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Soul Medicine: The Role of Traditional Senegalese Music in a Therapeutic Context

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Soul Medicine: 
The Role of Traditional Senegalese Music in a Therapeutic Context
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I would like to thank the following individuals for their invaluable help during my research process:

Gabi Ba

Mamebineta Fall

Hôpital Fann (Dakar): Clinique Moussa Diop

My roommates in Sicap Baobab:
I could live in that leaky apartment with you 5 forever and ever.
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Abstract

The purpose of this study was to discover the role of traditional Senegalese music used in therapeutic contexts. Specifically, I sought to discover its uses and understand the ideologies and cultural significance behind its usage. I collected data using participant observation, interviewing, and archival research in Dakar and Ngoundiame, a Serrere village, Senegal. I found that music was used for cathartic and healing purposes in two primary schools in Dakar and in the traditional ndepp ceremony, respectively. These usages of music reflected larger themes in Senegalese culture. In conclusion, I recommended that music be integrated into mental health treatment through Joseph J. Moreno’s discipline, ethnomusic therapy.
Topic Codes:
Introduction

Background

Senegal is a unique nation in that its social fabric is composed of a veritable mix of modern and ancestral tradition. This *mélange*\(^1\) reappears in nearly every aspect of Senegalese culture: dress is either traditional (i.e., *boubous*)\(^2\) or modern, Islamic practices are complemented by animist belief systems, and the Wolof language itself incorporates a substantial amount of French and Arabic influence. What ultimately interested me about this concept was its role in psychiatric medicine. Throughout my three months in Dakar, I have often observed that even the most devout Muslims are careful to respect ancestral tradition, as it could have a direct effect on their daily lives and/or mental health.

I am a music and psychology major at Denison University, and I plan to pursue graduate studies in gerontological music therapy. I have long been interested in the interaction between mental health and music. For the ISP period, I originally planned to focus my studies on traditional music, but in the end I was far too distracted by the cultural and spiritual relevance of it. Music, particularly traditional music, is an absolutely essential element of Senegalese identity. In my three months here, I have watched countless children under the age of four *fècc youza*, reproducing the drumming patterns with their mouths: “Deggin-da cha! Deggin-da cheggen! Ay-waay! Teskin, teskin!” I spent nearly every evening in my homestay watching Senegalese music videos, all of which were influenced by *mbalax*.\(^3\) Drawing on my own interest in music therapy, I began to consider the possibility of music used in a therapeutic context in Dakar. I wondered, in a nation so defined by its musical tradition, when how might music be used as a therapeutic tool?

Defining Music Therapy

First, I will define music therapy as it will be discussed in the remainder of my research. The

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1 French word for “mix”
2 Traditional Senegalese outfit consisting of a *pagne*, *taille-basse*, and *foulard*
3 A musical style originating from Senegal which includes the *tama*, *djembe*, and *sabar* drums.
The definition of music therapy is broad and relatively dependent on the culture from which it originates. In the United States and the large majority of the Western world, the interaction between music and emotional state has been acknowledged in psychological research for some time. In 1945, Milton H. Ward published an article entitled, “Note on Psychomusic and Group Psychotherapy” in which he reasoned:

The pitch fluctuation of our bodies is indicated by a greater or lesser tension in the entire organism, or in any separate part of it, as for instance, changes in our vocal pitch (caused by greater or lesser tension applied to the vocal chords), clenching or relaxation of the fists, focusing of the eyes, holding of the breath, and a host of other symptoms all related to changes in emotional states. The rhythmic fluctuation of our mobile movements, breathing, heartbeat, rate of thought, etc., represent the rhythmic patterns in our mood or emotional state. Of course, in somewhat the same manner that a painting represents a scene, or a word represents an object, the stimulation of emotion by the music media is essentially symbolized. (Ward 1945: 239)

Therefore, if an individual is to achieve catharsis after listening to music, it is because this music has incited a physical reaction akin to a particular emotion or emotional state. The music symbolizes a deeper meaning for the individual, can be related to his conflict, and can therefore provide an effective means of stress relief. Ward goes on to describe two requirements for effective music therapy practice:

First, the rhythmic frequency association must be sufficiently strong and active to allow the subject to project himself far enough into the full meaning of the music to allow for a rewarding catharsis; hence the need for some kind of active music therapy. And secondly, the experience must not be dulled or overweighted by either an inadequate technical prerequisite, or an overdose of a foreign conserve element. It is further apparent, that such a music expression is possible only if the subject is permitted to create music entirely within his physical or technical range and within his cultural atom. (241)

Using music as means of mental and physical healing was particularly relevant after the end of World War II in the United States and the United Kingdom as medical authorities designed therapeutic programs for traumatized soldiers. As music’s role in psychological and physical treatment developed (in both scope and popularity), so did the definition of music therapy across the world. One of the first working definitions emphasized quantitative music therapy sessions and the controlled use of music: “Music therapy is the controlled use of music in the treatment, rehabilitation, education, and training of children and adults suffering from physical, mental, or emotional disorder” (Bunt 6). However, as the practice expanded and
adapted, so did its numerous definitions. The official definition adopted by the National Association for Music Therapy (NAMT) is: “Music therapy is the specialized use of music in the service of persons with needs in mental health, physical health, habilitation, rehabilitation or special education . . . the purpose is to help individuals attain and maintain their maximum levels of functioning” (Bunt 8).

This NAMT definition served as a loose foundation for my research, though I found that it was not appropriate for Senegalese culture. In Defining Music Therapy, Second Edition, Kenneth Bruscia writes, “The way a culture defines and uses music determines how relevant music is considered to them. . . the implications of this are that within a culture where music and the other arts are integrally related to one another, music therapy has to be defined very broadly” (34). In my definition of music therapy, I omitted the word “specialized” and acknowledged that music could help both individuals and the community at large. Therefore, my definition incorporates community music therapy as defined by Brynjulf Stige:

Music therapy practices that are linked to the local communities in which clients and therapist work, and/or to communities of interest. Basically two main notions of community music exist: a) music therapy in a community context, and b) music therapy for change in a community . . . Music therapy, then, may be considered cultural and social engagement and may function as community action; the community is not only a context for work but also a context to be worked with. (Stige, 2002: 328)

This definition of music therapy was particularly important in my research at Institution Bilingue Montessori and Saint Joseph de Cluny, as those particular music therapy sessions were held similar to the Western tradition.

Medical Ethnomusicology

The Western definition of music therapy cannot be relevant for all cultural traditions. Music therapy, after all, is a largely secular practice. Thus, as music therapy has spread and developed across Eastern nations, particularly those with shamanic musical traditions, a small group of researchers have embraced the

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4 Musical practice involving traditional healing or medicine from spiritual healers.
The term *medical ethnomusicology*, what one might consider the intersection between an ethnomusicologist and a music therapist. Koen elaborates:

> Medical ethnomusicology, while closely related to medical anthropology, focuses specifically on music and sound phenomena and the roles they play in any context of healing. Such roles can be physical, mental, emotional, spiritual and social in nature. As a research track within ethnomusicology, medical ethnomusicology encourages integrative research, in which collaboration between experts from a broad diversity of fields, including music, medicine, health science, cultural and comparative studies is at times essential to explore holistically issues of music and healing (Koen, 2003: 28).

Since it was established in 2004, research in this area has been relatively scarce. First, traditional healing ceremonies are difficult to access, and they are sacred in nature, making quantifiable data difficult to collect (Chiang, 2008: 78). Second, traditional healing ceremonies involve more than just music; they often include costumes, dance, theatrical performance, and spiritual hysteria. In other words, they are culturally specific, suggesting that music is *not* a universal language. Gouk writes, “Although music’s cathartic and transformative powers may be universal, the ways such powers are harnessed and directed appear to be cultural specific. Indeed, the forms musical healing may take within a given community are determined by how its members conceive of health and illness, as well as their relationship to the material and spiritual realms” (Gouk, 2000: 23).

**Music as a Therapeutic Tool in Senegal**

These distinctions between music therapy and *medical ethnomusicology* were important as I planned to explore the therapeutic role of music in Senegalese society. Before I could understand how music was used in the *ndepp* ceremony, I needed to understand the cultural context behind the conceptualizations of mental health in traditional Senegalese culture. My research sought to discover, first, the uses of music in a therapeutic context, and second, the cultural, religious, and ideological belief systems behind them. Over a

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A scholar of non-Western musical traditions; their research is largely based on practice rituals rather than medical application.
four-week period, I acted as participant observer and interviewer, and I conducted archival research at hôpital Fann in Dakar. In my results and analysis, I lay out these findings objectively, and then connect them to broader concepts in Senegalese society. Finally, I use these findings to discuss and support Joseph J. Moreno’s development of a new and integrated discipline, _ethnomusic therapy_.

**Methodology**

I chose to stay in Dakar to conduct the majority of my research. Dakar is unique because of its cultural duality; traditional and modern music are both omnipresent and essential to its social fabric. By staying in Dakar, I allowed for more opportunities to access health care clinics, established musicians, and primary schools with enough resources to provide music education and/or music therapy programs to their students. For one day, I ventured to a Serrere village outside of Mbour called Ngoundiane to conduct interviews and observe a traditional _ndëpp_ ceremony.

**Lessons in Traditional Music**

I took a total of 20 hours of music lessons with Gabi Ba, a respected teacher and ethnomusicologist residing in the Dakar area. His musical expertise is a product of, first, his Senegalese heritage, and second, his extensive academic background in ethnomusicology. He is well-versed in a myriad of West African instruments, including the balafon, kalimba, djembe, and kora. I took voice lessons (accompanied by guitar, kora, and balafon) in order to better understand the cultural roots and ideologies behind traditional Senegalese music. I learned six songs, each of which had significant connections to the “African psyche,” or traditional belief systems in traditional Senegalese society. My lessons with Gabi were not the primary focus of my ISP, but rather, a means of supplemental understanding.

**Participant Observation**

*Shadowing Gabi Ba in his Music Therapy Practice in Dakar*

Participant observation was an integral part of my research. I shadowed Gabi Ba for a total of 30.5
hours in his self-described music therapy practice with primary school-aged children. The first primary school, Institution Bilingue Montessori, consisted of four classrooms of children between the ages of two and ten years. In these classrooms, I acted as Gabi’s teaching assistant, participating in all of the musical activities with the children and then teaching them three nursery songs in English myself. In the second primary school, Saint Joseph de Cluny, Gabi and I conducted musical activities with three classrooms of special needs students from 3 years to 28 years. Acting as both participant and teacher (and therefore therapist) allowed me to assess and interact with my experience with primary school-aged and mentally handicapped children from both perspectives.

The Ndëpp ceremony in Ngoundiane

I was fortunate enough to attend and objectively observe a ndëpp ceremony in a Serrere village two hours away from Mbour. I was able to record both the events of the ceremony and the characteristics of the music played. Viewing this ceremony brought new and invaluable insight to the cause-and-effect relationship between music and catharsis in the traditional Senegalese psyche.

Interviewing

It was crucial for me to conduct interviews in order to gain perspective on what kinds of music therapy practices already exist in Dakar, what role music plays in the Senegalese psyche, and what working citizens and psychologists alike believe to be effective forms of therapy. True to West African tradition, much of the information about this culture must be transmitted through word-of-mouth. I conducted six interviews with various members of Senegalese society, including a music education teacher at Saint Joseph de Cluny, a social anthropologist at Hopital Fann in Dakar, two ndëppkats, the woman for whom the ndëpp ceremony was being held, and Gabi Ba, my advisor and teacher. Data was stored in digital video and written format. Oral and written consent was obtained in the interviews in which I used video recording, and participants also gave oral and written consent for me to use their names in my research.
**Archival Research**

I conducted a significant amount of archival research at the library at Clinic Moussa Diop at Hopital Fann in Dakar. This research allowed me to gain a greater understanding of the history and state of mental health care in Senegal, and the prevalence of music therapy practice in Dakar. Furthermore, I was able to gain a greater understanding of ethnomusicology’s role in traditional music therapy practice.

**Ethical Considerations and Limitations**

I encountered several ethical considerations. First, my observations of primary school children were largely limited to notes (no photographs or names included) because the children were minors. In my classrooms at Saint Joseph de Cluny, I was researching in a special needs environment, which required a great deal of care on my part to avoid violating the school’s policies concerning the privacy of the children. Second, my observation of the ndepp ceremony required that I pay the villagers. I was observing a spiritual practice that has often been guarded from the curious eyes of outsiders. I obtained written and oral consent to take photographs and video recordings of interviews. My inability to speak fluent Wolof was a limitation in Ngoundiane. My complete ineptitude at Pulaar and Mande was a limitation in my music lessons, as some cultural concepts could not be directly translated into French.
Results

Institution Bilingue Montessori

The Institution Bilingue Montessori is a preschool and primary school located in Dakar. It is a brightly-colored, small building with two floors and roughly ten classrooms. Children attending the institution are healthy, financially comfortable (if not wealthy), and fluent in French. Their ages range between two and ten years old. Gabi and I ventured to the school one Tuesday morning and afternoon to teach five separate classes. We conducted half-hour sessions with each class, performing traditional West African musical exercises with the children. With the two to three year old classes, the goal was to develop their memories. “Il faut développer la mémoire parce que tout cela, c’est la psychologie” (Ba 2011). Exercises were as simple as singing “Waaw, waaw, waaw!” on the same pitch and simultaneously clicking together two baguettes. Gabi preferred that the children stand and dance rather than sit. “African music cannot exist without the dance element,” he explained (2011). In the older classes, the musical exercises became increasingly technical. The children were asked to perform choreographed dance steps and clapping along with singing the melody.

I spent a half hour directing a combination of two of the 8–10 year olds classrooms by myself. When they walked into the classroom and sat down on the prayer mats, the children were tired and arguing amongst

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6 “It’s necessary to develop the memory because all of that, it’s psychology.”
7 Two wooden sticks used (by hitting them against each other) to create percussion.
each other. With the first strum of the classical guitar, their eyes lit up, and their moods improved. I taught them three nursery rhymes in English: “If all the raindrops were lemon drops and gumdrops,” “Old MacDonald had a farm,” and “If you’re happy and you know it, clap your hands.” The children responded most positively to “Old MacDonald had a farm.” We sang each verse with a different animal sound (which were different in Wolof) for nearly twenty minutes. The children were so enthusiastic about picking the next animal sound that their joyous moods very quickly progressed to hysterics. Following Gabi’s disciplinary suggestion, I took out my notebook and said I would be writing down names of misbehaved students, which proved to be an effective way for me to control the classroom. The second most positive response was to “If you’re happy and you know it, clap your hands.” The children enjoyed clapping their hands on the prescribed beats within the song. “If all the raindrops were lemon drops and gumdrops” did not involve any choreographed clapping or dancing, and the children were more easily distracted during the learning process. We culminated this work in a “concert” at the shore of Le Lac Rose\(^8\) for an adoring group of French tourists.

The children at the Institution Bilingue Montessori were healthy and happy children. Music for them could be more accurately described as a form of stimulation, not catharsis.

Saint Joseph de Cluny

I shadowed three special education classrooms at Saint Joseph de Cluny with Gabi Ba. The first classroom consisted of 5-7 year olds. The students showed significant delays in speech and physical development. We performed the same exercises with them as the Institution Bilingue Montessori, though I led less and observed more. Two of the children could not form words, but they were successful in creating sounds. “Waaw, waaw, waaw” and “Boca, boca, wee-a-boca” were the two more successful exercises for them. Dance was again an important element; the children were directed to stand in a circle and to clap their

\(^8\) “The Pink Lake.” A salt-water lake (and popular tourist destination) north of Dakar famous for its pink tint during the summer.
hands (or baguettes) as they sang. We struggled to keep the children focused on the present musical activity. One student, aged 7, refused to sing, but continued to push through the circle so that he could dance in the middle. The other students enjoyed watching his exaggerated arm movements and laughed excitedly. After a half hour of music standing, the students sat down on short stools in a circle, and Gabi played them soft music on the kalimba. They were calm, though never fully cooperative.

In the second and third classrooms, students’ ages ranged from 8–14, and then 15–28. In the 8–14 classroom, the children communicated and moved with each other successfully, but this classroom was the most difficult to keep in order. One female student, aged 12, refused to stand up in a circle for the exercises. A teacher’s aid finally convinced the student to stand, though she participated in the remainder of the exercises half-heartedly, rolling her eyes in embarrassment. The students in the third classroom were very polite and enthusiastic. Their rhythmic sensibilities nearly surpassed mine, though they could not perform the choreographed movements and the rhythmic patterns at the same time. However, they closed their eyes, lifted their hands high, and sang with visible feeling: brows furled, chins up, and mouths open wide.

*Alassane Sambou*

In each classroom, Gabi and I were aided by Alassane Sambou, who played the djembe and resolved disciplinary issues between students. He was kind enough to allow me to interview him at the end of our work. He looked almost out of place to me; when I interviewed him, he was wearing a Nike t-shirt and sneakers, and his hair hung down to his mid-back in thick dreadlocks. A self-described activities director at Saint Joseph de Cluny, his job description includes playing music (guitar and djembe), directing recess and sporting activities, and acting as a teacher’s aid. He works with all of the classrooms in moderation, though he is particularly important for special needs students.

After four years of experience at Saint Joseph de Cluny, he believes that music practice and education is essential for the special needs students in particular. “*En fait,*” he explained, “*Dans les classes*
I was quick to differentiate between music education and music therapy, though the two overlap somewhat. “Do you notice a marked difference in the students’ attitudes if music is not a part of the school day?” I asked. He shook his head adamantly: “On joue la musique chaque jour. Ils sont plus calmes quand ils chantent avant de commencer la journée. Pour les petits, bon... ils peuvent écouter le rythme pendant 5 minutes, et ils ne comprennent rien. Mais ils aiment bien. Ils sont plus faciles” (Sambou 2011). When I asked him to elaborate on “easy,” he explained that when the children were happier and more at ease, it was easier to teach them other academic subjects. For children who struggled to communicate through speech and physicality, music was a way in which they could express themselves effectively.

**Conceptualizations of Mental Health in Senegalese Society**

The most extensive writings on traditional Senegalese conceptions of mental health and illness are those of Henri Collomb, a professor who heavily researched traditional psychiatric medicine in Dakar and started the journal *Psychopathologie Africaine* in 1965. I also relied heavily on Lauren Kleutsch’s Independent Study Project in Fall 2002 entitled “Mental Illness and Culture: Exploring the Relationship Between Senegalese Values and the Perceptions of and Treatments for Mental Illness in Traditional Senegalese Medicine,” as it provided a thorough, concise summary of mental illness treatments and conceptions in Senegal.

**Mental Health and Rab**

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9 “In fact, in these classrooms [special needs], well... the children, they have attitude problems, you see? Music makes them happy, and it helps them with their attitudes. When we have problems, sometimes we bring four students here [pointing to the left corner of the classroom]. We play, we dance. Afterward, they’re calmer.”

10 “We play music every day. They’re calmer when they sing before starting their day. For the little ones, well... they can listen to a rhythm for five minutes and understand nothing, but they love it. They’re easier.”
First, it is essential to understand the concept of *rab*. In Wolof and Lebou culture, mental health is a product of both the physical and spiritual world. Individuals are believed to coexist with numerous spirits, and *rab* is a spirit believed to coexist with an individual throughout his or her life. The *rab* is typically a male ancestor who lives on in the family in spiritual form, though he can take the shape of anything, including animals, nature, or even alcoholic beverages (Ba 2011). Collomb writes,

> En effet, la relation qui les unit est une relation d'échange de réciprocité où l'homme se trouve le plus souvent en situation de dette. Le *rab* reste le jumeau, le protecteur, dans le mesure où l'homme lui donne régulièrement la preuve de la considération et du respect. Si le contrat implicite qui les unit est rompu...

> le rab mécontent vient se manifester. Ses manifestations toujours désagréables peuvent aller jusqu'aux troubles mentaux graves, mais ne mettent pas en cause la vie, car le *rab* aime l'homme. Son intervention équivaut à un rappel à l'ordre à une sollicitation à un désir de renouer la relation négligée ou rompue. (Collomb, Martino 1968: 4)

In effect, the relation that links them is a relation of reciprocal exchange in which the individual finds himself most often in a situation of debt. The *rab* remains the twin, the protector, as long as the individual shows consistent proof of consideration and respect for the spirit. If this implicit contract that unites them is broken... the discontented *rab* manifests himself. These manifestations, always disagreeable, can be as severe as serious mental illness, but is never life-threatening because the *rab* loves the individual. His intervention is a 'call to order,' a solicitation to repair the relationship that has been broken. (Translated by Lauren Kleutsch, 2002)

In essence, a healthy relationship with one's *rab* is essential to optimal mental and physical health. The negative manifestations of *rab* can occur in three ways: first, an "interior presence, causing pain or discomfort in the body and creating mental perturbation." Second, "an exterior presence, a power that can exert control of the behavior and speech of the individual," and third, "...the *rab* can possess the individual completely, to the extent that he is no longer conscious of being a human being... this phenomenon occurs most often during ceremonies called *ndëpp*, in which these crises of possession are a vital component"
Ndëpp is a lively traditional ceremony intended to heal mental and physical maladies by repairing an individual’s relationship with his or her rab. This can either be reactionary, a response to existing physical or mental illness, or preventative, to please the rab on a regular basis. The ceremony is extensive and can last up to seven days and nights. There are several phases, some of which include music and dancing, the sacrifice of an animal (usually a sheep, goat, or cow), and a ritual bathing, all of which serve the purpose of sacrificing to please the rab. After the ceremony, it is the individual’s responsibility to continue building a good relationship with his or her rab. Therefore, ndëpp is something more like a grand display of spiritual affection.

Belief in Transcendence

Traditional Senegalese belief systems are marked by the belief in the human being’s capacity for transcendence. The human lives in the physical world, but there are ways in which he can access the mystical. Collomb states, “Les cultures africaines laissent encore la possibilité d’être autre chose que l’apparence sensible, libèrent l’être de sa forme matérielle, lui permettent l’accès à une transcendance qui est le tissu de sa vie quotidienne.”

A particularly interesting concept called jamma jenghi originates from the Peul ethnicity. Jamma Jenghi means au profondeur de la nuit, or “in the depths of the night.” It refers to the hours of dark in which one’s creative energies, carnal desires, and capabilities to access the mystical world are highest (Ba 2011). This concept appeared in my voice lessons with Gabi Ba, as well as in the writings of Henri Collomb:

La nuit c’est la référence à un autre mode d’appréhension des êtres et des choses, c’est l’ouverture aux profondeurs de l’inconscient que la folie découvre pour la malade, c’est la lumière d’Oedipe aveugle... quelque chose se passe qui est communication d’inconscient à inconscient, communication toujours

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11 African cultures leave open the possibility for a man to access something more than the visible; to free him from the existence of his material form, to permit him to access transcendence which is the fabric of his daily life.
voilée à la conscience claire du malade, mais agissante précisément parce que voilée... C’est ce surplus de communication qu’il va ensuite développer auprès des maîtres initiés et par une descente aux profondeurs de la nuit. Il nomme souvent son savoir: connaissance de la nuit, par opposition à la connaissance du jour qui serait celle du médecin ou de psychiatre...” (Collomb 1976: 7)

Night is the reference to another world of understanding existence. It’s the open-mindedness to the depths of the unconscious that madness illuminates for the mentally ill individual. It’s the blinding light of Oedipus... something happens which is communication between the conscious and the unconscious, communication always veiled by the clear consciousness of the mentally ill individual, but hugely transformative. It is this surplus of communication that will thus develop next from this mastery by a descent into ‘the depths of the night.’ He often names his knowledge: familiarity with the night opposed to familiarity with the day, which belongs to doctors and psychiatrists.

Collomb describes the phenomenon of *jamma jenghi* from a quantifiable, medical standpoint, but for a large population of the Peul ethnicity, *jamma jenghi* is a medium for accessing the unconscious, spiritual world.

This belief in transcendence and spirituality defines the traditional African psyche, its health and maladies, and its treatments and preventions.

*The Role of the Community*

The community plays a vital role in conceptualizations of mental health in Dakar. Senegalese society is collective; if one member of the community is sick, then there is a consequent ripple effect. All health problems are shared, and therefore treatment is shared:

Traditional Africa recognizes that when the environment is sick, diseases become prevalent; and when such diseased material or spiritual environment is rehabilitated, human health becomes secure. When the group spirit is polluted, the minds of individuals become infected, the human sphere becomes sick. When a human body is sick, the animating spirit becomes poisoned, and the human sphere becomes unhealthy. (Nzewi 2002)

In “Communication et folie,” Henri Collomb writes:

Les cultures africains ont toujours valorisé le groupe aux dépens de l’individu. Être, ce n’est pas être seul, c’est être ensemble, être ‘la seulement’ comme l’indiquent les salutations wolof, être avec les autres, avec les esprits qui animent toute chose; c’est aussi reconnaître d’autres modalités d’existence... (Collomb 1976: 8)

African cultures have always valued the group over the individual. To exist is not to exist individually, but to exist together. To be “here only” as in Wolof salutations, to be with others, to be with
the spirits that reveal all; this is to know other means of existence...

For all intensive purposes, curing mental illness in Senegal involves reintegration into society. Ndëpp is a clear example of spiritual and community healing. All of the villagers participate in ndëpp because one villager’s unhappy rab could have negative consequences for the rest of the families.

Observing Ndëpp

After gaining a better understanding of the spiritual and societal foundations behind ndëpp, my interests lay in what role music had in the healing process. I had the incredible fortune to travel to Ngoundiane, a Serrere village two hours outside of Mbour, to observe the music and dance phase of ndëpp.

My professor, Mame Bineta Fall, accompanied me on my long journey to the village, translating my French into Wolof so that I could communicate with the villagers. Before observing the ceremony, I interviewed three women: Senabou Ndiaye, the primary ndëppkat; Fanta Gaye, Senabou’s younger sister and fellow ndëppkat; and Aida Diop, the woman for whom this particular ndëpp was held (see Appendix 3). Aida explained her reasoning for organizing the ceremony:

Avant de faire le ndëpp, j’étais internée pendant une longue période sans résultats satisfaisants parce qu’ils n’ont pas pu trouver la raison de mes souffrances. Quand m’a recommandé à ces ndeppkats et qu’on a commencé la thérapie, j’ai eu ma première sensation de mieux être après plus d’un an de maladie... (Diop 2011 ; Translated by Mame Bineta Fall)

Before I performed ndëpp, I was stuck for a long time without satisfactory results, because no one could figure out the reason why I was suffering. When I was referred to these ndëppkats and when we started therapy, I had my first sensation of feeling better after more than a year of illness. (Translation my own)

Despite her husband’s opposition to her request for frequent ndëpp ceremonies (preventative in nature), she found them so beneficial to her health that she defied his wishes and continued to organize them every two years despite their high cost. She emphasized the importance of listening and respecting the wishes of her rab: “Maintenant mon mari est décédé et je peux respecter mon pacte avec le rab, et ce n’est pas toujours
qu’il me demande de faire un ndepp. Quelques fois il me demande seulement de tuer une chèvre ou un poulet et dans ce cas il n’y a pas de tam tam et la thérapie est plus courte, plus facile et moins couteuse”12(Diop 2011).

Senabou N’diaye knew that she was called to be a ndëppkat at five years of age. After the death of her mother, she and her sister Fanta took over, though she did not become the primary leader of ndëpp ceremonies until she was 61 years old. Senabou, Fanta, and Aïda are firm believers in animist tradition and its direct effect on mental and physical health. They are skeptical about modern medical services, emphasizing the need for an individual to be aware of his or her connections to the spiritual world.

Il y a des hôpitaux comme l’hôpital Principal, Le Dantec, l’hôpital Fann ou l’on soigne des gens atteints de maladies mentales comme nous faisons. Mais il peut arriver que des malades ne soient pas guéris après un séjour à l’hôpital Fann...Tu peux voir un malade qui a vraiment mal au point de ne pas pouvoir marcher ou se tenir debout et qui a fait 6 mois à l’hôpital sans pouvoir être guéri. Généralement ces malades sont portés par quelqu’un pour venir ici et si nous commençons la thérapie, ils se sentent mieux le lendemain et peuvent se tenir debout ou marcher. (N’diaye 2011, Translated by Mame Bineta Fall)

There are hospitals like l’hôpital Principal, Le Dantec, l’hôpital Fann where care is provided for those suffering from mental illness like we provide. But there are times when the mentally ill individual is not cured after a stay at l’hôpital Fann... You can see an ill individual who is in so much pain that he or she cannot walk or stand, and after 6 months in the hospital, they are still unable to be cured. Generally, these ill individuals are advised to come here, and if we begin therapy, they feel better the next day and can stand up or walk.

Music and Ndëpp

Before beginning the music and dance phase, the ndëppkats and other women involved (all over 40

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12 Now, my husband is deceased and I can respect my agreement with the rab. He doesn’t always require me to hold ndëpp. Sometimes he asks only that I sacrifice a goat or chicken, and in those cases, there are no tam-tams, and the therapy is shorter, easier, and less costly.
years of age) changed into brightly-colored *boubous*. When they came out of the stone compound all sporting pink polka dots and electric green, I asked whether the colors had any significance. The women around me explained that the specific colors weren’t important, though all of the women generally try to wear similar colors and fabrics (See Appendix 1). There was a notable contrast between the *ndëppkats*, who were older females, and the drummers, who were younger males. The women exited the compound together, formed a circle dancing and singing, and the drummers beat furiously on the *tam-tams*. The village children watched in a large clump from the side (See Appendix 2).

Senabou carried with her a blond horse’s tail and a pitcher of water. She danced around the circle, dipping the horse’s tail in the water and flinging it onto spectators and participants (Yes, I was doused too). She organized the sand in the middle of the circle into a hump resembling an ant hill, and she surrounded the hill with steer horns facing upward. The beating of the *tam-tams* shook my entire foundation; it was loud, fast, and consisted of primarily triplets played in a 2-beat pattern. The *ndëppkats* took turns dancing in front of the tam-tam players, but it was nothing like *sabar*; there was nothing coquettish about the movements. The women stomped their feet in time with the drumming and flailed their arms, all in an effort to call upon the *rab*. Senabou described the role of music in summoning the *rab*:

> Le *rab* s’empare de ton esprit ; c’est la raison pour laquelle il faut de la musique. Si on commence le tam-tam, le *rab* va venir jusqu’à la cérémonie de ndepp. Il y a un *rab* qui s’appelle Mamasamba Ndoye et c’est lui qui est charge d’aller chercher le rab responsable des problèmes de la personne malade. (N’diaye 2011, translated by Mame Bineta Fall)

The *rab* is part of your spirit; that’s why music is necessary. When the tam-tams begin, the *rab* will come to the *ndepp* ceremony. There is a *rab* named Mamasamba Ndoye, and it is his duty to find the *rab* responsible for the ill individual’s problems.

True to Senabou’s words, the *rab* arrived within ten minutes. The women sang enchanted melodies that I was

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13 West African drums
14 A tradition in Wolof culture in which the community gathers to perform traditional song, dance and music.
warned not to reproduce. I was informed that each *rab* had two songs: one of appeasement, and one of incitement. As the *ndëppkats* sang Aida’s song of appeasement, they cautioned me that her song of appeasement could be my song of incitement. The song of incitement could provoke the *rab* to manifest itself in the third (and least desirable) manner: possession. My *rab* apparently remained dormant, though this was not the case for an 18-year-old man inside of the compound.

It was announced that someone had fallen into a trance, and three women brought the young man into the center of the circle. He was unresponsive for a short period of time, and then he began to shake violently to the rhythm of the *tam-tams*. His body flailed sharply in all directions, and the *ndëppkats* stepped back and allowed him to dance in front of the drummers. They sang enchantment after enchantment, trying tirelessly to discover his song of appeasement without success. I was informed that his *rab* was a serpent. Just minutes later, the young man dived face-first into the sand with his hands behind his back and began to twist and slither around the circle. Senabou lifted him from the sand and wiped his face clean. The young man then began to sing his own song of appeasement, and was eventually released from possession. He rested in fetal position on a prayer mat for the remainder of the ceremony. Of the drummers’ role in the enchantments, Senabou explained:

> Les batteurs de *tam-tam* connaissent les rythmes qui peuvent faire plaisir au *rab*. En entendant ce rythme et les chansons, le *rab* se dit qu’on lui a offert ce qu’il voulait et a ce moment qu’il décide d’abandonner tout à ce qu’il avait fait et qui peut nuire à la personne. En général il se retire et rentre chez lui. C’est la raison pour laquelle nous battons le tam tam et nous chantons (N’diaye, 2011. Translated by Mame Bineta Fall)

The *tam-tam* players know the rhythms that please the *rab*. Hearing the rhythms and songs, the *rab* decides that he has received what he desires. At this moment, he decides to abandon everything that he has done to punish the individual. Generally, he retires and returns to his home. This is the reason why we play the *tam-tams* and sing.

Therefore, according to the *ndëppkats*, the young man’s specific songs of incitement and appeasement affected
him indirectly by inciting and appeasing his \textit{rab}, who had the power to punish, protect, or possess him entirely.

Even amongst the young man’s antics, the \textit{ndëppkats} appeared joyful and relatively unconcerned. Senabou ensured that nothing went awry, and the others danced joyfully to the beat of the \textit{tam-tams}, singing and stomping their bare feet. After about an hour of dancing (and after the young man was released from his \textit{rab}), the \textit{tam-tams} stopped, the steer horns were collected, and the crowd began to disperse. The music and dance portion of Aida’s \textit{ndëpp} was successfully finished, and the group retired into the compound to drink water and pray.

Could the \textit{rab} have been summoned and pleased without the \textit{tam-tams} and singing? “…il n’y a pas de \textit{ndëpp} sans \textit{tam tam} mais on peut soigner quelqu’un qui est possédé par un \textit{rab} sans battre le \textit{tam tam},”\footnote{“\textit{Ndepp} does not exist without the \textit{tam-tam}, but it’s possible to care for an individual possessed by his or her \textit{rab} without playing the \textit{tam-tams}.”} Senabou explained. Zemplini described the role of the \textit{tam-tams} as a means of accessing the spiritual world (1967: 355). Music, therefore, is essential to the \textit{ndëpp} ceremony, but its power to end possession is dependent on the context in which it exists. Listening and responding to the desires of the \textit{rab} is the key to mental health; the \textit{tam-tams} are simply a means of pleasure.

\textit{Music and Psychiatric Care at Clinic Moussa Diop}

Again at hôpital Fann, I interviewed a social anthropologist named René Collignon. Belgian by birth, René has conducted research at the psychiatric clinic Moussa Diop in Dakar for decades. He worked closely with Henri Collomb between 1972 and 1979, and was therefore a learned source about the history of the clinic. When I asked about the role of music therapy practice in Dakar, he shook his head and said, “\textit{Si tu veux trouver la role de la musique dans un sens thérapeutique, tu ne trouveras pas grandes choses ici}”\footnote{“If you’re looking for the role of music in a therapeutic sense, you won’t find a lot here.”} (Collignon 2011). He explained that the closest thing to music therapy that he knew of was the \textit{ndëpp}
ceremony, although he did not believe in its efficacy, favoring research-based medicine over spiritual healing. However, he remembered fondly that Collomb integrated musical performances into a therapeutic project in the 1970’s: “Il y avait un temps... Professeur Collomb, il a ammené des musiciens du Théâtre Serrano: les grands joueurs du djembe et de la kora, et les grands chanteurs. C’était pour les malades et leurs familles, et aussi pour les médecins. C’était un projet thérapeutique basé sur l’idée que la thérapie doit être partagée par toute le village”¹⁷ (2011). Professor Collomb understood the connection between community healing and Senegalese traditional medicine. During his time at the clinic, he supplemented psychiatric treatment with music and involved everyone: doctors, patients, and their families. Unfortunately, Collomb did not record his observations, leaving the results of this system unknown.

**Supplemental Lessons in Traditional Music**

My experience with Gabi Ba allowed for a supplemental understanding of traditional music’s role and history in Senegalese society. I learned six songs: four in Peul on the guitar and kora, and two in Mandink on the balafon. In the end, I was most fascinated by the frequent references to *jamma jenghi* in traditional Peul music. The first song, titled (appropriately) “Jamma Jenghi,” mourned the state of being “au profondeur de la nuit,” or “in the depths of the night” without an outlet for expression. In the song, a woman mourns her lover’s absence, singing, “In the depths of the night / the stars shine so brightly that we can see them all / so sit a while and talk with me.” The third song in Peul, “Yélo,” refers to *jamma jenghi* once again: “In the depths of the night / While the stars are shining so brightly … It is you that I search / It is you that I search” (Translated by Gabi Ba, 2011).

In my lessons, it was important for me not only to understand the spiritual background of the songs that I sang and played, but also the spiritual energy within myself. Gabi emphasized concentration and the

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¹⁷ “There was a time...Professor Collomb, he brought musicians from Theatre Serrano: famous djembe and kora players, famous singers. It was for the patients and their families, and also for the doctors. It was a therapeutic project based on the idea that therapy should be shared by the entire village.”
power of music to access other mystical worlds. His teaching style was centered around repetition, relaxation, and spiritual meditation. He believed that performing music should be “a function of the entire body, something that can connect you to your own spirit and the spirits of your ancestors” (Ba 2011). Accuracy was not as important as fluidity and relaxation, though the constant repetition allowed for little technical error.

Analysis

The information that I found in four weeks was fascinating and often unexpected. I searched for ways in which music is used as a therapeutic tool in Senegalese society, and I found that music therapy in the Western sense does not technically exist here. Gabi Ba’s practice would be more appropriately labeled music education when compared to the Western definition. Although I did not find what I expected, my data speaks volumes about larger themes in Senegalese culture and perceptions of music’s role in mental health.

Music Therapy in Schools

Traditional music is used as a therapeutic tool at Saint Joseph de Cluny. Although the children do not receive individual sessions, music provides a means of catharsis for attitude problems. They are more energetic and have an easier time concentrating after music activities in the morning. The younger children have physical difficulties with speech and movement, and the repetitive nature of music may aid in the development of vocal patterns and coordination through singing and dance. Although this crosses over into the realm of music education, this should be an indication that continued music activities with the students may be beneficial for both their physical health (speech and coordination) and their mental health (attitude and concentration).

A Holistic and Communal Approach to Healing

What I found time and time again was that music was a component of therapy, but never the only
means. In *ndëpp*, music, costumes, dance, and props were all important elements of the healing ceremony. One could not exist without the other, just as the songs of appeasement and incitement could not be effective without the belief in *rab*. Conversely, one individual could not be healed without the help of his or her community. Henri Collomb brought musicians to play for patients at Clinic Moussa Diop in the 1970’s, integrating the medical community, the families of the patients, and modern psychiatric care simultaneously. Successful music therapy practice in Senegal would acknowledge the holistic nature of healing in traditional Senegalese medicine, acknowledging the body, mind, spirit, and community.

Music as a Means of Transcendence

Music alone cannot heal an individual in the Senegalese tradition. However, music can serve as a means to access the spiritual world, which can provide “soul medicine” (Ba 2011) and consequent healing. *Jamma Jenghi* demonstrates the belief in the power of the individual to harness creative energy to transcend his or her physical form. Belief in transcendence is cultural specific to traditional Senegalese society, and therefore inapplicable to Western secular music therapy practice. Future music therapy in Senegal must take these belief systems into consideration.

The Intersection of Modern and Traditional Medicine

Senegalese culture is a veritable mix of modern and ancestral tradition in nearly every aspect of society, and psychiatric medicine is no exception. However, these medical traditions do not live as harmoniously with each other as do *pagnes* and Prada. In my interviews, medical professionals and scholars were quick to discount traditional healing, and *ndëppkats* were quick to discount traditional medicine. Music, it would seem, has no rightful place in Clinic Moussa Diop without the proper quantitative research to justify it. A therapeutic project in the 1970’s integrated community healing and modern medicine, but it was short lived and unpublished.

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18 Traditional Senegalese cloth worn as a skirt
Music’s place in therapy, therefore, remains vague. The connections between music and mental health in Senegal are purely spiritual: *Jamma Jenghi, ndëpp*, and the belief in transcendence. If music therapy were to exist successfully in a medical establishment, it would require a harmonious relationship between acknowledging the spirit world and providing effective, measurable treatment milestones for patients. The definition of mental illness would need to account for belief in full-body possession, which has never been a particularly good indicator of health in modern psychiatry.

**Conclusion**

“*Music (and all the activities this term may encompass) is itself a powerful expression of that configuration, as well as a means of altering it. Yet although music’s cathartic and transformative powers may be universal, the ways such powers are harnessed and directed appear to be cultural specific. Indeed, the forms musical healing may take within a given community are determined by how its members conceive of health and illness, as well as their relationship to the material and spiritual realms.*” (Gouk 2000: 23)

In four months, I gathered information about the role of music in therapeutic contexts in Senegalese society. I focused my research in Dakar, shadowing Gabi Ba in his work with primary school-aged children and special needs classrooms. I conducted archival research and interviews at Clinic Moussa Diop at Hospital Fann. I traveled to Ngoundiane, a Serrere village two hours away from Mbour, to observe and conduct interviews at a traditional *ndëpp* ceremony.

I found that traditional Senegalese conceptions of mental health emphasize the importance of the *rab*
on an individual’s mental and physical health. Mental health not only includes the individual, but the individual’s community. Belief in transcendence of one’s physical form into the spiritual world characterizes the traditional Senegalese psyche—particularly for the Peul ethnicity, who believe in the concept of *jamma jenghi*.

No Western music therapy practices exist in Dakar that I found. Music is an important means of catharsis in special needs classrooms at Saint Joseph de Cluny. *Tam-tams* and enchanted songs are used in the traditional *ndëpp* ceremony to incite, appease, and please one’s *rab*. Music can be used as a means to access the spiritual world, and therefore can be a means of traditional healing. Psychiatry practices in Dakar do not acknowledge the efficacy of music in providing catharsis or healing for patients, though they are aware of traditional belief systems.

**A New and Integrated Discipline: Ethnomusic Therapy**

It is clear that music is an essential element of spirituality in Senegal, and therefore, identity. If medical professionals are interested in designing an effective music therapy program, perhaps a crossroads between secular practice and traditional healing, they might look to the research of Joseph Moreno. A music therapist and ethnomusicologist, Moreno has written extensively for nearly a decade of the importance of acknowledging both ancestral and modern tradition. On preserving historical connections, he writes:

Many parallels can be seen between modern music therapy and the role of music in healing in traditional cultures. Just as music and music-making abilities serves as the unique identifying symbols of music therapists that enhance their credibility and charisma with their patients, analogous music and performance abilities identify and symbolize the special powers of traditional healers. Further parallels can be seen between the therapeutic uses of music in imagery to induce altered states of consciousness in music therapy
practice and music utilized to assist in triggering the trance state in shamanism and spirits possession. (Moreno 1995: 331)

Moreno embraces the efficacy of traditional healing, suggesting a new form of music therapy integrating other forms of art such as theater, costuming, and props: **ethnomusic therapy**. Supporting the recently developed ethnomedical approach to therapy, he emphasizes the importance of holistic healing. In the early 2000s, he developed a form of treatment entitled **psychodrama**, in which patients perform a ceremony involving several different art forms in order to allow themselves to enter a trance–like state: “In these sessions, which often have the feeling of dramatized healing rituals, the improvised music seems to deepen the protagonists’ involvement and possession in the roles that they play” (Moreno 1995: 334).

Moreno’s ideals of **ethnomusic therapy** could be viewed as radical, but he has fresh and culturally considerate ideas for the practice of music therapy in traditional societies. Senegalese society is ever-evolving, but its people have not forgotten the traditions of their ancestors or the importance of music in their spiritual lives. I believe that music therapy practice would be an effective means of catharsis for individuals struggling with mental illness in Dakar, and by allowing traditional conceptions of mental health and modern medicine to exist together in **ethnomusic therapy**, psychiatric care in Dakar may find music to be beneficial medicine for the mind, body, soul, and community.
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