

Mutations in Clinical Psychology in The Management of Covid-19 in an African Psychosocial Context

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Abstract

On March 9, 2020, the World Health Organization (WHO) characterized the Coronavirus epidemic as a pandemic. It is an infectious pandemic with a very high level of contamination. The exponential spread of this virulent invisible enemy, which is decimating thousands, quickly generated another contagion, this time psychological, that of a pandemic of anxiety. In addition to this anxiety, Coronavirus disease has multiple repercussions on mental health. In order to fight against these psychological repercussions in Cameroon, the Associative Network of Practicing Psychologists (RAPHA-Psy) that we coordinate has activated its Virtual Center for Psychological Support. This center followed a hundred people daily through preventive and psychotherapeutic interventions. In this article, we present the mutations in clinical psychology in the management of Covid-19 in an African psychosocial context. They are essentially linked to the psychological suffering that the coronavirus pandemic engenders in children and adults based on the clinical cases received. We also present the mutant mental hygiene and psychological follow-up measures that have proven effective with our consulting population.

Keywords: Mutations ; Psychological clinic ; Africa ; Covid-19

Introduction

The Coronavirus pandemic has brought about many changes in various spheres of daily life. Among these changes, several findings reveal psychosocial mutations. In the context of prevention and prevention, we note the clinical ones. The study of public policies related to the management of a pandemic like Covid-19 can have eight main paradigmatic entries. These are: sequential analysis, analysis of form, analysis of implementation, analysis of the referential, analysis by instruments, analysis by actors, analysis of exclusions, inequities and vulnerability and finally analysis of deliberative processes. The analysis of the referential that interests us in this section of the article is concerned with the discursive, ideological and representational devices that underlie the conceptions of these policies and their agenda setting, that make them thinkable and expressible and that legitimize them explicitly or implicitly. The study of the discursive, ideological and representational referential of Covid-19 in Cameroon is made possible through a hermeneutic auscultation of the communiqués, announcements and tweets of the public authorities of this country. The main focus is on the speeches of the Prime Minister, the Minister of Public Health and other actors involved in the construction of the ref-

erence framework for prevention and response to Covid-19. We will focus specifically on the psychosocial dimension and mental hygiene, which reveals the clinical aspect of the present changes.

The Clinical Psychosocial Dimension of Cameroon's Response to the Covid-19 Pandemic

In this study of the political reference framework for prevention and response to Covid-19 in Cameroon, this statement by the Prime Minister, Head of Government, is interesting insofar as it gives the main guidelines to be followed. It is relevant to look at the resonance of this discourse with the population, which has become very skeptical of government action in view of the socio-political crises through which the country is passing. Another particularity of these directives is that they are part of the World Health Organization's (WHO) [1] ideological reference framework for the response. Its endogenisation, appropriation and contextualization therefore become important factors in participatory communication for prevention and response to this pandemic.

According to this declaration, as of 18 March 2020, Cameroon's land, air and sea borders are closed: all passenger flights from abroad are



suspended, with the exception of cargo flights and ships transporting everyday consumer products, as well as essential goods and materials, whose stopover time will be limited and supervised. Cameroonians wishing to return to their country should contact their diplomatic representations. The issuance of entry visas to Cameroon is suspended at various airports. All private and public training establishments at various levels of education, from kindergarten to higher education, including vocational training centers and big schools will be closed. Gatherings of more than 50 people are prohibited throughout the country. School and university competitions are postponed. Drinking establishments, restaurants and places of entertainment will be systematically closed at 6pm, under the control of the administrative authorities. A system for restoring consumer flows will be introduced in markets and shopping centers. Urban and inter-city travel will be restricted to cases of extreme necessity. Bus, taxi and motorbike drivers are advised to avoid overloading on public transport; law enforcement agencies will pay particular attention to this. Private health facilities, hotels and other places of accommodation, vehicles, as well as equipment necessary for the implementation of the response plan against the Covid-19 pandemic in Cameroon, may be requisitioned as and when necessary, at the discretion of the competent authorities. Public administrations should give preference to electronic communication and digital tools for meetings likely to involve more than 10 people. Missions abroad by members of the government and agents of the public and semi-public sector are suspended. The population is invited to strictly observe the hygiene measures recommended by the World Health Organization, namely regular hand washing with soap, avoiding close contact such as shaking hands or kissing, and covering the mouth when sneezing.

It must be said here that these measures come at a time when a government communication plan had already been set up by the Ministry of Communication during the joint Mincom-Minsanté-Minepia press conference on 7 March 2020. The said communication plan called on the national media, all written, audiovisual and cyber media, to carry out a vast information, education and sensitization campaign for the national community on the vital issues related to the corona virus, particularly for a perfect appropriation of all the hygiene and salubrity instructions and all the health security recommendations by all persons living on Cameroonian soil.

These communications are systematically relayed on all communication channels as indicated by the statement of the Minister of Communication. An interesting fact is that on social networks, ideological divisions within the public opinion in relation to the Covid-19 pandemic have been put at half-mast. There is little political controversy surrounding the management of this health crisis, contrary to the tendency to politicize all social phenomena that has characterized communication on social networks for some time. However, it has been observed that the discourse of public authorities has little influence on the behaviour of the population. In our view, this is justified by the fact that the sociological and anthropological dimensions of prevention and response to Covid-19 are not taken into account.

Mutations in the pandemic in the socio-cultural context of cameroon: In Cameroon, many health programs have failed because of their weak communicative impact. Indeed, the gap between the knowledge and respective opinions of reproductive health service providers and the population is such that the former have difficulty communicating effectively with the latter in order to change their behaviour, attitudes and practices in the field of reproductive health. This observation on communication in the field of reproductive health is transferable to other areas of public health. There have been pro quo experiences in communication related to HIV/AIDS prevention based on focusing attention on sexual transmission and related stigma that have been developed. These experiences provide an opportunity to question in depth the communication model chosen for the prevention and response to HIV/AIDS.

According to the Prime Minister, the government's communication strategy is part of the information, education and communication model. Communication, whether informative, educational or otherwise, has one final objective: to obtain effective and efficient protective behaviour from the target audience in the face of the risks identified and for which the communication is designed. To be effective, this communication must take into account the elements of the socio-cultural context and anticipate the social reception that the populations will have.

The first element that can be highlighted here in this perspective is the psychosis created by the statistics on Covid-19 mortality and its influence on the process of acceptance of the disease. As of 29 March 2020, the French press agency and the media are reporting that the corona virus pandemic has killed at least 31,412 people worldwide since it emerged in December 2019. More than 667,090 cases have been officially diagnosed in 183 countries around the world. Of these, 134,700 are considered cured. Italy has passed the 10,000 death mark and the death toll in Spain is only getting higher. The United States has reached 2,000 deaths. Figures in Cameroon, Africa and the world are given daily. It is reported that Italy is breaking the record of 1,000 dead in one day. The particularity of the media is that they focus on the number of deaths and contaminated people and talk a little less about the cases that cover health. As a result, the social representation that is being built around this pandemic is summarized by the equation Covid-19 = death. Faced with this social representation, social reactions are plural. In the process of accepting a disease state, there is always a phase of denial of the disease at the beginning. The first consequence is the acceptance of the Covid-19 test. The populations find themselves in a situation of double punishment in the sense of Fassin when he speaks of the social condition of immigrants with AIDS. Between the anxiety of being contaminated and the refusal of the idea of a possible contamination, or even of a possible death, the individual chooses not to dare to accept even the Covid-19 test. When there are signs that might point to Covid-19 symptoms, there is quickly an internal struggle to convince oneself that it is seasonal flu. The headlong rush is to consider Covid-19 as a disease of old age. This consideration is not related to the reality of what the pandemic actually is, but to the construction of a sheltering consciousness against the disease.

From this verbatim, elements emerge that make it possible to discuss a re-appropriation of the political discourse on the Corona virus rooted in socio-cultural and political considerations of the local context. It must be said that scientifically, it has been demonstrated, and government communication has emphatically relayed it, that the most vulnerable segment of the population to the corona virus is the elderly. Their immune systems are already weakened. This information has contributed to a discourse of discriminatory dichotomization between the old and the young in an attempt to escape the virulence of the corona virus pandemic.

The ladies use gels in reference to the disinfectants used to prevent the disease. It must be acknowledged that, ordinarily, the use of gels is observed more within the social category that tends towards the local social aristocracy. It is not part of the daily routine of the vast majority of the population. The political communication effort on the use of disinfectants as a means of preventing Covid-19 is very early on weakened by the capitalist logic that accompanied the occurrence of this pandemic. There was a multiplication of disinfectant prices on the market which further contributed to the exclusion of the economically marginal majority. Furthermore, the use of mufflers has proved enormously expensive. How many Cameroonians can afford to buy muffs at 5000 CFA francs and change them according to the prescribed period of use? In view of the high cost of preventing Covid-19 for the economically marginal majority population, the political discourse on prevention and response to this pandemic lacks concreteness. Moreover, for some respondents, if those who prescribe these measures do not respect them, why do they want to deceive the lowly population?



They are the ones who should be afraid because they are old. The disease has come for them. This separation between the “them”, which refers to the gerontocrats, and the rest who are categorized as the marginal majority, has two interesting elements to analyze: the recourse to inexpensive alternative medicine and the resurgence of socio-political cleavages in a context where the pandemic has succeeded in reducing the intensity of political controversy. Recourse to divinity and traditional medicine is part of the logic of circumventing a possible plot behind the pandemic, of circumventing the economic and social cost of this pandemic, but also of freeing oneself from a possible powerlessness in the face of the information given about the fatality of this pandemic. In terms of the resurgence of awareness of the political divisions that were in hibernation during the period of awareness of the existence of this health crisis in Cameroon, it appears that this pandemic could become an issue of political struggle in Cameroon. This perspective is explained by the discursive exit of the president of the Movement for the Renaissance of Cameroon on 27 March 2020, who found it an opportunity to reiterate his political opinion on political governance in relation to the management of this health crisis. These few weaknesses linked to the conjunction of theory and practice in the government’s communication strategy had an influence on the behaviour of the population.

From the desecration of the governmental prevention and response plan: Desacralization here is simply synonymous with desecration. To make this more intelligible, it is important to call upon cultural anthropology. Desecration is the rape of the sacred. This requires the existence of a sacred object which loses its sacredness through desecration. What then is the field of the sacred for the victim? In Nahoum-Grapp’s work on extreme violence in Yugoslavia, it is the body of the victim, the body of another in its materiality, its physiological bodily fragility, whose social presence is always a reconstruction that personalizes and dresses it: around this body, everything that gives it a name, everything that identifies it; a headdress, a coat of arms, a form of dress, any sign whatsoever; will carry a ‘sacred’ investment. Everything that touches the whole that constitutes a person physically present on a social stage. Anything that ‘messes’ with it deconstructs it, ‘dirties’ it, that dirties even its name, reaches that non-religious sacredness that envelops the dignity of the person in all cultures, and produces shame before. In the context of the modern state in general, state rule is one of the sacred elements. In the specific context of prevention and response to a pandemic like Covid-19, preventive measures could be a sacred object in view of the apocalyptic risk that this pandemic constitutes. For it is logical that all efforts to combat the disease should be supported by all social actors. A departure from these measures could therefore be considered a desecration of the sacred.

On 27 March 2019, the Prefect of Mfoundi, communicates to condemn the fact that return migrants quarantined in hotels in Yaoundé have brought in sex workers for the satisfaction of their biological needs. For the Prefect, it is a matter of legendary indiscipline, wicked to distribute COVID-19. If the sacred refers to that which is set apart for a ceremonial purity or purification according to the borrowing from religious language, the term ‘whore’ does not fall within the linguistic categories of what the state or government holds sacred. While it is true that nocturnal temporality has its realities and that individuals have the possibility of taking sex workers and bringing them to the hotel, when it is in a context where the state contradicts this practice, it becomes a kind of profanation of the sacred. It is important to understand that if these acts are part of the satisfaction of biological needs while protecting emotionally close people from contamination, there are socio-political and economic factors that make this favourable. There have been other illegitimately officialised desecrations of the sacred. The return of the Speaker of the National Assembly and his integration into the Cameroonian parliament without going through quarantine is another element of desecration of the sacred. Within the state, the ordinary session of the National Assembly is a sacred

element. This and many other acts of prominent personalities in the republic who have refused quarantine and integrated into society constitute acts of desecration of the sacred in the context of the fight against the pandemic.

These acts of desecration have contributed to further rumours about the contamination of parliament and have given rise to other rumours that have contributed to the politicization of controversies about the pandemic. False rumours about the death of the president of the republic were fueled in part by these acts of desecration. For in the whirlwind of rumours, the lower class also received a rumour that the President was infected because his daughter, who was infected in Europe, returned to Cameroon by private jet after the State closed the borders. For the people below, these rumours contribute to desecrating the communication strategy around prevention and the government’s response to Covid-19. These desacralisation factors have contributed to the reluctance of the population to get involved in the application of the measures and to increase the spread of the pandemic. In addition, the socio-economic dimension of the constraints linked to these measures is a factor that could make the desecration of the sacred intelligible. Sex workers, although not legally regulated in the Cameroonian context, have a mode of production that is essentially based on the night-time economy. Regulations related to the prevention of and response to Covid-19 have practically stopped all night-time activities. Even if anticipatory measures for the survival of economic activities were possible, they would not have been able to integrate the prostitution sector.

However, in sociological terms, what happens to these workers in a context where the night-time economy is stopped? It is obvious that they had no choice but to develop economic resilience measures for their survival as individuals. Beyond this rational argument, we must ask ourselves about the inclusive dimension of government communication. For the social reception of communications by different audiences is a significant factor in the implementation of public policies. This question also concerns marginal social categories such as pygmies or rural populations in general. In these areas, social networks do not have as much influence as they do in large cities such as Yaoundé and Douala. Faced with these challenges, communication through violence becomes the government’s recourse. However, its methods have rather contributed to creating social psychosis among the population and the creation of bypassed maintenance mechanisms. The latter will be developed in other sections following this chapter. However, in the city of Yaoundé, there is a transmutation in night-time activities. The drinking establishments that are supposed to be closed at 6pm are simply transformed into less noisy bars. The owners create discreet doors through which distribution takes place, without attracting the attention of the police. It might be interesting to examine the forms of connivance that are built up between the people responsible for monitoring these measures and the actors in the night-time economy to ensure its survival.

The Different Mental Hygiene Measures Linked to COVID-19

The Covid-19 pandemic, because of its impact on the world population, requires holistic management, integrating medical, social and psychological care. Thus, it imposes psychological and behavioural reorganization on the world population in general and on the African population in particular. Indeed, the Covid-19, also known as coronavirus, is a reality that must be admitted. Given its rate of propagation, the number of deaths generated, the insufficient control of the situation in terms of safe and effective treatment, this pandemic plunges the world and African population into a fear, a panic, even a generalized anxiety, breaking the customs and habits of pre-pandemic life. The pandemic has forced the population to adopt new lifestyles and standards of living. This new lifestyle governed by fear and panic weakens the immune system of individuals, making them more vulnerable to the coronavirus. This is because, once the fear circuit is actualized, the



heart rate increases (the heart can go into overdrive), respiratory difficulties resulting in the sensation of a lump or knot in the throat set in, which can then lead to cardiac and respiratory insufficiency and consequently engage the vital prognosis of the covid-19 patient. Faced with this, it is important for individuals to positively review their thoughts, customs and lifestyle to prevent the risk of contamination or deterioration of health linked to covid-19: this is called developing good mental hygiene. This is because behaviour, and even more so human behaviour, is at the very heart of health. According to the Canadian Psychological Association [2], it is not possible to consider wellness, injury, disease prevention, assessment, diagnosis, treatment, chronic disease or disability management, rehabilitation, relapse prevention or palliation without recognizing the crucial role attributable to human behaviour. For behaviour is to a very large extent a determinant of the health status of the individual and of members of society.

Disease in general, and the HIV pandemic in particular, has a real impact on populations at both global and continental levels, and Africa is not spared. According to the National Academy of Medicine [1], the confinement following the coronavirus, in a prolonged way, involves a brutal loss of freedom of movement, a limitation of social relations and an emotional isolation. The most frequent psychological consequences are anxious and depressive symptoms, with a fear of dying leading to a permanent state of stress, which can lead to a true post-traumatic stress state. Thus, to protect themselves from the possible effects or repercussions of covid-19, individuals should adopt good mental hygiene. Mental hygiene refers to all the activities and means implemented by an individual, a community or a group to maintain the psychological, emotional and cognitive well-being of the individual or its members in harmony [3]. It is also or in other words envisaged as the art of acquiring and maintaining mental health. In this logic, the prophylaxis of mental illnesses (psychosomatic illness) and to some extent physical illnesses with psychic resonance is one of its objectives. In its application or implementation, mental hygiene seeks to prevent behaviours unsuited to social life and to ensure the psychological balance of the individual so that he or she preserves his or her mental health and makes full use of his or her potential. In the face of the covid-19 pandemic and the confinement that accompanies it, one question remains paramount: what mental hygiene to adopt in order to prevent the risk of developing psychological disorders and to preserve one's mental health?

According to Bastien & Perreault [4], the mental hygiene movement was initiated by "the psychiatrist Delmas and the philosopher Boll, both Frenchmen [who] wrote [as early as] 1922 that habits are acquired, and can therefore be modified by education" (p.8). From an asyllic point of view, this approach aimed to reduce the number of patients within the walls of the institution, while from a social point of view, it seeks to reduce behaviour that conflicts with the normative functioning of society. In the current context, dominated by the Covid-19 pandemic, containment, coronavirus barrier measures, the term mental hygiene is approached to phase or highlight ideal behaviours, as well as the dispositions to be maintained to be sought, implemented and maintained for a satisfactory social adaptation. For the associative network of practising psychologists [RAPHA-Psy] [1], this hygiene has to be specific according to the developmental curve in which the individual fits. Thus, we will have a mental hygiene for children and adolescents and for adults and elderly people.

Mental hygiene for children and adolescents in confinement

Having already acquired certain habits of life, children and adolescents are now forced to stay at home far from school and its activities, usual leisure activities, walks or friendly strolls etc. This state of affairs then blocks the development of their mental health. This state of affairs blocks their libido. The non-circulation or non-investment of libido can then force them into psychological suffering which can then considerably alter the health of the individual and leads an important

social capital called human resource necessary for the development of Cameroon, a developing country. To prevent this, the following rules or principles should be applied:

- Parents in periods of confinement must be patient, tolerant and reassuring towards their children and reframe them without violence or aggression if necessary: the blockage of the libido leads to frustrations and can be the cause of certain behavioural drifts in the child. The parent must be able to analyze the situation before acting, at the risk of reinforcing the child's anxieties.
- Encourage their expression through illustrative and instructive games, drawings, story readings and tales, and participate in games with the child: this not only entertains the child, but also educates him/her in certain values, enriches him/her and may even inspire him/her for career choices.
- Provide a calm and comforting time before bedtime: this has a good effect on sleep quality and strengthens the immune system.
- Maintain the usual or regular routine: this allows you to remain yourself and not let covid-19 negatively define the course of the child's life.
- Limit children's exposure to the media: the information that is conveyed on a daily basis about the coronavirus is not only unregulated and unreliable, but can undermine a child's mental health and consign them to a state of torpor that will undermine their thinking skills and resources.
- Talking with them about what they have seen or heard about the pandemic and correcting misinformation reassures them and helps regulate what the child retains and holds on to, as holding on to misinformation is dangerous for the child's future health.
- Keep in touch with their friends through existing means of communication: this avoids isolation, social withdrawal and spares the child the erosion of social ties.
- Explain the reason for the confinement and answer their questions clearly using appropriate vocabulary.
- Maintain a rhythm of life close to the usual rhythm, both for waking and meal times and for school work supervised by the parents;
- Discuss with them the measures taken to contain the pandemic: this facilitates the installation of preventive gestures and acts in them
- Involve children in domestic tasks: this contributes to their socialization and their knowledge (know-how and behaviour).
- Create opportunities for relaxation and family meditation: this contributes to the child's cerebral development, participates in cultural integration and the perpetuation of socio-cultural values necessary for a sense of social belonging, the strengthening of patriotic values, etc.

Mental hygiene for adults and elderly people in confinement: To quote Bastien & Perreault [4], the social need to promote quality mental hygiene among parents in this period of the Covid-19 pandemic and related confinement is rooted in the fact that an important part of the genesis of mental illness and the education of children is based on the readiness and availability of the latter with regard to their roles and functions with their offspring. To be more precise, it is mentioned that the unavailability of parents for whatever reason is strongly correlated in one way or another to the family balance or imbalance of the child. In this respect, these parents must get their act together in order to



avoid falling into a global cataclysm following the covid-19 pandemic. This requires good mental hygiene. According to RAPHA-Psy [1] and the French National Academy of Medicine [1], this means

- Become aware of the pandemic and especially of the real risk: this will help to make sense of it and to react accordingly.
- Make an effort to structure one's days as much as possible by giving a regular rhythm to activities, in particular teleworking, sport, reading, writing, searching for information, exchanging with friends.
- Protect yourself as much as possible from the anxiety-provoking information broadcast by news channels or social networks, by only listening to them at certain times of the day and by favouring reliable and scientifically validated information.
- Maintain social links through regular contact (telephone, internet, etc.) with family and close friends, especially if they are elderly or isolated: this works and reinforces the feeling of security.
- Take care of elderly neighbours living alone, possibly by dropping off groceries at their door or on their doorstep: this helps to maintain a sense of social purpose.
- Keeping physically active indoors: this helps to relax and oxygenate the blood, strengthening the immune system in the process.
- Do not start, resume or increase alcohol consumption, whose anxiolytic effect at low doses is quickly followed by an anxiogenic and depressogenic effect: this could generate cravings and desire for further consumption, so the absence could be a source of anxiety and depression.
- Adopt priorities that give a sense of self-fulfillment:
- After a stressful task or activity, immediately do a comforting and pleasurable activity: this avoids the feeling of inefficiency and waste of time that can be real stressors and anxiogenic agents.
- Maintain a positive outlook, experiences and feelings, which allows you to avoid the devastating effects of Covid-19.
- Seize the confinement as an opportunity to strengthen family ties: Given the time spent with the family, it is important to use this time to transmit cultural values to children in order to perpetuate these values through back-to-basics activities. This helps to strengthen ancestral and family ties.

Conclusion

Whether it is a question of mental hygiene for children or adults, it is a question of seizing the confinement as an opportunity to work on the family's power to act or family empowerment for greater productivity and profitability post-pandemic. In this sense, it offers us a great opportunity to meditate on ourselves, on our family structure, on our potential as a thinking subject and on our creative capacities [5,6], which are a real weapon of productivity and self-fulfillment. It is clear that the psychosocial resonance of the political discourse on prevention and response to HIV-OCVID-19 is not in line with the intention of government communications. From the theoretical foun-

ation of the communication to its transmission phase, there is little contextualization, or even a virtual absence of endogenisation of the political referential that underpins this strategy. Participatory communication approaches may need to be strengthened. Furthermore, it is perhaps important to work in a sustainable way on Cameroon's adaptive policies in the face of clinical psychosocial changes in order to anticipate the importation of pandemics such as Covid-19. However, it must be recognized that as psychosocial suffering has changed, so have the methods, techniques and tools for prevention and care. This would explain Cameroon's victory over Covid-19 in the psychosocial sphere [7-15].

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