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Original Article

A new definition of health? An open letter of autochthonous peoples and medical anthropologists to the WHO

P. Charlier^{a,b,*}, Y. Coppens^c, J. Malaurie^d, L. Brun^{a,e}, M. Kepanga^f, V. Hoang-Opermann^{a,g}, J.A. Correa Calfin^h, G. Nukuⁱ, M. Ushiga^j, X.E. Schor^a, S. Deo^k, J. Hassin^{b,k}, C. Hervé^{b,l,m}^a Section of Medical and Forensic Anthropology (UVSQ, EA 4569 Paris-Descartes), UFR of Health Sciences, 2 avenue de la source de la Bièvre, 78180, Montigny-Le-Bretonneux, France^b CASH, Max Foustier Hospital, Nanterre, France^c Collège de France, place Marcelin Berthelot, 75005 Paris, France^d Center of Arctic Studies, EHESS, 75013 Paris, France^e Department of Pathology, University Hospital, Parakou, Benin^f Huli Community, Highlands, Papua New Guinea^g Emergency Department, University Hospital, Papeete, Tahiti, French Polynesia^h Desarrollo Intercultural Chile, Mapuche Nation, Chileⁱ Museum of Natural History, Rouen, France^j Zapara Community, Ecuador^k Jaipur, Rajasthan, India^l IPES (CASH and Paris X University), Nanterre, France^m Laboratory of Medical Ethics (EA 4569 Paris-Descartes), 45 rue des Saints Pères, 75006 Paris, France

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ABSTRACT

Currently, for many practitioners (hospital and liberals) and researchers (including public health), the WHO definition of health is outdated: first it seems more utopian than pragmatic; then, it proves unsuitable for a large part of the world population. There is clearly a need to refine this definition or propose additional criteria to be more relevant or discriminating. In this perspective, what can indigenous people offer in the elaboration of a new definition of health?

In this article, leaders or representatives of autochthonous peoples, anthropologists and physicians from many cultural origins (Amazonia, Patagonia, Papua New-Guinea, Inuit, North-American Indian, sub-Saharan Africa, India, China, Melanesia and Polynesia) have tried to identify and explain several key concepts that WHO should reintegrate into its new definition of health: human equilibrium in nature, accepted spirituality and adaptation. On the sidelines of the application of COP21 decisions that should give back to man his place into the environment, autochthonous people leaders, anthropologists and MDs explain why these three concepts are fundamental and universal health determinants, and need to be included in a new WHO definition of health.

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1. Introduction

In 2016, WHO's universal definition of health will celebrate its 70th anniversary. Currently, for many practitioners (hospital and liberals) and researchers (including public health), this definition seems

outdated: first it seems more utopian than pragmatic; then, it proves unsuitable for a large part of the world population. How, indeed, would it feel from a time when, for some countries, nearly 100% of people are not healthy? [1] There is clearly a need to refine this definition or adding additional criteria to be more relevant or discriminating. In this perspective, at the occasion of COP21 (Paris, November/December 2015), what can indigenous people offer us in the elaboration of a new definition of health?

2. Environmental equilibrium

In 1946, in the preamble to its Constitution, the WHO gave a global definition of health: «a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity». At the time, this definition was revolutionary, because it took into account

* Corresponding author at: Section of Medical and Forensic Anthropology (UVSQ, EA 4569 Paris-Descartes), UFR of Health Sciences, 2 avenue de la source de la Bièvre, 78180 Montigny-Le-Bretonneux, France. Tel.: +33 170429272.

E-mail addresses: philippe.charlier@uvsq.fr (P. Charlier), yves.coppens@collegedefrance.fr (Y. Coppens), jean.malaurie@ehess.fr (J. Malaurie), lbrun2013@gmail.com (L. Brun), marcdozier@free.fr (M. Kepanga), van.hoangoppermann@gmail.com (V. Hoang-Opermann), contacto@desarrollointerculturalchile.org (J.A. Correa Calfin), georgenuku@hotmail.com (G. Nuku), luciaruevilla@gmail.com (M. Ushiga), saudaminideo01@gmail.com (S. Deo), jacques.hassin@ch-nanterre.fr (J. Hassin), christian.herve@parisdescartes.fr (C. Hervé).

somatic, psychological and social health. But it seems that one essential notion has been forgotten: the equilibrium of human mankind within its environment.

Mankind has upset the balance with its environment. This has already occurred in the Neolithic period (9000–3300 BC.), with human permanent settlement that, by bringing this permanent proximity between humans and livestock, with the transformation of landscapes (agriculture) and storage of food, revolutionized its health status and fostered the exchange of germs (parasites, bacteria, viruses) between species [2].

It is this notion of balance between the inside and the outside that needs to be introduced, because it is fundamental to define health: the right place of man in the good nature. For there is not only society on the one hand (human society), but also society experienced as natural space. The health of community on one side (including environmental factors) meets the health of the individual on the other. The health of one will not only be the health of the other. For it is when there is an imbalance on one side or the other that the disease occurs, reducing human activity and diminishing the individual, crippled in his relationship with others. This direct relationship between microcosm and macrocosm is similar to the concept of “nature anthropology” as defined by Philippe Descola: “The analysis of the interactions between the people of the world can no longer be confined to one sector institutions governing people's life, as if what is outside them decreed that anodic conglomerate of objects waiting for meaning and usefulness (...). Anthropology is therefore faced with a formidable challenge: either disappear with a depleted form of humanism, or metamorphose into rethinking its field and its tools to include in its object more than the *anthropos*, the whole existing community related to him and relegated at present in a surrounding function” [3].

This concept is not so far from the one of “planetary health”, based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise stewardship of those natural systems [4]. This notion of interface between the person and his environment seems essential, given that the individual interacts with the environment, such as the environment interacts with him. For the Huli people, for example, who live in the middle of the forest in Papua New Guinea, individual health and environmental health are intimately linked: their daily life and global health are intimately linked to that of nature (i.e., if their environment is not considered healthy, so the community and each individual in itself are not healthy). According to the Huli conceptions, health is not limited to their bodies, it encompasses their land and all that surrounds them. Today, with climate change and the damage caused by logging and mining, members of this tribe are not healthy: spring water is polluted, new insect pests destroy sweet potato crops, many animals have disappeared from the forests, it rains much more and gardens will not grow. Now men eat dust.

The same intimate interconnection between humans and Nature can be found within the Maori community from New Zealand, which evolves from time to time: health sensation goes up and down, as humans are in waves and in circles. Humans are Nature, all of them, and communicate with Nature (all around them, and inside them). Both are connected, as everything is Nature, as Nature is a whole. When something is going wrong with Nature, humans are affected and humans affect Nature, as in a vicious circle: it is all interconnected.

Chinese general opinion toward health and medicine, especially in the Hmong/Miao people (one of the 55 official minority groups in China), is that the environment (*feng shui*, i.e. “wind and water”: orientation toward the sun and the stars, the mountains, the rivers, the global organization of living structures and surrounding environment, etc.), diet and the patient's lifestyle directly affect human health, with the existence of two opposite and intricate forces (*yin/yang*): for example, each food is given a warm (or *yang*) or cold coefficient (*yin*); an accumulation of *yang* produce inflammation, *yin* other disequilibrium. Not only everyday, every time, food, and dishes, but

also everything that interacts with any individual must be balanced *yin/yang*. If not, and especially during episodes of acute modernization, disease may arise. In this conception of health and medicine directly influenced by Taoism and animism/shamanism, Occidental practitioners stop too quickly to the surface and treat symptoms of illnesses (including psychological) rather than the causes or aetiology of the patient's pain. This means that the treatment of side effects (just with traditional medicine that still uses the active principles of plants rather than synthetic molecules) is often overlooked in Western medicine.

The body, soul (or psyche), and the mind are not separate but connected by multiple points (which can be treated in case of problems with acupuncture), hence the importance of the gym (*tai chi*, etc.) for mental and physical hygiene [5]. Ultimately, the Chinese medicine is pragmatic and does not hesitate to use Western treatments for chronic or progressive diseases (for example diabetes, severe hypertension, cancer), precisely because these are considered “western” conditions: a strong increase of such diseases in China saw the change in diet and living standards since about 1985 (wide opening to Occidental culture, i.e. rupture with the environmental equilibrium).

3. Spirituality

Can the WHO definition be transposed into traditional sub-Saharan African setting, if not simply African environment? The spiritual dimension is quite important in the experience of mankind and is particularly well-described sub-Saharan African communities. Does the “psychic” term in the WHO definition take into account a “spiritual” sense? Man arrives on Earth in an environment almost without instructions, except that which is taught by the environment in which he was born and his own discoveries throughout his life. Consider the environment here as physical, psychological, social as well as spiritual. Questions to the difficulties of physical, psychological, social and spiritual will find meta-physical answers order more often in the experience of the African man.

The concepts of bad luck received from third parties are associated with non-observance of rituals (e.g. the twin ceremony, ceremony of successive deaths of children, etc.), non-respect for the elderly ... which are causes often mentioned for not only physical, mental and social “malaise”, but also poverty. This is clearly a spiritual dimension of the disease. The cause is considered here as spiritual and the remedy remains spiritual, not medicated in the modern sense. The ceremonies performed with the *bokonon* (voodoo priest) or representatives of the community, are often sufficient in the case of non-compliance with the rites. Persistent poverty is often considered a bad spell cast by a third party who may or may not be a family member. The majority of the young individuals' deaths is considered homicide (poisoning, witchcraft, etc.) especially in Fon countries (Benin, Togo). There is a phobia of the evil eye, a distrust of the other that can affect the well-being, quality of life. Modern medicine is Cartesian and almost entirely based on scientific evidence (i.e. evidence-based medicine).

The approach to the definition of health according to WHO is relatively objective, however, obscuring the assessment of the concept of well-being in the individual. How to assess welfare? Every man variously experiences earthly life. According to its environment and external influences each determines the conditions for happiness, well-being. The welfare effect is supposed to rhyme with happiness. The concept of wellness remains vague somewhat ... It depends on what we look on Earth, what goal we are pursuing. The spiritual dimension for many determines the well-being: we may be suffering and yet accept illness and feel a wellness because being in a spiritual development dimension justifying this suffering («transfiguration»). The conscious acceptance of non-favourable condition is a spiritual growth path experienced by the peoples of Asia, mainly under the influence of Hindu and Buddhist religions.

In sub-Saharan Africa, the concept of group (community/family) and the relationship between members can absorb many diseases of psychic order. The individual often found in the village a valuable psychological

support, good listening on the part of members at various levels of his family. Health for the sub-Saharan African man lays not only in the physical, psychological and social health, but also in a spiritual quality communion with the divine, and the ancestors (culturally speaking). These spiritual roots of the African man can be explained by the anthropological organization of society: in sub-Saharan Africa, specifically in Benin, the population, despite the great influence of Christianity, remains very rooted in ancestral cultures. The individual is a member of a community. Communities come together to form the village or small town. Communities materialize sometimes by large swaths of land concessions always with a box reserved for the souls of ancestors. The family tree is the master key of the transmission and practice of rituals. The cult of the dead is at the basis of this ancestral culture, special rituals and practices mark the life of the individual longitudinally (initiations depending on age) and transversally (in connection with the annual ceremonies voodoo, large time of life such as marriage, harvest, birth, economic activities, etc.). Many people on Sunday go to church but continue to attend the *bokonon* and, sometimes, voodoo convents. Many funeral ceremonies begin at the church and then continue with a traditional worship death. There is a strong dependency of the individual on these beliefs and practices, and failure to achieve them inevitably leads to a negative influence on the welfare of the African man [6].

The possibility of living its own spirituality is essential for other tribes, such as Ecuador (Manari) and Peruvian Amazonian communities (Ashaninka): for such populations, to be in good health is being connected between the internal body, the spiritual world and the environment (especially medicine plants and food species). Both body and soul (feelings and spirituality) are in equilibrium when the surrounding nature is safe: this equilibrium is based upon a system of energy. So when the environment (considered as a supernatural entity) is ill, each individual (part of this supernatural entity) is directly affected. Nature is “human lungs”, and when Nature disappears or is destroyed, when no more spiritual link exists between both entities, all animals (including humans) are touched, and may die. It is like a starvation, a privation of blood or air. Living its own spirituality is essential for the equilibrium of each individual, and facing adversity.

In Equator Amazonia, the Zapara community considers that feeling good (i.e. being in good health) is only possible if natural environment (*selva*) is respected, because at the origin of comestible plants, medical species, animals for alimentation, water for drinking and even the air we breathe (“I’m in good health when I can eat, drink and breathe”). Humanity has no sense without Nature, as one is a part of the other. Nature gives also the elements that permit humanity to be connected with spirits of ancestors and spirits of Nature itself.

The Mapuche community (Patagonia, southern Chile and Argentina) believes that it is impossible to consider health without taking into account spirituality: health and spirituality are the most important components of human beings, but are also connected with the living territory. Human beings interact with territories since the early beginning of their life (the first step being the placenta and the foetus through the umbilical cord), and this continues all the life-long in the forest. This personal link with the forest finding its place during pregnancy is a strong characteristic of indigenous communities. Shamans have secrets transmitted from one generation to the other that permits to re-enact this pact between human beings and super-natural entities, i.e. methods to create new gaps between living communities and Nature. But can they always face modern destructions? If this human/forest connection is lost, then health cannot be present, and physical and/or psychological diseases may arise. This conception is environmental and spiritual, as both are totally intricate.

In this metaphysical “domestication of the unknown” (sickness, death, future), man created various structures such as regulatory elements of our relationship to the world, which has proved to have good and bad effects. Increasingly, there is a strong questioning of the involvement of spirituality in the therapeutic process (organic and mental illness) [7]. The importance of spirituality seems so strong and

important (including non-health framework) it has been part of a proposal of the Council of Europe in 1989: facing the disaffection and decommissioning of places of worship, it may be necessary to institute symbolic structures (meaning: to ensure social cohesion) [8]. Is the death of the divine not in fact correlated to the end of man? [9].

Another instrumental element in determining a people's health is its ability and freedom to access as well as create its own memory. One of the most damaging effects of colonization – whether direct or indirect – and westernization in its present form is its destruction of native cultures and curtailment of people's freedom to practice and retain the markers of their cultural identity. In the eighteenth century, under the British rule, the famed art of the Bengal muslin weaving perished as the colonists suppressed its production (to encourage a widespread use of the textile they exported to India), often by violent means, sometimes by even mutilating the thumbs of the weavers. This suppression resulted in an almost complete downfall of the art, which hasn't been able to resuscitate itself despite many attempts, destroying a community of people who sustained themselves on the practice of this art, both financially and culturally. Every destruction of a cultural and historical identity should also be read as a destruction of its people's health, for it is, a marker of well-being – both spiritual and physical, and the categories shouldn't be separated as is argued – to be able to feel rooted and connected to one's own history and art.

An easy public access to art – in all its forms – should also be considered while surveying a community's health. How much of art is available to the public, to the minority communities, to the politically and spiritually oppressed people – an imposition of a pure Western idea of health on a community with its own belief system and practice is a spiritual oppression of sorts, taking away their right to feel healthy in their own way, or the propagation of the idea that good health can exist in an isolated space, despite being cut off from a larger cultural reality and belief system – is another marker of a community's, and thus an individual's well-being. Can there be a truly and wholly healthy man without an environment that fosters and nurtures his community's and his people's intellectual freedom, and nourishes his critical consciousness? The ability to access, to read and interpret – and thereby retain and enrich as well as analyse – one's own historical, cultural, and political reality should also be included in a more holistic definition of health.

4. Adaptation

A final concept should be considered in this new definition of health: that of adaptation. Is healthy the one balanced in itself, with others and the environment, but also capable of adjusting to things. If René Dubos has tried to propose a definition of health introducing the concept of autonomy (“physical and mental state relatively free of discomfort and suffering that allows the individual to function as long as possible in the environment where chance or the choice have placed him or her”) [10], we prefer to offer the capability. For a Papuan from the Highlands, to be healthy means not when there is no consciousness to inhabit his own body (no pain), but when one is able to go hunting and bring food every day back home; joint or abdominal pain is virtually permanent (particularly because of the poly-parasitism), and that the absence of these, is the ability to eat and to be useful to one's family is to allow their survival, which is a sign of “good health”.

This concept is not far from the one developed by Georges Canguilhem in 1943: rejecting the idea that there were normal or abnormal states of health, nor statistically or mechanistically definition of health, he preferred to consider health as a non-fixed entity, but the ability to adapt to one's environment: the patient himself (and not the doctor) is the only one authority to define his condition of health or not, and his eventual health needs [11]. For example, for the traditional populations of Polynesia, to be “in good health” (*‘la ea na*) would be defined rather by getting to do the activities of daily living (eating,

sleeping, moving, etc.). They also focus more on physical health with little interest in the mental sense.

Homo sapiens is the only species known to date that has survived through its adaptive capacity and its integration into the environment (optimized properties to advantage environmental conditions... sometimes at the expense of the next generation and/or the environment itself). The environment can also turn against human health: [12] testicular cancer among chimney sweepers (known since the late 18th century, first described occupational cancer), liver or urinary cancers linked to organo-phosphorus found in banana growers in the West Indies, benzene haematological diseases linked to environmental factors, hormone disruptors, antibiotics in drinking water, etc. The man is still there because it fits... but will it be forever? Is *Homo sapiens* an endangered species because unhealthy? Which saved man, and what will save him is its adaptive force: the man will not disappear with global warming (he has known others!), but it will adapt and survive in a different, transformed (increased?) form [13]. What the philosopher Edgar Morin calls « metamorphosis », by analogy with other animal species [14]. This is true unless it gets sick of civilization....

5. End of a civilization?

For the Inuit community, to be healthy is to belong to a human group of limited size (a larger one could encroach on another's hunting area), to be in harmony with the natural space (subject to the forces of nature, and respecting all taboos) and to be able to hunt and face the obstacles [15]. To date, the balance between man and environment is broken, to the detriment of the wellbeing and health of both individual and collective; subjected to forced conversions (mainly neo-Protestant movements), settled by military bases (on these strategic territories) or exploitation of raw materials, forced to displacement and required concentrations of the populations, many Inuit choose suicide as the only way possible [16].

We must draw attention of the administrative authorities, academia and researchers on the incomprehensible silence opposed to “epidemics” of suicide for years among young Inuit from Nunavik (Canada) to Greenland. The Arctic has long opposed the discoverers with ice and cold; its population, with his youth, does not accept this new material culture under the sign of profit and obscure laws of money, who wants to build in the high latitudes. Are these suicides a signal that Western society is doomed? It is essential that a global meeting get organized with doctors, anthropologists and all competent specialists dealing with this “explosion” of cases of youth suicide in the Arctic regions since they opened to capitalism.

For the Mathias Colomb First Nation community (Canada), the concept of health is almost encompassing the emotional, physical, mental context, with a very deep spiritual dimension. So, being in good health means having a good relationship with the land, having access to good foods, but also having access to traditional culture. Today, for autochthonous individuals living in Canada, epidemics of modern sicknesses arise, such as obesity, diabetes, cardiovascular or auto-immune diseases: for indigenous communities, this is directly related to the fact of colonization and the intrusion of industrialization into their homelands, and the urbanization of these territories and peoples in the last hundred years. From both a genetic and physiological point of view, indigenous peoples have to adapt to modern life: they are not “built” to process all of western alimentation (refine sugars, fatty foods, etc.). Health really is about looking holistically, and trying to find that balance between the mental, the spiritual, the physical and the emotional equilibrium. Issue of suicide in native communities is part of the intergenerational trauma that indigenous people in Canada are dealing with, it is particularly acute and concentrated in northern isolated communities. But this is a direct result of Canadian first nations aboriginal policy; the government of Canada has historically not given the indigenous people the control of their lands. As a consequence, indigenous people have been disconnected from their culture and families have suffered from that (for example

with the eviction of young Indian from traditional schools and their displacement to Christian ones in the 1980's, preventing them from speaking their language and practicing their culture). The intergenerational impact of this trauma has been devastating; modern day manifestation of colonization facing oil and/or mining companies (i.e. neo-colonizers) coming into these communities to exploit resources concentrates what can be assimilated to a “post-traumatic stress”. It is a very complex issue, but it is something indigenous representatives work on in a very combative way.

6. Conclusion

These proposals are not linked to an idyllic vision of the indigenous peoples. Initially called “primitive”, with an obvious pejorative connotation, traditional people (the Russian anthropologists call more precisely “roots peoples”) have always shone in the eyes of Western specialists, by their powerful creative spirit and ancestral wisdom [15]. Among all possible ways of life that humanity could have taken, humanity has chosen just a few majority ones. How can these other possibilities (those of indigenous peoples) they still be relevant? As stated by Emile Durkheim, “there is no reason to believe that the different types of people all going in the same direction; it is following the most diverse ways. Human development must be figured, not in the form of a line where companies come one behind the other as if the most advanced were merely the continuation and continuation simpler, but as a tree with multiple and divergent branches. Nothing tells us that civilization of tomorrow will be only an extension of what now goes to the highest; perhaps, instead, it will have as agents the people that we now consider less evolved, pointing to a new and unexpected direction” [17].

Indigenous people have a different view of any isolated parts and the whole world. Originally, everything was one, but now, individuals have each become distinct entities, in a kind of extreme individualization. The definition of health by the WHO in 1946 is part of a multi-dimensional vision of the human being (“total-man” according to Marcel Mauss) [18] and a deconstruction of the single Cartesian man-machine.

As a matter of fact, beyond answering this much broader issue that is the new paradigm of health, indigenous peoples offer to us three simple medical and anthropological notions that could be add to a new definition of health, in the case of a modification by the WHO: equilibrium within environment, capability, and possibility of living its own spirituality. Nature is as important in spirituality (referring to things that are beyond us) as in materiality (daily management and survival beyond the barriers). The onset of COP21 may be the optimal occasion to insist on the legitimacy of including one or several of these notions within a revised definition of health.

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Conflict of interest statement

We, all the co-authors, declare that we do not have any conflict of interest relative to the subject of this article.

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