



Helping Adolescents Exposed to Dangers: A Support Experience in Cameroonian Schools

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Abstract

Adolescent problems constantly evolve due to societal and demographic factors and the changes taking place in adolescents. Supporting adolescents in schools is an enriching and fulfilling experience. This complex work allows us to see not only the wealth of skills, diverse perspectives, resilience and motivation adolescents display during their schooling process, but also the difficulties they encounter in the process. From 2008/2009 to 2017/2018 academic year (10 years), 2,916 students from form one to upper six in a college in Cameroon, with various requests was supported. Adolescents were supported by intruding into their psychic, school and family worlds, to understand the influence of the events that they experience on their learning. With the help of clinical interviews and educational talks, they were able to overcome several challenges facing them at home and in their social environment at school, a different social system in which they must navigate to find their feet. Adolescents can suffer from parental disaffection, anxiety, poor family interactions, adolescent crisis, and even socio-economic precariousness of parents, violence, loss, bereavement and sometimes mental imbalance. The main difficulties are due to family dysfunction. Psychoeducation, helping relationship, counselling and psychotherapy were the means by which the adolescents were helped to regain their self-confidence, and have a sense of security in school, to find their way despite the daily family dysfunctions.

Keywords

Adolescents, Danger, Support, Development, Family

Introduction

In the process of human development, the transition from childhood to adolescence is a stage whose outcome is uncertain. Some young people go through this period of change without harming themselves or their parents, while others experience terrible crises. Adolescent crisis makes adolescents question the values of their childhood. It is a step necessary for the

development of the personalities of human beings. An adolescent who does not go through this crisis can be said to have an underlying pathology [1]. However, if the teenage crisis is prolonged and proves difficult, it can lead to deep concern. One of the hallmarks of adolescence is a lack of motivation for work. Adolescents tend to stop and do nothing, which often leads to their dropping out of school that worries

parents. From sixth grade, which corresponds to what Daniel (2012) calls early adolescence or critical adolescence, some students react with great nervousness and are extremely anxious at the idea of not succeeding in secondary school [2]. This can be observed through common phenomena such as stressful situations at the time of knowledge checks. The climate of increasing school competition can instill in others attitudes of withdrawal, and parents themselves are in the grip of great anxiety and cannot stand their child not succeeding [3]. Entering high school can also be marked by new behaviors due to mimicry. As they progress in school, students are often grieved when a very close classmate leaves them finally. This can cause their academic performance to decline and they generally refuse to work causing clashes with their teachers.

From fourth grade, some confront teachers and other adults in the school environment to just to challenge them or defy prohibitions for the sake of pleasure. This behavior is of a transient nature and everything will depend on the type of response given by the adults to these behaviors. This is because the future of some adolescents can sometimes be seriously compromised in the event of inappropriate reactions, particularly when they exhibit passive-aggressive behavior to adults that mistreat them, not out of disciplining them or reminding them of necessary rules [4]. Towards the end of the second cycle, first and final classes, which Daniel (2012) call maturing adolescence, there is the adolescent issue of inevitable first relationships with a boyfriend or a girlfriend. Adolescents generally ignore the dissatisfaction of their parents, to whom they are very attached. They find themselves destabilized and nothing is going well, especially at the school level. Beyond these disturbances which are inherent in the normal development of children and adolescents, other external factors come into play such as theft from homes which constitutes a kind of second skin for the child who is afraid of suddenly being without defense or protection. Also, cases of rape were observed, sometimes incestuous acts, which, whatever the age of the child, leave indelible traces, because they completely disrupt the very bases of his/her development. Another problem is death. These are

situations where a child narrowly escapes death, experiences the loss of a loved one, and with a parent that is seriously ill [5]. Children can also be disturbed by beliefs and practices within families, not to mention parental discord, divorces, family recomposition, single parenthood, war, terrorism, and even media invasion.

These are factors that mark the development of the child both psychoaffective and intellectually. From family crisis to the school environment, and from personal difficulties to relationship problems, students are plagued by psychological disturbances that affect their academic performance, discipline, and general behavior.

School is the perfect place to take the pulse of children's and youth's mental health, as it allows them to reach large groups throughout their cognitive, emotional, and behavioral development. Children aged 5 to 12 develop new skills to solve their problems, manage their conflicts, and interact with their peers. In adolescence, they claim their independence and school friends become their second family; an influence that acts in particular on their identity development. Some live new experiences that consolidate their basic skills, while others do not.

Table-1: Distribution of students followed by school year

School Year	Students Followed
2017/2018	314
2016/2017	285
2015/2016	276
2014/2015	267
2013/2014	242
2012/2013	235
2011/2012	203
2010/2011	155
2009/2010	124
2008/2009	95

Method

The school in which the researcher worked for 10 years as a psychologist has an average of 3000 students each school year. During these 10 years, the

school had 2196 students, who were guided by the college teachers and administration, their parents, or by themselves. They are sometimes brought by their comrades who find in them behaviors atypical and following orientation days.

It is observed that girls attend our meetings more. This could be due to several reasons: they are more fragile, more demanding, are more open, and quicker to talk about their difficulties, which is our culture (Table-1).

Results

Types of Students' Needs:

The needs of the students varied. From our follow-up, it emerges that

- A large number of students are on their own. These students do not enjoy the attention of their parents.
- Learning difficulties are often the result of dysfunction in family interactions. Students respond by sending strong negative signals

such as school decline.

- Adolescent disorders are managed with great difficulty. They are surprised by the physical changes occurring in their body and even the changes in their psychic.
- Family problems are the main point of call for difficulties experienced by students. Parental conflicts, family recomposition, divorce, loss of a parent, absence of parents physically but above all emotionally.
- Sexuality education is transmitted with ambiguity, both from parents and school.
- Many students let themselves to be trained and manipulated by their peers and find themselves in the trap of scourges (STIs, drugs, early pregnancies, running away...), which show they are victims of emotional insecurity within their family.

The students need are grouped into five areas. Same students could be found in several areas at the same time (Table-2).

Need/ Class	Indiscipline	Learning Difficulties	Adolescent Disorders	Family Interaction Disorders	Major Mental Disorders
Form one	50%	20%	5%	25%	0%
Form two	59%	20%	5%	15%	1%
Form three	40%	9%	20%	30%	1%
Form four	40%	5%	25%	30%	0%
Form five	40%	10%	25%	25%	0%
Lower six	10%	10%	50%	29%	1%
Upper six	0%	5%	29%	50%	1%

The Training of Adolescents in our Modern World of Today:

In traditional society, the education of African children was governed by what African child developmentalists [6,7] called "kinship of fear" whose code of conduct was well defined: Children do not share the same spaces with adults; they cannot challenge what adults say or refuse their injunctions, let alone look them in the face. The integration of the young into adult life went through rites of passage or initiation rites. During this initiatory phase, the adults transmit to him know-how and interpersonal skills,

social codes and usher him into a stable family, with good cultural, religious, and social history. Today, in our contemporary society, scourges such as delinquency, drug addiction, depression, violence, and even religious radicalism are prevalent among our youths. Parental dual functions in the form of creating prohibitions and ideal conducts for children seem to be non-effective. Adolescents thus find themselves between the deficit with regard to parental transmissions and the complexity of the surrounding social environment, which affects their personal and social future. In schools, adolescents suffering from

psychological disorders require specialized care in the medico-social field, but above all psychological. Psychological difficulties, especially intense negative behavioral problems seriously disrupt the socialization of adolescents and their access to learning. These adolescents find themselves, despite their preserved intellectual potential, engaged in a disabling process which often requires recourse to combined actions and personalized support. The diversity and intensity of the issues require appropriate responses and support with differentiated and personalized methods.

As part of our practice, much emphasis is placed on the support that enables adolescents to become aware of their resources and difficulties and move towards their autonomy. We build a partnership with the adolescent in question and his/her family, in the form of a personalized support project. We get fully involved in its implementation. Also, educational support that promotes relationships with others, self-care, openness to the world with a view to encouraging socialization was offered. This support for adolescents is a process of exposing them to school learning and building their posture as a student. It also promotes the retention of adolescents in schools and in ordinary or adapted systems.

Types of Aids:

We intervene when school teachers and the educational council cannot provide enough help. It does not replace the action of the class teacher; it accompanies it, even prolongs it in order to establish or restore the desire to learn in the students. The help we provide is adapted to each pupil in difficulty. After studying and assessing a student's difficulties, for instance, an intervention project is proposed not only to the student but also to the teacher and parents. The student was assessed and the project is readjusted according to the results obtained.

Educational Help:

Teaching aids help students to overcome the difficulties they experience in learning, to make them master their working methods, and become aware of their progress. This helps combines the psychological characteristics of the students and the school methods that must be implemented.

Rehabilitative Assistance:

Rehabilitation assistance implements specific interventions with pupils with educational difficulties. It is particularly indicated when it is necessary to change a child's relationship with his/her school, restore his/her educational investment or help to establish it. Indeed, while academic success assumes that cognitive processes are efficient, it also requires proper functioning of interactions with the teacher and other students, as well as skills.

Psychological Care:

This contributes to the analysis and identification of situations that result from interactions among students and their peers, family, as well as teachers, and the school. It facilitates the establishment of functional communication between these various partners. The actions are psychological examination, a clinical interview with students and/or parents, psychological care, psychoeducation, encouragement, and improvement of resilience.

Resilient children have good self-esteem, trust others, and are generally optimistic about the future. We encourage children to find and evaluate for themselves coping strategies to cope with new situations and daily difficulties.

How Adolescents can be Helped Today

Young children have great difficulties these days because they cannot lean on their parents, who themselves are often weakened by unemployment, material destitute, and psychological suffering. This early and even total loss of confidence prevents these children from internalizing strong parental images on which they can rely on in adolescence. Freud (1909) shows that adolescence is a new chance to solve unfinished or incomplete developmental situations during the period of childhood [8]. So we get the impression that nowadays there are new behavioral disorders or new pathologies, even if with hindsight we can understand that these are only new ways of being in adolescents.

The adolescents we welcome generally have adjustment difficulties and behavioral problems. However, as a practitioner in schools, we are worried

about the future care of young people. Our task is increasingly difficult to assume, given the means available to adolescents to build and flourish in a context of parental resignation, economic insecurity, parental mental imbalance, delegitimization of the role of adults, individualism, sexual freedom, violent extremism, terrorism, aggressive globalization. Care will only be efficient if strong measures are taken, in this case, the creation of institutional frameworks with a care dimension which is based on educational and pedagogical activities, multidisciplinary teams, and parents as active partners. In multidisciplinary teams we could have caregivers: general practitioners, nurses, psychiatrists, psychologists, speech therapists, and psychomotor therapists; specialized educators, educators of young children, sports educators; pedagogues, physical education teachers. The actions of these teams will be better supervised with the creation of:

- Psychological listening units in schools: they offer educational, pedagogical, and support interventions. They act when the intensity of the disturbance is relatively acceptable in the family but is no longer in school, which temporarily compromises the student's place in his class. The psychological intervention here allows the adolescent to be maintained in his home, family, and school environments.
- Reception centers in each region, and in the future in each arrondissement: will provide educational, pedagogical and nursing care for adolescents. These centers will allow a temporary distance from the usual environment that has become harmful because they provide a necessary time for separation from family, which is most often the source of adolescents' problems.

Conclusion

Parents and educators in today's society find it difficult to deal with adolescent crises because the educational skills they learned and acquired in their time are not the same today. Adolescent crises are nowadays more and more uncontrollable in Cameroon: running away, eating disorders, drug and alcohol consumption, excessive sexuality, absence from

school, verbal and/or physical violence, addictions, social isolation and symptoms of depression, and all the plagues of our modern societies. Erikson (1968) shows that gender identity is constructed over the course of adolescence [9]. This construction, incompatible with the pseudo-sexual identity of the second childhood, involves a deconstruction of essential traits of the personality of the second childhood. It is this self-deconstruction that is at the heart of the crisis phase of adolescence. The adolescent crisis is a process of mourning, which according to psychoanalysis, is not only mourning for Oedipal objects and links, but also and above all mourning for this "I", which is quiet in early childhood, and mourning for the peaceful body from childhood, that grows imperceptibly for a long time, until it is little sexualized. As a process of mourning, adolescence exhibits all the characteristics, external and internal, of what Freud called melancholy, and which today is the reaction. Adolescents, therefore, go through a crisis akin to depression.

Thus adolescence will be marked by a tendency to withdraw into oneself, mental rumination, an intense narcissistic crisis, a collapse in self-esteem, a feeling of perpetual depression, extreme fatigue, phenomena which are incompatible with a good investment in activities, especially intellectual and rational activities. Unfortunately, the organization of schooling in schools does not always take into account this psychological reality from which adolescents find it difficult to escape. Thus problems of indiscipline, weariness, absenteeism, and dropping out of school for a good number of students were observed. Adolescence is a difficult time to live, but it is fleeting. After these few years of turmoil, the adolescents whose crisis has been well accompanied manage to find themselves and truly take charge. Parents and educators should at the same time let go, continue to support their adolescents in this quest for themselves through dialogue, encouragement, and above all a lot of affection. Mental health and education are interdependent: students with good mental health learn better. Mental health in schools is an effective way to make the correlation that improves both health and academic performance in addition to encouraging healthy behaviors for life.

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