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Operative Thinking, Alexithymia, Feeling and Expression of the Theme of Persecution

Jean Pierre Mambou Nouemssi ^{1,2*}, Nathalie Dumet ^{1,3}, Jean Baptiste Fotso Djemo ⁴

Abstract

Operative thinking and alexithymia have been understood as revealing psychic mechanisms dysfunction of most somatic patients in Western culture. In the African context, the feeling and expression of the theme of persecution in Africa are in order. This consists of considering a witchcraft attack as an etiological factor. The collectivist and spiritualist African culture favors the subjects of freedom and creativity, notably through the feeling and expression of the theme of persecution. These subjects are sources of a considerable richness of imaginary and affective expression, all phenomena in opposition to operative thinking and alexithymia, characterized by a poverty in fantasies and affects, and at the level of the nomination of affects. However, as much as operative thinking, the persecutory theme does not favor a higher level of mentalization and symbolization. For this reason, it is quite inappropriate to use symptoms to differentiate between Africa and the West, but rather the relevance of the psyche and culture's richness.

¹ Research Center in Psychopathology and Clinical Psychology (CRPPC), Lumière University Lyon 2, Lyon, France

² Group for Therapeutic, Pedagogical and Psychoanalytic Studies and Research (GERTPP), Aubagne, France

³ President of the Society of Psychosomatics of Rhône Alpes, France

⁴ University of Montagnes, Bangangté, Cameroon

E-mail corresponding author: jeanpierremambou@gmx.fr

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1. Introduction

As intuited by Marty and de M'Uzan (1963), there is a growing interest in associating clinical psychology and chronic somatic diseases (Merlo, 2019). Psychological manifestations related to chronic pathologies are taken into account in various areas, ranging from cognition and representations (Kelly et al., 2019; Martino et al., 2019) to symbolization and constitution of the

Self processes (Caputo, 2019; Langher et al., 2017; Marchini et al., 2018; Settineri et al., 2019). Moreover, neuropsychodynamic psychiatry hypothesizes the analogy between the psychodynamic and the neurobiological level and establishes the interrelationship between them (Boeker & Northoff, 2018; Boeker, 2020).

In this view, operative thinking (Marty & de M'Uzan, 1963) and alexithymia (Sifnéos, 1967) have been understood as revealing psychic mechanisms dysfunction of most somatic patients in Western culture. In the African context, the feeling and expression of the theme of persecution (FETP)) is in order. This consists of considering of a witchcraft attack as an etiological factor.

This article aims to identify the determinants and manifestations of these two types of psychic functioning (i.e., operative thinking-alexithymia [OT-A] and FETP) from the analysis of two cases of patients' accounts of the theme of persecution. We compare these two singular African subjects regarding the lack of operative functioning observed in our patients during our practice in the African context with a model constructed off all Western patients who somatize on the operative model.

We hypothesize that despite considerable differences due to cultural factors, these two psychic dynamics do not result in the process of symbolization. To verify this proposition, we will review the literature on OT-A and FETP and then present the patients, offering a comparison of both modes of thinking, first at the phenomenological level and then at the metapsychological aspect. We will also consider a neuropsychodynamic approach of the question.

1.1 Operative thinking, alexithymia, and feeling and expression of the theme of persecution

1.1.1 Operative thinking

OT has been brought to light thanks to the monistic methodology specific to psychoanalysis (Smadja, 1998). This monism is based on the drive, a concept articulating the somatic and the psychic. Psyche-soma dualism passes within the drive dualism. The psychosomatic symptom appears as the outcome of drive entanglement or diffusion. The Paris Psychosomatic School (IPSO) observes and describes a four-component operative life in somatic patients.

Firstly, the OT (Marty & de M'Uzan, 1963), which is marked by a lack of phantasmal and affective activity, the absence of a secondary elaboration similar to the one of the dreams, a blank relationship with the therapist also characterized by subjective reduplication, a conformist superego, and alteration of oneiric processes. Utilitarian, factual, and desexualized, it doubles and illustrates action. Moreover, there is also a type of OT prompted by the pressure of adaptative environmental requirements. The second component is essential depression (Marty,

1980), defined as a general lowering of the libidinal narcissistic and object tones without economic compensation. An erasure of essential psychic functions accompanies this lowering. It is without expression for being masked by social conformism, propriety. It precludes to OT and is confused with OT when chronicity sets in. The third component is dementalization (Marty, 1991), which is defined as a deficiency of preconscious manifested by the pathological loss of symbolic and affective components of the words' presentations. The verb regresses to the hard-to-mobilize and hard-to-communicate reality of the thing. Lastly, progressive disorganization (Marty, 1980), somatic destructuring after essential depression as due to the deterioration of the preconscious, occurs in the absence of affective cathexis maintaining homeostatic balances (regressive mental systems). The related mental disorganization affects the superego by substituting it with an archaic ego, an ideal source of narcissistic injuries.

De M'Uzan (1969) distinguishes repetition of the same from repetition of the identical on the criteria of remembrance work, elaboration, creativity, and symbolization. These factors, linked to the presence of unconscious psychic forces combined with those of the anticathexis, lead to a lag in any repetition within the category of the same, which makes it an open process based on resemblance. Their absence may be at the origin of OT. In contrast, repetition of the identical is a closed process. It is underpinned only by an unbound destructiveness seeking the sensorimotor discharge. This work is a precursor of demonstrating auto-soothing processes. A decade later, starting from the opposition to the trauma of birth, between Rank (core of the unconscious and prototype of distress) and Freud (prototype of anguish), de M'Uzan (1984) whose stance falls for Freud, considers that in Freud, the anguish generated by bodily sensations operates as a signal of anguish and favors the processing of information, primary symbolization, and phantasmal activity. This mode of functioning is appropriate for subjects with a tolerable level of excitement at birth. Otherwise, distress occurs. This distress prevents the development of anguish serving as signal and favors the sideration of psychic functioning. Any dangerous conjuncture will be experienced in distress without any anguish signal allowing a defensive psychic organization. The only recourse being the repetition of the identical for the purpose of immediate discharge. This type of functioning, by repletion to the identical, is the characteristic of subjects who are slaves to quantity.

Fain (1971) observes that severe somatic patients use motor activities to defend themselves against the resurgence of traumatic events when faced with the failure of their higher symbolization processes. From this point of view, these psychomotor activities are similar to some mothers' rocking activities to help their children fall asleep. We are getting there closer to "auto-soothing activities."

Fain (1991) argues that the primary narcissistic organization's failure linked to the failure of implementing the drive's double turning around leads to phallic narcissism. This process of structuring the double turning around should typically lead to an accession to passivity and the search for an active object. This incapacity and this refusal of passivity generate narcissistic behavior aiming to deny the subject's incompleteness of and find the others' esteem outside oneself through an excessive ego ideal. Essential depression would appear to be the only way out of the exhausting hyperactivity of behavioral narcissism.

Green (1993, 1995) does not adopt Marty's psychosomatic paradigm describing an inverse relationship between the quality of mental functioning and the risk of somatization. He considers the operative life as a feature of the psychic dynamics of borderline cases. He emphasizes the functional value of the object. It is up to the object to both stimulate and contain the drive. This ability of stimulating and containing makes it the catalyst for both the life and death drives and the narcissistic libido and object libido entanglement. Deobjectification, deterioration of the object's functional value, and the manifestation of negative narcissism are sources of somatization. In the wake of Bion's concept of the negative, Green (1993, 1995) evokes a negative hallucination of thinking. This is a total destruction of thinking by a process of withdrawal of cathexis. It follows that somatic disturbances take precedence over psychic symptoms. This destructiveness is attributable to a failure of the mother's framing function. This conceptualization, which began in 1973 with the notion of white psychosis, reached its apex with the dead mother complex.

Contrary to other conceptualizations, Smadja (1993, 1998) referred to the second Freudian topic and to the ego's analysis to study OT. He notes in the operative subject, dedifferentiation of ego, a return to a sort of id-ego undifferentiated where the ego inherits characteristics of the id. He adds an absence of hatred to that of the drive's double turning around, the source of passivity for Fain (1954, 1971, 1991), to describe the deficient organization of the operative subject leading to narcissistic behavior: accentuation of essential depression due to an endless search for an illusory ideal, the implementation of auto-soothing processes, and somatization. Auto-soothing processes consist in the ego's solicitation of sensori-motricity or reality purified of any symbolic charge, due to failures of mental elaboration systems and within a repetition of the identical (de M'Uzan, 2017), in the face of traumatic effects, without bringing satisfaction. Essential depression is a depression without object because it is characterized by the absence of the ego, considered an object of cathexis, with the effect of reducing the superego to its ideal function. This absence of the "ego-object," of the ego taken as object, is close to Green's concept of deobjectification of and is a source of somatoses. His analysis of the operative subject is densified with the definition of two drive development destinies comparable to those

evoked by de M'Uzan (1984) in the framework of either setting up the anguish signal or not as trigger of the hallucinatory process. One drive development, the hallucinatory type, leading to a completed drive structure and the other (the non-hallucinatory type) resulting in the drive's failing organization.

For Gori and Del Volgo (2005), the modern health system in the West, by its totalitarian aspect, may induce a sort of OT. The system is characterized by exorbitant requirements of rationalization and normalization, and is the source of ethical, political, and subjective impoverishment. It transforms the patient into an actor, a user, a consumer of medical care without worrying about the patient's psychic distress. In addition, informed consent, this compulsory agreement signed by patients before any important therapeutic gesture that informs them of the intervention's possible risks (definition of the website e-cancer.fr) paradoxically forces them to identify with medical knowledge without being listened to by the provider.

Duparc (2017) shows that without being a bona fide psychosomatician, André Green was close to the French psychosomatic psychoanalysis of P. Marty, with the concepts of the mother's negative hallucination, negative introjection, and the mother's psychical death.

According to Chebili (2020), alexithymia currently dominates the clinical field in discussions about the absence of emotion in pathology. It has spread into a wide variety of fields, creating a conceptual portmanteau that conceals other heuristic reflection modes, making it part of operative thinking.

1.2 Alexithymia

OT is of the qualitative register proper to psychoanalysis, whereas alexithymia is of the quantitative domain, that of evaluation scales. Sifneos (1967) uses the concept of alexithymia to define the absence of words for emotions. Later, he finds common grounds between Marty's and de M'Uzan's OT and alexithymia (Sifneos, 1995). Alexithymia has four components: the inability to verbalize emotions or feelings, a deficient phantasmal life, a propensity to act to express emotions or avoid conflict, and a detailed description of physical phenomena and symptoms. McDougall (1974) and Jackson (1977) also note a high degree of social conformism, in reality, a "pseudo-normality" manifesting by a contained emotional functioning.

Sifneos distinguishes primary alexithymia recognizable by a lack of feeling and emotion, from secondary alexithymia resulting from trauma in the preverbal period. Krystal (1979) emphasizes this traumatic hypothesis to consider alexithymia a developmental arrest and not a defense. For Sifneos, alexithymia would be a catalyst for psychosomatic illnesses, post-traumatic stress disorder (PTSD), drug addiction, chronic alcoholism, anorexia, and bulimia.

McDougall (1982, 1984) conceives of alexithymia as a mode of defense contemporary to the subject's neotenic period (M. Klein concept of paranoid schizophrenia), confronted with non-mentalized anguishes of losing an object due to a failure of internalizing an adequate maternal object. She finds that alexithymia only partially explains psychosomatic functioning.

In the wake of Nemiah et al. (1976), who put forward in alexithymia difficulties distinguishing sensation from emotions, Green (1999) thinks that alexithymia and operative subjects experience emotions like sensations due to their incapacity to discriminate affects and representations.

Pirlot and Corcos (2012) consider that Freudian metapsychology, complexified by André Green with concepts of the mother's negative hallucination, negative introjection, and the mother's psychical death, allows for a metapsychological approach to alexithymia insofar as it relates to Marty's operative thinking.

Pirlot (2014), based on the work of MacDougall (1982), Green (1993), Smadja (1999) and Guilbaud (2007), asserts that the common denominator in the operative and alexithymia subjects is the negative hallucination of the patient's affect. Negative hallucination is necessary to implement the double turning around preconditional for setting up the repression and representation. It must relate to an external percept, the mother, and not to the internal percept that is the affect. This dysfunction is at the origin of a psyche-soma dissociation—a failure of the psyche to settle in the body, failure called “indwelling” by Winnicott (1945).

Regarding alexithymia, Settineri et al. (2019) observed emotional suppression and oneiric expression disturbances in psychosomatic disorders. Oneiric expression disturbances have also been noted in OT-type patients (Marty & de M'Uzan, 1963). Alexithymia, particularly the difficulty in identifying feelings, may also be a significant factor for somatization risk in chronic pain patients (Lanzara et al., 2020).

Martino et al. (2019, 2020c) noted a link between alexithymia and psychological distress and perceived quality of life in type 2 diabetes mellitus patients; they suggest alexithymia's predictive role in these patients. Conversano and Di Giuseppe (2021) found an association between alexithymia and metabolic control and speculated that alexithymia might be identified more probably in patients with uncontrolled diabetes. Furthermore, alexithymia was found to be associated with anxiety and depression, especially in patients with poor compliance and adherence, resulting in a worse clinical picture and a course of chronic diseases (Martino et al., 2020a; Rosa et al., 2019).

Alexithymia seems to have different influences in gastroenterology according to the clinical characteristics and the psychological impact of the various disorders, with central relevance in

increasing subjective symptom perception, impairing quality of life, and negatively affecting post-treatment outcomes (Carrozzino & Porcelli, 2018). Martino et al. (2020b) observed that inflammatory bowel disease (IBD) patients do not generally have alexithymia. However, the higher alexithymia levels observed in these IBD patients, associated with psychological variables and somatic distress may suggest a reactivity hypothesis, in which IBD may lead to impaired emotion recognition. Dehghani et al. (2017) have shown a high rate of alexithymia in patients with psoriasis, alopecia areata, and vitiligo compared with a control group; however, such an association was not found in individuals with acne vulgaris. Hence the evaluation and treatment of alexithymia would improve the treatment and quality of life of skin disorder patients. Founta et al. (2019) observed in psoriasis patients that alexithymia was associated with anxiety, depression, and worry; subjective psoriasis severity was associated with worry. Alcohol misuse was related to anxiety and worry but not to depression.

For Craparo et al. (2018), secure adult attachment is positively associated with the ability to describe and modulate affects, which is the correct use of coping strategies. Thus, alexithymia is correlated with resilience and plays a mediating role. Moreover, high neuroticism and low openness to experiences are traits of individuals with alexithymia (Heshmati, & Azmoodeh, 2017).

1.2.1 The neuropsychodynamic perspective of alexithymia

Although the first conceptualization of alexithymia came from psychoanalysis and psychosomatics, empirical research seems to have encouraged both the entrance of new disciplines, notably cognitive science and neuroscience, and behavioral and neurophysiological methods in the study of alexithymia (Gaggero et al., 2020; Šago & Babić, 2019; Taylor & Bagby, 2021). The review carried out by Donges and Suslow (2017) reveals deficits in the automatic processing of emotional stimuli in alexithymia at a behavioral and neurobiological level.

Griffies (2019) considers the possibility in alexithymia-type psychosomatic patients that early attachment trauma impairs thalamo-amygdala-striatal-thalamic circuits, resulting in the disconnect of subcortical arousal to the prefrontal cortex where the arousal can be mentalized. As a consequence, arousal is experienced non-symbolically within the body.

1.3 Feeling and expression of the theme of persecution

Unanimity exists in making the FETP the explanatory model of the disease and the problems of the subjects in Sub-Saharan Africa, as opposed to the guilt theme which is the FETP counterpart in the Western context, imbued with Christianity and the original fault (Fotso Djemo, 2009; Lévi-Strauss, 1955; Mambou Nouemssi, 2010; Mambou & Dumet, 2020;

Mambou et al., 2020; Mayi, 2010; Mouanga et al., 2018; Ortigues 1984; Sow 1977, 1978). This psychic mode of functioning is based on anthropological structures such as the conception of the body, the person, and the social bond, which are dynamic as regards the social mutations observed.

1.3.1 The pluralism of the human compound

Hebga (1998), furthering the work of Thomas (1971), observes that the Western dualist conception of the person (body and soul) does not encompass paranormal phenomena (such as wraiths, remote actions, or multiple locations of the same person concurrently) because the separation of body and soul is considered to lead to death. On the contrary, in Africa, traditions admit at least three components of self: body, shadow, and breath.

The body is material, but its matter is energy in the sense of Einstein's theory. The body is not a "thing," but rather an idea, an epiphany, conceived as quantified material located in a tridimensional space. The body moves from its "idea" status to a "thing" status when it is located in a tridimensional space. Similarly, it is more "thing-like" when located as an individual amongst other individuals—there is a body when the person is considered a total person by themselves and others. Although forming a unity, the three components have varying statuses and are separable under certain circumstances; each considered the same person (De Rosny, 1996; Hebga, 1998). This conception of the body as an epiphany and the triadic schema of the human person creates conceptual room for the idea of wraiths, remote actions, levitation, multiple locations, and a sense of persecution by external forces as explained below—that is to say that within this conception it is possible for components of the human person to separate from the rest and move to another location to attack another human being. This conception of the body as an epiphany and the triadic schema of the person is also admitted the West, and increasingly so, with the study of all categories pertaining to altered states of consciousness (Rabeyron, 2020). The difference being that these resurgent phenomena remain relatively marginalized in the West, whereas in Africa, this is the dominant model.

Breath, different from nostril breathing, designates a field in a state of excitement. The shadow, which is not the silhouette whose presence depends on that of light, is an enveloping entity beyond the body and acts beyond the ordinary sphere. It designates the whole person under the sign of agility, subtlety, and mastery of space and time. The three instances are in a state of interaction and co-presence. Interpersonal co-presence means that everything is structurally introverted (i.e., animated by a movement of self-extension and asymptotic self-transcendence towards perfection). It connotes a relationship to others, meaning that remote action (e.g., persecution) is possible.

This triadic pattern is shared by several authors (Fu-Kiau, 2001; Fotso Djemo, 2009; Mayi, 2010; Sow, 1978). Humans have a sympathetic relationship with plants, animals, nature, and ancestors. The immortal component of the person (the breath) remains and continues to act in the community even after death through dreams, visions, radiation, waves, and monumental acts. In addition, the name is the equivalent of what it stands for. Thus, the different names of the person, the names of the instances or the instances they describe, are synonymous and equivalent: the name is an instance like the others (the body, the shadow, and the breath). The others can be summoned immediately and definitively through each of them. Each instance always affects the others because it is also the others.

1.3.2 A body articulated to the group

Le Guérinel (1971) addresses the body's place in the African context and its articulation to language. Using the work of De Ajuriaguerra and Angelergues (1962) as a base, he considers body image, source, and backing of the individual imaginary (phantasies) and collective imaginary (myths), as structured by tonus and tonic posture. This postural function also fulfills the communicative function of affective exteriorization and connection to the alter ego in a tonic dialogue where bodily need, desire, and demand are interlocked. The tonic expression of adults depends on their bond to the primary mothering environment. The Western context proves to be inhibiting regarding several bodily expressions, a conception shared by Anzieu (1985) with the notion of the prohibition of touch. In the African environment, the body maintains an essential place in the adult's social life in continuity with its considerably lengthened and valued cathexis in body-to-body contact.

Object relations are critical and have two main points. The first is the somatic agreement with the mother through free access to the breast and the permanent body-to-body contact. Then, at weaning, the exclusive relationship with the mother is shifted to a broader relationship with the community. The community takes over from the mother, through food and clothing rituals directly related to the body. Thus, throughout life, orality in its double valence (the positive of food and negative of devotion) organizes body image in the African context. The individuation process is synchronized with social integration in a process where "the body is not a separator, but a mediator between the individual and the group" (Le Guérinel, 1971, p 115). Ortigues et al. (1984) support the idea of a low cathexis of the anal stage. The child in Africa does not have to cathect intermediate objects between him and his mother (e.g., bottles, cradle, clothes, toys). Even when they are with other children, the play remains a body-to-body play, as Lehman (1969) observed.

The voice, the glance (likely to be a source of anguish, evil eye, etc.), and the contact remain the dominant mode of exchanges, conferring sensitivity and warmth to the friendly African presence. Aggressiveness, not much mediatized, is experienced orally (eating or destroying from the inside).

De Rosny (1996) and Fu Kiau (2001) confirm the idea of Le Guérinel (1971) of an individual body articulated relative to other bodies and the social body in the African context, which De Rosny defines as the thought body. As such, interbody relation and intersubjective relation is a constitutive and structuring dimension of the identity in the African context. Hence, the disturbing representation of the individual and individualism as a manifestation of the ability to exist without the group, on the one hand, and the questioning of the group's unity, on the other.

1.3.3 The body as a space for the manifestation of social malaise

The body as a space for the expression of social malaise is a conception-making analysis very close to psychogenealogy (Ancelin Schutzenberger, 1988, 2007). For Fotso Djemo (2009), the body is the privileged location of expressing social conflicts. The progressive destructuring order (this concept seems to us comparable to Marty's concept of progressive disorganization) would consist in passing from the absent organ ("maraboutier"/bewitched) to the sick organ through organs devouring or the introduction of an object or a small living animal, serving as the source of displacement sensation of a foreign body (hypochondriac conception). As the body is structured by group speech, the primary therapeutic challenge is to rebuild it, to restore missing or failing speech.

This flaw or failure of speech appears to us like a form of OT or operative functioning, a somatization source, which implies a restructuring of the body. For this reason, the cure is a rite involving the body, an initiation of a birth where the patient, like the baby, must redo all learning with the related support; the rite has the capacity to mobilize the person by marking the belonging of his body (i.e., of his personality) materially to a community outside of which he exposes himself to social death (De Rosny, 1996).

Since the self is based on the body (Freud, 1923), in the West and Africa, what can be the consequence of a body articulated to the social body, combined with a pluralist conception of the human compound on the notion of personality in an African environment?

1.3.4 Extra-bodily components of the personality

Sow (1977) defines personality in the African context based on a double tryptic that should not be understood as a juxtaposition of systems of instances but rather as co-present.

The first one consists of three founding axes of personality: vertical, horizontal, and existential. Ego is articulated vertically to the ancestral pole and horizontally to the community. The existential pole is specific to the person, which only makes sense when resituated in the monogenetic continuity of both the person's nuclear and extended families. The first two polarities (the ancestors and the community) constitute the superego, thus characterized by its exteriority. In fact, the individual receives energy from all these beings and, in return, must meet their obligations.

The second trilogy is a pan structure connecting the macro-cosmos, the meso-cosmos, and the micro-cosmos in a totality. The macro-cosmos is the production of the verb and the mythical ancestor, the cultural order's initiator. It is the world of dialogue between the primordial ancestor and the divinity; it contains the society's norms and values. The micro-cosmos is the person's usual world (Mayi, 2010), where they live concretely. The micro-cosmos consists of alliances that define a person's place and function. The meso-cosmos is an interstice, a buffer between the macro-cosmos and the micro-cosmos. It is the invisible world of the antithetical doublets, where both good and evil forces live, the benefactor geniuses and the persecutor geniuses, close to the ancestors, and intervening in case of transgression of ancestral rules. Traditional doctors can interact with these forces. Trans-personal psychotherapy (Grof, 1990; Maslow, 1964; Sutich, 1976) articulates the spiritual dimension to humanist psychology and deals with the psychic space comparable to Sow's meso-cosmos.

The subject is necessarily involved in these three components articulated in their functioning. The mental disorder is the result of a relational disturbance with the meso-cosmos. It is the structured collective imaginary. Its existence excludes human beings from original sin, so people would not know guilt in the African context. Although considering the importance of shame, debt, and transgression of prohibitions in Africa, it seems inaccurate to refuse to accept guilt's existence in Africa as well while acknowledging that it is less prevalent than in the West. Disease is the consequence of a relationship rupture between the subject and one or both other personality poles (family, community, ancestors). This conflict leads to an attack by the concerned entity (thus a superego component) on the ego. This entity delegates the destructive action to an evil spirit of the meso-cosmos. We then note a less internalized guilt due to the non-internalization of the superego. Thus, in the African context, a persecutory conception of the disease prevails, as opposed to the West's culpability approach, where the conflict is intrapsychic because of the internalization of the psychic instances involved. However, this exteriority of the superego is also present in the West, as seen in the pathologies of acting out (e.g., incest, rape, crimes). Moreover, without internalization in Africa, each elder, each adult, each man, each woman, et cetera, would not be viewed as an authority, as a father, as a mother.

However, it must be noted that in Africa, a significant part of the censorship of the subject for non-pathological acts is carried out and determined by the community. Instead, it would be more appropriate to speak of a superego with a considerable part that is not internalized within the framework of community alliances that do not always favor mutuality among people.

De Surgy (1992) finds this conception of components of the human person external to the body more realistic than the Western perception. In this African conception of components of the person external to the body, the body represents these components: somatization is at this price, an organ representing such or such sphere. This African approach is more realistic insofar as it considers the impossibility of being oneself in isolation because the subject is as much the result of the links that make it exist as it is the source of them. However, from our point of view, this approach, in some respects, is close to the notions of Klein's projective identification (Klein, 1948), Kaës' extratopic psychic formations (Kaës, 2015), and Green's introjection, excorporation and decorporation (Green, 1990).

1.3.5 Epistemological consequences

The conception of a body articulated to the group, coupled with a triadic or pluralistic approach of the human compound with extracorporeal entities, some of which are shared, logically orientates us towards a metapsychology of the third type (Kaës, 2015). We integrate it in a dual-reading model (Couchard, 1999) while considering the message of Moro (2002, 2009). It is an intermediate position, moving away from both an absolute universalism and an equally absolute relativism by proposing a binocular approach to psychic facts. To this end, it considers the individual aspect and the anthropological dimension while seeking out how singularity speaks of the universal. For Kaës (2015), the subject of the unconscious is jointly the subject of the group. From this point of view, it is determined by three spaces of the unconscious psychic reality: intrapsychic, interpsychic, and transpsychic. It is, therefore, a polytopic, ectopic, and heterotopic unconscious. This metapsychology's basic concept is that of unconscious alliances, which are also called community alliances or narcissistic alliances. They are psychic formations shared by the protagonists of a bond, determining their conduct, intending to realize valuable psychic benefits, and requiring obligations. They develop in the three spaces of the unconscious psychic reality. Kaës (2015) proposes a topical of the third type dealing with processes external to the intrapsychic space. It is a dynamic of the third type dealing with correlations and conflicts between different psychic spaces and economics of the third type, which considers the energetic aspect of drive's the messenger or invoking dimension (Lacan, 1954), the one proper to the bond.

2 Clinical situations

2.1 Doba

Doba is a vocational school student, 24, and has an older brother, a younger brother, and a younger sister. He suffers from colorectal cancer with hepatic metastases. He wanted to be treated urgently, whereas an appointment is required; my intervention sped up his care. He was in such a deteriorated state that, initially, I had to interview him from his bed. The favor I gave him broke the ice. He came out of his mistrust and fear of disturbing me and showed a proximity search resulting in familiarity. Doba opened himself fully, and at time, I was overwhelmed by the flood of his endless speech. He transported me into a dreamlike universe.

He asserts: *“my disease is the outcome of a ‘mystical attack’ of my father’s brothers,”* that is to say people from his father’s village (Tokombéré, Far North region) with whom Doba and his family live at Disangué (Littoral region, hevea farms and rubber manufacturing industry). They settled there to work in the palm oil industry. In the African cultural context, they are considered his uncles or even his other fathers.

Doba continues: *“My father helped them by lending them land in order to build their house. When my father retired, they refused to refund the land. I am the one who discovered the trickery because I am smart. These uncles promise death to my father, my brother, and me: ‘you will see!’ Each time, thanks to my gifts allowing me to see what other people don’t see [extrasensory perceptions], I discover their plans by anticipation. The uncle attempted unsuccessfully to reach the father after which he fell back on the children [Doba, his brother, and his sister]. We contracted the same disease. My younger brother died from it, and the mourning was excruciating. I suffered a lot from it.”*

Doba moves to self-glorification: *“When my uncle tried to kill me, I saw the dream about the attack. But as I also have supernatural powers, I resist. And when I am reached and feel sick, the abuser is also sick at the same time.”*

“I am the privileged target because I am the pillar of my father: it is I who carried out works that permitted the material development of my father, as a brick layer, painter, mechanic, and it is I who maintains everything. It is I who perceives the attacks in dreams, and I master all technical areas. They cannot touch me...” He continues: *“my father is a great man, he is strong, and he is a brain like me [common expression in Cameroon for a person with an exceptional IQ]. This is why people are jealous of my father, but they cannot reach him because he is a very good person. He does only good things. I manage my father’s property; they will come back to me legally through inheritance. But it bothers me. I would like to create my own wealth.”*

“Daddy is naïve and does not want problems. In my dreams, they try to trap him. I fight them. In the fights which take place in my dreams, they corrupted my father with lyrics. He calmed me down, and then they can hit me, but I don’t always let Daddy calm me.”

Doba follows with the denial of the disease: *“After the cancer diagnosis at Dysngué, I was down. I confided in my neighbor. He was sure that it was not cancer, but rather the result of a witchcraft attack, which a traditional treatment can be easily and quickly resolved. It’s the same thing everyone in my family thought.”*

Doba refocuses the speech on himself: *“I am liked in the family. In a family, there is often one there [he makes a sign with his finger to express his singularity in excellence]. When a friend arrives, and the relatives talk, I feel that I am that special one, that I am loved. It is the Lord who sent you [for the support I brought him]. It is also due to the quality of my behavior rather than my financial assets.”*

Doba’s mother died when he was 12. She had a particular link to him: *“She loved me very much because I have a strong resemblance with my father. My paternal grandmother adored me too and always said I remind her of my father at the same age.”* He is loved because he looks like the other one.

Doba shows benevolence towards me: *“We have many houses. My brother (in reality, his cousin) is commander of the military sector. A. M. the technical agricultural school director is also my brother. If you tell them that you come from me, they will take good care of you. Even in the villages of the North, if you would like to discover, I can recommend you to important people.”*

Still, in a spirit of benevolence, he continues: *“Dr., thou [thou is the informal version of you, equivalent of tu in French] cannot become rich only with your salary. I advise thee to go to the North and buy several cows. Thou shall buy a bull for CFA 50, 000 (75 euros). If thou feed it for two years, it will cost CFA 1.5 million (2,250 euros). If my father retires, he will be richer because he will monitor his cattle. He says that when I get well, I will go back to technical school and get my certificate and control his wealth in Tokombéré for the two years that remain before his retirement.”*

I thank Doba for his care, adding that he is very kind, and remind him that we are meeting to find a solution for his situation. I also insist each time that he used “thou” to reply by an “address of vous.”

Doba continues: *“I am popular; people call my name or daddy’s name. He is an important person; he is a shift supervisor. It is the behavior of a man which makes it that when his person arrives, there is no hesitation. If I recover, everybody will be happy. I am open to people. I intend to pass the competitive examination of the Rapid Intervention Squad of the armed forces and the police one. I cannot just rely on the property of my father. He always gives me his money to keep. I see his reactions; he will leave me everything. By God’s will, you can go to the police.”* He talks about himself in the second-person singular when he talks to me, like in a monologue.

He adds: *“I do not deserve to be a bricklayer or a carpenter; it will not hold. I prefer a job where I can earn more money. My brother [actually a cousin] is a teacher-training college professor. We must speak of those who have studied, who are respectable, and not of those who are there like this and can do nothing.”* He does not stop mentioning his connections to important personalities, the source of his persecutors’ (i.e., uncles) jealousy.

2.2. Amazon

Amazon is a thirty-eight-year-old woman, the eldest of nine siblings (six girls and two boys), who has undergone chemotherapy, a mastectomy, and radiotherapy for breast cancer. She works as a diplomat and is a single mother to a seven-year-old boy.

When I (JPM) met her for the first time, she gave me the impression of a woman disoriented and desperate, full of doubt, with many uncertainties regarding her healing, worries about her femininity, and guilt as concerned the etiology of her illness. She seemed on the brink of collapse: *“With the announcement of my cancer diagnosis, depression set in. I cried a lot. I feared that I would die and leave my little boy an orphan. He is my only child. I love him a lot; he is my reason for living. I am afraid to die and leave him alone, orphaned. As soon as he moves away from me even a little, I am anxious; it rots my life. I think of a local TV star who lost her only son. When I hear that, it kills me.”*

She has terrible memories of the hospital: *“I had already been in the hospital several times because of malaria, but also for three miscarriages. The first miscarriage occurred at sixteen weeks of pregnancy, the second at twenty weeks. The first [child] was born alive, but I was alone; he died...This marked me, mostly my helplessness. He was screaming, but it was impossible to hear him,”* as she [Amazon] screamed without being able to be heard at one point in her life. *“For the third, there had been a cerclage at eighteen weeks. He [the infant] died in the womb. The fourth pregnancy was the right one. Due to a cerclage. This child was born at 32 weeks.”*

Cancer treatment has also left its mark: before her cancer, Amazon felt *“beautiful, clean, and stylish; envied by women, desired by men who turned around to look at me and complimented by everyone.”* At the time of treatment, she felt *“ugly, in total decrepitude and no longer worthy of pretty toilets [toilettries], the least enviable person in the world. All the time, I think of psychotherapy as a poison, a disgusting substance that enters my veins, goes back up in my body, up to my throat...causing nausea, coming out through my mouth. I could not work anymore because I was tired.”* Indeed, the hospital had become a phobogenic space for her. She seemed to suffer from excessive sweating and became flush each time she came to the hospital. She did not want to see the nurses, nor the hospital cutlery and crockery. She also expressed discomfort with being overweight, due in her opinion to post-chemotherapy “bulimia.”

“In addition, people sow doubt in my mind, saying that I am helpless and will die, despite spending a lot of money. I asked, ‘Am I going to live?’ When seeing women who have relapsed at the hospital, I became demoralized and felt my body hurt.”

“At the bank, they refused to pay my check many times because they did not recognizing me due to my skin. I used to have a clear complexion. I became black as coal and bald. Every time I go to the bathroom, I’m scared by my image; I have only one breast, the other side is like a man. I was ‘in marriage’ with my son’s father [actually, in concubinage]. I fled a few months ago. He beat me, insulted me in public, and left me hungry. I live with a married man who supports me financially but who hasn’t seen me with his own eyes during the whole period of the illness. He doesn’t support me with affection either.”

In addition, she is subject to strong family pressure: *“I must take care of my whole family to avoid the curse. The day after my mastectomy, I had to look for funds to pay for my uncle’s hernia operation. My brothers have completed brilliant studies but can’t find work. They rely only on me. My aunts visit me not to support me but to ask me to solve their problems. This family load is very stressful for me. I supported my younger sister through her master’s degree. She dropped out of school to become infatuated with a boy who doesn’t even have a First cycle certificate [end of primary school diploma]. She lives with him in a sewer. She lives without pressure (i.e., without worries), and I am the one who puts up with everything. Fortunately, I have a female friend who supports me a lot. She has helped me a lot during hard times. The hardest thing is to live while thinking that this is perhaps the last time I will see this building. My stepsister also died of liver cancer. She was barely 30. It ruined my life. I think about her, and I’m afraid to die too.”*

Amazon then warned me that she was going to give me information without being sure that I would believe it: *“My illness came about as a result of witchcraft cast on me by my uncle. I possess gifts that allow me to see events some time before they unfold. I was alone in the village when the uncle in question invited me to talk with him. I refused and spurned him. That night, I saw him in a dream; he wanted to enter my home. I pushed the door closed to stop him. As I was stronger than him, the push shoved him far. Before I managed to close the door on him, he managed to touch my breast—the same breast that then became affected by cancer. Prior to this, I saw him on another night, this time with the naked eye and not in a dream. He was carrying out incantations with other sorcerers, with eight goats. I don’t know why he held grudges against me. Fortunately, I prayed a lot.”*

I asked her if it was not contradictory of her to think that her cancer was the result of a witchcraft attack and, at the same time, seek treatment in the hospital. She then explained that an ailment of supernatural origin could be treated well in the hospital. In my viewpoint, this meant that her FETP was not a manifestation of a total denial of the diagnosis. It appeared to arise from a more flexible paranoid-schizoid position. Furthermore, the theme of persecution was the manifestation of a split between a part of herself that understood and recognized reality and another part that denied reality and resorted to other ideas and beliefs. This contradiction

consisting in believing that her cancer was the result of a witchcraft attack and, at the same time seeking healing in the hospital, also reflects the biculturality of the subject, probably related to this cleavage.

3. Operative thinking-alexithymia vs the feeling and expression of the theme of persecution

Here, the doublet OT-alexithymia and the FETP are compared. We identify common grounds and differences at the phenomenological, metapsychological, and anthropological levels in this perspective.

3.1. On a phenomenological level: the absence of OT and alexithymia clues

Doba and Amazon put their emotional states into words. They expressed their affects with the right words. They demonstrate a remarkable ability to distinguish between feelings of anger and sadness, pain, and joy. However, this tendency of essential depression is much more pronounced in Amazon, resulting in no freeze of affects. Doba seems to be more in a state of euphoria. This type of affective exaggeration, sometimes the cause of thought paralysis, is absent in the operative subject. In the latter, essential depression predominates, illustrating the central defect of affective manifestation.

It cannot be said that these subjects are incapable of introspection, memory and recollection, emotions, and exploration of their inner lives. Their psychic dynamics are far from an affective frigidity and insufficient expression of the psychic pain (Mc Dougall, 1982; Smadja, 1998), attributable to specific mechanisms of freezing, disorganization, repression of the affect, or suppression of the drive's psychic representations, and characteristic of alexithymia. Amazon foresees and therefore imagines that my rationality will not let me admit her spiritual perspective.

Doba and Amazon are capable of empathy. Doba is convinced that my income as a psychologist is low and that I need to find another income source. He also feels that it would please me if he would recommend me to people on a possible trip to the northern part of the country. These elements reflect the absence in the psychotherapy, among the patient expressing the FETP, of the subjective reduplication specific to the operative subject according to Marty and de M'Uzan (1963). First, by his capacity for empathy, he knows that the therapist will doubt his speech's truthfulness from the outset and mentions it to the therapist. Perhaps, it is a form of denegation, where the repressed is expressed by being lifted: the patient says, "*You are not going to believe this,*" while actually meaning you are going to believe. In our view, this is often a form of denegation because Doba does not say it to all caregivers, indicating a capacity for inter-intentionality (Roussillon, 2014). According to this concept, a subject constantly explores how the therapist perceives him or her.

OT and alexithymia are also characterized by the absence of necessity and the need to look for a person with whom to communicate and share one's emotions. FETP is on the opposite side; it is the quest for a person with whom to share one's emotions and tends towards extroversion. The spirit of cooperation with our patients is remarkable. They are very voluble, and we are regularly overwhelmed by the flow of their words, like with Doba and Amazon. I find it very difficult to end all conversations with these patients. If we note an immutability in the expression of the experience of crushing and narcissistic flaws, we simultaneously observe a difference in its formulation, especially in the attempts and paths taken to stop this feeling of crushing and narcissistic flaws.

Doba speaks of an epic, nocturnal and oneiric struggle with several battles; Amazon also evokes an oneiric battle scene. Thus, contrary to Marty's (1980, 1991) idea of the absence or poverty of dreams in the operative subject, patients with FETP present a rich and intense dream activity. Apart from dreams, its activity remains very diversified.

Doba has extrasensory perceptions, multiple professional skills, an extremely dense relational network, and is the author of a generational inversion in a parentification attempt vis-à-vis his father. At the same time, his discourse presents his suffering, difficulties, and ambitions on many registers and domains proper to human existence: relational, academic, professional, and health. We cannot assert that he is in a mechanical repetition. Overall, the emphasis is on interpersonal conflicts with several characters (the victim, his or her persecutors, friends, neighbors, and the rest of the family), dramatization (the pleasure of staging tragic events, deadly fights, and attacks), strong affects, the eroticization of relationships (Amazon's uncle touching her breast during their struggle), contrasting representations (alternating between contrasting emotional states, tears, and joy), and a back and forth between contradictory desires (in Doba's case, the desire for subjective affirmation coexists with a defense by hyperfusion to his family and community). In sum, FETP unlike PO, has a complex, non-stereotypical, diverse, and creative cognitive style.

OT is also marked by the use of action to avoid or resolve conflicts and behaviors organized on the model of poorly mentalized neuroses (behavioral neuroses and character neuroses). In these neuroses, OT provides a cognitive container for the maturational discordance between mental organization and affective life (Marty & de M'Uzan, 1963). Behavioral neuroses are defined by the non-existence of mental processing of traumas and a lack of object internalization. This absence of mental processing of traumas and a lack of object internalization leads to the use of external objects (addictions) and compulsive behaviors. A case of nosocomephobie and bulimia are observed with Amazon. The neuroses of character are specified by social adaptation and conformism, both excessive, with paradoxically an irregularity of the capacities of mental

elaboration and functioning of the first topography. Amazon manifests a type of conformism in “false self” (Winnicott, 1945) through the obligation to support her family financially. Nevertheless, this normalization is entirely different from the excessive social adaptation of character neuroses because she is forced into it by a dysfunctional narcissistic alliance on a background of narcissistic perversion of which she is aware, complains about it, but cannot eliminate it, which is not necessarily the case for the neurotic of character.

The evolution of Henry T. (Smadja, 1998), an operative subject, seems to us to illustrate the two modes of thinking’s antinomic character. He is a 35-year-old computer scientist, operated on for a melanoma. He was very comfortable, was without anguish, had rational speech, was without affect, being treated on the background of an essential depression. After two years of psychotherapy, he evokes the melanoma that he finds unjust, as a divine punishment, even though he is not religious. From this session, he begins real associations with reminiscences, dreams, the mention of his inferiority complex, an outburst of anguish, the fear of going crazy because of the existence of madness in his family, and the relationship with the therapist takes a persecutory tonality. Thus, with the thawing of OT, he developed the theme of persecution.

3.2 At the metapsychological level

Our reference is the metapsychology of the third type of Kaës (2015). It is based on the analysis of unconscious alliances at the topographical and dynamic level. In our view, taking into account the subject’s desire, in terms of movement of subjectivation, is the economical point.

3.2.1 The dysfunction or anachronism of community alliances

FETP appears as a means of affirmation of the subjectivity oppressed by narcissistic alliances. Indeed, their dysfunctions or their anachronism turn them into narcissistic pacts that are detrimental by definition (Aulagnier, 1975; Kaës, 2015). Three unconscious alliances are involved: the land tenure system, the marital bond, and family solidarity. The intra-family conflict and the suspected witchcraft attack due to the land dispute is a rupture of the secondary narcissistic contract between Doba’s father and the people in his age group.

It is also the expression of the conflict between two concentric circles of family narcissism: the narcissistic alliances of the fraternal pact of Doba’s father’s age-mates and the narcissistic alliance of his nuclear family. This conflict is also the manifestation of the difficulty of various sections of the classificatory family to make a common skin due to economic issues, accentuated by the laws of capitalism prevailing in Africa. Moreover, the conflict breaks another community alliance: the one of the equivalence or synonymy between concepts of land and kinship (Melone, 1972; Fotso Djemo, 2009).

3.2.1.1 End of synonymy or equivalence of concepts of kinship and land, leading to the confrontation of the subject to the community alliance.

In the wake of Melone, Fotso Djemo (1982, 2009) shows that kinship and links of alliances in traditional Africa lean on the inalienability of the individual or collective property of the land on the one hand, and, on the other hand, on the fact that kinship is determined by land, which is a factor of social cohesion. These bonds would have originated in the myth that the land is a mother, that is to say, the source of life, and to come from a land produces kinship links since a kind of ontological bond exists between people and the land. The social mutation occurred after an alteration of both the kinship structure and land structure via estate law. This social change through the desacralization of the land, which is integrated into the economic system. It is made accessible to private property, thus attacking parental authority, establishing direct affiliation in relation to the nuclear family and breaking the alliance relationship. It is a rupture between the kinship system and property (individual or collective) of the land, a break of the link between humans and the land.

The evolution of land law will impact that of kinship and the mastery of a new knowledge allowed to equal or exceed the birthright or the chief function. It is the same with the dismantling of matrilineal groups allowing the woman access to the status of marital institution's central pillar, and through that, the precision of the individuals' rights to the detriment of collective rights. In the era of globalization, which started from contact with the first explorers, African society is changing, directly impacting the African family unit. As a result, the family unit, a real inevitable place of reproduction and infinite link repetitions, is confronted with the inexorable emergence of the subject imposed by modernity (Tsala, 2002, 2004).

3.2.1.2 Community alliance as “law and fathers’ superego” or symbolic father, a severe superego

Solidarity, an essential feature of the African society, is articulated around the ancestor, point of origin and apex of a triangle whose base enlarges with each generation, integrating into the same lineage people alive and dead, humans and gods. A child finds the parenting function in each individual of age to be a parent. Fotso Djemo (2009) perceives, beyond a dispersion of parental images, a refusal of the father figure's individuality, of the ancestor figure's individuality as unique and isolated figure of authority, to affirm the principle of fatherhood. It acknowledges the primacy of the symbolic, in the Lacanian sense of the term, “name-of-the father,” instead of the biological function as a fundamental signifier and author of the law. It is in this viewpoint that Fotso Djemo joins Ortigues (1984), who supports the idea of a propensity of father figures to be confused with that of collective authority or the ancestor, with that of elders gathered and

legislating around the “palaver tree” and holders of the “collective phallus.” Sow (1977, 1978) identifies family, community, and ancestors as constituting a person’s superego. These conceptualizations join that of Aulagnier (1975) and Kaës (2009), who define the narcissistic contract at the basis of the community alliance as a production or proposal by the founding ancestor. In this regard, the community alliance is, in my opinion, “the law of fathers” and the expression of a symbolic father. In Doba, the narcissistic alliance as the “law of fathers” is imposed and defended by the class of fathers: uncles who take the land and the father who remains passive, and even becomes an accomplice by corrupting Doba to allow the uncle to reach and harm Doba.

However, by moving from the narcissistic contract to the narcissistic pact, the narcissistic alliance becomes a severe superego. The more severe it is, the more it leads to the inhibition of our personality, generating fears and blockages. According to Klein (1948), the archaic superego, resulting from the death instinct, is a persecutor responsible for all unpleasantness the child experiences. It is a source of conformism and extreme normalization.

3.2.2 Feeling and expression of the theme of persecution: a means of subjectivation?

According to Dumet (2014), the pluralism of modalities to express somatic disease is frequent and manifest. Somatization is not entirely or always “silly” and can translate to a primary symbolization, a preliminary stage comparable to stuttering as regards secondary symbolization. This principle leads us to question the status of the FEIP and its positioning in the continuum on the gradient suggested by Dumet’s (2014) conceptualization of this evolving panoply of symbolizations and somatizations. Indeed, Dumet (1996) shows how the body, through obesity, can support the expression of a desire for subjective fulfillment that is thwarted and even condemned by social norms. Following the same model, we will show how the theme of persecution also constitutes a search for subjective affirmation thwarted by the surrounding community alliances.

In Doba, at first, we notice his complaints mention a form of centripetal movement from exterior to interior permitting a cross through a bark composed by narcissistic alliances, therefore a protective envelope. This envelope of protection is that of the community, that while protecting the subject (Doba), that is to say, the nucleus that is in the center, inhibits his expression, transforms Doba into a being without desire, into an object. This centripetal movement is one of the acts of persecution, which moves from the exterior through this bark that serves as its vehicle, its vector, and feeds and fuels it to reach the subject. Once the subject is touched, the opposite movement, centrifugal in nature, is triggered: the one of a vehement ego affirmation in the form of an almost maniacal extraversion of the subject. This movement

is similar to a rise or fire back in an over compensatory mode from a depressed state or narcissistic deficit. This rise back from a depressed state is achieved by Doba evoking his supernatural abilities and hallucinatory and illusionary multifunctional skills to emerge as a leader; this lets us think that the subject has always wanted to get rid of this bark that suffocates him, to break it, but because it is also a container (that is why he develops feelings and iterative defensive desires of hyperfusion), this destructive intention is a source of guilt. This guilt is projected on the armors, which are simultaneously the source of protection and source of alienation, that became the narcissistic and community alliances in a reversal movement and transformed into persecution. However, this guilt arises from a desire to position oneself no longer as the object but as the subject and to be recognized as such. The own omnipotence experience appears like a reversal of feeling helplessness related to the death anxiety conveyed by the cancerous pathology. In other terms, FETP are advocacy for recognizing Doba's individuality; a means to subjectify oneself through a specific type of Oedipus fight with a specific form of the superego made of community alliances.

With Amazon, the question of subjective affirmation is much more complex. In fact, the theme of persecution, through her uncle's accusation, the related narcissistic struggle and its corollary represented by fundamental violence (Bergeret, 1995; Vacheret, 2001) is a demand for the right to exist as a subject, as a human being in general. This need for affirmation seemed to us illustrated by Doba's subjectivity denial, also turned around in megalomania; because of over-cathexis, he was the object for his mother and grandmother and not for himself but rather because of his resemblance with his father.

Amazon is searching for subjective affirmation against the perverse effects of the eminently phallic marital narcissistic alliance. Conversely, Amazon shows a problem of gender identity, faced with the endangerment of the feminine by cancer, its symptoms, and the side effects of its treatment. She would also like to emerge from the alienation foisted on her by the duty of non-mutualizing solidarity imposed on her by her family, a kind of secondary violence (Aulagnier, 1975), narcissistic perversion (Eiguer, 2008), and co-dependence (Melody, 1989, 1992). The above leads us, in accordance with the symbolization gradient proposed by Dumet (2014), to situate the FETP at a higher degree of symbolization than the primary symbolization consisting of somatic expressions and communication by mime, gesture, and behavior on the model of early mother-child interactions, due to its verbal nature, but below the higher level and extremely mentalized symbolization. Despite this effort of subjectivation, this theme of persecution does not allow our patients to achieve a true symbolization of their state. In this respect, FETP joins OT. It would then be appropriate not to use symptoms to differentiate between Africa and the West, but the richness of the psyche and culture.

In short, the dysfunction or anachronism of community alliances makes them narcissistic pacts. They take on the configuration of a severe superego comparable to that of the operative subject with the same desubjectivating effects. However, FETP appears as an attempt of healing in front of the desubjectivation process. It becomes a means and an effort of subjective affirmation. In this respect, it differs from OT and alexithymia. OT and alexithymia are the most radical forms of expressing the death drive and unbinding. The theme of persecution seems more in the register of drive entanglement.

3.3 At the cultural level: a non-totalitarian health system in Africa

3.3.1 A non-commercial health care system

In the traditional African context, health is not considered an economic good. The mercantile dimension is abruptly introduced with the beginning of capitalism. Thus, nowadays, with the market economy, if the clairvoyant is paid before the divination session, the healer is paid at the end of the treatment in case of effectiveness, and some treatments are free (L. Van der Veen, 1996). Nevertheless, in the social imaginary in traditional Africa, effective treatment does not require gratification. The native doctor's abilities are a gift from God, and what he has received freely, he is obliged to give without compensation. God will take away his healing power if he demands gratification. However, the patient is free to offer gifts after his or her recovery. Indeed, endogenous medicine recommends a remuneration that values the being of the traditional practitioner. In this form of gratification, acknowledgment, personal attachment, and respect are privileged over having material wealth (Fontaine, 1995; Van der Veen, 1996).

3.3.2 A community system favoring an affluence of imaginary expression

This persecutory belief in the Cameroonian cancer patient reflects a certain richness in the patient's psychic life. This observation departs from the work of psychosomaticians (Marty, 1976) and psychoanalysts, according to whom the Western somatic patient presents an imaginary poverty.

Thus, these various data make it possible to re-examine the differential role of socio-cultural contexts on the psychological or even psychopathological changes in subjects suffering from cancerous pathologies. Indeed, we observe two movements in our patients:

- Verbal volubility: the proliferation of cancer cells and multiplication of persecutory and megalomaniac associations coexist in Cameroon patients with FETP. It is also accompanied by many contrasting emotional expressions: anger, sadness, and even joy alternate in the Cameroonian cancer patient. The psychosomatic fact seems more in line with Green's (1995) conception. The latter does not adopt Marty's (1980) paradigm describing an inverse relationship between mental functioning and the risk of somatization.

- Centrifugal movement: a displacement of cancer's internal danger because it is a source of persecutory anguish on the outside, the family body, by a mechanism of projection and turning around. This raises the question of how the peculiarity of the social or external environment can largely be an attractor to certain aspects of the subject's psychic life and favors this phantasmal solution simultaneously as it promotes emotional expression.

Through its extroversion and communitarian basis as presented by Sow (1978), the African personality can only favor expression, communication, and a form of dependence on the human environment. This trend towards verbal extroversion can be observed in France by populations of African origin making use of the availability of packages allowing unlimited calls. These African nationals are in the majority of those who make maximum use of these packages, even in public spaces (public transport, streets, parks).

The conception of pathology making the subject the place expressing community conflict (Fotso Djemo, 2009; Mayi, 2010; Sow, 1977, 1978) has the advantage, in several cases, of relieving the subject of responsibility for his or her illness and guilt, insofar as the cause is persecution or the effect of a transcendental force, even if there are situations where the cause of the illness is attributed to a transgression of a social norm.

The patient is supported by the entire community while confronting the disease, because solidarity is a duty. For this reason, people think that their physical presence near the patient is necessary and do not understand why medical facilities only admit one patient guard who is a member of the patient's family and drastically limit visit lengths. These rules are constantly violated. This presence around the patient is not always beneficial to the patient with the contamination risks and disturbance of rest. But this presence around the patient favors a diffraction of suffering and generates the phenomenon of groupality favorable to phantasmal fomentation (Anzieu, 1985). Moreover, phantasmization makes it possible to thwart pseudo-normality and operative defense by creating conditions of exchange provided with a certain warmth and protecting narcissism.

However, the West favors the emergence of individuality and personal responsibility. The subject can only rely on himself. This approach leads to a withdrawal of thoughts on the subject, the opposite movement of expansion even leading to total inhibition, even to the mechanism of repression observed in many Western patients but showing in this respect other modalities or variants of narcissism than African narcissism. This inhibition could refer to the cancellation of excitations, the abolition of the tensions proper to the principle of nirvana, and the absolute primary narcissism evoked by Green (1975). Roussillon (2014) relates this repression of the Western subject's verbal and affective expression to the Western pattern of mothering within

the oral drive transformation framework. From this point of view, the experience of feeding is not reduced to the satisfaction of the self-preservation drive. It also fulfills an erogenous function, which is at the origin of a possible drift at the level of mothering in Western society, where mothers sometimes use pacifiers as excitation shields. Parents put pacifiers in their children's mouths at the first sign of difficulty. In doing so, they oppose erogenous pleasure to any possible unpleasantness, sometimes even anticipating their expression. In doing so, these parents contribute to an organization of personalities who express themselves little and put little in representation, positioned psychically close to the Greenien complex of the "dead mother," although physically present. Marty (1990) also attributes the deficiency of the preconscious to the mother's emotional unavailability. It should be noted that this phenomenon is invading Africa, making the concept of Moro (2002, 2009) relevant. The mode of community sociability proves to be containing when community alliances truly allow mutuality among people through its guilt-reducing and fantasy-fomenting aspects. This mode of sociability would favor a mobilization, remobilization of the psychic and emotional life, deployment of the life drive, whereas operative thinking also reflects a form of "death narcissism" (de M'Uzan's concept of "vital identity").

Moreover, this non-mutualizing dimension of certain unconscious alliances is a source of subjective amputation. We also find a deficient narcissistic organization among operative subjects (Fain, 1954; Marty, 1990; Smadja, 1998). This lack leads to finding others' esteem outside oneself through an extremely high ideal ego, therefore in the socius and not in daydreaming. In the theme of persecution, there is not this profound distortion due to a lack of libido touching the ego's foundations. The subject does not look outside only in conformity with collective values; he looks for the spark to liberate his libidinal potentialities. This liberation of his libidinal potentialities is achieved when narcissistic alliances guarantee mutuality and, as such, are not narcissistic pacts. We then observe a kind of convergence but with different results. Among operative subjects, this leads to an impoverishment of the mentalization and linking process. In FETP, it is as if the subject has an irresistible attraction for the other and feels an intense need for a link.

3.3.3 Absence of informed consent

For Gori and Del Volgo (2005), informed consent provides a favorable framework structure for listening to the adult part of the subject and ignoring the child part. However, the experience of distress in the face of illness escapes any objective rationality. This escapism from objective reality of the distress constrains and confines the psyche to an irrational solution determined by the child. The anguish of the disease leads to a vacillation of identity, to the experience of nudity,

of subjective amputation, and the need to cover this nudity with myths and novels whose elaboration modern medicine proscribes. Hence the search for the sense of the disease, the notion of “why me and not someone else.” Furthermore, like art, psychoanalysis can bring the symbolic responder allowing the individual to reappropriate it subjectively. From this point of view, the psychoanalyst refrains from judging the truthfulness of a belief’s content and instead seeks to understand the affective, relational, and imaginary sense of this belief for the patient and the type of link maintained by the patient with this belief (Bergeret, 1997). This is a task further complicated by the paradoxically infantilizing dimension of informed consent. FETP is essentially a questioning of the disease’s etiology (the why), which takes precedence over the nosography (the how). It is the product of a culture where this question of sense is allowed, privileged, and considered the primary diagnostic criterion.

3.4 A neuropsychodynamic perspective of the feeling and expression of the theme of persecution

We may hypothesize that in patient authors of FETP, unlike in alexithymia-type psychosomatic patients, early attachment trauma has not impaired thalamo-amygdala-striatal-thalamic circuits, resulting in the disconnect of subcortical arousal to the prefrontal cortex where the arousal can be mentalized. This conjectured absence of impairment of the thalamo-amygdala-striatal-thalamic circuits of may be due to the African pattern of motherhood, which is richer in tactile and kinesthetic stimulations. Alternatively, this type of motherhood may also have the potential of fixing such impairments.

A study should be carried out to test this hypothesis. Moreover, paranoid personality disorder, which also has persecution as symptom the there are no published laboratory studies that has investigated specifically at (Scalabrini et al., 2018). Results of such studies could inspire us about FETP in Africa.

Conclusion

In the African context, among most of our somatic patients, we observe an absence of OT and alexithymia clues. At the phenomenological level, people have the ability to put their emotions in words, the capacity of introspection and empathy, and the need to share their emotions. They display a creative cognitive style. At the metapsychological level, analyzing the community, narcissistic, and unconscious alliances according to the methodology of the metapsychology of the third type appropriated to Africa’s collectivist context, we see that the dysfunction and anachronism of the community alliances transform these community alliances into factors of desubjectivation. FETP appears as an attempt of healing in front of these processes of desubjectivation. Hence, FETP becomes a way of subjectivation contrary to processes involved

in OT and alexithymia. At the cultural level, the collectivist and spiritualist conception and an absence of informed consent with its infantilizing dimension favors, notably through FETP, a freedom and creativity within the subject that are sources of a considerable verbal, affective and imaginary expression. All these phenomena stand in opposition to Marty's theories on OT (Marty, 1963, 1980, 1991) and theories on alexithymia by Sifnéos (1967). According to these theories, most somatic patients in the West would present an imaginary (phantasmal) and affective poverty. However, as much as OT, the persecutory theme does not favor a higher level of mentalization and symbolization, according to the conception of Dumet (2014). In fact, FETP maintains the patient's false belief in a supernatural etiology of the disease. Hence, we notice the inappropriateness of the use of symptoms to differentiate between Africa and the West, and the relevance of the psyche's and culture's richness as criteria for the differentiation between Africa and the West.

As concerns the neuropsychodynamic approach, we hypothesize that the African type of motherhood may have prevented or treated early attachment trauma susceptible to impaired thalamo-amygdala-striatal-thalamic circuits, which result in the disconnect of subcortical arousal to the prefrontal cortex where the arousal can be mentalized, as demonstrated in alexithymia. The fact that we can only make a conjecture constitutes a limitation to our study because no lab study (scientometrics) has been conducted as of the time of writing. It would also be relevant to go further with an empirical and quantitative study from a self-report instrument like the Toronto Alexithymia Scale, albeit an adapted version.

Our work's strengths are a strong literature review, a multidisciplinary approach (psychoanalysis, anthropology, and some neurosciences), and an in-depth analysis of our studied cases.

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