

WORLD CENTRE FOR CREATIVE LEARNING FOUNDATION, MAHARASHTRA

The World Centre for Creative Learning Foundation (WCCLF), in Pune came about when three individuals – Zubin Balsara, Aanand Chabukswar and Asha Pillai – gave up their different careers and decided to work on arts-based therapies, something that was 50-years-old in the West but new to India. Arts-based therapies like music, dance and drama are used to treat de-addiction, mental illnesses, cognitive disabilities and other psychological or psychosomatic illnesses in which there are no clinical cures or drugs available.

Zubin Balsara, who was working with a multinational, found he was more in sync with a very different beat. He gave up selling packaging machinery and turned to the drums he had played since very young. He knew drumming had a definite therapeutic value and boosted self-esteem. But music therapy was alien to India. Eventually he tracked down Arthur Hull of the Drum Circle Facilitation, a pioneer in technique training for music therapists and psychologists, and having scraped the money flew to Hawaii to learn under him.

On his return, he continued to explore how drumming could help people. In 2000, with a car full of drums he drove up to the Mukhtangan De-addiction Centre and under Dr Anil Awachat's cooperative stance began drumming circles for

those suffering from severe withdrawal symptoms. As the patients danced frenziedly, Balsara was struck by the way the music altered states of consciousness – affecting them physically, emotionally and spiritually.

He began exploring the medium of facilitating human potential through rhythm. Via e-mail he kept in touch with Heather Mactavish in the USA who had Parkinson's disease and had begun a foundation for fellow sufferers and other cognitive disabilities. She found that the rhythms energized them. An excited Zubin flew out to the US and learnt from Heather the basics of setting up a non-governmental organization and collating data.

In 2002, he returned to set up the WCCLF along with his wife Asha Pillai who quit her job as a corporate training counsellor.

They were joined by Aanand Chabukswar. Once a teacher and later working in the Education Research Centre in Panchgani, Chabukswar's passion was experimental theatre. He was struck by the way in which it affects emotions and even grades.

There was no systematic data on theatre's therapeutic value in India but a book by Dr Sue Jennings enthused him and in 2000 he met her in the UK. She assured him that what he had been



The joy of Drama Therapy



Musical skills are played out during the Improvisational Music Therapy class



Drum Circle Therapy in progress

doing was drama therapy and later invited him to work with her.

Chabukswar realized that some of the models would not work in India and so improvised his own 'story-circle' model at the Kripa de-addiction centre where he met Balsara. Both felt the pressing need for action research and joined hands to collate data in psycho-social rehabilitation palliative care and neuro-physiological rehabilitation.

"We approached so many funding agencies but no one was interested in art as therapy," says Balsara. It was only the Sir Dorabji Tata Trust that supported their beliefs in this innovative form of healing with an initial grant of Rs 0.20 million. Thereafter with a grant of Rs 1 million for organizational support and the Manaswardhan De-addiction Centre project, the Trust has enabled them to engage in "consistent therapeutic work."

Their chief challenge is that whilst arts-based therapies are accepted in the West with degrees

given in colleges there is no such recognition in India where a special population could benefit by it. Ironically in a nation where music and healing has existed since Vedic times and where concepts of 'Om' chants, shaman drumming and sound vibrations have been borrowed by the West, there is no systematic approach and no research. Whatever art forms that are being offered to clients are pedagogical and performance-oriented like making them perform a skit, a dance or musical performance on annual days.

As individuals, Balsara and Chabukswar know that they cannot replicate colleges but through WCCLF they have tried to establish some models of therapies and have worked on them. The first model, Arts-Based Therapy (ATP), is especially designed for non artists and provides access to painting, dancing, singing, story-telling – skills in which everyone has a basic capacity. The idea is to enhance these capabilities to create modalities for assessment, therapeutic objectives and evaluation.

The second model is Improvisational Music

Therapy (IMT) which has grown out of the drum circle. Therapist and client try to relate to one another in which the client makes up music while singing or playing, extemporaneously creating a melody, rhythm, song or instrumental piece. IMT recommends instinctive musical instruments like drums, percussion, voice, harmonicas and Q chord that can be played by all. This model is for those who have completed the ABT course and have exhibited certain musical skills.

The third model is Drama Therapy (DT) in which working and playing methods are used to facilitate creativity, imagination, learning, insight and growth for healing purposes. Chabukswar explains how drama therapists help a client tell his story. "We move from telling stories, to making them and enacting them. Engaging with the imagination is a significant part of drama therapy but we make the distinction between dramatic reality and real life reality. Therapy happens when there is a bridging of the real life with the dramatic reality. We experience lightness through the enacting." Drama therapists help the client tell his story. DT can be practised by anyone who has completed WCCLF's DT advanced certification course.

WCCLF's innovative approach in creating these models has come about because there is a huge vacuum of such therapists. Most schools and institutes employ the services of a special dance/drama or music teacher. Such teachers are not trained in the use of arts for therapeutic objectives. Special educators who are capable of making connections between art and education refrain from using art forms because they believe that they lack the artistic vocabulary.

"So if we need trained music therapists it would mean looking to the West to get a degree and to have to spend huge amounts of money for these courses," explains Balsara.

The answer therefore lies in building up our own systematic approach of arts-based therapies that can be followed in special education and



Young clients and trainers at WCCLF

development disabilities and innovatively adapting them to Indian cultural conditions. As Balsara explains, "In the West one can ask an elderly person to try and sing a romantic Pat Boone number. Here it would be a bhajan or a spiritual song."

WCCLF believes its own models and research on IMT and DT with patients who have had strokes or broca's aphasia, movement disorders and degenerative disorders can become a very useful therapy in integrative medicine on a footing with yoga, speech and occupational therapy. They have had 10,000-plus direct client contact time and have some 20 trained arts-based therapists working in NGOs and institutions in Mumbai, Delhi and Pune.

In one dramatic illustration, the vice president of a company suffered from broca's aphasia or the inability to form grammatical sentences. However, the brain circuitry involving melody was unaffected and he could sing Hindi music lyrics perfectly. Balsara taught him conversational songs and his ability to contextualize the songs eventually enabled him to resume normal conversation.

For some of the mentally challenged adults of Sadhana village the new therapies are giving them space to articulate. Like Heera who once sat passively but now drums away with vigour and even makes conversation. Or Appa, in his late 40s who never spoke more than a "yes" or "no" for years, who one day after drama therapy, put his hand to his chest and said aloud, "I am Bappa speaking."