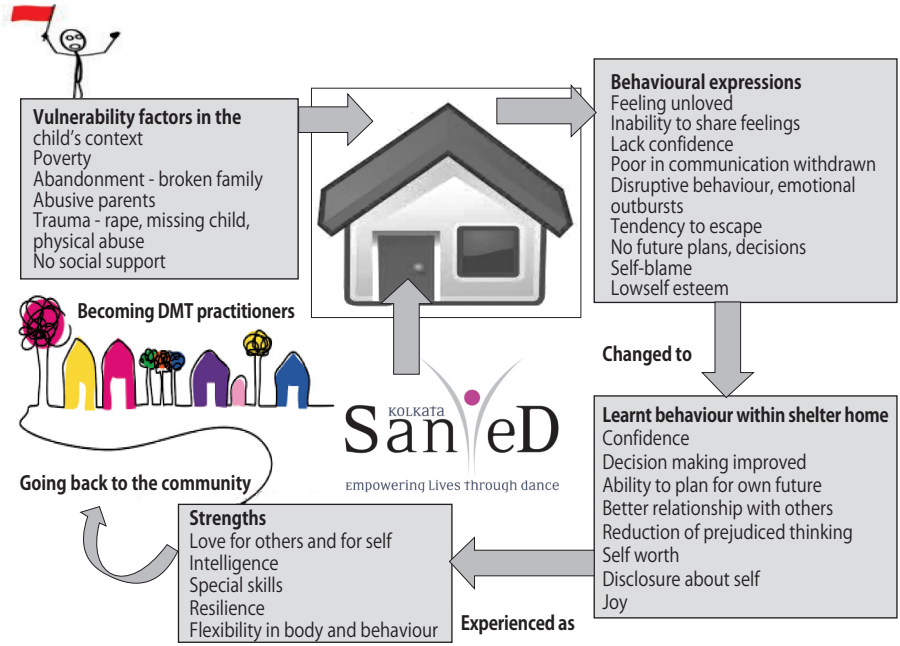


Figure 4 Process of change experienced through DMT

Converging themes of vulnerabilities experienced by the children before they were placed in SBSMA are listed in figure 4. Father figure was most commonly absent or abusive in all the cases. Patriarchal norms governing most rural agrarian societies in this cultural context places a lot of importance on a father and status of women is usually dependent on the status of the man in the family. Thus children from such families, where the father was absent or abusive,found themselves at an intersection of both personal as well as societal vulnerability. They were vulnerable and their family's status in the community was also marginalized and hence little social support was offered to them. Their behavioural expressions (the common themes that emerged from the case studies are listed in figure 4) within the shelter home, when viewed in the light of the vulnerabilities, make sense. The nature of stress the girls were dealing with in the shelter home ranged from poverty and deprivation to rape.

As already mentioned, before Kolkata Sanved's intervention there were no psychosocial services being offered to the children. The difference in their behaviour post DMT (follow the blue arrows in Figure 4) showed a positive trend not just in their outward behaviour but also in experiences of strength. As part of strengths experienced, special skills were discovered by the children, which were not just related to dance, but also scholastic, communication, leadership, etc.

Upon noticing these changes, the DMT team decided to begin a Training of Trainers (TOT) course for older girls (girls who were close to 18 years of age and were ready to leave the shelter home and go back to their communities, where vulnerabilities remained unchallenged). The first batch began in 2011, with girls selected from the senior batch. By 2015 several girls who had passed the TOT, were taking sessions for junior group within SBSMA and were ready to start their own DMT unit in Cooch Behar. That brings us full-circle, because the Cooch Behar unit was being started by a group of children who had been trained in SBSMA by trainers who themselves had grown up in shelter homes or in adverse childhood environments.

CHAPTER 5

SUMMARY AND CONCLUSIONS

Having reached the final chapter the readers would now be interested in knowing what the research establishes about DMT as an intervention in a shelter home. What were the lessons learnt. If someone wanted to replicate the same model elsewhere, what would the essential steps be and what would the challenges be.

Summarizing our learning

5.1 DMT has a very strong component of building resilience that is extremely relevant in the context of shelter homes. Children living in shelter homes go back to their homes and communities. These are the same homes and communities, whose vulnerabilities and weaknesses placed the children in the shelter home in the first place. Therefore, the strengths they identified within themselves by the time they were ready to leave the shelter home were important. The experience of change in themselves, the ability to take decisions on what they wanted to become and having the ability to plan the process that would take them to their goal (a lot of them were financing their education by teaching others) and the skill of taking care of themselves were not just 'lessons' they learnt in DMT sessions, but had the potential of defining their personalities. DMT in shelter homes was akin to 'coming of age' phenomenon, experienced by other children living in empowering and nurturing environments. 'Coming of age' is a process by which children become young adults and develop heightened self awareness and develop a feeling of self worth. The transition that occurred and the change that was mapped in their behaviours within the context of SBSMA described in chapter three, indicates the empowering impact of Kolkata Sanved's model of DMT. Controlled studies can be conducted to test this hypothesis further.

5.2 Children in shelter home need psychosocial therapy. The challenges identified in chapter three, were in decline by the time DMT reached its third year of existence in SBSMA. The burden on shelter homes creates a fatigue in its staff. Caregivers often become reduced to officials trying to avoid any escapes and causalities. The shelter home officials become stressed and often unintentionally displace their feelings of inadequacies and frustrations on the children. In such a situation, it is better that they are not over-burdened with the responsibility to providing psychosocial care and rehabilitation to the children. Introducing creative therapies, that do not require huge investment in personnel and training can therefore be institutionalized across shelter homes in the country. As Ms.Chakraborty pointed out in her interview, 'where a counsellor can see a limited number of children in a day, a DMT session can reach all the children at the same time'. This doesn't mean that there is no need for focused counselling or mental health interventions for some children in distress; however, to assume that all children living in shelter home need disease mitigation is erroneous. DMT on the other hand offers a practice that builds on strengths, instead of waiting for disease to appear.

5.3 Collaborative Model of DMT entails including all stakeholders in a child's life within a shelter home. Mapping stakeholders and creating convergence in their actions with the best interests of the child leads to positive and often surprising outcomes. Instead of blaming the system, the experience of Kolkata Sanved's intervention in SBSMA has shown that the system can be worked with, if the attitude is of collaboration for the best interests of the child.

5.4 Potential to become a DMT practitioner is organic and can be realized through experience rather than academics. Kolkata Sanved's intervention in SBSMA and the upcoming DMT centre in Cooch Behar, to be opened by the young girls from the shelter home is a testimony of the huge potential for community change that is layered within the way DMT is practiced in Indian context. The effect of DMT is not restricted to the individual in a session, but its impact can be seen in changes that occur outside the individual in the way she interacts with her environment. For example, a girl of 18, who went back to the community to a family in which her father was abusive and used to beat her up, realized the strength to not succumb to his violence. Gender based violence is a macro issue but a single girl who learns to resist the violence and carve out a plan for her future after growing up in SBSMA is not an ordinary occurrence either. All the case studies had elements of change that went beyond the self. One girl had a plan to help her brother who was a troubled youth, another had plans of sharing the burden of her mother who worked as a domestic help, another realized that girls rescued from prostitution were not 'dirty' and a very disturbed girl realized that she wasn't 'dirty' because several boys had raped her.

5.5 Some operational lessons

5.5.1 Shelter homes are very rigid in the way they function. However the rigidity needs to be understood. They deal with several constraints of lack of funds, poor quality of staff and general lags in the system. If one wants to work within a shelter home, one will have to analyse the context of a shelter home's administration and management, instead of treating it as a laboratory. The shelter home in itself has an entity and context, which needs to be mapped and analysed if one wishes to work effectively.

5.5.2 It is important to have a strategy and structure while introducing an intervention in a shelter home, but often it is more important to let the experiences inform the strategies. The Caregiver's Workshop and Training of Trainers were developments that emerged from the experience of DMT team in SBSMA and were not pre-planned.

5.5.3 Set-backs should be treated as learning opportunities. Recently, it was discovered that one of the sweepers had been sexually abusing children. This was a big set-back to the DMT team as none of them had any idea of such a heinous crime being committed in SBSMA and they were taken aback by the fact that none

of the participants shared any concern during DMT sessions. Analysing this experience the DMT team has now introduced a new segment in the sessions, to be conducted at the end of each session. This would entail sharing ones fears and concerns if any. The aim is to allow individual participants to develop a bridge of communication with the practitioners if they so wish. The learning was that maybe the group format was discouraging sharing individual problems or that there was no platform on which children could talk about their observations. In fact there was no component of making children become responsible for each other's safety and now this was being introduced as well. This went beyond self-care.

5.5.4 Always there are officials who will be sympathetic to your cause. The success of an intervention in a shelter home depends on garnering support from such sympathetic officials. In this case the CWC chairperson played a pivotal role in smoothening the operational process for DMT team. He also played an important role in allowing the marginalized children in 'safe custody' to attend DMT and school within the shelter home.

5.5.5 Convergence is the key. What a DMT team can not do by itself can be done in collaboration with key stakeholders. Therefore, any team planning an intervention in a shelter home needs to develop synergistic relationship with key stakeholders with an aim of serving the best interests of the children.

Therefore, the conclusion one can draw from this case study of DMT in SBSMA points towards the beneficial impact of dance and movement in the form of therapy. The summary provided above leads one to believe that it is important to introduce DMT or similar interventions in other shelter homes. Testing the efficacy of an intervention that is so experiential is a challenge. However, if it is introduced across several shelter homes, a robust qualitative and quantitative analysis comparing the effect of this intervention across contexts can be conducted. One of the most valuable strengths of DMT is that it does no harm. Its worth is in its simplicity and its ability to allow experiences to be the teacher. That it can lead to such levels of empowerment that participants become trainers in itself is a huge achievement in any context.

Note on Methodology

Rationale

Kolkata Sanved's Dance Movement Therapy (DMT) intervention is an on-going program since 2008. It began in two shelter homes in two districts of West Bengal and then spread to five shelter homes in different districts. Evaluation reports of the project indicate that DMT was successful in one of the shelter homes. This required further research and analysis to identify processes that made it effective in that particular shelter home and not in another. The reasons for undertaking this endeavour were:

1. A need to understand the process supporting successful intervention in an institutional set up - not much is known about best practices that can be followed to introduce creative interventions in shelter homes by an independent NGO.
2. Not much is known about the impact of DMT in the Indian context. There is a need to document and analyze the changes if any, experienced by DMT participants in the Indian context.

Objectives

Broad objective

To measure efficacy of DMT in the context of institutionalized care for vulnerable children in order to develop a replicable and measureable model that can be adapted in varying contexts.

Specific objectives

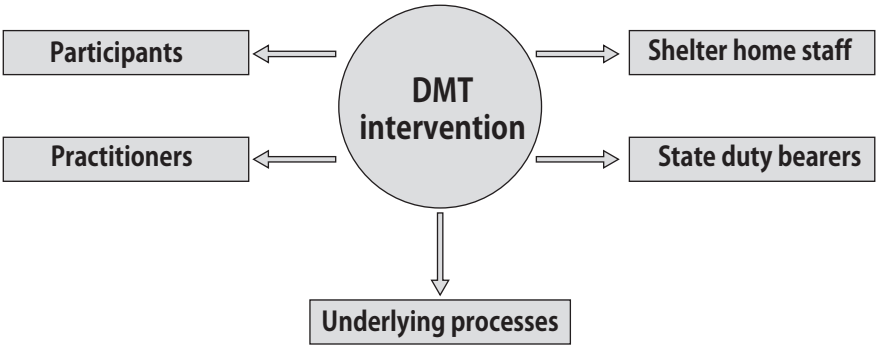
1. To identify factors that impinge upon introduction, maintenance and success of an NGO intervention in an institutional care setup
2. To explain the process underlying successful implementation of DMT in an institutional care setup

Study design

Qualitative case study method.

Unit of analysis

Kolkata Sanved's DMT intervention in SBSMA



Sample selection

Secondary data from - evaluation reports, short case studies of a sample of participants, observation reports.

Primary data from - FGD with DMT team(5 participants) and interview with the program director.

Analysis

Narrative analysis method was used to identify common themes and arrive upon a cogent picture of how DMT developed and changed in SBSMA over the years. Aim was to treat DMT as a unit of analysis and also analyse the impact of DMT on a sample of participants.

Limitations

The study was entirely dependent on secondary data with very little primary data collected by the researcher. However, the aim was to look at DMT intervention as a case study to understand how it functions in the context of a shelter home and how participants benefit from it. For this purpose the detailed process documentations and evaluation reports were well saturated with data. Having said that, it would be ideal to collect primary data from participants and caregivers on their experiences to strengthen the interpretations.

ANNEXURE II

INTERVIEW GUIDELINE for Program Director (Ms. Chakraborty)

1. What is the advantage of Creative art therapies over traditional therapeutic approaches?

2. Would you agree the DMT draws from some principles of psychoanalysis? For instance the importance given to unconscious drives and facilitating such unconscious drives to surface in psychoanalysis, is there a parallel between that and bringing forth pent up emotions in participants of a DMT session?

3. Sampoornata is a curriculum and it is based on certain principles. One of the principles is that of 'community led development'. Can you elaborate on this a little more. What do you mean by community led development?

4. When you say that participants become practitioners do you mean that people who seek help or people who participate in a DMT session can become practitioner? How does one transcend this gap of being a participant and being a practitioner? Who decides who will undergo the TOT course?

5. Every program or idea has certain assumptions - one of the assumptions of DMT, as I understand, is the relation between unexpressed emotions (due to violence, oppression, fear, stress) and body movement. In that it says that DMT offers a person a therapeutic space to express emotions that were till then hidden or suppressed. What are other assumptions of this program?

6. Can you also tell me what are the principles of DMT as practiced in Sanved? What are the points of departure from traditional western practice of DMT? You are in the best position to comment on this since you have developed this model in the Indian context.

7. If you were asked to define DMT how would you do it?

8. Finally as a practitioner and developer of this therapeutic practice, what according to you are the indicators for evaluation of its success? Tell me some macro indicators and some micro.

ANNEXURE III

FOCUS GROUP GUIDELINE FOR DMT TEAM

1. Meaning of DMT according to you.
2. How does DMT help?
3. What was your role in the intervention in SBSMA, Cooch Behar?
4. What was the context of the shelter home like, the structural and functional challenges?
5. How did the entire process unfold?
6. What were the children like before DMT began?
7. What were the changes one observed in the participants?
8. What were the challenges during the process?
9. How did the team overcome challenges and what did they learn?
10. Final comments and evaluations of the approach.

LIST OF ABBREVIATIONS

ADTA	-	American Dance Therapy Association
CCL	-	Children in Conflict with Law
CNCP	-	Child in Need of Care and Protection
CWC	-	Child Welfare Committee
DM	-	District Magistrate
DMT	-	Dance
SBSMA	-	Shahid Bandana SmritiMahila Abash
TOT	-	Training of Trainers
WB	-	West Bengal

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