

“Bhangra: An Integrative Counselling Technique for the South Asian Community”

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**Abstract:**

The following qualitative research will examine how the traditional Punjabi folk dance of bhangra can be integrated as counselling technique for the South Asian community. The history of expressive therapies and dance movement therapies will be examined along with bhangra. Furthermore, the research will provide ways counsellors can integrate bhangra into their practice, and ways for practitioners to gain further knowledge of bhangra. Although there is not an abundance of information in regards to bhangra and the South Asian community, it is the hopes of the author that this research is the stepping stone for future research.

**Keywords:** Expressive Therapy – Dance Movement Therapy – South Asian Community  
– Bhangra – Education - Counselling

## **Introduction**

From Freud's psychotherapy, to the Milan systemic family models, to narrative therapy, therapists have explored various techniques to work with their clients. Over the last few decades, counselling techniques have evolved, just as we as individuals have evolved. Therefore, it has become necessary for counsellors to acquire knowledge and skills to support the diverse needs of their clients. A counsellor's goal is to help their client obtain a goal that they have set for themselves, in a positive and open environment. There are situations in which the client has a difficult time expressing themselves emotionally, therefore, I feel that expressive therapies can aid the client in expressing themselves in a creative manner using a plethora of expressive techniques. Dance movement therapy (DMT) in particular, is something that I feel can be an essential tool in working with individuals who are not open to participating in the 'traditional' talk therapies.

The following qualitative research paper will examine the history of expressive therapies, and focus on dance movement therapy. Although expressive and dance movement therapies can be applied to a number of clients, this paper will focus primarily on the South Asian community and the traditional Punjabi folk dance of bhangra.

## **Introduction to Expressive Therapies**

Expressive therapy modalities have been embraced by practitioners in the fields of psychology, psychiatry, social work, counselling, and medicine over the last decade. Activities such as drawing, drumming, creative movement, and play permit individuals of all ages to express their thoughts and feelings in a manner that is different than strictly verbal means and

have unique properties as interventions. Therapists find that the expressive therapies help individuals to quickly communicate relevant issues in ways that talk therapy cannot.

Expressive therapies are defined as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sand play within the context of psychotherapy, counselling, rehabilitation, or health care. Several of the expressive therapies are also considered “creative arts therapies”, specifically, art, music, dance/movement, drama, and poetry/creative writing according to the National Coalition of Creative Arts Therapies Associations (2015). Expressive therapies are sometimes referred to as “integrative approaches” when purposively used in combination in treatment.

Expressive therapies involve action each with its own distinct difference. Malchiodi (2005) mentions that visual expression is conducive to more private, isolated work and may lend itself to enhancing the process of individuation; music often taps feelings may lend itself to socialization when people collaborate in song or in simultaneously playing instruments; and dance/movement offer opportunities to interact and form relationships.

Art Therapy uses art media, images, and the creative process, and respects the client responses to the created products as reflections of development, abilities, personality, interests, concerns, and conflicts. It is a therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (American Art Therapy Association, 2015).

Music Therapy uses music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems (American Music Therapy Association, 2015).

Drama Therapy is the systematic and intentional use of drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional, and physical integration, and personal growth. It is an active approach that helps the client tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles (National Drama Therapy Association, 2015).

Dance/movement therapy is based on the assumption that body and mind are interrelated and is defined as the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, and physical integration of the individual. Dance/movement therapy effects changes in feelings, cognition, physical functioning, and behavior. (American Dance Therapy Association, 2015)

Sand tray therapy is a creative form of psychotherapy that uses a sandbox and a large collection of miniatures to enable a client to explore the deeper layers of the psyche in a totally new format. By constructing a series of “sand pictures” a client is helped to illustrate and integrate his or her psychological condition. Sand tray therapy have been proven to be effective for preadolescents to express their thoughts and feelings (Shokouhi, Limberg, & Armstrong, 2014).

Integrated arts approach or intermodal therapy involves two or more expressive therapies to foster awareness, encourage emotional growth, and enhance relationships with others. Intermodal therapy distinguishes itself from its closely allied disciplines of art therapy, music therapy, dance3movement therapy, and drama therapy by being grounded in the interrelatedness of the arts. It is based on a variety of orientations, including arts as therapy, psychotherapy, and the use of arts for traditional healings.

### **History of Expressive Therapies**

Malchiodi (2005) refers to McNiff (1992) who proposes that the arts have consistently been part of life as well as healing throughout human history. Today, expressive therapies are accepted and recognized in health, medicine, and rehabilitations, for a plethora of cases. Examples include the ancient Egyptians who reportedly used artistic activities to work with people with mental illnesses; the ancient Greeks used drama and music; and the Italians used dance and play as a central technique to keep children's development and growth healthy (Malchiodi, 2005). According to Malchiodi (2005), the creative arts therapies became more widely known during the 1930s and 1940s when many psychotherapists began to realize that self-expression through nonverbal techniques such as drawing, making music, and dance movement may be beneficial in working with mental health. There were various patients throughout time who felt that talking about their problems would not aid them, therefore, they were swayed more towards using art and expressive therapies in their treatments (Malchiodi, 2005).

Over the last few decades, play therapy and sand play therapy have also been introduced as techniques that are used in expressive therapies and have developed their own theoretical foundations, training, methodology, and professional associations (Malchiodi, 2005). Music and imagery therapies are used with patients in hospitals and art and play therapies are being used in trauma debriefing, resolution, and recovery with children (Malchiodi, 2001). Carson and Becker (2004), see expressive therapies as part of a larger realm of "creativity in counselling". They propose that creativity in counselling involves being able to flexibly respond to clients with a variety of techniques and to encourage creativity within therapy. Carson and Becker (2004) note that there is a need for counsellors to be continually cultivating and nurturing their own

creativity, although they do not offer any specific ideas or recommendations on how counsellors and other mental health professional can achieve this depth of knowledge (Malchiodi, 2005).

Depending on the practitioner and the setting, expressive therapies may be used as a primary form of therapy, requiring the therapist to have a deeper understanding of how various modalities can be applied in response to a wide range of disorders. Often, expressive therapies are integrated within a psychotherapy or counselling framework. For example, Gladding and Newsome (2003) highlight the integration of visual art activities into counselling treatment plans with adults and emphasize that a quick client drawing or collage can move a client forward when talk therapy is resisted or ineffective. Also, many expressive therapy techniques have been used to compliment a wide range of psychotherapy and counselling theories, including psychoanalytic, object relations, cognitive-behavioral, humanistic, transpersonal, and others (Malchiodi, 2003; 2005).

### **Expressive Therapies Role in Treatment & Intervention**

In counselling, expressive therapy sessions may open with a discussion of the individuals, families, or the group's goals, concerns, or current problem. In contrast to therapists who explore these issues through talking, expressive therapists encourage individuals to use an expressive form of communication as a means for further exploration. For example, clients may be asked to draw an image of an idea, engage in dramatic dialogue, or express themselves through music and dance movement. Depending on the client, the therapist may also begin a session with a warm up activity or exercise such as a quick scribble, stretches, or simple movements. The opening activity may be used simply for relaxation, to introduce a modality into the session, or help the therapist evaluate the individual's current mood and concerns. One or more expressive therapies may be used in a sessions may be used in a session. (Malchiodi, 2005).

### **Unique Characteristics of Expressive Therapies**

Expressive therapies add unique dimensions to counselling sessions and therapy as they possess a number of characteristics that are not typically found in verbal therapies. Malchiodi (2005) mentions and explores three specific characteristics which include; self-expression, active participation, imagination, and mind body connections.

Self-Expression is something that all therapies encourage individuals to explore. Expressive therapies not only engage in self-exploration, but also use self-expression through one or more modalities as a central part of the therapeutic process. Malchiodi (2005) suggests that using different forms of arts in therapy may speed up the process of self-exploration and that expressive modalities allow individuals to view themselves in different ways. Most counselling modalities using expressive therapies in their work capitalize on the ability to use art, music, dance, and play to contain self-expression, rather than encourage the communication of raw emotions according to Malchiodi (2005). As a therapist, when working collaboratively with a client, self-expression is used as a container for feelings and perceptions that may aid in the client having a better sense of self and being. Self-expression in expressive therapy sessions needs to involve verbal reflection in order to help the individual make sense of their experience, perception, and feelings. Expressive therapy is used to tap the senses as a source of stories and memories (Malchiodi, 2005). The expressive modalities are useful in helping people communicate aspects of memories and stories that they may have difficulty verbally communicating. Rothschild (2000) reported that memories emerged through touch imagery, and guided body movements. Individuals may find telling a story through different expressive modalities to be easier than verbalizing what they are trying to say, as they are able to “experience” their stories.

In instances where an individual is repetitive in their self-expression, a therapist using expressive techniques will actively engage with clients in order to help therapy progress.

Active Participation – Expressive therapies are defined as “action therapies” (Weiner, 1999) because they are action-oriented methods where clients explore issues and communicate their thoughts through feelings (Malchiodi, 2005). All expressive modalities require individuals to exert some sort of energy. The expressive therapies focus on encouraging individuals to participate actively in the therapeutic process. Participating in the therapeutic process provides individuals with the experience of redirecting their attention and focus, concentrating on their presenting issues, goals and behaviors, and alleviating emotional stress. In addition to promoting active participation, Malchiodi (2005) believes that expressive therapies are sensory in nature. Our auditory, visual, and tactile channels are utilized in one way or another when an individual is actively participating in expressive modalities in the therapeutic process.

Imagination plays a vital role in expressive therapies. Imagination is essential in art, music, dance, creative writing, and play in therapy. These modalities are helpful in assisting individuals in moving beyond their preconceived beliefs through experimentation of new ways to express and communicate their feelings and emotions in a positive manner (Malchiodi, 2005). Clients who may be restricted in their ability to use imagination in problem solving, often find expressive therapy helpful (Malchiodi, 2005). For example, an individual that has been traumatized and is emotionally restricted may find using art, play, or sand tray therapy as a way to express what they cannot say through verbalizing, which can help the individual and therapist discover solutions in obtaining the clients goals.

Mind-Body interventions are designed to facilitate the mind’s capacity to influence bodily function and symptoms (Malchiodi, 2005). Expressive therapies are considered to be

mind-body interventions as they include therapies that focus on bodily sensations and psychotherapy. For example, music, art, and dance/movement are helpful in tapping the body's relaxation response, a calm and confident state of being associated with perceptions of health, wellness, and happiness (Benson, 1996; Malchiodi, 2005).

### **Limitations of Expressive Therapies**

As with most therapies, there are limitations and expressive therapies are not excluded. The first limitation is that individuals may be hesitant to engage in an expressive modality in therapy because they believe that they are not "creative" or "artistic" enough. This occurs primarily with adults. Therapists' initiation of expressive activities as interventions may encounter resistance by clients who perceive themselves as unable to use imagination, who are anxious about self-expression, or who are resistant to active participation (Malchiodi, 2005). Therapists who lack experience or training in expressive therapies, may have a tendency to interpret what their clients do in a given modality, particularly in modalities in which a client creates a drawing or painting. Malchiodi (2005) suggests therapists without experience in expressive therapy may use the modalities in a rigid fashion and use activities and techniques routinely. Thus, the therapist does not think about what is best for the client given their histories, presenting concerns, and goals. As with any therapy, it is necessary for the therapist to listen and respect what the client is communicating in an open environment creating an intervention that is suited best for the individual's needs and objectives (Malchiodi, 2005).

### **Dance Movement Therapy:**

From the beginning of its inception, the relationship between mind and body, interpersonal relationships, and the relationship between the person and environment, have been

the central premise to the clinical practice of dance movement therapy, in which movement and dance connect to promote the health of individuals, groups, and communities (Fischman, 2011).

Dance Movement Therapy (DMT) 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 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 (Payne, 2003). 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. (Payne, 2003, pp 4). Dance movement therapy is predicated on the belief that body movement reflects and affects psychological states. The focus of dance movement therapy is on movement as a nonverbal expression, interaction, and communication which is related to understanding humans and making sense of our behaviors on a nonverbal level (Fischman, 2011). Movement, posture, gesture, and action are the first modes of expression in individuals and continue to be operative during our entire lives (Fischman, 2011).

DMT has been widely used to treat people with mental and psychological problems, and has also been used during the past decade to reduce the stress and anxiety associated with chronic disease (Rainbow, 2005). There is shared understanding between dance movement therapists in relation to the connection between exercise and stress release. The historical context of Western and non-Western dance find a plethora of examples in which anxiety and stress have decreased as a result of dance. Dance movement (like other movement forms) is a pleasurable expenditure of energy, different from everyday movement, which offers relaxation and sublimation (Payne, 2003). It can sometimes lead to altered states of consciousness as in, for

example, the spinning dance of the Whirling Dervishes. There is a feeling of wellbeing induced after dancing which suggests that it improves affective states (Payne, 2003, pp.6). This is empirically recognized to be the case in most other forms of exercise (Payne, 2003). Involvement in dance provides for the distraction from stressful and anxious thoughts.

The endorphins produced by the brain the pituitary gland when the body is engaged in physical activity can reduce the perception of pain, acting as tranquillizer (Payne, 2003, pp.6). Vigorous activity and the resulting fatigue can lead to an abatement of rage. There is a suggestion that dance increases the levels of the chemical norepinephrine which is reduced in stress-induced depression. So there are valid physiological reasons for the place of dance exercise in therapy, emphasizing the unique contribution DMT has to make in, for example, the treatment of stress and psychosomatic disorders. (Payne, 2003, pp. 6).

Dance has been used to reflect and transcend trends in society and has traditionally been used for personal expression individually and in groups. The validity of this practice has long been recognized (Payne, 2003). In DMT its distinct purpose is to engage the person spontaneously in the process of moving, not to produce a dance or to create movements to form a performance. (Payne, 2003, p.9). Creativity is not the main focus although it has been acknowledged that the creative process in itself can also be therapeutic. When DMT is engaged in it is acknowledged that a therapy contract is entered into. There are normally clear aims and objectives related to overall treatment aims. The presence of the therapist is vital to the process and there are different purposes from dance or movement forms used for recreation, education, or as a performance art. The person and the process are the crucial elements in therapy and in DMT these elements take priority; together with the use of movement as a form of non-verbal communication that act as agents for therapeutic change. The movement activity in DMT is a

concrete medium through which conscious and unconscious expression can become motivated (Payne, 2003, p.12). In dance movement therapy it is recognized that feelings derived from the unconscious reach expression in movement (or its creative form, dance) rather than words.

Dance movement therapy has been developed as a healing practice through the use of movement and dance as a medium for enabling communication, assessing where it is blocked, and intervening on nonverbal and verbal levels (Fischman, 2011). The personal experiences and intuition have allowed dancers, teachers, and therapists to discover and further develop the meaningful connections between motivation, motion, and emotion according to Fischman (2011).

### **Dance Movement Therapy Session:**

Fischman (2011) proposes that there are basic assumptions that can be made when it applies to dance movement therapy. These assumptions include (a) dance is communication; (b) body and mind influence each other reciprocally; (c) emotion is expressed through movement; (d) art and aesthetic expression are resources for health; (e) the therapeutic relationship promotes trust through mirroring, and kinesthetic empathy; and (f) movement is pre-symbolic but paradoxically full of meaning (Fischman, 2011). It is suggested that on this basis, the client can develop meaning, relate, and heal through movement (Fischman, 2011).

Payne (2003) mentions that in general, DMT sessions have an introductory warm up time followed by a period of initiation into the process of moving individually or as a group in a spontaneous and deep way. Finally there is a cool down stage which integrates and focuses participants on the closure of the session. The therapist may explain at the outset the aim of the session and how this might be achieved. The session might be directed by concentrating on a

specific theme selected by the client or in conjunction with a therapist, or material emerging in previous sessions. Group work naturally engenders powerful dynamics. Normally the theme provides a focus through which individuals relate their personal meaning. There may be a sense of competition, regression, or inhibition when working with groups in DMT. Sometimes clients remember childhood failures in movement or dance at school, and resistance may be expressed in statements like 'this is stupid' or 'I can't dance' (Payne, 2003). How the work is communicated is vital, as are facilitator styles when working in a group.

Much of the time the therapist moves with the client and acts as a participant as well as an observer, the dance movement therapist must also learn how to refrain from interfering with the movement material presented by the client. The need to interpret is often the therapists need to make a comment. By waiting or first asking the client to attempt an explanation of the content and meaning of the movement statement the therapist can help a further exploration and understanding through a shared dialogue and then possible interpretation by the therapist. It is dangerous to make premature interpretations; it is often the inexperienced or unskilled therapist who do this.

### **South Asians & Counselling**

The term "South Asian" is used to describe people of various religions and nationalities who trace their cultural origins to India. South Asian countries of origin consist primarily of India, Pakistan, Nepal, Kashmir, Sri Lanka and Fiji (Shariff, 2009; Ibrahim et al, 1997). The majority of South Asians residing in these countries practice Hinduism and Sikhism, as well as small numbers of Zoroastrians, Jains, and Christians (Shariff, 2009; Ibrahim et al, 1997). It is important to remember that the South Asian community, like other cultural groups, is not homogenous: beliefs, values, and behaviors will vary based on religion, language, country of

origin, social context in the host country, and individual experiences (Shariff, 2009; Ibrahim et al, 1997).

The psychological inquiry into the South Asian diaspora in the Western hemisphere is a relatively new and evolving field of study (Sandhu, 2004). Although, talking about problems experienced in the collectivist is acceptable in the South Asian community, many immigrants are reluctant to open up and talk about their personal problems due to the deep-seated cultural norm of “saving face” (Nayar, 2004). Traditional South Asians have the tendency to discuss their problems in a collective and impersonal philosophical context, wherein by discussing the human condition in an existential context can help normalize the problem as a part of life and it can provide access to resources on how to solve the problem (Sandhu, 2004). Research indicates that Asian Indians tend to have neutral or positive views of mental health care, but many are unlikely to consider it as an option for themselves unless a problem becomes severe, preferring instead to seek family members or religious figures. They may seek out indigenous therapies such as yogasana, meditation, vedantic psychotherapy, Sufi psychotherapy, guru-chala relationship, opposite’s therapy, yoga or meditation (Ahmed-Stout & Nath, 2013).

The South Asian community, like many collectivist cultures, has a strong stigma towards counselling. As a result of the stigma towards counselling, individuals tend to be unwilling to seek counselling. The stigma toward counselling refers to an individual’s perception of the devaluation, rejection, and discrimination that may occur if the individual receives counselling (Yang et al, 2007; Choi & Miller, 2014). The stigma toward counselling is related to less positive attitudes towards seeking professional help and a diminished willingness to seek counselling (Choi & Miller, 2014). Studies have suggested that stigma toward counselling occurs across three distinct domains; public stigma, stigma by close others, and self-stigma. Public stigma

refers to an individual's perception of societal stigma related to seeking counselling. Stigma by close others refers to an individual's perception of stigma towards counselling held by members of their close social network. Stigma by others construct was originally developed because an individual's experience with stigma toward counselling among close peers, family members, or friends may differ from their experiences of stigma in the general population (Vogel, Wade, et al. 2009). Self-Stigma refers to an individual's belief that she or he is socially unacceptable because of seeking counselling, which can result in negative impact on one's self-esteem. Theories suggest that public stigma and stigma by close others influence attitudes toward seeking professional help indirectly through self-stigma toward counselling (Choi & Miller, 2014).

As a result of the stigma that many South Asians have towards counselling, discussions of depression and other mental illnesses do not occur. Ahmed-Stout and Nath (2013) provide an example in which parents refuse to acknowledge a child's depression or desire to keep it secret to protect a child's value in marriage or the fear that a mentally ill child will reflect poorly on their parenting. Clients who are influenced by the belief that the mind, body, and spirit are separate entities may seek medical care for psychological symptoms and may manifest psychological symptoms physically according to Ahmed-Stout and Nath (2013). Dasgupta (2000) believes that South Asian communities tend to deny mental illness and other social problems and hesitate to share personal or family information in attempts to uphold a positive image in their communities.

South Asians who go against the stigma placed by their community, seek out community health services for assistance in adjustment to, and integration into, their new western cultural environment. When members of an ethnic immigrant group enter into counselling, they are approached with the widespread belief that Western counselling theories can be applied to their specific cultural group. Western counselling sees individuals as autonomous at the core and

clients are believed to be able to change their circumstances. These individualistic values internalized by counselling and mental health professionals, however, contradict traditional Asian collectivistic and relational views on health, wellbeing, help-seeking patterns, and coping approaches (Kuo, 2004).

Sandhu (2004) suggest that this kind of approach to cross-cultural counselling leads to the tendency for ethnic clients to terminate their counselling sessions after their first interview. The termination of counselling can be attributed to a lack of communication between the client and counsellor. Shariff (2009) states that ethnic minority clients have a substantially higher dropout rate in counselling than Caucasians, with 50% of minority clients terminating after a single session. A reason cited to explain this trend is the lack of multicultural competence among counsellors. Counsellors who are not aware of their own beliefs, assumptions and values, may lack knowledge of the client's heritage cultural beliefs, values, and practices (Shariff, 2009). When counsellors lack the awareness of cultural issues and sensitive ways of intervening, South Asian clients may feel culturally invalidated, terminate prematurely, and develop negative views of the counselling process, which in turn can prevent future approaches to counselling (Sue, 2001). Sue (2001) proposes guidelines for multicultural competence, which entails that counsellors should first cultivate self-awareness to identify their own cultural blind spots, biases, values, and world views to avoid imposing them on clients. Furthermore, culture-specific knowledge should be used to understand culturally biased issues underlying various presenting problems and for formulating appropriate interventions.

Western therapy applies "talking therapies" towards South Asian clients which is something that is difficult for South Asians to comprehend. South Asians frequently communicate their emotional distress in somatic or physical terms, rather than according to the

psychological terms of the Western medical model (Sandhu, 2004). Counsellors should be aware of somatic complaints as they are possible representations of aggression, sexuality, anxiety, depression, and other emotional topics which cannot be openly expressed according to Ahmed-Stout and Nath (2013). Physical symptoms arouse a great deal of sympathy, support, and attention within the South Asian community. Sandhu (2004) suggests that the lack of comprehension and familiarity South Asians have with the Western medical model creates difficulty for South Asians to express their emotional distress.

### **Dance Movement Therapy & the South Asian Community**

An integrative approach can be useful when working with South Asian clients. South Asians have shown tendencies to undergo a process of re-affirmation of their traditional world-view, rather than taking on the Western world view (Sandhu, 2004). As a South Asian male, I would suggest that it would be beneficial for therapists to incorporate dance movement therapy into their practice, particularly when working with South Asians. The South Asian community uses music and dance in a number of traditional rituals. Within the community in spite of its multi-religious nature there is a common pattern in the customs, rituals, and nature of celebrations of events, marriages, and festivals – a kind of music dance, including body movement and gestures (Subramanyam, 2005). Incorporating dance movement therapy when working with South Asians would allow for the clients to feel comfortable as they would not feel that there is a stigma associated with the therapy. Dance movement therapy will allow for individuals to relieve stress, anger, and allow for individuals to further develop their social skills.

### **Bhangra & its History**

Bhangra the main dance of Punjabis, is a very old and ancient dance. The precise origins of the genre are debated, but its genesis relates to harvest festivities in the Indian province of Punjab (Schreffler, 2013). Bhangra was originally a dance performed by Sikh and Muslim men in the farming districts of Punjab. Bhangra is the common heritage of Punjabis and is their folk dance. It represents traditional Punjabi culture in its emphases on vigour, energy, and the agricultural ethos (Schreffler, 2013).

The dance was associated with the harvest festival Vaisakhi, which is an important time for Sikh community as it marks the establishment of Khalsa. Bhangra is linked to the spring harvest festival Vaiaskhi, which falls on the first day of the local calendar's month of Vaiask (Mid-April), in which a festival of the harvest, more importantly containing the staple crop of wheat, was gradually reaped (Schreffler, 2013). Bhangra was performed more or less nightly after the work day had come to an end. The day of the Vaisakhi holiday marked the end of this period, represented the time of joy when the wealth of the fruited crops being distributed, the people of Punjab celebrated and spent their disposable income at regional fairs (Schreffler, 2013). Schreffler (2013) contends that statements made by locals that he had interviewed suggest that, by some point at least, the evening sessions leading up the Vaisakhi festival were viewed as practice of 'rehearsals' for the main event, making the event more important and the possibility of incidental bhangra dancing less likely.

In a typical performance, dancers would dance to short songs called boliyan, as it would be accompanied by a beat of a traditional double-headed drum called a *dhol*. The dhol would be struck on both sides in a rhythmic manner and the dancers would perform vigorous movements, sometimes squatting and leaping. Bhangra was originally a form of dance just for males, as much

of the harvesting of crops in Punjab was conducted by males. Bhangra was danced in an open format lacking particular organization. A closed or broken circle formation that could expand or contract to accommodate impromptu participation would be created, and would travel in a counter clockwise rotation (Schreffler, 2013). Steps often involved an alternating rocking, forward and back or in towards the center of the circle and back out, all while progressing in the circle (Schreffler, 2013). Bending knees, throwing both hands up in the air, and relaxed at the elbows were the common positions (Schreffler, 2013). Schreffler's (2013) fieldwork in India working with locals found that many of the dancers did not wear a 'costume', but would rather just dance in their street clothes. Dancers may have tied bullock's bells to their ankles, as an accessory and rhythmic effect (Schreffler, 2013). Public dancing by women was frowned upon, however, all 'castes' were welcome to participate in the bhangra celebrations. However, the majority of those who participated were of the *Jatt* caste and other agricultural ethnicities (Schreffler, 2013).

In the western areas of Punjab and towards the South, the graceful jhummer and sammi were the predominant forms of dance when celebrating weddings, festivals, and other joyful occasions (Schreffler, 2004). Towards the Pathan areas of the Northwest, the popular forms of dance were the luddi, which is a quick stepping dance and stick dances as dandas (Schreffler, 2004). Areas such as Malwa had their own form of dance called giddah, which was described as a type of "folk poetry-performance" session (Schreffler, 2004).

According to Schreffler (2004) the modern style of staged bhangra, contains very few of the dance actions believed to have been performed in the communal bhangra. Modern bhangra was constructed by the request of the Maharaja of Patiala in 1953, to include brief displays of actions culled from several Punjabi dances (Schreffler, 2004). As bhangra began to be modified,

other instruments would be included and associated with bhangra as they would be introduced through film. Schreffler (2013) refers to the film 'Jagte Raho' (1956), where dancers introduce the saap ('snake') a sort of wooden lattice-work clapper that expands and contracts. Another prop that would be used by dancers was the kato, a roughly carved 'squirrel' set atop a pole whose 'mouth' and 'tail' are jerked into action at the pull of a string (Schreffler, 2013). The latter two props, along with the farmer's staff (khunda) would go on to be utilized to great visual effect by bhangra groups in the late 1960's (Schreffler, 2013).

Bhangra embodies the 'tireless Punjabi spirit', which in turn mirrored the spirit of a hopeful independent India (Schreffler, 2013). Bhangra dancers interviewed by Schreffler (2013) suggested that the dancers must always keep their head up when dancing bhangra, since Punjabi's bow to no one, except their Gurus. Dancers are to smile as much as possible and look happy while they perform.

Through the 1970's performance artists began creating new dance steps and rhythms which has allowed bhangra to spread around the world. The development of folkloric bhangra routines largely occurred in the major East Punjab cities of Chandigarh, Patiala, Ludhiana, Jalandhar, and Amritsar (Schreffler, 2013). These regions had prominent colleges with bhangra teams and a large community of dhol players. Bhangra today, with social modernization, has seen some changes. Younger generations have mixed traditional bhangra with newer or Western elements in an expression of their modern Punjabi identity (Schreffler, 2013). Bhangra in Punjab tends to be traditional and represents authentic Punjabi culture in all its vibrancy, the hybrid expression of Diaspora performers is no less valid and it offers instructive examples of how Punjabis have reacted to issues of emigration and globalization (Schreffler, 2013).

Bhangra has helped inspire a plethora of Punjabi's in Western countries primarily Canada and the United States to participate in competitions and festivals. Most of the major Canadian and American universities with significant South Asian populations have some sort of bhangra team, competitive or otherwise (Schreffler, 2013). Other groups that do not have affiliation with universities exist as well as independent bhangra groups. The concept of what these groups do is comparable to that of college teams in Punjab, as the purpose of the Western teams is to create a staged presentation that is both entertaining and representative of Punjabi identity. The development of bhangra gained momentum by the 1990's, especially through cultural shows and the established of college teams. Notably, the more heavily mass media-based environment of diaspora bhangra practitioners led to the attachment of Punjabi popular music and video images to the dance (Schreffler, 2013). The exodus of bhangra has transcended from a dance at times of harvest to a phenomenon that has made its way to mainstream entertainment.

The folk dance of bhangra should not be defined too strictly. People may be considered to be doing bhangra when dancing free-form to dhol or recorded Punjabi-style music (Schreffler, 2013). Media images have helped bhangra become a colloquialism for Punjabi dance generally according to Schreffler (2013). It has been suggested by Schreffler (2013) that this generality should be understood as a side effect of both the uniformed perception of bhangra as the Punjabi dance and the concept of bhangra as a music genre. Any dance performed within a context coded as Punjabi – due to music, dress, ethnic appearance, etc. – and whose movements exhibits a minimal resemblance to certain stereotypical movement is 'bhangra' in accordance with Schreffler (2013).

## **Discussion**

### **Bhangra & Myself**

I have been learning and teaching bhangra for over 15 years. I first started at the age of 12 and fell in love with the dance. I have been able to learn the folk dance of Punjab from a plethora of individuals who have years of experience in India. The bhangra instructors brought over the grass roots of bhangra from India to Canada in hopes of promoting and sharing the Punjabi culture. As I have been continuously learning bhangra, I have had the hopes of sharing this beautiful dance with other members of the community. Bhangra has allowed me the opportunity to travel not only across our province, but as allowed me to go across Canada and the United States.

Bhangra is something that I am extremely grateful to have learned. I have not only learned an abundance about my culture, but I have been able to create long and lasting relationships with people all around the world. Individuals in Vancouver to Toronto, Seattle to California, New York to London; these relationships would not have been created if it was not for our love of bhangra.

Bhangra provided me with a positive outlet growing up. Rather than being focused with the wrong crowds, I was able to be with a group of individuals after school on a daily basis. These strangers would soon become friends; friends that I would not have considered talking to if I had not seen them daily. Some of these individuals would even become closer than friends; they became family. Having the chance to see each other daily, allowed us to create a strong bond. This bond, through the love of bhangra created a safe and trustful environment. The trustful environment, in turn, allowed me to open up about things that would be bothering me.

The situations could have been things that were happening at home, school, work, or just random things that I wanted to get off my chest. I am someone who finds it difficult to express my emotions and display signs of my own vulnerability, but the group that I was and am surrounded with today made it much easier.

Bhangra was also an instrumental part in keeping me healthy. The fluctuating pace and tempo of the music, along with the continuous body movements allowed me to exert my energy in a contained and controlled manner. The dance has allowed me to not only keep myself healthy, but has provided me techniques and ideas that can be beneficial for future clients.

Bhangra identifies several phenomena's that take the primary form of dance and music connected with the culture of the Punjab region in India and Pakistan (Scheffler, 2013). Since the primary concept of bhangra was reconfigured in the 1950's, at which time it began to be linked to Punjabi 'national' identity, the scope of what it means to 'do bhangra' has greatly expanded (Scheffler, 2013).

I feel that bhangra is an art form that can be incorporated into therapy when working with an affluence of clients. Bhangra can be an integrative approach that can be combined with other theoretical perspectives when working with clients, in particular the South Asian community. Music and dance are two things that are used in an array of traditional rituals amongst the South Asian community. I feel that bhangra would allow those individuals who see traditional therapy as being something of a taboo the opportunity to express themselves in a more open manner. Bhangra can be integrated in therapies when working with South Asian clients, as South Asians frequently communicate their emotional distress in somatic or physical terms, rather than according to the psychological terms of the Western medical model (Sandhu, 2004). In tight

collectivist cultures, there is a lack of familiarity with the Western models of therapy, therefore, I feel that bhangra would be a great tool in working with these communities.

## **The Integration of Bhangra in Counselling**

### **Hypothetical Case**

The following is a hypothetical case that would allow those who are not familiar with bhangra to understand the potential benefits that the dance form could have when working with clients. This fictitious scenario is not based on a real client but illustrates a typical example of how bhangra can be implemented to work with South Asian individuals in therapy.

Jay is a 27 year old, South Asian male who immigrated to Canada from India one year ago. He lives with his uncle and is currently working as a long haul truck driver. Jay's parents and siblings remain in India. Jay has been telling his uncle that he feels homesick and is having trouble making friends. As a result of being unable to build new relationships, Jay has turned to drinking alcohol. Jay drinks excessively and will often binge on weekends. He also uses alcohol to help him fall asleep during the week. He is able to get to work but his functioning has suffered and he has taken numerous days off. Jay's uncle has found that when Jay drinks he begins to get angry about not being able to make friends in Canada and not having the chance to see his parents. Jay's employers have recommended that he take stress leave and consult a medical professional. Jay has consulted his G.P. During the consultation he made many complaints of a somatic nature. After further consultation, the G.P. recommended that Jay attend counselling.

Jay has accepted the offer to attend a counselling session, as he cannot afford to lose his job. Jay walks into the counselling session with the belief that talking about his feelings with a stranger will not do anything positive for him. This is a common belief amongst members of

ethnic immigrant groups according to Sandhu (2004). Jay does not understand the western counselling concepts, as his collectivist culture has taught him not to burden anyone else with his own problems. As Jay walks into his counselling session, he is hesitant on talking about his feeling with his therapist. His therapist, an individual who has worked with an array of South Asian clients understands that it is difficult for Jay to open up immediately. Jay's therapist, Gavin converses with Jay for a short period and asks him what he would like to work on and what brings him into therapy. Jay provides John with a brief statement, that he is attending therapy to maintain his employment. He also mentions that he would like to work on managing his anger, and enhance his social skills. Gavin provides Jay with a few techniques of managing his anger, which include cognitive behavioral therapy and mindfulness therapy. Jay does not understand the concept of the therapies and declines. Gavin understands that it is difficult for Jay to open up and accept these western therapeutic techniques.

Gavin suggests that Jay try a new concept out that will help him manage his anger and help him build his social skills. Gavin suggests that Jay try bhangra out. Jay shows interest as he has seen bhangra being performed at various traditional functions back home in India. Gavin explains that therapists have recently integrated bhangra as a form of dance movement therapy for clients who feel that 'traditional' talk therapy is not for them. Bhangra as a form of dance movement therapy focuses on movement as nonverbal expression, interaction, and communication (Fischman & Koch, 2011). Gavin suggests that bhangra will help him manage his anger, as Jay will be able to express his feelings in a positive way. It will also provide Jay the opportunity to learn bhangra with other individuals creating a team like atmosphere.

Furthermore, Gavin lets Jay know that movement, posture, gesture, and action are the first modes

of expression for individuals (Fischman & Koch, 2011), hence it would allow Jay to continue to be operative after his sessions. Jay is interested in partaking in bhangra as a form of therapy.

The following week, Jay attends a bhangra academy that has agreed to working with therapists in aiding their clients. Jay is introduced to a dance movement therapist by the name of Mandeep. Mandeep has years of experience in bhangra and feels that like many forms of dance, it can allow clients to express themselves openly. Mandeep believes that bhangra can be a highly beneficial form of dance movement therapy, particularly when working with the South Asian community. Having a South Asian dance movement therapist can immediately help build a connection with clients, and can help expedite the process of creating a positive and open relationship.

As Jay walks into the bhangra academy he is greeted by Mandeep and introduced to the other members of the bhangra group. Like himself, many of these team members are working on ways to manage their anger and stress in a positive manner. Jay is told that a number of the members of the group are first timers when it comes to bhangra, so he should not worry if he does not pick up the moves right away. There are also members of the group that have been learning bhangra for a number of years.

Mandeep soon gathers the group and tells them to form a circle. Mandeep checks in with the group to see how they are doing and then begins to lead them through a number of stretches. The stretches begin from the legs, to the mid-section and arms, to the neck and head. The stretching process allows for the members of the group to feel relaxed and nimble, before they exert their energy. Mandeep lets the group know that it is important to stretch before practicing and performing as it helps the body stay relaxed. As with managing their stress and anger, it is important to remain relaxed in all situations.

After 10 to 15 minutes of stretching, Mandeep get the intermediate bhangra dancers to stand in a horizontal line with the beginners standing directly behind them. This allows the beginners to learn the dance movements in a straightforward way. Like other beginners, Jay found it difficult to pick up the moves and remain 'on beat'. He began to feel frustrated and thought that bhangra would not be a good way to relieve his stress and anger, as his level of anger and frustration continued to increase. Mandeep sees that Jay is under distress and tells him to take a few deep breathes and not worry about being able to get everything right away.

After each run through of the moves, Mandeep would reiterate that the beginners would not pick up the moves right away. Mandeep mentioned to the group that learning bhangra is comparable to managing their anger and stress. It's a process that does not occur right away, rather is an ongoing process to perfect. With practices comes the ability for one to maintain what they have learned. Mandeep told the members of the group to practice small things daily, in order for them to perfect their craft. The tasks ranged from keeping a straight posture when dancing, to continuously smiling during the song, to being on beat and remembering the dance moves. The members of the group were encouraged to work on small tasks and then share with the group what they had worked on. This allows for the group to build cohesiveness and trust.

After the first session, Jay continued to feel angry and stressed about not remembering the moves that he was taught, but he had remembered what Mandeep had told him; work on small tasks at first. Jay thought it would be worth a try and practiced working on his posture while practicing a move that he had remembered. At the beginning of his second session at the bhangra academy, Jay had told the other members what he had worked on. Jay received positive remarks from the other members of the group, which helped Jay relax and connect with his group. This was the first time that Jay could recall that he was interacting with others without

thinking too much of what others thought of him. As the group began to gain further knowledge about one another and the struggles that each individual was facing, a brotherhood was forming. The members of the group helped each other with whatever they could, and motivated each other to reach the goals that they had set for themselves. The motivation that Jay was receiving from his group members inspired him to try his best to further motivate other members of the group to the best of his ability.

As the sessions with Mandeep continued, Jay became more and more relaxed which allowed him to remember the movements easier. Mandeep had provided Jay with a task. The task was to think of the things that made him angry. Once he felt that he was getting riled up, Mandeep told Jay to perform a dance routine that they had learned. He was to perform this routine in front of his peers with the bhangra techniques that he had learned. Jay was hesitant at first, but Mandeep reassured Jay that it would help him in releasing his anger in a positive way. Jay obliged to Mandeep's idea. Jay was confident enough to perform in front of his peers, as he was able to focus and channel his anger in a direct and positive way.

By integrating bhangra as a form of therapy in Jay's sessions, he was able to work on and achieve the goals that he had set out for himself. Bhangra provided Jay the opportunity to go outside of his comfort zone and explore his boundaries. Bhangra aided Jay in working on his anger and stress management, by allowing him to filter his 'feelings' in a positive way. Rather than having Jay bottle up his emotions and use alcohol to suppress his feelings, bhangra allowed Jay to exert his energy through various dance movements. Bhangra as a form of therapy created a chance for Jay to work on his social skills as well. Bhangra is a team effort. If one individual is off their game, the whole team is affected. Creating an environment where all of the members of the group were able to be open and be themselves, generated a comradeship amongst the men.

Bhangra provided Jay with communication and social skills. He was able to listen and comprehend the instructions that were given to him by Mandeep and his fellow group members. Jay was also able to effectively communicate his thoughts and feelings with Mandeep when he was feeling frustrated, confused, or angry. Bhangra can be an integrative form of therapy when working with clients who are hesitant in traditional 'talk therapy'.

### **Counsellor Qualities & Learning Techniques**

Counsellors have a wide array of options in which they can utilize to incorporate bhangra as a therapeutic approach in their work. Along with the options that are readily available, counsellors must possess certain qualities that will make the transition of incorporating bhangra easily.

First and foremost, counsellors should have a high level of competence when working with multicultural clients and must possess strong communication skills. Sue (2001) proposes guidelines for multicultural competence, which entails that counsellors should first cultivate self-awareness to identify their own cultural blind spots, biases, values, and world views to avoid imposing them on clients. Furthermore, culture-specific knowledge should be used to understand culturally biased issues underlying various presenting problems and for formulating appropriate interventions. The effective communication can increase the flow of information, convey counsellor empathy, and help establish trust and rapport in the counsellor-client relationship (Nayar & Sandhu, 2006). When working with the South Asian community, it is imperative for the counsellor to communicate his or her understanding of the client's inner world of experiences by mirroring the client's communication style (Nayar & Sandhu, 2006). When initiating a treatment plan, it is important for the counsellor to utilize an intervention that best suits the client's mode of communication. According to Sandhu and Malik (2001), practical solutions and

concrete advice are recommended for working with the South Asian community because affective and insight therapies are unheard of in their homeland and do not suit their communication styles.

Dickson and Jepsen (2007) explained that within multicultural counselling curricula, the three most commonly used instructional methods are: (a) traditional strategies, which are discussion-based and promote increasing the cognitive understanding of different cultures; (b) exposure-strategies, which primarily incorporate presentations by minority group members; and (c) participatory strategies, which emphasize the notion of self-awareness. The more progressive approaches to cultural competency training involve experiential and service learning teaching methods that go beyond traditional didactic (Hervey & Stuart, 2012). Service learning methods of teaching combine both classroom instructions with community service according to Hervey & Stuart (2012). These means of learning are dependent on the trainee's preference of learning in my opinion. Arthur and Achenbach (2002) emphasized the use of experiential learning as a means to "raise awareness about multicultural issues to challenge students" personal framework about cultural diversity and to help develop cultural empathy. The underlying motivation behind experiential learning is to increase the trainees' self-awareness (Hervey & Stuart, 2012).

Hervey and Stuart (2012) suggest a list of competencies that have been identified as important factors for dance movement therapists. The list provides unique ways culturally competent dance movement therapists engage in therapeutic relationships informed by self-awareness, an understanding of cultural context, recognition and respect for diversity, and a commitment to social justice (Hervey & Stuart, 2012).

Culturally competent dance movement therapists are actively becoming aware of:

1. Their own culturally determined movement repertoire, including body knowledge and body prejudices.
2. Their own culturally influence somatic or kinesthetic transference and countertransference.
3. The ongoing non-verbal communication around culture, power, and difference.

Culturally competent dance movement therapists are actively gathering knowledge of:

1. The non-universality of movement, including the culturally informed nature of movement preferences, aesthetics, and assessments.
2. Cultural norms around body, touch, body parts, gestures, boundaries, eye contact.
3. How a healthy or desirable body is defined in different cultures.
4. How movement reflects the worldview of clients.
5. How the meaning of movement and dance differs between cultures.

Culturally competent dance movement therapists are actively developing intervention strategies and skills in:

1. A wide range of dance forms from beyond their own cultural context.
2. Culturally competent movement observation and assessment.
3. Accurate and culturally sensitive attunement and empathetic reflection.

### **Counsellors Learning Bhangra**

Bhangra can be taught to both clients and practitioners in a plethora of ways. Bhangra can be taught in a structured or unstructured method. It is dependent on the way the bhangra instructors would like to teach and how the student would like to learn. There are various bhangra academies within the Lower Mainland of British Columbia with the majority located in Vancouver and Surrey. These bhangra academies have various classes for a wide range of students. Students can start learning bhangra from the age of 2 years of age. Many of the bhangra academies have instructors who have been learning and teaching bhangra for years. In order for a therapist to be able to implement bhangra into their therapies, it would be necessary for them to have a few years of experience under their belt in my opinion.

There are a few methods that bhangra instructors use when teaching beginners. The first is having the individual learn the basic steps of bhangra, which include 'punjab', 'jhoomer', and 'dhamaal'. These steps are taught to the individual or group in counts of four to eight beats. The instructor typically has the members of the group count the beats out loud before having them dance to music. During the first few classes, the instructor would focus on having the members of the group memorize the dance steps and count out loud. Counting out loud allows the members of the group to stay on beat with one another and makes it easier for them to stay on beat when the music begins to play.

The classes would then have the group follows what is verbally or physically prescribed by the bhangra instructor. As the individual is following the instructions, music will be played and the individual then develops their movements according to the rhythm and tempo. This can be done with the bhangra instructor participating with the group or not. Often the bhangra instructor is just an observer, facilitating the individual's expression of a movement which is

authentic (Panagiotopoulou, 2011). As the individuals become more comfortable with the music and the dance moves, the bhangra instructor would then teach the group more complexed moves and formations.

Another option is for the individual to learn in a one on one environment. This method would involve the individual “mirroring” the bhangra instructor. Mirroring would have the individual follow the bhangra instructor’s exact moves and body language through a set routine. The bhangra instructor may choose stand side by side with the student if there is a mirror present. The mirror allows the student to view their techniques and provides them the opportunity to have a look over if they are unable to remember the moves that are coming up next.

An unstructured technique that a bhangra instructor may implement when teaching individuals is to show them a few moves and let them interpret it as they see fit. Once they have interpreted the dance move, the students would be asked to improvise through the music that is being played. This method does not teach the fundamentals of the dance, but would rather allow the student to gain confidence by expressing themselves as they please.

### **Limitations & Areas of Future Research**

The literature about bhangra is scarce and has yet to elucidate the development of this expansion (Scheffler, 2013). Instead, due to the speed of its growth over the last quarter century, the different forms of bhangra, and the complications wrought by the unqualified use of a single term, much writing has failed to adequately distinguish the ‘bhangra’ under discussions from others (Scheffler, 2013). Research has been growing about expressive therapies, particularly dance movement therapy over the last few years, but I found a lack of information that could be

integrated with the South Asian community in particular. Furthermore, I feel that there needs to be more research focus on the relation between counsellors and the South Asian community.

### **Conclusion**

The purpose of this paper was to introduce and shed light on a traditional dance form that has been around for hundreds of years in India. I feel that bhangra can be an integrative approach when working with clients, particularly the South Asian community. The South Asian community needs an outlet, other than 'traditional' western approaches. Having an individual who is able to teach bhangra to the South Asian community and create a safe environment, would provide great work with the South Asian community. As a therapist and bhangra educator, it would be important to teach students how to recognize their own movement patterns, how to clinically assess clients' movement, and how to create movement interventions that facilitate healing and wellness. Although there is not an abundance of information in regards to bhangra and the South Asian community, it is my hope that the information and introduction of bhangra from this article will provide a stepping stone for future research.

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