

Fall 2012

# Art as a Cure: Analyzing Healthcare Treatment for the Mentally Ill through the Lens of Art Therapy Programs in Dakar, Senegal

Sofia Porter-Castro

*SIT Study Abroad*, [sofiavpc@gmail.com](mailto:sofiavpc@gmail.com)

Follow this and additional works at: [http://digitalcollections.sit.edu/isp\\_collection](http://digitalcollections.sit.edu/isp_collection)

 Part of the [Art Therapy Commons](#), [Civic and Community Engagement Commons](#), [Community Health Commons](#), [Family, Life Course, and Society Commons](#), [Other Public Health Commons](#), [Psychiatric and Mental Health Commons](#), and the [Social and Cultural Anthropology Commons](#)

---

## Recommended Citation

Porter-Castro, Sofia, "Art as a Cure: Analyzing Healthcare Treatment for the Mentally Ill through the Lens of Art Therapy Programs in Dakar, Senegal" (2012). *Independent Study Project (ISP) Collection*. Paper 1405.

[http://digitalcollections.sit.edu/isp\\_collection/1405](http://digitalcollections.sit.edu/isp_collection/1405)

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact [digitalcollections@sit.edu](mailto:digitalcollections@sit.edu).

*Art as a Cure:  
Analyzing Healthcare Treatment for the Mentally Ill through the Lens of Art Therapy Programs  
in Dakar, Senegal*

Porter-Castro, Sofia

Academic Director: Diallo, Souleye

Project Advisor: Cryer, Stephanie

Northwestern University

Anthropology, French

West Africa, Senegal, Dakar

Submitted in partial fulfillment of the requirements for Senegal: National Identity and the Arts,  
SIT Study Abroad, Fall 2012

## Table of Contents

<b><u>Abstract</u></b>	<b><u>2</u></b>
<b><u>Introduction</u></b>	<b><u>3</u></b>
<b><u>Methodology and Sources</u></b>	<b><u>5</u></b>
<b><u>Findings</u></b>	<b><u>7</u></b>
Background on Traditional Mental Healthcare Practices and Beliefs about Mental Illness	7
<u>Art Therapy in Dakar</u>	<u>11</u>
Benefits of Art Therapy Programs	12
Involvement of Community and Family in the Healing Process	16
How Tradition and Modern Medicine combine in Art Therapy Programs and other aspects of Hospitalization	19
<b><u>Recommendation for Future Study</u></b>	<b><u>23</u></b>
<b><u>Conclusion</u></b>	<b><u>25</u></b>
<b><u>Bibliography</u></b>	<b><u>26</u></b>

### **Abstract**

Mental illness is a malady that affects roughly 2.3 million people in Senegal ("Statistics by Country" 2012), but the wide and sometimes opposing range of healing practices suggests that the attitudes surrounding mental illness are still largely contested. This is especially true in Senegal's capital, where advances in medicine in big city hospitals are growing while ties to traditional beliefs and practices remain strong. Alternative therapies, such as art therapy, provide an opportunity for practitioners to explore different techniques for treating the mentally ill while still integrating elements of the local culture. It is precisely this integration that this paper aims to study, along with how art therapy works within the African context in order to be beneficial for its patients. With the information provided by both the artists that lead art therapy workshops, and the psychologists that supervise them, this paper will highlight the importance of cultural context when structuring healthcare programs for the mentally ill, since the beliefs that are deeply rooted in Senegalese tradition impact the entire way in which Senegalese citizens understand and respond to mental illness. [Topic Codes: 504, 709, 720]

## Introduction

One of the first things I discovered when I began this project was how much my understanding of mental illness was linked to my own western-style education in the United States. I realized right away that my assumptions about the way illnesses are classified may not translate into the Senegalese context. Therefore, before diving into my topic, I needed to first understand how the general population identifies someone as mentally ill. In Senegalese culture, the importance that is placed on being an involved member of a community has a huge influence on how mental illness is perceived. Certain mental disorders, such as anxiety and depression, tend to manifest themselves in very personal and private ways, therefore going unnoticed by most people surrounding the affected individual. In the United States, where personal efficacy and independence is highly valued, the internal turmoil caused by depression is enough to get someone to seek help. In Senegalese society, however, mental illnesses often go unseen until they start affecting the larger community. For example, a mother who is simply “feeling down” will most likely be left alone, but if her mood is so low that she cannot even get herself to wake up in the morning and make breakfast for her children, then it becomes a problem (Ndiaye 2012). Mental illness is therefore understood more by how it disrupts the social order and less how it affects the individual. As Boussant and Saibou discuss in their article about community and healing:

*“La bouffée psychotique... signerait le désarroi de l’individu qui a perdu provisoirement sa position dans la structure sociale...la perte d’identité... correspond à la perte des limites non seulement de la personne propre mais aussi du groupe structurant par la perception de l’inadéquation du statut proposé au sujet./ An act of psychosis...signals the disorder of the individual who has lost provisionally his position in the social structure...his loss of identity...corresponds to a loss of limits not only for the individual but also the group structure through the perception of the inadequacy of the individual’s status” (Boussant and Saibou 1976)*

With this in mind, I was better able to understand the plethora of healing methods that exist in Senegalese society, both in the folk field of traditional healers, and in hospitals practicing modern medicine. In both of these spheres, the emphasis on reintegration is one of the primary motives of healing practices. Overcoming a personal issue is not enough. If a patient is not able to reintegrate and be a functioning member of society, then that patient is not considered to be fully recovered. Art therapy programs, as the focus of this project, demonstrate a consistent ability to help those affected by mental illness to reintegrate into their original communities. This research project will outline exactly how art therapy is used in the context of Senegalese hospitals, and how its ties to traditional practices help with this process of reintegration. By extension, this paper will also discuss how healing practices like art therapy reveal attitudes about mental illness in general, and how stigmas against those who are mentally ill are being combated by participants of these programs.

More than simply providing exposure to art therapy programs and other alternative therapies, this research project also aims to demonstrate just how important cultural context is for creating mental healthcare programs. One of the major reasons why art therapy works so well in the hospitals that were studied is because those involved in art therapy programs understand Senegal so well; and are therefore able to adjust and modify their programs to fit within the culture. One of the primary ways in which this is accomplished is by integrating family involvement into a practice that is often perceived as being very individualistic by nature. Without taking the cultural importance of communal healing into consideration, programs like art therapy would fail, because they would only be scratching the surface of issues that are deeply rooted in tradition.

Throughout the paper I will be using certain terminology that I would like to clarify here. When I refer to “modern medicine,” I am referring to the style of healthcare that is separated from religious beliefs and focuses on the use of drugs to treat certain maladies. “Traditional practices” therefore refers to the alternative style of treatments that exist outside the realm of hospital care and are often tied to religious beliefs and local customs. Last but not least, when I refer to “art therapy,” I am referring to organized, creative means of expression that are used in treatment techniques for the mentally ill in Dakar. The reason why I do not have a more specific definition of art therapy is because it seemed to vary based on the person I was speaking to and where I was speaking to them. I will make it clear what type of art therapy I am referring to when I speak of it in its context throughout the paper.

## **Methodology and Sources**

My first exposure to art therapy programs in Dakar was as a tourist. I had read about an art workshop at the Hôpital Principal in downtown Dakar in the *Lonely Planet Guide* to Senegal, and decided to investigate it my friends.<sup>1</sup> While I was there I met Moussa Sakho, the artist who runs the workshop, and not only did he inspire me to pursue this project, but he ended up being my first interview subject. Sakho gave me a couple of contacts, but my attempts at contacting people ahead of time through email mostly failed. I ended up finding most of my interview subjects by visiting the hospitals themselves, and asking around to see if anyone was available to talk to me. Personal interviews became my primary methodology for conducting this research, which was concentrated to three hospitals in the Dakar area: Hôpital Principal, Hôpital Fann, and Hôpital Arisitide La Dantec. In the end, I ended up interviewing 6 people at these hospitals: Sokhna Ndiaye, a psychologist at Hôpital La Dantec who used to work at Hôpital Principal;

---

<sup>1</sup> Kane, Katherina. *The Gambia & Senegal*. Lonely Planet, 4 edition (October 1, 2009).

Dembele Khadiatou Konaré, the current psychologist working at Hôpital Principal; Moussa Sakho, an artist who leads the art therapy workshop at Hôpital Principal; Alassane Seck, an art therapist at Hôpital Fann; Goumba Lam, the leader of the writing therapy workshop at Hôpital Fann; and Abdoulaye Armin Kane, the assistant artist to Alassane Seck at Hôpital Fann.

These interviewees were my primary sources for learning about art therapy programs themselves, but they were not my only subjects. I met an instructor named Daour Wade at the Baobab Research Center, who gave me a lot of information about traditional healing practices and Senegalese values about maladies and mental illness. I was also fortunate enough to be able to observe an *Ndoep* ceremony, a traditional healing practice primarily conducted by the Lebou ethnic group, where I met percussionist Djiby Mbay. Mbay was our tour guide throughout the ceremony, and was able to explain the meanings behind the details of the ceremony itself. With these subjects included, I ended up conducting a total of 8 interviews for this project.

These interviews were supplemented by secondary sources collected throughout the ISP period. Hôpital Fann has a fantastic library that provided me with texts about the history of the hospital and about art therapy in the African context. I also received help from my father Brian Porter-Szücs, a historian at the University of Michigan, and his doctoral student Jessica Robbins, who was able to provide me with helpful texts about medical anthropology and how mental illness is understood in different cultural contexts. Last but not least, I would not have been able to complete this project without the help of my advisor Stephanie Cryer. Stephanie Cryer is an American Social Worker who is stationed in Dakar, and not only did she provide excellent advice throughout the process, but she was able to connect me to Sokhna Ndiaye, an interview that was essential for understanding mental illness from the perspective of a Senegalese psychologist.

I was lucky to find such excellent human resources, though I did face some challenges in other aspects of my research. Attending the *Ndoep* ceremony was a great opportunity to observe a traditional healing practice, but apart from that I was not able to conduct as much participant observation as I would have liked. My original ambition of speaking to actual patients in the art workshops ended up being impossible due to logistical and ethical reasons. When I asked the artists if I could simply observe the art workshops, they seemed a bit hesitant, since they were not sure how my presence might affect the patients and they did not want to make anyone uncomfortable. For these reasons, personal interviews and secondary research made up the bulk of my sources. A second challenge that I had not anticipated when I began my research was how important it was to distinguish between an artist and an art therapist. I had assumed that anyone who led an art therapy workshop would also have a background in clinical psychology, but this ended up not being the case. Moussa Sakho, for example, has no education in psychology, and is simply an artist who leads the workshops and guides the patients through the technical process. Alassane Seck, on the other hand, is a trained art therapist, so he was able to give me a lot more information about why art therapy can be beneficial for treating mental illness. This was not a huge setback in my research, but I did have to adjust a couple of my interview questions based on the medical background of my participants. Aside from these issues, I was pleasantly surprised by how open both the psychologists and the artists were to speak with me, making my job significantly easier, and making my research that much more interesting.

### **Background on Traditional Mental Healthcare Services and Beliefs about Mental Illness**

Despite the growing presence of art therapy and modern medicine in Senegalese hospitals, much of what Senegalese people understand about mental illness is still strongly tied to

traditional beliefs. Unlike in the United States, where mental ailments are almost always attributed to biological factors such as chemical imbalances in the brain, mental illness in Senegal is often believed to have spiritual sources (Ndiaye, Konaré 2012). Among the Lebou ethnic group, this spiritual source manifests itself as a mystical being known as a *rab*. Much like a guardian angel in the Christian tradition, *rabs* are spirits that coexist within each individual. Families will often designate a space in their house to create a *Sàmp*, or a type of shrine for their *rab*, so that they may give offerings as a sign of respect. Therefore, if someone in the family falls ill, it is believed that they have disrespected the *rab* in some way, and this disagreement with the family spirit is seen as the source of the malady (Wade, Mbay 2012).

Once the source of the illness has been established, help is sought in a variety of ways. Many families will consult their local *Marabout*, or traditional healer, for methods of appeasing the disagreement with the spirit. In other cases, families will organize an elaborate ceremony called an *Ndoep*, which I was lucky enough to witness during my time here in Dakar. My major informant during this ceremony was a percussionist named Djiby Mbay. Mbay explained that the *rab* will often enter the dreams of the affected person to demand an *Ndoep* ceremony. In this dream, the *rab* will dictate exactly what it requires in order to stop afflicting the family, such as how long the ceremony should last ( it can last up to several days ), and what types of animals should be sacrificed. Once these demands are received, the family will seek the help of an *Ndoepkat*, a priestess who consults with the *Marabout* and leads the ceremony.

The ceremony itself involves a complex combination of rituals, animal sacrifices, and dancing. Many of these rituals happened behind the scenes, so I was not able to personally observe them, but the dancing ceremony itself is a very public event. In the ceremony that I witnessed, a group of 7-8 drummers assembled in the courtyard of the family's house and started

playing at a deafening volume. Almost instantaneously, the entire neighborhood, along with the friends and family of the affected person<sup>2</sup>, formed themselves in a circle around the drummers. Once everyone was settled, the patient, the priestess, and a couple of women who were assisting the priestess came out and started dancing to the beat of the percussionists. The *Ndoepkat* started chanting into a megaphone, so that the songs could be heard over the drummers. After a few minutes of dancing together, the patient eventually separated from the group, and the dancing style became very different. Her dancing would alternate between rapid flailing of the arms (meant to “shake out” the bad spirit), and collapsing to her knees and dancing in a somber, heavy manner. Throughout the ceremony, members of the audience would fall under a similar “trance” and join the patient in her dancing. Even though I come from a different culture, being witness to this ceremony helped me understand why it is so powerful for those involved. In the same way that strobe lights and loud music can transport you at a dance club, the intense drumming, dramatic dancing, and the haze created from the sand that is kicked in the air “transports” spectators of the ceremony in much the same way.

Apart from being a personally enlightening experience, the *Ndoep* ceremony revealed two very important aspects about Senegalese culture in the context of healing mental illness. The first is the attitude surrounding the sources of mental illness. Mental illness is often believed to come from the exterior (Konaré, Ndiaye 2012). Whether it is a *rab* that is doing the person harm, or an enemy who has asked a *Marabout* to curse someone, the mentally ill person is often seen as the victim of the effects of a more powerful for source. For this reason, the surrounding community feels a responsibility to help the afflicted person. Daour Wade, instructor at the Baobab Research Center, explained if one person in a community is sick, the whole community

---

<sup>2</sup> The word used in French to refer to the subject of the *Ndoep* ceremony is the “malade,” or “sick one.” For the sake of clarity in the paper, I will refer to this person as the “patient.”

is considered sick, and the whole community comes together to help heal the person. The importance of communal involvement was made very explicit in the ceremony. For example, during the dancing part of the ceremony, it was very difficult to distinguish who among the dancing woman was the patient. This was done purposefully, so that the patient would not feel singled out, and would know that everyone was getting involved to help her resolve the disagreement with the *rab*. This is also a large reason why others in the crowd started dancing and falling into a “trance” with her, so that she would know that she was not alone in the healing process. In an essay discussing cultural variations in response to psychiatric disorders, author Laurence J. Kirmayer makes a similar observation: “Where the person is conceived of in terms of the family or a larger social unit, rather than an isolated individual, the stigma of illness affects the entire unit and demands a collective response to re-integrate or expel the deviant member” (Kirmayer, 1989). Andrew Soloman, an American who participated in the *Ndoep* ceremony to understand how other cultures treat depression, also felt the power and importance of the community in the Senegalese culture. While reflecting on his experience participating in the ceremony, Soloman said “It provided a way of thinking about the affliction of depression – as a thing external to and separate from the person who suffers. It entailed an intimate experience of community” (Solomon 2002).

Mental illness as a social issue was made explicit in the *Ndoep* ceremony, but as I will demonstrate throughout this essay, the attitude of communal healing is something that permeates almost every healthcare practice in Senegal.

## **Art Therapy in Dakar**

In the center of Dakar, Senegal's capital city, there are currently two hospitals that have art therapy programs: Hôpital Principal and Hôpital Fann. Though these offerings may be slim compared to the population of the city, both hospitals have well established programs. The person who leads the art therapy workshop at Hôpital Principal is an artist named Moussa Sakho, who was asked to lead the workshop after he was discovered giving art classes to children at the French Cultural Center in downtown Dakar. For him, the art workshop is primarily a place for creative expression, and he does his best to encourage patients to paint and guide them through the technical process. These workshops, however, are largely unstructured. He avoids proposing themes or topics to the patients to allow them the liberty to create whatever they are in the mood to create. This works a bit differently from a second art therapy workshop offered at the same Hospital, which is a Writing Therapy workshop led by a man named Goumba Lam. Lam also tries to create a welcoming space of expression, though he does a lot to help stimulate the imagination. He often begins the workshop with word games, and has his patients choose a word or phrase randomly from a bucket as a prompt to start writing. This is not meant to limit the patients by any means. If a patient is uncomfortable with their topic, they are free to change it. Lam believes that individual prompts work best, because if a patient has an issue with the prompt given to the whole group, then he would have to expose his discomfort to everyone in the workshop, which could indicate to others a problem that a patient would like to keep personal. For both Lam and Moussa, it is important for them to create a safe space for the patients, where they feel that they can freely express themselves and their work will not be exposed to anyone outside the workshop unless they want it to be.

Another art therapy program, located at Hôpital Fann, holds workshops for the plastic arts (painting, sketching, ceramics, etc) which are very popular. Unlike Moussa Sakho, Alassane Seck (the leader of the workshop at Fann) is a trained art *therapist*, not just an artist. Like Sakho, he gives his patients freedom to choose what they would like to create, though unlike Sakho he seems to try and engage his patients much more in what they are drawing as a way to work through their illness. Despite having slightly different techniques and working in different domains, all three artists had similar opinions of why the creative arts can be extremely useful in the healing process for mental illness:

### **Benefits of Art Therapy**

First and foremost, all of the artists that I spoke to mentioned the importance of creating a pleasant place in a hospital for patients to spend their time. As Lam explained, hospitalization is grueling enough of an experience, and it is not healthy for patients to be sitting alone in their room brooding on their illness. These workshops give them something to do, and provide them with a space where they can de-stress and think about something other than their hospitalization. Seck also made a huge effort to create a nice “vibe” in his workshop by making it visually stimulating (When I visited his workshop, artwork of the patients was displayed everywhere, creating a lively, colorful environment), and playing music that patients’ request. As Seck explained, workshops are a rupture from what they normally see in the hospital (nurses in scrubs, medical equipment, etc), and gives them “*Contact avec la culture...ils ne sont pas dans une prison...on voudrait créer une fenêtre pour qu’on puisse apercevoir tout ce qui se passe dehors...et ça... l’équilibre déjà [Le Patient]*”/ Contact with the culture...they are not in a

prison...we want to create a window so they can perceive what is happening outside [the world of the hospital]... and for the patient, that gives them equilibrium.” (Seck, 2012)

After discussing the importance of ambience, I asked each artist where they believed that artwork fit in the healing process. Did they use art *as* therapy or art *in* therapy? In other words, did they believe that the action of doing art itself was helpful, or that creating art was a means to another end in the therapeutic process (Edwards 2004)? All artists agreed that the simple action of creating artwork was therapeutic since it is a calming activity, but the major advantage lies in the connections that can be made between the patient and therapist. These connections end up creating a line of communication, which can help both the therapist and the patient understand the root of their mental illness. As Edwards, author of the book *Art Therapy*, discusses:

“It is within the supportive environment fostered by the therapist-client relationship that it becomes possible for individuals to create images and objects with the explicit aim of exploring and sharing the meaning these may have for them. It is by these means that the client may gain a better understanding of themselves and the nature of their difficulties or distress.” (Edwards 2004)

Seck also discussed at length that patients with mental illnesses may not be able to adequately express what they are feeling with words. Artwork becomes a non-verbal way for them to both analyze their feelings and share them with their therapist. This is especially important in the Senegalese context, since many patients at the hospitals balance their verbal expression with French and Wolof (the local language). Lam often runs into issues with his writing workshop, because Wolof is not a written language, therefore the workshop is limited to those who speak French and have a high enough level of education to be able to write in French comfortably. For those who only speak Wolof, or received low levels of education and are illiterate, the plastic arts are a much better option. Lack of communication with those who are mentally ill is also a large reason behind stigma that exists towards mental illness:

*“ L’individu normal ne communique plus avec le fou; il refuse de communiquer avec lui. Le fou n’est plus une personne ; il n’a pas de valeur...être guérisseur et thérapeute serait, précisément, restaurer cette communication perdue ou refusée! The normal individual does not communicate with the crazy person; he refuses to communicate with them. The mad individual is no longer a person; he doesn’t have any valor...being a healer and a therapist is, precisely, about restoring that communication that was lost or refused »*  
(Collomb 1976)

Stigma towards mental illness will be discussed later on in this essay, but Collomb’s statement demonstrates how important communication is in the healing process, and art therapy helps overcome the barriers that exist when trying to communicate with someone who is mentally ill. When I spoke to Konaré and Ndiaye (psychologists who supervise art therapy programs at different hospitals) about art therapy’s ability to open lines of communication, they shared with me the same story about a mute patient who spoke for the first time at an art therapy clinic. As Konaré explained, with artwork you can sometimes create distance. For example, if you are talking about a painting, you are not talking about yourself, but the patient often ends up revealing something about themselves in the process. When this mute patient spoke for the first time, he pointed to the painting he had made, and told his therapist “Ca, ça c’est moi/ That, that is me.” From that point on, the therapist now had a link to the inside world of her patient, and was able to take the next step in the healing process.

Additionally, the psychologists and artists that I interviewed mentioned that the confidence that artwork can give patients is extremely important in the healing process. Many patients with mental illness have little self-worth, and feel that they are incapable of accomplishing anything. Just the simple act of completing a painting can give a patient enough confidence to feel that they have the ability to overcome their illness. Many artists mentioned that watching their patients come to this realization is one of their favorite parts of the job. Sakho was especially proud to tell me about a couple of patients who became talented enough to sell

their artwork and make a small profit. In this way, art therapy has a practical aspect as well. For those who may not be able to maintain a high paying job due to their mental illness, artwork can give them a skill to help them sustain themselves when they are done with hospitalization (Sakho, Kane, Lam 2012). This skill can help the patient reintegrate into society, which as will be discussed in the next section, is of major importance in Senegalese culture.

Last but not least, art therapy workshops can help combat negative stigmas that exist towards those who are mentally ill. As Ndiaye explained, there is still a lot of fear and misunderstanding regarding mental illness in Senegalese society (Ndiaye 2012). The artists who run the workshops believe that the best way to confront these misunderstandings is through exposure. Alassane Seck periodically hosts expositions of his patient's artwork in and outside of the hospital. By hosting expositions, not only are they able to start conversations with the public about mental illness, but it is also an opportunity to show other people that those who are mentally ill are capable of creating beautiful art. As Seck explained, a lot of people look down on those who are mentally ill, but when they see a piece of art that they admire, and they learn that the person who made it is mentally ill, it can make them rethink the negative attitude that they had against the person. Old patients of the program have even banded together to create a program called Rescap'art, which is meant to both give exposure to art therapy, and to encourage conversations with the public about artwork and mental illness (Kane 2012). In this way, art therapy is not only helpful for the patient, but is helpful for the education of the community at large.

## **Involvement of Community and Family in the Healing Process**

After witnessing the intense community involvement in traditional healing practices like the *Ndoep* ceremony, I was curious to know how art therapy incorporated this aspect of Senegalese culture. At first glance, art therapy appears to be a very individualistic process, which directly contradicts the value of community healing that can be seen in so many other aspects of Senegalese culture. This first impression, however, proves to be false. Despite the fact that art therapy is often a personal journey for the patients, the workshops themselves are structured to encourage group involvement. In Alassane Seck's workshop, for example, group involvement is made very explicit. At the end of each workshop, the patients are encouraged to discuss their paintings with each other, and even offer critiques and advice. Seck will also organize workshops in which he will have more than one patient work on the same painting. This may result in some conflict (for example, one patient may want to use one color as opposed to another), but the conflicts that arise are seen as part of the process of teaching a patient how to work through their problems in a healthy way. Konaré, a psychologist who works at Hôpital Principal and supervises the art workshops, mentioned that the advantages of group involvement can work in more subtle ways as well – such as learning to wait your turn to use a paint color, or asking another patient if you can borrow a paintbrush. These simple interactions are enough to start rehabilitating patients so that they have the skills necessary to reintegrate into society after their hospitalization: “*Pour nous, ça c'est hyper important...ils sont obligés d'être ensemble...de ne pas se battre et de negocier.*” (Konaré, 2012). In both of these hospital settings, the interactions between the patients is seen as extremely important, since by forming relationships

with each other they end up helping each other through their healing process, even if this is done by the means of a personal art project.

Community involvement does not only exist among the patients. Both hospitals require their patients to have an *Accompagnant* throughout the entirety of their hospitalization. An *Accompagnant* is often a member of the family or a close friend, and in the event that the patient does not have either of these, then there are people available to be hired as *Accompagnants*. The role of the *Accompagnant* first and foremost is to be a helping hand. If a patient is in need of anything, even if it is a small errand, it is the *Accompagnant's* responsibility to make sure they have it and that they are comfortable. All of the artists and psychologists that I spoke to emphasized the importance of the *Accompagnant* in the healing process. It is a way for the patient to maintain a connection with the outside world, which ultimately helps with the reintegration process (Ndiaye, Seck 2012, Boussat and Leonetti-ducrocq 1976). Seck often encourages the *Accompagnants* to participate in the art workshop along with the patient. This not only helps them see firsthand what the patient is doing in the hospital, but if the *Accompagnant* is a close friend or family member, it is an opportunity for them to better understand the source of their loved one's illness. This often proves to be more helpful for the *Accompagnant* than for the patient, because by feeling that they better understand the patient, they are able to form a closer bond, and work with each other through the healing process. As Seck puts it "*Guerrir l'Accompagnant c'est aussi une partie de guerir à le malade/ Healing the Accompagnant is also a part of the healing the patient*» (Seck 2012).

Both of the hospitals that I visited were very proud of the intense family involvement that is seen during a patient's hospitalization. Ndiaye had a particularly interesting perspective, since her time studying in the United States provided her with a point of comparison for analyzing the

Senegalese system. Based on her experience working in American psychiatric facilities, hospitalization for those who are mentally ill in the United States is a very lonely process. Most of a patient's interactions in the hospital are with their doctor or therapist, and visits from family and friends are limited to certain hours of the day. According to Ndiaye, this style of hospitalization in the U.S. felt more like a prison than a rehabilitation center, and that system would absolutely fail in the Senegalese context. As was mentioned in the introduction, being an active and present member of the community is given a lot of importance in Senegalese society. In fact, inability to integrate into a community and be an involved family member is often considered as a form of social illness (Kleutsch 2002, Herzog 2011). This is why reintegration is given such an emphasis in the healing process:

*C'est à la condition d'être réintroduit dans ce circuit de groupe que le malade peut sortir de l'hôpital et réintégrer sa famille ou sa communauté d'origine. Si cette réintégration est impossible, un consensus groupal de rejet peut être observé/ It is on the condition of being reintroduced to a group circuit that the patient is able to leave the hospital and reintegrate into their family and community of origin. If this reintegration is impossible, a group consensus of rejection is observed.» ( Boussat and Saibou 1976 )*

Despite the fact that the therapeutic programs offered in Hôpital Fann and Hôpital Principal involve individual work and reflection, it is only one small step in the larger effort of the surrounding community to help a patient re-establish a life in society. For Ndiaye, this is the most important reason for why she believes that the Senegalese system has an advantage over the American system. These hospitalization programs understand the importance of cultural context in the healing process. Despite the fact that most of the practitioners were trained abroad (Both Konaré and Ndiaye explained that Senegalese Universities do not have strong programs in psychology), they knew that they would have to adjust certain techniques that they learned elsewhere in order for it to work for Senegalese patients – like community involvement. In

Senegal, a patient will be considered fully recovered when they can ease their way back into the social rhythm of life in Senegal (Sakho, Nidaye, Konaré 2012). Without this understanding, the hospitalization process would most likely fail.

### **How Tradition and Modern Medicine combine in Art Therapy Programs and other aspects of Hospitalization**

The involvement of community and family in the healing process is not the only way in which Senegalese culture is integrated into the hospitalization system. As a matter of fact, links to traditional Senegalese healing practices are seen throughout programs offered in each hospital. One of the ways in which this connection is most explicit is through the weekly organization of a *Pinth* (pronounced painch). The word *Pinth* literally means “in the middle,” and refers to the way in which town meetings are organized in African villages. In most African villages, houses are organized in circular formations, all of which eventually come together into the center point of the village called the *Pinth*. During regular intervals of the year, the chief of the village calls everyone to the *Pinth* using the drumming of the *Tama* (a Senegalese drum) in order to have a town meeting. It is during these meeting that events in the village are announced, such as marriages and baptisms, and village issues are discussed, such as conflicts between families, droughts, etc. Both Hôpital Fann and Hôpital Principal organize *Pinth* meetings on a weekly basis. It provides an opportunity for patients to discuss events in their lives, but more importantly, it is time to have an open forum about what they like and do not like about their hospitalization. If the patients are dissatisfied with something, this is the time to discuss it with the therapists (and vice-versa, therapists use this opportunity to talk to patients about how they can contribute to the hospitalization process – such as picking up their plates when they finish

eating). At first glance, the *Pinth* seems a lot like group therapy workshops that are organized in the US, but as Ndiaye explains, it is in fact very different. In group therapy workshops, the therapist is the one who leads the discussion. During a *Pinth*, one of the patients is selected to be the “chief” of the meeting. Not only is this a confidence booster for the patient who leads the discussion, but it makes the other patients more comfortable to discuss certain issues since they feel that the person who is running the talk is “one of the them” and will therefore better understand their problems (Ndiaye 2012):

*Le Pinth est ainsi le lieu où se prennent les décisions intéressant un individu ou l'ensemble de la communauté, le moment privilégié où la malade va pouvoir s'exprimer au sens le plus littéral, face aux autres, bravant l'interdit ou le mutisme, parlant d'elle, de ses préoccupations, de ses projets. Son discours est alors repris, complété, explicité. Des solutions sont demandées au groupe, aux vieilles femmes, aux sages, aux guérisseurs présents...tout le monde à la parole et ne s'en prive pas !!* The *Pinth* is therefore the place where decisions are made regarding the individual or the community at large, the right moment for the patient to be able to express him/herself in the most literal sense, in front of others, challenging what is forbidden or kept secret, to talk of him/herself, of her preoccupations, of her projects. Her discourse is therefore reiterated, complete, explicit. Solutions are requested from the group, from the old woman, from the wise people, from the healers that are present...all the world is involved in the discussion and does not withdraw from it. (Boussat and saibou 1976)

The *Pinth* is an excellent example of how tradition is modified and integrated into the hospitalization system. However, tradition is not just seen in modified forms. Many patients will seek the help of traditional healers either before, after, or during their time at the hospital. It is not considered rare that a patient will consult a *Marabout* at the same time that they consult a physician, or that they will receive permission to leave the hospital for a weekend in order to have an *Ndoep* ceremony. Based on my own observations and those of previous SIT students who have done research projects on a similar topic, traditional and modern healing methods appear to coexist harmoniously (Herzog 2011, Kleutsch 2002). When I asked the physicians directly whether or not they approved of their patients seeking the help of a traditional healer,

many of them were very understanding. To begin with, they themselves are Senegalese, and they understand the power and importance that traditional healing methods have in Senegalese society (especially for those patients who strongly believe that their malady comes from an external source – such as a spirit). The power of belief is not belittled in the hospital system, and many of the physicians recognize that if a patient truly believes that something will cure them, it often does have a positive effect on the patient (Ndiaye 2012).

The discussions about the influence of traditional healing methods became particularly interesting when I asked them to explain how tradition relates directly to art therapy. I began by asking each interviewee to imagine a scale in which traditional healing practices (such as the *Ndoep* ceremony) were on one side of the scale, and modern medical techniques were on the other side. I then asked them to tell me where they would place art therapy on the scale (For this prompt, I explained that art therapy could also encompass many forms of alternative therapy such as dance and writing therapy). At first, many of the interviewees said that it would definitely lean more towards the modern end of the scale, but when I asked them to elaborate, they ended up retracting their previous answer and moving more towards traditional. As artist Abdoulaye Kane reflected on my question, he realized that much of the way in which he organized the art therapy workshops was based on how they organized the *Pinth*. Sokhna Ndiaye believes that these techniques are more African than they are occidental (Note: I never verbally associated modern medicine as being occidental in origin. She herself made this connection). As Ndiaye explained, creative methods for healing the mentally ill have been around for years. The *Ndoep* ceremony, for example, uses dancing as a therapeutic method much in the same way that dance therapy workshops do in modern hospital systems (Ndiaye 2012). In the art journal

Synapse, an article titled “Creative Tradition & Psychopathology” tells the story of a Senegalese artist from the 1940’s who used his artwork to express his troubled feelings about his childhood:

*“La peinture d’Alboury est la peinture de ses conflits...C’est cette créativité la qui nous importe, forte reprise en compte de ses contradictions et de ses attaches...Alboury s’exprimer, nous retrouvons les grand thèmes de la psychopathologie / The paintings of Alboury are paintings of his conflicts. It is this creativity that imports itself on us, and strongly takes into account his contradictions and connections... through Alboury’s expressions, we can discover themes of psychopathology » (Boussat and Leonetti-Ducrocq 1976)*

In another text from the same art journal, authors Dubois and Samuel-Lajeunesse discuss the connections between artwork that has been created in psychopathology settings, and that which has been created in the contemporary art world:

*“ Les liens entre les psychothérapies avec médiations artistiques et l’art contemporain sont également fondamentaux à considérer. Le développement de l’art en thérapie est en effet semble-t-il, parallèle à la diffusion à grande échelle de l’art depuis la fin du XIXe siècle / The links between psychotherapy through artistic mediations and contemporary art are equally fundamental to consider. The development of art therapy is in fact, it seems, parallel to the diffusion of the production of art after the end of the 19th century.» (Dubois and Samuel-Lajeunesse 1998)*

In other words, much like what Ndiaye was arguing, artwork as a therapeutic tool for working through internal conflicts has been around for ages. Even though this previous quote discusses this concept from a worldwide frame, art therapy in the Senegalese context has a lot of local, traditional influence. For all of my interviewees, it is the combination of techniques, new and old, that create the well-rounded hospitalization style that they are so proud of. As Konaré said, “ *C’est cette complémentarité qui, pour moi, est riche et qui va guérir le patient./ This complementary [way of healing], for me, is rich and will heal the patient» (Konaré 2012)* Like the involvement of community and family that was discussed in the previous section, the importance and influence of tradition is not ignored, and only helps in creating a stronger healing system for the mentally ill population in Senegal.

## Recommendation for Future Study

The primary focus of my research was to do a study on contemporary healthcare practices in Dakar hospitals, and how they combine and interact with traditional Senegalese values. Like most anthropological studies, however, my research ended up introducing me to topics that could make for very interesting studies in the future. One of these topics was how financial status and socioeconomic background determine the level of care that someone who is mentally ill receives. When I briefly touched on the subject with my interviewees, I was given some odd answers. Most of the art therapy workshops are free to attend, but the patients who attend the workshops are primarily those who are hospitalized, and hospitalization can be quite expensive. Conversely, the *Ndoep* ceremony is also extremely expensive to organize. Hiring the drummers, buying fancy dresses for the family members, purchasing the animals to sacrifice, and all the other details of the ceremony come out to a high cost. Lastly, the role of an *Accompagnant* is to be with the patient almost 24/7. If this *Accompagnant* is a family member, that would mean that they either do not work, or are in a financially stable enough position to take off work during the hospitalization period of their family member. My research showed me that hospitalization programs can actually be quite successful, but the examples mentioned in this paragraph indicated to me that these programs are only available to a small, relatively wealthy portion of the Senegalese population. What healthcare options exist for those who are not as financially well off? When I spoke to Sokhna Ndiaye about the topic, she mentioned that money issues sometimes cause a bit of a competition between *Marabout* healers and hospital practitioners. As mentioned before, physicians will often tell family members that treatment can be lengthy, expensive, and a full recovery is not guaranteed. *Marabouts*, on the other hand, can offer a full recovery at a relatively low cost. For this reason, families will often choose to seek the help of a

*Marabout* first. Unfortunately, it is not unheard of that *Marabouts* will take advantage of the lack of information that exists about mental illness and financially exploit their patients with empty promises of recovery. The result is often a family that has been cheated by a *Marabout*, and ends up spending more money in the long run. (Ndiaye 2012, Herzog 2011).

Secondly, while conducting my research I came across a phrase that spoke volumes about the attitudes that exist towards mental illness. “Dof du Wer” is a Wolof proverb that literally translates to “Le fou ne guerrie jamais” or “the crazy one will never heal.” In other words, even if a mental illness is finally recognized, there is a lack of hope that a person can ever be helped (Ndiaye, Konaré). How does this attitude affect the way that mentally ill individuals seek help? How does the attitude of hopelessness contribute to negative stigmas that might exist towards mental illness?

Lastly, I spoke earlier in this essay about the benefit of art expositions for educating the public about mental illness, but I discovered during my research that the selling and purchasing of artwork from these expositions can be a sticky subject. For the patients themselves, it can make therapy a confusing experience. Are they creating artwork for their own healing purposes, or to make money? The reason behind making the artwork can change the entire way that a patient approaches the therapy. It would be interesting to study the ethics of buying and selling artwork from those who are mentally ill, and whether creating a market of their work further educates the public, or exploits a population that has little agency to fight for their rights.

The issues of financial status and how it relates to care, exploitation by *Marabouts*, “Dof Du Wer,” and the ethics of selling artwork are topics that deserve much more attention than I was able to give during my current project, and I hope that future SIT students might consider exploring the topic for their ISP projects.

## **Conclusion**

In a culture with strong ties to traditional beliefs, art therapy provides a flexible framework in which to integrate practices that have roots in local customs along with elements of modern medicine. As this paper has demonstrated, this combination of methods is not only seen in art therapy specifically, but in other aspects of hospital programs as well. Besides being beneficial to the personal needs of the patients, the integration of tradition into hospitalization programs in Dakar is most helpful in teaching patients how to reintegrate into society after their stay in the hospital. This reintegration is an essential step in the healing process, since the importance placed on community involvement in Senegalese culture determines whether a patient will be re-accepted after their hospitalization or whether they will be rejected. This consequence speaks to the importance of understanding cultural beliefs and values when structuring hospitalization programs, especially when it comes to mental illness. This is why art therapy in Senegal, which might be an individualistic process in another context, integrates the communal healing that is so important in Senegalese culture. Though stigmas and misunderstandings about mental illness are still an issue, the use of art therapy in the hospitalization system in combination with other techniques not only helps the patient navigate the stigmas, but can help combat these stigmas through awareness and education. In this way, artwork can both heal the patient and heal the community of its negative perceptions – all while making the hospital wings a little more colorful.

## Bibliography

### Interviews

Kane, Abdoulaye Armin, interview by Sofia Porter-Castro. *Artist at Hôpital Fann* Translated by Sofia Porter-Castro. (November 27<sup>th</sup>, 2012)

Konaré, Dembele Khadiatou, interview by Sofia Porter-Castro. *Psychologist at Hôpital Principal* Translated by Sofia Porter-Castro. (November 22<sup>th</sup>, 2012)

Lam, Goumba, interview by Sofia Porter-Castro. *Leader of Writing Therapy Workshop at Hôpital Principal* Translated by Sofia Porter-Castro. ( November 20<sup>th</sup>, 2012)

Mbay, Djiby, interview by Sofia Porter-Castro. *Percussionist and Griot* Translated by Sofia Porter-Castro (November 12<sup>th</sup>, 2012)

Ndiaye, Sokhna, interview by Sofia Porter-Castro. *Psychologist at Hôpital Aristide Le Dantec* Translated by Sofia Porter-Castro. (November 22<sup>th</sup>, 2012)

Sakho, Moussa, interview by Sofia Porter-Castro. *Leader of Art Therapy Workshop at Hôpital Principal* Translated by Sofia Porter-Castro. (November 16<sup>th</sup>, 2012)

Seck, Alassane, interview by Sofia Porter-Castro. *Art Therapist at Hôpital Fann* Translated by Sofia Porter-Castro. (November 21<sup>th</sup>, 2012)

Wade, Daour, interview by Sofia Porter-Castro. *Instructor at Baobab Research Center* Translated by Sofia Porter-Castro (November 13<sup>th</sup>, 2012)

### Secondary Sources

Ahyi, R.G. ,P. Gandaho, J. Houngebe-Ezin ,and M.Tognide and K. Gouro. “Depression et Culture: L’Expérience Africaine” *Synapse: Journal de Psychiatrie et Système Nerveux Central* 149 (1998): 41-43

Auguin, R. « Collaboration Guérisseur Médecin » *Recherche Pédagogie et Culture* 25(1976) : 17- 22.

Boussat, M. and A. Saibou. “ Le Lien Communautaire et la cure” *Recherche Pédagogie et Culture* 25(1976) : 10- 16.

Boussat, M. and R. Leonetti-Ducrocq. « Creativite Tradition & Psychopathologie » *Recherche Pedagogie et Culture* 25(1976) : 23-35.

Collomb H. « Communication et Folie » *Recherche Pédagogie et Culture* 25(1976) : 3-9.

Desjarlais, Robert and Leon Eisenberg, Byron J. Good, and Arthur Kleinman. *World Mental Health: Problems and Priorities in Low Income Countries*. New York: Oxford University Press. (1995).

Dubois, A.M. and B. Samuel-Lajeunesse. "L'art en Therapie en 1997." *Synapse: Journal de Psychiatrie et Système Nerveux Central* 149(1998): 7-10.

Edwards, David. *Art Therapy*. Thousand Oaks: Sage Publications Ltd, (2004).

Feller, L. and M. Boussat. "Psychologie et Pédagogie Médicale: Le Double Lien" *Recherche Pédagogie et Culture* 25(1976) : 36-39.

Grobli, Z. « L'art et la Therapie. » *Synapse: Journal de Psychiatrie et Système Nerveux Central* 149(1998): 11-13.

Herzog, Alexa. "Nit Natay Garabam or, Man is the Remedy for Man: Contextualizing Western Mental Healthcare Practices in Dakar, Senegal." Independent Study Project (SIT), 2011.

Kane, Armin. "L'Atelier d'Expression Artistique de la Clinique Psychiatrique du Centre Hospitalier Universitaire de FANN \_ DAKAR." *Art Brute*.  
<http://travel.mediamatic.net/page/62960/en> (accessed December 5, 2012).

Kirmayer, Laurence J. "Cultural Variations in the Response to Psychiatric Disorders and Emotional Distress" *Social Science & Medicine* 29(1989):327-339.

Kleinman, Arthur. *Rethinking psychiatry: from cultural category to personal experience*. New York: Free Press. (1988).

Kleinman, Arthur, Leon Eisenberg, and Byron Good. "Culture, illness, and care: Clinical lessons from anthropological and cross-cultural research" *Annals of Internal Medicine*. 88 (1978):251-258.

Kleutsch, Lauren. "Mental Illness And Culture: Exploring the Relationship Between Senegalese Values and the Perceptions of and Treatments for Mental Illness in Traditional Senegalese Medecine." Independent Study Project (SIT), 2002.

Sargent, Carolyn and Stepanie Larchanche. "The construction of "cultural difference" and its therapeutic significance in immigrant mental health services in France." *Culture, Medicine & Psychiatry* 33(2009):2-20.

"Statistics by Country for Mental Illness." *RightDiagnoses.com*.  
[http://www.rightdiagnosis.com/m/mental\\_illness/intro.htm](http://www.rightdiagnosis.com/m/mental_illness/intro.htm) (accessed October 15, 2012).

Solomon, Andrew. *The Noonday Demon: an Atlas of Depression*. 1st Touchstone ed. New York: Scribner, 2002.