

# World Dance Therapy News

*In this issue, we continue with this series and are delighted to present two articles from very different parts of the world and very different contexts for dance therapy. Firstly, an article from dance performer, choreographer, teacher and therapist, Tripura Kashyap, writing from Bangalore, India.*

## Dance Therapy In India

*Tripura Kashyap*

Coincidences have shaped my life. On one such occasion I travelled to the U.S in the late eighties to train as a dance therapist. This experience dramatically altered my perception of what constitutes dance. I learnt how informal, non-traditional approaches in dance could help people with disabilities evolve individualized styles of communication.

Long before this, the idea that dance could be used with people with special needs came to me in unusual circumstances. My brother, wheelchair bound with poliomyelitis loved music. In spite of being paralyzed, he would bang his wheelchair and almost jump out of it when he heard music. Sometimes we would sway our bodies in unison to film songs. He seemed the most alive then.

While training in Bharatanatyam (south-Indian classical dance) at Kalakshetra, a dance college in Madras, I noticed two visually impaired boys learning to sing and play flute. Not only was their music soul stirring, their bodies moved beautifully in response, seeming to express the essence of their personality. In my mind, I played with ideas of how people with disabilities would relate to a dance experience.

After I completed my degree in dance, another coincidence struck. I met Dr. Grace Valentine, a dance therapist from the U.S.A on a lecture tour in Bangalore. Talking to her I realized dance as therapy already existed and had a fairly long history in the west. I was excited when she invited me to study at the Hancock Center of Movement Arts and Therapies in Madison, Wisconsin.

At the Hancock I was apprenticed with Grace and three other dance therapists. While training, I became aware that Indian physical traditions and movement practices offered a large canvas for dance as therapy. Throughout the sub-continent, myriad dances - folk, tribal, social and ritualistic forms - have had a healing aspect embedded in their ethos.

For centuries, without the label of dance therapy, these dance practitioners across Kerala, Karnataka, Maharashtra and other states had used dances to exorcise evil spirits and heal people of mental and physical illness. Community



*Pictures of Tripura from the Apoorva Dance Theatre website.  
(see end of article)*

dancing during festivals throughout the year brought people across linguistic and socio-cultural boundaries together.

Over the years, the stress and complexity of modern living has changed our life styles ruthlessly. With changing times and attitudes, dance and other arts have become distanced from the common man. They have developed into performing arts with entertainment values rather retaining their space in everyday life. There is a clear divide now between performer and audience that was not so defined in the past.

I also realized many of our classical dances were in the process of becoming stultified, reduced to mere exhibits for a "select few". Because state funding largely supported classical forms, many folk, tribal and ritual forms have become marginalized or gradually disappeared.

I wanted to make an attempt at re-vitalizing these forms by integrating them in dance therapy sessions. I also wanted to expand the concept of DMT, by including movement principles from other physical traditions like yoga and martial arts. This would, I hoped, create a therapeutic alliance between performative and non-performative body disciplines.

Back in India, I made my home city Bangalore my base. As a pioneer, I had mixed feelings. I was excited to be embarking on something so close to my heart yet apprehensive about adapting dance therapy to our context. I visited several special schools, half-way homes and treatment centers and did brief dance therapy sessions for them. To my surprise, my ideas were accepted readily and



I was invited to work with groups of children and adults in these settings.

As work began in earnest, I attempted to extrapolate certain elements from folk, social and classical Indian dances into mainstream dance therapy for people with mental, motional and physical handicaps. Functional modification of music, movements and props to suit Indian needs and problems of specific disabilities were gradually evolved.

At Atma Shakti, a center for mentally ill adults, we began sessions with yoga. Together we made up ritualized movement phrases set to an "Alap" (a preparatory improvisation of a melody in classical music). This 15-minute warm up helped to awaken bodies and bring together energies. We also used certain Yoga mudras (hand gestures) with deep breathing to enhance concentration.

Over a period of six months, I evolved structures of rhythm patterns, as used in Kathak (North-Indian classical dance). In this activity, the participants stamped their feet in unison on the floor in varying speeds. Apart from being an effective group-coordination device, the footwork became a structured medium through which pent up aggressions and anger were released. Speed variations of these patterns also improved movement

sequencing and strengthened connection between body and mind. Contact of feet with earth helped them stay in touch with the here and now reality.

With hearing impaired children of Hamsadhwani school, I modified movements from the technique of Mayurbhanj Chhau (martial dance of Orissa - a state in India). The movements unfolding in slow motion had a meditative, calming influence on these children, who found it difficult to be still. Exploring stylized walks with partners while balancing on each leg, they became aware of their bodies in motion. As their range of movement increased, there was marked reduction in stereotypical movement patterns.

Hastas (Hand gestures from Bharatanatyam- a South-Indian classical dance) were used to create movement sentences, poems and stories. This is similar in form to sign language. Gradually they became sensitive to each other's communication skills in more ways than they had experienced earlier.

Various finger and wrist exercises with these gestures were designed to be part of their body preparatory exercises. These gestural movements were later set to music and became a vehicle for expressing emotions and communicating stories of their lives. Exaggerated facial expressions from Kathakali (south-Indian classical dance) were also modified to reflect certain moods and feelings from their classroom situations.

With a group of visually impaired adults at the National

Association for the blind, I used the Karma tribal dance form of Madhya Pradesh. It acted as contact dance, with participants holding hands in a line. They were given challenging tasks like moving backwards, sideways, making a circle and other geometric designs. This helped to heighten their spatial awareness hence reducing fear for space around them.

I also chose Dollu Kunitha (a folk dance from Karnataka - dancers hit the drum tied around their bodies with sticks while moving). It reduced their passivity and for that one hour, I felt they did not feel sorry for themselves. As part of the improvisation, they learn to converse through drum beats exploring several rhythms. The Kummi (clap dance from Tamil Nadu) accompanied by folk songs improved their dexterity and made them feel

stronger as a group. With each session they gained confidence to deal with their bodies in a more relaxed manner.

I have used a variety of movement props from Indian folk dances like sticks, cymbals, scarves and bamboo poles etc. with mentally challenged children. These were integrated to solve movement puzzles, and enhance memory for movement. Individually, children worked on their imitation skills with pre-determined movements of the props.

We enjoyed using certain elements from the bamboo dance, a social dance from Nagaland. Here partners sit opposite each other, horizontally hold one long pole in each hand and hit them together in a certain rhythm - the others jump in and out of spaces between these poles). A tune with a repetitive melody was also sung. This playful dance seemed to have an inherent quality to evoke trust and concentration in persons who danced it.

I also used colourful duppattas (scarves) from Bhangra (folk dance of Punjab) with this group. As children moved vigorously to drum beats I felt their confidence rise and saw joy on their faces. These same scarves were also placed on the floor to mark each other's personal spaces. Each person in the group could invite another into this space to share movement phrases together.

I found while working with most groups, participants preferred learning structured movements. Because of a whole lot of spoon-feeding that goes on in our education system, teachers as well as students had lost the precious ability to be spontaneous and creative. I had to constantly shift my position from being a therapist to a teacher and vice versa. It took a long time for most groups to feel as comfortable with improvisation as with structure.

Experiences of working with therapeutics in dance, exploring its relationship with disabled people, took me back to the basics of movement. I began to gather fresh inputs in terms of movement construction, composition, improvisation, and



group dynamics which later fed into workshops and training programs I conduct for special educators. During these sessions, I teach them simple movement activities that could be used with groups they work with. I make them aware of region specific dance forms available in their own areas and how one can use them in class room situations.

Special educators are in recent years beginning to realize the value of dance and make space for it in educational curriculums. Yet, dance therapy is still at a very nascent stage here, there are no professional training courses - one has to go abroad to study it - which is extremely expensive for most Indians. Apart from me, there are 2 or 3 other Indian dance therapists who live in the U.S because there are no professional systems that can absorb them here. Being a dance therapist here borders on volunteerism.

Continuing my work in the area of dance therapy, I have in recent years also branched out into other areas of dance - choreography of contemporary performances (groups work and solos), writing on dance, dance education and physical theatre. I currently enjoy leading a dance-centric life and feel these areas automatically overlap and feed into each other. I feel rejuvenated when I dance and feel the boundaries between life and art disappear.

#### **About Tripura:**

Tripura Kashyap is a Dancer/Choreographer/Therapist based in Bangalore. She received a degree in Classical dance from Kalakshetra, Chennai. Later she was part of the Chandralekha Dance Company, Chennai, for several years. She studied Dance/Movement Therapy at the Hancock Center of Movement Arts in Wisconsin, U.S.A.

She has received the Ashoka International fellowship for her innovative work in the field of dance therapy. She was choreographer-in-residence at the American Dance Festival (N. Carolina) where she trained in Jazz Ballet, modern dance techniques, choreography and dance theatre. She has travelled widely in India and abroad performing, conducting workshops and giving lecture demonstrations on contemporary dance and dance therapy. Currently she is director of Apoorva Dance Theatre, and is involved in choreography and performance of modern dance.



**Website:** <http://geocities.com/apoorvadancetheatre/>