



Move for the remedy

Sheela was a 12-year-old girl with autism whose academic performances and social skills were poor. For over a year and a half she met with movement therapist Tripura Kashyap thrice a week for 45-minute sessions.

These sessions included warm up routines and body awareness games, eye contact activities, and the use of dandiya sticks for her to express her feelings through rhythm and partnership games. After barely a month, Sheela began to respond instantly to contrasts and quick changes in movement exercises.

Several weeks later, she began to move through all the movement activities with the ease and confidence of a normal 13-year-old. Towards the end of six months, she needed less physical help in performing a variety of movement tasks, and progressed to responding appropriately to verbal prompts.

Though dance had been a part of healing rituals in many prehistorical cultures, it was only in the 1940s that it emerged as a distinct therapeutic modality in the US, through the work of Marian Chace, says Tripura Kashyap, the pioneer of Creative Movement Therapy in India.

This amazing contemporary dancer shifted gears to Creative Movement Therapy (CMT) in 1990, inspired by her wheelchair-bound brother and the visually impaired students at Kalakshetra, Chennai.

The challenges were many: economics (Kashyap's work initially was voluntary), lack of space, our Indian penchant for 'performances', and surprisingly, scepticism from her compatriots in the dance world. Yet, many organisations, educators and psychotherapists were "excited, welcoming and accepting of this new form," she says. Since then, Kashyap has seen "much innovation in India because of the different kinds of population with whom dance movement therapists work, as well as the variety of dance forms in our country."

To the uninitiated, Creative Movement Therapy is a form of body psychotherapy in which clients use their movement as the language to express repressed feelings of trauma, self-identity, or buried memories that they are unable to articulate verbally. "In this context, the body becomes a powerful tool

memories that they are unable to articulate verbally. “In this context, the body becomes a powerful tool for them to articulate what they are going through,” says Kashyap.

For a common goal

Though each art therapy discipline functions within its own parameters, there is also inter-relation with one or several of the other arts (dance, music, drama and visual art). “We might have our differences (as all families have), but I think there is a great deal of respect and overlap between these artistic disciplines,” says Anshuma Kshetrapal, in the company of Mike Clarke — they trained together in the M A Drama and Movement Therapy (Sesame) course at London’s Royal Central School of Speech and Drama, and now shuttle between India and the UK for their therapy programmes. “Ultimately, we are all working towards the same ideal: expression of the self through creative methods.”

CMT cuts across geographical, socio-cultural and economic boundaries, and gender divides. It can be utilised to help those in kindergarten to those in their twilight years; it can be practised with an individual or in a group setting. The movement experiences offered to populations vary according to the therapeutic needs of its participants. With the visually impaired, elements of folk dances that would involve touch — for example, holding hands in a circle — would be incorporated, while for the hearing impaired, elements from Indian classical dance involving hand gestures, storytelling and facial expressions would be more appropriate.

For adults with schizophrenia, therapists might use components of creative/contemporary dance like mirroring or shadowing to ground such patients in reality. “We do not really teach a form or a style, but lead clients into creating their own personal movement language and expression to communicate what they have suppressed or desire to bring forth,” says Kashyap.

Dance movement psychotherapist Devika Mehta, from Mumbai, uses elements of Gujarati folk dance in her therapy sessions. Garba, she says, has movements that represent the cycle of life — from birth to death — with the only constant being god. The claps charge the acupressure points, while the body bending ahead up and down helps to cross lateral and upper-lower connectivity. Dandiya improves hand-eye coordination, communication, rhythm and synchrony with groups as well as partners.

With roots in psychology and inspiration from her mum who was a special educator, and her own love for dance and movement, it was foreordained that Chennai-based Tarana Katri should work with children with special needs. Most parents and children are open to trying new forms of therapy, says Katri, co-founder of Synchrony, which is dedicated to promoting the awareness and importance of movement therapy with this population. “People need to understand that such a deep process takes time and commitment,” she confesses. But what is the rate of success? “Success is a tricky term,” says Katri. “Personally, if my client finds the therapy as a space in which they feel safe enough to explore themselves, I feel I’m successful.” For the therapist herself, it involves a lot of self-exploration and understanding, and also constant learning.

In her book *My Body, My Wisdom*, Kashyap cautions about the fallacy that CMT is used only for people with disabilities. People who function normally, she finds, are as disadvantaged, in varying degrees. Rather than teaching dance, these therapists assess and evaluate needs and issues of their clients individually, then initiate and help to develop movement experiences, taking off from the physical-emotional-intellectual levels of the individuals. Therapists attempt to elicit movements that are considered symbolic of the inner voice of individuals, explains Kashyap.

Varun Venkit echoes Kashyap's sentiment. "I always believed in the therapeutic benefits of drumming for one and all. It was only a question of convincing the people around me of the same," says this drum circle therapist from Pune. Venkit's Taal Inc has worked with a spectrum of clients like commercial sex workers, corporate groups, special needs groups and students. "The aim for each of our sessions is to create a space where participants can feel free enough to forget themselves, and thereafter share their thoughts and feelings. This in itself is known to be therapeutic. Using the drum as a metaphor to express oneself is a safe, unobtrusive way to do so," he says.

One who cares about a sidelined section of our population is Alida Esmail, who has, for the past three years, been working on a project with seniors in Canada. "Older adults frequently present certain functional limitations, so we work with their current movement repertoire and introduce props and activities accordingly in order to provide a space where each individual in the group can grow," she says.

Still on the path of therapy but working with a totally different medium is Eliza Homer, who currently resides in Mexico, where she is focussed on "exploring the role of textiles and other folk art traditions for healing and well-being." This bilingual art educator, administrator, author and expressive arts therapist has worked with a range of underserved populations in the US, including youth, adults with severe mental illnesses, incarcerated males and several Native American communities, and emphasises on utilising creative modalities to address trauma.

Evan Hastings's passion lies in interactive theatre, to use it to deal with social and environmental issues. Working at San Francisco County Jail with its men incarcerated for violent crimes, Hastings realised that "realistic re-enactments of traumatic events can be emotionally torturous for performers and spectators alike." He co-created his first shadow theatre performance in 2001, in response to the September 11

alike. He co-created his first shadow theatre performance in 2001, in response to the September 11 attacks on the World Trade Center. “Through shadows we can visually create abstract representations of traumatic events without them being emotionally overwhelming,” he says.

The theatres Gender Shadow and Shadow Liberation confront the issue of gender violence using shadow puppets, improvisational theatre and masks. Audience members are invited on stage to offer improvisational interventions during scenes depicting oppression. “This artistic dialogue offers no quick fix, but rather places faith in the emerging ethics of the community to creatively address the problem,” explains Hastings.

### Considering cultures

In India, Hastings has spent the past few years working with Ramachandra Pulavar, a traditional shadow puppeteer from Kerala who practises thol pavai koothu (traditional shadow play). “By rooting our practice in an indigenous aesthetic, we pay respect to traditional shadow puppetry, which has offered a space to artistes to voice criticism and social commentary,” says Hastings.

It’s important for movement therapists to be aware of cultural norms because it’s natural for clients to respond with motifs from their cultural background. Kashyap found that her clients in the West are more comfortable with free movement and silence, while in India, clients initially prefer structure and music. Facial expressions, hand gestures, Indian rhythms, footwork, body movements and Indian-style props are some of the Indian metaphors that Kashyap has exported to her workshops in the West.

Kshetrapal was keenly aware of the culture while working with a group of East Asian women who had suffered severe domestic abuse and were seeking asylum in London. Their stories were horrifying, and because of that, the victims had severe symptoms of post-traumatic stress disorder (PTSD) and trust and

because of that, the victims had severe symptoms of post-traumatic stress disorder (PTSD) and trust and rage issues. When they met Kshetrapal, they played games that gradually brought in themes and metaphors around trust. After six months of working together, they were able to recount stories of healing to the group. This was because of the safe space that had been created to allow self-expression, explains Kshetrapal. Both Kshetrapal and Clarke caution that while healing takes place, “there are no miracles.”

There’s a growing and urgent need for the mental healthcare of refugees, asylum seekers and displaced persons, says Katia Verreault from the Netherlands. Their mental health is severely affected due to traumatic histories, precarious living conditions, discrimination, and post-migration adversities. Current events in Europe are indicative of this urgency.

In India, over 60 million people have been internally displaced since the partition in 1947. People continue to migrate for reasons such as natural and industrial disasters, and urban development. “But attending to the needs of this vulnerable section of people differs significantly on cultural, religious and ethical levels,” says Verreault, who taps into the existing resources of dances and rituals while working in different cultural settings.

Verreault’s practice-based research that she has conducted with refugees and asylum seekers in the Netherlands, Uganda, Kenya, Nepal and India shows that CMT can help in bridging an individual’s emotional, cognitive and somatic processes to stimulate body-mind integration.

Hyderabad-based drama therapist Mahnoor Yar Khan has been doing just that in the conflict zones in Palestine for 25 years. Stone pelting, verbal abuse and suspicion were the initial responses. Working against all odds in the West Bank and Gaza, with adolescents “who were very involved with the fighting,”

against all odds in the West Bank and Gaza, with adolescents “who were very involved with the fighting,” Khan found that they were as scarred by the fighting as with the violence within their own homes. She worked single-handedly, designing, implementing and documenting the programme, in addition to training Palestinian animators.

CMT derives its validity from its symbiotic relationship with the health and medical community, and the constant practise-based research of movement therapists. Dr Suganthi Ravichander, 23 years a paediatrician, says that she has recommended music for nine and 10-year-olds to improve their concentration. Janavi, with an MSc in Clinical Psychology, says, “Psychology is now happy to extend itself to include these approaches, for we are all trying minimum dependency on medication.”

Kashyap feels bitterly about the lack of employment opportunities for arts-based therapists and no master’s degree courses to train movement therapists, in India. To redress this issue, Kashyap and four talented women have co-founded Creative Movement Therapy Association of India (CMTAI), headquartered in Delhi, with a branch in Bengaluru.

This is an independent organisation that brings together practitioners, trainees, beneficiaries and supporters of Creative Movement Therapy across India and the globe. CMTAI held its third international conference (in Pune recently) to discuss cross-cultural applicability of the arts therapies and their integration in society, particularly within the Indian context.

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