

## The Cameroonian Subject's Bodily Self During the Aging Process: Identity, Narcissistic and Socio-Cultural Issues

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### Abstract

### Review Article

Speaking of the bodily self doesn't simply refer to the subject's mere biological perception of the body, but to the experience or the psychic representation, - that is, the lived experience - of this body as the basis of their identity, which ensures their presence in the world. Aging, an phenomenon of decline for the subject, thus refers to the impact of time on the person, both physically and psychologically. In their work, numerous authors such as Freud, Schilder, Lacan, Dolto, and Anzieu present the body as the support of the subject's psychic identity and the basis of their narcissistic foundations. Aging is a holistic process that leads to difficulties in adaptation, a sensorimotor slowing that has a significant impact on the intellectual domain, on memory, and on the affective domain (the effect of age on personality, with its repercussions on the psyche and on social status). It is from this perspective that Liliane Israël (1982, *Psychology and Psychological Aging, Gerontology and Society*, N°. 22 *Cahiers de la Fondation nationale de Gérontologie, Psychological Aging. Age and Personality*) emphasizes this important point: "psychological aging must be addressed by taking into account (...) the somatic effects of senescence and its psychological implications" (p. 5). Inseparable from psychological aging, and even preceding or causing it, physiological aging leads to bodily changes that appear through a person's psychology in relation to his personality and his environment. These changes can then weaken the body image as well as the continuity of the individual's identity, since everyone has his own way of aging. This takes on an important dimension in rapidly changing African societies, and specifically in Cameroon, insofar as the psychic adjustments imposed by the weakening of the body and the preservation of identity are also part of a socio-cultural dynamics where the symbolic status traditionally reserved for the elderly as well as their dignity are called into question, and all this getting worse due to their dependence and their possible progressive loss of autonomy. Based on a dynamic approach to aging and psychic functioning, which integrates and articulates the psychic, social and cultural dimensions, our study will examine how the bodily changes resulting from this aging, and the impact of the modern socio-cultural context and its mutations, accelerated by the evolution of science and technology, influence the structuring of the bodily self and the narcissistic foundations of the aging subject, particularly concerning the Cameroonian subject.

**Keywords:** Bodily self, aging, narcissism, identity, body image, addiction, decline, Cameroon.

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### I - INTRODUCTION

"The tragedy of old age is not that we grow old, but that we remain young," remarked Oscar Wilde (quoted by Jean-François Marmion, "How old are you?" in *The Ages of Life: Major Upheavals. The Great Issues of Human Sciences*). (June-July-August 2017, p. 26). This remark by Oscar Wilde sheds light on the fact that age is primarily a state of mind, and that "staying young," by escaping aging and death, may stem from the desire for an immortal self, the fantasy of eternity or eternal youth ingrained in the individual. Faced with this desire to "stay young," and why not immortal, we observe the inexorable passage through the various ages, which results from perpetual evolution in a life that is a

trajectory. Developmental psychology, devoted to the entire lifespan, indeed places us within this dynamic perspective: the passage through the various ages is a reality, and this is what Jean-François Marmion demonstrates in \* *The Ages of Life: Major Upheavals\*. The Great Files of Human Sciences*, p. 27: the question of age "falls under (...) psychology, sociology, anthropology, philosophy, historical perspective... *Human sciences, in a word*".

Actually, passing through the various stages of life is a reality, a lived experience. With increased life expectancy in modern society and immense progress in medicine, we now speak of "old age" and "the fourth

age": all of this implies numerous losses and challenges for the aging individual. Among the challenges are the new ways of experiencing old age to cope with the growing difficulties faced by older people (ageism); among the losses, we find primarily the decline and weakening of the body, with its implications of functional limitations, dependency, and the transformation of the environment. Among the urgent needs, we find both the necessity for the aging individuals to establish a new relationship with their world in light of manifestations of discrimination and exclusion, the need to maintain identity or "sameness" in its integrity or entirety, and the need for the individual to preserve the feeling of their own worth throughout their existence... This is what constitutes the challenge of aging, of old age, of the fourth age, challenged by the essential issue that Vincent Caradec enlightens here (The Challenge of Old Age, in *The Ages of Life: Major Upheavals. The Major Issues of Human Sciences*). June-July-August 2017, p. 77). The challenge consists every day in inventing, on the basis of "cultural resources that help us differently envision aging in old age than in the two dominant registers of inevitable decline and 'aging well' (...) to escape decline," new solutions for living, on the basis of this very capacity to learn at any age in order to find a new stability. And Martine Fournier then aptly reminds us (in *The Major Issues of Human Sciences*). June-July-August 2017, p.79) that, "if old age is indeed a physical reality, (...) age and status are only social constructs, which in no way inhibit the personality of each individual and the possibility to continue to build their own projects."

In our research, we focus on the bodily self during the aging process in Cameroonian individuals. The bodily self articulates the lived body (experiences), the symbolized body (image of the self), and the socialized body (subject as observed by other persons). Our purpose is to recognize the identity-related, narcissistic, and socio-cultural issues at stake in this aging process. As we know, aging is a complex process which involves biological, psychological, and social changes. Therefore, we will address the aging process within a holistic approach taking in consideration the body, the environment, traumatic experiences, situations of dependency, etc... We will see that, in clinical psychology, these various changes profoundly affect the individual's relationship to their body and their identity. This already proves that the body, the foundation of subjective experience, plays a central role in the construction of the self and in the stability of narcissistic foundations. Furthermore, from a psychoanalytic perspective, the bodily self represents a fundamental dimension of psychic identity. Age-related bodily changes can indeed weaken the image of the body and generate significant narcissistic reorganizations, and as regard the aging individual, confronting finitude, various regressions, the loss of physical capacities, and the resulting dependence can give rise to profound identity interrogations. It is in this regard that Maximilienne

Levet-Gautrat, emphasizing the importance of "all psychosomatic aspects in aging" (1989, *The Aged Body. Body and Age. Gerontology and Society. Cahiers de la Fondation Nationale de Gérontologie*, p. 22), states: "The psyche of the elderly person is subjected to multiple social, emotional, economic, political, and, of course, physiological tensions." In this latter field, we can identify a field of forces that are organized along an axis defined by two opposing poles according to merging physiological, affective and social forces. This is the axis: narrowing of space → distancing".

We can then note it here: Maximilienne Levet-Gautrat, speaking of the axis of reduction of space... distancing", presents aging in a holistic and causally linked way: the reduction of space concerns both motion space (weakening of motion skills), hearing space, visual space, mental space (limitation of the field opened by intellectual processes), temporal space (reduction of future prospects) and social space; psychological and affective distancing, involving narcissistic disinvestment as well as disinvestment in relation to the environment), concerns the various renunciations, the closing of doors to the outside world which is increasingly difficult to control and the egocentric withdrawal of the elderly subject within himself, as the body becomes an matter of major concern. The causality, modulated according to individuals and personalities, as described by Maximilienne Levet- Gautrat ( *op. cit.*, p. 25), can then be presented in the frame of the following linear path: - physical impairment → reduction of space → psycho-affective distancing → withdrawal into oneself → weakening of narcissism (which consists in self-investment, in the conscience of self-worth, and a defence against depressive tendencies). This clearly implies that the transformation of the aging body "hardly sustains narcissism" (*ibid.*, p. 25) and requires "the mobilization of intense psychic energy to be reinvested" (*ibid.*, p. 25) in other matters and acciriding other forms.

In the modern African context, and particularly in our rapidly changing Cameroonian context, aging, as a holistic process, cannot be considered exclusively from a biological or psychological perspective. It is also involved in a socio-cultural dynamic where exclusion and marginalization emerge, and where the traditional praise of aging (a respected and valued image of the elderly) must contend with social representations of the body and the symbolic status of the elderly (a sublimated old age) that are increasingly giving way to socio-economic discourses describing old age as an unproductive and consumerist age. This has a considerable impact and influences the way individuals experience their own aging. As we can notice, this fundamentally challenges the traditional view of aging as presented by Jacques Gaucher (Psychology and Psychological Aging. *Gerontology and Society*, 1982, No. 22. *Cahiers de la Fondation nationale de Gérontologie*, Psychological Aspects: The Contributions of Psychology to the Study of Aging, p. 21). According

to this traditional view, *"to grow old is perhaps to encounter wisdom. A time when passions decrease, the body and its desires disappear in favour of the mind. Old age, a time for reflection on knowledge and being, and growing old, a movement of being towards understanding things, reflects the qualities of the soul of the old man, whom one might call a 'shrewd psychologist'."*

We will then formulate our general problem and present our research hypotheses based on the examination, as regard the aging subject, of the main regressions such as unlearning, possible reversions into childhood, time and space disorientation..., and also on the basis of the multiple progressive losses recorded (memory loss, loss of affective-cognitive balance, loss of social roles...), this aging subject, on the body of whom aging manifests itself from the outset insofar as it is the body envelope that is affected from the outset.

## II - Problem statement

In his work entitled *Anthropology of the Body and Modernity*, David Le Breton (1990, PUF) shows how the bodily changes linked to aging make the body an "undesirable body," a "broken body," evoking an inexorable death that cannot be stopped. He shows, in particular, that *"the elderly person slowly slips out of the symbolic realm, deviating from the central values of modernity: youth, seduction, vitality, work. They are the embodiment of the repressed. A reminder of the precariousness and fragility of the human condition, they are the very face of absolute otherness. An intolerable image of an aging that seizes everything in a society that worships youth and no longer knows how to symbolize growing old or dying"* (op. cit., p. 146).

The essential question backing this research is therefore that to know how bodily changes linked to aging influence or even disrupt (...) the structuring of the bodily self as well as the narcissistic foundations of the Cameroonian subject, in a socio-cultural context where the symbolic status of the elders and the social representations of the body continue to occupy an important place despite the numerous social changes (modernization) which take place.

## III - Research Hypotheses

**1 - Hypothesis I** - The aging process, which expresses the irreducible character of the body, evokes in itself an inevitable death: the elderly person, who inexorably moves towards death, *"symbolizes in himself the two unnameable of modernity: aging and death"*; (David Le Breton, 1990, *Anthropology of the body and modernity*, PUF, p 146), this process necessarily entails a reorganization of the body image likely to weaken the narcissistic foundations of the subject.

**2 - Hypothesis II** - Aging progressively reduces a person to his body, a body on which he becomes entirely dependent. This reflects, as David Le Breton (op. cit, p.

147) enlightens, *"a moment when the repression of the body is no longer possible, a moment when the body is exposed to the regard of others in a light that is no longer favourable."* Reducing the elderly person to his body (aging as a betrayal of the body) highlights the apparent uselessness of the body, which refers to the fact that self-perception and the perception of the aging body by the surrounding environment are influenced by socio-cultural representations of aging, especially in Cameroonian society.

**3 - Hypothesis III** - The symbolic status of elders in traditional society constituted a source of narcissistic support, enabling older individuals to maintain a sense of identity despite bodily changes, by transcending the more than symbolic death represented by these changes. Accepting old age, which is this "becoming-different," and safeguarding the symbolic status of elders in society could therefore help to maintain a sense of identity as a source of narcissistic support.

## IV - Theoretical framework and literature review

### IV - 1 - The Bodily self: Approaches and Components?

From the outset of his book, David Le Breton, (1990. *Anthropology of the Body and Modernity*, PUF, p. 7) points out that *"the body is a particularly fertile ground for anthropological analysis since it rightfully belongs to the very essence of human identity. Without the body, which gives us a face, we would not exist. To live is to continually reduce the world to our body, through the symbolism it represents. Human existence is corporal."* A central concept in psychology, psychopathology, and psychoanalysis alike, the bodily self, beyond the purely biological sphere, refers to a psychological experience that the subject has of his body: he doesn't merely have a body, he is a body, and this body is the base of his identity, which then defines his conformation and testifies his presence in the world. Thus, there are intrinsic relationships between body image, self-esteem, and narcissism, and these relationships are evident in the cases of body distortion, which refers to the modification or alteration of the affective perception of the body as well as to narcissistic wounds. The bodily self therefore appears as a social and symbolic construct; far from being an immediate and definitive reality, it is shaped within a culture by prevailing norms, beliefs, and diverse practices. This explains the diversity of body image perceptions across cultures.

We could briefly recall here the dimensions or components of the bodily self, namely the body image or mental representation of the body with regard to its form and appearance, the body scheme or the neurological organization of movements and postures, the feeling of body unity, boundaries and the distinction between inside and outside, and also the affective investment in the body. The management of the bodily self, which is at the heart of social symbolism, can therefore only be a

holistic treatment; it must on these conditions integrate phenomenological, anthropological, developmental psychology, and psychoanalytic approaches. This leads David Le Breton to say that *"the social and cultural management to which the body is subjected, the images that reveal its hidden depth, the values that distinguish it, also express to us of the person and the variations that its definition and modes of existence undergo from one social structure to another"* (ibid., p. 7). While the body may seem self-evident as an immediate reality grasped by the subject, it nevertheless remains a mystery, both for the subject himself and for the society in which he lives, insofar as *"each society, within its worldview, constructs a unique understanding of the body: its constituents, its functions, its correspondences, etc. It gives it meaning and value"*. (ibid, p 8) And in the Western world, the body presents itself facing the individual as *"the locus of their difference, their distinction, yet paradoxically, it is often dissociated from them, due to the dualistic legacy that still weighs on its characterization"* (ibid, p. 9).

#### IV - 1 - 1 - Anthropological and sociological approaches

As we have just seen with David Le Breton, the conception of the human body must be understood in relation to the way each society thinks about, represents, uses, and symbolizes the body, and this is always a social, cultural, symbolic, and spiritual body, and never exclusively a personal body. To David Le Breton (op. cit. p. 13), *"representations of the body and the knowledge that refer to it depend on a social state, a worldview, and within that worldview, on a definition of the person. The body is a symbolic construct, not a reality in itself"*, with all the implications as regard the plurality of visions or representations from one society to another. With the modern anthropological vision of the body based on an individualistic type of social structure, (cutting off the body from the subject, from other subjects and from the cosmos, the body being here *"the place of the caesura, the effective enclosure of the sovereignty of the ego, (...) which is the inseparable part of the subject, factor of individuation"*, David Le Breton, op cit, p 8), we are witnessing a break with traditional visions where *"between man, the world and others, the same fabric reigns with different patterns and colours which doesn't modify the common weave in any way"* (ibidem, p 8). Here we perceive the specific nature of the African perspective on the body, a symbolic and social perspective where the body appears simultaneously as essentially relational, belonging to the individual, his family, his community, lineage..., (and this is the absence of a separation between the individual and the community and the nature), and as a carrier of meaning, beyond its mere material character. And this is why the aging body is valued as a fountain of wisdom and a living social memory. We could conclude here by recalling that, in David Le Breton's enlightening analyses, we find the following factors as important in the modern Western representation of the body: - **a**) - the dissociation of the

body, a factor of individuation, which has become a mere attribute in relation to the subject, - **b**) - the separation of man from himself, from others, and from the cosmos, - **c**) - man as *"singularity within the differential harmony of the group"* (op cit, p. 23), - **d**) - the body simply anatomized, desacralized, devalued, a body that has become a machine and therefore "axiologically" alien to man, for example in Descartes, with what this can lead to in terms of current excesses (biomedicine, capitalist globalization, etc.).

Pierre Bourdieu. In addition to the reference to David Le Breton, one could cite that of Pierre Bourdieu, who presents the concept of the body as a socially constructed habitus, a carrier of social meaning. This habitus can be presented as a system of long-lasting and transposable dispositions assimilated by the individual through socialization. With the concept of habitus, Pierre Bourdieu thus puts particular emphasis on the fact that the body, as a site of social inscription, becomes a carrier of social norms and a replication of the class to which the subject belongs, a product of the gender, and of the education; the old person therefore becomes a living memory of the society. Pierre Bourdieu's notion of bodily hexis, which highlights an internalization of social structures and norms, then refers to the way in which the body moves, behaves, and appears to others, according to social expectations and pressures. Under these conditions, the body becomes an instrument of social reproduction, positioning, and symbolic domination.

#### IV - 1 - 2 - Phenomenological Approach: Merleau-Ponty

Maurice Merleau-Ponty. Adopting a phenomenological approach and expressing the idea of a dynamic, non-conscious, flexible and unifying body schema, Maurice Merleau-Ponty considerably enhances the vision of the body. Rather than being an object that the subject enjoys, the body, also called the lived body, is a reality that the subject is insofar as the experience of this body is made from the interior; thin body constitutes therefore an anchor point of all experience within the frame of an interlacing with consciousness. The subject becomes an incarnate body and no longer just an observed body; he thus becomes the being who experiences-the-world through his body, a body which is then stands as the mere condition of perception (organization of space, of time and of the relationship to others). This body is a being-in-the-world involved in the world, giving it its meaning, based on an intentional perspective, and above all becoming a bridge between subjectivities, and thus constituting the basis of intersubjective communication. For Maurice Merleau-Ponty, the body is therefore a lived body: its changes imply changes in the relationship to the world, and the disturbances it may register correspond to disturbances of existence. The body is indeed a living centre of experience, that through which the subject exists in the world, and the bodily self is an opening to the world, a condition of all human experience: aging thus implies its

reconfiguration, particularly in cases of dependency and narcissistic and identity-related damage.

#### **IV - 1 - 3 - Psychoanalytic approach: Freud, Lacan, Dolto**

##### **Freud.**

In his metapsychology, the Ego, which is not a purely mental entity, is closely linked to bodily experience. Freud asserts that the Ego is first and foremost a bodily Ego, emphasizing that psychic identity is constructed from the perception of the body. We see this: - **a**) - the Ego emerges from the lived body, which provides an internal experience of self (internal sensations: pain, pleasure, hunger, tension, excitement; external sensations: contact with the environment, differentiation between self and non-self, construction of the boundaries of the Ego), - **b**) - the body as the primary basis of psychic identity. Thus, for Freud, the Ego, the origin of the drives it must manage (the life drive, *Eros*, related to sexuality and self-preservation, and the death drive, *Thanatos*), appears as a mental projection of the body's surface. It is constructed like an envelope, and, between inside and outside, the Self, outside of the delimitation of what belongs to the self and what belongs to the outside world, assumes a mediating function between the body (id), the outside world and social demands (role of interface, of boundary, of regulation).

##### **Paul Schilder,**

who examines the bodily self at the intersection of neurology, psychoanalysis, and phenomenology, expands upon the Freudian perspective by developing the concept of body image, which he defines as the complex mental representation that an individual forms of their own body. This representation integrates sensations, perceptions, affects (pleasure/displeasure), and social interactions. For Schilder, considered a precursor of the biopsychosocial model, the body image, far from being a functional and unconscious bodily schema, is a relational construct that reflects a simultaneous and dynamic integration of the neurological and biological, as well as the psychic (subjectivity influenced by affect) and the social. This body image, a creation, transforms or undergoes changes (possible degradation, alteration over time, narcissistic alteration, etc.).

##### **Jacques Lacan**

made a major contribution to the construction of the body during development with his theory of the mirror stage. According to him, the child accesses an initial unified representation of their body through the specular image (recognition of their image). This image constitutes a fundamental stage in the formation of the Ego, and the stages are then the structuring of the body (sensorimotor integration allowing the formation of the body schema and the body image) and the symbolization of the body, which allows its representation. The body participates in several functions in psychic organization:

**a**) the function of unity; **b**) the function of boundary in the differentiation between inside and outside; **c**) a function of expressing emotions and affects; and finally, **d**) a relational function, consisting of ensuring connection with others.

##### **For Françoise Dolto,**

the bodily self, whether a simple perception of the body or a simple biological organism is a symbolic and unconscious construction arising from the intersubjective and social relationship; and this relationship is mediated by language: it is a support for communication. The body, as a site of psychic inscription and also as a support for desire and language, is already a vector of the relationship to the other: it is inhabited by the subject's history, which refers to the idea that the subject "inhabits" their body, named, interpreted, and invested by society through the meaning that society gives it within the framework of intersubjective relations and language, which then gives symbolic form to bodily experience, thus structuring the subject's identity. Françoise Dolto therefore introduced this key notion of the unconscious body image (the body as the spokesperson for the unconscious), the heart of the bodily self, which corresponds to a constructed, dynamic, and symbolic psychic representation of the body basis on the image as well as the subject's relational experiences. This unconscious body image, subjective, affective and singular, which moreover differs totally from the body schema which is neurological, universal and functional, then supports the narcissistic continuity and the subjective identity which will be affected during aging, with the conflict between the real body and the unconscious body image, source of psychic suffering and, at the same time, stimulant of the narcissistic - corporeal reconfiguration that it will allow.

##### **Didier Anzieu,**

echoing in some ways Freud's view of the Ego as a surface (which, originating in the body, allows contact with the environment, the differentiation between self and non-self, and the construction of boundaries), proposes the concept of the Skin-Ego or original bodily Ego, constructed from lived bodily experience. The Skin-Ego is thus a representation of the Ego as a psychic envelope derived from sensory experiences of the skin. According to Anzieu, early bodily experiences, and in particular tactile interactions with the maternal figure, constitute the foundation of the subject's psychic envelopes. This means that the body functions as a boundary between self and world and as a psychic envelope, which relates to the various functions of the Skin-Ego: **a**) a maintenance function, consisting of maintaining psychic cohesion; **b**) a function of protection and selection of internal and external stimuli; **c**) an inscription function, as the skin-ego serves as the site of memory traces. - **d**) - a function of individuation, insofar as the skin-ego delimits the inside and the outside.

**The Bodily self in Bourdieu, Freud/Lacan and Merleau-Ponty**

<b>Subject</b>	<b>Bourdieu</b>	<b>Freud</b>	<b>Merleau-Ponty</b>
<b>Thinking about the body: status and vision of the subject</b>	The body considered as a construct, inter-subjectively shaped by social structures; social memory as embodiment and socialization, the body as a bearer of social meaning	Body, site of drives, source of pleasure, anxiety and unconscious conflicts, biological body invested psychically, construction of the Self from the body, theatre of the unconscious, conflictual subject, affectively invested.	The body proper, foundation of the bodily self, the subject of perception, and not an object; the self-experienced from within as a condition of experience, open to the world, embodied through experience; the drive-basis body, the pre-reflective experience
<b>Conver-gences and divergences</b>	The body at the heart of human identity, the body as a product, a vector of the social; the external origin of the Self	Original character of the Self always embodied; inner origin of the Self and body always at the heart of human identity.	The bodily self, condition of being-in-the-world and of experience; the ever-incarnate self, inter-subjectivity and the unity of body and consciousness
<b>Aging</b>	Physical, symbolic and social capital, aging of the individual and downward mobility, requiring social reconfiguration	The body is a major support for narcissism. Narcissistic fragility of aging, mourning of the former body, death anxiety, reorganization of the Self.	The body has become limited and fragile (aging), hence the urgency of a new way for the subject to inhabit time and space (reorganization).

Despite some divergences and specificities discernible among the main authors we have consulted (David Le Breton, Pierre Bourdieu, Maurice Merleau-Ponty, Sigmund Freud, Jacques Lacan, Françoise Dolto, Paul Schilder, and Didier Anzieu), the bodily self actually refers to a lived bodily experience, a representation of the self, with a function of individuation and containment, as well as a fundamental function of maintaining the cohesion of psychic identity. In the aging individual, the transformation of the bodily self is thus modulated by the modification of their own unconscious representation of the body, by the prevailing cultural representations of old age, by the contribution of the social environment, and in particular, by family support. This, as we shall see, allows for transcending the inevitable narcissistic fragility of aging and for a narcissistic reconstruction of identity.

**V - The Bodily self: aging and reorganization.**

The bodily self thus presents itself as a developmental, relational, and cultural construct whose vulnerabilities become apparent when bodily changes exceed the subject's capacity for symbolization. This fundamentally means, as we saw with Françoise Dolto, that aging does not simply refer to biological decline; it constitutes a psychological and existential ordeal of reconfiguring the link between the body, narcissism, and the symbolic recognition derived from society. Doesn't aging consist of losing a part of oneself and having to rebuild oneself differently, basis on new investments and a reorganization of identity?

**V - 1 - Identity, narcissistic and socio-cultural issues: for a narcissistic bodily reconfiguration of the aging subject**

For Freud, aging is a series of losses and a major narcissistic ordeal with multiple impacts on the ego, also entailing multiple periods of mourning. It also brings

about bodily changes and changes in habitus, from Pierre Bourdieu's perspective, and these changes significantly affect the individual's self-perception. Various physiological alterations (decreased physical, sensory, and motor capacities, and changes in the subjective perception of the body) and the confrontation with mortality (narcissistic vulnerability) can weaken the body image, which then becomes a site of social demotion and conflict between the traditional habitus (with its valorisation of elders) and the modern habitus, with its absolute emphasis on performance. These changes can then lead to significant narcissistic restructuring, particularly when the individual struggles to integrate bodily changes into their identity. The aging body, paradoxically perceived as both a support of life and a sign of finitude, becomes the site of a tension between the subjective history of the aging person and the biological reality of irreversible aging. We can then see that, with Maurice Merleau-Ponty, reflection on the bodily self and aging allows us to conceive of the transformation of the lived body in aging as a total misalignment of the body schema, which is linked to a similarly total reconfiguration of being-in-the-world.

Among the many identity-related, narcissistic, and socio-cultural challenges of aging, we can then cite:  
 - a) - The weakening of the bodily self, which consists of a progressive alteration of the physical body and constitutes a major somatic impairment, with the disorganization of the sensory basis of the self. However, since this bodily self is a construct, the somatic impairment then causes not only a narcissistic injury , which manifests as a loss of attractiveness, leading to feelings of devaluation and damage to primary and secondary narcissism, but also an impairment of psychic boundaries , which translates into feelings of collapse or emptiness, difficulty maintaining the unity of the self, and sometimes a feeling of fragmentation or escape from

the body. Essentially, the weakening of the bodily self leads to the loss of symbolic plasticity, that is, the loss of the subject's capacity to transform their unconscious body image in order to maintain their narcissism despite the alterations of the actual body.

- **b) - the reconfiguration of the bodily self** which entails the necessary reorganization of the subject's identity, following in particular the appearance of phenomena of loss of autonomy and dependence. This reconfiguration starts from the possible acceptance of family support by the subject, the redefinition of a social role which strongly integrates him into society, linked to a symbolic recognition of age, and the reconstruction of his sense of identity;

- **c) - narcissistic reconfiguration**, which some authors such as Françoise Dolto and Bourdieu have extensively discussed in their work. This reconfiguration consists of the transformation of the unconscious body image through a symbolic reinvestment in new objects and symbolic recognition from society, which can be identified in the social gaze, through the status of the elderly subject within society and culture (reconstruction of the feeling of usefulness), the valorisation of old age and experience, in order to regain the necessary coherence of the real body (RC), the unconscious body image (UCI), narcissism (N), and socio-symbolic recognition (SSR).

## V - 2 – The socio-cultural specificities of aging in Cameroon.

In African societies, particularly in Cameroonian society, older people, deeply integrated into society, traditionally occupy an important place with significant status and support from their community. This helps to mitigate the difficulties that arise when dealing with functional limitations, anxiety about dependency, and decreased self-esteem. This valued status is also linked to the fundamental role of mediator between generations, a role consisting of transmitting: **a)** history, of which they constitute the memory, the repository; **b)** knowledge; and **c)** wisdom and values.

However, contemporary social changes, particularly urbanization and the modernization of family structures, are gradually altering this social position. This evolution can influence how older people perceive their bodies and their identity, bodies that serve as the basis for a person's social status. A tension now exists between symbolic systems inherited from tradition and modern symbolic systems. While tradition valued elders and their symbolic authority, which provided them with narcissistic support, in modern and increasingly urbanized society, we are witnessing a loss of this valued status and their marginalization. This, in turn, reinforces the narcissistic fragility that stems primarily from the loss of dignity - a prerequisite for social recognition, the maintenance of identity, and narcissistic integrity (self-love) - and the more or less complete descent into a situation of loss of autonomy and dependence. Under

these conditions, within the framework of the perception of a tripolar self as a dynamic reality, three major dimensions of imbalance in aging are perceived in our current African societies, and particularly in Cameroonian society:

- a) - a phenomenological misalignment (the lived body) which, due to physical and physiological limitations, creates difficulties in inhabiting the world,
- b) - a psychic disorganization (psychic body) with narcissistic injury and anxiety of dependence,
- c) - a social decline (social body) with the increasingly total loss of role and status, linked to a marginalization of the elderly person).

## VI - Operational framework

Our operational framework essentially comprises two elements. The first is to present some clinical cases of the experience of aging (experiences, affects and representations of the body) particularly in the Cameroonian context, the questions posed mainly revolving around five themes: - 1 - the alteration of the body image, - 2 - the narcissistic wound (meaning of aging), - 3 - the transformation of the lived body, (history and current relationship to the body), - 4 - the disorganization of identity, and - 5 - the gaze of others and the relationship to dependency. Secondly, basis on an integrative (Freud, Schilder, Merleau-Ponty, Bourdieu, Dolto) and culturally grounded approach, the analysis of data from semi-structured interviews, by showing us the psychic mechanisms (adaptive, defensive or pathological) implemented by the elderly subjects, will be able to give indications on the closest monitoring of how the elderly person feels their body (representation), inhabits it (experience) and reorganizes it (socialization) during the aging process.

## V - 1 - Clinical vignettes and analyses

### V - 1 - 1 - Case: Mr. Lejeune

#### A - Presentation

Mr. Lejeune, currently 70 years old, is a retired senior executive from the private sector (Société Anonyme des Brasseries du Cameroun). He has lived alone since separating from his wife on a vast estate built during his working life. Each of their children has left this family home in search of freedom and personal fulfilment. Even though he is quite well-off with a substantial pension, and could easily feel fulfilled by the numerous relationships he cultivated during his career, Mr. Lejeune finds this separation particularly challenging, with a reduced body image, exacerbated by this situation of loneliness and narcissistic vulnerability. He no longer feels capable of remarrying due to his advanced age, which seems to be a definitive obstacle to taking any steps that could lead to a relationship and, perhaps, a new wedding that would provide him with stability and self-completion. The distortion of his body image has therefore led to true psychological disorganization. And to self-maintaining, Mr. Lejeune as a protective strategy spends endless hours a day on various social media platforms, even though, according

to him, and considering his intellectual level and all his life experience, he is fully aware of the consequences of this social media addiction, which he cannot give up because disconnecting would only intensify his anxiety and feelings of emptiness.

### **B - Clinical analysis and discussion**

Clinical analysis of the elements of our interviews reveals Mr. Lejeune as the victim of a profound narcissistic wound in the Freudian sense, with a disrupted and devalued body image. This represents a temporal rupture, and, due to the loss of his role and social status, Mr. Lejeune experiences multiple disengagements and losses, such as nostalgia for his former body (particularly his youthful and dynamic one). This is precisely the conflict between the idealized body image and the reality of the aging body, which leads to self-loathing, a feeling of decline, and an identity crisis. The alteration of Mr. Lejeune's lived experience of the world, due to his solitude and withdrawal, thus provokes in him depression, death anxiety, and disaffection with any projection towards the future. This provides evidence of psychic disorganization, this therefore requires a restructuring of the ego, as Lacan, Schilder, and Dolto appropriately indicate.

To summarize, Mr. Lejeune's case clearly proves a generally negative experience of aging: Mr. Lejeune feels uncomfortable in his body, suffering from deep narcissistic wounds and, on a social level, a lack of status and symbolic recognition. He feels now trapped in a cyber addiction whose contribution to his self-esteem, balance, and confidence is uncertain.

### **V - 1 - 2 -. Case: Madame Madeleine**

#### **A - Presentation**

Madame Madeleine is a 68-year-old farmer in a forested area, living with her husband, a retired civil servant; their children have left the village to "find their own way in life." Mrs. Madeleine goes about his daily rural activities. She produces food, a part of which is sold in the markets of the nearest town, and the rest reserved for daily consumption. She just acknowledges the fragility of her body, without complaint or denial, much less any sense of identity crisis, especially since she benefits from the genuine support of her husband, who is always by her side, as well as from her entire community, which expresses its deep gratitude. She experiences neither complexes nor feelings of self-deprecation nor unease; this means that she doesn't experience interior discontinuity, as she accepts and embraces the changes in her body, and this ensures the maintaining of her identity. Fully incorporated into her community, Madame Madeleine has been able to maintain social connections and fulfil the symbolic role traditionally assigned to the elderly within the community, and this undoubtedly constitutes for her a testimony of her personal value.

### **B - Clinical analysis and discussion**

The clinical analysis of the elements of our interviews with Madame Madeleine reveals that she experiences what we might call a successful old age. Indeed, as she admits her old age and the consecutive changes, without denying aging, much less idealizing the past, and foremost maintains her usual agricultural activities with some provisional changes, Madame Madeleine, who has not resorted to any adaptive mechanism of reinvesting her physical and spiritual energies, nor to any defensive mechanism such as withdrawal, doesn't therefore suffer the discontinuity of self, no narcissistic wound, and her undamaged bodily self is thus protected, with a valued body image. In addition to maintaining her psychological integrity, there is the fundamental fact, particularly relevant in the context of aging, that Madame Madeleine's symbolic social role remains strong, namely that of being valued within the community. Therefore, she experiences neither disengagement, nor mourning, nostalgia, nor idealization of her former body. To us, Madame Madeleine was experiencing neither death anxiety nor depression or withdrawal, nor *a fortiori*, any psychological disorganization that would have required a restructuring process of the self.

### **V - 1 - 3 - Case: Madame Charlotte**

#### **A - Presentation**

Madame Charlotte is 72 years old and has never been married. She settled in town at the end of her adolescence, dreaming of finding the conditions for an easy and enviable socio-economic life, supported not by a reassuring intellectual education since she barely completed primary school, but relying essentially on her generous beauty and her ability to seduce. The years passed inexorably, and Madame Charlotte saw no appreciable change in her economic status or financial resources, due to a lack of stable and well-paying jobs. As for her social standing, there was no stability whatsoever, as she drifted from one relationship to another, all of that in a situation of profound insecurity. From these unstable relationships, no children were born. After careful consideration and a painful retrospective during which she made a comprehensive and unflinching valuation of her life, Madame Charlotte decided to continue living in town, since returning to the village would have clearly exposed the reality of her life, which had been nothing but a complete and utter failure.

In Madame Charlotte's case, the alteration of her body image itself, resulting from the changes and degradations that accentuated the narcissistic wound of the discrepancy between her real body and the idealized body she thought no one could resist, triggered a veritable disorganization of her identity. She became aware that she had ceased to be the irresistible star she had dreamed to become, all of this resulting not only in psychological trauma and a failed self-image, but also in a devalued social status, whose improvement cannot be considered within the framework of any possible reconstruction due to a lack of appropriate resources...

**B - Clinical analysis and discussion**

Madame Charlotte's aging appears as the prototype of a problematic aging process, the first of which, the bodily deterioration and the loss of most of her functions (containment and protection have ceased to be effective), constitutes the source of all the other problems: - purely somatic problems, - narcissistic injury (which is evident through loss of attractiveness that triggers feelings of worthlessness and in the inability to maintain the unity of self), - problems related to symbolic status (the status of elder) and the valued social connection to be displayed in the present, which no longer seems conceivable for the future, even the one simply linked to age, which is traditionally valued in African cultures and traditions...

The clinical psychology analysis thus revealed, simultaneously, narcissistic injury, loss of social role, nostalgia for the past body (particularly the youthful body and its selective abilities), disengagement and grief, including the loss of the body itself, disgust with life in light of the failure of her idealizations and dreams of a fully successful life, but paradoxically, also death anxiety, depression and psychic disorganization - in short, a truly shattered self... Madame Charlotte's aging reveals as for her a collapsed narcissism...

**V - 1 - 4 - Case: Mr. Jean-Jacques****A - Presentation**

Mr. Jean-Jacques is a farmer in the forest region, monogamous, who invests in the production of cocoa for sale, and food products for direct consumption. Now 75 years old, he finds from now on difficult, due to a lack of available labour on site, to maintain the already appreciable level of his production, and for this reason, he no longer even considers expanding the production areas, mainly due to the progressive weakening of his body, obviously, the lack of access to agricultural mechanization which is now more than necessary, as well as because the hopes of seeing new investments become truly profitable... It is indeed true: Mr. Jean-Jacques doesn't at all experience precariousness and impecuniousness which prevail in such a way that he is quite well-off or comfortable, compared to the average person in his immediate social environment. He accepts his age, which is inevitably declining because the end is near, as death is ever-present, without denying this aging and without rebelling against the perspective of this inevitable decline. All of this triggers in him no narcissistic collapse, no fear of death.

Mr. Jean-Jacques's integration into his community is far from being totally peaceful because of his extremely rigid and uncompromising character, which is unliveable according to the neighbours and his status as an elder becomes quite paradoxical: indeed, his

effective age of 75 imposes that this status should be conferred on him, and this is obviously quite normal, quite natural, but openness or receptiveness of his community to confer this valuable status on him is not totally acquired or accepted, to say the least, and obviously his rigid and uncompromising and unacceptable personality has something to do with it: it can be considered as the main reason of the rejection, not to say a lot.

**B - Clinical analysis and discussion**

Mr. Jean-Jacques's aging process seems to be facing no major problem. As he has accepted his normal aging process, he doesn't experience alteration in his body image and therefore he is not the victim of a narcissistic wound linked to nostalgia for his former younger self. He doesn't feel any conflict between an idealized and therefore unrealistic body image and the reality of what his body has become, whose aging he accepts, and even self-loathing, feelings of decline or identity crisis; he doesn't even feel a fear of death. It is therefore with great serenity that Mr Jean-Jacques prepares for this inevitable eventuality.

As Mr. Jean-Jacques maintains his agricultural activity which provides him with appreciable income, there exists for him no real alteration of the relationship lived with the world; he has not experienced any disengagement, any mourning, and the fact that he is not conferred the valorising status of elder does not constitute for him any effective loss of social role and therefore does not cause any psychic disorganization which would then impose on him to restructure his self.

**V - 2 - Identity, narcissistic and socio-cultural issues**

Far from being a fixed and indefinite given (and we can here refer to Erikson and to the conflict between integrity and despair), identity is, as we know, a dynamic process, an imaginary psychic construction based on fragile relational representations (Freud), criss-crossed by tensions whose origin is internal or external and which is subject to certain reorganizations following various disturbances that create instability and to trials such as bodily changes, the loss of roles or the confrontation with finitude...

Insofar as our clinical approach is planned to be contextualized and dynamic due to the fact that it takes in account social changes and as it connects the body, the identity and recognition, we will then illustrate in the table below how the various identity, narcissistic and socio-cultural issues are connected as regards the subjects we have been in touch with in the interviews conducted in the framework of the clinical vignettes which have been presented and analysed in the lines before.

**Summarizing analytical table**

Themes	Identity issues	Narcissistic stakes	Socio-cultural issues
<b>Mr. Lejeune</b>	Loneliness, withdrawal, psychological fragility, confrontation with mortality and repression of the very idea of a new marriage, fragmentation of identity	Narcissistic fragility, loss of self-esteem, poor body image due to altered body image, disengagement and grief.	Temporal disruption, loss of role and social status, digital addiction as a mechanism of psychic protection and compensation
<b>Madame Madeleine</b>	Acceptance of the body's fragility linked to aging. Maintenance of identity, transcendence of trials (aging, confrontation with finitude, bodily fragility and loss of roles), maintenance of the integrity of the Self.	Self-esteem, absence of vulnerability, absence of discomfort, absence of temporal rupture and discontinuity of the Self, of narcissistic fragility, of self-devaluation, recognition and positive experience of bodily decline.	Support from husband and family, integration into the community. Social connection maintained, social role assumed, affirmation of personal worth, and the body maintained as a symbolic support for values.
<b>Mrs. Charlotte</b>	Disorganization and fragmentation of identity due to failure to achieve irresistible star status, weakening and degradation of the body and functions, hence the heavy ordeal of aging and confrontation with finitude, feeling of emptiness, and instability of the Self.	Active psychological trauma and failure of self-representation due to bodily alteration. Narcissistic injury resulting from the discrepancy between the initial idealized body and the actual altered body. Self-devaluation, lack of self-esteem, collapsing narcissism.	A temporal rupture with one's original roots and a lack of synchronicity between urban life and dreamed-of existential projects. Returning to the village as a failure, a devalued social status, impossible social reconstruction, and no symbolic status considered.
<b>Mr. Jean-Jacques</b>	The serenity of aging: Total absence of alteration in body image and identity rupture. Absence of death anxiety in the face of the inevitable, serenity in the face of finitude, no need for restructuring of the self.	No narcissistic injury. Self-esteem, absence of conflict between previous and current body image: neither narcissistic denial and self-devaluation, with excessive need for recognition, nor experience of decline.	No alteration of the lived relationship to the world, no need to reinvest in new objects. Total rejection of the need for social recognition and the assignment of a valuable symbolic status.

## VI - CONCLUSION

We have obviously to conclude at this level, but this important question arises: were our hypotheses verified? As regards our different cases presented and analysed in the clinical vignettes:

What about the reshaping of the body's image and the weakening of the subject's narcissistic foundations?

What about the impact of socio-cultural representations of aging on the perception of the body by the individual and by the community?

What about the way in which the aging person is endowed and assumes the symbolic status of the elderly, and what about the maintaining of the feeling of personal identity as a narcissistic support?

In our opinion, the answer we can give to these important questions raised above can be considered as globally positive.

**1** - The bodily self-constitutes an essential dimension of psychic identity. The bodily changes and degradations linked to aging require psychic work to integrate and

reorganize the body image and the subject's experience with that body. This means that the clinical approach to the bodily self aims to restore continuity of the self despite bodily changes (acceptance of the subject's real self and valorisation or capitalization of remaining capacities after various degradations, and this constitutes a real support for narcissism).

**2** - The narcissistic-corporeal reconfiguration of the aging subject postulates that narcissistic equilibrium depends not only on the integrity of the biological body, but also, and above all, on the dynamic adjustment between the effective body, the unconscious body image, and socio-symbolic recognition - that is, the revaluation of identity and the assumption of a symbolic social role. Taking this into account, aging process constitutes a test of symbolic plasticity of the person, and the essential objective remains to restore the balance between the effective but altered body, the weakened psychic body, and the devaluated social body. To overcome this test will therefore fundamentally depend on the subject's personal and cultural resources.

**3** - The identity, narcissistic and socio-cultural challenges concerning the bodily self obviously constitute a serious issue as regards public health. Since life expectancy is persistently increasing, health management systems must face - **a**) - an extraordinary

pressure as regards access to health care, - **b**) - numerous challenges as regards chronic diseases which require medical care, - **c**) – social confinement, - **d**) - personality disturbances for aging persons such as a high of narcissism due to aging crisis which obviously is a psychic trouble characterised by a subject's deteriorated relation to himself (personal devaluation crisis) and to the other members of the society, loss of the external valuation testifying the narcissistic need to be recognized... Aging process, and more specifically bodily aging, with its considerable psychological impacts (necessity to transcend losses of relatives, of physical capacities, weakening of personal identity and of the image of the self, sometimes, appearance of psychic troubles such as nervous breakdown, anxiety and neurovegetative troubles), therefore deserve to be correctly managed as regards the consequences and problems deriving from this aging process as much for these old persons themselves as for the whole society. This correct management should therefore consist of appropriate clinical taking charge enabling narcissistic wounds to be cured, and then to restore old persons' dignity and respect of singularity of their experience of life.

4 - In our current Cameroonian context, these various as changes consequences and problems deriving from this aging process must be analysed taking into account the socio-cultural dimensions of aging, particularly the symbolic status of the elderly and socio-cultural representations of the body. An integrative, transcultural clinical approach (which should therefore be cultural and anthropological) thus appears necessary to get an appropriate understanding of the physical, biological and psychological challenges of aging and then to provide better support to older persons (by revaluing the status of the elderly person, so to preserve his dignity, his identity and his singularity).

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