

# Dance Therapy in the Management of the Disorder of the Aggressive Behaviour of a Patient Followed at the Addictology and Mental Hygiene Service (SAHM) of Abidjan

Yao Etienne Kouadio<sup>1</sup>, Etobo Innocent Ahounou<sup>2</sup>, Brahim Samuel Traoré<sup>2,\*</sup>, Ettié Silvie Kouassi<sup>3</sup>, Yessonguilana Jean-Marie Yéo-Ténéna<sup>2</sup>

<sup>1</sup>Addiction and Mental Hygiene Service, National Institute of Public Health, Abidjan, Ivory Coast

<sup>2</sup>Medical Sciences Training and Research Unit, Félix Houphouët Boigny University, Abidjan, Ivory Coast

<sup>3</sup>Center Marguerite Te Bonle, National Institute of Public Health, Abidjan, Ivory Coast

## Email address:

etienne.kouadio@gmail.com (Y. E. Kouadio), ahounouinno@gmail.com (E. I. Ahounou), samygrande@live.fr (B. S. Traoré), silvie.kassi@gmail.com (E. S. Kouassi), ouandete@gmail.com (Y. Jean-Marie Yéo-ténéna)

\*Corresponding author

## To cite this article:

Yao Etienne Kouadio, Etobo Innocent Ahounou, Brahim Samuel Traoré, Ettié Silvie Kouassi, Yessonguilana Jean-Marie Yéo-ténéna. Dance Therapy in the Management of the Disorder of the Aggressive Behaviour of a Patient Followed at the Addictology and Mental Hygiene Service (SAHM) of Abidjan. *American Journal of Psychiatry and Neuroscience* Vol. 9, No. 4, 2021, pp. 170-174. doi: 10.11648/j.ajpn.20210904.15

**Received:** October 19, 2021; **Accepted:** November 8, 2021; **Published:** December 11, 2021

---

**Abstract:** Dance as a method of treatment for behavioural disorder is very old and goes beyond dancing by using the whole body to reach the patient mainly on a non-verbal and creative level. It assists in the understanding, integration and well-being of clinical populations by alleviating their adverse symptoms. Dance therapy is very useful in the management of behavioural disorders in that it aims to treat the patient in both body and mind. The present study aims at highlighting the interest of dance therapy in the management of the aggressive behaviour disorder of a young patient followed at the Service d'Addictologie et d'Hygiène Mentale (SAHM) of Abidjan, Côte d'Ivoire. This is a monograph that took place from 11 July to 12 September 2019. It is built around a student who was 21 years old at the time of the study, a substance user, in conflict with his mother who was exclusively responsible for his education, and who was received in consultation for this purpose in this outpatient care centre and relay to psychiatric hospitals. The use of body movement in space, often accompanied by music, during ten weekly sessions, combined with drug therapy in her treatment protocol, reduced her aggressive impulses, her use of ABP and improved her self-control and her relationship with her mother.

**Keywords:** Dance Therapy, Dance Movement, Management, Aggressive Behaviour Disorder, Psychoactive Substances (PAS), Young Adult

---

## 1. Introduction

Dance as a method of treatment for behavioural disorders is very old. Dance therapy, as its name indicates, uses dance and movement as a mediating object in the therapeutic relationship by also addressing questions of ethics, organisation and care policy, at the crossroads of the human sciences and neurosciences [1]. It goes beyond the simple act of dancing and assists in the understanding, integration and wellbeing of clinical populations by alleviating their

unwanted symptoms. Unlike talking therapies, dance therapy uses the whole body to reach the patient primarily on a non-verbal and creative level. It is proving to be very useful in the management of behavioural disorders in that it aims to treat the patient in both body and mind [2].

Behavioural disorders contain a set of reactions that cause clinically significant impairment in the social, academic or occupational functioning of the affected individual. Their prevalence is 25% in the general population, with a frequent occurrence in young adults in sub-Saharan Africa [3]. These

are part of a fringe of the population that is vulnerable for biological, psychological and social reasons. For this, they need precautions, taking into account the wholeness of their bodies [4, 5].

In this regard, we focused our interest on a patient received in consultation for the reason of apragmatism at the Service of Addictology and Mental Hygiene (SAHM) of the National Institute of Public Health (INSP) in Abidjan, and taken care of by the multidisciplinary team in which we intervene as art therapist. This symptom is most often presented in the form of manifestations of aggressiveness (pushing his mother), destruction (throwing objects), antisocial (shouting at his mother, getting angry) or violence especially at home.

After a month of medical treatment, the patient was referred to us for a matched non-medication therapy. We suggested dance therapy to him because of his difficulties in expressing himself, his physical constitution and his interest in dance to mobilize both his physical and psychic forces to treat his disorder. It also helps the individual to know himself better, to dare and to fully ensure who he is in front of parents [6]. With all these recognized interests in dance therapy, would it prove beneficial for the non-medicinal management of the patient referred to us? What would it bring to the patient? These questions form the basis of the present study, the objective of which is to highlight the value of dance therapy in the management of a young patient's aggressive behaviour.

## 2. Methodology

### 2.1. Scope, Type and Duration of the Study

Our study took place at the SAHM, an outpatient care centre and relay to psychiatric hospitals. The aim of this centre is to improve psychiatric and psychotherapeutic assistance in Côte d'Ivoire. This is a monographic study that took place from July 11 to September 12, 2019.

### 2.2. Therapeutic Protocol in Place: Dance Therapy

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 was dance therapy, which was organized around ten weeks of one hour and thirty minutes sessions. It should be noted that an individual dance therapy session where the patient goes through the creative process of free expression during the sessions consisted of four successive stages organized in this way:

#### Step 1: Welcome time

First of all, the patient arrives and tells us what is bothering him. This is a time for talking and reunion where we sometimes exchange banalities of daily life with the patient. It lasts 15 minutes and consists of a preliminary non-directive interview with the patient in the presence of a parent. During this interview, we define the interest and the modalities of the artistic mediation by the danced movement

on a poetic music background chosen by the patient. The purpose of this meeting is to present the nature of the session of expression of the danced movement, the modalities and the practical organization; but also to propose to the patient to be an actor by asking him his consent. Free consent is given to the patient during the preliminary interview.

#### Step 2: Choosing a venue for the dance

The dance therapy sessions take place in a room at the SAHM dedicated to activities in order to create a climate of trust and complicity. This setting is both a container and a guarantor and is adapted to the medium. Its implementation takes into account the external constraints.

#### Stage 3: Production or enactment time of 55 minutes

This is the phase during which the patient experiments with dance movement as a tool for artistic expression: improvisation, welcoming spontaneous movement. This experience allows him to settle down, to be connected to himself; body awareness exercises.

#### Stage 4: Time for discussion of the production, lasting 20 minutes

This is a time when the patient is invited to express themselves on what they created during the production phase and/or what they experienced, how they lived the session. We manage the time and help the patient to put into words the affects expressed during the session. Of course, we help the patient to express himself but we are not supposed to interpret his production with him. In fact, we must create a space for verbalisation, but we must not fall into the trap of giving interpretations from the artistic expression of the suffering subject. It should be noted that the tools in dance therapy are movement and music which play key functions. It is through the support of music that the therapeutic function of dance is realized.

The analysis and interpretation of our work is positioned according to the therapeutic approach of Kieffer [4]. This approach is the art of taking care of the human being as a whole. This art aims to treat the different levels of organization of the human being, that is to say his body and his mind in the same therapeutic approach so that he is in good health. The work of analysis and interpretation is therefore the guarantee of the therapeutic framework.

## 3. Results and Discussion

The presentation of the results requires the presentation of the case in hand.

### 3.1. Presentation of the Case

The case concerned by the study is designated KALPA. He is male, 21 years old at the time of the study, resides in the town of Cocody, located in the east of Abidjan (Côte d'Ivoire) and is a student in Licence 2 Gestion Commerciale. At the family level, he lives in a blended family with his mother, of whom he is the only child. On the father's side, he is the eldest of six children and this father is physically and psychologically absent from his life. As a result, he was raised exclusively by his mother, who rejected him and put

enormous pressure on him in all his endeavours. The extortion of money from the father by the mother to provide for his maintenance generated a conflict with her, negatively impacted his studies with episodes of school break and problematic consumption of psychoactive substances that subsequently led him to psychiatric consultation at the request of his mother. Followed since May 13, 2019 for personality disorders induced by the consumption of PAS, KALPA has benefited since July 11 of the same year, a holistic therapy focused on dance and movement. The sessions took place once a week and lasted one hour and thirty minutes, for 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 allowed us to identify the young patient's difficulties related to aggressive behaviour, destruction, mother-child conflict and the consumption of PAS.

### ***3.2. Contributions of Dance Therapy to the Well-being of the Patient***

One cannot help but notice the incredible healing power of dance [7] as the use of dance therapy for ten weekly sessions, combined with drug therapy in his treatment protocol, allowed the patient to reduce his aggressive impulses, his use of PAS and to improve his self-control and his relationship with his mother.

Difficulty 1: In terms of aggressive behaviour, dance therapy brought about a correction or attenuation at the end of the ten sessions, a work on oneself. Dance being an activity, it allowed the patient to let off steam, to express ideas and emotions through ordered, rhythmic movements.

Difficulty 2: At the end of the ten sessions, dance therapy brought about an encounter with oneself in the mother-child conflict. The dance movements enabled the patient to dialogue with his own unconscious and to want to be reborn as an example.

Difficulty 3: At this level, the patient has begun to reduce his consumption of PAS. The various dance therapy sessions allowed him to get to know his body well and to learn to adapt it to his habits. In short, dance changed the life of the young patient [8].

Phase 1: First, the patient is welcomed at the entrance of the session room with words of greeting and a small smile. The patient is invited to occupy the space that suits him/her to be ready to be accompanied.

Phase 2: Then after an essential warm-up phase, in other words, a setting in motion of the body, where the young adult user of psychoactive substances with behavioral disorders is directed in the awareness of his own body. He is invited to dance here and now in the presence of his being [6], a path of liberation that leads to joy with the support of the poetic music of the singer DJ Arafat, whose real name is Ange Didier Houon - *Renaissance* [9] that he chose. This musical art as a mediator allowed him to let go, the letting go, to free "the being from its fetters" [6], to have an encounter with oneself; a way for him to dialogue with his own unconscious and to want to be reborn as an example. Indeed, the aim here

is for the young adult to be touched by the way of the danced body as a tool for personal growth. This has enabled him to manage stress and anxiety; to release physical and psychological tensions; to free himself from chronic or occasional discomfort, including of a relational nature (personal or social); to deal with a lack of confidence and self-esteem.

Phase 3: Then, it is the time of refocusing where the patient expresses this time in the word what he has experienced during the dance and the movement. This phase of verbalization that follows the experience of dance and movement is guided by the instruction of free association formulated by Freud [10] for psychoanalytical practice.

Phase 4: This is the time of resonance and this phase is impressive. It is a time to integrate 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 allows us to perceive the experience, the patient's impressions (positive, negative, etc.), if he/she wishes to add a remark, a suggestion or questions. All interviews are transcribed in a follow-up file. This material allows us to understand precisely what the patient is telling us, so that we can fully grasp the experience. Copying the interview of the meeting allows us to get back into the dynamics of the interview, and also gives us the possibility to remember the verbal and non-verbal discourse as well as a way to relive the interview. We take the whole speech of the patient as well as the speech of the danced body.

Session I:

We report here not the first but the second session of July 18, 2019, this one starting precisely the therapeutic work with danced movement. KALPA arrives calm, thoughtful. He explains to me that he thought a lot about his father during the night which prevented him from sleeping. He says that he wants to attend the often interrupted classes regularly. After a few moments of silence, he looks at me with a worried expression. I suggest a body awareness session which he accepts. I accompany him and we stand up, facing each other. A poetic music chosen for the meditation accompanies us. We start with a warm-up by creating a space between the legs to feel a stability. We rest the pelvis in the center of the body balance, knees relaxed, lower back forward, spine extended, chest open, deep breathing. We release the shoulders downwards, the arms relaxed on each side of the body, the neck supple and the head straight. Once the body map is laid out and KALPA is consciously relaxed, we move into movement in space. He walks around the room looking for a rhythm of steps that would suit him. What he is looking for is what would set him in motion. At one point he says he needs to rest before continuing; we sit back down on the chairs. I suggest that he close his eyes and breathe calmly, he accepts without resistance and relaxes: three cold breaths, stop before we start again. We then agree that whenever he feels anxious or stressed, he will stop and take three deep breaths. A few moments later, he tells me that this exercise has helped him. At the end of the session, he had difficulty leaving the room.

Session II: (Three weeks later, August 8, 2019)

KALPA comes into the room and sits down in his usual place. I ask him how he is feeling. He says that this week he feels much better, unlike the other weeks which were terrible because he was upset with his parents. He goes on to tell me the details of the anger towards his parents, especially his mother, who he blames for wanting to use him to get her way since the age of 14. That is, to get financial and material goods from his father. When he finishes speaking, I ask him if he wants to start moving, and he answers, "Yes!" I then ask him what music he would like to accompany him? He answers by saying that he knows only one music, that of the Ivorian singer DJ Arafat, real name Ange Didier Houon – *Renaissance* [9]. I suggest that he connects his MP3 to the speakers and that he frees himself from his shackles that put him in a painful state. We get up. He begins to move, walking around the room with great steps. His gestures are deep, his movement is abstract. By the end of the song, he is out of breath. Despite the breathlessness, he continues until the end of the song. After performing this final act, he sits on the floor with his legs crossed, his body limber, and tells me with a happy look how good this session was for him, because it allowed him to free his speech. Since the end of the session is approaching, I suggest that he choose some quiet music to end with. He puts on an Ivorian Zouglou Fashion song that is titled *Situation* [11]. He sits across from me, eyes closed, concentrating on breathing. KALPA is relaxed in his chair, his face calm, his breathing balanced. I tell him to go through his body again in my mind, from the bottom to the top, being attentive to what he is feeling. To finish, we take three deep breaths in silence. I thank him for the music and the session.

Session III: (Five weeks later, September 12, 2019)

*«I'm not doing well. What I would really like to do is to break my mother's head for refusing to give me money to pay the casting fees for the production of a film when I really wanted to do it»*. He explains that he wanted to tell his mother that he is better because he has begun to evacuate the tensions inscribed in his memory linked to the state of suffering. In addition, he expressed the desire to go to school regularly. I then suggest that he does an exercise where he could imagine that he is hitting someone as he wishes. He accepts and chooses on his MP3 his favorite song entitled *Renaissance* [9] by the Ivorian singer DJ Arafat. According to him, this music affirms the rebirth of a model person. KALPA 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 continue as long as he wants. After a few minutes, out of breath, he sits back down in the chair, sweating, saying, *«It's harder to argue with someone than I thought. I need to calm down»*. I suggest that she open her legs, lean back, let her head and body rest and calmly catch her breath. His body is light, but not so light that it has to be held back like when you have a dizzy spell. I suggest that before he finishes, he takes five minutes to relax and breathe well if he is stressed.

## 4. Discussion

The autobiographical elements contained in KALPA's anamnesis show a problem of rejection by his mother, of ill-being or conflicting relations with her, of the father's absence, of PAS consumption. This rejection shows the impact in the parent/child relationship with a dysfunctional emotional separation. When this emotional separation becomes dysfunctional due to individual and contextual difficulties, it is then a question of detachment [12]. This distressing detachment, often linked to adolescence, is above all holistic, because the treatment of the person as a whole, body and mind [2] is essential to the foundation of the illness. This makes it possible to positively redirect the impulses without repressing them [10]. This psycho-social detachment here could be related to distrust in parental responsibility, on a paranoid path [14]. In this regard, Anna Freud [13] addressed this attitude in behavioral disorders in her reflections when she talks about the return to memories of difficult moments through the expression of dance and movement. On a mental and emotional level, the expression of dance and movement strengthens selfassertion by learning to feel good about oneself. Therefore, the reinforcement of selfaffirmation revives intellectual capacities and creativity, and allows to meet emotions sometimes difficult to express verbally: anger, frustration, feeling of isolation, etc. The results of this psychotherapeutic study therefore lead us to another more general research problem, namely, the management of adolescents in conflict with parental authority in a group activity based on dance and movement expression, capable of providing a lasting response to their needs for psychosocial assistance.

## 5. Conclusion

The present study aims at highlighting the interest of dance therapy in the management of the aggressive behaviour disorder of a young patient followed at the Service d'Addictologie et d'Hygiène Mentale (SAHM) of Abidjan. The experimentation of holistic therapy sessions in the management of the young adult showed the importance of the expression of movement in the management of his aggressive behavior disorder. Also, it revealed that the expression of suffering can appear through the tools of the physical apparatus as evoked by Nijinsky [15] 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 brings to light through dance and movement. In a society where the psycho-social accompaniment of the vulnerable person is multidisciplinary, the corporal expression in its globality also reveals a real beneficial support for the young adult since it allows to pass sometimes by the treatment of the person as a whole: body and spirit. In the same way, the danced movement for therapeutic purposes where the body becomes the instrument from which one learns to be well in one's skin, could untie the disease and help to overcome personal difficulties.

---

## References

- [1] Berghmans, C. (2020). Psychiatric information. Société Psychiatrique de Paris, Paris, France: Sudoc, 96 (4), 233-312.
- [2] Lesage, B. (2009). Dance in the therapeutic process, University of Reims, Reims, France: ERES: 107-132.
- [3] World Health Organization. (2018). Economic and Social Council of the Nations, Geneva, Switzerland, <http://www.who.int>.
- [1] Kieffer, D. (2019). The holistic detox, University of Paris 8, Saint-Denis, France: Paperback.
- [2] Aristotle, History of Animals. (1964). Pphilosophy, Natural Sciences, Stagire, Greece.
- [3] Zernicka-Goetz, M. (2020). The dance of being, University of Cambridge, England: Dunod.
- [4] Schott-Billmann, F. (2020). Rhythmic Dance Therapy, Université Paris-Descartes, Paris, France: Paperback.
- [5] Lafon, L. (2020). Alma Guillermoprieto's Revolution, Dance and Me, University of Basel, Basel, Switzerland: Marchialy.
- [6] Arafat, DJ. (2018). Renaissance. Ambassador of the coupe-decalé of Ivorian music, Abidjan, Ivory Coast.
- [7] Freud, S., (1968). Metapsychology, Sigmund Freud University of Vienna, Vienna, Austria, Folio essays.
- [8] Zougrou Fashionn. (2019). Situation. Zougrou is a popular and urban musical genre that reflects social realities, Abidjan, Ivory Coast.
- [9] Delhay, M. (2008). Adolescent detachments or dysfunctions of empowerment in adolescence. Annales médico-psychologiques, Brussels, Belgium: 146 (40), 99-107.
- [10] Freud, A. (1936). The ego and the defense mechanisms. Anna Freud National Centre for Children and Families in London, London, England: PUF.
- [11] Beyers, W. et al. (2003). A structural Model of autonomy in Middle and Late Adolescence: Connectedness, Separation, Detachment and Agency. Journal of Youth and Adolescence 32 (5): 351-365.
- [12] Nijinsky, V. (2002). The Rite of Spring choreography. University of St. Petersburg, St. Petersburg, Russia: La fabrique éditions.