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Treating the Spirit: An Ethnographic Portrait of Senegalese Animist Mental Health Practices and Practitioners in Dakar and the Surrounding Area

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Treating the Spirit:

**An Ethnographic portrait of Senegalese animist mental health practices and practitioners
in Dakar and the surrounding area**

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Abstract

Animist beliefs and practices are deeply ingrained in Senegalese society, even in the metropolitan area of Dakar and have prevailed in Senegal despite the many influences of Islam and colonization. Animist mental health practices are especially interesting because of the influx of Western mental health practices in the wake of modernization. Merging traditional and Western mental health practices challenges the completely different worldviews from which each school of thought stems. For those seeking treatment, this duality makes it tricky to receive the help that they need. The purpose of this study is to explore animist Senegalese mental health treatments, traditional health practitioners, and spiritual practitioners associated with mental health in order to understand the Senegalese worldview in which these traditions play an important role. (Conwill 2010) (Franklin 1996) My research addresses the impact of understanding the culture and viewpoints in which traditional practitioners and methods of treating mental health are recognized as veritable and absolute. (Conwill 2010)

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Mental Health 709

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Traditional Healing 722

*All quotes transcribed in French are exact quotes. Quote in English are an approximation of what was said by the informant.

Introduction

Animist beliefs and practices are deeply ingrained in Senegalese society, even in the metropolitan area of Dakar, creating a worldview in which unexplained mental illness can be conceptualized as the result of supernatural forces and treated by traditional healers. But few westerners understand this worldview or know of its widespread existence. The impact of viewing traditional methods of treatment through a Western lens or as fantastic and primitive dismisses the worldview in which traditional mental health practices play an important. Understanding traditional practices challenges the completely different western worldview. It is, therefore, imperative to start from the basics of Senegalese beliefs, including the universal belief in spirits, communal healing, the interaction of animism and Islam, and the actions that constitute a mental illness in Senegal.

Up until the 1980's, most of the studies done on African mental illness were done by medical professionals with the intention of improving western medicine and applying western concepts of medicine to African patients. These studies focus on the disease and treatment rather than on local concepts of illness and medicine (Riesman 1986). Research focused on traditional medicine and local viewpoints was pioneered by Andra Zempléni and Jacqueline Rabain who spent several years at the Fann Clinic in Dakar. Their goal was "to show how a culture constructs and describes, explains and makes use of a pathological syndrome by means of its own stock of concepts" (Zempléni and Rabain 1965). Their research focuses on children who suffered from the *nit-ku-bon*¹ syndrome in Wolof and *Lébou* society (Riesman 1986).

¹ literally, "person who is bad"

I take a similar approach and use Senegalese people's "own stock of concepts" to analyze the worldview of the people, how they think about and experience life, through the analysis of traditional Senegalese mental healing practices. It is important to avoid Western notions of mental health when explaining cultural practices, because the use of such terminology and the interpretation of traditional methods and their successes rejects cultural explanations of the phenomenon.

Zempléni and Rabain's study, though ethnographically rich and helpful in recognizing the importance of using local concepts, focuses on a group of people who are all very much involved in the spiritual Senegalese worldview. They are also intimately involved in the exclusive world of families who have sick children (Zempléni and Rabain 1965) (Riesman 1986). This limits the understanding of the viewpoints of the rest of society. How do students, professionals, housewives, and other everyday people think about and conceptualize traditional beliefs and animist healing practices?

Methodologies

Before beginning this project I was completely ignorant to the enormous influence of the supernatural in Senegalese culture. As devout Muslims who practice only "pure Islam", my host family did not talk about the existence of supernatural beings. I assumed, therefore, that the belief in the supernatural was isolated to the more rural areas of Senegal. I never expected the overwhelming belief in supernatural beings that I encountered even among my pious family and occidental, Senegalese friends. I was intrigued by the correlation between mental health and the spiritual world,

To conduct my research I stuck to a qualitative research strategy, comprising an ethnographic exploration of a cultural group in their natural setting over a period of time by collecting primary, observational data. This strategy, applied to the study of Senegalese inhabitants in and around Dakar for the allotted month, affectively rendered the necessary data about animist practices, their prevalence in the area, and the encompassing rationale. I included phenomenological research, in which a specific phenomenon is studied in order to gain a holistic picture, by observing the animist, *Lébou ndëpp* ceremony in the city of Dakar.

As the time constraints in this study were limiting, I decided to focus my research on a specific concept, group, and phenomenon in order to fully grasp the holistic context. In order to narrow the research to a manageable independent study, I limited my interviews to seven, including as wide a range of participants as possible. I found the professors at SIT, two of whom come from *Lébou* families, but who no longer practice their *Lébou* traditions, to be incredibly useful to interview as they are well educated and articulate. I also interviewed a *griot*², who frequently plays the *tam-tam*, a small, high pitched drum, for *Ndëpp* ceremonies. He became one of my primary informants as he is *Lébou* and was able to introduce me to several people intimately connected to supernatural world, including his aunt, an *Ndëppkat* or traditional healer. I conducted mostly loose interviews where I had questions planned in case of a lull in conversation, but mostly asked questions in response to the conversation.

I originally planned to use photography as a primary research method, but quickly realized that ceremonies and practices relating to the supernatural are very secretive. I was forbidden to take pictures at the *Ndëpp* ceremony and was never even allowed to see a *xaamb*³.

²

³Consecrated altars created to house the spirits where offerings are regularly made.

Other supplementary methods used to render an ethnographic portrait of Senegalese animist mental health practices and practitioners included document data, mapping, and text analysis.

I struggled to find articles or books relating to the topic of traditional mental health that were not outdated, though some of the older literature turned out to be very helpful.

Validating Findings

In order to validate my research and the analysis of my findings I employed several useful strategies. The triangulation of data, where various sources were consulted so that any themes gleaned from one source were corroborated by others, helped be to piece together a holistic picture. Often one opinion or explanation contradicted another which in itself rendered interesting themes and ideas. I also employed member checking, where information, ideas, and themes are discussed with participants so that accuracy and cultural sensitivity may be preserved. Each time I conducted an interview, I would bring up themes and ideas from past interviews and ideas I had formed myself in order to discuss them and glean their accuracy.

In order to clarify research biases, any biases I have that may affect the study, I often addressed through introspection my beliefs, ideas, and culture to explore why I interpret my data the way I do. The biggest problem I encountered in this area was accepting that everyone believes in spirits and that some things cannot be explained through science. I had a hard time refraining from interpreting everything in western terms and explaining beliefs and phenomenon through a western lens.

I found that peer-debriefing, where all findings, analyses, and themes are discussed with a peer to insure that no gaps in information exist and to expose any lingering questions that need to be addressed, was one of my most useful tools for validating findings. Not only did this technique expose gaps in my information, it also helped me to articulate my ideas in a way that would make sense to others. In all of my notes and summaries I elaborated with thorough detail, including

surroundings, time of day, length of interview or event, etc., to insure that all aspects of the study are accurate and clear (Creswell, Research design: qualitative, quantitative, and mixed method approaches 2003).

Ethical Issues

With the preservation of the privacy and rights of participants in mind, I clearly expressed the goals of my research project and the possibility that the research will be used in the future to the participants. I found it unexpectedly awkward to ask for the signature of some of my participants on an informed consent form because of the informal and impromptu nature of some of my interviews. When this was the case, I took pains explain verbally the goals and uses of my research and obtain verbal consent to use the information. None of the participants requested anonymity, but I have decided to change the names of some participants who were not associated with SIT.

Universal Belief in Spirits

Though the *Lébou* people remain the most prevalent practitioners of supernatural traditions, the belief in supernatural beings exists universally across all ethnicities and areas of Senegal (M. B. Fall 2012). “Presque tout le monde croient en *rabb* et en *djinne*”⁴ (Kandji 2012) I was told again and again. *Rabb* and *djinne* are the words I dealt with most during my research, and yet they are the hardest to define. The words are used interchangeably by most of the people I talked to, even those who admit that they are not the same thing. From my inquisitive questions I discovered that certain differences exist between the spiritual beings that mainly have to do with

⁴ “Almost everyone believes in *rabb* and *djinne*”

their history and their association with Islam, though their everyday interactions with humans are mostly indistinguishable.

The *rabb* is a Senegalese spirit with which ancestors of modern family made pacts for protection, health, etc. The pacts descend from generation to generation, unbreakable and unforgettable. If this pact and the *rabb* are not respected or are disobeyed, bad things can happen to the family. If for example the family forget to give regular sacrifices to the *rabb*, a family member might fall suddenly and inexplicably ill as the *rabb*'s way of saying "hey don't forget me!" In Senegalese culture, everyone has a *rabb*, regardless of their ethnicity, background, or nationality (Kandji 2012) (Mane 2012).

Each *rabb* has chants or rhythms that are like his signal and to which it responds. The chant or rhythm sets the *rabb* in motion and gives it an intense desire to possess (Ndiaye 1986). If your chant is intoned or your rhythm played by the drums then you will fall into a trance no matter where you are. "C'est comme si sa appelle le *rabb*" (Kandji 2012)⁵. I heard many stories of people falling into trance after having accidentally hearing their rhythm:

Par exemple, une de mes tantes est allé à une sabar et ma grand-mère m'avais dit de ne pas aller là-bas, on a joué un rythme, et elle a dit qu'elle ne pouvait plus voir, elle est rentré jusqu'à sa maison, heureusement pour elle, mais elle ne savait pas où elle est passée (Kandji 2012)⁶

I was told on several occasions that I too have a *rabb*, though he and I do not know each other. The *rabb* was also explained to me once as the totem of a family who can take the form of an animal (a snake, a sheep, a goat). I was told a story of one village whose totem was a black snake. Each time a baby was born in the village the villagers were obligated to leave the newborn

⁵ "It is as if [the rhythm] calls to the *rabb*"

⁶ "For example, one of my aunts went to a sabar and my grandmother told me not to go, they played a rhythm, and she said she could no longer see, she went all the way home luckily, but she did not know how she got there."

alone in a room three days after the baby's birth. As everyone watches from the door, the black snake would come slithering towards the infant, circle his tiny body three times, and then depart, slithering away into the night. This was the *rabb* snake's sign of protection which would then last the rest of the baby's life. *Rabb* are not accepted by Islam (Mane 2012).

The second supernatural being, a *djinne*, has no dependence or ties to a family. Though pacts with *djinne* exist, they take another form and have different connotations and delineations. *Djinne* stem from Islamic tradition. They are said to be the descendants of an angel who disobeyed God and was banished from God's army of angel warriors. Any soldier who has learned the secrets of battle, the powers of warfare, and all other accompanying abilities, cannot unlearn the lessons regardless of whether he leaves the army or not. This is how it was with the banished angel who could not unlearn his angelic powers and so passed them in an ever-diminishing form to his descendants. Today their powers hardly resemble the mighty powers of an angel, but still greatly overpower the abilities of man. The first *djinne* was an evil being, having disobeyed God, but, as with humans, his malice does not necessarily pass to his children and his children's children. For that reason there are now evil *djinne*, who might harm you for no reason, and there are good *djinne*, who might befriend you and give you money (Kandji 2012) (Mane 2012) (A. Fall 2012).

Though these two spiritual beings differ, in many practical instances *rabb* and *djinne* are indistinguishable. Three of my informants even said that the two beings are the same thing (A. Fall 2012) (D. Fall 2012) (Mbodj 2012). For example, both *djinne* and *rabb* may fall in love with a human, creating relationship problems, inability to fall in love with another human, injury to love interests, and even, if it is a very mean spirit, death to a husband or lover. Love interests of these people are said to suddenly develop sicknesses, paralysis, or insanity. This spirit is called a *farurabb*, meaning '*rabb* husband/wife' though the word *djinne* was used to explain the

phenomenon by one of my informants (Mbodj 2012) (Mane 2012). One informant told me that a woman who has had two or three of her husbands die is sure to be talked about by her acquaintances. If another man were to fall in love with her he would be warned to be wary of her, she has a *farurabb*! (Mane 2012) “Who knows if that’s true but there are things we can’t explain scientifically so we say it’s a *djinne*” (Mane 2012) explains one informant.

Another example of the interchangeable *rabb* and *djinne* manifested several years ago all across Senegal. Dubbed *djinne Maïmouna*, the spirit attacked hundreds of young girls across the country, causing them to fall into trances and perform strange acts at school. Each time I brought up the topic of *djinne Maïmouna* in an interview, the participant would chuckle and elbow his or her neighbor in jest. I initially interpreted this as a lack of belief in the stories or even a lack of belief in *djinne* in general. However, during one interview I asked why people responded in this way. It is not usually due to disbelief, but rather to my knowledge of the phenomenon as a *toubab*⁷. This makes sense when compared to other experiences with locals: they find it hilarious when a white person displays any knowledge of Senegalese culture. For example, I struck up a conversation with a man about traditional beliefs and traditions and a girl who happened to be sitting near us perked up her ears and began to laugh in an appreciative way at my knowledge of such things as *rabb*, *djinne*, *xaamb*, and *farurabb*. She slapped me on the back and told me I was almost Senegalese! This must be the reason for the amusement when the topic of *djinne Maïmouna* comes up.

Djinne Maïmouna interested me for several reasons: firstly, such a widespread spiritual phenomenon must point to an equally widespread belief in spiritual beings. Secondly, as I learned more about traditional beliefs, I discovered that a *rabb* or *djinne* rarely acts without provocation. So what did all of these girls do to deserve punishment? I got two completely different answers to

⁷ Word used to refer to a white person.

this question. One informant explained that the *djinne* simply wanted the girls to be her friends. Just as any teenaged human girl would do, the *djinne* felt possessive of the girls at school and longed for more friends. This explanation left me rather confused. This lack of detail typified the explanations of most phenomenon and spiritual being.

In an interview with a *griot* I learned that the *djinne* must have been angered by the manner of dress popular with the young girls across the country. They were wearing whatever they wanted, and rarely chose traditional dress. Some of their styles were revealing and inappropriate. “Le *rabb* est fâché parce que les élèves, ils ne portent pas les habits très biens...ça c’est très logique”⁸ my informant says. There are things you should not wear, and times you should not go out (A. Fall 2012).

Mental illness

During interviews I asked repeatedly what constitutes a mental illness in Senegal. I discovered that there are no real specific symptoms or telltale signs of a mental illness. Rather any action that is out of the ordinary and does not fit into the socially accepted set of behaviors is considered a mental illness (A. Fall 2012).

Tu vois, tu comporte normalement avec les gens, mais de fois tu comporte comme un fou. Pour ça les gens disent qu’il a une maladie mentale. Et des fois tu parle avec les gens, tu es toujours avec les gens, et un moment tu te comporte comme un fou. Ça on peut dire c’est une maladie mentale (A. Fall 2012).⁹

⁸ “The *rabb* is angry because the students, they do not wear their clothing well...this is very logical”

⁹ “You see, you act normal with people, but sometimes you act like a crazy person. That’s when people say he has a mental illness. And sometimes you talk with people you always with people, then one minute you turn into a crazy person. That you can say is a mental illness.”

A sudden, inexplicable change in behavior is always suspected of being the manifestation of an angry *rabb*.

Par exemple, on peut voir une personne qui était brillant, qui travaillait bien à l'école, et un jour il dit « Non je ne veux plus travailler ». On dit que c'est peut-être un surmenage mais ça continue. Si ça continue comme ça les gens vont voir le marabout, et on général ce sont les marabouts qui dit « ca c'est un *rabb* ». Sa *rabb* ce manifeste (Kandji 2012).¹⁰

One participant explained that there are several reasons why someone might have a mental illness: it could be due to stress, evil spirits, drugs, or perhaps *maraboutages* or evil curses. You can never know exactly why someone gets sick, but based on what is going on in the person's life an educated guess can be made to explain the source of the trouble. For example, if someone who works constantly, has a large family, has money problems, begins acting out of the ordinary and shows signs of mental illness, probably suffers from stress and not an evil spirit. If, however, a person has no prior symptoms of stress and suddenly begins acting out of the ordinary and no other explanation can be given for the sudden change, they might be suffering from an evil spirit.

Another interesting indicator pertains to the ill will of those around you. For example, a co-wife who has been the object of jealousy and ill will from her other two co-wives might suddenly and inexplicably fall ill. In this case it would be generally supposed that she was on the receiving end of a *maraboutage* or evil curse. In general, any illness that cannot be explained is attributed to supernatural forces.

A reoccurring theme among people who were not intimately acquainted with the particulars of *Lébou* beliefs and practices was the fear of what they did not understand. This was

¹⁰ “For example, you might see someone who was brilliant, who worked hard in school and one day he says “no, I don't want to work anymore”. That say it's perhaps overwork but it continues. If it continues that way, they will go see a marabout, and in general, it is the marabouts who say ‘that is a rabb.’ the rabb manifests.”

most evident with participants who come from *Lébou* backgrounds but who have not been educated in *Lébou* tradition. They have learned enough from their *Lébou* background to fear the spirits and to have a healthy respect for them. Two such participants expressed their hesitation to attend *ndëpp* ceremonies for fear that their *rabb* might be summoned, putting them into a trance. If they were to fall into a trance their inexperience with their *rabb* would leave them clueless as to what to do.

Ma mère me dit franchement le *ndëpp* et ces cérémonies, il faux ne pas y aller parce que tu ne connais pas le rythme de *tamtam* de ton *rabb*. Parce qu'on dit que chaque personne a un *rabb*. En fait tu ne connais pas the rythme de *tam tam* si tu tombe en transe on ne sait qu'est-ce qu'il faux faire pour tu, par ce qu'on n'occupe pas des *rabb* dans la famille actuellement (Kandji 2012).¹¹

A similar rational was explained by another participant who is unaccustomed to *Lébou* traditions. She explained that she does not know if, because of her *Lébou* ancestry, there are dormant spirits in her that could be awakened by going to traditional ceremonies.

A common belief among those who do not frequent *ndëpp* ceremonies, mainly people who are not *Lébou*, is that by going to an *ndëpp* ceremony you are vulnerable to catching the sickness of the infirm person. Fall explained to us that this is not the case. The reason for this misconception stems from the fact that those who frequently go to watch *ndëpp* ceremonies are the ones who get sick. This is not because they have caught the illness but because they are faking it. Fall expressed that many people wish to be a part of the exclusive group of *ndëppkats* who have gone through *ndëpp* ceremonies before. They enjoy the excitement and spectacles of the ceremony and so fake their own illness in order to be initiated into the group. Fall explained

¹¹ “My mother tells me frankly the *ndëpp* and those ceremonies; you should not go because you do not know the *tam tam* rhythm of your *rabb*. Because, they say that everyone has a *rabb*. You do not know the *tam tam* rhythm, if you fall into a trance, you do not know what to do for you, because we do not bother with the *rabb* in my family.

that when someone who rarely if ever goes to *Ndëpp* ceremonies becomes ill and requests a ceremony you know that person is genuinely ill.

Communal Healing

The Senegalese worldview focuses more on communal healing and acceptance of mental illness than western societies. According to Hendy Bergson, each culture dictates a set of sanctioned and unsanctioned behaviors that is ingrained into the minds of the people in the culture since birth. There are both official and social punishments for behaving in an unsanctioned way. Official punishments usually lead to prison while unofficial punishments begin with laughter/teasing/ridicule. If that punishment does not work, the wrongdoer is marginalized, and finally stigmatized.

In Senegalese culture the levels are different. Ridicule leads to marginalization which then leads not to stigmatization but to the belief that “it’s not you, it’s a supernatural force.” These supernatural forces are angry at either the individual or at the entire community in which case the individual is a signal to the rest of the community that the supernatural force is angry. Healing practices are communal rather than individual, as in the *ndëpp* where all the community is involved. Occidental medicine focuses on the individual and the specific symptom or malady. It is a private affair where as traditional medicine is both private and public. Ceremonies like the *ndëpp* involve sections of privacy where only the *malade* and the *guérisseuse* are involved, called *bousou*, but also involve sections of community, the part actually called *Ndëpp*, the point being to reestablish the *malade* into the community and restore normalcy.

NDËPP

In order for an *Ndëpp* ceremony to take place, the sick person must be visited by the *rabb* in a dream. In this dream the *rabb* will tell the infirm person how long he wishes the ceremony to last, when it should take place, and what should be sacrificed at the ceremony. Because of the exorbitant cost of an *Ndëpp* ceremony, they rarely last longer than a few days, though they can last up to eight days. I was told that the ceremony was open to the neighborhood and that anyone could come, which contradicted the secretive nature of the ceremony that I had encountered before.

Thanks to an unexpected stroke of luck, I was invited to attend an *Ndëpp* ceremony along with another student. We left to meet our guide, Amadou Fall, a *griot* who plays at many *Ndëpp* ceremonies, around 9 am, but, in typical Senegalese fashion, we did not actually arrive at the ceremony until noon. The ceremony was for the sister of Fall's father and therefore took place at the old *griot* family house, *Ngaywey*, though typically ceremonies are not conducted at *griot* houses (A. Fall 2012).

The house is in Yoff, a section of Dakar that has a striking resemblance to a remote village, not at all like the busy, noisy, metropolitan Dakar that I am used to. I was immediately struck by the celebratory mood as we walked in to the walled in homestead. People were everywhere, enough food was cooking to feed a village, and the conversation and laughter sounded nothing like what I expected a healing ceremony to be like.

The crowd consisted mostly of women, all of whom were dressed in brightly colored, traditional clothing, and looked as if they had spent an enormous time preparing themselves for the event. I remarked that many women in the gathering were wearing matching pink dresses. This, I was told, meant that they were part of the sick woman's family (A. Fall 2012).

For the first few hours that we were there, *le malade*¹² was inside the house with the *guérisseuse*¹³ and several members of the family. (This is the term that we were told the lead priestess went by, though the term *Ndëppkat* is also used.) Though this part of the ceremony is meant to be private, many girls were crowded at the window looking in, and we were offered a place, squished between all the other eager onlookers, around the window to watch. The brief glance into the small, dark room showed me *le malade* kneeling on the floor covered in a white shawl while the *guérisseuse* chanted in front of her.

We were ushered back to our places on one of the benches that were placed around a small courtyard. At around 3 o'clock even more people began crowding in around the courtyard and drums began to play in the corner. Five women came out of the house and began to dance to the rhythm in a circle. One woman had a mega phone and was chanting while some of the women in the crowd responded to the chants. By singing different *Ndëpp* chants, the priestess seeks to detect the *rabb* of her patient.

When observing the symptoms that occur during the trance, the *ndëppkat* can determine the identity of the *rabb* based on the chant or rhythm that sets the *rabb* in motion. It is then possible to make him leave the patient's body and rid it of its evil by sacrificing to the *rabb* on the *xaamb* on a regular basis (Ndiaye 1986). Here is an example of a chant sung at an *Ndëpp*:

1. Yaay ee jiin leen
Mère louez vous

2. Maam goor ndooy
Ancêtre gor Ndoye
(Ndiaye 1986)¹⁴

¹² French for “the sick”

¹³ French for “healer”

¹⁴ Oh mother, praise be to the ancestor grandfather Ndoye

These were all women who had previously been through an *Ndëpp* ceremony and were now part of the *Ndëppkat* group. I discovered later that usually all the *Ndëppkat* dance in the ceremony, but that, due to the limited amount of space in the small courtyard, only the five women conducted the ceremony. At first I could not distinguish who was sick and who was the lead *Ndëppkat*. One by one each woman would dance up to the drummers and then fall back in line so that no one woman struck me as more important than the others. Eventually, one woman wearing a white and blue *boubou* was explained to be the *guérisseuse*.

The trance state that I had heard of before did not play out as I was expecting. Each time the *guérisseuse's* turn to dance came, she would come away as if she was drugged, stumbling, bending over to catch her breath, and could barely open her eyes. In one of her trance states, the priestess took someone's baseball cap and put it on awkwardly and danced around with it. A woman wearing a simple orange dress turned out to be the *malade* and eventually she began falling into the same sort of trance as the *guérisseuse*. She would come away from dancing and lean on one of the other *Ndëppkats* for support. At several points during the ceremony, women from the crowd would stand and dance with the group in the center. These were all women who had been initiated into this *Ndëppkat* group. One woman fell into a deep trance as she danced and fell to the ground in the center of the courtyard.

Eventually the *guérisseuse* set out a white sheet covering some bowls, knife, and club in the center of the courtyard and a man brought out a terrified goat. *Le malade* took him by the horns and danced him around the assemblage with the help of the man. The ceremony ended as the women walked off into the house. I was told that they would now sacrifice the goat in the *xaamb* for the *rabb* in private. The public display was over.

Legitimacy of Ndëpp

Because the *ndëpp* claims to exercise spirits, the *rabb*, from ill patients, it is suspected by Westerners of being irrational and makes them uncomfortable. It is, however, a therapy that plays an important role in mental health and social rebalancing in *Lébou* society. This regulatory role in *Lébou* society amply justifies the *Lébou* people's continued attachment to the *ndëpp* and other related rituals and cultural traditions.

Various seminars held in Dakar in the 1960s about *ndëpp* and other traditional methods as legitimate therapeutic tools developed a new understanding of illnesses for Western medicine. By admitting that many health disorders should be understood as psychosomatic disorders, they admitted that they are inseparable from their socio-cultural environment. It is in this environment that it is necessary to understand the fundamentals of spiritual and supernatural beliefs of the patient, as is understanding the collective worldview in which he has been raised. Taking the patients beliefs into consideration during therapy can have a profound impact on the psyche of the individual.

It is in the midst of this understanding of illness and the local worldview that the Centre hospitalier de Fann sometimes calls on *ndëppkats* of the *ndëpp* ceremony for certain illnesses, and that the Société de Psychopathologie de Fann dedicates itself to expand its investigations into this therapy and the underlying worldview (Ndiaye 1986).

Conclusion

Though few westerners understand or know of the worldview in which unexplained mental illness can be conceptualized as the result of supernatural forces, it exists all over Dakar. Animist mental health practices are especially interesting because of the influx of Western mental health practices in the wake of modernization. The impact of viewing traditional methods of

treatment through a Western lens or as fantastic and primitive dismisses the worldview in which traditional mental health practices play an important role. It is necessary to understand the basics of spiritual and supernatural beliefs of the patients and the collective worldview in which they live in order to treat them. Neglecting to understanding the culture and viewpoints in which traditional practitioners and methods of treating mental health are recognized as veritable and absolute can have detrimental effects.

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Formulaire d'Adhésion

Intitulé du Projet:

La Guérison de l'Esprit: Un portrait ethnographique des pratiques traditionnelles sénégalais de la santé mentale et les guérisseurs à Dakar

Introduction au projet:

Les croyances et les pratiques traditionnelles sont totalement ancrées dans la société sénégalaise, même dans la région métropolitaine de Dakar, et au Sénégal elles ont prévalu malgré les nombreuses influences de l'Islam et de la colonisation. Les pratiques animistes de santé mentale sont particulièrement intéressantes en raison de l'afflux des pratiques occidentales en santé mentale dans la foulée de la modernisation. La fusion des pratiques traditionnelle et occidentale en santé mentale remet en cause les visions du monde complètement différentes à partir de laquelle chaque école de pensée découle. Pour ceux qui cherchent un traitement, cette dualité rend difficile à recevoir l'aide dont ils ont besoin.

Introduction du chercheur:

Je m'appelle Caitie McKinley et je suis une étudiante de SIT. Mes coordonnées sont ci-dessous.

Données de base:

Le but de cette étude est d'explorer les traitements traditionnels sénégalais de la santé mentale, les guérisseurs traditionnels et les praticiens spirituels associés à la santé mentale pour comprendre la vision du monde sénégalais dans lequel ces traditions jouent un rôle important. En analysant des pratiques de guérison traditionnelles sénégalaises mentales je vais découvrir la vision du monde des gens, comment ils pensent et leur expérience de la vie. Je vais essayer d'éviter les notions occidentales de la santé mentale et éviter d'utiliser la terminologie occidentale pour expliquer les pratiques culturelles. En utilisant cette terminologie et en interprétant les méthodes traditionnelles et leurs réussites des chercheurs rejettent les explications culturelles de ce phénomène. Je veux utiliser la terminologie et les concepts culturels pour démontrer comment les gens construisent et expriment, interpréter et utiliser une maladie mentale. Mes recherches discuteront de l'impact de la compréhension de la culture et du point de vue dans lequel les guérisseurs traditionnels et les méthodes de traitement de la santé mentale sont reconnus comme véritables et absolus.

Procédures:

Je vais mener un entretien et poser des questions aux participants concernant le sujet de la santé mentale au Sénégal. Je vais enregistrer l'entretien afin de les réécouter ultérieurement pour l'analyse. Des notes seront prises pendant l'entretien pour que je puisse présenter les informations de façon exacte.

Risques encourus et avantages pour les participants:

Risques-

- Inconfort possible en répondant aux questions portant sur la santé mentale
- inconvénients du rendre la rencontre.

Avantages-

- apprendre plus au sujet des pratiques traditionnelles de santé mentale
- discussions stimulantes sur les différences dans les pratiques culturelles
- partager des traditions avec des personnes de d'autres cultures

Confidentialité:

Tous les résultats et une copie de l'analyse finale seront mis à la disposition des participants. Toutes les informations seront gardées par moi, et la sécurité, l'intimité et les droits des participants seront pris en compte lors des décisions qui sont prises au sujet de ce qu'il faut faire avec les données et l'analyse finale. Tous les participants seront l'anonyme. Tous les noms seront changés pour protéger l'identité des participants. L'information sera présentée à des fins éducatives seulement et dans un cadre éducatif.

Caractère volontaire:

La participation est volontaire ; Vous avez la liberté de participer ou non sans pour autant en subir les conséquences. De même vous pouvez vous désengager sans dommages.

Contacts et questions: pour toutes questions ou préoccupations, veuillez contacter le chercheur, Caitie McKinley, caitlinmckinley_2013@depauw.edu, tel. 77-382-3764, aussi bien que la SIT SA, Villa #11 Point E, Dakar tel. 33-864-0542 ou 33-825-0815 e-mail: sit@orange.sn.

Déclaration d'adhésion:

Lu et approuvé

Signature du participant _____ Date _____

Signature du chercheur _____ Date _____

Time Log

Date	Time	Number of hours	Activity
1-Nov	12-1pm	2	advisor meeting
6-Nov	3-7pm	4	Secondary Research
7-Nov	5-8pm	3	study questions, narrowing topic
8-Nov	9am-12	3	Secondary Research
9-Nov	12-4pm	4	Secondary Research
10-Nov	1-5pm	4	Secondary Research
12-Nov	8am-5pm	9	ndëpp ceremony and secondary research
13-Nov	9am-6pm	9	Research
14-Nov	12-3pm	3	Consent form, cover letter
15-Nov	5pm-9pm	4	advisor meeting
16-Nov	10am-3pm	5	Emailing contacts, writing summaries, discussing topic
19-Nov	12-4pm	4	typing notes, secondary research
20-Nov	12-4pm	4	interview, question preparation, participant observation
22-Nov	9am-1:30	4.5	interview, transcribing
23-Nov	4:30-8pm	3.5	Interview
26-Nov	12-4pm	4	transcribing, taking notes
27-Nov	3:30-8pm	4.5	Secondary Research, data analysis
29-Nov	9am-2pm	5	interview, transcribing, coding
30-Nov	11-4:30pm	5.5	note taking
1-Dec	12-6pm	6	coding, organizing, analyzing data
2-Dec	9am-4pm	7	Organizing, analyzing data
3-Dec	12-4pm	4	writing ISP
4-Dec	10am-4pm	6	writing ISP
7-Dec	9am-4pm	7	writing ISP
8-Dec	9am-4pm	7	writing ISP
TOTAL		122	