

Ethnopsychological Meaning of the Symptomatology of War Psychotrauma in Traditional Africa

Guy-Bertrand Ovambe Mbarga

*Department of Philosophy and Psychology, University of Maroua, Cameroon
Center for Psychological Research RAPHA-Psy, RAPHA-Psy Psychology Foundation, Cameroon*

Abstract: The thesis statement of this research is the ethnopsychological meaning of the symptomatology of war psychotrauma in traditional Africa. Here, the individual is considered as a person with four principles in. The purpose of the study is to understand the meaning of the signs and symptoms of war psychotrauma in traditional Africa. The research used the clinical method which is based on the natural observation of facts. It refers to the totality of situations, to the singularity of individuals, to the concrete aspect of situations, to their dynamics, to their genesis and to their meaning. The data were collected through semi-structured interviews with five psycho-traumatized war soldiers. The results show that the psychotraumatic symptomatology is the expression of an attack on the fundamental psychic principles. It concerns the violation of the biophysiological principle, which is similar to the avoidance and revival syndromes; impairment of the vital principle which is akin to neurophysiological syndrome; of breaking in of the spiritual principle which is similar to dissociative symptoms. The study allowed the development of the cultural theoretical model of war psychotrauma from the approach of the conflict of relation of Sow.

Keywords: African psychopathology; symptomatology; post-traumatic stress disorder; cultural signifying

Résumé: L'article aborde la symptomatologie du psychotraumatisme de guerre en Afrique traditionnelle. Ici, l'individu est considéré comme personne-personnalité. L'objectif de l'étude a été de comprendre les signes et les symptômes du psychotraumatisme de guerre à partir des signifiants culturels. La recherche a utilisé la méthode clinique. Les données ont été collectées à travers des entretiens semi-directifs chez cinq soldats psychotraumatés de guerre. Les résultats montrent que la symptomatologie psychotraumatique est l'expression d'une atteinte des éléments constitutifs de la personne-personnalité. Il s'agit de l'atteinte du principe biophysique, qui s'apparente aux syndromes d'évitement et de reviviscence; de l'atteinte du principe vital qui s'apparente au syndrome neurophysiologique; de l'atteinte du principe spirituel qui s'apparente aux symptômes dissociatifs. L'étude a permis l'élaboration du modèle théorique culturel du psychotraumatisme de guerre à partir de l'approche du conflit de relation de Sow.

Mots clés: Psychopathologie africaine; symptomatologie; trouble de stress post-traumatique; signifiants culturels.

I. INTRODUCTION

At the beginning of the studies of the symptomatology of psychic trauma, Freud (1920) noted that signs and symptoms of traumatic neurosis are similar to the hysteria by the richness of motor symptoms. Trauma is the manifestation of a pronounced disorganization of the psyche. Likewise, the

repetition of the trauma through dreams has given rise to this notion of repetition compulsion in this Freudian thought. It would try to remove the stigma of overly exciting experiences by re-staging them. Thus, this repetition would be for the organism an attempt to actively control what it would have experienced passively. For him, "man defends himself against terror by anxiety" (Freud, 1920, p.21). However, Bokanowski (2002) like Ferenczi (1978), insists more on the "traumatolytique" effect of dreams of repetition. He thinks that the tendency to repetition in traumatic neurosis also has a useful function, in the sense that it will lead the trauma to a resolution if possible definitive, better, than was possible during the event. native concussion. Always speaking of reviviscences, Freud (1926) explains that the ego, which has passively experienced the trauma, actively repeats attenuated reproduction in the hope of directing its course as it pleases, and which it seeks to master psychically. the impressions of his life.

Freud (1926) and Ferenczi (1932) focused on the reviviscences in psychotraumatic symptomatology, while Janet (1889) and Lachal (2007), they were more interested in the dissociation syndrome which they attribute to psychological trauma. For them, it is the psychological trauma that would weaken the ability to synthesize and cause a state of psychological weakness, in which the dissociated elements could return to consciousness. According to O Van Der Hart (2006), the dissociative symptoms of some patients could be related to traumatic events. A dissociation of consciousness would occur with them at certain times and could allow the emergence of a second personality, linked to an unconscious fixed idea. Thus, modifying a traumatic memory under hypnosis could make the symptoms disappear. Kedia (2009) points out that the Janetian orientation on psychic dissociation is today of major importance in the field of psychotrauma. Moreover, the symptomatic descriptions of the psychological trauma of Fénichel (1972) and Garabé (2010) are not far from this thought of Janet (1889). Since they evoke the blocking or weakening of the various functions of the Ego; unstoppable emotional crises; insomnia, severe sleep disturbances and secondary neurotic complications.

According to Crocq's research (2014), war psychotrauma is characterized by traumatic alienation or even the change of personality "a new being is in them, a being in whom they do not recognize themselves" (p.41). Psychotraumatic disorder appears in this sense, as the inauthentic expression of an upset

personality whose memory is fragmented and ill-informed. This explains the experiences of depersonalization that psychotraumatized soldiers can express. This experience "infiltrates the present", "obstructs the future", "reorganizes the past which stopped at the experience of trauma", it is thus at the origin of a disruption of temporality. The symptoms of mental trauma will try to stop this deadly process or to burn the traumatic scene. This idea of Crocq's traumatic death picture (2014) is shared by Lebigot (2005). However, he thinks that it fits into the psyche of the individual and it will reappear as it is in the present time. It is this image of death that generates anxiety and depression. Subsequently, there is a "transformation" of the subject characterized by the feeling of abandonment and character disorders (Lebigot, 2005). Finally, guilt appears omnipresent, reinforced by the repetition syndrome evoked by Freud (1926). However, for Daudin (2014) and Daligand (2016), the reviviscence among psychotraumatized soldiers of war is explained by the fact that the trauma is equivalent to a plunge into the origins, that is to say a transgression, this is why each reappearance of the traumatic scene will be connoted with guilt.

For Baillon (2016), it is these various signs and symptoms noted above that the American Psychiatric Association ([APA], 2013) has grouped atheoretically into three major syndromes. These are revival syndrome, avoidance syndrome and neurovegetative syndrome. Cremniter and Laurent (2005) note that the syndrome of reviviscence is essentially characterized by repetitive memories including images, thoughts or perceptions; repetitive dreams of the event; impressions including the feeling of reliving the event, illusions, hallucinations, and dissociative episodes (flashback) and the intense feeling of psychic distress when exposed to clues evoking an aspect of the traumatic event cause. For Potard *et al.* (2017), avoidance syndrome dwells on efforts to avoid the activities, places, thoughts, feelings, conversations associated with the trauma; the feeling of detachment from others or of becoming a stranger in relation to others; the feeling of a "blocked" future; a net reduction in interest in important activities or a reduction in participation in these same activities; restriction of affects and inability to remember an important aspect of the trauma. Dominguez (2017) notes that these first two groups of symptoms are generally accompanied by neurovegetative activation. It is characterized by difficulty falling asleep or interrupted sleep; irritability with fits of anger; difficulty concentrating; hypervigilance; and an exaggerated startle reaction. However, it should be noted that, although these syndromes are also noted in the traditional African clinic, for Gardo (2010), they are only approximate indications. Because the interpretive approach which characterizes traditional African practice is not the search for a clinical diagnosis, based solely on the external signs, but a diagnosis of cause, based on the search for the latent, hidden meaning, of the manifest disorder. Consequently, these nosological categories observed in psycho-traumatized African soldiers of war cannot be situated in their system of cultural interpretation, that of traditional

black Africa. The problem which then arises is that of meaning specifically covers the symptomatology of war psychotrauma in an African socio-cultural environment, compared to modern psychiatry. The question here is that of how do Cameroonian soldiers suffering from psychological trauma from war apprehend the symptomatology of psychotrauma from cultural signifying? The objective of the study is therefore to understand the symptomatology of the trauma among Cameroonian psychotrauma victims of war from cultural signifying.

II. METHODS

The study is a qualitative research. It is generally intended to study human phenomena with a view to greater understanding. The aim is to find the meaning given to the signs and symptoms of war psychotrauma in traditional African clinics. It was the inductive approach that was chosen. We noted the facts then proceeded to rigorous, punctual and repeated observations concerning the symptoms of psychotrauma, also to discover the meaning that the patients give them in reference to their cultural frameworks. We have used the clinical method, because it is defined by taking into account the singularity and the whole situation. We mainly relied on the case study, because of its ability to provide an in-depth analysis of a phenomenon such as psychic trauma and in a specific context, that of traditional black Africa. The research took place at the RAPHA-Psy Psychology Center. He often receives soldiers in mental distress, on their return from war missions.

As the research is qualitative, the use of a small, non-probabilistic sample was preferred. Participants were chosen on the basis of their ability to provide interesting and relevant information on the symptoms of war psychotrauma. It is a convenience sample that is chosen during a study for practical reasons of accessibility. Five Cameroonian soldiers who took part in anti-terrorist missions against Boko Haram in Far North Cameroon participated in the study. They were diagnosed with severe psychotrauma using the Post-traumatic Stress Disorder Checklist Scale. This scale has a threshold score of 44 for the diagnosis of PTSD, its sensitivity is 97% and its specificity is 87% (Cottraux *et al.*, 2003). It therefore makes it possible to effectively identify psychotraumatized individuals coming under psychiatric or psychotherapeutic care. As another selection criterion, participants did not adhere to hospital care. For their recovery, they only performed the rites in their respective villages.

Data were collected through semi-structured interviews. This technique allowed us to focus the participants' comments mainly on the themes of war psychotrauma symptomatology and cultural signifying. We met each participant four times according to the saturation principle, where the continuation of the collection no longer gave us any new information. Interviews lasted an average of 1 hour each, depending on the participant's availability. These voluntary participants, after signing the informed consent, were free to suspend the interviews at any time, so it was up to them to deliver only

what they could say. As a data analysis technique, we used content analysis, which focused on identifying significant themes. In this context, we have used inter-coder agreements to ensure the relevance of the themes and sub-themes identified. The participants' speech fragments are used to empirically base the analysis.

III. RESULTS

Psychopathological symptoms, as productions, have to be interpreted in the dynamic framework that produced them. Sow (1977) thinks that unless we deny the reality of the structural links existing between a specific concrete psychology and the concrete culture which founds and produces it, reflection on the psychological meaning of psychic productions is necessarily linked to that of their cultural interpretation. In the present research, the individual is culturally and theoretically considered as a person whose psychic apparatus has four principles. In this perspective, psychotraumatic symptomatology has been analyzed as an affection on the constituent elements of the person-personality, in this case the biophysiological principle, the vital principle and the spiritual principle.

Affection of the biophysiological principle

A group of signs and symptoms noted in the participants of this study according to Sow (1977), can testify to the impact of the aggression undergone by Ego on its biopsysiological principle. These include: state of social inhibition, physical fatigue, mental fatigue, sexual disturbance, dreams of persecution, certain somatic ailments. The five participants have presented these symptoms in a variety of ways. Soldier Bama expresses the attack of this principle in the form of social inhibitions. He said: "I was withdrawing and I didn't want to feel anyone next to me". For Soldier Dewa, he was struck by fatigue "I felt so tired that I could neither work nor think." Soldier Afana, knows him of sexual troubles "I had no desire for sex, besides even when I wanted it did not arise". While Soldier Chimbo squirms on the somatic sphere: "I have an odd pain in my back, at the level where my bark had mysteriously blocked the ball of a Boko Haram". The complaints of these soldiers show the dysfunction of the organizing principle of biophysiological life, resulting from the violence of the Enemy on Ego (Sow, 1978).

Indeed, the persecuting violence suffered by Ego is conceived as external to him. This persecutory object relationship is a common psychological modality in black Africa, on the triple plane of the imagination, everyday reality and the world of symbols (Sow, 1978). It is characterized in terms of experience, essentially by themes such as possession as with Soldier Omar "I felt that I was inhabited by spirits of the dead", and influence as with Soldier Chimbo "I had become very violent, they came to tell me that I had done terrible things and I did not even remember [...]. It was the marabout who reassured me that a spirit was guiding me."

Any clinician psychologist practicing in Africa can observe the frequency, even the constancy of the symptom of

persecution in all his patients, whatever the morbid modality presented (Ortigues & Ortigues, 1984). The persecutory affect and the feeling of depression, or more precisely, the persecution-depression dyad have once again prevailed in this traumatic symptomatology. As is often the case, it appears here that the aggressor (Enemy) persecutes the Being of the assaulted subject (Ego) by depressing him. The predominance of this persecutory problem is seen both in Soldier Bama: "even during the day, I begin to see directly these people who come to shoot me, either arrest me or stab me" as in Soldier Afana: "a body always said to me in the dream that as I killed it, and that it will only bring me ». This persecution is also experienced as much by Soldier Omar: "I woke up with a start, chased by dark people coming on me, with machetes, knives, weapons to kill me" as by Soldier Dewa: "these images flashed like weird shadows, drawings of men in black, all trying to eliminate me.". For Sow (1977), these accentuated persecutory affects are evidence of an attack on the biophysiological principle. On the other hand, we note here that the violation of the biophysiological principle generates symptoms that are conventionally found in avoidance and revival syndromes.

Affection of the vital principle

The vital principle is the internal principle which presides over the actual existence of individuality. It is both the principle of life and the seat of individual psychic life in the broad sense. Its role is to invigorate the existing. So life, strength and fertility are under his control. This is why the symptoms showing an attack on the vital principle are variable. These are syndromes ranging from "bizarre" organic disease to all series of psychosomatic conditions (Sow, 1977). These problems can be noted in Soldier Chimbo "... I had a bizarre neck paralysis. My neck jammed at 10 a.m. and started to spin again at 6 p.m.". Soldier Bama also expresses his suffering in the same sphere: "I felt as if I was in a hole. I was having trouble breathing, I was having trouble sleeping. ". The loss of strength is also revealed in Soldier Afana: "I often suddenly lost energy inexplicably and it scared me very much". These various complaints are manifestations of the degradation of the vital principle.

The fact that there is an attack on the principle of life itself, induces paroxysmal anxiety attacks. This is an acute anxiety without temporo-spatial disorientation, but with the feeling of eminent death as can be noted (Mayi, 2010) in Private Omar "without explanation, I felt that I was going to leave (die) for a moment to the other ". These paroxysmal anxieties are also characterized by physical signs such as the palpitations revealed by (Makang Ma Mbog, 1969) and noted at Soldier Chimbo "my heart was racing constantly, I had the impression that it will soon stop"; the sweating and the tremors with Private Dewa "When it happened to me, I trembled like a leaf, drenched in sweat everywhere, I was very ashamed. ". These signs show that the point of impact is the life principle.

The vital principle has sometimes been affected in certain soldiers by "sorcery" attacks attributed to terrorists. This is the

case of the consequences of a mystical fight reported by Private Omar: "After this great power battle with this witch from Boko Haram, I felt how I would die slowly, certainly she would revisit me in the night". Indeed, it is said that witchcraft is an "economic" way to destroy the existing without necessarily passing through the body envelope and the biophysiological principle. The African sorcerer is recognized as the one among the wicked who penetrates into the depths of the Being and the Existence of the Person (Hebga, 1979). In addition to this specific case of witchcraft, the conflict responsible for the achievement of the vital principle was more highlighted in this study by the use of fetishism. There are regular gray-gray acts here. This is what Private Afana reports: "They use the bark; human bones; animal bones and teeth; red and black fabrics; the wires, the oils, too much that was on them. " Indeed, these are all practices aimed at achieving the vital principle. In addition, we note that this attack on the vital principle produces symptoms which are similar to the neurophysiological syndrome.

Affection of the spiritual principle

The spiritual principle is the quintessence of Man's psychic life. It is a spiritual substance made up of intelligence and will which is indestructible and imperishable (Sow, 1977). It is therefore in close contact with the Ancestral Pole, which, alone, in any case, has direct access to everyone's spiritual principle. The spiritual principle is affected or challenged when its position in relation to the Being of the Ancestor becomes problematic. It is affected when there is difficulty or conflict with the most fundamental Tradition, that is, Being, the Word and the Law of the Ancestor. These relational difficulties between the Ancestor and the psychotraumatized soldiers arose from the disregarded prohibitions on the battlefield and from the omissions of tradition recognized by these combatants. This is what struck a blow to the spiritual structure.

The symptomatology which reveals the attaining of the spiritual principle includes not only the syndromes of the biophysiological principle and those of the vital principle, but also the "serious" mental disorder, because proceeding from the most intimate disorder in the Being of the Existing. It is in this context that we noted psychotic decompensations such as depersonalization in Private Chimbo: "I felt like I was not myself, since I had no control over what I said and what I was doing was as if I was watching myself; and the derealization in Private Bama: "I lived as in a dream. At all times I had to reassure myself if what surrounds me is real. " Possession issues were also noted. Study participants often testified that they were possessed by the spirits of the battlefield dead. Also part of the dreamlike image, the hallucinatory vision which are "exposed" from the deep layers of the human psyche and access to the most fundamental anthropological signified that is the Ancestor. This is also why when the psychotraumatic experience is violent enough, it is essentially interpreted as resulting from a great conflict with Tradition, of which the Ancestor is master of the spiritual principle. This explanation

is shared by Private Afana who reproaches his other comrades in these terms "those who go completely mad after the war, these are the ones who totally refused to go and make tradition in the village". Indeed, a state of agitation with lived confusio-dreamlike consciousness, incoherent words, denudation, as well as a strong feeling of being influenced, of being possessed evoke premium on board, problems with the vertical dimension, that is to say, attaining the spiritual principle.

However, it should be noted that the "imaginary" productions of Private Omar who sees the Boko Haram woman temporarily take the place of the therapist, then disappear again do not shock her family circle. This is because these words are not at odds with or out of logic with the systems of thought and the real social practices of his living environment. On the contrary, it appears formally that the individual imagination literally draws from praxis and community ideology, the essential of the intellectual elements of its mental elaborations. All the stories, all the experiences lived by these participants, are therefore very consistent from start to finish with respect to their reference systems. They are not cut off from community language; moreover, they enjoy the status of victims of the Enemy (the gray-gray terrorist). The environments in which these participants live, for whom, and in relation to which they "speak" fully understand and integrate the themes of their psychotraumatic experience. Furthermore, it should be noted here that this attack on the spiritual principle has brought out the dissociative symptoms that conventionally accompany the three syndromes of Posttraumatic Stress Disorder.

Moreover, it appears that the signs and symptoms characteristic of war trauma reflect the violation of the constitutive principles of the person-personality. First of all, it is the double attack on the biophysiological principle and the vital principle by the Enemy and the Ancestor. Then, the attainment of the spiritual principle by the Ancestor. These various attacks guaranteeing the psychotraumatic symptoms of war can be represented by the diagram below.

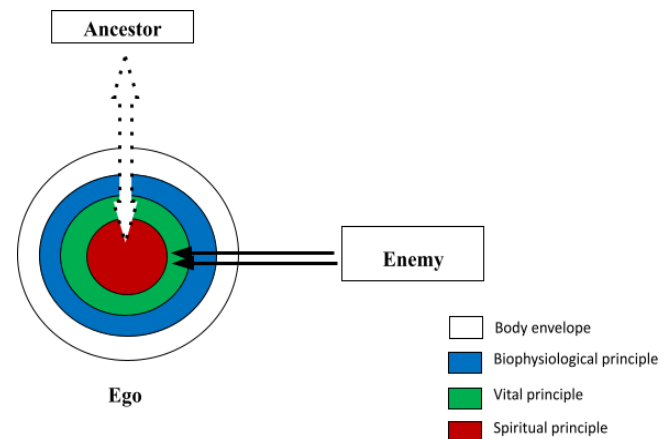


Figure 1: Affection of the constituent elements of the person-personality during the war psychotrauma from relationship conflict theory

(Ovambe Mbarga & Nguimfack, 2019)

It follows from this interpretation that the psychotraumatised soldier suffers from the heavy effects of the aggression in his horizontal relationship. Indeed, the Enemy (the gray-gray terrorist) in its violence, affects the Soldier by achieving its biophysiological principle and its vital principle. The suffering of this victim also comes from his fault in his vertical relationship. The Ancestor berates the Soldier (Ego) by not only affecting his biophysiological and vital principles, but above all by questioning the spiritual principle. This explanatory cultural model of war psychotrauma according to the theory of relationship conflict can be schematized as follows:

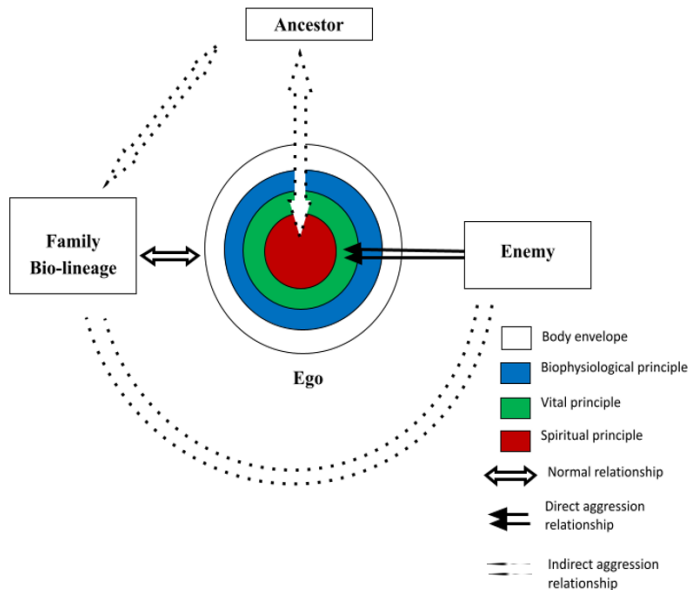


Figure 2: Cultural model of war psychotrauma after relationship conflict theory

(Ovambe Mbarga & Nguimfack, 2019)

In summary, war psychotrauma is caused by the aggressive relationship between the Soldier (Ego) and the enemy, the broken relationship between the Soldier and the Ancestor and the broken relationship between the Ancestor and the Family bio-lineage (Ovambe Mbarga & Nguimfack, 2019). Psychotraumatic symptomatology, for its part, reflects the affection of the biophysiological principle and the soldier's vital principle by the aggression relationship with the Enemy and the affection of the biophysiological principle, the vital principle and the spiritual principle of Ego by the relation of rupture with the Ancestor.

IV. DISCUSSION

Psychotraumatic symptoms have known and continue to have a variety of explanations. The most prominent explanatory approaches are psychoanalytic, cognitive and neurobiological. However, studies of cultural roots today provide new ways of deciphering. Take the example of revival in the form of dreams, the dreamlike image, which will not have moved the patient will remain, for the African dreamer, an ordinary fantasy without thickness, quickly forgotten, in any case,

never told, because that void of emotion, of heat, therefore of possibility of communication (Lahlou, 2005). Par contre, si l'image du rêve est accompagnée d'affects tels que l'angoisse comme dans le cas du psychotraumatisme de guerre, elle se maintient ; elle devient racontable, communicable, bref « dialoguable ». Dans ces conditions, le psychisme du patient rêveur n'aura de cesse de chercher à comprendre les secrets de son bouleversement. D'autre part, les rêves de réviscences dans cette étude par exemple ont été plus caractérisés par la persécution. However, the persecuting thematization for Lamessi (2014) reveals deeper, more hidden and more fundamental tendencies, especially since, precisely, this theme is just as commonplace found in the various practices and manifestations of daily African life, and in particular in interpersonal social relationships, whether they are conflictual or not. It is therefore remarkable that the psychotraumatic symptomatology in this cultural context revolves around persecution.

Moreover for Tsala Tsala (2009) and Nguimfack (2016) mental disorder in Cameroon is essentially experienced as persecution insofar as it undermines the normal balance of the subject by detaching it from its ordinary ties and, by this fact, disturbing relational order. Also, according to Kommege et al. (2013), this can be understood by the fact that the representational core of mental illness in Cameroon is the magico-religious, a large proportion of the population (40%) attributing it to demonic possession and anthropophagic witchcraft. For Dorvil (1990), persecution thus becomes an explanation for everything that disturbs order, disrupts relationships, affects the individual in his physical, mental and spiritual being. According to Sow (1977), however, persecution is almost always presented as the primary phenomenon, since this brings us back to the problem of the etiological exteriority of the mental disorder.

On the other hand, the fact that the psychotraumatic symptomatology of the participants in this study is essentially characterized by dreams, nightmares, hallucinations and hallucinosis suggests that the culture is the same that permeates both the dreamer's consciousness and that of the dreamer. hallucinated or the one who perceives the world, the others, in the waking state. It is in this perspective that Rosny (2010) emphasizes that the psyche is one and culture one at all levels of the Total Real. For him, the need for unity, by expressing cultural coherence is all the more keenly felt in the dream and the hallucinatory image that they open up on a signified outside the subject as a singular individual. Clinical anxiety, in these conditions, expresses the feeling of rupture with the particular signifiers based, themselves, on the fundamental signified that is the Ancestor. We can therefore understand with Makang Ma Mbog (1969) that any feeling of rupture with the signifiers immediately leads to a nonsense derived from the trauma in the subject that he never ceases to restore in meaning. This is how the attempt at delusional reconstruction (nightmares and hallucinations) is born when an assailant can be appointed. Because delirium is a defense against massive anxiety that is "nameless."

Jablensky (1987) as well as Sow (1977) says that he was also attracted by the presence of states of consciousness "unstructured" according to the dreamlike and hallucinatory modes so frequent and so significant in African psychopathology. Having similarly noted these two modes of destructured consciousness in the participants of this study, we can think that hallucinatory experiences have a meaning, a structure; that these are not purely and simply confuso-dreamlike biological states of modern nosography. Psychotrauma, far from being a simple psychological upheaval due to the breaking of the psyche as presented by Laplanche and Pontalis (2007), would rather be a real restructuring of the person-personality itself. The psychotraumatic crisis of war thus presents itself as a moment of deconstitution-reconstitution of the person-personality. Have regularly been part of this traumatic crisis: the dreamlike image and the hallucinatory vision which for Nsabiyeze (2004) are "exposed" from the deep layers of the human psyche and access to the most fundamental anthropological signified, -to say the Ancestor. But were also preponderant here, the problems of possession that Lado (2011) noted in a large number of psychotrauma victims in Africa. His research therefore corroborates the experience of our participants who say they were possessed by the spirits of the dead on the battlefield. This preponderance of affect affect, traumatic dreams, hallucination cannot have the same status in Western psychopathology, simply because their structure, their meaning are absolutely different, proceeding from different anthropological wholes.

Indeed, an agitation with lived confuso-dreamlike consciousness, incoherent words, denudation, as well as a strong feeling of being influenced, of being possessed evokes premium on board, problems with the vertical dimension, highlighting attaining the spiritual principle (Sow, 1977). For Mayi (2010), it is the achievement of ka (principle of eternity, immortality and shadow). This group of symptoms is very close to the reviviscence syndrome characterized by repetitive memories, repetitive dreams of the human persecutor in the manifest content, illusions, hallucinations and dissociative episodes that Dominguez (2017) noted. On the other hand, a state of social, physical, mental, sexual inhibition, certain somatic or psychosomatic affections, etc., shows the violation of the biophysiological principle that Mayi (2010) names the ba according to Tauy's scholars. This nosological procession apart from memory disorders, is close to the avoidance syndrome stated by Courtois et al. (2017). But it was more defined here by the bluntness of reactivity, the feeling of detachment from others, the restriction of affects and the alteration of social functioning. In addition, a paroxysmal, acute anxiety without temporo-spatial destruction, but with the feeling of imminent death and physical signs such as: palpitations, dryness of the mouth, agitation shows that the point of impact is the vital principle also called sad (Mayi, 2010). This symptomatic group is close to the neurovegetative syndrome consisting of sleep disorder, irritability, outbursts of anger, aggressiveness and hypervigilance of which Baillon

(2016) speaks. In fact, it should be noted that if this symptomatology for Sow (1977) reveals the violation of the constitutive principles of the person-personality, for Mayi (2010), it generally reflects a drop in vital energy.

Contrary to what is observed in Europe and America, according to Collomb (1965) and Collignon (2002), the African clinic indicates that the persecution does not come directly from guilt by the mechanism of projection. Now here, we could have clung to this Western thought, knowing that the feeling of guilt often drives many psycho-trauma victims of war. But, the productions of our participants are not going in this direction. Without going over here on the in-depth analysis of the modes of action of violent antithetical doublets, it appears that the African interpretation, according to the modality of the persecuting thematization, is that which is found to be the most consistent and the most adequate. Indeed, according to Ortigues and Ortigues (1984) and Descombes (2005), in Africa, the conflict with the Genius, the Sorcerer or the Enemy (grey-grey terrorist) as in the present study is real as soon as it begins. The role of the traditional practitioner, in terms of interpretation, consists in giving him a name and a face acceptable by the subject and the community and this according to the pre-existing cultural frameworks. This is why in this research, the gray-gray terrorist is easily identified and accepted by all. On the other hand, to remove the ambiguity, Sow (1977) recalls that in the language of international psychopathology, the witchcraft relationship of which some terrorists are suspected would rather resemble, in a certain sense, the syndrome of influence and the external action. It would be a feeling of aggression at the level of the person, of being biosocial for Nguimfack (2016), while the feeling of aggression of the body and the vegetative life would be the fact, according to traditional doctrine, of fetiching, or evil magic according to Hebga (1979) recognized here to the Enemy (terrorist-witch doctor). However, the signs relating to the sorcery aggression would rather result from the attack of the vital principle due to the relational disjunction with the Ancestor, let us remember, which affects all the constituents of the person.

V. CONCLUSION

War trauma is an important hinge in the history of psychopathology. In Freudian exploration, their symptomatology was more focused on repetitive dreams. The repetitive dream of traumatic wartime neuroses made it possible to distinguish between reproduction, recollection and repetition. Also, by exploring anxiety and narcissism in psychotrauma victims, Freud moved away from traumatic neurosis from hysterical psychoneurosis, bringing it closer to early dementia. Today, war psychotrauma is better known as Post Traumatic Stress Disorder (PTSD). In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), PTSD moved from the category of anxiety disorders to a new category, that of trauma and stress-related disorders. This disorder is identified here through a symptomatology grouped into three major syndromes. These

are revival syndrome, avoidance syndrome and neurovegetative syndrome. To this triptych are generally annexed the dissociative symptoms, in particular depersonalization and derealization. The participants in this study presented almost all of these psychotraumatic symptoms. However, it has been seen that war psychotrauma has many specificities in traditional Black Africa. Far from the neurobiological, cognitive explanations and classical psychoanalysis, the psychotraumatic symptomatology here has proved to be an attack on the constituent elements of the person-personality. It concerned specifically the achievement of the biophysiological principle, the vital principle and the spiritual principle. This is what made it possible to better understand how psychotraumatic symptoms develop, their colors, their emotional tones, and especially their meaning within the African anthropological structures in which they were produced.

BIBLIOGRAPHIC REFERENCES

- [1] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders 5th edition. Washington D.C: American Psychiatric Association.
- [2] Baillon, A. (2016). Prévalences du trouble de stress post-traumatique et du stress perçu par les gendarmes: quelle(s) corrélation(s) avec la consommation de soins? Thèse de médecine, Ecole du val-de-grâce de Paris.
- [3] Bailly, L. (2007). Prévention de la répétition du trauma. *Contraste*, 1 (26), 233-240.
- [4] Bokanowski, T. (2002). Traumatisme, traumatique, trauma. Le conflit Freud/Ferenczi, conférences en ligne, Société Psychanalytique de Paris, programme 2001-2002.
- [5] Collignon (2002). Les toponymes inuit, mémoire du territoire: Étude de l'Histoire des Inuinnait. *Anthropologie et Sociétés*, 2(3), 45-69.
- [6] Collomb, H. (1965). Les bouffées délirantes en psychiatrie africaine. *Psychopathologie africaine*, 1(2), 167-239.
- [7] Cremniter, D. et Laurent, A. (2005). Syndrome de stress post-traumatique: clinique et thérapie. *Toxicologie Pathologie*, 2, 178-184.
- [8] Crocq, L. (2014). Traumatismes psychiques: Prise en charge psychologique des victimes. Paris: Dunod.
- [9] Daligand, L. (2016). Les violences conjugales. Paris: PUF.
- [10] De Rosny, E. (2010). L'Afrique des guérisons. Yaoundé : Karthala.
- [11] Descombes (2005). Edmond Ortigues et le tournant linguistique. *L'Homme*, 529, 419-426.
- [12] Dominguez, S. (2017). L'interaction vocale mère/nouveau-né: la communication à l'aube de la vie. Thèse de Doctorat en Psychologie. Université Paris Nanterre.
- [13] Dorvil, H. (1990). La maladie mentale comme problème social. *Service social*, 39 (2), 44-58.
- [14] Fénelon, O. et Monod, C. (1972). De la crainte d'être dévoré. *Nouvelle Revue de Psychanalyse*, 6, 149-152.
- [15] Ferenczi, S. (1978). *Psychanalyse des névroses de guerre*. Paris: Payot.
- [16] Freud, S. (1920). *Au-delà du principe de plaisir*. Paris: Payot.
- [17] Freud, S. (1926). *Inhibition, symptôme et angoisse*. Paris: Payot.
- [18] Gardo, C. (2010). Une anthropologie du très proche. *Journal des Anthropologues*, 122, 15-26.
- [19] Garrabé, J. (2010). Le traumatisme du point de vue de la psychiatrie de la personne. *Journal français de psychiatrie*, 1(36), 26-29.
- [20] Hebga, M. P. (1979). *Sorcellerie, chimère dangereuse?* Abidjäng: Inades Editions.
- [21] Jablensky, A. (1987) Multicultural Studies and the Nature of Schizophrenia. *Journal of the Royal Society of Medicine*, 80, 162-183.
- [22] Kedia, G. (2009). La morale et les émotions. *Revue électronique de Psychologie Sociale*, 4, 47-53
- [23] Kommege, T., Bernoussi, A., Denoux, P et Njiengwe, E. (2013). L'adolescente camerounaise en transe: clinique de l'interculturalité et interculturalité clinique. *L'information psychiatrique*, 7 (89), 513-521.
- [24] Lachal, C. (2007). Le partage du traumatisme : comment soigner les patients traumatisés. *Le Journal des psychologues*, 10 (253), 50-54.
- [25] Lado, L. (2011). Le pluralisme médical en Afrique. Colloque international de Yaoundé (3-5 février 2010). Hommage à Eric de Rosny. Paris: Karthala.
- [26] Lahlou, S. (2005). Peut-on changer les comportements alimentaires? *Cahiers de Nutrition et de Diététique*, 40(2), 17-28.
- [27] Lamessi, A. (2014). *L'ombre des ancêtres. Les états dépressifs en Afrique Noire*. Paris: Connaissances et Savoirs.
- [28] Laplanche, J., & Pontalis, J.B. (2002). *Vocabulaire de la psychanalyse*. Paris: PUF.
- [29] Lebigot, F. (2005). *Traiter les traumatismes psychiques. Clinique et prise en charge*. Paris: Dunod.
- [30] Makang Ma Mbog (1969). *Essai de compréhension de la dynamique des psychothérapies africaines traditionnelles*. *Psychopathologie africaine*, 5 (3), 71-88.
- [31] Mayi, M. B. (2010). *Psychopathologie et Tradithérapies Africaines. Perspectives Actuelles*. Paris: Dianioia.
- [32] Nguimfack, L. (2016). *Psychothérapie des familles camerounaises confrontées à la sorcellerie. Intervention systémique auprès de la famille d'un enfant délinquant*. *Thérapie familiale*, 3 (37), 57-66.
- [33] Nsabiyeze, S. (2004). *Culture et traumatismes psychiques; compréhension et prise en charge psychologique du PTSD*. Mémoire de Master en Psychologie. Université Nationale du Rwanda.
- [34] Ovambe Mbarga, G-B. (2020). *les signifiants culturels dans le processus de résilience chez les soldats psychotraumatisés de guerre*. Thèse de Doctorat/Ph.D. en Psychologie Clinique, Université de Yaoundé 1.
- [35] Ortigues, M-C., Ortigues, E. (1984). *Œdipe africain (3^e édition)*. Paris: L'Harmattan.
- [36] Potard, C. et al. (2017). The relationship between parental attachment and sexuality in early adolescence. *International Journal of Adolescence and Youth*, 22, 47-56.
- [37] Sow, I. (1977). *Psychiatrie dynamique africaine*. Paris: Payot.
- [38] Sow, I. (1978). *Les Structures anthropologiques de la folie en Afrique Noire*. Paris: Payot.
- [39] Tsala Tsala, J-P. (2009). *Familles africaines en thérapie. Clinique de la famille camerounaise*. Yaoundé: Harmatan.
- [40] Van Der Hart, O. (2006). The haunted self: Structural dissociation and the treatment of chronic traumatization. *Psychiatric services*, 9(58), 1230-1234.