Review of Literature
REVIEW OF LITERATURE

A collective body of works done by earlier scientists is technically called the literature. Any specific investigation starts with a literature review. Research reviews involves locating reading and evaluating report of causal observation and opinion that are related to the individual’s planned research. An extensive review would help in obtaining detailed knowledge of the topic studied (Menmuir, 1982).

Literature reviews is an important step to precede research as it helps to understand and direct research further with appropriate methodology, data collection and analysis. It will avoid duplication of research. The current chapter deals with researches connected with the research problem.

Purpose & Objective of research reviews of the study is:
1. To identify variables relevant to the current research
2. To determine meaning and relationship among variables of the research
3. To learn various approaches and techniques to solve research problem
4. To synthesize, plan and find the research gap in the same area
5. To avoid repetition in the studies done earlier
6. To utilize in the present research findings in assimilation with already existing researches
Figure 2.1. Ortony & Turner (1990) collated a wide range of research on identification of basic emotions as noted by various theorists:

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plutchik (1962, 1980)</td>
<td>Anger, sadness, disgust, fear, Acceptance, anticipation, surprise, Joy</td>
</tr>
<tr>
<td>Tomkins (1962, 1963, 1984)</td>
<td>Anger, sorrow, disgust, distress, fear, shame, interest, contempt, interest, contempt, surprise, joy</td>
</tr>
<tr>
<td>Watson (1930)</td>
<td>Anger or rage, Fear, love</td>
</tr>
<tr>
<td>Arnold (1960)</td>
<td>Anger, sadness, aversion, fear, dejection, hate, desire, despair, courage, hope, love</td>
</tr>
<tr>
<td>Ekman, Friesen, and Ellsworth (1986)</td>
<td>Anger, disgust, fear, sadness, surprise, joy</td>
</tr>
<tr>
<td>Frijda (1987)</td>
<td>Anger, sorrow, Desire, interest, surprise, wonder, happiness</td>
</tr>
<tr>
<td>Gray (1982)</td>
<td>Anger or Rage, terror, anxiety, joy</td>
</tr>
<tr>
<td>Izard (1977)</td>
<td>Anger, disgust, distress, fear, guilt, shame, contempt, interest, surprise, joy</td>
</tr>
<tr>
<td>James (1884)</td>
<td>Anger or Rage, Fear, grief, love</td>
</tr>
<tr>
<td>McDougall (1926)</td>
<td>Anger, disgust, elation, fear, subjection, tender-emotion, wonder</td>
</tr>
<tr>
<td>Panksepp (1982)</td>
<td>Anger or rage, Expectancy, fear, panic</td>
</tr>
</tbody>
</table>
This psycho evolutionary theory of basic emotions by Plutchik (1980; 2001) has ten postulates.

1. Emotions are found in all animals and humans,
2. A wide variety of forms of emotional expressions are observed in different species,
3. Emotions are adapted as existence concern in the surroundings,
4. Common protocols of emotions can be recognized,
5. There are few basic emotions,
6. Emotions are assorted with two or more basic emotions,
7. Basic emotions are conditional in nature,
8. Basic emotions are pairs of polar opposites,
9. Emotions differ in their degree of similarity with one another,
10. Emotions differ with the degrees of intensity.

Emotions provide eight different functions; e.g. protection to inspire for fight or flight response during fear, destruction of old or previous feelings, reproducing or generating new feelings, reunion with the preceding feelings, affiliation of internal and external stimulus, rejecting painful feelings, exploring and orienting for new investigation (Plutchik, 1980; Reeve, 2009).
The literature review permits to study the trend of similar studies conducted in the same field. This will direct the present research by integrating the past findings and explanation with the new observations. A summary of literature reviews is reported here under the following headings

1. Impact of suppressed anger on health and well being
2. Impact of Emotional competence on health and well being
3. Emotional Catharsis as a way to release suppressed anger and enhance emotional competence
4. Dance therapy as a way of emotional catharsis

1. **Impact of suppressed anger on health and well being**

Suppressed anger influences mental health adversely. Therefore, it needs to be addressed. Present study was undertaken to address this issue by reducing the intensity of suppressed anger through catharsis by dance therapy. The following section of review of literature explores the results of the studies conducted to identify the effects of suppressed anger on mental health and well being that justifies that suppressed anger should be managed.

 Campo et al (2010) reports anger can cause us more than just emotional problems. It may also cause an increased risk of heart problems, due to the increase in heartbeat and adrenaline experienced during times of extreme anger.

 Cottington et al. (1986) examined suppressed anger as a cause of hypertension and job stress. Study indicated a strong relation between anger, hypertension and job dissatisfaction. It was argued that suppressed anger is associated with dissatisfaction. Alexander, (1939) reported that the repression of anger is associated with chronic elevations in blood pressure and ultimately with essential hypertension. Schneider et al (1985) argued that hypertension usually focused on the relationship of anger and anxiety to blood pressure. Study was conducted on 33 samples into two groups of borderline hypertensive one group that maintained high blood pressure and another average Blood Pressure returned to normal. All 33 subjects were given psychometric instruments for measuring various components of anger and anxiety by administering Spielberger’s State-Trait
Personality Inventory, the Anger Expression Scale, and the State Anger Reaction Scale. The high Blood Pressure group reported greater intensity of anger, although they suppressed their expression of anger to a greater extent (Thomas, 1989). Second group with average blood pressure carried medium level of anger. Both the groups did not differ in anxiety. This shows that anger affects health adversely (hypertension) by increasing the blood pressure. Findings suggest that coping anger expression significantly effect on job stress and hypertension. Shannon et al. (2002) examined the relation between suppressed expressions of negative feelings and eating disorder symptoms among female adolescents. Results suggested a closer relationship between suppressed expressions and eating disorder symptoms. In a study, Whiltson (2011) reported that when anger is expressed in assertive ways, frustration will be reduced and as a result, individual could improve his relationships with others. Gross & John (2013) also found that emotion suppression like anger, sorrow has been shown to be positively associated with depressive symptomatology in multiple non-clinical undergraduate students. Later, Lynch et al. (2001) stated that people who suppress emotions cope poorly with life and are prone to depression and other psychological problems. Cautin et al. (2001) evaluated 92 psychiatric inpatients and reported that internalized and externalized anger leads to depression, suicide, hopelessness, alcohol related problems.

Katzman (1984) investigated the effects of background anger and provocation on emotional, physiological, and behavioral response in children with attention deficit hyperactivity disorder with and without concurrent aggression. This study revealed that high-aggressive ADHD boys were more likely to respond to provocation with aggression than low-aggressive ADHD boys, but low aggressive boys showed increased physiological reactivity with increasing provocation. This is an indication of poor mental health.

The eye turns red and body starts shivery during anger. He also reported that when angry mother lactates baby it causes muscles cramp into stomach and when an irritated mother lactates baby it causes damage to immune system. There is up surge of emotions and lack of emotional competence to handle their own emotional status (Fisher, 2010).
Kenan (1976) revealed that anger makes a healthy person physically and/or mentally ill. Sean (2008) found that anger expression in children has been positively associated with negative health outcomes, including elevated blood pressure, psychosomatic symptoms, poor perceived health, depression, aggression, and externalizing problems (Hagglund et al., 1994; Kashani et al., 1995; Jacobs et al., 1989; Hauber et al., 1998). In terms of physical health, anger is associated with sleep difficulties, poor health habits such as increased consumption of fatty foods and alcohol and decreased exercise, and cardiovascular disease (Williams et al, 2000; Kline, 2005; Narita et al., 2007). Anger is also associated with psycho-social adaptation (Baron et al, 2007) disputes in relationships, arguments, marital instability, marital conflicts, stress, unfair treatment to people and in more extreme cases of partner violence (Barbour et al, 1998), work-place issues such as job performance, job satisfaction, and intentions to quit (Douglas & Martinko, 2001; Bruk-Lee et al, 2009), verbal and physical aggression (Deffenbacher et al, 2011; Jacobson et al, 1994), limits educational achievement and occupational success, prevents from reaching cherished goal, and even reduces life expectancy (Leuven, 2005). Norstrom et al. (2010) found a positive relationship between drinking frequency and violent behavior. This means that reduced frequency of drinking was significantly related to reduce violent behavior. It was argued that when people indulge in violence the drinking behavior suppresses anger.

Lumley & Pennebaker (2004) reported that people, when express their suppressed emotions generally experience better emotional and physical health. Hiding emotion requires a lot of efforts by the bearer of the emotions and Ames et al. (2012) reported that anger serves as a blocked energy. Controlled expressions of anger are more adaptive than either hostile outbursts or pent-up angry feelings. It is essential to release this energy in a constructive way or else things could turn worse rather than better. Personal Transformation Incentive, Wellness Institute, 2015 states that the whole concept of disease or illness is commonly related to repressed emotions. When a person holds anger in the negative energy has to go somewhere. Some people hold it in their jaw, others in their chest and some in their stomach. This energy can actually be held anywhere and everywhere in the body, if not
released, and then affects body. Thus the person who holds their feelings within may experience tension, anxiety, irritation in the jaw and result in grinding of the teeth. Cummings et al. (1989) reported angry interactions and non-verbal anger were perceived as a negative event like distress, whereas physical anger perceived as the negative form of expression of anger.

Aaister (1999) reported that a person when stays in anger for 15 minutes affects so negatively and it fades as much as 9 hours of work /efforts done. It also makes a person look older and diseased though the person is young and healthy in reality. Sharma (1998) reported that people come across to various situations in day to day life in which few are favorable and few unfavorable. Favorable situations make happy and unfavorable situations makes people feel hopeless and irritated. Sometimes these feeling are so intense that they turn to aggression whereas, Fava et al (1993) and Beck (2000) reported that anger attacks are highly correlated with anxiety, state and trait hostility. Later, Joireman et al. (2003) found emotional problems and marital disappointments are increasing who indulge in aggression (behavior aspect of anger) by committing serious crimes like robbery, driving accidents, drug abuse, dating violence and date rape. A research study by Trama & Saini (2009) reported that anger among school children is increasing these days. It is being reported that students carry weapons in their school bags and there is an increase in gunshot killings of peers by teenage boys and girls. They are more likely to kick, push, bite, slap, hit in anger especially when they are jealous of their peer.

In today’s cut-throat competitions parents, teachers and students have no time and value to attend to the emotional needs and concerns of children. In order to compete with scoring high in hard skills, soft skills like dance remain oblivious of its cathartic value. To meet the high standards of education and to fulfill the ambitions of parents and its resultant impact on child’s mental health (emotional outbursts, suppression, mood swings, negative effect, etc) are not addressed, though, parents, teachers and students themselves remain concerned. They have no time left from their mundane routine of being in a rat race that they could invest in developing emotional competence. The unresolved suppressed anger has its own short term and long term negative effects. It is often observed that dance is used as a hobby and a
means of recreation in schools and by parents. The review shows that there are ample research evidences that support that anger influences health adversely.

2. Impact of Emotional competence on health and well being

Emotional competence influences mental health favorably. Therefore, it needs to be enhanced. Present study was undertaken to address positive emotions by raising the intensity of emotional competence through Navras dance therapy. The following section of review of literature explores the results of the studies conducted to identify the impact of emotional competence on mental health and well being that justifies that positive emotions should be improved.

Meredith (2008) found in a study on 20 children (girls and boys) of age range 7 to 11 with severe physical problems, psychological problems, behavioral problems. Due to the emergence of these problems, their behavior deviates from the normal pattern. They exhibit these deviations by aggressiveness, emotional immaturity, irritability and sense of insecurity in their behavior (Bhatnagar & Gil, 2015). Younger children were less perceptive of affect than older children and scored lower for cognitive empathy. Boys scored lower in cognitive and affective empathy than girls and were less intimate and more covert, in their expression of emotions. A significant effect was found for facial representations of anger, indicating threat detection mechanism in response to emergent emotion. Behaviorally challenged children were deficient in cognitive and affective empathy, and exhibited a hostile appraisal bias when assessing ambiguous postures of other children. Anger was a dominant factor. The study suggests that children with behavioral problems show poor emotional competence. This study becomes of high relevance in the context that it is also reported through many studies that behavioral problems among children are at a steep rise e.g. Costello et al (2003) found oppositional defiant disorder as one of the most common emotional and behavioral disorders seen in 11.3% of children. Epidemiological data have indicated that by the age 16, 23% of children will meet the criteria for a behavior disorder. This shows the necessity to enhance emotional competency in children as a safeguard against behavioral and emotional disorders.
Sluyter et al (1997) argue that childhood is a crucial window of opportunity for shaping lifelong emotional competencies. Habits acquired in tender age become set and are harder to change later in life. As developmental psychologists continue to research the growth of emotions in children and warned as a danger for those who fail to master the right competencies at the appointed time.

Goleman (2013) argues emotional Competence is a learned ability that grounded in Emotional Intelligence. Emotional Intelligence influences potential for learning the practical emotional competencies, and developing the emotional literacy necessary for quality of life, life satisfaction, and overall happiness. Such skills include the development of Self awareness, Social awareness, Relational Awareness and Self management, Social management, Relational Management. Emotional competence makes students to learn easily and fastly.

Emotional state affects the brain areas (Wyczesany et al, 2015), Amarillas (2002) reported that children have difficulties with emotional regulation. Children with attention deficit hyperactivity disorder, oppositional defiant disorder, Asperger’s Syndrome, autism, nonverbal learning disabilities, and bipolar and personality disorders have significant and often primary difficulties with emotional regulation. When child is taught to be competent at emotions to handle accordingly then it would have helped to regulate positive emotions and prevented disorders. Lopes (2014) reported that more than 50 percent of children with Attention Deficient Hyperactive Disorder also exhibit emotional outbursts. This report suggests the relevance of emotional competence among children at their nurturing stage. Nelis et al. (2002) reported that training in emotional competence could improve in emotional functioning (emotional regulation), positive physical, social, psychological adjustment, physical wellbeing, subjective health, quality of social relationships, employability and personality changes take increase in extraversion agreeableness etc. It decreased neuroticism. As Jackson (2013) reported that emotional competence results in enhancement of personality and relational and professional performance. It also helps in increasing overall quality of life.
Sheena et al (2002) studied the impact of emotional competence in the performance levels of National banks of Kochi in India. The study reported that greater emotional competence of bankers was related to high performance levels. Similarly, Jayan (2006) reported that emotional competence, job performance, attitude and personality are correlated. The person who scored high in emotional competence also scored high in job performance, attitude and personality. Another study of Neelakandan (2007) revealed that the qualification of the school teachers was associated with emotional competence. The teachers having higher qualifications were found to have better emotional competence than teachers having essential minimum qualifications only.

Pande et al (2009) designed a study to investigate the emotional competence and mental health of secondary school students of Kerala. Results showed that emotional competence and mental health are highly correlated. Students gained good score in emotional competence also gained high scores in mental health and vice versa. The study of Holeyannavar (2009) revealed that significant relationship was observed between emotional competence with stress and mental health of teachers and house wives. The increase in the emotional competence reduced the stress levels and mental health.

Durlak et al (2011) shown that Social Emotional Learning programs produce positive effects and prevent negative outcomes in students. The retention rate of learning of students who received Social Emotional Learning in grades 1 to 6 increased by 14 percent. Learning social and emotional skills also lead to reductions in problem behavior such as drug use, violence, and delinquency. The students who learned social emotional skills at age 18 showed a 30 percent lower incidence of school behavior problems, 20 percent lower rate of violent delinquency and a 40 percent lower rate of heavy alcohol use than their peers who have not learned social emotional skills through Social Emotional Learning programs. A similar study by Santrock (2001) suggests emotional competency during adolescence involves establishing a realistic and coherent sense of identity in the context of relating to others and learning to cope with stress and manage emotions. Ciarrochi et al. (2002) assessed that all social emotional competencies measure basic emotions, which have
significant impact on stressful events in predicting social and mental health. These findings were applicable for social and emotional intervention programs.

Miles & Stipek (2006) researched relationship between social skills and academic achievement in I, III and V grade female students. The review of the committee for children (2008) suggested that young children with higher levels of empathy tend to be less aggressive, better liked, and more socially skilled. They make greater academic gains than children with lower levels of empathy (an indicator of better emotional understanding and competence).

Pastey et al (2006) studied to see the impact of emotional competence on the level of confidence and stress among 105 adolescents studying in XI and XII of Dharwad at Karnataka. It was found that students who scored high in emotional competence tend to have significantly low stress and vice versa. Richardson (1996) argues that emotional competence makes children to connect at social situations easily. It also helps children to interact positively, confidently in society.

Raver & Knitzer (2002) reported that young children are more likely to succeed in the transition to school if they are able to accurately identify emotions in themselves and others, if they could relate to teachers and peers in positive ways, if they can manage feelings of anger, frustration, and distress, if they are able to enjoy academic learning and approach it enthusiastically, if interested to work attentively, independently, and cooperatively. This shows the positive aspect of emotions when maintained them in balance. Another study by Boyd et al (2005) reported that social and emotional development involves the acquisition of a set of skills. Those possess the ability to identify and understand one’s own feelings, accurately read and comprehend emotional states in others, manage strong emotions and their expression in a constructive manner, regulate one’s own behavior, develop empathy for others, and establish and sustain relationships.

Linares et al., (2005) found that students exposed to the Unique Minds School Program, focusing on emotional competence, showed gains in self-efficacy, problem solving, and math grades. Another to research reviews it is concluded that
young children who display anti-social behaviors do more poorly on academic tasks and are more likely to be held back in later years (Raver & Knitzer, 2002). Saarni (1999) reported that development of emotional competence is most essential among children in their early childhood to lead a happy life, the effective teaching shown the positive health in them. It also enhances their emotional intelligence and Brasseur et al. (2013) reported that higher emotional competence is associated with greater happiness, better mental and physical health, more satisfying social and marital relationships and greater occupational success.

Smith (1991) conducted various emotional competences training, particularly to find coping and optimum skills and found uplift in work performance and growth rate when trained in emotional competence. Osofsky (2009) suggests that emotional competence creates pathways for young children by their social and emotional development. It encourages to be strong at all sort of situations arouse that may be joyful or adverse children learn to react in harmony by maintaining balance. Cavallo et al. (2001) studied managers to assess their performance and observed that the most capable managers obtained greater scores in emotional competencies. The capable managers were good at emotional competence level. Whereas, Jackson (2013) reported that emotional competence results in enhancement of personality and relational and professional performance. It also helps in increasing overall quality of life.

Mininni (2012) created a valuable step-by-step process to help people identify and manage their emotions. In the first step she asks to figure out what the person is feeling, for reply just it is needed to choose from four main emotions. Mininni said that all emotions fall into these categories, anxiety, sadness, anger and happiness. Firstly to understand the emotion overflowing within then to ponder how often and at what situations they occur. It is noticed that realizing the emotions helps to develop competency. This study was proved by Tomsa & Jenaro (2015) by assessment of emotional status and coping skills of children left behind (living without their parents) and children living with their parents. The results showed high anger, anxiety, low mood, depression in children who were not staying with parents in lack of positive emotions like love, care and affection. Marchetti-Mercer (2012)
states, those left behind inevitably experience loss and abandonment, and may suffer more than those who have left and who are busy adapting to a new country. In fact, their stress may be so intense that it may lead to psychological or physical symptoms. The sense of abandonment may also be accompanied by feelings of anger, as those left behind may feel betrayed. There are relatively few studies on left-behind children, with a majority being carried out in rural China (Guo, 2008; Dillon & Walsh, 2012; Guo et al., 2012; Marchetti, 2012; Wen & Lin, 2012; Zhou & Xu, 2013; Su & Zhu, 2013). Reviews indicate that these children experience more loneliness, lower self-esteem and lower psychological well-being (Fan et al, 2010; Jia et al, 2010; Li & Qu, 2010; Su et al., 2013) poor relationships (Vuorenkoski et al, 1998; Kirkcaldy et al, 2009), emotional maladjustment (Hovey & Magana, 2002; Manhas, 2003; Mejia, 2004; Qu & Yang, 2008; Adam, 2009; Qin & Albin, 2010), increase the risk of maladjustment when living in a rural setting (Shen et al., 2009; Cheng & Li, 2010; Pan & Liu, 2010; Fan & Zhang, 2011). On the other hand, children of migrant mothers rather than migrant fathers may be especially prone to anger, abandoned, confusion and worries (He, 2009; Graham & Jordan, 2011).

Teachers view children’s ability to control negative emotions as crucial for success in school (Givner & Pierson, 2004; Lane & Givner, 2004). A child who has difficulty in dumping negative emotions will most likely be at risk for developing behavioral problems or anxiety and depressive disorders (Silk & Movacs, 2005) widely-accepted belief that expressing negative emotions, such as anger, sadness, or fear, is good for our mental health, our physical health, and our interpersonal relationships. Research suggests that emotional expression may be psychologically and physically harmful to persons who are not comfortable in expressing emotions or who inhibit and who are inclined not to express emotions (Spett, 1999). Suppressing the emotions and inhibiting emotional expressions are harmful because this prohibits positive energy transformation, slow down coping abilities, damage immunity, maladaptive functioning, and turn down physical, mental and emotional health. It also leads to depression.

Negative emotions, such as, anxiety interferes in cognitive capacity for processing information, while positive emotions increase creative capacity for
generating new ideas and ability to handle difficulties (Holeyannava & Itagi, 2012). Maharshi Patanjali explained the five causes of negative feelings (panchaklesha) that lead to emotional malfunctioning in his standard yoga text Patanjali Yoga sutra. They are ignorance (avidhya), ego (asmita), attachment (raag), detachment (dvesha) and fear of death (abhinivesh) (Pandya, 2016). Maslash (1982) argues that excessive emotional demands made on people leads to a state of depleted energy. These interacting people get emotionally exhausted, overextended and drained out but emotionally competent people are capable to monitor, regulate, guide over thinking and action on self.

Singh (2000) reported emotional competence helps students to cope with stressful situation and it can be affected by various factors like stream, urban, rural background, home environment, ethics taught during upbringing, economic level of family, qualification, medium of education, peer group, and general exposure of the students. A study by Sharma & Lata (2013) aimed to compare the level of emotional competence among the students studying in Kendiya Vidyalay and non Kendriya Vidyalay schools. The findings of this study reported significant difference in K.V students from non K.V students in their competence. The K.V students found emotionally competent compared to non K.V students. But study revealed that gender does not affect emotional competence. Whereas, Sharma (2013) argued that both genders possess average level of emotional competence. It was seen that only in one component of emotional competence (encouragement of positive emotions) females scored higher than males.

3. **Emotional Catharsis as a technique to release suppressed anger and enhance emotional competence:**

Sherman et al (1986) and Greenberg et al (1993) reports empty chair technique or double chair technique, behavioral rehearsal or role-reversal techniques (catharsis method) are applicable to release inner feelings to understand self and others. In this process a person is made to sit facing an empty chair then asked to discharge feelings without inhibiting any of them. Such techniques are highly recommended in Gestalt school of psychology.
Kaur & Bala (2015) reported that children spend a lot of time away from parents and family which leads to emotional dissatisfaction in them. Classical music (emotional catharsis technique) being a successful way to express emotions constructively. It helps child to become a better and mature person. Therefore classical music is a panacea for the present ills of society. Kaur (2015) also argues that classical music helps to develop positive characteristics like love, joy and compassion (positive emotions) in personality. Bales et al (1995) says soothing songs calms fussy children. Music (catharsis technique) has powerful effects to stabilize emotions; child who grows up listening to music and is regularly exposed to classical music develops strong music related connections and also has a great understanding of emotions (Bharadwaj & Bharadwaj, 2013). Dutta et al. (1975) stated that music (catharsis technique) can be a positive force for mental health, calming relaxing, intellectually stimulating. This is true for adults, teens and children. Music does affect emotions. It can create ‘channels’ in our mind pattern of thinking and develop positive way of life. Rubin (1984) reported that music (catharsis technique) lessons boost in brain functioning, practicing yoga, self hypnosis and can help one feel energized. Practice of Integrative yoga through different physical postures (Asana) and breathing techniques (Pranayama) is also means of catharsis to facilitate emotional wellness (Bhole, 1978; Bhopal, 1997). The study by Movacs et al. (2005) found that music (catharsis technique) as a supporting tool for medical patients and their families including in the neonatal intensive care unit, and for cancer patients. Whereas, Sharma (2013) argues that Indian Classical Music relieves from despair and dull moods. It also works to maintain health and cure certain kinds of physiological and neurological disorders. A similar study by Barrett & Nigel (2015) reported that dance and music improves mood and socio-emotional states, behavior and increase positive participation in various activities.

Shihi (1956) reported that dance and music with instruments works like a magic by enhances concentration, the nods to the music shakes body (catharsis technique) that supports to mind relaxation and also helps to appreciate self. There are adverse effects of music as meaningless songs with cheap understanding excite
within hence these songs has to be avoided. Young children are to be protected from facing abusive songs.

Wigger (2011) experimented that whole body involves in emotion expression. In this study trembling (catharsis technique) is applied to release emotions. Shaking of body makes muscles start releasing their tensions, and repressed emotions will start to resurface. Person could feel repressed emotions again. Feel that whole body become loose, and let inhibited emotions flow out. Feel them again, and tremble in their power. Emotions will become part of shaking, and move your body. Dance wildly without inhibitions, and allow body move freely. Express everything through dancing. Release all of hidden emotions, and allow body to express them in their totality. Be aware of emotions moving within. Whole being has now become lighter, and more sensitive.

Fred et al. (1983) conducted a study on both men and women for thirty days and reported a decrease in negative affect as a result to crying (a way of catharsis). Whereas, Bryan (1983) reported that women are likely to watch sentimental movies and they cry during the movie, they also weep for many other reasons as a result they survive longer compared with men says the researches. Crying (catharsis technique) helps to release emotions, sorrow, worries, hatred, mental pressure that strengthens heart and peace to mind. In a similar study by Bindra (1972) found that the intensity of the emotional state seems to dissipate after crying and people reported that they felt much better after crying. Moreover, a related research study by Kraemer & Hastrap (1986) of crying behavior among college going students showed that crying was associated with a reduction in depression even if no tears are revealed.

Gandhi (1988) argues smiling (catharsis technique) makes life easy it provides strength to face struggles easily. He also claims that a person who don’t smile have no pure heart. Smile supports to beat anger, worries, fear. Paiskad (1951) on the basis of 150 researches reviewed that laughter (catharsis technique) makes a person feel fresh, lite, energetic, active, peace by releasing anger, irritation and tiredness. Kofener (1967) promoted laughter as an instant therapy.
Rastrakuta (1990) reveals that various creative arts like painting, drawing, coloring, pencil sketch also works as catharsis as this give an opportunity to project emotions (catharsis). Khushknab et al. (2011) conducted a study to evaluate the effects of journaling (emotional catharsis technique) on depression in multiple sclerosis patients. It was found that 30 minutes a day catharsis for four weeks significantly reduced depression. This study highlights the importance and efficacy of catharsis in dealing with emotions.

Brooks (1987) reported that story telling (catharsis technique) served as a vehicle to strengthen cognitive and emotional functioning and personality development for uplifting personality (Sharma, 2014). Stories help children to learn where they can display the appropriate emotions. Vohra (1996) also reported that storytelling focus on child’s social and emotional learning strategies and encourage empathy, interpersonal relationship and self awareness. It helps to develop ability to take decisions at various viewpoints. It teaches children to cope with adversities by facing challenges. In another study Steedly et al. (2008) investigated stories as intervention and found students learn strategies in the story and use them smoothly in their daily activities, Trostle & Hicks (1998) compared effects of storytelling (catharsis technique) versus story reading on comprehension, vocabulary development and expression of 32 British primary children. This study was designed into two groups, 1st listened to stories in storytelling style and 2nd listened stories read by a student teacher. The findings of the study suggested that the children who witnessed storytelling scored higher on comprehension, vocabulary development and expression measures than did children who listened to story reading. This indicates that catharsis through self practice affects more than catharsis only observed. Later, Law et al. (2011) conducted a study of adolescents who were consuming drugs. It involved listening inspirational stories (catharsis technique) with strong ethical message as intervention techniques to enable these adolescents to understand their own emotion regulation mechanism. They reported encouraging results and recommended such a therapy as an integral part of the Promoting Alternative Thinking Strategies Curriculum Project (P.A.T.H.S) in Hong Kong. Another similar study by Goel & Goel (2007) reported that story telling and drama
(catharsis) are the best means for expression to teach value education. One drama of Harishchandra revolutionized the life of Mohandas Karam Chandra Gandhi to Mahatma Gandhi and made him sacrifice and truth as the foundation of life. One drama of Shri Chaitanya Lila by Girish Ghosh brought a wave of pure devotion that Shri Rama Krishna went to ecstasy by seeing the drama. Similarly, devotional stories of Lord Rama, Lord Krishna, etc are being staged to elevate audience in twenty-first century.

Bushman (1999) administered cathartic practice among three groups. First group hit the punching bags (catharsis technique), second group were given the chance to administer loud blasts of noise to the person angered them; third group is controlled group and practiced nothing. Results shown the rumination increased anger, it decreased in hitting punching bag and was same in controlled group. This indicates the significant effect of catharsis on anger. Georgeberg (1979) argues that it is better to vent pent-up frustration, anger, hatred, hostilities, and rage by weeping and punching a cushion or a bag (catharsis technique). A similar study based on the same catharsis technique by Derrer (2005) reported that biggest challenge for emotional health is to release repressed anger and found pillow racket technique (way to catharsis) beneficial. In this technique he asked the client/practitioner to kneel on the floor, place the pillow on the surface, asked to take racket on both the hands and start beating. Observed that initially it was firm gentle and silly, later turned faster louder noises, and proceeded deeper noises with yelling, cursing person, screaming and swearing that resulted in relief.

Osho (2010) states the suppressed emotions have to be revealed somewhere somehow or else it becomes poisonous, the angry person does many foolish things by repressing negative emotions within or if expresses to someone at wrong way will lead to disputes then creates a chain reaction. He instructs to express these suppressed emotions in vacuum, by deep and faster inhale exhale following with weep, sound, scream, cry or laugh (catharsis technique). This review shows the importance of catharsis negative emotions (e.g. anger).
Chuang (1993) objectively studied on aging among senior citizens by monitoring rates of dementia, including Alzheimer's disease. The study shown the significant effect of cognitive activities such as reading books, writing for pleasure, doing crossword puzzles, playing cards and playing musical instruments and physical activities like playing tennis or golf, swimming, bicycling, dancing, walking for exercise and doing household tasks (catharsis technique) helped in emotion expression, aging and leading a soothing life. The laborers while carrying heavy weights or washer men when hits the cloth on a stone usually makes the sound of ‘Hoishaaa’ this is releasing of stress and fatigue (outcome of negative emotions) through verbal sounds is a cathartic expression (Sharma, 2013).

Nichols & Bierenbaum (1978) studied on 42 patients with obsessive compulsive disorder and found catharsis enhanced their life. It was found that catharsis was helpful by creating long term protection against adverse emotions. However, the non obsessive compulsive control group samples (without disorders) experienced more emotional catharsis. Freud (1970) states that expressing or getting out one's aggression and anger should reduce the feeling of aggression. In therapy settings, catharsis is more than just venting anger. Instead, it's a re-experiencing of a traumatic event and expressing the strong emotions that are associated with them. Later Gestalt therapists dealt with role-play (catharsis technique) situations to facilitate safe expression of emotions.

Pasricha (2001) stated that true negative emotions come to an end with meditation (catharsis technique). It can change the way encounter and deal with emotions. Emotions will develop and transcend, and will grow positively. Meditate with emotions, and achieve actualization. Sharma (2014) argues that mantra (chants) effects directly to emotional health as this are strongest medium to release emotions. Joshi et al (2016) reported that Yug Shilpi Satra, this is a one month program that includes yagya, music, prayer and spiritual disclosure (a technique of catharsis) significantly increase emotional competence among males and females.
4. **Dance therapy as a way of emotional catharsis:**

Ayurveda apprehended dance as an inner body awareness, emotional wellbeing, and a healing tool (Chari, 2015). Sahai (2003) reported that dance is a vehicle for the conveyance that gives opportunity to communicate and express. Seoane (2016) argues that dance is capable of integration on emotional, physical, and cognitive levels. Sakakibara (1992) considered dance movement therapies to be the most expressive therapies. These are the interpersonal process used for the treatment of different physical, mental, emotional, social and spiritual problems. This indicates the worthiness of dance therapy. Nan dagopal (1990) reported that dance and music is undoubtedly an upgraded step of yoga and meditation because it is a tool to heal body and soul by concentrating on the physical health, mental health, and social health and at last spiritual health. Chaudhary (2006) states that dance helps achieve the highest level in meditation (based on emotion peace) while it may seem like play and it is a great work to do.

Levy (2005) recommended the use of dance movements as a therapeutic or healing tool that is rooted in the idea on the basis of philosophy that the body and the mind are inseparable and dance movement therapy is a connection between mind and body. Later, Wennerstrand (2008) emphasized on the importance of DMT and argued that it focuses on the mind/body connection and allows movement to become a medium through which mind could be healed. It also explained that dance/movement therapy can be used to bring body images closer to reality in eating disorders, to support remembrance and socialization in the elderly and increased functioning in people with developing disorders.

Yagi (1998) reported that catharsis in dance therapy with the method of using tissue papers as a material that can promote development of symbolic expressions and its effects were analyzed using the case study by conducting a dance therapy workshop. The results showed that:

1. The mind and the body get unlocked by improvisational group movements.
2. Symbolic work like pulling out contents and releasing of unconscious worked parallel to obtain catharsis.
3. Expressions are made to experience the feelings deeply.
4. Sharing is a mode of enhancing the expressions and feelings.
5. Dance Therapy motivates self expression.

Paksha et al (2002) reported that dance with its integrating and organizing power affects the total personality and as a therapy can provide the oneness all need. For years and across cultures, dance has been a medium to convey emotions. Today these gracious movements are also being employed to heal because for their therapeutic effects, Flamenco (1967) emphasizes that catharsis is simply flinging them freely in response to dance and music.

Hayden et al (2006) reported that dance forms are employed to heal by releasing trauma events. Dancing is also a primal response to rhythm and music, so dance therapists use nonverbal dance movement techniques to release the emotions creating blockage in mind, Davis (2012) also stated that dance therapy has a very important part to play particularly in the cases where patients are not able to directly approach to their problems, as dance provides a way to express nonverbally.

Fergusson et al (1998) reported that in dance therapy, the patients are made aware of their feelings through sensation and movement. Emotional problems and conflicts become concrete this way, by integrating body and mind, the goal is to build self-esteem and self identity of an emotionally ill person. It gives pleasure and helps relaxation to the patients. Jeong, et.al (2005) argues that dance movement therapy improves emotional responses and helps to manage mild depression. Hoban (2000) noticed that dance and movement therapy can promote meaningful interactions among participants and helps to increase self esteem, support self-regulation and alleviates the effects of depression.

Walton (1999) investigated the effect of physical activity benefited cardiovascular issues and protection against dementia. The patients were divided into respective groups. First group practiced bicycling and swimming, second did crossword puzzles, third played golf, forth practiced dance. The study showed significant effect of all the practices on cardiovascular issues and dementia.
Bicycling and swimming showed 35% of risk reduction, crossword puzzles 47%, playing golf 0% effect and dance with the highest risk reduction with 76% impact.

Kothari (1997) reported that dancing is the one of the oldest ways to deeply experience and express all those emotions that cannot be expressed by the words. It’s a natural way to recall and release hidden and repressed emotions and traumas, as bodies have their own language that is the language of the movement. When emotions are repressed, muscles are forcefully held down. That let hidden tensions within muscles. When keep doing this, these tensions will accumulate within and the body will become stiff and unresponsive. When pent up emotions are released through natural movements of body that leads to calm down body by providing relaxation.

Bellina et al (2013) found that dance movement therapy has tremendous curative potential and it can improve the mental as well as physical well being of a person. The semi damages or semi developmental cells of brain can be brought in chronological order to motivate them for a desired result through a holistic approach of music and dance therapy for the development of a child. Chatterjee (2013) reports that dance help to release anger and tension with body movements; body balancing, facial expressions, muscular movement; muscle constriction and relaxation have a strong effect on therapeutic movements. Dance also includes body awareness, grounding and centering techniques, and gives an opportunity for personal expression. Dance therapy is a valuable and traditional style of healing (Jensenius, 2007; Kim & Alex, 2014).

Smyth (1998) also argues that traumatic memories are stored as disorganized jumbles of sensory perceptions and negative effect, leading to obsession ruminations and behavioral reenactments. Frey et al. (1985) reported that dance and music has strong ties with emotion and can be very effective therapeutic tool. It elicits strong emotion more consistently and frequently than other forms of art.

Koch et al. (2007) investigated the impact of dance intervention on depression and found that it decreased depression. Patients diagnosed with depression participated in one of three practices: first group practiced in traditional upbeat circle
dance, second group listened to music, and third group moved on a home trainer bike and found all the three groups alleviated the condition of the patients, but results suggested the dance group profited the most from the intervention. This study recommended the use of Dance Therapy as a complimentary therapy.

Rodgers & Furcron (2016) reports that Dance Therapy let to acquire competence in essential life skills. Bacon (2007) argues creative movements of dance are a powerful and often necessary tool for the expression of psychic contents to treat children with various mental illnesses. Tsung (1973) reported that at the Maplewood nursing home of Cheshire County in Westmoreland, New Hampshire, dance and movement therapy was used as an adjunct therapy that complemented traditional therapy. At this nursing home, participation in dance and movement therapy was encouraged, whether they were physically, sensory or mentally disabled, demented or handicapped. Miller & Teramoto (2015) argued that music allows the patient to express their emotions hence could be considered into complementary and alternative medicine. Mohan (1992) states Dance movement therapy involves group sessions, and all kinds of dance forms, whether it may be Indian classical, modern and contemporary. Dances help people from all age groups for development. Dancing makes people forget their worries. As the performance needs the application of both your mind and body, it takes into a state of trance.

Kozin et al. (1984) have shown that the taste and smell is associated with strong emotions in life events in the same way dance inclination also provide trigger to recall adverse emotions attached in the unconscious mind to conscious level and replace them with positive emotions.

Gabrielson et al. (1991) noticed that children, who were quite polite and shy, started dancing with other children though their movements were not full of energy rather soft and dull. But then these children gradually with the flow of movements came out of their nutshell of shyness and started dancing freely and sharing a laugh (positive emotion) with their peers and Cantaor (1983) deals catharsis with African dance (a dance style with fast body movements) for cleaning suppressed thoughts and emotions.
Stinson (1990) reported that dance, in particular, integrates kinesthetic learning with understanding. Preschool children do not conceptualize abstract processes (Piaget, 1950). They primarily learn through physical and sensory experiences. When children are provided with creative movement problems that involve the selection of movement choices, they learn to think in the concrete reality of movement (Allen et al, 1997; Peisner et al, 2001). Thus, learning the art of dance helps young children develop knowledge, skill, and understanding about the world. Jennifer (2014) revealed dance as a state of mindfulness and a way leads to true self. Dance influence so deeply that clicks inside and simultaneously being and witnessing. It gives an opportunity to experience tremendous grief, exhaustion, fear, sadness, joy, rocky love relationships, moving away from family, and heals the traumatic events.

Davis (2013) studied on Stagecoach; surveyed parents with children aged 5-7 years and found that, on average, 82% of parents felt that their child’s confidence levels improved as a result of attending Stagecoach. In the same study it was asked parents why they have decided to send their children to a Stagecoach school. The feedback supports their belief that dance is an important tool to use to build a child’s confidence. It also worked in improving social interaction, public speaking, communications skills and made friends.

Mulherkar (2010) reported that dance as a medium to convey stories and a kaleidoscope of emotions. Dance is employed to heal anxiety, and even joint pain and disorders like dyslexia. Dance is great to enhance and increase concentration levels and even helps to fight Parkinson's disease as they lose confidence as it impairs even simplest functioning. With dance therapy patient can at least carry on with daily chores, the movements might be slow but steady that’s very sure reported Chako (1999).

Naik (1997) prescribe dance therapy to his orthopedic patients as Indian classical dance forms are also known to help attain balance and right posture. It’s also a good way of therapy he states. Agrees Kore (2001) any kind of continuous movement is good for the body. Usually patients have it all in their head about being
ill. Dance therapy helps boost their spirit as well. Furthermore, Chaudhary (2005) reported that the way one taps their feet during dance is also a kind of acupressure therapy. It gives one great stamina and reason that dancers always look younger than their age.

Pawar (2003) defined that any dance form the practitioner is comfortable with can be used as dance therapy. Pawar observed certain patterns in contemporary dance which helps increase concentration and can help hyperactive and dyslexic children as well. A similar study by Dayanim (2009) used exercise and dance therapy as an intervention involving the primary investigation for thoughtful (cognitive) effects of a specialized program for late stage Alzheimer’s dementia patients. These patients reported that DMT for 20 minutes resulted into reduction in aphasia/agrosia. This study was the first to report that movement has the ability to immediately affect the memory of patients with late-stage Alzheimer’s dementia.

Dhailey (2005) showed that dance movement therapy significantly improved emotional responses in adolescents with mild depression. A pilot study of dance movement program improved the quality of life in 35 women who were survivors of breast cancer. Review summarized clinical studies that supported the use of dance therapy in psychiatric disorders like psychosis, dementia, and neuroses, as well as in rheumatoid arthritis, osteoporosis, and terminal illness, this study also illustrated the benefits of dance therapy in a patient with severe brain damage after head injury and also demonstrated improvements in verbal and nonverbal communication among laryngectomy patients, an another study by Bradt et al. (2011) investigated that dance movement therapy was found effective and beneficial in improving the psychological and physical status of cancer patients. Patients were able to accept their ailing status and could reconnect with their bodies in its actual form. This technique boosted their confidence, improved self expression, helped in overcoming feelings of isolation, depression, anger and fear. It uplifted their quality of life (QoL) and found beneficial in alleviating fatigue. But this study did not find any support of DMT with mood, distress, mental health and no evidences of the therapy on shoulder range of motion (ROM) or arm circumference in women who underwent a lumpectomy or breast surgery.
Levin (2016) expresses a representational model of the mind and focuses on a relationship between aesthetic or expressive bodily movement and behavioral awareness in children. Plevin & Parteli (2014) argues that DMT assets children to activate their relationships at home and schools by managing their emotional states. Hagensen (2015) argues that DMT significantly affects over all wellness including emotional and suggested for therapeutic use, Elizabeth (2015) also argued that dance is a treatment process to maintain healthy self-care practices that may be physical, mental, emotional, etc.

Koshland et al. (2004) evaluated the study of a 12-week dance movement therapy based on violence prevention program with children on aggression. The statistical results showed decrease in fights, failing to calm down, frustration intolerance, throwing articles and negative behaviors. Teachers noticed that children of the experimental group were able to handle themselves when experiencing aggression. Hervey et al. (2005) reported that dance movement therapy program shown significant effect on school children for violence prevention by positive outcomes like peace and mental balance. Robert (2016) argued that DMT help to lessen the somatic impact of stigma arouse through sorrow and fear emotions and also empower clients to present them above the world, Loman (2016) reported that DMT helped children and their parents to understand their emotions and manage aggression (behavioral aspect of anger).

DMT has a significant effect not only in adolescents but all age groups. Chakraborty, 1998 developed a pilot project to work with this same population. This project incorporated techniques such as self-expression through art, dance and other creative activities, to help the participants. Dance and movement are the alternative approaches to healing and psycho-social rehabilitation of the survivors of violence and trafficking. Later Chakraborty (2005) experienced that dance rescued women from sex trafficking. They were asked to express their feelings (via movements, cry, words, etc). In a different interview with Bhatt (2009), Chakraborty claimed that healing would be facilitated by engaging girls in physical activity.
Koshland & Wittaker, 2004; Hervey & Kornblum, 2006 argued that dance makes children to prevent violent behavior or cope up with violence and aggressiveness (negative emotions) and bestows peace. Students enjoy the opportunity to express their emotions and become aware of themselves and others through creative movements. They enter into a dance class with a history of emotional experiences. Movement within a class offers a structured outlet for physical and emotional release while gaining awareness and appreciation of oneself and others.

The above review suggested that

- Behavioral and emotional problems in adolescents are at steep rise and exhibit emotional outbursts.
- Children with Attention Deficient Hyperactive Disorder (ADHD), Oppositional Defiant Disorder (ODD), Asperger’s Syndrome, and Autism, Non-verbal Learning disabilities, bipolar personality disorders, depression, blood pressure, hypertension, diseases, damage to immune system, and muscle cramps have anger and difficulties with emotional regulation. Whereas, assertively expressed anger decreases frustration and increases interpersonal relationships.
- Emotional literacy develops emotional competence, self awareness, social awareness, relational awareness, self management, social management, quality of life, life satisfaction, overall happiness, harmony, balanced life and positive effects in life by preventing from negative outcomes like drug abuse, violence, delinquency, alcohol.
- Emotional competence is correlated with personality, mental health, emotional intelligence, positive health, low stress, attitude, Job satisfaction, professional performance.
- Catharsis could be achieved through crying/weeping, smiling/laughing, reading, empty chair technique, playing, swimming, bicycling, writing/journaling, storytelling, painting, coloring, drawing, pencil sketch, talking, punching bags, pillow racket technique, role play, spiritual techniques.
- Emotional Catharsis enhances the life of Obsessive Compulsive Disorder (OCD) patients, releases despair, dull mood, physiological, neurological, behavioral, and emotional disorders, worries, irritation, anger, fear, worries, tension and tiredness, sorrow, hatred, emotional pains, and mental pressure.
to make life easy, relax, feels fresh, lite, energetic, active, peace and encourages brain functioning, positive attitude, empathy, interpersonal relationships, self awareness, decision making, emotional stability and satisfaction.

- Dance revolves with the principle that mind and body are inseparable and triggers adverse emotions from unconscious to conscious level to alleviate the blockages in mind. It elicits strong emotion more consistently and frequently than any other expressive modes.
- Dance Movement Therapy (DMT)/ Dance Therapy are the most expressive therapies to treat at physical, mental, social, emotional, spiritual levels.
- Dance brings oneness with the self and allows flinging freely. It is a healing tool, adjunct therapy, complimentary therapy, traditional therapy and an alternative therapy (acupressure, music therapy, etc).
- Dance Therapy has significant effect on anxiety, tremendous grief, exhaustion, fear, traumatic events, dementia, sadness, depression, dyslexia, mental illness, stigma, fatigue, violence, anger, aggression, Obsessive Compulsive Disorder, cardio vascular diseases, Parkinson disease, breast cancer, cancer patients, laryngeotomy patients, ruminations, Rheumatoid Arthritis, Osteoporosis and build self esteem, self identity, self regulation, confidence, concentration, new ideas, public speaking, social interaction, communication skills, pleasure, life skills, coping abilities, stamina, harmony, balance, relaxation and peace.

The comprehensive review of literature reveals that limited studies are available in this field of catharsis through dance therapy (research gap). In an attempt to fill the gap, present study focuses on the role of emotional catharsis through dance therapy in suppressed anger and emotional competence among school students.
Research Gap

Though there are numerous studies on adverse effects of anger and negative emotions on health and wellbeing, positive emotions play a key role to make the engine of life run in a high track, approaches for anger management, various methods of catharsis and dance as a way of expression. The present status of dance therapy is in its formative years and in the experimental stage. It needs great deal to set up dance therapy on the firm ground (Podolsky, 1996). Research gaps are seen as reviews lacked studies on dance as a means of emotional catharsis. Reviews also lack studies for adolescents to release their suppressed anger and overcome emotional changes. They are in a transaction period from child to adult, subject selection for career, exam pressure, tough competition, instructions of dos and don’ts, etc results in emotional outbursts and needs to train them with emotional competence other than academic competency. But there are very few studies done in this perspective. Emotional catharsis is the integral part of many therapies but in particular no reviews found that has used as a therapy for anger management, prevention of negative emotions and promotion of positive emotions. There are several means for anger management but many could not be workful at this young age and few are unethical in nature (Raymond, 2009). Dance as a part of their entertainment, recreation, amusement, and rhythmic, interesting way to express and could be practiced as a hobby, as it is an exercise that reduces their sedentary living and releases their distracted potentials through physical energy. Dance and music has power to make one move naturally according to the beats and lyrics. Dances with high beats and indecent lyrics are quite common that excite consequence in prematurity and effects innocence in them. Traditional Indian Classical dances are based on discipline, grace, balance, harmony, noble gestures and postures that ensures fulfilling joy, cheerful impact and creative diversion in all circumstances and moods with additional benefits of efficient management of life.

On the basis of the review of literature, past research studies and research gap, the present study investigates the role of emotional catharsis through dance therapy in suppressed anger and emotional competence of school students.