

Aging Cameroonian Subjects' Psychic Temporality and Awareness of Finitude: Issues and Implications for Public Health

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Abstract

Review Article

Old age, a structuring phase and pivotal period in the overall dynamics of human existence, and the final stage of this process, is marked by a series of profound transformations of a biological, neurobiological, psychological, and social nature. It is rich with all the ages that have passed, but it is fundamentally regressive, as it integrates all these transformations, which have a real impact on the elderly person, who becomes essentially fragile and vulnerable; they impact their relationship to time, to their body, and to their imminent death. Our paper offers a psychopathological analysis of the experience of time and the awareness of finitude in aging Cameroonians. Drawing on insights from clinical psychology, psychopathology, and health psychology, it explores the clinical challenges related to the shrinking future, death anxiety, and the defense mechanisms mobilized in the face of finitude, which is a progressive loss of self-integrity and the need to re-evaluate one's life. The paper also highlights specific clinical manifestations observed in aging individuals, such as existential depression and late-onset anxiety, often mistakenly confused with neurocognitive disorders. Contextualized clinical vignettes will also illustrate Cameroonian sociocultural realities. Finally, the clinical and public health implications will be discussed, particularly regarding prevention, differential diagnosis, and psychological support for aging.

Keywords: psychic temporality; finitude; aging; psychopathology; prevention; Cameroon; public health.

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INTRODUCTION

It is from both a physical-biological-neurological perspective, on the one hand, and a psychological-social perspective, on the other, that we must understand aging. Indeed, aging cannot be simply reduced to the set of major biological processes characterized by involution and dysfunction, manifested in particular by a progressive decline in the organism's capacity to adapt and maintain homeostasis, to the biological processes that unfold over time and constitute an inexorable march toward death—that is to say, a natural process preparatory to death. Here, we are thinking particularly of Martin Heidegger, who characterizes the human being as a "being-of-death," as a "self-understanding being." Aging is fundamentally a subjective, personal, and complex experience during which the individual, "who knows they are going to die," is confronted with a necessary redefinition of their relationship to time, their relationship to various forms of involution and loss. This relationship manifests the conflict between the realization of a loss of integrity

linked to the life course, a source of despair, and, above all, the prospect of death, which constitutes an existential ordeal. In clinical psychology, aging, a multidimensional process of transformation, is thus understood as a period of major psychic restructuring resulting from dysfunctions, losses, and various forms of involution. These "restructurings of identity" will result from the heightened awareness of finitude (the limitations of the body, time, and possibilities), which will then lead to a reorganization of psychic temporality in the face of the inevitability of death.

This experience of old age, in the Cameroonian context, is part of a specific socio-cultural framework, undergoing profound change: the elderly traditionally occupied a central symbolic place; but today this elderly subject is confronted with significant social transformations such as urbanization, economic insecurity, the weakening of family solidarity... This tension between traditional cultural representations that valued old age and the new social realities that the

modern world brings about, realities sometimes particularly devaluing of old age, then profoundly influences the psychic experience of aging; this has an impact both on the structure of identity and on the elderly person's ability to project themselves into the future.

Our research entitled "Psychic temporality and awareness of finitude in the aging Cameroonian subject: psychopathological issues and implications for public health", This work presents itself as a contribution from pathological and clinical psychology to the analysis, in aging Cameroonians, of the relationship to time (simultaneously objective/chronological and subjective/lived) and to finitude, to the inexorable limit of existence. We will then highlight the numerous psychopathological issues that arise from this relationship to time and their clinical and public health implications.

I - Psychic temporality and awareness of finitude: fundamental theoretical frameworks

1 - Psychic temporality in clinical psychology

Speaking of psychic temporality refers to the experience of a subject who is simultaneously embedded in the present, anchored to a past, and included in a process of becoming as a projection and, above all, a self-projection. It is therefore about time lived, perceived, or appreciated by a subject in a differentiated way (frozen

time, slowed time, fragmented time, more or less altered time...) according to their psychic states, its alteration being, in psychopathology, an indicator of suffering. Psychic temporality, experienced by the subject and to which they must adjust in the name of the reality principle and by virtue of their place within a culture, is indeed the very expression of the human condition: it does not simply correspond to objective time measured by a clock, but rather refers to an intimate expression of duration, to an organization of the subject's psychic functioning. Psychoanalysis, with Sigmund Freud, and phenomenological psychiatry, with Eugène Minkowski, highlighted the non-linear nature of psychic time, which is structured by memory and the unconscious, and where past events remain active, later manifesting in the present. This time is thus structured by deferred action (symptoms) and repetition, as well as by projection into the future. From this perspective, for Minkowski, certain pathologies such as schizophrenia point to a serious alteration in the subject's vital relationship with the reality of time, resulting in a loss of momentum toward the future. By evoking here, as Henri Ey and Erik Erikson do in a developmental perspective, the psychic states of the subject and their possible alteration (linked to a disorganization of time and a psychic disintegration) as an indicator of psychic suffering, psychopathology offers the opportunity to outline some usual/emerging pathologies of time.

Some age-related pathologies during the aging individual

	Disorder or pathology	Specificity of temporal alteration
1	Psychogenic depression	Fundamental alteration of the dynamics of temporal sequences and temporal disorientation (past, present, and future). Temporal slowing, alteration of mood and emotional state (sadness stemming from emotional suffering and psychomotor retardation); anxiety, feelings of helplessness, fatalism, and self-deprecation, emergence of suicidal tendencies. Time is frozen, fragmented, and discontinuous, perceived as having no future.
2	Trauma: neurotic and psychosomatic impairment	Loss of transcendence. Emergence of stressful states. Fragmentation of temporal identity and loss of the sense of continuity. The present is invaded by the past, which remains active in the present, and the future is invested in a fantastical way; loss of horizon or of the subject's quest for self-realization in the future, and overall disengagement from the subject. Necessary reworking of losses to avoid existential emptiness and narcissistic disorganization...
3	Digital addiction, crisis of meaning, and the dilution of the subject within systems	A contemporary manifestation of existential emptiness and a compulsive quest for recognition, stemming from a behavioral addiction that impairs psychological, relational, and professional behavior. Dissolution of real time: abolition of temporal boundaries, anchoring to the immediate present, and the subject's constant availability, with a loss of self-control and a lack of meaning that the overabundance of information made available through digital technology in general does not fill...
4	Borderline personality disorder, or borderline state, on the border between phobia and psychosis	Splitting of the self and severe personality disturbance; emotional instability; inner insecurity; explosive anger, impulsiveness in interpersonal relationships, fear of abandonment and hyperreactivity to separations; identity disturbances, insecurity, addictive behaviors, self-destruction through suicidal impulses. Feeling of unreality. Dissociative/paranoid symptoms. Inability to project into the future. Time lived in a state of urgency in the present.

The psychopathological and clinical perspective we are adopting allows us to conclude that the disorganization of psychic temporality constitutes a major clinical indicator. For Henri Ey and phenomenological psychiatry, for example, during aging, whether normal or pathological, an alteration in the experience of time is observed, and, in the case of

pathological aging, the suffering endured can range from traumatic fixation on the past to the very collapse of the future. Human finitude thus appears as the essential condition of being, where time, vulnerability, and death are intertwined—a finitude that is therefore a call to the search for meaning and to responsibility.

2. Aging and finitude: an existential approach

Here, we will refer to Heidegger's existential philosophy and his work *Being and Time* (1927). In it, Heidegger examines the subject, being-in-the-world, for which its own being constitutes a fundamental question, thrown as it is into existence and necessarily integrated into social reality as being-with-others within the framework of a given time. Inserted, certainly, in time, this being is open to the future: it constantly projects itself forward as its own project through the powers of the imagination, engaging in a present that transcends the past, the already-there. However, it experiences a profound anxiety linked to its finitude, given that it is fundamentally a "being-towards-death," and it is a matter of assuming this finitude by choosing, with full lucidity and without illusion, to project itself towards its own possibilities. To the works of Heidegger, we can add those of the philosopher of ethics Emmanuel Levinas, which shed light on the relationship between vulnerability, the foundation of ethics, and the finitude that characterizes humankind and the necessary openness to the other in intersubjectivity. This imposes upon the individual an infinite responsibility that rests on no prior written contract. Aging and death then confront the individual with an acute awareness of finitude, which presents itself as the awareness of this inalienable reality: that everything is inscribed in time, that everything has a beginning and an end. The human subject is thus inscribed in time, exposed to suffering, and ultimately, aware of death, which in fact gives meaning to life—a death that is more or less imminent; therefore, the individual does not entirely control their destiny. In the aging subject, this awareness of finitude, which is both an awareness of the cessation of existence (biological, physiological and social) and an awareness of the meaning of freedom and responsibility of the subject

over this fundamentally fragile life, becomes truly essential: it becomes a source of existential anguish.

It is on the basis of this existential anguish that logotherapy, presented as the psychology of meaning (psychotherapy) developed by the Austrian psychiatrist and neurologist Viktor Frankl (1905-1997), finds its foundation. This logotherapy appears particularly important in existential psychology, insofar as it allows us to grasp the link between two essential things: on the one hand, the connection of suffering with the human condition, and on the other hand, the finitude of being (death, various losses, and multiple trials) not as the abolition of meaning for the individual, but rather as the stimulation of the search for this meaning. The quest for meaning is thus a fundamental motivation of being and a protective factor against the anguish of death. Aging and finitude then become a moment of expression of the individual's inner transcendence in their reappropriation of the meaning of life; and death affirms the urgency of this reappropriation of meaning. For Viktor Frankl (*in *Man's Search for Meaning **), the will to meaning, for an individual possessing appropriate psychosocial resources, is the primary motivation, unlike Sigmund Freud, who asserts that it is the pleasure principle, and Alfred Adler, for whom it is the will to power. Indeed, for Sigmund Freud, the will to pleasure (pleasure principle), of instinctual origin, imposes the reality principle as a mediating factor, given that the individual is situated at the heart of the social logic where the life drive, *Eros*, and the death drive, *Thanato*, unfold. From Alfred Adler's perspective, however, the primary motivation, the will to power—a life force and dynamic of expansion for the individual—is transformed into a dynamic of compensation, a dynamic of ego affirmation, and above all, a quest for superiority or unlimited increase of power. The table below will then present Viktor Frankl's logotherapy and its central concepts.

Table of central concepts of logotherapy by Viktor Frankl

	Concept	Variations
1	The desire for meaning	Fundamental principle in logotherapy: (<i>Man's search for meaning</i> Discovering meaning in life. The search for meaning in human existence and the free realization of this meaning (meaning discovered through creative work, relationships, love, and through one's attitude toward inevitable suffering) constitute, for Viktor Frankl, the essential characteristic of human beings. A will to meaning directed toward the future, which, once thwarted, gives rise to existential emptiness, profound boredom, noogenic depression, and despair.
2	The existential void linked to the question of meaning	Modern societies, having lost their traditional points of reference (religious, cultural, communal), create, through their conformist and dependent functioning, a privilege for unlimited production and consumption, a profound sense of inner emptiness, a lack of meaning and even an absurdity of existence, chronic boredom, futility, and disorientation. This relationship to time is marked by a closed future (absence of plans or projections), a repetitive present, and a devalued past.
3	The tragic triad or magic triad	For Viktor Frankl, suffering, an expression of the limitation of being, guilt (which highlights human responsibility), and death (inevitable and singular), which affirms the urgency of meaning, with each moment becoming precious because of finitude, are articulated in logotherapy as universal, inevitable realities that confront man with his finitude, but can become possibilities for growth of existence.
4	Self-transcendence: from the tragic triad to the triad of meaning	As a dynamic force and projection, the human being finds their full realization in the creation of works, in love, and in investing in a cause for which they feel responsible. Self-transcendence can transform the tragic triad into tragic optimism, into a triad of meaning, where suffering can be transcended into fulfillment, guilt into a dynamic of improvement, and the awareness of death into responsibility.

3. Aging and finitude as a developmental crisis

Our approach to aging incorporates the main contributions of Phenomenological psychiatry (with Henri Ey, who perceives mental illnesses based on the dynamic disorganization of consciousness, which is a function of personality integration) and the existential approach of Heidegger and Viktor Frankl; it also focuses on the developmental perspective of examining aging from the structural approach of Marc Talpin (2005, *Five Clinical Paradigms of Aging*), for whom aging, beyond biological decline, is a complex psychic process, a specific crisis in the life cycle, a stage that impacts

identity, narcissism, temporality, dependence, and the subject's confrontation with finitude. For him (*op. cit.*, p. 2): "*Our aim will be (...) to consider this structural approach to aging in light of its psychopathological manifestations, seeking to articulate the intrapsychic structure with the vicissitudes of the subject's structures of inscription.*" *This seems all the more important to us given that the psychiatric field – and therefore gerontopsychiatry – is much more heavily reliant on descriptive classification methods (ICD-9, DSM...) which are not based on a proposal for a comprehensive understanding of the subject.*

Main paradigms of aging according to Marc Talpin

	Paradigms	Consistency and variations	Observations
1	Aging crisis, and narcissistic restructuring	Major narcissistic injury (transformation of the body, loss of functions, of abilities, mourning of social status, of loved ones, of the ego ideal, admission to retirement)	Losses and injuries such as: fear of abandonment, tested self-esteem, and therefore the urgent need for a reorganization of narcissism
2	The psychological work of aging and the work of mourning	A process of elaboration to integrate the transformations of aging. Narcissistic ordeal and series of micro-mourning (mourning of the young body, of its capacities, of ambitions, of relationships, of the illusion of immortality).	Failure of the psychological work of aging can lead to depression, rigidity of character, and disengagement from the world in the aging individual. The work of mourning is an ongoing process.
3	Relationship to time	Transformation of the relationship to time: project time transformed into assessment time, open future becomes counted time, expansion gives way to contraction.	New temporal configuration similar to Heidegger; reminder of vulnerability, temporality and incompleteness as linked to the human condition.
4	Dependence, vulnerability, and relationships	Vulnerability as an ontological condition of humankind, a structure of existence: exposure to time, illness, loss, and death (finitude). Relational dependence (physical, psychological, social, or institutional).	Narcissistic injury linked to the renunciation of the illusion of self-sufficiency (shame, anger, withdrawal or inner transformation through acceptance). Vulnerability becoming a collective and individual ethical test.
5	Dependence and identity	Dependence as a form of decline that leads to psychological suffering in the face of the current social emphasis on autonomy and performance	Psychological dependence should be perceived as a revelation of the necessarily social and relational nature of human beings.
6	Old age and identity	Old age can be a narcissistic collapse, or a subjective metamorphosis.	work of late subjectivation and reconfiguration of the relationship to desire, the body and death.

Coming backing for a moment to Erik Erikson (1902-1994), a psychoanalyst and a developmental psychologist, the aging period, the eighth age of psychosocial development, is described as a period specifically marked by the central conflict between ego integrity and despair. Ego integrity refers to the subject's capacity to reread and accept their life as a coherent and meaningful whole, while despair manifests as a feeling of failure, regret, and fear of death. From this perspective, Erik Erikson, with his developmentalist view of human temporality as an articulation of the past (memory), engagement (present), and projection (future), seems to align with Heidegger's positions, and we find here this comprehensive understanding of the subject, which articulates the individual psyche, their sociocultural

II - Aging and psychopathological issues related to relationship to temporality

As we just saw above: time, beyond the fact that it constitutes a given data point chronological time, as regards psychopathology and clinical practice, is essentially an experience of the individual and a modality

of their integration into their world. This subjective experience does not necessarily unfold in a positive way, which would then lead to the emergence in individuals of both an overall equilibrium in terms of satisfaction and self-realization, and a set of values such as the wisdom traditionally associated with old age. This experience can, in fact, be the source of multiple pathologies such as depression, anxiety, and identity disorganization. Let us briefly review two of the main pathologies of the relationship to time in the aging individual: the shrinking of the future and the anxiety of death that produces existential angst, as well as the mechanisms for coping with them.

1 - The shrinking of the future

One of the central clinical phenomena of aging is the shrinking of the future, that is, the contraction of the temporal horizon. The elderly person perceives the future as limited or empty, even threatening, and unsettling because it appears opaque, difficult to control, uncertain, and indeterminate. Because the individual can no longer invest or mobilize their energies toward an object or a goal, as described by Freud, Erikson, or

Winnicott, there is a disengagement from projects. This occurs because they no longer project themselves into the long term, given the diminished possibilities and an excessive focus on the past as well as the immediate present. When this shrinking of the future becomes rigid and pervasive, it constitutes a factor of psychopathological vulnerability.

Generally speaking, the shrinking of the future, linked to the finitude of the individual, considerably affects their way of engaging with the world. This can be observed in the narrowing of the aging individual's investment in their projects, as well as in the qualitative

intensification of their investment in new projects (connection, transmission, memory). Here we find Marc Talpin and his analyses of the shrinking of the future in defensive or elaborative forms (2005, *Five Paradigms of Development*). (Dunod). Marc Talpin, attentive to subjective temporality and the transformations in the subject's relationship to time and finitude, speaks of the work of aging, the loss of a future now limited in terms of quantity and duration, which can then be transformed into a qualitative richness of the present because it benefits from the subject's total investment. Talpin 's vision is therefore quite close to Martin Heidegger's concept of human existence as being-towards-death.

Temporality, finitude, and the work of aging in Talpin and Heidegger

	Shutter	Talpin: Psychoanalysis of Aging	Heidegger: philosophy/ontology
1	Time status	Psychic time and narcissistic restructuring. Aging causing a crisis in subjective projection	Temporality as constitutive of being-in-the-world and questioning of the ontological structure of the relationship to the future
2	Finitude	A progressive and physical experience requiring mental work. Finitude structuring meaning thought at the clinical and developmental level. Existential and non-chronological dimension of the future.	The ontological structure of existence opens up authenticity without negating the value of existence. Finitude structures meaning and thought at the universal level. The existential dimension of the future.
3	Dead	Existential reality integrated into the work of aging. Ambivalence of the awareness of death: disorganization /deepening	Subject as being-towards-death; death as destiny. Ambivalence of the consciousness of death: disorganization/deepening
4	Shrinking the future	Ambivalent clinical process, either pathological or elaborative. Relationship to the future determining psychological balance	Revelation for the subject of authenticity through the awareness of its finitude and for the determination of its human balance.
5	Central issue	A clinical approach to narcissism and the transformation of losses into elaborations: How to remain a subject in a situation of dependence and, above all, vulnerability	Objective: to accept one's existence as a project finite by the finite subject himself (condition of meaning), to be thrown into the world but projecting oneself towards possibilities
6	Possible pathology	Late-onset depression, disengagement from the subject in relation to projects and commitments	Inauthenticity (escape into social banality and dispersion in everyday concerns)
7	Outcome, possible perspective/ dominant logic	Qualitative intensification in the value of the present, clinical aspects of loss, narcissistic reorganization and subjective integration.	Authentic existence; projection, lucid acceptance of finitude as destiny, better exploitation of possibilities

Finally, regarding the proximity of Heidegger's vision of human existence as a being of finitude with Erik Erikson's analyses of finitude as the final stage of development and of the eight ages of life traversed by successive crises, we can highlight here the reality that at this eighth stage, one can observe in an antithetical manner both - **a**) - the maintenance of the integrity of the self despite the decline (acceptance of the course of life, and recognition of death as an inevitable end without psychic collapse, - **b**) - the feeling of completeness and wisdom as a response to finitude which becomes a form of fulfillment, - **c**) - and despair (awareness of the brevity of life, intense fear of death, massive regret, feeling of failure and incompleteness due to the shrinking of the future....

2. Anxiety about death and existential angst

Among the psychopathological issues related to the relationship with time in aging individuals , we

should mention Death anxiety, this state of unease, of conscious or unconscious fear that the individual has of their own finitude, is a state dominated by the apprehension of death, which the individual faces due to their finitude as a dangerous situation, an inevitable, irreducible, and unavoidable limit that must nevertheless be accepted. This anxiety can manifest itself in various forms, for example, the fear of suffering, the fear of dependence, the fear of dying alone or without social recognition. Freud enriches our reflection here on our relationship to death, conceived as the natural outcome of all life, an undeniable and inevitable end. The fear of death also points to another reality: that in everyday life, with regard to our relationship with death, it is generally obscured, set aside, and eliminated from life. Moreover, for Freud, (*Our Relation to Death*, 1981, Payot, p. 52) "*our own death is not representable to us and as long as we try to represent it to ourselves we can notice that in reality we continue to be there as spectators*".

If, in the unconscious, "each of us is convinced of our own immortality" (Freud, *op. cit.*, p. 52), there is nevertheless a collapse of the subject at the death of a loved one, "parent or spouse, brother or sister, child or dear friend" (*ibid.*, p. 55), and Freud clearly shows that "We bury with him our hopes, our demands, our pleasures, we are not consoled, and we refuse to replace the one we have lost" (*ibid.*). This relationship of the subject to death, made up of at least apparent denial because he is convinced of his own immortality, seems quite paradoxical: for Freud, for example, (*op. cit.*, p. 57) "excluding death from the accounts of life has as its consequence many other renunciations and exclusions." And yet, as aging progresses, it arouses and even intensifies the anxiety of death. It intensifies this existential anguish characterized by an "internal sensation of oppression and constriction" and by "the real and imagined fear of serious misfortune or great suffering, before which one feels both helpless and utterly powerless to defend oneself" (2007, *Grand Dictionnaire de la Psychologie*, p. 57). This existential anguish, which creates boredom, depression, and disorientation in the individual, arises because the individual is confronted with fundamental questions about existence and the human condition: its origin, the very meaning of life, especially in the face of inevitable death. It is thus fundamentally linked to the feeling of existential emptiness and the absurdity of life; but it can also take on a constructive, and not merely pathological, character, serving as a driving force for personal transformation and maturation.

The aging process thus opens the human subject to the awareness of his own finitude, the outcome of which is his inevitable death, and the more or less pathological psychic states that emerge, notably the anxiety of death and the existential anguish that result from the work of aging, allow us to now present the defense mechanisms of the subject conscious of his finitude, an unbearable representation that must at least be repressed, in search of a certain balance; and for Freud, repression is the defense mechanism par

excellence against psychogenic affections among others: somatic conversion, isolation, retroactive annulment, the transformation of affect, projection.

3 - Defense mechanisms against finitude

The defense mechanisms that Freud highlights (1895, *Studies on Hysteria*) originate within the subject himself, that is, the ego, the seat of imaginary identifications, concerned with its own protection against any disturbance, and whose functions are multiple: - agent of repression, - seat of resistances, - management of the relationship between the pleasure principle and the reality principle, - participation in the censorship of drives, - construction of means of protection, - management of object cathexis, - sublimation. Laplanche and Pontalis (1967, *Vocabulary of Psychoanalysis*, PUF Quadrige, p. 108) define defense from a Freudian perspective as "a set of operations whose purpose is to reduce, to eliminate any modification likely to endanger the integrity and constancy of the biopsychological individual." Insofar as the self-constitutes itself as an instance that embodies this constancy and seeks to maintain it, it can be described as the stake and the agent of these operations. Faced with the awareness of finitude and the resulting need to symbolize the limit, the elderly subject is led to mobilize various defensive mechanisms as understood by Freud, which unfold in several forms: - denial of aging, - hyperactivity, - excessive spiritualization, or - defensive acceptance.

A- The denial of aging

In the context of aging denial, the individual adopts an attitude that is either a conscious or unconscious refusal to acknowledge age-related changes—changes that affect their body, their psyche, their relationships with society, in short, their overall experience—or a minimization of these changes by attributing no importance to them, or an idealization of their youth. The table below briefly presents the theoretical framework for this denial, that is, the main authors who have addressed the topic more or less directly.

	Authors	Consistency and variations
1	Freud	A primary defense mechanism consisting of the ego's denial of a reality perceived as traumatic in order to protect narcissism (the ego's libidinal investment) in the face of a loss of power, attractiveness, and status. The denial of aging can then be understood in terms of narcissistic investment and protection against collapse.
2	Erik Erikson	The integrity of the self must be protected against the despair aroused by the awareness of finitude; Hence, for Erikson, the need to integrate the life course, the refusal to integrate it fostering the fear of death.
3	Heidegger	The denial of aging would be, in this context, an escape from the reality of the human subject as a being-towards-death. It is an avoidance of the anxiety linked to our condition: finitude, and a refuge in inauthenticity where Dasein dissolves from the subject into the reign of the "They" (conformity in anonymity, loss of singularity, absolute dominance of social norms). It is an confinement of existence within the dispersed moment, in the forgetting of the past and in the avoidance of the future.
4	Marc Talpin	Aging as a psychic process (integration of losses, particularly narcissistic, reorganization of identity, acceptance of relative dependence, symbolization of the proximity of finitude), denial, which integrates the fear of identity void, then intervenes if the losses are experienced as narcissistic collapse, leading to the minimization of signs of aging, self-delusion and the maintenance of an idealized self-image.

B - Hyperactivity as a sublimatory modality

Hyperactivity in the aging individual, which is linked to the denial of aging, the refusal to slow down, and the fear of dependency that we have just observed in Marc Talpin, should not be understood in terms of a neurodevelopmental disorder; it refers to a psychic defense mechanism (defensive hyperactivity) that consists of masking the anxiety in the face of the awareness of finitude and the prospect of inevitable death, the inner emptiness, in order to protect against the thought of finitude. However, hyperactivity in the aging individual has another important dimension: an adaptive dimension. existential and constructive (in support of self-esteem, sense of usefulness and continuity of identity, to ensure the maintenance of the social link which is absolutely necessary, to dissolve anxiety, to stimulate thought and to prevent the defensive withdrawal of a subject whose integrity of self has been affected).

C - Excessive spiritualization

Among the defense mechanisms that older adults may employ in response to the awareness of mortality and the need to symbolize limits, spirituality stands out as a valuable resource due to its structuring dimension. It becomes a psychological defense mechanism against the fear of death, physical and psychological fragility, and dependence through the acceptance of mortality. Spiritualization thus supports a sense of meaning, enabling the individual to reconcile with their personal history and maintain the integrity of the self. While hyperactivity may have a defensive and constructive dimension, spiritualization as a defense mechanism becomes problematic when it is excessive and takes the form of a mechanism for denying reality, an ideological withdrawal, and defensive sublimation through the exclusive appropriation of religious discourse (a discourse that hinders emotional processing: Marc Talpin, *op. cit.*). This spiritualization can thus lead to the individual's disengagement from their concrete relationships, as well as the interpretation of reality and life events through the lens of a mysticism that distorts the individual's accurate perception of reality. In this defensive mysticism, considered as a whole, we can identify, simultaneously intertwined: psychic avoidance, denial of reality, rigidity, and splitting of the self.

D - Defensive acceptance.

The final defense mechanism we will discuss in this paper, primarily from the perspectives of Freud and Erik Erikson, is defensive acceptance. This mechanism protects against anxiety through the mediation of an apparent acceptance of a reality such as finitude. This acceptance can mask repression or resignation in the face of this painful reality, this profound psychic suffering. Defensive acceptance, which appears here as a pseudo-acceptance, comes into play within the context of examining aging and the awareness of finitude and death.

Here, a stoic-type discourse unfolds, which in reality masks genuine anxiety or, in Erik Erikson's case, conceals an unresolved despair.

III. Clinical manifestations of pathologies related to the relationship to time

In the context of clinical diagnosis, there are indeed real risks of diagnostic confusion between the non-pathological and therefore natural manifestations of aging in relation to time, and the pathologies themselves of this relationship. We will therefore examine, rather briefly: - **a**) existential depression, - **b**) late-onset anxiety, and - **c**) neurocognitive disorders.

1. Existential depression

Existential depression refers to a psychological suffering characterized by a feeling of emptiness, loss of meaning, and uselessness for the individual confronted with finitude, without necessarily presenting the classic criteria (sadness, anhedonia, and a feeling of incompleteness) of melancholic depression in the aging individual. Therefore, existential depression should not be confused or equated with melancholic depression of "normal" aging. The clinical approach found in Viktor Frankl, for example, characterizes existential depression, which arises from the failure of the will to meaning, by a general and specifically axiological disorientation, and by boredom. What specifically distinguishes existential depression from melancholia, a major inhibition marked by a loss of self-esteem, is the individual's questioning in the face of a void of meaning and a shrinking future—a questioning conducted with full lucidity, about existence, its purpose, and its meaning.

2. Delayed anxiety

Erik Erikson situates late-onset anxiety in the elderly, which is far from being a somatic or cognitive disorder, within the framework of the conflict between the integrity of the self and despair. This late-onset anxiety manifests itself through the emergence and exacerbation of anxiety disorders linked to somatic losses and illnesses, and to diffuse worries (health anxiety, phobic disorders, bodily hypervigilance, and existential anxiety resulting from aging and the awareness of finitude, which is fundamentally disorganizing and creates the void of meaning of Heidegger's being-towards-death). Late-onset anxiety, which thus appears in several forms, has as its main triggers the loss of social role and isolation, functional or cognitive decline, various pathologies, and bereavement, which increasingly confront the individual with the prospect of death, thereby triggering the ultimate separation anxiety.

3. Neurocognitive disorders

Frequent neurovegetative disorders in older adults relate to various dysfunctions of the autonomic nervous system (ANS), the automatic regulator of vital functions. We can briefly recall that the autonomic

nervous system, with its sympathetic (fight or flight) and parasympathetic (rest and recovery) branches, encompasses major disorders with their symptoms and possible causes. These disorders and their symptoms are diverse in nature: cardiovascular, digestive, respiratory, thermoregulatory and sweating, and genitourinary. Their possible causes are either functional/dysfunctional (anxiety, stress, depression, somatization of anxiety, rapid heartbeat linked to existential anxiety stemming from the thought of mortality, etc.) or organic (neuropathies, hormonal disorders, medication side effects, etc.).

Within the framework of our treatment of aging, what is the relationship between the experience of time and the awareness of finitude in aging Cameroonians? What are the psychopathological issues, their manifestations, and their implications for public health? The operational part of this work will therefore focus on finding answers to these questions based on the elements we will draw from our clinical vignettes.

IV. Clinical vignettes: presentation and discussion...

A – Presentation of the thumbnails

We have chosen as clinical vignettes three cases that illustrate the experience of aging in Cameroon, and its characteristics by elderly subjects, depending either on the place of residence (urban or rural environment), or on the socio-economic status of the subject in relation to precariousness and dependence.

Case No. ¹ - Mr. Arthur: Aging in an urban environment and isolation

Introduction. Mr. Arthur, aged 72, is a retired civil servant in the national education system. He lives alone in his home, without any family and with little contact with his neighbors, in a large city. The impact of this solitude on his life is considerable, resulting in various psychological and physical ailments. Because of this isolation and his limited contact with his neighbors, Mr. Arthur has developed an intense fear of dying in isolation, without family or social recognition, and he expresses a profound sense that his life will be "over," devoid of value or meaning.

Analysis and evaluation. The case of Mr. Arthur is typical of the crisis of aging which Marie Anaut (2014, *in Resilience of the elderly*, Louis Ploton and Boris Cyrulnik, pp 20 et seq.) analyzes with regard to relational upheavals in the context of aging and their psycho-affective consequences. While we cannot strictly speak of gains in relation to Mr. Arthur's aging, it is rather the array of traumatic losses that is visible: - degradation of capacities and alteration of functions, sources of depressive symptoms and psychological suffering, - reduction of relationships and social participation (another cause of Mr. Arthur's entry into existential depression), - absence of creativity and a new vital impetus to establish new socio-affective markers for relational readjustment and resilience, all aggravated by

loneliness... Isn't resilience, moreover, as Michel Delage shows (2014, *in Resilience of the Elderly*, Louis Ploton and Boris Cyrulnik, pp. 5 et seq.), one of the fundamental conditions for aging well? In addressing the aging process and the upheavals it causes, Marie Anaut, (*ibid.*, p. 22), shows that "*Retirement is one of the causes of the onset of depression accompanying the loss of status that was linked to professional activity, especially if no other activity comes to compensate and fill the void.*"

The case of Mr. Arthur, who expresses an intense fear of dying in isolation, clearly shows that he is developing a profound anxiety about mortality, exacerbated by the lack of "*family recognition.*" and "*social*" and especially by that of the meaning given to his now declining life. Mr. Arthur has indeed not put in place any defense strategy since he was admitted to retirement; moreover, he presents no ideal to transcend this "*reality of constraining and castrating old age, harbinger of death*", which "*has broken into life, real and psychic*" of which Mireille Trouilloud speaks in "*Ideal of ideality and resilience: possible destinies*" in (2014, *in Resilience of the elderly*, Louis Ploton and Boris Cyrulnik, pp 5 and sv).

Case no. 2 - Mrs. Beatrice: Aging in rural areas and the individual's integration into the community

Introduction. Mrs. Béatrice is 68 years old and has no prior experience working in formal public or private services. She lives in a rural area and now dedicates herself to farm work. She states that she receives strong support, particularly psychological and social, from her community. While she does not mention any specific age-related illness, she affirms that death represents a symbolic continuity with life for her: thus, beyond the general anxieties associated with "being-towards-death," she declares that she is in a position of peaceful acceptance of finitude and therefore without any anxiety in the face of the prospect of death.

Analysis and evaluation. The case of Mrs. Béatrice is particularly interesting because it reflects a rural society that has largely maintained its values of solidarity and the prevalence of community over solitary individuality, thereby ensuring the integration and well-being of the elderly within society. It also reflects the difference in the social context of aging compared to urban society, where aging in isolation within a context of social upheaval and a crisis of values is at the root of the dysfunctions and pathologies presented in our previous tables. However, it should not be assumed that all rural societies have remained identical and therefore guarantee the same well-being, inner peace, and fulfillment for the elderly.

Case No. ³ Mr. Charles. Aging and a precarious economic situation

Introduction. Mr. Charles is 70 years old. Separated from his wife and now without a job, he lives in an isolated urban environment despite the presence of

numerous neighbors with whom he has no contact. He has limited resources due to a lack of savings or investments in productive sectors such as agriculture, fish farming, or livestock breeding, as most people now do. For his daily sustenance, Mr. Charles is financially dependent on his children, who struggle to make a living in precarious urban areas. Consequently, he experiences significant anxiety in the face of uncertainty about the future, an uncertainty exacerbated by his extremely limited social network. He has a frozen perception of time, with no ability to project himself into the future, and he generally denies a negative past. This reflects a profound psychological suffering stemming primarily from the loss of any gratifying social status and the denial of any ideal self.

Analysis and evaluation

Lacking a sufficiently good environment like those described by Erik Erikson (where the past is reinvested to ensure the maintenance of the integrity of the self) or Winnicott (where the development of creativity is observed with a view to reducing

dependence on all levels), Mr. Charles will develop a multifaceted anxiety: - **a**) - on the one hand, the identity of the self is strongly disturbed due to the unvaluable image of the "statusless" person he presents in his environment, - **b**) - secondly, any possible projection of Mr. Charles into the future has resolutely died out due to the lack of secure anchoring, which shows that the shrinking of the future is truly underway within the framework of an overall feeling of failure; - **c**) - finally, the economic dependence in which he lives on a daily basis necessarily creates for him an aggravated existential anxiety, on the one hand given the uncertainty of the arrival of the expected resources, since his children, who are his sole providers of funds, themselves have no assurance as to the permanence of their resources; On the one hand, he faces the prospect of death, which becomes more imminent every day. Furthermore, Mr. Charles doesn't seem to be developing any defensive mechanisms such as denial, spiritualization, or defensive acceptance: this means that his anxiety about death and his existential angst can only be intensified, which proves utterly destructive for him.

Comparative table of the three aging cases

Settings	Mr. Arthur	Mrs. Beatrice	Mr. Charles
Transformation of temporality	Time endured and fears and anxieties exacerbated	A positive experience of time beyond anxieties and various fears	A frozen experience of time and a lack of creative projection towards the future
Handling losses	A feeling of existential incompleteness and of an insignificant life	Life is positively signified given its roots in the community	A collection of unprocessed traumatic losses
Community relations	Complete breakdown of social relationships and existential imbalance due to this extreme isolation. Lack of family support.	Integration into the community without disrupting relationships. A feeling of serenity, completeness, and balance.	Isolation, reduced social relationships and uncertainties regarding relationship balance with children. Non-existent family support.
Identity issues and existential depression	Psychological identity disturbances and severe impairment of self-integrity	Integrity of the self-assured and absence of depression and proven mental or physical disorders	Severe damage to the integrity of the self and feelings of self-deprecation
Psychological and social dependence	Disruptions in social relationships and lack of family/social recognition	Overall psychological well-being is ensured thanks to the positive connection with his family and community.	Strong psycho-social and economic dependence, due to lack of status
Subjective death anxiety and defensive acceptance	Anxiety about death is exacerbated by the fear of dying alone and without recognition.	Relationship to finitude and resilience. Absence of any fear of death, total serenity and peace.	Relationship to finitude without resilience. Existential incompleteness / anguish of death...
Alteration of the past-present-future dynamic	Resignation in the face of a failed life, existential incompleteness and a total absence of any projection towards the future...	Positive capitalization of the past, a reassuring present, no anxiety about the future. Existence experienced as fulfilled...	Stalled momentum: a devalued past, an uncertain present, and an opaque future with no possible projections...

B - DISCUSSION

In the context of the summary discussion of our presentation on aging in our three cases—Mr. Arthur, Ms. Béatrice, and Mr. Charles—we can say that we find here the essential issues addressed by authors such as

Benoît Verdon (2013, *Le vieillir psychique*), Gilbert Ferrey, and Gérard Le Gouès (2008, *Psychopathologie du sujet âgé*). The first observation, and indeed the most important, is the differentiated experience of aging, which stems from the personal history of the elderly

individuals, the environment in which each life, and the socio-economic conditions specific to each of our three subjects. And it is obviously from this perspective that Gilbert Ferrey and Gérard Le Gouès (2008, *Psychopathology of the elderly subject*) insist that aging, experienced as "irreversible on the mental scene associated with the experience of declining performance", far from being a simple event like birth, is a process to which they assign a beginning: "this aging begins at the moment when the fantasy of eternity encounters a limit hitherto ignored by the libido, when this fantasy is undermined by the appearance of a lasting decline, whether this decline is a decrease in seduction in women or a reduction of power in men, a decline with multiple affective, mental, bodily, professional or social consequences" (*op cit* , p. 2).

If we consider, for example, the transformation of temporality, we can see that once the fantasy of eternity is extinguished, Mr. Arthur and Mr. Charles experience a time burdened with fears and anxieties, a frozen time devoid of any creative projection toward the future, while in Mrs. Béatrice, we find serenity, an absence of anxieties and fears, and a meaningful life. Turning now to identity issues and psychological disturbances, we find in Mr. Arthur and Mr. Charles psychological disturbances and a significant impairment of their sense of self, compounded by existential depression; in Mrs. Béatrice, on the other hand, an assured sense of self and the absence of depression and psychological disturbances attest that aging is no longer simply a period of decline, loss, and renunciation. On the contrary, due to the life force, it triggers a sense of the urgency of personal fulfillment, the urgency of the generational transmission of knowledge, history, and values, as well as the urgency of adopting a true art of living that incorporates a serene approach to death: "aging that deteriorates and causes suffering" is then counterbalanced, as Gilbert Ferrey and Gérard Le Gouès (2008, *Psychopathology of the Elderly* , p. 6) also demonstrate, "by an aging that enriches." Lydia Fernandez and Agnès Bonnet (2015, *Clinical Psychology of Aging*, p. 152) assert in this regard that, "Contrary to what was long thought, and what is still often thought today, aging is not always synonymous with loss and mourning. Growing older is also (and above all?) synonymous with adaptation, adjustments, and gains."

Furthermore, with regard to the past-present-future temporal dynamic, we can refer to the insight given by Benoît Verdon (2013; *Le vieillissement psychique*) of the paradox of aging "full of internal contradictions, between the current and the infantile, the inevitable aspiration to dodge and the impossible dodge, but capable of mobilizing the creation, always singular, of compromise solutions" (*op cite*, p 28). While the past-present-future temporal dynamic is profoundly altered, even extinguished, in the cases of Mr. Arthur and Mr. Charles—insofar as the former expresses resignation and

deep regret for a wasted life, and the latter experiences existential incompleteness and a total absence of any projection into the future—Mrs. Béatrice, on the other hand, demonstrates a positive capitalization of her entire history: first, her past; then, her reassuring present; and finally, her future, since she experiences a complete absence of anxiety. This, then, is an existence lived with a feeling of genuine completeness. The cases of Mr. Arthur, Mrs. Béatrice, and Mr. Charles perfectly illustrate, in contrasting ways, this "complex dynamic" of time: "a time that passes and whose effects, intertwined with those of confrontations with the events of daily life, can be positive (learning, maturation) or negative (wear and tear, deterioration)" (*ibid.*, p. 28). This is a positive effect of life dynamics, evidenced by a feeling of completeness and a successful life, which we find in Madame Béatrice; on the other hand, it is a negative effect and an overall feeling of failure that we find in Monsieur Arthur and Monsieur Charles...

Finally, by focusing on the treatment of losses (objectal, bodily and existential) related to aging and the new ordeal linked to the disorganization of the integrity of the self which leads to the urgency of new structuring elaborations for the transformation of the losses that this aging imposes (reorganization of being-in-the-world and reinvestment of the subject) as well as that of the relationship of the aging subject with his community, we can then refer in particular to the work of Erik Erikson. It is therefore possible to see in Mr. Arthur and Mr. Charles, firstly, unprocessed traumatic losses (separation from his wife, lack of professional status and isolation in Mr. Charles, a strong feeling of existential incompleteness and meaningless life in Mr. Arthur), which contrasts totally with the feeling of completeness of life expressed by Mrs. Béatrice, and secondly, the contrast in the relationship of each with the community: a relationship of positive integration and serenity in the case of Mrs. Béatrice, isolation, a decrease in social relations and serious uncertainties regarding the relational balance with his children in the case of Mr. Charles, a total decrease in social relations and a profound existential imbalance linked to isolation in the case of Mr. Arthur. All this affective dimension of experience therefore has an impact on the perspective of death and on the expectation of it, which will be made up either of serenity and peace (case of Madame Béatrice), or of anxiety about death and anguish... Gilbert Ferrey and Gérard Le Gouès (2008, *Psychopathology of the elderly subject* , p. 7), can then affirm in this perspective that "good aging depends on the aging subject's ability to rework a castration complex damaged by late crises, where we see that the past is strongly called upon to face the present, where we observe that the infantile works until the end of life, where we observe that the quality of early mourning determines the capacity to succeed in late morning."

V - Theoretical and clinical interest of the research: differentiating between normal aging and pathological aging

As we can see, our research is clearly in the wake of Gilbert Ferrey and Gérard Le Gouès , (2008, *Psychopathology of the elderly subject*) who shed light on "aging in formation in the psyche" as a process, and insist on this essential fact that "*The clinician must (...) practice identifying usual aging from pathological aging, knowing that he observes a specificity in motion, a complexity in evolution as it is true that we no longer age today as we aged in the last century*" (*Ibidem* , p 1).

Normal aging, from the perspective of Erik Erikson or Heidegger, is a successful aging process, based on the work of psychic reconstruction (defensive, adaptive, or existential) thanks to the preserved plasticity of the psyche and the capacity for new elaborations that allow the "being-towards-death" to fully appropriate itself. This type of aging is characterized for the individual by an integrated awareness of finitude, a capacity for narrative and self-evaluation, and relational investment. Pathological aging, on the other hand, which no longer refers solely to psychic work but can also result from physical or neurodegenerative damage, manifests as a breakdown in the capacity for adaptation, psychic rigidity and a death-dealing fixation, existential despair or diffuse anxiety, and a rupture in the connection to the future. Clinical work then aims to restore meaning and psychic continuity by restoring the capacity to transform losses into symbolic reorganization.

VI - Aging and Public Health in Cameroon

The World Health Organization (WHO), adopting a functional, social, and systemic perspective, considers the rapidly increasing demographic aging—an individual biological phenomenon but also an issue with simultaneously social, economic, ethical, and political dimensions—as a public health challenge and a genuine global challenge (increasing life expectancy, demographic transition problems, etc.) within the framework of a comprehensive policy addressing societies' relationship to mortality. For Cameroon and its public health policy, the challenge is multifaceted: establishing a social protection system that gives special attention to aging; addressing the difficulties and inequalities in accessing healthcare; dealing with the impact of changes in the socio-economic environment (modernization and Westernization) characterized by the breakdown of traditional forms of solidarity, a breakdown coupled with changing cultural perceptions of old age; and finally, the onset of multiple physical and mental health conditions among aging individuals, leading to dependency.

The mental health of older adults thus remains a major issue that must be resolutely addressed, in line with the World Health Organization's guidelines for a qualitatively different approach to aging, given the social value of life where extending life must be linked to

quality of life and good health. Indeed, "healthy aging" has been adopted as a guiding principle by the UN, which has made The period 2021-2030 is the Decade of Healthy Aging. An integrative approach, combining clinical care, social inclusion and the fight against the marginalization of older people, prevention and community interventions, for a positive transformation of society, appears essential in this regard.

CONCLUSION

Psychological temporality is central to understanding aging, and the awareness of finitude, far from being pathological in itself, can indeed become a source of suffering when it cannot be symbolized. Addressing this issue within clinical psychology in the context of Cameroon, a country undergoing a demographic transition, where we observe both a certain improvement in life expectancy, which contributes to increasing the proportion of elderly people, and accelerated urbanization linked to rural exodus, is therefore a genuine emergency, given the new challenges that arise. Providing better support with dignity for aging Cameroonians, the embodiment of living community memory and traditional custodians of wisdom and values, and making their old age a period of fulfillment and thus completeness through assured resilience, while preventing the pathological forms of aging essentially characterized by vulnerability that can be generated by the awareness of finitude and the inevitability of death, is, in our opinion, one of the most pressing concerns of our time.

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