




Research Article

Between Syncretic Beliefs and Therapeutic Effectiveness: Clinical Case Studies of the Use of Traditional Therapies by Police Officers in the Treatment of Psychotrauma

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Abstract

Due to their profession's specificity, police officers are exposed to critical events that may lead to post-traumatic pathologies. Exposure is particularly increased in countries with high security challenges such as Burkina Faso which faces terrorism against which police officers are on the front line. Many police officers in Burkina Faso experience post-traumatic stress disorders such as Acute Stress Disorder and Post-Traumatic Stress Disorder, as well as co-morbidities such as addiction, depression and anxiety. To deal with these post-traumatic pathologies, conventional psychotherapeutic approaches may be used either upstream to prevent symptoms occurrence, or downstream to treat them. Meanwhile, some police officers may use traditional therapies involving syncretic beliefs. This study aims to highlight clinical cases in which police officers use traditional therapies, by questioning their therapeutic effectiveness as well as the related implications. The data used were taken from clinical reports of police patients that received psychological care. The clinical cases were selected based on their relevance to illustrate traditional therapies used by police officers in post-traumatic pathologies treatment.

Keywords

Police Officers, Psychotrauma, Syncretic Therapies, Burkina Faso

1. Introduction

Police work involves stressful and potentially traumatic situations. The rate of exposure to a critical incident among police officers is 100% [16], with a higher prevalence of PTSD than in the general population. According to several authors [22, 19, 17, 24, 12, 9], exposure among police officers may lead to post-traumatic stress disorder (PTSD). Police

officers' PTSD is associated with a higher rate of suicide compared to other professions as well as a higher number of burn-outs, work stoppages, absenteeism, stress, anxiety, depression, addictions, divorces, etc. This leads Marchand & al. [18] to assert that it is one of the most dangerous professions in the world. In Burkina Faso, police officers are often in a

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Received: 22 January 2025; **Accepted:** 11 February 2025; **Published:** 27 February 2025



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professional environment. Thus, they are exposed to various risks that could endanger their lives or their physical and/or mental health. These risks have been on the rise since 2015, with their frontline involvement in the fight against terrorism.

Following exposure to a traumatic event, survivors may experience reactions that are either immediate, post-immediate or delayed. After exposure to traumatic event, survivors may experience reactions, either immediate, post-immediate, or delayed. According to symptoms occurrence period, there are intervention models that aim either to prevent PTSD onset or treat them. In the immediate phase, some authors [6, 5] advocate immediate psychological intervention (IPI) or psychological defusing, which aims to “reduce the symptoms and encourage the patient to verbalize his or her experience of the event, which triggers control over it”. In the post-immediate phase, psychological debriefing (individual or collective) is carried out. When it's well managed, this intervention is particularly effective [7, 15]. However, although it helps prevent or reduce PTSD symptoms, its preventive effectiveness is currently under debate [2]. Studies conclude that this technique is ineffective in preventing symptoms of acute stress disorder or post-traumatic stress disorder and in improving social functioning, especially when administered before safety and responsiveness are established [1, 14, 11]. In the chronic phase, psychotherapeutic follow-up is required. Several psychotherapies have been codified to help relieve people exposed to intense and prolonged stress or psychological trauma [8, 25]. Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral therapy (CBT) and Prolonged Exposure Therapy (PET) are first line recommended psychotherapies [13, 14]. Pharmacotherapy is used as second line treatment [3, 10]. All these approaches are evidence based. Meanwhile, traditional beliefs and therapeutic practices are deeply rooted. They are well and long-established practices that are part of our country's healthcare systems. They are even used in first line besides conventional medicine. According to Couliadiaty [4], they are used by 80% of the world's population and 85% of sub-Saharan populations, and their effectiveness in treating certain diseases has been proven. To deal with post-traumatic pathologies, conventional psychotherapeutic approaches may be used by police officers. Meanwhile, some may exclusively use traditional therapies.

Known as complementary or alternative medicine depending on the country, it is defined by the WHO as:

The sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness [21].

The remedies used in these therapies are of plant origin and sometimes contain non-plant natural, organic or inorganic active ingredients (animal and mineral substances). Care practices are based on procedures such as therapies using herbal medicines, naturopathy, acupuncture, and manual

therapies such as chiropractic, osteopathy and other related techniques, including qigong, tai chi, yoga, spa medicine, and other physical, mental, spiritual, and mind-body therapies [21].

Traditional medicine practitioners have very varied profiles. In Burkina Faso, they are mainly traditional practitioners, marabouts, healers, animist diviners, religious people (priests, imams, pastors, lay people, etc.), who may have divine gifts.

Traditional practitioners use herbal infusions, sacrifices, offerings, and even astrology as therapeutic tools. In phytotherapy, plants such as *Ficus platyphylla*, *Ficus sur*, *Calotropis procera*, *Khaya senegalensis*, *Leptadenia hastata*, *Parkia biglobosa*, *Vetiveria nigriflora*, *Bombax costatum*, *Sterculia setigera* and *Boscia angustifolia* are used to treat mental illness. Bark and/or leaf decoctions are given to patients orally and as a bath. Symptomatic treatments are based on these plants. For example, *Euphorbia hirta* stems and leaves, *Kalanchoe pinnata* leaves or *Ageratum conyzoides* stems and leaves can be used to treat headaches. *Euphorbia hirta* stems and leaves, *Cymbopogon citratus* stems, *Lippia chevalieri* leaves or *Nymphaea lotus* flowers are used to treat insomnia and anxiety [4, 20, 23].

Some marabouts and healers read certain Koranic verses or use incense, after which the patient's reaction will determine the cause of the illness. If the patient becomes violently agitated and speaks vehemently to an invisible interlocutor, the hypothesis of demonic possession is more plausible. On the other hand, if the patient is unresponsive or inert, the healer moves on to the observation phase to establish the hypothesis of trauma. Observation consists in scrutinizing the patient's behavior at night and during the day to identify attitudes that are considered deviant, such as nocturnal screaming, excessive anxiety, incessant monologues, references to certain people who have been victims of violence, lack of appetite, insomnia, etc. In this case, honest and less greedy healers refer the patient to conventional healthcare structures for appropriate treatment [26]. In Burkina Faso, there are healers whose reputation extends beyond our borders thanks to the quality of their treatments. They include Seydou Nagreongo, Hadja de Komsilga, etc.

As for animist diviners, their healing practices are based on ancestral customary beliefs. These are specific rites whose dominant forms are animal sacrifices, patient fumigation, invocation of ancestral spirits, or exorcism sessions in places dedicated to initiation rites [26].

Prophetic medicine is practiced by Christian and Muslim religious leaders (priests, pastors, imams) or gifted followers of these religions. They organize dispossession or exorcism rites, invocation prayers, and deliverance to heal mental suffering [23, 26].

Despite the public trust they enjoy, these practices entail certain risks. In fact, the WHO [21], while promoting traditional medicine, warns against the risks involved: the use of poor quality, fake or counterfeit products, unqualified practitioners or those who do not know the active principles of

plants, misdiagnosis or delayed diagnosis, failure to use effective conventional treatments, overdosing, etc.

There are many therapies available, and whether conventional or not, they all aim to contribute to the wellbeing of people who have been through a traumatic experience and are still suffering from its effects. To our knowledge, there are no evidence about traditional treatments effectiveness in PTSD. Few studies refer to mental health in general or to symptomatic treatment (insomnia, fear, nightmares).

This study aims to highlight clinical cases in which police officers use traditional therapies, by questioning their therapeutic effectiveness as well as the related implications.

2. Methodology

The data used were taken from clinical reports of police patients that received psychological care. The clinical cases were selected based on their relevance to illustrate traditional therapies used by police officers in post-traumatic pathologies treatment.

Main selection criteria include a confirmed diagnosis of post-traumatic pathology, the use of traditional therapy in addition to conventional therapy, and the availability of data required for analysis. The selected records contain clinical information such as anamnesis, trauma history, clinical picture, diagnostic assessments, treatment modalities, especially traditional ones, and treatment results. These data were collected during multiple clinical interviews and were strengthened by diagnostic assessments using the Posttraumatic Checklist Scale (PCLS), Impact of Events Scale-Revised (IES-R), and Hospital Anxiety and Depression Scale (HAD). Data were extracted in such a way as to preserve the confidentiality and anonymity of patients.

3. Results

3.1. Clinical Case 1

3.1.1. Clinical Case Presentation

1) Biographical data and history of traumatic events

Sidb é a 31-year-old police sergeant, serves in an elite unit of the national police force. He is married and has four children. His father was a polygamous traditional practitioner with four wives and 28 children.

Sidb é is a member of an operational unit and has taken part in several counter-terrorism operations. As a result, he has been exposed to two terrorist attacks, in 2021 and 2022 respectively. Both attacks left him with post-traumatic symptoms including flashbacks, avoidance, startle reactions, anxiety, anger, and difficulty concentrating.

Following the second terrorist attack, focus groups were organized with the entire team. An assessment on 31 October 2022 using the Posttraumatic Checklist Scale (PCLS) scored

48. The Hospital Anxiety and Depression Scale (HAD) scored 11 (anxiety) and 12 (depression) respectively. These results highlight significant symptoms of post-traumatic stress with comorbidities such as anxiety and depression.

2) Traditional Therapies

After attending the focus group, Sidb é chose two types of traditional treatment to treat his post-traumatic symptoms.

The first treatment was suggested by his elder brother and involved the use of black powder and herbal teas. The black powder is added to cooked millet porridge (known as “to”, a local dish) or to a mixture of water or “dolo” (a local beer) to be taken morning and evening for 21 days. At the same time, he has to shower with decoctions of plants he doesn't know, for the same length of time. During the treatment period, he is forbidden to talk to anyone or have sexual intercourse. Although it was difficult, Sidb é says he noticed positive changes afterward.

After being treated by his elder brother, Sidb é set out to find other traditional therapeutic solutions. He went to a healer some thirty kilometers from Ouagadougou, who prescribed sacrifices (doua¹). While keeping the details of the sacrifice, which he considers intimate and secret. However, the patient admitted to having received other treatments in powder form, the composition of which he ignores. This powder was to be mixed with shea butter and rubbed all over his body before bedtime until it was used up.

In November 2022, Sidb é underwent a reassessment, during which he said to be feeling very well. He viewed the attack as an event he has moved past. His PCLS score was 30, below the threshold for significant symptoms. His HAD score was 7 for anxiety and 8 for depression.

3.1.2. Clinical Analysis of the Case

In the course of his missions, Sidb é was confronted with two traumatic experiences. He had developed severe post-traumatic symptoms, including flashbacks, avoidance, anxiety, anger and difficulty concentrating. PCLS and HAD assessments revealed significant PCLS (48) and HAD scores (anxiety: 11; depression: 12). These results highlight significant symptoms of post-traumatic stress with comorbidities such as anxiety and depression.

To cope with his suffering, Sidb é chose to use traditional rather than conventional therapies. This choice may be influenced by cultural, social (father and brother are traditional healers) or personal factors. It reflects the diversity of treatment approaches available for people suffering from post-traumatic pathologies, especially in our context. Despite initial difficulties in complying with the prohibitions associated with traditional therapies, Sidb é experienced improvement after his first treatment. This improvement was strengthened during additional traditional treatments. These results, suggest strong effectiveness of traditional treatments in his case. Indeed, the results show that Sidb é

¹ Prayers

post-traumatic symptoms improved considerably, with his PCLS score falling below the threshold for significant symptoms. His anxiety and depression scores also decreased. This suggests a remission or a significant reduction in the PTSD symptoms. His participation in a discussion group session may also have contributed positively to the reduction of his symptoms.

However, it is essential to continue monitoring his mental condition and to ensure that these traditional treatments do not compromise his overall health. An integrated approach combining traditional treatments and conventional psychotherapy may be effective for the patient's full recovery.

3.2. Clinical Case 2

3.2.1. Clinical Case Presentation

1) Biographical data and history of traumatic events

Wama, aged 27, is a police sergeant on duty in an elite unit of the national police. He is married and has two children. He grew up in a polygamous family and is the eldest of three children. His two younger sisters are married and live outside Ouagadougou.

Wama has been involved in a number of missions in a region heavily affected by terrorism. We received him in July 2022 for a consultation. He has experienced several traumatic events.

The first event occurred in 2020, when he was returning home on a motorbike after losing a soccer match final. He had towed a friend. They hit a bull on the road and his friend was fatally injured by the bull's horns. After this incident, Wama began having flashbacks, nightmares and insomnia.

The second event took place in November 2021 during a terrorist attack in which his nephew and his fellow, both police officers, lost their lives. Since then, Wama regularly experiences nightmares, in which his deceased fellow tries to leave him a message in vain. While leaving for his mission, his deceased fellow told him that he would have something important to tell him when he returned.

The third event occurred in 2022 when his unit, returning from a mission to a gold mining site, was ambushed by a terrorist group. Thanks to their courage and the support of the army, they managed to repel the attackers.

In addition to this history of traumatic events, Wama's father has been suffering from high blood pressure and his mother has been suffering from an incurable wound for two years. During the consultation, Wama reported symptoms such as nightmares, sleep disorders, startle reactions, anger and excessive alcohol consumption.

The PCLS assessment revealed a score of 73, indicating the presence of post-traumatic stress disorder.

2) Traditional Therapies

When the first event occurred, Wama and his team consulted a marabout who told them that the team had not sacrificed a red bull, as strongly recommended. By way of compensation, their chief officer ordered them to buy the head and

four legs of a bull, which they gave to the marabout for sacrifice.

To treat the symptoms of the second trauma, Wama's uncle, who lives in the village, gave him herbal teas to shower with. He also made him buy a silver ring, which he "prepared" before instructing him to wear it permanently. Wama claims that as long as he wears the ring, he no longer experiences nightmares in which his deceased fellow tries to leave him a message. As soon as he takes it off, the nightmares resurface.

After our first interview in July 2022, Wama returned to the village to receive traditional treatment. His father gave him a powder to suck, while his uncle gave him herbal teas to wash with and potions to drink.

On his return, we received him in August 2022, and he confidently stated that he had no more post-traumatic after-effects and was feeling very well. He said he had full confidence in traditional practices. The PCLS evaluation carried out at the time gave a score of 24.

However, about two months later, in October 2022, Wama informed us that his nightmares had resurfaced after he had watched (through social networks) a video showing several terrorist attacks. One of his cousins (a soldier) was among the victims of the terrorist attacks shown in the video. He was again experiencing symptoms such as nightmares, sleep disturbances, startle reactions, and tantrums. The assessment carried out at the time revealed a PCLS score of 47, with peaks on items 2, 4, 8, 13 and 16.

Wama claims to have stopped the traditional treatment since he felt better. "I was told to come back, but as things were going well, I thought that was enough, so I didn't go back. I'll wait a little longer and if things don't improve, I'll go back," he said. When he decided to return to the village, he was unable to do so because the road leading to the village was under terrorist control.

According to Wama, the therapy practices are part of his family tradition and randomly transmitted through generations, in an unstructured way. Whoever is appointed to carry on the tradition has to give up his activities and return to the village. The last person designated for this inheritance used to live in Europe and was forced to return there.

3.2.2. Clinical Analysis of the Case

Wama has been exposed to multiple traumatic experiences, including a motorcycle accident that killed his friend in 2020, a terrorist attack in November 2021, and an ambush in 2022. These traumatic experiences led to significant psychological sequelae in the form of nightmares, sleep disturbances, startle reactions and anger, which are characteristic of post-traumatic stress disorder. The PCLS assessment revealed a high score of 73, indicating the presence of severe post-traumatic stress disorder. Wama has also opted for traditional treatments to heal his post-traumatic symptoms. After the first treatment, he reported a significant improvement in his symptoms, which was corroborated by a PCLS score of 24, below the threshold for significant symptoms. With the significant improvement

in his condition and the disappearance of his symptoms, Wama decided to discontinue traditional treatments. However, it's important to note that his symptoms reappear after triggering events, such as watching videos recounting terrorist attacks involving the loss of his military cousin in October 2022.

Although traditional treatments initially seemed to be effective, a further exacerbation of symptoms occurred, raising concerns about the discontinuation of treatment or the long-term effectiveness of the methods used. This case also highlights the importance of maintaining care and psychological management for PTSD sufferers, even after apparent improvement, in order to prevent recurrence of symptoms. It may be essential to take into account Wama's evolving condition and to offer him a mixed treatment approach combining traditional care with conventional therapy. In addition, he could benefit from ongoing psychological support to cope with new traumatic experiences linked to viewing images or videos of terrorist attacks.

3.3. Clinical Case 3

3.3.1. Clinical Case Presentation

1) Biographical data and history of traumatic events

Allaye, aged 29, is a police chief sergeant who served in an elite unit of the national police. He is married and has one child.

His unit was the victim of a terrorist attack in which several of his colleagues were killed. Allaye was wounded in the attack and evacuated to a military camp for treatment. After the attack, he was unable to speak, including while in hospital. An emissary sent by the local canton chief poured a traditional medicine over him by surprise, which enabled him to regain the ability to speak. However, he continued to suffer from nightmares, insomnia, startle reactions and flashbacks linked to the attack. His fear focused on the future of his child in case of his death. Also, he couldn't stand to see guns. Due to his psychological difficulties, his superior assigned him to a public security position.

Despite psychiatric treatment, his difficulties persisted. "My troubles come and go," he said.

2) Traditional Therapies

Allaye decided to turn to traditional treatments. After returning to the village, he was taken by his father to a healer, who prescribed a chicken sacrifice and a three-day shower with a potion mixture. He was also prescribed a medicinal powder to be taken with food to treat his fits of anger and insomnia. In addition to all this, the patient was supposed to travel to another village to consult another healer to treat the reliving and flashbacks but was unable to do so because of the insecurity. His relatives used to send him herbal teas to use for showering and drinking, but they had to leave the village for the same reasons of insecurity, which interrupted the supply of traditional medicines.

The assessment based on the PCLS scale revealed a score

of 48, with high scores on some items. A reconsolidation therapy (CRT) was performed with Allaye. Pretreatment assessment using the IES-R scale gave a score of 27. The results of the evaluation at the different stages of therapy gave the following scores: Treatment 1=19, Treatment 2=18, Treatment 3=14, Treatment 4=11, Treatment 5 = 12, Treatment 6 = 11.

3.3.2. Clinical Analysis of the Case

Allaye was severely traumatized by the terrorist attack on his unit, during which he lost several colleagues and was injured. After the attack, he lost the ability to speak, which he later recovered thanks to a traditional treatment based on products poured over him by surprise. This underscores the role of traditional practices in healing and eliminating certain post-traumatic symptoms. Despite psychiatric treatment, his symptoms persist and fluctuate. He is still suffering from post-traumatic symptoms, including nightmares, insomnia, startle reactions and flashbacks. He also developed a phobia for firearms, which suggests the complexity of his mental condition.

To deal with his symptoms' persistence, Allaye turned to traditional medicine. However, he faced barriers related to insecurity, which hampered his ability to both access and continue this treatment.

Allaye also received reconsolidation therapy (CRT), which improved his scores throughout the various stages of the therapy, suggesting a positive response to this psychotherapeutic approach.

4. Discussion

This study aimed to highlight clinical cases in which police officers use traditional therapies, by questioning their therapeutic effectiveness as well as the related implications.

Due to lack of similar studies, it is difficult for us to compare our results with other clinical cases. Most of studies refer to treatments of cases of insanity that cannot be assimilated to psychotrauma.

Moreover, several observations can be drawn from these three clinical cases analysis. It turns out that traditional therapies may be effective in treating post-traumatic symptoms. However, it seems essential to ensure the continuity of traditional care for people suffering from post-traumatic pathologies in order to prevent the recurrence of symptoms, whatever early evolution under treatment. As culture and syncretic beliefs remain deeply rooted, it may be helpful to take into account individual's preferences and cultural resources in psychological care mainly in PTSD.

5. Conclusion

This study shows the contribution of traditional therapies to the treatment of post-traumatic pathologies. These traditional

therapies may seem approximate and narrowed due to unknown composition of the products used. These therapies that are not standardized may seem therapist-dependent. However, in an environment characterized by deep-rooted syncretic beliefs, these therapies are particularly appealing. It would make sense to deepen research by identifying the means used (plants, animals, etc.) and understanding the healing mechanisms associated with the impact of periodic assessment.

This study focused on police officers with post-traumatic pathologies who had turned to traditional therapies and/or psychotherapies for their care. The results show a reduction in post-traumatic symptoms, suggesting the effectiveness of traditional care, even though two of the patients subsequently turned to conventional psychotherapy. Although some limitations are noted, a preliminary conclusion is that traditional therapies may be helpful in PTSD treatment, particularly in our environment with strong syncretic beliefs that influences practices. This study may pave the way for further research, such as a rigorous clinical trial about traditional therapies effectiveness in post-traumatic pathologies.

Abbreviations

EMDR	Eye Movement Desensitization and Reprocessing
CBT	Cognitive Behavioral Therapy
CRT	Reconsolidation Therapy
HAD	Hospital Anxiety and Depression Scale
IES-R	Impact of Events Scale-Revised
IPI	Immediate Psychological Intervention
PCLS	Posttraumatic Checklist Scale
PET	Prolonged Exposure Therapy
PTSD	Post-traumatic Stress Disorder
WHO	World Health Organization

Author Contributions

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Conflicts of Interest

The authors declare no conflicts of interest.

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