

Dance Movement Therapy and *Kathak* in India

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The dance or movement activity and any resulting formed dance becomes the method for diagnosis and further therapeutic intervention, or a vehicle for supporting the health of the client. The dance movement therapist... is committed to the therapeutic use of dance and movement as a discipline to further the person's emotional growth and psychological and social integration

– Payne, "Creative Movement and Dance in Groupwork" (17).

Medicine and psychotherapy offer constructive treatment to individuals by focusing on the body and mind, respectively. The modern dance movement during the early twentieth century "sought to replace rigid and impersonal forms of art with more natural, expressive movements emphasizing spontaneity and creativity" (Levy 1). Dance Movement Therapy began in the 1940s; its institutionalisation with American Dance Therapy Association (1966) focuses on the therapeutic use of movement to promote emotional, social, cognitive, and physical integration of individuals to improve health and well-being. As noted by Fran Levy, Marian Chace's dance as communication (1942), Blanche Evan's Alderian model of DMT (1964), Liljan Espenak's psychomotor therapy (1972), Mary Whitehouse's authentic-movement model (1979), and Trudi Schoop's model of improvisation for self-esteem and self-acceptance (1974) are some of the prominent early DMT models. The early pioneers turned towards a more natural and creative mode of self-expression by combining both body and mind. Helen Payne (1990, 1992, and 1995) is one of the contemporary pioneers of DMT whose thesis begins with creative dance movement therapy in group work in the UK. Group psychotherapy, closely linked to DMT, investigates movement therapy through group counseling and group leadership (Payne, "The Experience of a Dance Movement Therapy Group in Training"); the person and the process are primary DMT elements which function as agents for therapeutic change (Payne, 1992, *Dance movement therapy: theory and practice*). Judith Hanna (1995) emphasises the role of dance in the promotion of wellness "by strengthening the immune system through muscular action and physiological processes" (323). She induces the body dimension, emotional dimension, and cognitive dimension of dance in the healing process (Hanna 1995), which implies that the "inherent and aesthetic value of the motion" is essential for the communication of dance (Blacking 1986). Different discourses – therapeutic interventions and self-expression – have been attached to dance. The study by Gayvornoskaya and Shapovalov (2010) has implemented integrative dance/movement therapy to improve an aging individual's life quality and psychosomatic adaption. By connecting dance with youth culture, fashion, and style, Angela McRobbie (1984), the cultural theorist, has referred to intertextuality of dance which "signifies intertextually a range of different discourses" (140). Dance also offers other performances that can be found in inter-related instances "in sexual expression, in the presentation of self in everyday life and in the articulation of modes of pleasure" (McRobbie 139). In this article, I will read DMT through the Kathak chapter in India and both historicise and suggest the medical and health potential of dance therapy in the contemporary Indian context.

Dance Movement Therapy in India

Indian Association of Dance Movement Therapy, or IADMT, reiterates the aims of ADTA to consider dance a psychotherapeutic method that uses movement and creative expression to further socio-emotional, cognitive, and somatic integration. One of the eminent pioneers of

DMT in India is Tripura Kashyap, who co-founded the Creative Movement Therapy Association of India (CMTAI). The organisation led to the institutionalisation of DMT in India in the 1990s. She regards cultural dance forms as ways by which people communicate and express themselves (Rangparia 2011). The organisation promotes Creative Movement Therapy or CMT and offers courses on DMT which helps them establish DMT as professional practitioners. During an interview, she refers to several techniques like “creative visualisation, movement-based gratitude rituals, self-affirmation practices, body preparatory exercises, and relaxation routines combining breath and movement patterns,” which have been adapted to the new concept “Telehealth-CMT” (Rajan, 2020). In her opinion, tele-CMT is an adapted version of CMT for pandemic issues to acclimatise it to confined spaces of individuals limited to PC, laptops, and smartphones. Jayachandran Palazhy founded the Attakalari Center for Movement Arts to promote contemporary dance education and offer study programs, research modules, and career opportunities in movement arts. Focusing on the physiological dimension of dance, he explains the science of dance healing bodily movements, but he gradually moves to connect it with the mind. During the dance, the motor activity of the body, says Jaya, hits the neurons which connect in new ways creating new neural pathways in the brain (Chakraborty 2018). His expertise in Bharatnatyam, Kathakali, Indian folk dances, and the martial arts of Kalaripayattu helps him promote contemporary Indian movement art in India. The chief aim of the Center is to stimulate the growth of contemporary performing arts in India and empower young artists to enable them to create fresh physical expressions related to their experiences, memories, and thoughts. His Center directly promotes the contemporary Indian arts and indirectly helps the learners improve their physical and mental health. On the contrary, Kashyap established DMT as a discipline for individual wellness and self-growth. She also conducts special CMT sessions to work with children with Down syndrome, ADHD (attention deficit hyperactive disorder), learning problems, and other mental challenges. Some prominent techniques are body preparatory routines, movement activities based on group awareness, icebreakers, partner work, rhythm development, and cool-down routines with breath (Rajan 2020).

Sohini Chakraborty is one of the renowned Indian artists and sociologists who established DMT as a discipline for healing violence survivors, particularly sex-trafficking survivors in India. She founded Kolkata Sanved in 2004 for the most vulnerable and underprivileged (Chakraborty 2013). The 2016 Kamonohashi project of Upali Dasgupta has investigated survivors of sexual violence and trafficking. She found that the implementation of DMT sessions in the shelter home – Sukanya Home in Kolkata – has succeeded in reducing the traumatic symptoms of anxiety, depression, and post-traumatic stress disorder of the treatment group (Dasgupta 2016). The Center program TOT (training of trainer) – the two-year training program – works with individuals from marginalised sections who struggle to enter the respectable part of social order and achieve economic independence due to their inability to address the trauma of their belongingness to marginalised group (Chakraborty 2014). The *sampoornata* DMT model developed by Chakraborty (2019) functions toward healing, empowerment, and emancipation for the sexual abuse. The organisation runs various modules of DMT sessions to deal with survivors of different social and physical ailments. Healing Recovery, Life Skills, Trauma Recovery, Empowerment Workshops, Sexual and Reproductive health and Rights (SRHR), DMT for Boys living in CCIs, DMT with Care Providers, Other Workshops, and Bloom Projects are eight major recent projects (Chakraborty 2019). Dilshad Patel has also been instrumental in establishing DMT as a discipline in India. During a conversation, she tells how she was introduced to Movement Therapy. When she was in New York to be trained in western dances, she began working with an NGO that helped sex workers using dance therapy (Kumar 2014). Drawing on the idea, she introduced the therapeutic intervention of movement to the sports field. The MT technique, she says, is an innovative form to work with athletes to encounter their psychological problems lying deep in their subconscious minds. She called the method MTS or Movement Therapy for Sports to combine science, arts, and different disciplines of movement, which helps in bridging the gap between movement science, art, and other accepted physical and psychological interventions

for athletic training (Patel 2019). As a professional MTS trainer, her most eminent works are with the Indian IPL Team Rajasthan Royals and the Canadian Cricket Team during ICC world Cup 2011 (Patel 2019). Addressing the unstructured movement techniques, she says that the MTS practitioner utilises free-form, fluid, group, and individual sessions to obtain a complete picture of the athletes' emotional and behavioural state (Patel 2020).

In expanding the area of movement therapy, the contribution of Syed Sallauddin Pasha is of significance. As a pioneer of therapeutic theatre, he created the Ramayana and choreographed Sufi dance on a wheelchair for people with special abilities (Humayon 2013). He founded Ability Unlimited for differently-abled people by introducing the dance on a wheelchair. Sukundra, one of his students, shares his experiences that therapeutic dance education and other life skills have helped him empower himself and enabled him to pursue a job (Padaki 2019). His therapeutic dance reformulates the role of the wheelchair not only as an assistive device but re-examines it through dance "as it turns into a close, communal, physical companion, and a vehicle of mobility and kinetics for disabled dancers" (Sharma & Kumar, 2021). In recent two-three decades, the DMT has been institutionalised by many practitioners, artists, and therapists. Kashyap, Chakraborty, Patel, and Syed Pasha are considered DMT pioneers in India. Kashyap is the foremost pioneer of DMT practice, while Chakraborty invented it to work with survivors for healing purposes, primarily to bring social change to our society. CMTAI has also shifted its focus to children struggling with different ailments and old people. Dilshad introduced a new turn in the psychological and physical healthcare for people practicing sports by establishing the center, Movement Therapy for Sports & Healthcare. Therapeutic intervention through dance for individuals with special abilities was introduced by Syed Pasha.

***Kathak* as a Therapy in India**

Originated in Indian Northern provinces, *kathak* has traditionally been thought to be performed at temples (Kothari 1989, Narayana 1971, Messey 1999). The temple-origin narrative of *kathak* has been questioned in recent postcolonial discourses. Walker, ethnomusicologist and historian, has interrogated this narrative and found that "recent theses (Morelli 2007 and Dalidowiz 2007), contributions in Indian dance compilations (Sinha 2000), and monographs specifically about *kathak* (Narayan 1998, Srivastava 2004 and 2008) either continue to place the dance's origins in the temple or adroitly avoid the question of the dance's history altogether" ("Revival and Reinvention in India's Kathak Dance" 171). Pallabi Chakravorty considers this existing narrative a hegemonic discourse created by national elites to authenticate Indian national identity. Critiquing its discursive formation, she argues that "the construction of classical, in traditional Indian dance, was forged by the dominant class in India to serve its national ideology" (108). Walker had concluded that "before the twentieth century there was no dance called *kathak*" (*Kathak Dance: A Critical History* 131). She claimed to have found the existence of Kathaks¹, not *kathak* as it is found today. Her research (2010) has shown that during the early decades of the twentieth century, Kathaks migrated to urban centers and found the middle-class as their new patrons. The educated middle-class women "led the way in the classicization, gentrification, and partial Sanskritization of *kathak*" (Walker 2010, "Revival and Reinvention in India's *Kathak* Dance" 176). The loss of temple connection in *kathak* has given it its contemporary form at the hands of middle-class people. In recent decades, due to the growing interest in yoga and health, the *kathak* practitioners are now experimenting with its structurally stylised form for the purpose of healing.

Indian classical dance forms have always been linked to therapeutic values (Chatterjee 2013, Sudhakar 2006, Singh 2006, Raghupathy n.d., Kashyap 2005). Raghupathy, the Bharatnatyam performer, regards "teaching dance as a therapy and as a probable corrective for physical deformities and disabilities in children" as "Bharat Natya is a composite art of rhythm, music, poetry, color, sculptural poses, suspension of movement, symmetry, everything in beautiful balance" (105). Sudhakar (2006) opines, "Bharatnatyam starts with very

basic *adaavus* like *thattadavu*. Initially, it is an extremely tiring and painful experience. As complex movements are taught, children become fitter and healthier due to steady state and aerobic nature of these movements” (29). Reflecting upon therapeutic *kathak*, Surangama Dasgupta (2018) shares her experiments with dance therapy and psychoanalysis in which ‘abreaction’, i.e., repressed negative emotion finds “a healthy outlet and facilitates the process of catharsis through free association.” Free association, she says, allows individuals to tell their stories through a performance without any strict coherence. Referring to *anand*, the ultimate goal of the Indian aesthetic and commenting on the healing value of *kathak* as indicated by Kamlini and Nalini, Kashi (2016) also agrees that when the entire body, mind, and soul are in tune, a person can truly live a moment; dance is one of those mediums to achieve it. They refer to *kathak* dance with respect to its fast footwork, pirouettes, and hand gestures, presenting the use of expressions or *nritya* form of *kathak*. As an Indian classical dance, *Kathak* appropriately suffices these healings through the exercise of hand gestures that enable emotional outlet through expressions of various moods or *bhavas*.

The *kathak* practitioners often associate its therapeutic interventions with bodily movements and emotional secretion. In this respect, the two prominent aspects seem to dominate in the employment of *kathak* as a therapy. Firstly, its therapeutic interventions are based on the *rasa* theory that the practitioners claim to heal individuals (Dasgupta 2018). Secondly, its structured and stylised movements are compared with *asanas* of yoga which help individuals strengthen their physiological and mental (concentration) dimensions (Sudhakar 2006, Das 2011). *Natyashastra* and *Abhinayadarpanam* refer to twenty-eight *asamyukta hastas* (single hand gestures) formed by using a single hand; twenty-three *samyukt hastas* (combined hand gestures) refer to hand gestures or *mudras*. They help the performers tell a story through the execution of different states; however, their use falls into two categories: realistic and conventional – the former presents “natural behaviour,” whereas the latter is used for artistic purposes. These *mudras* are “freely used along with the movement [upward, downward, etc.] inspired by the sentiments and the States” (Ghosh 185). Emphasising the role of *mudras* in dance therapy, Surangama, sharing her experience, says that *mudras* can be used as a learning mechanism to build concentration and attention in clients as they are helpful in therapy related to creativity and giving clients creative satisfaction. *Hasta mudras*, *tatkar*, and *chakkars* are prominent aspects of *kathak* dance that add therapeutic value to *kathak*; it functions as an instrument of an emotional outlet for individuals. Through its various bodily movements, gestures, glances, and expressions, under movement therapy, *kathak* enables individuals to express their every form of emotion in relation to others in terms of their social relations in the social order. It allows them to establish a relationship with themselves through self-realisation by making them feel one with their body, mind, and soul. According to Kashyap, the nine *rasas*, or nine sentiments, are extensively useful for emotional expression of individuals (Rangparia 2011). Individuals can use the *nritya* aspect of *kathak* through nine moods or expressions to give an outlet to their concealed burgeoning emotions and thereby establish a reciprocal relationship with others and themselves. Commenting on bodily, emotional, and cognitive dimensions of dance, Hanna says that dance, through its intricate combination of movement, rhythm, and music, “involves simultaneous right and left brain usage in the complex process of self-expression” (323).

Integration of yoga and *kathak* has been another method for healing employed by Indian *kathak* performers and practitioners. Chitresh Das coined the term “*kathak yoga*” to demonstrate it as a spiritual experience. *Sadhana*, devotional practice, is one of the prominent principles of Chitresh Das Institute, which considers “*kathak yoga*” as “inspired by the great *sadhus* and *yogis* of India – as a way of bringing mind, body, and spirit together in a unified focus” (*Chitresh Das Institute*). During an interview with *The New York Times*, he says, “I will make sure that *kathak* lasts because I have already done the work of *kathak yoga*.” Sudhakar believes that Indian classical dance, in general, as a movement trigger system, affects the human cardiovascular system. Theorising *kathak yoga*, Das (2011) says, “It [*kathak*] is [not only] a cardiovascular exercise which engages every cell in the body... but also a breathing

exercise as it requires the dancer to concentrate and control the breathing because s/he is singing. When you perform, you start perspiring, thus eliminating toxins out of your system. You start feeling light and that is where the healing process begins". With a simultaneous exercise of *tatkar*, *hasta mudras*, and *chakkars* by storytelling and experiencing various moods, enabling an outlet for negative emotions, *kathak* is capable of healing individuals. Demonstrating it, he says that in *kathak yoga*, "the artist himself recites the *taal*, plays the table and executes the footwork. He does all these at the same time" (Saju 2012). The coordination between rhythmic and energetic *kathak* movement and healing yoga brings a beautiful form for the realisation of one's self, and that could be termed "Euphonic Yoga;" according to this, different combinations of touching one finger to others create energy circuits which improve circulation of blood and other health benefits (Lowen 2017). The dance Trishula Hasta with three fingers raised and a thumb touching a little finger, is claimed to balance body water content and prevent pain from inflammation or muscle weakness as Varun Mudra in yoga (Lowen, "Euphonic Yoga: Raga, taal, Kathak, and Yoga, all in one" 2017). This illustrates one of the integrated forms of *kathak* and yoga through the combination of various *mudras* during a performance. The integration of yoga and *kathak* is indeed helpful for psychosomatic healing, but emotional and mental healing appears to be a complex task as it involves constant attention to the exercise of movements.

Riya Bhatia and Simran Godhwani are two prominent *kathak* practitioners who employ Dance/Movement Therapy for healing purposes. Focusing on mental, physical, and emotional well-being through *kathak* as a therapeutic method of healing, Riya Bhatia founded Virya Foundation – a non-profit organisation – to empower individuals through Indian Classical Dance Movement Therapy. In March 2019, she conducted a Dance Movement Therapy workshop at the Fremont Senior Center. Employing the DMT technique of warm-ups, she started the session with meditation to centralise the audience's attention in the room and bring the participants' attention to the present moment (Virya Foundation, 2020a). She explained the benefits of DMT and performed a *kathak* yoga sequence emphasising movements for physical and emotional wellness (India Post, 2020). She also launched "Building Resilience through Dance Movement Therapy" (2020) – a four-week program – to create adaptability and confidence among children during the pandemic. She exercised meditation and mindfulness to ground the participants to the present moment and utilised the *navarasas* for emotional release; she also taught them storytelling dances about resilience. Kaliya Daman, a storytelling dance, was used to teach them how to inculcate resilience in themselves (Virya Foundation 2020b).

Simran Godhwani founded the Krshala Dance Theatre, which offers *kathak* programs and encourages the healing of children with special conditions such as "Down Syndrome, cerebral palsy and autism." She inaugurated a self-financed program, "Down Syndrome Dance Therapy (DSDT)," based on the systematic application of movement, music and dance principles combining a movement-oriented sequence of dance patterns and free-flowing movement techniques. The therapy allows every child with DS to heal and strengthen their body muscles. She carefully handles the hyperactive children by helping them build a strong control over their own bodies through controlling and creative dance movements. Commenting on her program, she notes that her program is derived from integrating the Indian classical dance form of *kathak* and yoga (Damodaran 2017). It is an integrated program, and children from the age of six are taken for this program. Her studio represents a school of movement, *kriya* meaning movement, and *shala* meaning school, thereby making dance an enjoyable experience for the children. She attempts to heal and improve children's well-being; she also organised a workshop entitled "How Movement/Dance Therapy is effective for Children with Down Syndrome" to spread awareness of the effect of integrated dance therapy.

Kathak as therapy is invested either by implementing rasa theory or through its connection to yoga. Its connection with rasa theory helps provide an outlet for individual emotions, but it does require *systematic* movements to express emotions for the realisation of nine sentiments. On the other hand, its connection to yoga also presents structured movements for psychosomatic healing. In both, the connections of systematic movements are

required, while DMT does have the possibility to exercise unstructured and free-flowing movements to heal and empower individuals. Riya Bhatia and Simran Godhwani have tried to implement the DMT approach for the healing of children. DMT, therefore can be a useful approach to encourage the healing function of *kathak*. The *sampoornata* model intends to provide a fine prototype for the exercise of DMT as an approach to the Indian classical dance *kathak*.

Sampoornata – Kolkata Sanved DMT Model

As an alternative counseling for sustainable psychosocial rehabilitation and social reintegration, the KS-DMT model has been developed for the wellness of survivors of violence (human trafficking and gender-based violence), people with mental illness, and underprivileged communities (Chakraborty 2013, Chakraborty and Dasgupta 2016, Chakraborty 2020). The training sessions of Bonnie Bernstein, the guest faculty at KS and mentored by Blanch Evan, for DMT practitioners in KS have immensely influenced the KS-DMT model (Chakraborty and Dasgupta 2016). Chakraborty, however, combines her Western techniques with the Indian context blending. The model is inspired by “spontaneous movement of individuals, improvisation, therapeutic elements of Indian dance forms, and *Navaritya*” (Chakraborty and Sen 52). It utilises “footsteps, hand gestures, shape, *Navaras*, group dance, folk dance, and healing touch” (Chakraborty and Sen 52). Drawn from different sources, the KS-DMT *Sampoornata* model has been framed in fig. 1 to present its process in the shelter homes.

Chief Goals	Adapted from global DMT model (Bernstein 1995, Chakraborty 2019, 2020, Levy 1988) <ul style="list-style-type: none"> ▪ Social development (Chakraborty and Dasgupta 2016, Chakraborty 2020, 2019) ▪ As an alternative counseling, movement for all (Chakraborty and Dasgupta 2016, 2016) ▪ Non-clinical therapy for holistic well-being (Chakraborty 2019) ▪ Social change and community change (Chakraborty 2016)
Methodology and techniques	Adapted from global DMT model (Bernstein 1995, Chakraborty 2019, 2020, Levy 1988, Kaikobad 2021) <ul style="list-style-type: none"> ▪ Movement improvisation to emotional outlet (Chakraborty 2019) ▪ Opening up the body for creating positive self-image (Chakraborty 2013) ▪ Indian context specific to dance and movements – therapeutic elements of Indian classical and folk dance forms (Chakraborty 2019, 2020, Chakraborty and Sen, Kaikobad 2021) ▪ Breathing techniques and healing touch (Chakraborty 2019, 2020, Kaikobad 2021).
Basics of the Model (Chakraborty & Dasgupta, 2016, 2016)	<ul style="list-style-type: none"> ▪ Balance between mind and body; ▪ Creating self-awareness; ▪ Experiential change.

Setting	Social development setting (Chakraborty 2019, 2020; Kaikobad 2021). <ul style="list-style-type: none"> ▪ Psychosocial rehabilitation; ▪ Social reintegration.
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Fig. 1. Kolkata Sanved-DMT Model – *Sampoornata*

Kolkata Sanved conducts DMT sessions in groups in shelter homes. The weekly DMT sessions run for six months or a year, depending on the needs for approaching the targeted outcomes (Kaikobad 2021). Survivors are called the participants and the faculty practitioners to build rapport among them. Each session follows core activities in the group – opening rituals, warm-up, needs-based therapeutic activity, relaxation, healing touch, closing ritual, group discussions for feedback and reflection, and debriefing (Chakraborty 2020). Several modules have been developed to locate different situations for the survivors. Healing Recovery, Life Skills, Trauma Recovery, Empowerment Workshops, Sexual and Reproductive health and Rights (SRHR), DMT for Boys living in CCIs, DMT with Care Providers, Other Workshops, and Bloom Projects are eight major recent modules of KS (Chakraborty 2019).

The case study of intervention in a government home was conducted by Sohini Chakraborty in Cooch Behar and aimed to find challenges encountered by DMT practitioners. Fourteen girls have lived in the Sahid Bandana Smriti Mahila Abash (SBSMA) in Coochbehar. They came forward to start a DMT unit in the area. Children from different backgrounds were attending the sessions, and their vulnerabilities (survivors of trafficking, child abuse, child marriage, or orphans) were challenged through the resilience created in them (Chakraborty 2016). DMT sessions for Care Providers – a KS-DMT module – were conducted to inculcate awareness and acceptance. Behavioural changes after DMT were noted. Before DMT, there were no DMT practitioners; after DMT sessions, children were seen as more resilient. The community approach of KS is shown in the case. For instance, Pihu (name changed) before intervention was not be resilient regarding her interest in joining school. After the DMT, the DMT team takes the case to CWS (Child Welfare Committee), and subsequently, the Pihu and other girls are able to go to school (Chakraborty 2016). Kaikobad (2021), now a KS member, refers to the module of Healing and Recovery (Chakraborty 2015) for survivors of sex trafficking. According to her, data analysis includes five segments – setting an objective, move in a way you want (sometimes guided by cues), release of emotion through movement, relaxation, and self-reflection (Kaikobad 2021). She also provides an example of the Kolkata Sanved 2015 anti-trafficking case. The process of data analysis is observed in the following steps – anger release, cue brushing against their body while saying, “Ja! Ja!” (“Go! Go!”) to the things that made the participants uneasy, the release of anger through movement and voice, relaxing the body after the release, and facilitators’ reflections asking whether the participants were able to release the concealed anger (Kaikobad 2021). One of the most important aspects of the KS-model is that the therapy ends by transforming the lives of the participants into future DMT practitioners (Chakraborty 2020, Chakraborty and Dasgupta 2016, Kaikobad 2021). Therefore, the model aims at healing, empowering, and emancipating the lives of the survivors as DMT practitioners.

Dance Movement Therapy or DMT as an Approach to *Kathak*

Recent scholarships (Pai 2020, Sudhakar 2006, Singh 2006) have demonstrated that Indian classical dances are a source of dance movement therapy. Ruta Pai (2020) has contributed a relevant discussion to existing scholarships on DMT and dance discourses by exploring Indian classical dances as a source for Dance Movement Therapy. The elements of *abhinaya*, gestures or *mudras*, footwork, and *navarasas* have been analysed for their usage in dance therapy (Pai 2020, Kashyap 2005 in Rangparia 2011). *Kathak* has been utilised by its

practitioners for healing purposes (Dasgupta 2018, Das 2011, Bhatia 2020, Pratishtha n.d.). The linkage to *navarasas* and yoga is prominent for the therapeutic use of *kathak*. However, both *rasas* and yoga require constant attention to exercise their structured patterns, and Indian classical dances, including *kathak*, are based on the systematic use of stylised steps and gestures. Dance Movement Therapy, on the other hand, allows its practitioners to use unstructured bodily movements with shifts in personal dimension and spontaneous use of movements. Dance therapy came against the “rigid and impersonal forms of art” (Levy 1). *Kathak*, like any other Indian classical dance, is indeed not completely impersonal as it allows the release of emotions. However, its rigid bodily movements and strict adherence to the rules for the proper use of bodily movements cannot be avoided. Therefore, DMT can be a useful approach that *kathak* practitioners can utilise for the wellness of individuals. The core activities (around the *sampoornata* DMT model) can be a fine example of dance therapy – opening rituals, warm-up, needs-based therapeutic activity, relaxation, healing touch, closing ritual, group discussions for feedback and reflection, and debriefing (Chakraborty 2020). Drawing the idea from DMT, Riya Bhatia conducted a *kathak* session, mentioned in the second section, to present *kathak* as DMT by performing a *kathak* yoga sequence, i.e. performing, singing, and playing the *tabla* simultaneously. *Kathak* yoga, in my opinion, can be helpful for cardiovascular exercise, but it would be of less help to the individuals who are suffering from depression, stress, other mental illnesses, or social anxieties, as it requires individuals to compete with alertness in order to exercise three things simultaneously *viz.* playing an instrument, reciting *taal*, and dancing. With the help of the DMT process, this rigidity of *kathak* can be reduced to make it more suitable for the wellness of individuals.

The four-week workshop, “Building Resilience through Dance Movement Therapy,” conducted by Ria Bhatia (“Empowering Girls and Building Resilience”) can be taken as an illustration of the DMT approach to *kathak*. The purpose of the workshop was to inculcate confidence, resilience, and adaptability among a group of children during a global pandemic. As a warm-up initiation, they practiced mediation and mindfulness to center the participants’ attention on the present moment (Virya Foundation, “Empowering Girls and Building Resilience”). It helped in creating a congenial rapport between participants and the environment. The participants were made to express their feelings through *navarasas* with the help of some *kathak* movements – footwork, hand movements, and gestures. They learned a storytelling dance about resilience. She discussed the Kalia Daman dance about the boy (Lord) Krishna to show his accommodation with present challenges and his positive attitude. The discussion helped in creating resilience among the participants. After that, she also discussed the “Fixed vs. Growth Mindset.” The latter, she said, was “one of the most important aspects of developing resilience” (“Empowering Girls and Building Resilience”) because it allows individuals to stay positive and enables them to learn from challenges.

Conclusion

The discussion of DMT in India has been made to present the established institutionalisation of the therapy as a discipline, specifically with the help of Kashyap and Sohini. However, it is necessary to acknowledge that Sohini has taken the DMT a step further by bringing social change to India. Empowering and emancipating survivors of violence (human trafficking, child abuse, gender-based violence, marginalised, or orphans), the underprivileged, and people suffering from mental ailments (depression, stress, or anxiety). Kolkata Sanved, founded by Sohini, functions to engage with children living in the red-light area, children with chronic diseases, and domestic workers as a rehabilitation project. The fast footwork of *kathak* and its bodily movements (gestures and expressions) undoubtedly constitute prominent aspects of healing individuals. *Kathak* as therapy continues to claim its therapeutic values to heal individuals through its various aspects of *abhinaya*, *navarasas*, hand gestures, and footwork. However, the DMT approach to *kathak* can be a useful method to exercise it for individual healing.

Conflict of Interest This discussion has no conflict of interest to disclose.

Notes

1. The 1800 census, according to Walker, confirms the existence of Kathaks in the early period; they were the hereditary male performers who helped in the creation of today's *kathak* and affected the caste shift which benefitted lower sections (Walker, 2010). See Walker (2014) *India's Kathak Dance in Historical Perspective* for details.

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