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# Arts Therapies in Psychiatric Rehabilitation

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# Drama Therapy and Psychiatric Care in India: Practice and Potential

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Dr. Sajnani's chapter offers a sound introduction to drama therapy in the context of psychiatric care. In this commentary, I specifically look at the potential and practice of drama therapy in the Indian context with case examples to illustrate the versatility and adaptability of this therapeutic methodology.

India suffers from a large care-gap in mental health. Published estimates of numbers of psychiatrists in the entire country range from 4000 to 9000. This is well below desirable for a population of 1.3 billion. In addition, there is a gross imbalance of distribution of these practitioners across the country with a few urban centres commanding most resources [1–3]. The stigma against seeking psychiatric care in India is also documented [4, 5].

In a context such as this, the role of non-psychiatrist mental health practitioners is very significant. Psychiatric social workers, clinical psychologists and psychotherapists have now become a more ubiquitous part of treatment teams in India. While non-governmental organisations in India have recognised the value of drama therapy in community-based mental health and rehabilitation work for some time now [6], psychiatric/neuroscience facilities have taken their time. Only recently, a few psychiatric/neuroscience facilities in the country, such as Fortis and VIMHANS hospitals in Delhi, have included arts therapists as part of their teams. Individual psychiatrists are also beginning to refer patients specifically for arts therapies to support psychopharmacological treatment.

There is a growing recognition of the potential of the arts therapies and specifically drama therapy both within and outside clinical contexts in India. A therapy that includes non-verbal processes can be effective in the Indian cultural context where “talking” about one's emotions is quite alien. Drama therapy is well suited to groups, which can make it useful for larger community settings and in situations where an issue may be socially situated as well. The stigma against accessing traditional mental health services in India can be sidestepped by placing the therapeutic

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work in an artistic/creative container. Finally, drama therapy makes the space for the integration of specific cultural material into the work such as stories, mythology, songs, or symbols [7].

However, the number of professionally trained arts therapists in India is low and includes few drama therapists. In 2019, the small community of drama therapists in India came together for the first time to run an experiential symposium for other mental health practitioners at the National Institute of Mental Health and Neurosciences in Bangalore. Soon after, we created the Drama Therapy India collective. We are now beginning to explore training programmes, professional associations and research in order to grow, regulate and streamline the field.

I have practiced as a drama therapist in India for the last 12 years. In my clinical individual work, I embed drama therapy methods within traditional talk therapy. The guiding theoretical threads and approaches that inform my practice include intersectional feminist therapy (recognising the role of systemic oppressions in psychological suffering), role theory (that proposes that human personality and behaviour can be understood as arising from a dynamic tension between a cluster of socially performed roles), narrative approaches (the power of narrativizations and the possibility of re-authoring) and dialectical behaviour therapy (a system of psychosocial skills building).

Here is a case example to illustrate what this could look like. One of my clients was a man in his early 30s who was receiving psychopharmacological treatment for generalized anxiety disorder and had been through one inpatient hospitalization. He began working with me soon after his discharge. His psychiatrist continued to monitor his medication. My work with him involved several iterative processes. We worked on recognising signs of overwhelm as sensations in his body and responding to those using specific movements, in order for him to build and practice embodied emotion regulation skills. He worked on his relationship with his anxiety by using aesthetic tools to create distance and re-author his associations with it. Then, he worked on his own identity as being more than just the anxious one. He was able to conceptualize the different aspects of himself and exercise choice in what role he played in a given context. We also worked through images and metaphors to be able to process traumatic events of the past in a safe way. The work continued for a year. While the anxiety did not disappear completely, it seemed to be less present, less significant and more manageable for him. It has been 3 years since our first session. He has not had another hospital admission to date.

It is important for psychological therapy to be cognisant of sociopolitical structures of inequality and oppression as well as cultural specificities of the contexts we work in. Many of my colleagues in the arts therapies in India do this consciously through participatory curriculum development for training and advocacy, incorporating indigenous art forms and practices into community-based or clinical work and so on [8–12]. For instance, when using drama therapy processes and therapeutic theatre with a group of women who were working through the trauma of having been sexually abused as children, processes of personal suffering and social complicity had to be explored in tandem. Dramatic forms were used to link, juxtapose and work through these processes simultaneously [13]. Participants reported the

following as the most transformative factors of the process: (1) the collaborative group aspect, (2) being able to interrogate problematic social beliefs and having access to alternate discourses, (3) privileging the body by working in action and (4) doing serious work with creativity, aestheticism and even humour [7].

As is evident from the chapter by Dr. Sajjani, drama therapy today has Eurocentric roots. As a way of expanding the foundations of the field, Dr. Sajjani and I are researching the *Natyasastra*, an ancient Indian treatise on performance. Part of our research is theoretical. The rest is practice-based to see how conventions and methods within the *Natyashastra* could contribute to our work as drama therapists and trainers. I have experimented with teaching clients specific breath and body patterns (drawn from *Natyashastra*-based performance technique) for emotion regulation. While clients have reported these methods as being helpful, further research is needed to test the efficacy of these techniques [14].

There is great potential for drama therapy in the treatment of psychiatric concerns in India, provided care is taken to understand its specific sociopolitical and cultural context.

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## References

1. Garg K, Kumar CN, Chandra PS. Number of psychiatrists in India: baby steps forward, but a long way to go. *Indian J Psychiatry*. 2019;61(1):104–5.
2. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015–16: prevalence, patterns and outcomes. Bangalore: National Institute of Mental Health and Neuro Sciences Publication No. 129; 2016. p. 90–121.
3. Kaur R, Pathak RK. Treatment gap in mental healthcare: reflections from policy and research. *Econ Polit Week*. 2017;L11(31):34–40.
4. Gaiha SM, Sunil GA, Kumar R, Menon S. Enhancing mental health literacy in India to reduce stigma: the fountainhead to improve help-seeking behaviour. *J Public Ment Health*. 2014;13(3).
5. Srivastava K, Chatterjee K, Bhat PS. Mental health awareness: the Indian scenario. *Ind Psychiatry J*. 2016;25(2):131–4.
6. Casson J. Dramatherapy in India. *Dramatherapy*. 1993;15(3):17–21.
7. Gopalakrishna M. Pliable and playable: drama therapy, women's narratives and childhood sexual abuse. Unpublished PhD thesis. Tata Institute of Social Sciences, Mumbai, India; 2018.
8. Chabukswar A, Balsara Z. Converging lineages arts-based therapy in contemporary India. In: Jennings S, Holmwood C, editors. *The Routledge international handbook of Dramatherapy*. London: Routledge; 2016. p. 19–25.
9. Chakrabarti O. Genesis of a new cultural model: envisioning the scope for art therapy in India—a pioneering journey. In: Hougham R, Pitruzzella S, Scoble S, editors. *Cultural landscapes in the arts therapies*. London: ECArTE Publication, University of Plymouth Press; 2018. p. 217–35.
10. Jhaveri K. Healing roots of indigenous crafts: adapting traditions of India for art therapy practice. In: Leone L, editor. *Craft in art therapy: diverse approaches to the transformative power of craft materials and methods*. London: Routledge; 2020. Forthcoming.
11. Kashyap T. *My body my wisdom: a handbook of creative dance therapy*. New Delhi: Penguin Books; 2005.
12. Zhou TY, Kim N, Machida S, Sakiyama Y, Tsai P, Lee T, Ho RTH, Bijlani R, Mehta D, Bui M. Dance movement therapy in Asia: an overview of the profession and its practice. *Creat Arts Educ Ther*. 2019;5(1):40–50.

13. Gopalakrishna M, Rao S. Performance, revelation and resistance: interweaving the artistic and the therapeutic in devised theatre. *Indian Theatre J.* 2017;1(1):83–90.
14. Sajnani N, Gopalakrishna M. Rasa: exploring the influence of Indian performance theory in drama therapy. *Drama Ther Rev.* 2017;3(2):225–40.