



Contribution of dance therapy to the psychiatric stabilisation of a schizophrenic patient in the Abidjan Addictology and Mental Hygiene Service (SAHM)

Apport de la danse-thérapie dans la stabilisation psychiatrique d'un patient schizophrène du Service d'Addictologie et d'Hygiène Mentale (SAHM) d'Abidjan

Yao Etienne KOUADIO

SAHM, Institut National de Santé Publique (INSP), Côte d'Ivoire

Email : etienne.kouadio@gmail.com

Orcid id : <https://orcid.org/0009-0008-0490-7132>

Abstract: The treatment of schizophrenia, a long-standing concern right up to the present day, is multidisciplinary and calls on several disciplines to achieve the best results. This is where dance therapy comes in. The aim of this study is to demonstrate the contribution of dance therapy to the psychiatric stabilisation of a schizophrenic patient at the Abidjan Addictology and Mental Hygiene Service (SAHM). This is a qualitative study (exploratory and descriptive monograph) of a young 19-year-old patient. The use of dance movement for ten weekly sessions, combined with drug therapy in his treatment protocol, improved his self-esteem, communication skills and social skills. The results of the analyses highlighted the contribution of dance therapy to the recovery of a patient suffering from schizophrenia.

Keywords : Treatment, Dance therapy, Contribution, Schizophrenic patient.

Résumé : La prise en charge de la schizophrénie, sujet de préoccupation ancienne jusqu'à nos jours est pluridisciplinaire et fait appel à plusieurs disciplines pour l'obtention de meilleurs résultats. C'est ainsi que la danse-thérapie intervient dans ce champ d'activité. La présente étude visait à montrer l'apport de la danse-thérapie dans la stabilisation psychiatrique d'un patient schizophrène du Service d'Addictologie et d'Hygiène Mentale (SAHM) d'Abidjan. Il s'agissait d'une étude qualitative (monographie de type exploratoire et descriptif) ayant porté sur un jeune patient de 19 ans. L'utilisation du mouvement dansé pendant dix séances hebdomadaires, associé à la thérapie médicamenteuse dans son protocole thérapeutique, a permis d'améliorer l'estime de soi, les capacités de communication et ses compétences sociales. Les résultats des analyses ont mis en évidence l'apport de la danse-thérapie dans le rétablissement d'un patient atteint d'affection schizophrénique.

Mots-clé : prise en charge, danse-thérapie, apport, patient schizophrène.

Introduction

Schizophrenia as a mental disorder generally evolves with relapses of acute psychosis in the first few years, then stabilises with residual symptoms of varying intensity depending on the subject (Masson et al., 2002). The treatment of this type of psychological suffering, which has been a preoccupation for a long time, is multidisciplinary and calls on several disciplines to achieve the best results. This is where dance therapy comes in. Lesage (2009) defines dance therapy as a non-medicinal method that uses dance and movement as a mediating object in the therapeutic relationship. In this way, it promotes letting go: the body expresses itself in line with emotions. This body-psychological approach also aims to use movement as a clinical tool to release certain psychological blocks in the individual, through the physical, cognitive, spiritual and social integration of the subject.

Authors such as Larkin and Attard (2016) hypothesise that the process of letting go may enable identified individuals to act on their possibilities. Dance as therapy therefore goes

beyond the simple act of dancing and helps the understanding, integration and well-being of the clinical person by alleviating their undesirable symptoms. Unlike talking therapies, dance therapy uses the whole body to reach the patient mainly on a non-verbal and creative level. The treatment of mental disorders is therefore a combination of pharmacotherapy, psychotherapy and educational and social measures. Generally speaking, however, psychotherapies or psychosocial interventions are not an alternative to pharmacological treatment, but rather a very useful adjunct to it (Llorca, 2004).

Unfortunately, in Africa as a whole, the difficulty of providing holistic care for people with mental health problems remains a reality, as the continent's governments devote very little resources to this despite the recommendations of the World Health Organisation (WHO, 2011). As a result, many people are left out in the cold because they do not have access to paramedical care, which would fill a gap that current medical care is unable to fill. It is therefore important to give a central place to non-medicinal therapeutic interventions such as dance therapy if we want to promote recovery for the people concerned.

In the Addictology and Mental Hygiene Department (SAHM) of the National Institute of Public Health (INSP) in Abidjan, the therapeutic process is at the heart of the activities carried out with each person suffering from a mental disorder. This is done by setting up art therapy sessions for certain patients. It was in this context that a patient was seen. He was 19 at the time of the study and suffered from schizophrenia. He came from a single-parent family and had always lived in a difficult family environment due to internal conflicts.

According to the psychiatric diagnosis, the young man suffered from schizophrenia with an insidious onset. It was in these circumstances that he was referred to us by the care team for a necessary multidisciplinary approach. The work we are presenting concerns the results of the dance therapy sessions we had with this one patient. With all the recognised therapeutic effects of dance therapy, could these be elements that contribute to the psychic stabilisation of a young schizophrenic undergoing treatment? This question forms the basis of the present monographic study, which aims to show the contribution of dance therapy to the psychiatric stabilisation of a schizophrenic patient in the Abidjan Addictology and Mental Hygiene Department.

1. Methodology

This was a qualitative study (exploratory and descriptive monograph). The survey with the only patient took place from 02 February to 06 April 2023. Our study took place at the Service d'Addictologie and d'Hygiène Mental (SAHM), an outpatient care centre and relay centre for psychiatric hospitals. The aim of this centre is to improve psychiatric and psychotherapeutic care in Côte d'Ivoire.

The non-drug patient management project is part of the SAHM's strategic directions to improve overall patient care through therapeutic development initiated since 2018 with medical care. The therapeutic protocol implemented is dance therapy, which has been organised around ten weeks of one-hour-and-thirty-minute sessions. It should be noted that an individual dance therapy session in which the patient goes through the creative process of free expression during the sessions is made up of four successive stages organised as follows :

First of all, the patient arrives and tells us what's on his or her mind. This is a time for talking and getting to know each other again, during which we sometimes exchange banalities of everyday life with the patient. The discussion lasts about a quarter of an hour and consists of a preliminary non-directive interview with the clinical case in the presence of a relative. During this interview, we define the interest and the modalities of the artistic mediation by the movement danced on poetic music proposed to the patient. The aim of this meeting is to present the nature of the dance movement expression session, the practical arrangements and

organisation, and also to invite the patient to take an active part by asking for his or her consent. Free consent is given to the patient during the preliminary interview.

Dance therapy sessions take place in a room at the SAHM dedicated to therapeutic activities, in order to create a climate of trust and complicity. This setting is both a container and a guarantor, adapted to the chosen medium. The dance therapy sessions also take into account external constraints. This is the phase during which the patient experiments with dance movement as a tool for artistic expression: improvisation, welcoming spontaneous movement. This 55-minute experience allows them to settle down and connect with themselves; body awareness exercises. This is a 20-minute session during which the clinical case is invited to talk about what it created during the production phase and/or what it experienced during the session. We manage the speaking time and help the patient to put into words the affects expressed during the session. Of course, we help the patient to express themselves, but we are not supposed to interpret their performance with them. In fact, we must create a space for verbalisation, but we must not fall into the trap of giving interpretations based on the artistic expression of the patient. It should be noted that the tools used in dance therapy are movement and music, which play key roles. The therapeutic function of dance is achieved through the support of music. The analysis and interpretation of our work is based on Engel's (1980) biomedical model and his constructive proposal for a biopsychosocial model. Engel's more global approach is that medical care, dominated by the biomedical approach, focuses too narrowly on several factors. The tools used here are sensory, relational and expressive. As therapists, we rely on the chosen style of music and the proposed style of dance to allow the patient to express his or her creativity.

2. Results and discussion

The presentation of the results must be preceded by the presentation of the clinical case in question.

2.1. Presentation of the clinical case

The clinical case concerned by the study is referred to as SIGNO. We have chosen to name the patient SIGNO in order to preserve his anonymity. He is male, aged 19, single, with no children at the time of the study, living in Yopougon, a commune to the west of Abidjan, and attending school up to CE1. In terms of siblings, the survey revealed that he came from a monogamous household of three children, of whom he was the second. His family environment had always been somewhat difficult, due to the conflict between his mother and his father's sister. According to his mother, SIGNO was enrolled in CP1 at the age of six because of his inability to write. From this class onwards, he began to speak correctly until CP2. Then, in CE1, the young patient lost the use of his voice. This loss of voice led to some disturbing behaviour: he withdrew into himself and became selectively mute. His mother, a youth worker, decided to integrate him into the small group of children she was supervising at church. SIGNO's father's tent (a midwife) also attended the church. Every time the tent saw the young schizophrenic in the group of children, it reproached the biological mother for not involving it in the organisation of the child's daily life and the choice of name in accordance with their custom.

According to the father's younger sister, the dissociation does not correspond to the community model advocated by Signo's grandfather, who had a deep love and trust for the young schizophrenic's father. This repugnant attitude towards SIGNO led to his verbal aggression towards his father's tent and the other members of his family.

I felt a rejection on the part of my stepmother, which disturbed my son towards his father and myself", according to SIGNO's mother. She went on to say:

My son doesn't want to bear his grandfather's name'. It was this refusal, which was reflected in his disturbing behaviour, that prompted SIGNO's mother to take him first to a child guidance centre. The child psychiatrist at the centre then referred the case to the adult psychiatric department. The young patient's file noted that he was suffering from chronic psychosis. However, it is not specified that he suffers from schizophrenia, a serious mental disorder that leads to personality disintegration (Forestier, 2004).

Followed since 04 January 2023, his basic condition led to him being treated in creative dance, a holistic approach with rehabilitative benefits. The sessions took place once a week for an hour and a half, and lasted ten weeks. We have chosen to illustrate this clinical vignette by highlighting three sessions, at three key moments in the therapeutic process. The dance therapy treatment highlighted the young patient's difficulties with verbal aggression, withdrawal and the onset of selective mutism.

2.2. The contribution of dance therapy to the well-being of a young schizophrenic patient

The use of dance for therapeutic purposes differs from other bodily mediations in that it links different spheres of the suffering person. During the body expression workshop, the dance involves the body, sensations, breathing and anchoring, all of which encourage self-presence. For the young man with schizophrenia, the dance therapy workshop over ten weekly sessions helped him to manage the negative symptoms that did not respond as well to antipsychotic medication. This clinical vignette is illustrated by highlighting three workshops at three key moments in the therapeutic process :

2.2.1. Difficulties

The three vignettes below illustrate the contribution of dance therapy to the psychiatric stabilisation of a schizophrenic patient treated at the SAHM in Abidjan.

- Difficulty 1

With regard to the loss of voice, which resulted in disturbing behaviour, withdrawal and the appearance of selective mutism, dance therapy brought about an improvement in self-esteem and communication skills, which are among the main blockages in schizophrenic patients. As dance is an activity, it enabled patients to let off steam and express their ideas and emotions through orderly, rhythmic movements.

- Difficulty 2

In terms of SIGNO's verbal aggression towards his tent, dance therapy led to an improvement in his social skills after ten sessions. These enabled him to relate satisfactorily to his mother-in-law and other members of his family, and to reduce his feelings of isolation. The dance movements enabled the patient to dialogue with his own unconscious and to want to be reborn as an example, as well as giving him a sense of control and creativity.

- Difficulty 3

At this level, and bearing his grandfather's name, an attitude of reserve and pride typical of his parents' culture, the patient began to accept being called by the name his grandfather gave him. The various dance therapy sessions also enabled him to get to know his body better and learn to adapt it to his ancestors.

2.2.2. Different phases

A dance therapy session generally takes place in several phases, often in a group or individually, and may include a time of welcome, verbal exchange, warm-up, free bodily exploration and verbal feedback on the experience.

Phase 1 : Reception time

First of all, the patient is greeted at the entrance to the session room with words of greeting accompanied by a small smile. The patient is invited to occupy the space as he or she sees fit, so as to be ready to be accompanied.

Phase 2 : Warm-up phase

Then, after an essential warm-up phase, that is getting the body moving, the young schizophrenia is guided in becoming aware of his or her own body. At this point, they are invited to work on becoming lighter, more open here and now, in the presence of their own being (Courmont, 2019), with music that is a little more buoyant, allowing the imagination and letting go to take their place. The aim here is for the young patient to be touched by the way the body dances as a tool for personal growth. This enables them to manage stress and anxiety; to release physical and psychological tension; to free themselves from chronic or occasional discomfort, including those of a relational (personal or social) nature; and to deal with a lack of self-confidence and self-esteem.

Phase 3 : Refocusing period

This is followed by a period of refocusing, during which the sufferer expresses in words what he or she has experienced during the dance and movement. This verbalisation phase, which follows the dance and movement experience, is guided by the free association instructions formulated by Freud (1968) for psychoanalytical practice.

Phase 4 : Resonance period

This is the time of resonance, and this phase is impressive. This is the time for integrating what happened during the session. It is important to note that all these moments are not separate but integrated and built into a process. This final interview provides an opportunity to hear about the experience, the patient's impressions (positive, negative, etc.) and whether they would like to add any comments, suggestions or questions. All the interviews are transcribed into a follow-up file. This material enables us to understand precisely what the clinical case is telling us, so that we can fully grasp the experience. Copying the interview from the meeting allows us to put ourselves back into the dynamics of the interview, and also gives us the opportunity to recall the verbal and non-verbal discourse, as well as a way of reliving the interview. We take the whole of the patient's discourse as well as the discourse of the danced body.

2.2.3. Course of dance therapy sessions

The following sessions are typical of dance therapy sessions. They are reported here by the therapist that we are, based on the concept of a third party weighing on the client's mind.

Session I Procedure for the first session

We are not reporting here on the first but on the second session of 9 February 2023, which was precisely the beginning of the work based on a therapeutic relationship with the young patient. SIGNO needs time, and it takes time. The clinical case arrived with immotivated laughter, gestural stereotypies, bizarre behaviour and episodes of verbal aggression. After a few moments of silence, he looks at me worriedly. I suggested a body awareness session, which he accepted. I accompanied him and we stood up, facing each other. We were accompanied by poetic music chosen for the meditation. We begin by warming up, creating a space between our legs to give us a sense of stability. We release the shoulders downwards, the arms relaxed on either side of the body, the neck supple and the head upright.

Once the body map has been laid out and SIGNO consciously relaxed, we move on to movement in space. He walks around the room, looking for a rhythm that suits him.

At one point, he says he needs to rest before continuing; we sit back down on the chairs. I suggested that he close his eyes and breathe calmly; he accepted without resistance and relaxed: three cold breaths, stop before we started again. We then agreed that whenever he felt anxious or stressed, he would stop and take three deep breaths. A few moments later, he told me that this exercise had helped him. At the end of the session, he had difficulty leaving the room.

Session II : Three weeks later, on 16 February 2023

SIGNO comes into the room and sits down in his usual place. After a few minutes, I ask him how he's feeling. He replies that this week he's feeling much better, unlike the other weeks which were terrible because he thought he'd identified his aunt as being responsible for his difficulties. When he'd finished, I asked him if he wanted to get moving, and he replied, 'Yes! I then asked him what music he would like to accompany him. He replies by saying that he likes the poetic music proposed at the first session, that of Ivorian singer DJ Arafat, real name Ange Didier Houon - Renaissance (2018). I connect the MP3 to the speakers and he frees himself from his shackles, which are putting him in a painful state. We stand up. He starts to move, striding around the room. His gestures are deep, his movement abstract. By the end of the song, he's out of breath. Despite running out of breath, he continues until the end of the song. After playing this final act, he sits cross-legged on the floor, his body supple, and tells me with a happy expression how much good this session has done him, because it has allowed him to speak freely. As the session was drawing to a close, I suggested that he choose some calmer music to finish. He sits down opposite me, eyes closed, concentrating on his breathing. SIGNO is relaxed in his chair, his face is calm, his breathing even. I tell him to go back over his body in his mind, from the bottom to the top, paying attention to what he's feeling. To finish, we take three deep breaths in silence. I thank him for the music and the session.

Session III : Procedure, Five weeks later, 2 March 2023

During this session, the patient says : « I'm not well. I'd like to smash the face of my father's sister, who reproaches me for refusing to take my grandfather's name". He goes on to explain that he wanted to tell his aunt and that he feels better because he has begun to release the tensions in his memory linked to the state of suffering ». He also expressed a desire to go to school regularly. I suggested that he do an exercise where he could imagine hitting someone as he wished. He agreed and chose his favourite song from the MP3. According to him, this music represents the rebirth of a model person. SIGNO stands up and faces the wall. Then he kicks the air, uses his hands to throw punches; his face shows his anger. From time to time, he stops to see my reaction; I tell him to carry on as long as he likes. After a few minutes, out of breath, he sits back down on the chair, sweating, and says: 'It's harder to argue with someone than I thought. I need to calm down'. I suggested that she open her legs, lean back, let her head and body rest and calmly catch her breath. Her body is light, but not so light that you have to hold it back like when you're dizzy. Before finishing, I suggest that he takes five minutes to relax and breathe deeply if he's stressed.

3. Discussion

Analysis of contextual data from the courses shows that the SIGNO patient has lived in an environment where the transmission of thoughts, emotions and affects has been disrupted, so that a new equilibrium can be established. This new equilibrium needs to be addressed in its

entirety, i.e. the integration of several psychological aspects of a person with a mind and a body; the recognition that a biopsychosocial being can only be anchored in socio-cultural contexts and that the person or person as patient is a being who needs to be considered in his or her biopsychosocial wholeness. This experience in a family considered here as a bio-social unit (Engel, 1980) shows the importance of socio-cultural factors in the family relationship. In our tropics, the importance of socio-cultural factors in the family relationship is considered essential to the basis of the illness (Kodjo, 2009). This psychic deregulation, which became dysfunctional, could be linked to disturbances in the relationship with the paternal aunt, who always wanted to be involved in the organisation of SIGNO's daily life and the choice of name in accordance with their custom. Meyer (1950) stated that 'mental illness arises from the interaction between the constitution and the sociocultural environment, which plays a key role'. Valéry (1965) also touched on the socio-cultural phenomenon that appears to be relevant to mental disorders when he talks about the return to memories of difficult moments through dance and movement. The results of this psychotherapeutic study therefore lead us to another, more general, research issue, namely, group activity based on the expression of dance and movement for people suffering from schizophrenia, capable of providing a lasting response to their therapeutic needs in terms of helping relationships.

Conclusion

The aim of this study is to demonstrate the contribution of dance therapy to the psychiatric stabilisation of a schizophrenic patient at the Abidjan Addictology and Mental Hygiene Service (SAHM). The experimentation of psycho-corporal therapy sessions in the psychiatric stabilisation of a schizophrenic patient at the SAHM showed the importance of the expression of danced movement in the management of his psychological disorder.. It also revealed that the expression of suffering can appear through the tools of the physical apparatus, as Engel (1980) mentions in his reflections when he highlights this social and psychic reality that connects to others and to oneself. The tools of the physical apparatus are analysed here as a creative process that uses dance and movement to reveal the suffering of the clinical case. In a society where psycho-social support for vulnerable people is multi-disciplinary, bodily expression in its entirety also provides real support for young people suffering from schizophrenia, as it sometimes enables them to take a holistic approach to their clinical case. In the same way, dance movement for therapeutic purposes, in which the body becomes the instrument from which we learn to feel good about ourselves, could untie the illness and help to overcome personal difficulties.

References

- Arafat, DJ (2018). Renaissance. Certified triple platinum posthumously in Côte d'Ivoire. Arafat is considered one of sub-Saharan Africa's greatest singers and an ambassador for coupé-décalé.
- Attard, A. & Larkin, M. (2016). Art therapy for people with psychosis: a narrative review of the literature. *Lancet Psychiatry*. 3 (11), 67-78.
- Courmont, F. (2019). *La danse de l'être*. Broché.
- Forestier, R. (2004). *Tout savoir sur l'art occidental*. Favre.
- Freud, S., (1986). *Métapsychologie*. Gallimard
- Kodjo, C. (2009). Cultural Competence in Clinician, *Review February*, 30 (2) 65–70.
- Lesage, B., (2009). *La danse dans le processus thérapeutique*. Érès.
- Llorca, P-M. (2004). *La schizophrénie*. Encyclopédie Orphanet.
- Masson A, Dubois V, Gillain B, Stillemans E, Mahieu B, Dailliet A, et al., (2002). Les rechutes psychotiques dans la schizophrénie. RMN Éditions.
- Meyer, A. (1950). *La maladie mentale en mutation, psychiatrie et société*. Odile Jacob.

Valery, P. (1965). *Degas, danse, dessin*. Gallimard.