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Nit Nitay Garabame: Analyzing Mental Illness and Art Therapy Within Dakar's Atelier d'EX-PRESSION Artistique

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*Nit Nitay Garabame: Analyzing Mental Illness and Art Therapy Within Dakar's Atelier
d'EX-PRESSION Artistique*

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Africa, Senegal, Dakar, Hôpital Fann, Clinique Moussa Diop

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Abstract

As mental health issues are usually given low priority in countries of sub-Saharan Africa, including Senegal, mental illness continues to be an emerging topic of discourse (Rand 2015). In Dakar, the practice of art therapy has been used for decades to provide those living with mental illness or going through trauma with a method for self-expression when words fail to articulate their situations or mental states. Situated within Hôpital Fann's psychiatric hospital, Clinique Moussa Diop, is an art therapy workshop known as *l'Atelier d'EX-PRESSION Artistique*¹, which provides the space, structure, and material for persons with mental illness to work with the plastic arts. Thus, the purpose of this project is to determine how mental illness is conceptualized and perceived within Senegal, the role that Clinique Moussa Diop's atelier plays in conceptualizing and perceiving mental illness, the functionality of art therapy within the Senegalese context, and the workshop's efforts of reintegrating patients into society. Featuring participant observation, interviews, and secondary research, this paper contributes to the emerging discussion of mental illness in Senegal, showing that although there exists a generally negative stigmatization towards persons with mental disability, the art therapy atelier works to redefine the concept of mental illness, integrates culturally relevant aspects within the structure of the workshop in order to improve patient care, and ultimately provides a space conducive to healing the patient and reintegrating them into Senegalese society.

Key Words: Cultural Anthropology, Mental Health, Art, Rehabilitation and Therapy

¹ Artistic EX-PRESSION Workshop, emphasis on the hyphenated word "EX-PRESSION," which conveys releasing pressure (*pression* in French) to something on the outside

1. Introduction

Nit nitay garabame—l’homme est le remède de l’homme—man is man’s remedy.

On my walk home from school, a month before the commencement of my Independent Study Project (ISP), I saw a man on a corner of the street having an epileptic seizure. This was not the first time I had seen him seize on that particular corner; however, it was the first time I saw a crowd of around five people watching him, keeping their distance. It was a confusing sight to see; I could not tell if the bystanders were watching to make sure he was okay, if they were interested or frightened by the sight of the convulsing man, or both. As I observed the crowd of people and the man, I started talking with my friend. “What do you think the healthcare options are for people with disabilities or mental illness?” I had asked her. This got me to thinking about the healing properties of art therapy and my previous experience doing art therapy with children during a month-long internship a few years before. I then decided to pursue a research project on this method of therapy, subsequently endeavoring to find an art therapy workshop or organization in Dakar.

My initial research led me to Clinique Moussa Diop, where I found the art therapy studio. When I visited the workshop for the first time, meeting the patients and the leader, I began to further wonder how mental illness is defined and perceived in Senegal. Additionally, I was curious as to how the workshop interacts with or influences the conceptualizations and perceptions of mental illness in Senegal, how art therapy at *l’Atelier d’EX-PRESSION Artistique* operates within Senegal’s cultural context, and what their role is in treating the patients. This study will thus answer these questions, using the art workshop at Clinique Moussa Diop to discover their role in contributing to the

discourse on mental illness in Senegal. To do this, I will show how people both affiliated and unaffiliated with the workshop conceptualize and perceive mental illness, how art therapy operates within the Senegalese context, and *l'Atelier d'EX-PRESSION Artistique*'s purpose in creating a curative space and facilitating reintegration.

2. Background and Cultural Context

Mental illness is seen in all parts of the world: within every culture, race, and stratum of society. Oftentimes, one's knowledge of mental health works within their cultural framework but cannot be applied elsewhere. As every culture differs in practices, values, phenomena, etc., one must have a general understanding of mental illness in the Senegalese context before delving into my data and analyses, the specific branch of art therapy, and its effects on mental health. Additionally, the practice and purpose of art therapy must be clarified in order to have a comprehension of how mental health, therapy, and art intersect. Within the sections below, one can find the necessary background information pertaining to these subjects.

2.1 Art Therapy: History

The link between art and therapy was consolidated during the 20th century, after psychoanalyst Sigmund Freud's work on the states of consciousness. His theories suggest that depicting visual images and symbols is the most accessible and inherent form of communication. By drawing or doing any kind of art, the artist projects their mental processes and opens a realm of nonverbal expression. When words cannot depict emotions or thoughts, art steps in to provide a medium for expression, reflection, confronting emotions, and tracing the origin of troubles.

Art therapy is often used as a way in which persons who are in agitative situations, experiencing trauma or bereavement, living with mental illness, etc. can express themselves and have a sense of control over an aspect of their life. Additionally, it encourages creativity, which is an important attribute for vulnerable individuals because it garners resiliency while strengthening and facilitating self-esteem, coping skills, and the confrontation of existing concerns (Prescott, Sekendur, Bailey, & Hoshino, 2008, p. 156). Furthermore, it provides a distraction from dealing with painful situations and an opportunity to set goals or reshape reality, ultimately placing the patient on a path towards healing and resiliency (Prescott, Sekendur, Bailey, & Hoshino, 2008, p. 156). Therefore, it is a therapeutic method of healing the patient or guiding them towards a trajectory of health.

2.2 Terminology: Persons with Mental Illness

When discussing a vulnerable population, it is especially necessary to approach research, informants, and writing with sensitivity and respect. I realized that my knowledge of terminology when it concerns mental health and those living with mental illness was somewhat limited, especially in French. With the knowledge that language can significantly influence people's perceptions of the world and affect others, it became evident that I had to conduct background research on the proper terminology for the field of mental health. This being said, before further continuation, it is necessary to review the terminology that will be utilized in the following sections of the study.

My initial research illustrated that, when referring to those living with mental illness, the term, "persons with mental illness," should be used in lieu of "the mentally ill." Ohio State University scholars Granello and Gibbs conducted a recent study on

participants' tolerance towards people presented as "the mentally ill" versus those who were referred to as "people with mental illness." Their findings show that people have lower levels of tolerance towards those referred to as "the mentally ill," in comparison to those referred to as "persons with mental illness" (2016). Thus, Granello and Gibbs suggest that there needs to be a change in how the public refers to people living with mental illness; instead of resorting to the "shorter and less cumbersome" term of "mentally ill," Granello states that using person-first language separates the individual from having a complete identity of their clinical diagnosis. According to the Publication Manual of the American Psychological Association (APA),

The overall principle for "nonhandicapping" language is to maintain the integrity (worth) of all individuals as human beings. Avoid language that objectifies a person by her or his condition ... that uses excessive and negative labels ... or that can be regarded as a slur. Use people-first language, and do not focus on the individual's disabling or chronic condition. (2010:76)

With this in mind, I will use person-first language throughout this study. The terms "person with mental illness" and "person living with mental illness" will be utilized interchangeably. When referring to those seeking mental health care, especially referring to those seeking care at Hôpital Fann, I will also use "patients," along with the aforementioned terms. Additionally, the term, "modern medicine," signifies universal, institutionalized, or standardized medical care systems, which follow international guidelines put forth by the World Health Organization, and follow a more Western approach to medicine (Diop, Ndiaye 2016). On the other hand, "traditional medicine" or "traditional practices" refers to customs and methods of healing rooted in specific cultural beliefs, which coexist with modern medicine in Senegalese society (Diop 2016).

In reflecting on how I should go about referring to persons with mental illness in interviews and discussions in French, I initially decided on “*les personnes qui ont de maladie mentale*.”² In most of my interviews, casual conversations, observations, and secondary research I noticed the words “*les malades*”³ or “*le fou*”⁴ were widely used to refer to patients or persons with mental illness. However, when discussing this with my advisor, she informed me that “*les personnes qui sont atteintes de maladie mentale*”⁵ is more sensitive to their situation, since it suggests the possibility that the mental illness is momentary and not permanent, while also establishing that the mental illness with which they’re struggling is not their sole identity as individuals (Diop, 2016). Thus, I used “*les personnes qui sont atteintes de maladie mentale*” in French during all interviews and interactions, and will subsequently use the terms “person with mental illness” and “persons living with mental illness” interchangeably throughout this study.

2.3 Conceptualization of Mental Illness in Senegal: Societal and Cultural Context

It is also necessary to provide a foundation of how mental illness is conceived in Senegal, taking into account social and cultural influences. As will be discussed in my findings, there are numerous conceptualizations of mental illness in Senegal, ranging from more traditional and cultural explanations, to conceptualizations having to do with modern medicine and science. Persons with mental illness and their families will first consult a *marabout*, a traditional healer, before seeking hospitalization. Some will participate in an *ndëpp* ceremony to make peace with their *rab*, or ancestral spirit, that is

² People who have mental illness

³ The sick

⁴ The crazy

⁵ People who are suffering from mental illness

believed to be the source of the malady.⁶ However, it is necessary to present a background on the nature of Senegalese society and how Senegalese people conceive mental illness before moving further in the study.

First and foremost, Senegal is a collectivist society that values the group over the individual. As Henri Collomb, a French military doctor and a longtime professor at the University Cheikh Anta Diop (UCAD), explains, “To exist is not to exist individually, but to exist together. To be ‘here only’ as it is indicated in Wolof salutations, to be with others, to be with the spirits that reveal all; this is to know other means of existence...”⁷ (1976:9). Additionally, the position of the individual is complex; it takes place in a social structure defined by the roles and statuses. These can appear as being rigid, which diminishes the degree of individual liberty (Boussat and Saibou 1976). Throughout my three and a half months of living in Dakar and traveling to different parts of Senegal, one apparent characteristic of the culture is the value of community and togetherness. This aspect permeates every stratum of society, from language and greetings to social and cultural customs. As Collomb states, the Wolof language is heavy on the concept of being together. For example, the phrase for “you’re welcome” literally translates to “we share it.”⁸ Another expression that is often used interchangeably with “you’re welcome,” salutations, and farewells, is the French phrase for “we are together.”⁹ In this sense, the

⁶ These conceptualizations and belief systems will be further discussed in the Findings section (4.2 *Mental Illness in Senegal: Conceptualizations and Definitions*)

⁷ Être, ce n’est pas être seul, c’est être ensemble, être « là seulement » comme l’indiquent les salutations wolof, être avec les autres, avec les esprit qui animent toute chose ; c’est aussi reconnaître d’autres modalités d’existence que celles régies par un ordre social implacable, castrateur et rejetant.

⁸ *Ba beneen yoon*

⁹ *On est ensemble.*

importance of the community and existence as a group instead of as an individual, is one of the most discernable aspects of Senegalese society and culture.

With this being said, an individual who can no longer function within a group; an individual who disturbs the structure, order, and peace of a group, is perceived as *réew*¹⁰ in Wolof, or mentally ill (Ndiaye 2016). A psychotic act thus signifies that the individual has a disorder and cannot operate in a group, which causes them to temporarily lose their position in the social structure. This 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 (Boussat and Saibou 1976). The disruption of a group or social structure can be marked by a person who goes through episodic acts of aggression and violence among their family, a parent who cannot bring themselves to get up in the morning and go to work in order to provide for their family, someone who cannot maintain their hygiene, etc. However, a discrepancy is observed in that if, for example, a mother dealing with depression can bring herself to prepare meals, clean the house, and perform her duties and role as a mother and wife, but can later retreat to her room where she can shut down and remain in a depressive state, her mental illness could remain unnoticed or disregarded. However, if her depression affects others—if it causes her to abandon her work, causes her to disrupt the order of her family—only then would it be noticed (Ndiaye 2016).

2.4 Senegalese Perceptions of Mental Illness

In the Senegalese culture, persons with mental illness are perceived as “crazy,” close to the Western idea of being too far gone, and are stigmatized since they have a

¹⁰ Impolite, spoiled; someone who was not raised properly

“defect” specific to them (Boussat and Saibou 1976). Furthermore, if the intervention of the healers, or *marabout*, had no effect and did not heal the patient of their malady, the group will alienate them. The fault falls on the person with the illness instead of the healer, which could result in “the group [dissociating] itself from the disease process and [being] tempted to abandon the “madman” at the hospital ...”¹¹ (Boussat and Saibou 1976:13). As Collomb elaborates:

The normal individual no longer communicates with the madman; he refuses to communicate with him. The madman is no longer a person; he has no value. Ultimately, he does not exist. His speech is insane, declared incomprehensible because it is in disagreement with the socialized discourse.¹² (1976:4)

This effectively summarizes the alienation and stigmatization that a person struggling with mental illness may go through. If they have trouble finding a cure, they will experience further alienation from society. Thus, one can assume that in general, the Senegalese have a negative perception of mental illness, which stems from the popular traditional beliefs in mysticism and the supernatural.

2.5 *Clinique Moussa Diop and l’Atelier d’EX-PRESSION Artistique*

Clinique Moussa Diop is a psychiatric clinic situated within Hôpital Fann, also known as *Centre Hospitalier National Universitaire de Fann* (CHNU), located in Dakar, Senegal. Its namesake, Moussa Diop, helped found the clinic and he contributed to a significant amount of research on mental health in Senegal. It is a university hospital, partnered with UCAD. They have three major focuses: teaching, research, and treatment (Thiam 2016). One can find medical theses, scientific publications, and psychopathology

¹¹ Le groupe peut se désolidariser du processus de maladie et être tenté d’abandonner le « fou » à l’hôpital ...

¹² 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. A la limite, il n’existe pas. Son discours est insensé, déclaré incompréhensible parce qu’en désaccord avec le discours socialisé.

research in the clinic's library, often frequented by students, researchers, professors, and medical healthcare workers. Additionally, services offered to patients include hospitalization, both day and overnight, outpatient follow-up, and consultations. There are around 291 patients seen per month, including 383 outpatient consultations (Centre Hospitalier Universitaire de Fann 2016). The art therapy workshop, *l'Atelier d'EXPRESSION Artistique*, was founded on October 21, 1999 by French researcher and psychologist Samuel Lajeunesse, who subsequently appointed art therapist Alassane Seck as the leader (Seck 2016). It started with eight patients and has remained a popular space in the hospital since then.

As will be mentioned throughout the paper, patients at Clinique Moussa Diop and, on a larger scale, Hôpital Fann, have *accompagnants*, family members or people one can hire to stay with the patient at the hospital and accompany them to their doctor's appointments and consultations, give them their medication, help bathe them, engage them in activities, etc. (Seck, Abdoulaye 2016). The *accompagnant* also undertakes the role of being a liaison between the patient and the rest of the family by educating the family about mental health, acting as a mediator, facilitating and maintaining a constant relationship between the patient and their family, etc. (Gbikpi 1978). Additionally, the *accompagnant* is important in easing the patient's reinsertion into society and helping them build the skills to function within a group setting (Boussat and Saibou 1976).

3. Methodology

I went into the beginning of the semester knowing I wanted to incorporate my interest in art and my major in Psychology in my project. Since art therapy has always

been an area of interest, I endeavored to study the methods of the therapeutic practice throughout Dakar. However, with the knowledge that the four weeks given to us to conduct our research and write our final studies was not all that long, I realized I needed to specify the study of art therapy to one or two sites. Instead of endeavoring to study art therapy citywide, which seemed like too broad a scope to take on, I figured that participant observation along with interviews focusing on one art therapy workshop within a hospital would be the most efficient method of research. After more research, I saw that the private hospitals Hôpital Fann and Hôpital Principal both had art therapy workshops in their psychiatric departments. Due to location purposes, I decided to pursue an internship within Hôpital Fann's Clinique Moussa Diop.¹³ All methods of data collection were done in accordance with the Human Subject policies and ethical research guidelines. I attained written authorization to conduct research and intern at *l'Atelier d'EX-PRESSION Artistique* from Mamadou Habib Thiam, Clinique Moussa Diop's Chief of Service. Additionally, I gained verbal consent from Alassane Seck, the art therapist leader, to conduct participant observation and casual interviews within the studio. With my informants' consent, I recorded all interviews and took notes, aside from the ones with patients, family members, or *accompagnants*. Furthermore, the patients, their family members, and *accompagnants* will remain anonymous throughout the study; their information is not attached to their real names.

3.1 Participant Observation: Internship at Clinique Moussa Diop

I was able to attain a two-week internship at the art therapy workshop in Hôpital Fann's Clinique Moussa Diop. From November 14th to November 24th, Monday through

¹³ See Appendix for Letter of Introduction and Research Authorization

Thursday, I would spend around two and a half hours each day observing the patients, the workshop itself, and Seck's method of leadership and art therapy. However, from the start of the ISP period until the end, I spent most of my days at Clinique Moussa Diop. I would use the library, conduct interviews, both formal and casual, and interact with people outside the workshop. Towards the end of the two weeks, I began to recognize familiar faces, had built relationships not only with patients who participated in the workshops, but also patients and staff who worked all over the clinic. This participant observation within the clinic allowed me to gain a deeper understanding of the art therapy workshop, as well as Clinique Moussa Diop, and the workshop's role within the clinic.

On Tuesdays we would go to Hôpital Fann's addiction center, situated close to the clinic, where we would do art therapy with people struggling with addiction. I was able to conduct casual interviews and do participant observation, gaining another understanding of a different facet of mental illness.

3.2 Interviews

In addition to participant observation, I conducted seven formally structured interviews, five of which took place at Clinique Moussa Diop. My internship allowed me to make connections and find informants and contacts, which proved immensely valuable in gathering my findings. I tried to find a range of participants in order to gain a more comprehensive concept of art therapy, Clinique Moussa Diop, and conceptualizations and perceptions of mental illness in Senegal. Subsequently, at the clinic, I interviewed Moussa, a patient who participated every week in the workshop; Abdoulaye, an *accompagnant*; Fatou, a patient's sister; Alassane Seck, the leader of the *Atelier d'EXPRESSION*; and Mamadou Habib Thiam, the Chief of Service. Additionally, I conducted

interviews with Sokhna Ndiaye, a doctor at Hôpital Aristide La Dantec and a psychotherapist, and Ismahan Soukeyna Diop, my advisor who is also a professor at UCAD and a psychotherapist.

3.3 Secondary Research

In addition to participant observation and interviews, I conducted secondary research. I utilized Clinique Moussa Diop's library each Monday through Friday, which has an extensive selection of journals, research, and psychological works. However, in some subject areas I relied more on interviews and participant observation. For example, besides the work of Collomb, which one may find in Clinique Moussa Diop's library, there are limited publications on the perceptions of Senegalese people towards those living with mental illnesses. Before his death, Collomb extensively researched and built up a strong collection of studies on traditional Senegalese health and modern medicine, while also founding the journal, *Psychopathologie Africaine* in 1965. His work is quite dated, as it was done in the 1960s and 1970s, and he has a more outsider perspective due to his Western, French origins, which is why I did not rely heavily on his research. However, it was nonetheless helpful to glean a foundation for understanding the history of mental health in Senegal.

3.4 Challenges and Limitations

In terms of challenges, I was initially unsure of how my internship and interactions with patients would play out. As I had never worked with persons with mental illness, I felt unprepared. I did not know how my presence would affect the patients and how they might react to my status as an "outsider," thus making me worried that my everyday involvement in the workshop would cause discomfort or distrust

amongst the patients, and change the dynamic of the space. I expressed this to Seck, who told me that it would not be a problem, and that they frequently have French, German, and other foreigners audit, pass through, or intern at the workshop. He said that everyone is friendly and welcoming, and that he trusted me with my research and questions. I still felt unprepared going into my first day; however, as soon as patients began filtering into the studio, I felt more and more welcomed as they greeted me. Moussa even made me *ataya*¹⁴ and I was given a large cone of peanuts. I made the effort to go up to each one of them to introduce myself and talk about my project, letting them know I was eager to learn from them. They, in turn, were eager to have me there and show me their paintings. Amadou, a patient in his late twenties, took me around the studio to show me all of his art pieces and the works of the other patients. I immediately felt welcomed into their space.

Additionally, as aforementioned, mental illness continues to be an emerging field of study in Senegal. As M.C. and E. Ortigues point out in reference to mental illness and health in many countries in Africa, including Senegal, the areas of mental illness and disorders are little known and little explored in Senegal, with very few psychiatrists (1984). Thus, in terms of secondary sources, there was limited published research done before the year 2000, with most works being published from the 1950s to the 1990s. It would have been helpful to have more current sources, in order to get a more accurate idea of mental illness in Senegal today. For this reason, I relied heavily on participant observation and interviews.

Furthermore, my project would have benefited from more time to do research, to analyze data, and to write. Given more time, I would have been able to have a grander

¹⁴ Senegalese tea, served in small glasses

scope of informants, granting more reliability to this study. A few of my informants gave me contacts I could have met and talked with, given more time. Additionally, I could have interviewed more patients, families, and art therapists, thus gaining a wider range of perspectives and perceptions on mental illness in Senegal, as well as how the practice of art therapy operates within the Senegalese context.

4. Findings

The first day of my internship, I was handed a piece of paper and a pencil by a patient, who then said, “*Exprime-toi*.¹⁵” I started drawing a baobab tree, as the patients looked on and gave me their input. When I was finished, Ismaila, a patient who is deaf, scooted my drawing towards him, taking my pencil. He began drawing birds, the sea, grass, a sun, and a hole in the tree. Before he made each addition, he looked at me for confirmation, making a “thumbs up” gesture with each hand. After he finished, we took our drawing up to Seck, who began signing with him. Seck turned to me, saying, “It’s a collaborative piece!”¹⁶ He informed me he sometimes has the patients work on one art piece together, so that it can open lines of communication between the patients, contributing to the safe haven that strives to exist within the studio.

The workshop is located in the right wing of the clinic, its door decorated with artwork and a sign that reads, “*l’Atelier d’EX-PRESSION Artistique*.” The studio itself is rather small, with a table in the center of the room that takes up most of the space. Upon entering, one will notice the hundreds of paintings and artworks adorning the interior, from floor to ceiling. There are stacks of colorful canvases, of all shapes and sizes, on top

¹⁵ Express yourself.

¹⁶ “C’est un tableau collaboratif! ”

of cabinets, speakers, shelves, etc. During each workshop, there are around 10 – 20 people in the studio, including patients, family, and *accompagnants*. Around 3 – 7 patients are usually at the table on an art piece at a time, while the others sit in chairs, talk, dance to the music playing, drink *ataya*, and eat peanuts. Music chosen by the patients plays on the speakers, usually consisting of reggae, *mbalax*¹⁷, or Tracy Chapman. Many patients come and go, staying for a few minutes, leaving, and then returning. Meanwhile, Alassane Seck, the art therapist, sits in the front of the workshop and leaves the patients to work on their pieces, seldom making rounds to check on them unless they call him over. He either prepares materials, works on his laptop, or observes and discusses with patients. As he notes, each day is different, bringing with it new patients, different states of minds, etc. (2016). This section will shed more light on these patients and the workshop, while also exemplifying my findings concerning conceptualizations and perceptions of mental illness, the functionality of art therapy, and the purpose of the atelier.

4.1 Mental Illness in Senegal: Conceptualizations and Definitions

*“What does mental illness mean? Well...it all depends on the society. Each culture really has their own definition and perception of mental illness. What it means to them. In the society, mental illness plays a role. It has a place.”*¹⁸—Alassane Seck

As Seck points out, there are varying conceptualizations of mental illness in Senegal, due to the many different cultures and belief systems within the country. While there are diverse definitions of mental illness, the following findings show how the explanations and understandings of mental illness contribute to the collectivist nature of

¹⁷ A genre of traditional Senegalese music

¹⁸ “Qu’est-ce que ça veut dire ‘maladie mentale?’ Bon...tout dépend de la société. Chaque société a vraiment ses propre perception de la maladie mentale. Ce quel ça signifie pour elle. Dans la société de malade mentale on joue un rôle. Elle a une place.”

Senegalese society, illustrating the importance Senegal puts on community and family. As aforementioned, the general population deems a person mentally ill if they can no longer function within a group. Thus, the concepts of mental illness in Senegal are situated on spectrum, ranging from traditional, cultural beliefs to conceptualizations that fall along a more medical, scientific perspective.

4.1.1 Traditional and Cultural Conceptualizations of Mental Illness

Within traditional, cultural beliefs, two main explanations for mental illness: and familial causes and supernatural causes. Familial explanations for mental illness can be rationalized by the existence of an ancestral spirit, known as the *rab*. The concept of the *rab* or *pangol* plays a significant role in the Lebou and Serer cultures, tracing back to Senegal's animist history. The word, *rab*, is Wolof for "animal," whereas *pangol* is the Serer word for "serpent" (M.C. and E. Ortigues 1984). The *rab* is usually a male ancestor who takes his form as a spirit; however, he can manifest himself through anything, ranging from animals or nature to inanimate objects. While there exists maleficent spirits known as *djinnés*, who wish to harm humans, the *rab* is considered one's ally. They wish to "possess the man because they desire to be united with him, they torment him to receive,¹⁹" (Diop, Zempleni, Martino 1966:2). Collomb and Martino elaborate on this phenomenon:

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 are never life-

¹⁹ "... ils possèdent l'homme parce qu'ils désirent s'unir avec lui, ils le tourmentent pour recevoir."

threatening because the *rab* loves the individual. His intervention is a “call to order,” a solicitation to repair the relationship that has been broken.²⁰ (1968:4)

Therefore, if someone becomes sick or mentally ill, it may be due to displeasing the *rab*, who is believed to be both the source and cure of the illness. One must respect their *rab* and maintain a positive relationship with him. Once it is established that the *rab* is the source of one’s illness, the “call to order” manifests itself in a ceremony known as the *ndëpp*, which is intended to cure all mental and physical maladies. It can last as long as a week, and can include sacrificing animals, dancing and music, and ritual bathing. These acts are performed in order to please the *rab* and subsequently release the affected person of their illness.

In another familial sense, it is widely thought that mental illnesses are transmitted or are hereditary. According to Diop, the belief that mental illness is transmitted from parent to child is apparent in Senegalese society. She gives an example of a case in which she worked at a school for children with mental deficiencies and encountered a child that caught her interest. She asked the girl’s grandmother where and when her learning disabilities originated, to which she responded that her mother was mentally ill. One night she was on a pathological trip, went out, and came back pregnant. Her family was unhappy, so she left her house and ended up giving birth to her daughter in the streets. She came back to the family with her baby, who had meningitis at birth, causing her

²⁰ En effet, la relation qui les unit est une relation d’échange de réciprocité ou l’homme se trouve le plus souvent en situation de dette. Le *rab* reste le jumeau, le protecteur, dans la 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.

mental deficiencies. Thus, the grandmother attributes her mental deficiencies to the transmission of the mental illness from her mother (Diop 2016).

There are also conceptualizations of mental illness as a hereditary concept that is a normal occurrence. According to Ndiaye, the Lebou, the same ethnic group whose understanding of mental illness is that it originates from *rab*, have many mood disorders that are hereditary and transmitted, especially bipolar disorders where one goes from depressive phases to completely manic episodes. In a hereditary sense, it is likely that if someone has a mental illness in the family, other people can also have it. However, the Lebou conceptualization is that it comes from a *rab*:

To them, it's a normal thing for someone to go through and they have these seasonal reactions that are expected and it's definitely not an issue of mental health; it's just a family thing. It's only treated traditionally—of course it's not a mental illness if so many people in the family have it, right? (Ndiaye 2016)

Their method of healing follows the *ndëpp*, doing sacrifices, and anything that pleases the *rab*, which is their way of dealing with the “seasonal reactions.” Ndiaye states that while it is something that could be treated with mood regulators and psychotherapy, no one can say if the modern medicine definition is more valid than the Lebou's understanding of those mood swings (2016). It all depends on people's methods of how they explain and describe manifestations.

In the supernatural realm of concepts, the *marabout* is an important component of Senegalese cultural beliefs and medicinal practices. The term *marabout* is widely used to refer to any kind of healer or enchanter of Islam, who is often believed to have supernatural powers. Patients will consult both modern and traditional medicine either simultaneously or one after the other, although hospitalization is always the last resort. A patient and their family will consult a *marabout* or traditional healer first, subsequently

going to the hospital when all other options have been exhausted and the patient is not healed (Diop 2016). Additionally, Ndiaye has seldom seen patients completely stop seeing their *marabout* while simultaneously seeking hospital care, noting that “They can still believe in the more modern, therapeutic solutions but they will still resort to the more traditional healer ... Sometimes modern medicine has limitations and cannot answer people’s worries” (Ndiaye 2016). Thus, the *marabout* is oftentimes a more desirable option because they give their clients more than a hospital. As Ismahan explains, “they give them an explanation that is easier to understand. They explain why, what the cause of the illness is, who is at fault, why the person is paying for this. He then gives answers and solutions that the family can accept” (2016).

Also in the supernatural realm, there is the concept of *maraboutage*, which entails a magical and intentional action carried out by a *marabout* at the request of someone who wants to damage the social, familial, or material position of an envied person. According to Diop, Zempleni, and Martino, this person can be a co-wife, a rich man, a sibling who is favored by the parents, etc. (1966:2). The operation is subsequently done by means of Islamic verses. Thus, mental illness is also believed to be something inflicted on a person by someone with wicked or vengeful intentions.

4.1.2. Conceptualizations of Mental Illness: The Medical End of the Spectrum

On the other side of the spectrum, there are conceptualizations of mental illness that fall along more of a medical background. These perspectives of mental illness come from the psychiatrists’ education and professions in psychology and mental health. As Diop states, their knowledge has its roots in modern medicine, influenced by Western medicine practices and healthcare (2016). The therapists and psychiatrists I interviewed

all have understandings that take on a more psychological concept of mental illness. In general, they agree that mental illness consists of any kind of pathology or change in someone's mental state that challenges a person's ability to function autonomously, either temporarily or for a longer period of time, due to something not in their control or something greater than their own willingness to manage their condition. A mental illness can be caused by a person's place in society, their state of living, their family history, genetics, external events, or due to their own personality and methods of coping. This definition fits with that of the World Health Organization's, which conceives mental illness as a "combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others" (2016). They add that causes of mental illness can stem from one's own personality and ability to regulate their behavior, thoughts, emotions, etc., along with social, cultural, economic, political, and environmental factors.

However, Senegalese medical workers and those with psychological backgrounds cannot be completely removed from Senegal's collectivist society in which they have spent most, if not all, of their lives; instead, their cultural backgrounds and perspectives are integrated in their conceptions of mental illness. For example, Clinique Moussa Diop's Chief of Service, Mamadou Habib Thiam, defines mental illness as a condition that changes a person's behavior or way of thinking. He goes further, explaining the roles of the individual versus the group:

When an individual has a behavior or speech that is not identical to the behavior or speech of his group ... when he is not like the others, when he does not do things like the others, when he does not say things like the others, society will consider him sick. To not be sick, you have to do things like everyone else; the majority says what the majority does. It is not only in behavior; there are several

factors. It's the group. For example, someone here can be considered mentally ill. However, in another society, he is not considered as mentally ill.²¹ (2016)

In this way, Thiam not only illustrates his perspective of mental illness, which falls along a more medical model, but also sheds light on the Senegalese concept of mental illness and their understanding that the group is valued over the individual in society. By recognizing that conceptualizations of mental illness vary from one society to the other, he exemplifies the complex nature of mental illness and how it interacts differently with the culture in which it is received.

Although there is this interaction between the concept of mental illness and Senegalese culture, Ndiaye, who studied in the United States and worked in a psychiatric hospital in Boston for a year, emphasizes that there is a significant divide between medical workers' perspectives of mental health and those of the general population's:

Being me, a psychotherapist informed on the range of mental illnesses, what I do realize is that maybe only 30% of mental illnesses, clinically accepted mental illnesses, are identified in this society as actual mental illnesses. And then you have the 70% other symptoms or diagnoses that are disregarded or misunderstood. And I think of anxiety, depression, addiction, obsessive compulsive disorders, just neurotic and psychotic manifestations that are not identified. (2016)

This widespread misunderstanding of many elements of mental illness reflects the fact that mental health continues to be an emerging field of discussion in Senegal, as aforementioned by M.C. and E. Ortigues. Without discrediting the plethora of understandings of mental illness in Senegal, the majority of the population is uninformed of the spectrum of mental illness and its abstract nature. Additionally, these more medical

²¹ Quand un individu a un comportement ou un discours qui n'a pas identique au comportement ou un discours de son groupement...quand il n'a pas comme les autres, quand il ne fait pas comme les autres, quand il ne dit pas comme les autres, la société va le considérer comme malade. Pour n'a pas être malade, il faut faire comme tout le monde ; la majorité dit ce que comporte la majorité. Ce n'est pas seulement dans le comportement. Il y a plusieurs facteurs. C'est le groupe. Par exemple, quelqu'un peut être considéré ici comme malade mentale. Toutefois, dans une autre société il n'est pas considéré comme malade mentale.

conceptualizations of mental illness exemplify the influence of Western rhetoric on the emerging discourse of mental illness.

Overall, mental illness has many conceptualizations in Senegal; ranging from understandings rooted in tradition to more medical, psychological concepts stemming from Western ideas. However, although the two ends of the spectrum have their differences, the collectivist nature of Senegalese society is present in both perspectives. Findings from interviews and secondary research suggest that mental illness is an emerging concept with many aspects that are widely misunderstood. Ultimately, the information gathered suggests that modern medicine and traditional medicine do not interact with each other; instead, they coexist (Diop 2016).

4.2 Conceptualizing Persons with Mental Illness in l'Atelier d'EX-PRESSION Artistique

Within *l'Atelier d'EX-PRESSION Artistique*, Seck believes that language plays an influential role in conceiving mental illness. Many Senegalese people refer to persons with mental illness as “crazy;” however Seck prefers nonaggressive language:

The term, “crazy” in French is even more...in fact it's not discreet. It means we cannot use it. It's violent, it's aggressive. So, one often says, “it's a mentally ill person.” It's more beautiful, nicer. In Wolof as well, one says “*doff*.” *Doff* means “crazy.” But we don't say this in Wolof. If you say that, you are violent. It's mean, it's violent, it's aggressive. Therefore, you say “*xell bou wagnékou*,”²² or a diminished intelligence...people who have a diminished intelligence and thinking. It's nicer, it's not violent.²³ (2016)

²² According to a following conversation with Diop, “*xell*” encompasses more than intelligence. It is involved with the knowledge of how to interact and think, or being “both school and street smart” (Diop 2016). In English, it speaks more to deficiency, whereas in Wolof it means someone cannot do anything alone and cannot adapt. Therefore, when I describe intelligence in the following paragraph, I am still referring to the kind of intelligence that the term, *xell*, encompasses.

²³ Le terme « fou » en français, c'est même plus...en fait c'est pas pudique. C'est à dire on peut pas employer. C'est violent, c'est agressif. Donc on dit souvent « c'est un malade mental ». C'est plus beau, plus joli. En Wolof aussi, on dit « *doff* ». *Doff* ça veut dire « fou ». Mais ça on a dit pas...on dit pas ça en Wolof. Si on dit ça, ce que tu es violent. C'est méchant,

One can see that Seck has put much thought into his preferred terminology, striving to reject the terms that most of Senegalese society uses in exchange for those that are more sensitive and less harsh. Additionally, throughout my observations and conversations with him, I have gathered that his passion is to provide a passion to the patients participating in the workshop, in the form of plastic arts. Through using alternative terms, he exemplifies his awareness of the importance of sensitivity to the experiences and situations of persons with mental illness.

This being said, I wonder how his utilization of the terms “mentally ill person” and “person who has a diminished intelligence” in reference to persons with mental illness contribute to the discussion of mental illness in Senegal. Without discrediting his conceptualization of mental illness, the term “persons who have a diminished intelligence” seems to speak to circumstances in which a person is in a situation of a limitation that effects intellectual functioning, thinking, methods of adaptation, etc. Thus, this term narrows the scope of what mental illness encompasses and suggests that it is attributed to or has a characteristic of lower levels of intelligence and thinking. However, one can have autism and also be a savant, living alone and leading an independent life,²⁴ just as someone who has schizophrenia can also have higher levels of creativity and intelligence²⁵.

Overall, Seck’s consciousness of the problematic use of “crazy” in reference to mental illness shows his desire to remain sensitive to situations of mental illness. His

c’est violent, c’est agressif. Donc, on dit « *xell bou wagnékou* », ou une intelligence diminuée...les gens qui ont une intelligence diminuée. C’est plus joli, c’est pas violent.

²⁴ Take, for example, the story of Professor Temple Grandin, a highly successful woman with autism who was featured in neurologist Oliver Sacks’ *An Anthropologist on Mars*.

²⁵ Founding member of Pink Floyd, Syd Barrett, is a prime example of a person with schizophrenic symptoms who showed high levels of creativity and intelligence.

awareness also shows an effort to put forth a non-discriminatory rhetoric around mental illness and the identity of persons with mental illness. Therefore, it seems that his sensitive approach to persons with mental illness contributes to the conceptualization of the art therapy workshop, in that the patients are not “crazy.” Instead, they are in situations of difficulty in intellectual functioning and thinking.

4.3 Senegalese Perceptions of Persons with Mental Illness

“If you ask a Senegalese person what mental illness is, they will say that it’s the crazy person walking on the street.”—Sokhna Ndiaye (2016)

“If you frequent the hospital, people say, ‘He is crazy, he is not normal.’ This is the reason to keep it a secret.”²⁶—Moussa

Similar to the numerous, varying concepts of mental illness in Senegal, there are also many different perceptions of mental illness. I gathered diverse views from my informants, illustrating the complex nature of the social perceptions. However, as the above quotes illustrate, there exists a rather misunderstood and stigmatized perception of mental illness and those struggling with it in Senegal. The general population mostly perceives them as those who have mental deficiencies, a “crazy person on street,” and in rare cases, someone who is depressed (Ndiaye 2016). This depression would have to be significant, in which the person is completely incapable of continuing their daily routine and duties, thus keeping with the societal value of the group. Only then would the group or family realize that the person might have a mental illness. When asked how someone knows if another person has a mental illness in Senegal, Ndiaye explains:

For the general population, usually, they would be worried if somebody had a manic phase in which they are very loud and interrupt everyone else’s homeostasis ... whenever they do something that doesn’t follow the rules of the

²⁶ “Si tu fréquentes l’hôpital, les personnes dit, ‘Il est fou, il n’est pas normal.’ C’est la raison pour garder le secret.”

group. And I think that is very specific in Senegal because we are in a collectivist culture in which the equilibrium of the group will always prevail over the equilibrium of the individual. So whenever somebody does something that bothers the peace of the group, especially if it's an enduring situation, they might be considered, in between quotations, "crazy." (2016)

In concurrence with secondary research on perceptions of mental illness, if someone is perceived to be "crazy," or to have a mental illness, they are stigmatized and discriminated against in society. As Moussa points out in his above quote, people keep their mental illness a secret due to the prejudice they would receive if they openly talk about it (2016). Additionally, he has a tremor, making it difficult for him to make fast, fluid movements. When asked if he talks about his hospitalization and situation of mental illness, he replied, "Never. It's confidential. What is seen only. They can see my tremor but they cannot see my illness. People will not give work to the sick because they will say, 'you are lesser'"²⁷ (Moussa 2016). In his views, there is no place for someone who has a mental illness in Senegal, since the negative stigmas affect their opportunities to work and earn a living, abilities to socialize within a group, and tendencies of being accepted by society, which are all crucial in Senegalese society (2016). Furthermore, each informant remarked that families often hide a family member who has a mental illness out of shame, but also out of protection. Most times, people do not even know that a family has another child, or they think that they moved away or died. On one hand, the family does not want other people to know that their child is mentally ill due to fear of social alienation by association. On the other hand, they want to protect their child from

²⁷ "Jamais. C'est confidentiel ... Ce qu'il voit seulement. Ils peuvent voir le tremblement mais ils peuvent pas voir la maladie. On va pas donner du travail aux malades parce qu'on va dire 'vous êtes diminués.'"

society, from the public, and the dangers they could get themselves into due to their thought processes and mental conditions (Diop 2016).

However, some patients with mental illness have much support from their friends and family, who may even collect money to pay for their hospital fees, medication, care, etc. (Diop, 2016). As Thiam notes, “There are many perceptions. Sometimes people will say, ‘He is sick, let’s help him.’ Or ‘Yes, he is sick because he did something bad.’ Society helps him, but there is also judgment, people who don’t understand, etcetera”²⁸ (2016). In the case of Fatou, the sister of a patient at Clinique Moussa Diop, her brother who struggles with mood disorders receives support from only a few people, but others do not significantly judge him and his mental illness. She notes that while society has their judgments of mental illness, families can hide a child who has mental illness, and people can be cruel to those with mental illnesses, those in her circle of friends and family know that hospitalization is helping him heal; thus, they know that it is the best option for him (2016).

Thinking back to Ndiaye’s comment that mental illness is misunderstood, with only around 30% of mental illnesses being recognized as actual, clinical mental illnesses, I wonder how much of the negative perceptions of mental illness amongst the population are attributed to a misunderstanding of what mental illness is, why a person is acting socially abnormal, etc. Ndiaye emphasizes:

Our population is very misinformed on mental illness. I can have people who are depressed, who know they are depressed, who know it’s a pathology, a sickness, and who are willing to be treated but refuse to see a psychiatrist because they are

²⁸ Il y a plusieurs perceptions. Quelquefois on va dire, « il est malade, on va l’aider ». Ou oui, il est malade parce qu’il a fait quelque chose mauvaise. La société l’aide, mais aussi il y a du jugement, il y a des personnes qui comprennent pas, etcetera.

not *crazy*. So they don't even know that it's a psychiatrist that treats depression. To them, the psychiatrist treats crazy people. (2016)

This exemplifies the divide between the medical and social perceptions of mental illness. Even if someone understands that they are mentally ill within the clinical, medical conceptualization, they will refuse certain clinical treatment, even if it is the option that will cure them, in order to preserve their role or status in their society or group.

Additionally, according to Diop, during a meeting she observed at Hôpital Fann around a decade ago, a woman spoke up about her mental illness. The meeting consisted of patients and doctors alike and it was conducted in order to create a space for dialogue and discussion. The woman said that in Senegal, no one takes mental illness seriously; instead, they write off mental illness as being impolite and not thinking about any other explanation of abnormal behavior (2016). This further illustrates the misunderstanding of mental illness in Senegal, as well as the fact that it is an emerging discourse.

4.4 Perceptions of Persons with Mental Illness in l'Atelier d'EX-PRESSION Artistique

My findings suggest that the perceptions of persons with mental illness in *l'Atelier d'EX-PRESSION Artistique* are almost complete opposites than the general population's perceptions of persons with mental illness. Through my interviews and observations, I have gathered that the general view of mental illness in the art workshop is that it is a source of empowerment rather than a debilitation. It is the patients, the people, who have the power to control their future. Both Seck and the patients made it evident that, while art is therapeutic, it also provides a method for redefining a person and reclaiming their identity. Specifically, the fact that they are able to sell and display their finished artworks to the public at art fairs, including the Biennale des Arts de Dakar, a

popular art festival in Dakar, is a source of pride and happiness since they are able to show the public that persons with mental illness have worth (Seck, Moussa 2016).

The sense of community and solidarity I observed between the patients, Seck, and the *accompagnants*, and the inclusivity that they had for one another and for me, an outsider, exemplifies one of the purposes of the workshop in having a space for expression and unity. In this space, everything is done together. There is rarely, if ever, a period of silence; everyone drinks *ataya* together, talks with one another, dances together, shares peanuts with each other, and works alongside each other on their paintings. They interact as a large group of friends or family would; there seems to be a degree of intimate familiarity among the patients, *accompagnants*, Seck, and anyone who enters the workshop.

Thus, within this setting, mental illness is not a debilitation or something to be ashamed of. However, this being said, it is not as if mental illness ceases to exist upon entering the workshop. On the contrary, it is very much talked about and incorporated in everyday conversation. Most patients voluntarily told me about their mental illness or their reason for seeking hospitalization. One patient would sit next to me and update me on his health, letting me know when he had consultations and how he was doing. Additionally, while Moussa made it known that he never speaks about his mental illness with those outside of the hospital, he mentioned that he feels comfortable talking to interns like me, especially when it is in the studio, which he has frequented since 2004 (2016). He credits this to Seck, who has given everyone support and has developed the workshop into what it is today; a space where you can express yourself and receive encouragement from others. There was agreement amongst the patients; Abdoulaye, the

accompagnant; and Fatou, a patient's sister, that Seck and the space he has helped create makes those who enter feel valued. He listens and talks with the patients, encourages them, and provides them with materials and a space to heal. According to Moussa, "When you come here, you can be yourself. The workshop is called 'EX-PRESSION.' You can express yourself. You can meet people who understand you. Because of that, there is a community from similarity"²⁹ (2016).

In this way, it seems that mental illness is confronted and brought up in the studio, thus contributing to the sense of community and solidarity within the workshop. This is largely owed to Seck and his efforts to create a brave, safe space in which patients feel like they can freely express themselves. Subsequently, this creates an important space that empowers the patients; they are valued and supported by their peers as well as Seck. In stark contrast to the general population's negative perception of persons with mental illness, those who are in a situation of mental illness are not seen as problems; it is not stigmatized within the workshop.

4.5 Art Therapy Within the Senegalese Context: An Agent for Cure

"Art therapy can help treat a mentally ill person. In medicine, the doctor makes a diagnosis, prescribes a treatment, and the patient is either cured or not cured. I don't believe it's the treatment that cured; I think something cured the patient. It would be difficult to pinpoint exactly what it was that cured them." – Sokhna Ndiaye

These words by Ndiaye illustrate her stance on art therapy. It can help persons with mental illness; however, there needs to be more purpose than simply providing materials to a patient and letting them draw whatever they want, which is indeed therapeutic in its own way; however, there needs to be more structure for it to be

²⁹ "Quand on vient ici, on peut être soi-même. L'atelier s'appelle 'EX-PRESSION.' On peut s'exprimer. Tu peux rencontrer les personnes qui te comprennent. À cause de ça, il y a une communauté de similarité."

considered art therapy. However, with art therapy, something comes from within the patient to cure them; while art therapy can interact with and certainly help the patient, it is not art therapy alone that heals them of their malady. Instead, it may trigger something from within the patient that thus allows them to heal. She elaborates, detailing that:

For art to be therapeutic, there are two things. One is the fact that it's a way for them to ventilate and project something and take some space, and I think there has to be some purpose. There has to be a plan and there has to be some kind of debriefing of what's been produced. It could be something like following the evolution of what the patient has made ... some sense has to be made out of what they are doing. (Ndiaye 2016)

Additionally, for art to be therapeutic, it has to fit within the patient's cultural context. This is true for each culture; there cannot be one standardized method for doing art therapy—or therapy in general for that matter. On the contrary, in order for it to be effective, it must be presented in a way that the patient can understand, a way that is culturally relevant to the patient. In the Senegalese context, art therapy incorporates cultural values and aspects that are important to the society. In this way, the patient can relate with and recognize its process and methods, thus allowing them to easier connect with it and have a higher chance of being healed. It also gives the patient confidence that they can create something, make something from start to finish. It revalorizes the individual and influences their thinking, shifting negativity to positivity and optimism. As Seck says, they start to think to themselves, “I can bring something ... No, I'm not that sick. I am like the others”³⁰ (2016). Going back to the idea that Senegalese society values the group over the individual, this reasoning is in concurrence with that similar collectivist thinking; by noting that they are like other people, it suggests that their

³⁰ “Je peux apporter des chose ... No, je suis pas tellement malade. Je suis comme les autres.”

malady is diminished or not seen as a problem due to the affirmation of others, or fitting into the majority.

A major characteristic of the atelier is that it focuses on the group. It does not feature individual, one-on-one sessions with just the therapist and the patient. Instead, the patient does art or is in a shared space with other people, forcing them to interact and socialize, thus increasing their exposure to group settings and improving their communication skills. This incorporation of a group, simulating a sample of Senegalese society, fits within the patient's cultural framework, allowing the art therapy to be more effective. For example, it can improve their communication skills; they might need a paint color that is being used by another patient and may need to ask to borrow it, two patients might want to use the same material and may need to come to a compromise, someone might accidentally splatter paint on another person's art, etc. I observed all these situations take place within the workshop, with each patient working them out with the other. Communication and learning how to express emotions, wants and needs, etc., are important in functioning within a group, which is subsequently an integral part of Senegalese society. Thus, the incorporation of a group setting within the art therapy is relevant to the Senegalese patient's culture, allowing them to attain the kind of treatment that brings them closer to overcoming their mental illness in the Senegalese perspective; by combatting their mental illness, which, as aforementioned, encompasses an inability to function within a group or the tendency to disturb the peace, they move closer to being able to reinsert themselves into society, to fit back into their group.

Furthermore, the fact that Seck is Senegalese goes to show that he can understand and share the same culture as his patients. This being said, he understands the importance

of family in the society and therefore in the healing process. He encourages family members and *accompagnants* to participate with their patient in the workshop, and also invites them to expositions to see their patient's artwork. This inclusion of family and a support system supplements the art therapy, giving sessions and the entire process more of a purpose than simply having the patient come to the studio to do art. According to Ndiaye:

It's important for the art therapist to have a purpose during their art sessions. I don't think that just coming in the room, using something, and leaving can help reach their goal of reintroducing themselves into society. It can be cathartic and an anxiety treatment for the individual but if you want to use art therapy as a way to reintroduce them into society, there has to be more to it than just letting the patient individually produce something. You have to use that therapeutic studio as a space in which they learn how to reconnect with other people, to have conversations during production or postproduction, it could be a great way to address family issues or to start family therapy. To invite family members into the art therapy studio and have them draw with their family member. (2016)

Ndiaye notes that family involvement is a helpful, important aspect in reintegration³¹.

While this is true for most cultures, it is especially important in Senegal since family is a central part of the society and culture (Ndiaye 2016). In this way, integration starts from within the studio with fellow patients and family members, which gives the patient opportunities to improve their ability of functioning within a group.

4.6 *The Purpose of Clinique Moussa Diop's Art Therapy Workshop*

*"Before my illness, before coming here, I didn't talk. Now, I talk a lot."*³² – Moussa

*"The principal goal is to really offer, to give to the patient, an opportunity, a space, where they feel free to say what they want, to do what they want, to create, and to feel that they are useful...that they can do something."*³³ – Alassane Seck

³¹ Reintegration into society is one of the goals of *l'Atelier d'EX-PRESSION Artistique*, which will be discussed in the following section.

³² "Avant ma maladie, avant de venir ici, je parlais pas. Maintenant, je parle beaucoup."

³³ "Le principal but c'est vraiment d'offrir, de donner au patient, une occasion, un espace, où ils se sentent libres de dire ce qu'ils veulent, de faire ce qu'ils veulent, de créer et de sentir qu'ils sont utiles...qu'ils peuvent faire quelque chose."

As Seck outlines above, the main purpose of the workshop is to provide a space for the patients to heal, relax, find a passion, and interact with others. This safe, brave space gives them the confidence and reassurance that they can produce something and that they are not a lost cause; they have the power within themselves to get better (Seck 2016). He notes that without this space, patients would be more likely to stay in their rooms or their beds all day, isolated from others, which is not a conducive environment for healing. By coming to the workshop, he helps them find their inner strength to open up, to engage their minds, and to trace the origin of troubles. Additionally, Seck claims that his job is not to diagnose the patient, to prescribe medicine, or to try to figure out what sort of mental illness they have. Instead, he is only interested in their existence as people and their progress of healing through art therapy, and how they can use symbols to express their thoughts and release their maladies. Furthermore, many patients who still participate have been cured of their mental illness for some time, but still come back to the atelier to work and talk with their peers. Seck says that the ambiance of the studio, the support and familiarity from their peers, along with the action of doing art changes their dark thoughts (2016). Many mental illnesses, like depression or addiction, are chronic or the patient can experience a relapse, so it is important for them to continue to stay occupied, surrounding themselves with positivity and activity.

From what I gleaned from my interviews and observations, another main purpose of the workshop is to facilitate the reintegration of the patients into a group setting and ultimately a reinsertion back into society. This is an important aspect of hospitalization, due to the fact that “It is on the condition of being reintroduced into this group circuit that the patient can leave the hospital and reintegrate into his family or community of

origin”³⁴ (Boussat and Saibou 1976:13). Therefore, one of Seck’s purposes as an art therapist is to restore a lost or refused communication between the patient and society, as well as within the patient. He accomplishes this by providing an environment of healing, an environment in which the patient can find the support crucial to a trajectory of health (2016).

A major contributing factor to these efforts of reintegration is the strong presence of community within the workshop. Moussa, Abdoulaye, and Fatou all agreed that the opportunity to meet and interact with other people has significantly contributed to healing many patients (2016). For Moussa, his doctor told him to attend the workshop every Monday and Wednesday. He started to draw, subsequently noticing that while art was certainly improving his health, the ability to meet others and talk together played a significant role in raising his spirits. According to him, “[The opportunity to interact with others] awakens the senses”³⁵ (2016). Additionally, according to Abdoulaye, his patient rarely goes to the workshop to do art. Instead, he sings, dances, and talks with other patients, which makes him excited to go each day (2016). He said that he sleeps a lot, but always gets up to go to the workshop. Fatou also made the comment that her brother, new to Clinique Moussa Diop, recently made his first drawing at the workshop. I remember him drawing Serigne Touba³⁶ and proudly showing it to me, expressing his Baye Fall³⁷ identity and his appreciation for Serigne Touba, repeatedly telling me that he helps people. According to Fatou, art gives the viewer an idea of the artist’s mind (2016). She

³⁴ 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.

³⁵ “[L’occasion d’interagir avec les autres et de faire art] réveille les sens.”

³⁶ Serigne Touba, also known as Amadou Bamba, was a Senegalese religious leader and founder of the Mouride Brotherhood.

³⁷ Baye Fall is the name of a sub-group of the Mouride Brotherhood, founded by Ibrahima Fall.

was glad to see that her brother had an outlet for expression, and that he chose to express his love for someone he looks up to. She was thankful to know that he had a space where he could go to meet people and receive encouragement.

Additionally, a key contributor to reintegration is the dialogue between the patient and the society. As Diop states, “Reinsertion is more about society’s capacity to accept someone than the person’s ability to fit” (2016). This being said, the patients’ participation in expositions and their exposure to society can promote societal acceptance of persons with mental illness by showing their talent, ability to create something and earn money, etc. Furthermore, their showcases allow *them* to be starting and leading the dialogue, as they are the ones who present their work and show that their mental illness is not a crippling debilitation.

In this way, the expositions allow them to reclaim the definition of “mental illness” and provide them with a source of pride and self-confidence from showing their work. As previously mentioned, it is a chance for the society and the family to see the capabilities of the patient. As Diatta points out, “To buy an art piece is to help the mentally ill heal and liberate themselves.”³⁸ Concerning the atelier’s expositions, when the patient makes a painting and sells it, they get to keep half of the earnings, while the other half goes towards their own work, to buy materials, etc. When the family members and the parents see that the patient made and sold something, they are surprised and happy. According to Seck:

Because for them, the mentally ill cannot do things ... so, if they come here, we say, “Your child did that. He earned that 5000 CFA, it’s for him.” Often they are...it’s another consideration they’re going to have in relation to the patient and they will slightly *change* in relation to the patient ... His parents will see the

³⁸ “Acheter une œuvre, c’est aider le malade mental à guérir et à se libérer.”

pictures, which slightly changes the vision they had of the patient, and they think, “Our son, he is still useful.”³⁹ (Seck 2016)

In addition to the opportunity to show their capabilities to the public, showing and selling art gives the patients autonomy and the ability to be financially independent. Many patients make their living by spending their days doing art and subsequently selling their work in markets. Seck repeatedly emphasized that financial independence allows for a more successful reintegration, while also demonstrating to their families that they are self-sufficient, combatting the perception that persons with mental illness cannot do anything on their own.

Ultimately, *l’Atelier d’EX-PRESSION Artistique* focuses on creating a safe space where patients can freely express themselves through art and have a break from the difficulties of hospitalization, while also facilitating reintegration into the Senegalese society. As the workshop indicated, also reflecting the larger Senegalese societal values, togetherness and community are of the utmost importance in the path to healing. During my interview with Moussa, he stated that if one remains isolated from a community, their malady will never heal. They have to be willing to open themselves to other people, *ndank ndank*⁴⁰, or little by little. He continued by sharing: “We say in Wolof, ‘*nit nitay garabame*,’ or man is man’s remedy. But also, man is the remedy of his neighbor”⁴¹ (2016). This proverb summarizes the fact that healing comes from within the person, but

³⁹ Parce que pour eux, le malade mentale, il peut pas faire des choses ... donc, s’ils viennent ici, on les dit, “Votre enfant a fait ça. Il a gagné ça, 5000 CFA, c’est pour lui.” Souvent ils sont...c’est une autre considération ils vont avoir par rapport au patient et vont *changer* un peu par rapport au malade ... Ses parents vont voir les tableaux qui changent un peu la vision qu’ils avaient du patient et ils pensent que “Notre fils, il est utile encore.”

⁴⁰ Wolof phrase for “little by little,” or “slowly, slowly.”

⁴¹ “On dit en Wolof, ‘*nit nitay garabame*’ ou l’homme est le remède de l’homme. Mais aussi, l’homme est le remède de son prochain.”

also from other people. Above all, one must have support in the form of a group or a community in order to find a cure within oneself.

5. Conclusion

Based on the results and findings of a two-week internship at *l'Atelier d'EX-PRESSION Artistique* of Hôpital Fann's psychiatric clinic, seven different interviews, and secondary research, small, expressive spaces like Clinique Moussa Diop's art therapy workshop significantly contribute to the issues of mental health in Senegal. They approach the concept of mental illness sensitively, challenge the generally negative societal perceptions of mental illness, adapt the practice of art therapy to fit within the Senegalese cultural context, provide a supportive, encouraging space for patients to express themselves and ultimately move further in their path of mental health, and significantly help reintegrate patients into society. The analyses of data suggest that one's perception of persons with mental illness originates from their conceptualization of mental illness. Thus, in a country where mental illness is an emerging discourse, small spaces and organizations that challenge stereotypes and stigmas of persons with mental illness, shedding light on a different perspective of mental illness, play an important role in shaping and leading the dialogue between the society and persons with mental illness. For this reason, in order to understand the abstract nature of mental illness and the complexities of how it is received across cultures, one must focus on people's concepts of mental illness. Ultimately, spaces such as *l'Atelier d'EX-PRESSION Artistique*, although small in nature, disseminate perceptions contrary to the generally negative ones in Senegalese society. Albeit an *ndank ndank* process, their contributions are imperative to

the discourse on mental illness in Senegal; they thus have the power and influence to impact the ways in which mental illness is received and persons with mental illness are treated in society.

6. Recommendation for Future Studies

Throughout this research period, there have been numerous topics I came across that would be interesting to explore in future studies. As previously mentioned, my project would have benefitted from more time to do research, to analyze data, and to write; therefore, future research could build off of this study and delve deeper into my research questions concerning mental illness and persons with mental illness, as well as the practice of art therapy and the roles of organizations or places that offer art therapy. Another potential area of study could investigate the methods of art therapy in Keur Xaley, a center for children with mental disabilities in Dakar. The center came up a few times in interviews and conversations. It would be interesting to observe the ways in which children with mental disabilities approach art, and the way in which the therapeutic workshop is led to cater to children and mental disabilities. Additionally, a reoccurring question that I encountered while researching was how, or if, traditional practices of Senegalese culture interact with modern medicine.⁴² Diop had briefly spoken about a *pinth* she attended at Hôpital Fann (see Findings: 4.4 *Senegalese Perceptions of Persons with Mental Illness*), which modeled the traditional Senegalese practice in villages, where community members would gather in a central space to discuss issues, make announcements, express any concerns, etc. (Diop 2016). Hôpital Fann still organizes

⁴² To clarify, modern medicine in this context refers to institutionalized, standardized practices of healthcare, including hospitalization, standardized medical approaches to treatment and patient care, etc.

these *pinths*, where patients lead the meetings and are encouraged to express any concerns or announcements. This incorporation of traditional practices within institutionalized spaces would be interesting to further investigate. Overall, there are many potential topics of mental illness one could explore, further benefitting and contributing to the discussion of mental health in Senegal.

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8. Appendices

8.1 Appendix I: Schedule of Internship and Research

Date	Activity Description	Start & End Time	# of Hours
Monday (11/7)	Research, participant observation, internship inquiry at CMD ⁴³ ; give Letter of Introduction to M. Thiam	9am – 2pm	5
	Complete Human Subjects forms and documents	3pm – 5pm	2
	Background research	6pm – 9pm	3
	Tuesday (11/8)	Research ⁴⁴ at CMD	9am – 1pm
	Reach out to potential informants, organize interviews	3pm – 5pm	2
Wednesday (11/9)	Research at CMD	9am – 1pm	4
	Contact potential informants	3pm – 5pm	4
Thursday (11/10)	Research at CMD	9am – 1pm	4
	Advisor meeting with Ismahan	3:45pm – 5pm	1.25
Friday (11/11)	Research at CMD	9am – 1pm	4
	Begin writing Background Information & Cultural Context	3pm – 6pm	3
Saturday (11/12)	Background Research and devising interview questions	11am – 2pm	3
Sunday (11/13)	Weekly reflections; planning for the next week; finalizing interview questions	5pm – 9pm	3
Monday (11/14)	Research at CMD	8am – 10am; 12:30pm – 3pm	4.5
	Art therapy workshop	10am – 12:30pm	2.5
Tuesday (11/15)	Research at CMD	9am – 12pm	3
	Art therapy workshop	12pm – 2:30pm	3
	Advisor meeting with Ismahan	2:30pm – 4pm	1.5
Wednesday (11/16)	Research at CMD	8am – 9am; 12:30pm – 3pm	3.5
	Interview with Alassane Seck	9am – 10am	1
	Art therapy workshop	10am – 12:30pm	2.5
Thursday (11/17)	Research in CMD	9am – 11:30am; 2pm – 4pm	4.5
	Art therapy workshop	4pm – 6:30pm	2.5
Friday (11/18)	Research at CMD	8:30am – 12pm; 12:30pm – 2:30pm	5.5
	Start writing other sections	4pm – 7pm	3
Saturday (11/19)	Write reflections on observations	11am – 12pm	1
Sunday (11/20)	Finish rough outline	6pm – 8:30pm	2.5
	Plan for the following week	8:30pm – 9pm	0.5
Monday (11/21)	Research at CMD	8am – 10am; 1pm – 3:30pm	4.5

⁴³ Clinique Moussa Diop

⁴⁴ Researching encompasses secondary research within the library, but also participant observation within the clinic and interacting with both patients and staff.

	Art therapy workshop	10am – 12:30pm	2.5
	Interview with Moussa	12:30pm – 1pm	0.5
	Interview with Abdoulaye	1pm – 1:30pm	0.5
Tuesday (11/22)	Research at CMD	9am – 12pm	3
	Art therapy workshop	12pm – 2:30pm	3
	Interview with Ismahan	2:30pm – 4pm	1.5
	Analyze interview	6pm – 7pm	1
Wednesday (11/23)	Research at CMD	8am – 10am; 12:30pm – 3pm	4.5
	Art therapy workshop	10am – 12:30pm	2.5
	Interview with Sokhna Ndiaye	3:45 pm – 5:45pm	2
	Analyze interview	6:30pm – 8pm	1.5
Thursday (11/24)	Research in CMD	9am – 11:30am; 2pm – 4pm	4.5
	Art therapy workshop	4pm – 6:30pm	2.5
	Interview with Fatou	6:30pm – 7:30pm	1
	Analyze interview	8pm – 9pm	1
Friday (11/25)	Research at CMD	9am – 11am; 12pm – 3pm	5
	Interview with Mamadou Habib Thiam	11am – 12pm	1
	Analyze interview	4pm – 4:30pm	1
	Finish Background & Cultural Context	6pm – 9pm	3
Saturday (11/26)	Analyze data from the week, organize findings, continue writing sections	9am – 6pm (with a few breaks)	7 (with breaks)
Sunday (11/27)	Analyze data, organize findings, continue writing sections	11am – 8pm (with a few breaks)	7 (with breaks)
Monday (11/28)	Research at CMD	8am – 2pm	6
	Analyze data, organize findings, continue writing sections	3pm – 8pm	5
Tuesday (11/29)	Research at CMD	9am – 2pm	5
	Advisor meeting with Ismahan	2:30pm – 4pm	1.5
	Analyze data, organize findings, continue writing sections	4pm – 9pm	5
Wednesday (11/30)	Research at CMD	9am – 2:30pm	5.5
	Analyze data, organize findings, continue writing sections	4pm – 8pm; 9pm – 11pm	6
Thursday (12/1)	Research at CMD	10am – 2:30pm	4.5
	Analyze data, organize findings, continue writing sections	3:30 pm – 9:30pm	6
Friday (12/2)	Advisor meeting with Ismahan	10:30am – 12pm	1.5
	Analyze data, organize findings, continue writing sections	12:30pm – 8:30pm	8
Saturday (12/3)	Edit, final additions	12pm – 2pm, 2:30pm – 4pm, 9pm – 11pm	5.5
Sunday (12/4)	Edit, final additions	11am – 8pm (with a few breaks)	7 (with breaks)
Monday (12/5)	Edit and finish ISP	10am – 1pm; 6pm – 8:30pm, 9:30pm – 11pm	8

Total number of hours worked: 214.25

Total number of hours in the field: 100

8.2 Appendix II: Letter of Internship and Research Authorization

Dakar, le 7 novembre 2016

Alaina ORR
School for International Training
BP 16490 Dakar-Fann
Sénégal

Objet: Demande d'autorisation de faire du bénévolat et de la recherche à clinique Moussa DIOP

Monsieur Mamadou Habib THIAM, Chef de Service de Psychiatrie-Fann
La Clinique Moussa DIOP
Av. Cheikh Anta DIOP
BP 5035, Dakar-Fann
Dakar, Sénégal

Monsieur Mamadou Habib THIAM,

Je soussignée, Alaina ORR, étudiante à SIT Study Abroad, sise à la Rue C, Villa 11A, Point E, Dakar, sollicite auprès vous l'autorisation de faire du bénévolat et de la recherche à l'atelier d'expression à Clinique Moussa DIOP, du 10 jusqu'au 27 novembre 2016.

En effet, je mène un projet d'étude dans le cadre de ma formation académique en Arts et Culture au Sénégal. Ce projet examine la santé mentale au Sénégal, les perceptions des Sénégalais sur les personnes avec les maladies mentales et l'art thérapie avec les personnes qui ont des maladies mentales. De plus, ce projet explore les effets d'art thérapie et les efforts que l'atelier d'expression à clinique Moussa DIOP fait pour améliorer les vies et les visions des individus qui ont des maladies mentales. Le but de la recherche est de déterminer comment l'art thérapie marche dans le contexte culturel sénégalais.

C'est la raison pour laquelle je sollicite vivement votre assistance et collaboration pour une réussite de mon projet.

Pour plus d'information sur le programme de formation académique, veuillez contacter M. Souleye DIALLO, Directeur Académique de SIT, téléphone 33-846-05-42 (bureau) ou 77-546-12-43 (portable). De plus, veuillez me contacter au 78-153-63-96 (portable) ou alaorr@students.pitzer.edu (e-mail).

Dans l'attente d'une suite favorable, je vous prie d'agréer, Monsieur THIAM, l'expression de mes salutations distinguées.

Alaina ORR

Lu et approuvé

Signature de la fondatrice : _____ Date : _____

8.3 Appendix III: Interview Questions

8.3.1 Alassane Seck:

1. Pourriez-vous me parler un peu de votre histoire ? Par exemple, d'où vous venez, comment vous êtes arrivé à travailler avec les malades mentales ?
2. Quels sont les buts de l'atelier d'expression artistique ?
3. D'après vous, qu'est-ce que ça veut dire « maladie mentale » ?
4. De quel type de maladies mentales sont atteintes les personnes ont qui viennent ici ?
5. Pourquoi est-ce que vous avez choisi de travail avec les patients qui sont atteintes de maladie mentale ?
6. D'après vous, quelles sont les perceptions des Sénégalais par rapport aux personnes avec les maladies mentales? Pensez-vous que ce que vous faites à l'atelier d'expression artistique change cette perception ?
7. Pensez-vous que l'art-thérapie peut aider des personnes avec les maladies mentales à leur réinsertion dans la société ?
8. Y-a-t-il un plan précis pour le déroulement des sessions?
9. Est-ce que les patients payent pour la participation?
10. Pourriez-vous donner un exemple d'un cas spécifique que vous avez conduit du début au fini?

8.3.2 Dr. Sokhna Ndiaye / Dr. Ismahan Soukeyna Diop:

1. Pourriez-vous me parler un peu de votre histoire? Par exemple, d'où vous venez, comment vous êtes arrivé à travailler ici ?
2. D'après vous, qu'est-ce que ça veut dire « maladie mentale » ?

3. Comment connaît-on si quelqu'un a de maladie mentale ?
4. D'après vous, quelles sont les perceptions des Sénégalais par rapport aux personnes qui sont atteintes de maladie mentale ?
5. Pourriez-vous me donner un exemple d'une interaction ou quelque chose qui montre les perceptions des Sénégalais que vous avez observé ?
6. Comment est-ce que les personnes qui sont atteintes des maladies mentales sont traitées au Sénégal ?
7. Est-ce que vous pensez que l'art-thérapie peut aider des personnes qui sont atteintes de maladie mentale ? Si oui, comment ?
8. Est-ce que vous pensez que l'art-thérapie peut aider des personnes qui sont atteintes de maladie mentale à leur réinsertion dans la société ?

8.3.3 Mamadou Habib Thiam:

1. Pourriez-vous me parler de votre histoire et votre travail à Clinique Moussa Diop?
2. D'après vous, qu'est-ce que le rôle de l'accompagnant? Est-ce que l'accompagnant est plus important dans cette culture?
3. Pourriez-vous me parler de quel type de maladies mentales sont atteintes les personnes qui viennent ici ?
4. D'après vous, qu'est-ce que ça veut dire « maladie mentale » ?
5. D'après vous, quelles sont les perceptions des Sénégalais par rapport aux personnes avec les maladies mentales?
6. Comment est-ce que les personnes avec les maladies mentales sont traitées au Sénégal ?

7. Est-ce que vous pensez que l'art-thérapie peut aider des personnes avec les maladies mentales ? Si oui, comment ?
8. D'après vous, qu'est-ce que la raison pour l'atelier d'expression artistique ?
9. À votre avis, comment peut on améliorer la prise en charge des malades ?
10. Pensez-vous qu'il y avait un besoin de changement dans la prise en charge, y avez vous contribué ?
11. Comment est-ce que les patients payent pour leur hospitalisation ?

8.3.4 Patients:

1. Pourriez-vous me parler un peu de votre histoire ?
2. Est-ce que vous avez des inspirations quand vous faites l'art ?
3. Pourquoi vous venez à l'atelier d'expression ?
4. Qu'est-ce qui vous plaît dans cette activité ?
5. Pensez-vous que l'atelier d'expression vous aide?
6. Comment vous avez appris l'atelier d'expression?
7. Est-ce vous recommanderiez l'atelier d'expression à quelqu'un d'autre?
8. Est-ce vous parlez de votre suivi dans cet hôpital avec quelqu'un de votre entourage?
9. D'après vous, est-ce que les personnes à l'extérieur portent un jugement sur les personnes qui fréquentent l'hôpital?