



Save His Honor at All Costs: Crises of Hysteria in a Young Man in Senegal, West Africa.

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ABSTRACT

In African societies in general and particularly in the Wolof culture in Senegal, honor occupies a privileged place. For the protection of dignity, it sometimes happens that the fundamental principles of justice, culture and religion are relegated to the background by individuals.

The interest of such a reflection lies in the need to contextualize the appearance of conversion disorder also called "disorder with functional neurological symptomatology" according to DSM-5 [1] in a young prisoner of 25 years. The objective of this reflection is to highlight the cultural component in the triggering of the disorders and to draw the attention of doctors towards a somatization of the patients which could be at the origin of a chronicisation of the troubles.

Here we report the observation of Salif who is received and hospitalized at the Emile BADIANE Psychiatric Center in Ziguinchor (region of southern Senegal) for agitation attacks with auto and hetero-aggression accompanied by vomiting and visions of a man who threatens him with a knife. During his crises, Salif attacks his fellow prisoners or bangs his head violently against the wall. His seizures appeared following a correction received from a fellow prisoner in front of everyone.

The repetition of the crises in spite of a treatment in the department of neurology of the Regional Hospital Center of Ziguinchor where the diagnosis of epilepsy retained and the normal electroencephalogram motivated are transferred in service of psychiatry.

COMMENTARY

The hysterical conversion disorder was retained before conversion syndrome, histrionic personality traits and a strong feeling of humiliation without depressive syndrome found on entrance examination. The treatment on the basis of drugs and psychotherapy, led to a rapid and favorable development with improvement of symptoms in less than 48 hours. The patient was discharged from the hospital after 3 weeks.

The diagnosis of hysteria in humans is rarely retained by practitioners in our area and yet according to some authors, functional neurological disorders (formerly called psychogenic or conversational) are not uncommon, because they represent approximately 25% of consultations in centers specializing in

abnormal movements and epilepsy [2]. Symptoms are pleomorphic and range from motor deficit to involuntary movements (including syncope and specific epileptiform aspects). This variability in symptoms can lead to more than one diagnostic error.

The appearance of such disorders is favored by trauma, stress. In our patient, stress comes from the humiliation undergone in prison, an environment which constitutes a real "experimental stressor" with its characteristics: confinement, loss of social identity markers, promiscuity, violation of intimacy, sexual frustration, inactivity, ruptures (emotional, family, social and professional), helplessness, fear of disciplinary action, isolation, perceived arbitrariness from others, the future [3].

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Conversion is a symptom that has an important place in our societies. It is a defence mechanism that protects the "me" from massive anxiety. The fear of carrying the weight of dishonor motivated our patient to have certainly adopted this mechanism to reduce anxiety and safeguard his dignity.

Male hysteria, even if it is still rare, is a reality in African societies where the sense of honor always occupies an important place. The diagnosis of hysteria in humans must deserve the full attention of practitioners in general and in particular in Africa to avoid diagnostic errors which could lead to the somatization of patients and the chronicisation of troubles.

A rapid, early and humane treatment, through specific psychological help, allows better short and long term results.

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