



Research Paper

## Psychological processes in ritopsychotherapies of war psychotrauma in traditional Africa

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### Abstract

Among some psychotraumatized Cameroonian soldiers of war, psychotherapeutic effects have been observed of the rites which they practiced on the return from the front. This observation favored the emergence of the concept of ritopsychotherapy, which is a rite-based psychotherapy. To this end, it was to explore the psychological processes implemented during these rites among the soldiers who benefited from them. The research was guided by the clinical method. The data were collected at the RAPHA-Psy Psychology Center, from five psychotraumatized soldiers of war through semi-structured interviews. The results highlighted seven main psychological processes in the five ritopsychotherapies explored. These are debriefing, catharsis, transference, suggestion, psychodrama, symbolic efficiency and psychoeducation.

**Key words:** psychological processes, war psychotrauma, ritopsychotherapy.

### Résumé

Chez certains soldats camerounais psychotraumatisés de guerre, il a été observé des effets psychothérapeutiques des rites qu'ils ont pratiqués au retour du front. Cette observation a favorisé l'émergence de la notion de ritopsychothérapie, qui ici est une psychothérapie fondée sur le rite. A cet effet, il s'est donc agi d'explorer de manière opérationnelle les procédés psychologiques mis en œuvre durant ces rites chez les militaires qui en ont bénéficié. La recherche a été guidée par la méthode clinique. La collecte des données s'est faite au Centre de Psychologie RAPHA-Psy, auprès de cinq soldats psychotraumatisés de guerre à travers des entretiens semi-directifs. Les résultats ont mis en exergue sept principaux procédés psychologiques dans les cinq "ritothérapies" explorées. Il s'agit du débriefing, de la catharsis, du transfert, de la suggestion, du psychodrame, de l'efficacité symbolique et de la psychoéducation.

**Mots clés :** procédés psychologiques, psychotraumatisation de guerre, psychorithérapie.

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### I. Introduction

Psychotrauma has often been considered a break-in phenomenon in the subject's psychic defenses. In this sense, for Crocq (2014), it can only be deeply resolved by cathartic psychotherapy as promoted by Freud (1926). For these two authors, the analytical cure favors the verbalization of the traumatic experience which allows to reintroduce meaning where the signifier had given way to the inexpressible. According to Roussillon (1999) and Bourrat (2012), the analyst by causing the person to speak freely about the trauma, his life, his past, his dreams, his fantasies, helps the subject to forge a link between traumatic event and its past, to give meaning to the trauma in the person's life. Furthermore, for Bradley et al. (2005), the therapist's effectiveness lies in his ability to welcome, encourage speech, emphasize what must be spoken, and ask questions that will lead others, for the sake of reconstruction, so that the soldier gradually gives meaning to his encounter with death, and frees himself from the weight of repetition.

However, psychoanalysis has often been discussed for its fairly long duration. However, the psychotraumatized soldier is asked to return to the battlefield. It is to shorten this time of analytical processing that Tostain (2016) proposes to associate hypnosis by olfactory conditioning. For him, the advantage of this technique is the induction of a state of "extended wakefulness", with modified cognitive and affective functioning, which potentiates recall and narration dynamics and allows controlled exposure to trauma. Also,

beyond controlling anxiety by emotional damping, hypnosis according to Cottencin (2009), allows controlled exposure, in particular a "protective double dissociation", which promotes the reduction of anxiety-provoking resistance. However, for Baubet (2010), analytical therapy can also reinforce its effectiveness over time if it is preceded by debriefing. This is because this emotional discharge intervention alleviates acute psychological distress, as well as the intensity of the psychological consequences of the trauma. According to Bessoles (2006), the advantage of debriefing is that intervening as soon as possible after the event, we minimize the risk of installing ill-adapted cognitive and behavioral patterns. But we see that he brings this technique closer to the cognitive-behavioral approach.

Cognitive behavioral therapy is based on the idea that our assessment of a situation strongly influences our emotions and behaviors. Thus, in combat situations, the perception of the danger that the soldier has for himself or for the other can favor dysfunctional beliefs. For Auxémery (2018), "trauma-centered" cognitive therapy helps soldiers identify their patterns of mistaken thinking about themselves, the traumatic event, and the world. Cognitive restructuring during therapy therefore eradicates poorly adapted cognitive mechanisms such as over-generalization, selective abstraction, arbitrary inference (Calicis, 2010). According to Gagnon (2005), it is this previous work that induces the rapid absorption of behavioral symptoms such as avoidance, reviviscence and hypervigilance. CBT is therefore symptom-centered therapy that aims to reduce disability and improve quality of life by acting on wrong thinking patterns. For Brady (2000) and Sophie et al. (2011), they have shown their effectiveness in the treatment of PTSD in soldiers because they are limited in time and act directly on the handicapping symptoms which they present.

Still regarding this feature of brief therapy, Byers et al. (2010), they recommend EMDR which consists of a neurological reprogramming of the emotional brain. Effectiveness would reside in the dissociation of emotions and memories. Eye movements unblock traumatic information and reactivate the brain's natural healing system to get it back to work. According to Shapiro (2009), it is a question of diving back into the sensory perceptions experienced during the traumatic event. The soldier is therefore led to concentrate his brain activity on the present, which allows a memory re-encoding which does not remove the traumatic memory, but which gives it less or no emotional charge. This is what would promote the rapid disappearance of direct manifestations of trauma (Keenan & Royle, 2007). However, this rapid absorption of symptoms so much sought after by CBT and EMDR is often questioned about the profound healing of the psychotraumatized soldier. Are these not the therapies that predispose to a mutation from the prominent traumatic symptom to the psychosomatic symptom? Moreover, to understand Mbonji Edjenguélé (2005) and Nkelzok Komtsindi (2009), the therapies which are more interested in the symptom than in the sense cannot succeed in an African cultural environment which remains very attached to meaning. Also, for Sow (1978), the manipulation and interpretation of signifiers in African traditions remains very important insofar as they always accompany, carry and support therapeutic action. This action was also highlighted during the rites performed by certain Cameroonian soldiers suffering from war trauma. In this article, we are interested in the psychological functions of rites during the treatment of war psychotrauma. The objective is therefore to identify the different psychological processes that have been implemented during psychoritherapy among Cameroonian military war-psychotraumatized.

## **II. Methods**

The study is qualitative research. Its purpose is often to study human phenomena for greater understanding. In this study, it is a question of understanding the psychological function of the rites. It was the inductive approach that was adopted. We noted the facts and made rigorous, punctual and repeated observations concerning the experience of rites as care for psychotrauma victims of war. We have used the clinical method, because it is defined above all 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 phenomena in their context, such as that of traditional black Africa. The research took place at the RAPHA-Psy Psychology Center. This structure 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. The participants were chosen based on their ability to provide interesting and relevant information on "ritual therapies". Five Cameroonian soldiers, having taken 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 criterion of choice, the participants for their care, only practiced the rites in their respective villages.

Data collection was done through semi-structured interviews. This technique allowed us to focus the participants' comments essentially on the themes of war psychotrauma and psychoritherapy that we wanted to address. 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 one 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 were used to empirically base the analysis.

### **III. Results**

Ritopsychotherapies like most traditherapies have the essential aim of resolving the relationship conflict that has become "critical". This, after having detected the problematic pole, interpret the cause and the meaning of the relational conflict. This resolution of the relationship conflict is done or is favored by some psychological processes. These include debriefing, catharsis, transfer, suggestion, psychodrama, symbolic efficiency, psychoeducation and assisted perlaboration.

#### **Debriefing and catharsis**

Debriefing is almost permanent in several traditional therapies, especially in rites. It is generally asked to those who suffer: *"you must speak, if you want to be healed"*. This instruction was rightly given to Soldier Omar who said: *"I was overwhelmed by nightmares one day after a clash with the terrorists. When I was brought to the hospital, my uncle directly picked me up for the Mbak rite, where the grandfather of the rite asked me to tell exactly what happened during the confrontation."* Also, according to him, this story was very beneficial to him: *"I told horrible things that I did not want to tell anyone, but I felt in a safe place, and I am convinced that this is what I made it back to normal."* This narration of the experience of the event within 72 hours is very similar to the debriefing. Furthermore, it should also be noted that African therapy, which is essentially collective in nature, has a real cathartic virtue. It is easy for any observer to see a real atmosphere of relaxation, peace and harmony that accompanies and follows, usually the organization of traditional ritual sessions. This climate was described by Soldier Bama when he spoke of the evening before the Tsô: *"It was a form of reunion where everyone was relieved of their suffering by telling their stories. It drives away suffering this little vigil, you tell, you tell and it makes you feel good..."*; and by Soldier Dewa speaking of the Mfossie festivities *"It was the 'salaka' with an atmosphere that allows you to get out, to free yourself ..."*. On the other hand, the sessions of public confessions in the community make it possible to abridge social conflicts or latent lineages. In addition, private confessional sessions with the therapist allow us to focus on conflicts with the Enemy. This is the case of Soldier Bama: *"... we went to the small place fitted out with palm leaves, I told 'Tsig Tsô' everything, and at the end I felt very relieved as if a huge weight was leaving my head and my shoulders."* Here, the operation of the confessor self-criticism scenario concerning any inclination for violence is a cathartic process.

Indeed, the theme of evil, using human symbols, makes it possible to articulate and overcome the distress of traumatic consciousness by deploying a meaning having a cathartic function. Traditional therapy is activated in practical or theoretical attempts to appease or pacify. It is in this sense that the therapist of Soldier Chimbo insists: *"We must tell the whole truth, in the details, if you really want to find peace"*. The methods and mechanisms for setting the theme of evil can be purely technical, technical-symbolic or mythical-ritual. In all cases, it is a question of articulating the meaning of the traumatic illness and of proposing a cathartic, even curative, interpretation of the patient. This is what justifies this statement by Soldier Dewa: *"Without lying to you, at the end of the ceremony, I already felt healed."* Anyway, the ritual ceremonies in traditional Africa play a psycho-prophylactic, but also cathartic and therefore curative role, allowing everyone to quell their deepest existential anxieties. Also, any situation of deep communication between the therapist and the beings of the mesocosmos, is experienced by the group as a cathartic and properly curative "drama". In fact, in this article, we equate this process with debriefing when it takes place within 72 hours of the traumatic event and as a cathartic story, when the duration is beyond.

#### **Transfer**

The transfer we are talking about here is the displacement of the accumulated violence, intended for the soldier and his bio-lineage family on a ritual victim (the animal). It is mainly about the operation of the bloody sacrifice in an animal's transferential design, the transfer of violence to the animal. It is therefore a mechanism that channels, polarizes, and then releases conflicting tensions on a ritual victim. It can be a collective exercise like it happened with Soldier Bama during the Tsô: *"We killed the goat, then we ripped his liver and his heart"*; or at Soldier Dewa's during the Mfossie: *"we killed chickens, we did it rare, it heats, we eat"*. Here, it is the anger of the Ancestor that descends on each of these soldiers as well as on their bio-lineage families that is transferred to the ritual victims. It can also be an individual exercise as in the case of Soldier Afana, where the transfer of his traumatic suffering is done on the chick: *"When I got out of the water, he took a chick, he put that on my head. He has again started to meditate on certain things still on the Simbo"*. The mechanism of transfer through

the offerings and the sacrificial operations of substitute transference victims therefore consolidates the collective or individual pacific catharsis.

Indeed, the substitute transfer to a sacrificial victim, polarizing of inter-aggressiveness makes it possible to put an end to the violence and to found a new cultural order. Ritual victimization would therefore be at the origin of therapies and techniques of cathartic appeasement, pacification, unification and individual, collective or intra-community psychotherapies. The mechanism of sacrificial victimization introduces a certain continuity at the level of the symbol, between the soldier and the animal by revealing to men the substitutive value of the latter, at the level of sacrifice. The words spoken by the ritopsychotherapist during the oral liturgy must always preside over the bloody offerings and sacrifices necessary for the pacification of the state of diffuse violence of deculturation. This principle is noted in Soldier Bama when we bury the remains of the sacrificial victim: "*After that, the uncle who led the rite buried these things by calling my name: " You Bama, here is your illness that bury here, you are now healed"*". This sacrificial transfer confers on the Ancestor the dignity of supreme legislator, in the double plan of the family line and the cultural order.

The ritual complexes with a transference goal formally aim to avert the situation of original violence, which amounts to commemorating it in a ritualized framework in most collective cases. It therefore appears here that one of the essential functions of the sacred ritual is to maintain or renew the cultural bond, by commemorating the violence of the origins, awakened by the violence of the war field during the fight against terrorism. This will be transferred to a ritual victim: the goat during the Tsô at Soldier Bama, the chickens during the Mfossié at Soldier Dewa and the chick during the Simbo at Soldier Afana.

#### **IV. Suggestion**

Sow (1977) points out that, in the traditional clinic, it is usually necessary to know the special word to transform ritual acts into curative procedures and thus give them all their efficiency. Ignorance of the secret word means that the ritual operations performed by themselves are neutral. Indeed, speech generally activates the healing principle by means of suggestion. This mechanism is observed in the therapist of Soldier Afana when he declares his healing around the Sorré (the tree of peace): "*Sorré as you are the tree of peace, this is what this child had to do. I give you everything so that peace can be found. This simbo who made him suffer, here he leaves here. Afana you are healed*". We also see this in Soldier Bama's ritual therapy at the time when the initiate spilled the blood of the chicken by suggesting: "*You 'Bama', you are not only healed, but from this day on your future becomes brighter than before*". The suggestion of healing is even accompanied here by the suggestion of resilience.

It is often said that in traditional settings anyone cannot use herbs unless they know the secret word that actually turns them into drugs. As well, here no one can make suggestions if he does not know the activating word as well as the acts which accompany them, even "how" and "when". For example, at Soldier Dewa, it was after putting the white wine in the pot that the patriarchs spoke: "*The child is gone, the child is back. When he left, we gave him to you. And now we want you to put it back in the original state of your child*". The logic and the practice of the suggestions, must respect certain determined conditions. There are always strict rules to observe for speech to be effective, these vary according to the problem and the circumstance. In the case of Private Dewa, this is thanks to the Ancestor for protecting the soldier during the war. In addition, certain requirements are often necessary. With Soldier Bama and Soldier Dewa, suggestions must be made in an atmosphere of peace and joy. At the Soldier Omar, the therapist and the person concerned must be fasting and abstaining from sex "*he told me that I should not touch the woman or eat before going out. My father told me that this gentleman will do the same, so that everything he says about me will come true*" (Soldier Omar). These are some rules for an effective suggestion.

#### **Psychodrama**

In the traditional clinic, the main part of the therapeutic or prophylactic acts is played or better lived as a fervent psychodrama, of a quasiliturgical nature whose sequential order is fixed by a ceremonial sequence. We can see it immediately with Soldier Bama: "*The Tsig-Tsô blew with the horn of a doe to signal the start of the rite ceremony. It was the start of hostilities*." It is a living and current psychodrama, because for Sow (1977) the African psychodrama is not a simple technical device facilitating the stereotypical, narcissistic repetition of Ego's childhood traumas, a simple return of the repressed individual. Rather, it is a deep participation, lived bodily including the fundamental elements of community culture which has, precisely, the main function of consolidating each in its essential dimensions. We notice then that the psychotraumatised soldier takes part in his own care in a living ceremony of theatrical appearance. This is the case with Soldier Dewa: "*...arrived under the Mfossie tree, we slaughtered the chickens, I slaughtered several of them myself and I was proud to contribute to all of this...*". Ritualized violence aims to "recreate" the Ego. In all cases, it is a question of reviving primordial violence, of reliving the origins of culture completely and of "recreating" the cultural man



from the precultural chaos represented by the reign of natural laws alone. In addition, by comparison, the situation of violence is very evocative of that of the war trauma which is that of chaos, that of nonsense.

It is therefore understandable that the ritopsychotherapies consist, in their essential moments, of reliving in a strict sequential order, then of neutralizing collectively, according to a whole symbolism, the high point of this violence of the origins. This original founding violence will be experienced by Ego at different levels of his psyche, in order to build a renewed personality. Thus, it will be a question of rearranging Ego in its essential dimensions. This process is considered to be a resumption, a manifestation of real conflicts in conflictual reports of war with direct aggressiveness. War conflicts are expressed here in symbolic conflicts in the aggressor-aggressor's discourse; in other words, the thematization of violence suffered such as the assault of a terrorist is not often arbitrary.

What is interesting here is not so much the obvious technical level, but the fact of reaching unconscious structures. We are dealing here with a sort of "real" theater, coordinated by a professional specialist, the Tsig-Tsô at Soldier Bama and certain Mfossie patriarchs at Soldier Dewa. It is indeed an attack on the deep layers of the psyche. Sow (1978) makes it clear that it is an operation to pacify the body and experiences of consciousness via rhythms, dances, role plays during which aggressiveness and violence are ritualized, mimed, expressed, are discharged and expiated collectively. Most of the ritual ceremonies in this study are like mimetic psychodramas, which mimic reality as in Soldier Bama: *"We were in a row. I was in front, my brothers, my sisters and our children followed. We had palm trees in hand like guns. It reminded me of the front where I was usually a scout."* This mimetic psychodrama aims, through the mediation of available cultural symbols, to neutralize, abridge or expiate the "imaginary" violence of a previously designated and named aggressor, that is to say the terrorist, responsible for the occurrence of the disorder mental, which here is war psychotrauma.

### **Symbolic efficiency**

The world is, according to traditional African thought, a universe ordered using hierarchical meanings and included in a coherent system of symbols. The cosmos, far from being cold and dumb, is charged with symbolic meanings (Mupaya, 2011), the understanding and manipulation of which induce cure. We can see it through the washing of Soldier Afana with the leaves of "the tree of peace" in a "flowing river". This is a kind of symbolic and conjuring pacificating impregnation, corresponding to a rite of cancellation of violence and expiation of evil as announced by the ritopsychotherapist: *"As the river flows there, it "is the" simbo "who is leaving with her"*. We therefore see that through individual or collective manipulation of symbols, which are contents of the collective imagination, we recover dangerous aggressive forces because they are free, and we send them to safe places. In addition, it should be remembered that the traditional clinic is always offered as part of the neutralization and cancellation of an aggression. This is because mental affection is conceived, according to traditional patterns, as a conflict between individuality and the polar dimensions which are external to it.

This apprehension is all the more visible in the prophylactic treatment which makes use of the ports of protective and defensive amulets at the level of the symbolic points of the organism considered to be the most permeable to aggression. This is what Soldier Chimbo affirms: *"...for dangerous operations, he asked me to wear these gray-gray on the hips, on the head, surrounded the chest with, on the neck, on the wrists, on the elbows, and even on the ankles. And it really worked."* Thus, it is through symbolic efficiency that Soldier Chimbo finds himself protected in the face of terrorist attacks.

In traditional therapy, it is therefore a question of understanding the language of symbolic meanings in order to benefit from their effectiveness. This is how we have in the Tsô the goat which symbolizes health, vigor and stability, it is a graceful animal, well balanced and lively (Ella, 2009). By consuming it in a ritual framework, it is these qualities which are symbolically obtained. The chicken is used in the Simbo because it symbolizes balance, harmony and life (Marion, 2004). In this sense, it would allow the absorption of the neuro-vegetative syndrome of psychotrauma. Like other symbolic acts in these ritual therapies, we have the symbolic mothering rituals through the bath in Soldier Afana *"He asked me to sit in the backwater and started to wash myself"*; symbolic burial rituals with Soldier Bama's ritual therapist *"Well done, here is your illness buried here, you are now healed"*. On the other hand, the earth corresponds, symbolically, to the cancellation of all misdeeds as it is often said, *"everything returns to the earth"*. It is also used here for the rituals of constituting a symbolic space to fix, then domesticate the persecuting spirits, as was the case with the Afana Soldier: *"he dug at the foot of the Sorre and buried the old bag which contained what I had used at the front"*. We have also raised the symbolism of deliverance with steam in Soldier Dewa: *"when the steam rises, it heats, you cry, tears flow, snort flows, sweat flows. You feel how these dead spirits set you free, you become pure, clean, sane"*; the symbolic rebirth rituals of a new being with Soldier Omar: *"he asked me to wear new clothes, remembering that I am a new man"* and the symbolic reintegration rituals of a being new within a "We" itself renewed by meals-participation and collective celebration with Soldier Bama and Soldat Dewa.

During most of these ritual procedures, these are real pacification techniques which operate, symbolically by blocking, fixing, neutralizing or more simply by expelling the seeds of this conflictual violence.

In all these ritual cures, the favorable evolution is expected the next day upon awakening, the evil dissolves in sleep, because sleep is a symbolic death which will allow a rebirth. In general, all techniques will target the death of the "old" to promote the birth of the "new". During ritual therapy, gestures and words are of great value. They are used under specific conditions of place and time. This was the case of the formulas recited in Soldier Omar, the songs and invocations in Soldier Bama which form a language of secret symbolism whose verb reinforces other therapeutic procedures. The facts only become real and authentic from the moment when the symbolism is seized which, from link to link, links it to the mythical primordial act which confers the fullness of meaning. In this perspective, the mythical-ritual scenarios, set up during the rito-therapeutic sessions are all pacification techniques aiming to put in order the pathetic chaos awakened by the anti-terrorist war. This is what protects against the disintegration of the self, the non-recognition by others of the self and the loss of self-identity. The symbol thus allows the unification of individual functions and collective functions.

### **Psychoeducation and assisted perlaboration**

In traditional Black Africa, what matters above all else is the patient's complaints and subjective distress. What the patient is looking for is that the traditional therapist determines the meaning of his suffering, in order to ease his anxiety. What must be treated in the end is not the illness as such, but the existential anguish at the level of the patient's totality experienced, as was the case with Soldier Dewa: *"bothered more is that I lived terrible things, but without sense. It was only after the Mfossie that I learned that it was the spirits of the battlefields that tormented me."* The identification or the naming of a name to the unspeakable, to the ineffable which is massive and distressing, produces here a great relief, an important degree of "pacification", of control of a nature by the culture.

On the other hand, the decisive role of language should be emphasized, it is very fundamental because thanks to it, the fool becomes the controllable sensible. Cultural language pacifies, domestic, and in a word, humanizes violence. We see it in Soldier Afana: *"... having listened to me well, he explained to me very well the effects of each act posed on the front on me and especially the responsibility of the gray-gray terrorists on my suffering"*. This explanatory information session which allows the patient to understand his mental suffering is comparable to psychoeducation. Language thus contributes to consolidating the unity of the individual psyche by making interpretation possible. This helps to understand the rapid lull in psychotraumatic symptoms once there is consensus on the nominee named (the gray-gray terrorist), the designated persecutor who at the same time makes sense of the traumatic nonsense. All the stories, all the experiences lived by our participants, are therefore very consistent from start to finish, in relation to their reference systems. They are not cut off from community language; much more, some benefit from the status of victims. The environments in which these participants live, in which, for whom, and in relation to which they "speak" fully understand and integrate the themes of their traumatic experiences.

Indeed, the traditional interpretation of traumatic experiences of participants gives meaning to traumatic nonsense, gives representation to traumatic non-representation. It thus causes the unblocking and the inhibition of traumatic dread. This interpretation therefore works for them as a satisfactory and heuristic working out. We can see this in Soldier Bama: *"It was with the Tsô that I really understood everything that was happening to me, even from the Far North. So that's what made me suffer!"*. In addition, the interpretation is given and validated by all the cultivated authorities of the cultural community. On the other hand, what is fundamental through this consensual interpretation is that beyond the central notion of relationship conflict, there is a continuity maintained between daytime debate and nighttime debate, daytime conflicts and appearance of symbolic nocturnal figures, manifest and latent contents, individual discourse and community discourse. Psychoritherapy, by accompanying the psychotraumatized soldier in his work of mental elaboration which consists in integrating the excitations in the psyche and in establishing associative connections between them, activates there a process which can take the name of "assisted perlaboration". Remembrance is "a process by which analysis integrates an interpretation and overcomes the resistance it arouses, a kind of psychic work that allows the subject to free himself from the grip of repetitive mechanisms." (Laplanche and Pontalis, 2002). When this psychic work of significant interpretation, attribute of meaning to nonsense is favored and accompanied, we will call it "assisted perlaboration". The advantage that psychoeducation has in the rite is that it activates assisted perlaboration.

It is from this perspective that the ritopsychotherapist is more interested in the experience of the psychotraumatized soldier than in war psychotrauma itself. The African patient wishes, beyond the cure of his illness, which is still his own, that we explain to him, not the current efficient cause, but above all, the significant singularity of his case. It is a meaningful interpretation started by itself through mental work, but scrambled or unfinished. We see him in Soldier Chimbo talking about his nightmares: *"I suspected it was this terrorist, but his face was still blurred. It was the marabout who explained to me that sometimes she hides her face, sometimes she even changes it. All this to reach me better."* It is therefore by making the interpretation clearer or more complete that the therapist practices assisted working. It updates the hidden, hidden elements,

constituting the conflict structure to which the clinical case responds. The traditional therapist's putting into words of the trauma in a coherent language, a rationalized, objective or mythical discourse favors in the patient the articulation of the traumatic dread with the emergence of a meaning to the traumatic experience by inciting mentalization. This thus makes it possible to substitute a sense for the lived and distressing nonsense, which is in reality nothing other than the traumatic crisis.

## V. Discussion

Sow (1977) noted that the therapeutic successes observed and described for several years by many Western and non-Western authors in different regions of Black Africa, call on original techniques which can only be understood "from within", from the elements of African culture, all the more clearly since the said techniques apply to patients belonging to the same community. Godard (2003), then Huet-Gueye (2013), first note that all traditional therapeutic practices depend on the prior elucidation of the cause which is at the same time, the meaning and the highlighting of a privileged field among the many fields available in cultivation. According to Ortigues and Ortigues (1966), the interpretative horizon in relation to which the work of the therapist develops is that of the conflictual relationship of violence. The role of the therapist according to Biadi-Imhof (2006) therefore consists in stemming, channeling and controlling aggression and conflict, for the benefit of patients. It is in the same sense that Diagne (2016) thinks that the essential function of the therapist in the traditional clinic consists in the analysis and the exposure of polar conflicts, cause of personality disorders; because these conflicts call into question, at a deep level, the fundamental elements of the person. Lamessi (2014), specifies to him that it is starting from the polarization on a privileged semantic field, then from the subsequent interpretation of the revealed signifiers, allowing access to meaning, that it will now be a question of mobilizing all the means and techniques for the purpose of resolving the conflict highlighted. We too have seen in the present study that the therapeutic operation proper is inscribed, as a logical complement to the fundamental moment of the whole intervention of ritopsychotherapy, namely the interpretation phase.

What seems to make the solidity, the success and the effectiveness of the "ritual cure", is much more than the treatment by the cause; it is treatment by service. Meaning accepted from the inside, based on the achievement of interpretative consensus. For Collignon (2006), the dimension of the conflict is indeed a permanent fact. In this sense, it is a threat whose sources and manifestations must be controlled in order to reduce and exceed them in the collective creation of new conditions. The traditional cure thus ensures the coherence of the psychic universe, itself in deep articulation with the social universe (Lévi-Strauss, 1958). To Nathan (2013) to compare that the traditional African practitioner like the Western psychoanalyst is first of all a diagnostician of the coherence of the constitutive structure of the personality; then both of them are specialists in the order of the conflict of relationship so the procedures are the interpretation, then the resolution. The trauma is always a drama characterized by its non-representation and its nonsense and that it is necessary to untie the threads in order to establish a mental coherence. However, Mbonji Edjenguele (2000) recalls that the status and the functions of the traditional therapist only become intelligible if they are referred to the anthropological environment of the individual of which he is the specialist. But, Sow (1978), nuances by saying that the competent traditional therapist, like the Western psychoanalyst within Western culture is a great insider to the most fundamental elements and symbols of the person-personality. Through their praxis, not only do they interpret culture, but much more, they help to reinforce it in the individual. He thinks that any well-designed and well-performed psychotherapy, despite everything else that can be said about it, consists in consolidating the coherence of the patient's personality in relation, always, to a model that is neither so neutral, nor if "individual" that one wanted to make believe it.

It should also be noted that according to Mayi (2010), the traditional clinic which he calls Kamyit therapies is strongly anchored in the domain of the symbolic. This is why, in particular, one of the essential moments of the traditional cure consists precisely in mobilizing cultural signifiers by various procedures of a symbolic nature. With regard to ritual anointings, Keraho and Adam (1974) point out that to bring out evil, violence, of which one has been recognized as a victim, the anointing is practiced from top to bottom, according to the symbolism of ridding. But to protect themselves from harmful acts of external violence, anointing is practiced from the bottom up, according to the symbolism of the covering. For Fierdepied, Sturm and Baubet (2016) what is interesting is not the pharmacological action of this or that product, but the way of giving this medicine and what it expects from it, especially since therapeutic efficacy ensues. After the rituals devoted to the symbolic reparation of the fault and the cancellation of the heavy effects of the aggression, all the elements are gathered for the completion of the therapeutic action. On the other hand, Gollnhofer and Sillans (1971) concerning the symbolic aspect of traditional therapies, declare that "The real therapy of nganga is, moreover, all psychological. The purely symbolic, because psychological, effectiveness of several elements entering into the composition of the drug is indeed by far the most important." This is also revealed by Rosny (2003) in his work on Nganga therapy. For these researchers, the therapeutic symbolic act consists in restoring the identity of the subject in its parameters and in the overall order of the global and particular configurations of culture.

For Nguimfack, Caron, Beaune and Tsala Tsala (2010), the fact that the patient regains health by finding his place among his own shows that the traditional clinic is more founded in the relationship; patient, family, community relationships. According to Igoumba (2016), therapeutic acts correspond to the symbolic transformation of the mass into a sealed community, identified by the imposition of a link between its different elements and of which the patient constitutes the center and the home. But for Ezembé (2009), the most notorious fact is that when it comes to resolving a conflicting disjunction, it should be remembered that all the procedures used are characterized by the same common trait; that these are techniques to pacify the violence suffered by the patient. Sow (1977), mainly notes to him the operation of the bloody sacrifice in a transference design of an animal, but also the operation of pacification of the body and experiences of consciousness through rhythms, dances, cathartic psychodrama, role plays in which aggressiveness and violence are mimed, expressed collectively. Dion (2002), notes the initiation operation, ritualized violence in the context of collective or individual training experiences; the operation of the confession scenario or cathartic theater, confession and self-criticism concerning any desire for "private" violence against a third party. As for Pasquali (2019), collective, controlled and directed manipulations of symbols and contents of the collective imagination are more effective, it is a question of recovering aggressive forces that are dangerous because they are free, and of fixing them in safe places. However, it should be noted that these various mechanisms were noted in the ritotherapy of the participants in this study.

On the other hand, Sow (1977) posits that whatever the scenario implemented by the practitioner: direct elucidation in the mode of the rationalized discourse of unhappiness, economic revival through the mediation of a personalized transfer, of pacification of violence lived, neutralization of symbolic aggressors, therapeutic techniques operating an interpretation from mythical imagery or fantasies collected from the hypnic or parahypnic dissolution provoked and controlled, the main objective is to articulate the meaning of misfortune and to propose a cathartic and curative interpretation to the patient. As for the mechanism of transfer by ritual victimization, Lewin (1997) shows that the current ceremonies of remembrance, celebrated by a group, a community, a people, a nation, starting from properly historical experiences, and no longer mythical or legendary, also proceed from the same mechanism and fulfill the same function, that of the displacement of conflictual violence. However, to follow Seignobos (2009), the ritual victim is generally replaced by a symbol which evokes the original sacrificed victim himself, unless he is represented by a substitute transference animal whose blood is ritually shed. For him, in-depth psychotherapy is therefore never entirely and totally secular.

However, Lambert (2002) in the light of Sow (1978), thinks that the African therapeutic system already responds in many aspects, to the standards newly introduced in the current Western clinic. These include: the dynamic conception of the disease and the relationships between the subject's exteriority and interiority; the importance of the body and the registers of the imaginary and the symbolic in the therapy of mental disorders; the social or collective aspect of healing; the synthetic conception of the person. Furthermore, for Fotso Djeumo (1982), therapy does not only concern the disorder proper, but it is a situation of total interpenetration between microcosm, mesocosm, macrocosm on the one hand and within the microcosm on the other hand by which, the community recovers benefits that it had temporarily lost. Such was the case with Private Bravo and his family during the Tsô. This illustration shows once again that traditional African therapy intrinsically attaches to meaning.

## **VI. Conclusion**

Ritopsychotherapy, as a form of traditherapy is increasingly sought in the treatment of war psychotrauma in Africa, especially in Cameroon. It deviates from the approach debate between psychoanalytic therapies, cognitive behavioral therapies, systemic therapies, humanist therapies, body therapies and other revolutionary therapies such as EMDR. The specificity of ritopsychotherapy is that it is essentially anchored in cultural signifiers. The study showed, even recalled, that in traditional black Africa, the manipulation and interpretation of signifiers remains very important. This, insofar as they accompany, carry and always support the therapeutic action. The psychotherapeutic action of some rites among psycho-traumatized Cameroonian war soldiers has led to an exploration of the psychological procedures that are implemented during their practice. This qualitative research was conducted with four Cameroonian psychotrauma victims of war, having participated in anti-terrorist missions in the Far North who have benefited from five types of ritopsychotherapy. It was Mfossitherapy; Simbothery; Tsotherapy, Mbaktherapy and Gray-therapy. It turned out that six psychological procedures were implemented during these different rites. These are catharsis, transference, suggestion, psychodrama, symbolic efficiency and assisted working. These procedures then give these rites a silhouette of ritopsychotherapy. Indeed, what seems to make the solidity, the success and the effectiveness of ritopsychotherapy, is much more than treatment by the cause; it is treatment by service. Meaning accepted from the inside, based on the achievement of interpretative consensus.



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