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Proverbs and Psycho-Social Healthcare in Cameroon

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Abstract

This study examines the therapeutic merits of proverbs, spanning mental, emotional, social, and spiritual dimensions—and demonstrates how proverbs exert meaningful psycho-social impact on human wellbeing. Cameroon, in the decades since independence, has navigated persistent healthcare challenges, relying predominantly on Western therapeutic frameworks to address patients' psycho-social needs. Proverbs, as a verbal artistic product, encode indigenous knowledge capable of contributing lasting healthcare benefits. Drawing on 25 proverbs from Babila Fochang's *Wisdom of African Sages*, this study employs a pluriversalist framework to interrogate healthcare from an indigenous standpoint. Proverbs are foregrounded as the primary corpus because, despite their apparent simplicity, they carry profound meaning, cultural humour, and philosophical depth— qualities that render them effective psycho-social curatives. The study reveals that Western therapies need not constitute the exclusive response to psycho-social complications. Proverbs contain elements that can be systematically deployed to stabilize and enrich the health needs of psycho-social patients in Cameroon and beyond, as well as they possess therapeutic potential. By encoding themes of resilience, social support, identity, intergenerational responsibility, and moral guidance, proverbs may serve as cultural resources for psychological coping.

Keywords

Healthcare, Therapy, Proverbs, Psycho-Social, Management, Proverbs, Cameroon, Indigenous Knowledge

1. Introduction

The relationship between language, culture, and health is neither incidental nor superficial. Across human civilizations, communities have developed sophisti-

cated verbal and performative systems for interpreting illness, managing distress, regulating social behavior, and cultivating resilience. Proverbs, distinct from the narratives and performative genres (folktales, myths, songs, riddles), function simultaneously as literature, law, pedagogy, and therapy. Cameroon presents a particularly rich context for this inquiry. However, the proverbs analysed are drawn specifically from the Bali Nyonga community. While the identified themes reflect values present in Bali Nyonga oral tradition, they cannot be generalized to represent Cameroon as a whole without qualification. Cameroon is ethnically and linguistically diverse, with over 250 ethnic groups, each with distinct proverbial systems, worldviews, and social norms, thus, diverse repertoire of oral traditions. Cameroon occupies a complex position in the global health landscape. Post-independence healthcare policy has been shaped predominantly by biomedical and Western psychiatric models, which, while effective in many clinical domains, are frequently inadequate for addressing the psycho-social dimensions of health, concerns rooted in relational, communal, emotional, and spiritual experience. The limitations of purely biomedical approaches are increasingly acknowledged in global health discourse, yet indigenous therapeutic resources remain under-theorized and underutilized in formal healthcare contexts.

This study proposes that proverbs constitute a legitimate and underexplored therapeutic resource. We argue that the wisdom encoded in traditional proverbs functions as psycho-social medicine, offering frameworks for processing adversity, regulating emotional responses, negotiating social obligations, and affirming communal identity. To make this case, we analyze 25 proverbs drawn from Fochang's (2013) *Wisdom of African Sages,* a scholarly documentation of Bali Nyonga oral heritage. These proverbs are examined thematically through the lens of pluriversalism, a theoretical orientation that resists the universalizing tendencies of Western epistemology and insists on the validity of non-Western knowledge systems alongside, rather than subordinate to dominant frameworks.

2. Literature Review

2.1. Proverbs as Knowledge Systems

Proverbs have long attracted scholarly attention as vehicles for cultural transmission and repositories of collective wisdom. Pioneering work by Ong (1982) established that oral cultures possess distinct cognitive and communicative structures—not deficient versions of literate culture, but fully developed systems of knowledge production and preservation. In the African context, Okpewho (1992) demonstrated that oral literature functions as a social archive, preserving histories, values, and behavioural norms across generations. Similarly, Finnegan's (1970) comparative study of African oral traditions revealed the artistic sophistication and social functionality of oral verbal art.

Among the genres of oral literature, proverbs occupy a particularly significant position because of their capacity to condense communal experience into memorable forms. Mieder (2004) defines proverbs as "short, generally known sentences

of the folk which contain wisdom, truths, morals, and traditional views in a metaphorical, fixed, and memorable form". Within African philosophical traditions, proverbs are often regarded as crystallized expressions of communal wisdom and practical philosophy. Gyekye (1987) argues that proverbs provide valuable sources for reconstructing indigenous philosophical systems because they encapsulate ethical principles, epistemologies, and social ideals.

Recent scholarship has expanded this understanding by emphasizing the therapeutic and psychosocial functions of indigenous oral knowledge. Studies of African mental health increasingly recognize culturally embedded narratives, storytelling, and proverbial discourse as resources for emotional regulation, conflict resolution, resilience building, and social cohesion (Wright & Jayawickrama, 2021). These forms of oral communication are not merely aesthetic devices but serve as culturally meaningful mechanisms through which communities interpret suffering, provide guidance, and restore social equilibrium. In this sense, proverbs function not only as epistemological tools but also as therapeutic communicative practices that support psychological wellbeing within indigenous African societies (Mahlatsi et al., 2021).

2.2. Psycho-Social Health and Its Dimensions

World Health Organization (1948) famously defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Although this definition has been debated, it remains influential because it acknowledges the multidimensional nature of health. Psycho-social health encompasses emotional wellbeing, mental resilience, social connectedness, identity formation, and, within many African worldviews, spiritual harmony.

In sub-Saharan Africa, experiences of distress are often understood through culturally specific explanatory models that differ significantly from Western psychiatric categories. Kleinman (1988) and Summerfield (2004) caution against the universal application of Western mental health frameworks, arguing that local meanings, social relationships, and cultural beliefs profoundly shape experiences of illness and healing. Contemporary African mental health scholarship reinforces this position. Ojagbemi & Gureje (2021) demonstrate that experiences and interpretations of mental illness among Africans are inseparable from their sociocultural environments, influencing both symptom expression and help-seeking behaviour. They argue that culturally informed interventions are essential for effective mental healthcare because mental distress is often understood through relational, communal, and spiritual lenses rather than strictly biomedical ones.

Similarly, Wright & Jayawickrama's (2021) study of the indigenous philosophy of Umunthu in Malawi illustrates how concepts of personhood, interconnectedness, and communal responsibility shape local responses to psychological distress. Their findings suggest that what are frequently categorized as psychosocial interventions are often culturally embedded practices rooted in indigenous philosophies emphasizing collective wellbeing, mutual support, and social belonging.

The importance of cultural adaptation in mental health interventions has also gained increasing recognition. A scoping review by Kohrt et al. (2022) found that effective psychological interventions in Africa often incorporate local languages, culturally familiar metaphors, indigenous explanatory models, and community-based delivery mechanisms. Such adaptations enhance acceptability, relevance, and therapeutic effectiveness, particularly in contexts where biomedical mental health services remain limited.

2.3. Indigenous Therapeutics and Healthcare in Cameroon

Cameroon's healthcare landscape operates within a pluralistic framework consisting of formal biomedical institutions and diverse indigenous healing systems. Alongside hospitals and clinics, many communities continue to rely on traditional healers, herbalists, diviners, spiritual practitioners, and respected elders for healthcare, particularly when illnesses are perceived as having social, psychological, or spiritual causes (Nchinda, 1976; Focho et al., 2009).

Despite their widespread use, indigenous therapeutic systems remain underrepresented in official health policy. Decolonial scholars such as Mignolo (2011) and de Sousa Santos (2014) argue that this marginalization reflects enduring colonial epistemologies that privilege Western scientific knowledge while relegating indigenous knowledge systems to the realm of folklore or superstition. From a decolonial perspective, recognizing indigenous healing systems as legitimate forms of knowledge is both an epistemological and practical necessity.

Recent evidence further supports the significance of indigenous therapeutic practices in African mental healthcare. A comprehensive systematic review by Berhe, Gesesew, & Ward (2024) found that traditional healing remains one of the most frequently utilized sources of mental healthcare across sub-Saharan Africa, particularly in regions where formal mental health services are inaccessible, culturally incongruent, or unaffordable. The review identified faith-based healing, herbal therapies, divination, and communal rituals as major therapeutic approaches and concluded that collaborative models integrating traditional and biomedical care often produce positive mental health outcomes.

Similarly, a systematic review of mental health service integration in West Africa found growing recognition of the value of partnerships between traditional healers and biomedical practitioners. However, institutional barriers, differing explanatory models of illness, and policy neglect continue to hinder effective collaboration (Soori, Regmi, & Pappas, 2024).

Beyond healing practices themselves, communication has emerged as a crucial therapeutic component within African healthcare systems. A recent scoping review of therapeutic communication in Africa demonstrated that culturally sensitive dialogue, empathetic listening, and meaningful patient-provider interactions significantly improve emotional wellbeing, treatment adherence, and recovery outcomes (Abraham et al., 2024). These findings resonate strongly with indigenous African healing traditions, where verbal interaction, storytelling, counsel,

proverbs, and communal dialogue often constitute central therapeutic mechanisms.

Research among indigenous KhoiSan communities in Southern Africa further illustrates the therapeutic power of culturally grounded dialogue. Mahlatsi et al. (2021) found that indigenous healing conversations function as psychosocial interventions by fostering belonging, emotional expression, social support, and collective meaning-making. Their study proposes a conceptual framework for psychosocial health management grounded in indigenous therapeutic dialogue, demonstrating that culturally embedded communication practices can effectively promote mental wellbeing without reliance on conventional psychiatric services.

Collectively, these studies suggest that indigenous therapeutic communication—including proverbs, storytelling, ritual discourse, and communal counsel—constitutes an important but under recognized resource for psycho-social health in African societies. Within Cameroon, where oral traditions remain vibrant, such communicative practices offer significant potential for culturally relevant mental health promotion and psychosocial support.

3. Theoretical Framework and Methodology

3.1. Pluriversalism

This study is grounded in pluriversalism, a theoretical orientation that affirms the coexistence of multiple valid knowledge systems. Unlike multiculturalism, which tends to celebrate cultural diversity within a single epistemic framework, pluriversalism insists that different cultures produce genuinely different, equally valid ways of knowing and healing. In the health context, pluriversalism resists the subordination of indigenous therapeutic knowledge to biomedical authority, proposing instead a dialogic relationship between systems.

Pluriversalism is particularly well suited to the study of proverbs as therapy because it refuses to evaluate proverbs by the standards of clinical psychology or pharmaceutical intervention. Instead, it asks: on their own terms, within the communities that produced and use them, what do these verbal forms do? What healing work do they perform?

3.2. Methodology

This study would have been too bogus and impossible if all 326 proverbs were analysed. Thus, the study limits itself to a qualitative textual analysis of 25 proverbs drawn from Fochang's (2013) *Wisdom of African Sages*, without having access to patients' responses. Out of the 326 proverbs found in the collection, 25 proverbs were purposively selected to make the study manageable, focused, and representative. The large corpus of 326 proverbs contained many repetitions, variants, and proverbs with similar meanings. Using all 326 would have made analysis too broad and repetitive. Proverbs were selected as the primary data set for two reasons. First, for thematic relevance, only proverbs that directly reflect psychosocial related issues were chosen. Secondly, for clarity of meaning, proverbs with

clear, unambiguous meanings that could be easily interpreted in relation to healthcare were prioritized, and for linguistic quality, only proverbs with rich imagery, metaphor, and figurative language suitable for literary analysis were selected. Due to the above reasons, repetitive or near identical variants were excluded to ensure each of the 25 proverbs added a distinct perspective. This selection, therefore, ensured that the 25 proverbs were manageable for in-depth analysis while still reflecting the diversity and core wisdom of the full collection of 326. The selected proverbs are among the most widely distributed and recognized forms of proverbs across Cameroonian ethnic groups and also, their compressed, metaphorical form makes them particularly amenable to psycho-social application—they invite interpretation, reflection, and internalization rather than passive reception. As documented in Fochang's collection, these proverbs carry explicit interpretive glosses that allow for systematic analysis.

Thematic analysis was used to analyse the 25 proverbs. The process began with repeated reading of the proverbs for farmiliarisation. Each proverb was then assigned an initial code based on its literal meaning and underlying message. Through constant comparison, similar codes were regrouped together. Related codes were then merged, refined, and abstracted into five broader thematic clusters: resilience and emotional regulation, social relation and support, identity, self-worth, and integrity, parental and intergenerational responsibility, and behavioral guidance and moral regulation. The above themes were not identified in advance. An inductive approach was adopted, meaning the clusters emerged from the data during the coding process rather than from a preexisting theoretical framework. This ensured that the five thematic clusters reflected the actual content and patterns within the proverbs instead of imposing external categories on the corpus.

4. Analysis: Proverbs as Psycho-Social Therapeutics

4.1. Resilience and Emotional Regulation

A substantial cluster of the Bali Nyonga proverbs addresses the psycho-social need for resilience—the capacities to endure adversity, absorb difficulty, and recover from setbacks. In clinical psychology, resilience is recognized as one of the primary protective factors against depression, anxiety, and post-traumatic stress. These proverbs encode culturally specific frameworks for cultivating exactly this capacity.

Proverb 1—"You are like water. No matter how much they cut you, there is no wound"—functions as an affirmation of invulnerability and emotional impermeability. Deployed in the context of social persecution, slander, or relational conflict, this proverb provides a cognitive reframe: the person under attack is repositioned not as a victim but as an inherently resilient entity. Water, a universal symbol of life and adaptability, cannot be permanently wounded by cutting. The proverb thus offers a metaphorical identity—one in which the self is constituted not by its wounds but by its capacity for self-restoration. This resonates closely with cognitive-behavioral techniques of reframing and with narrative therapy's empha-

sis on dominant versus alternative life stories.

Proverb 22—"A man who has running stomach is not afraid of darkness"—encodes the therapeutic insight that suffering produces courage. The individual who has already endured acute discomfort is not deterred by secondary threats. This proverb speaks directly to patients navigating chronic illness, social marginalization, or sustained hardship. By normalizing the relationship between suffering and boldness, it offers not pity but empowerment—a repositioning of difficulty as a generator of strength rather than evidence of weakness. This corroborates the locally used proverb in Pidgin English, a local parlance used in most West African countries that says "I don see 99, weti be 100?" (I have already seen 99, what is 100 to me?).

Proverb 23—"The fowl that sleeps outside has learned all the tricks of escaping animals of prey"—extends this logic to encompass experiential learning. Adversity, here, is reframed as apprenticeship. The fowl that is forced by circumstance to sleep in exposed, dangerous conditions acquires survival competencies unavailable to its more sheltered counterparts. For individuals who have experienced hardship, displacement, or social vulnerability, this proverb offers a meaningful reinterpretation: their experiences, painful as they are, have produced wisdom and capability. This is consistent with the psychological concept of post-traumatic growth.

4.2. Social Relations and Community Support

Several proverbs foreground the psycho-social dimensions of community, kinship, and social solidarity—areas of profound importance in African communitarian ethics and directly relevant to the social determinants of health.

Proverb 14—"A person's relatives are his buttocks"—uses a deliberately visceral anatomical metaphor to make a point about structural support. Just as the buttocks bear the weight of the entire body and provide the foundation for seated stability, one's kinsmen provide the fundamental support that enables social functioning. The metaphor is designed to be memorable, even amusing—and humor is itself a recognized therapeutic agent. In psycho-social terms, this proverb reinforces the value of kinship networks as buffers against isolation, grief, and social distress.

Proverb 15—"If the three fire-stones of the household are well placed, nothing will happen to the pot"—extends this logic to familial structure. The domestic image of cooking stones is intimate and immediate, drawn from daily experience. The message is clear: a well-constituted family is a protective container. For individuals experiencing family conflict, estrangement, or communal breakdown—all significant psycho-social stressors—this proverb functions as both a diagnostic (naming the source of vulnerability) and a prescriptive (articulating the conditions of safety).

Proverb 21—"The stream is big only because of the streamlet"—articulates the value of every member of a community, however seemingly insignificant. This

proverb has direct therapeutic value for individuals who suffer from feelings of social insignificance, low self-worth, or marginalization. It reframes the contribution of small or overlooked members as constitutive of the community's greatness—without the streamlet, there is no stream. This aligns with strengths-based approaches in social work and community psychology.

Proverb 4—"You cannot roast your fingers if you have a fork to kindle the fire"—makes a pragmatic case for social collaboration. The proverb addresses the psycho-social burden of over-responsibility and the therapeutic necessity of accepting help. Individuals who compulsively over-function—taking on more than their capacity can bear, refusing assistance, and ultimately suffering breakdown—are offered a cultural permission to delegate. The image is practical and humorous: there exists a tool specifically designed to prevent your fingers from burning. Use it.

4.3. Identity, Self-Worth, and Integrity

A third thematic cluster addresses questions of identity, self-worth, and personal integrity—all of which are central to psychological health and frequently compromised in contexts of social comparison, status anxiety, and cultural disorientation.

Proverb 16—"A man's character is his wealth"—directly challenges the conflation of material prosperity with human value. In contexts of economic deprivation, social inequality, or relative poverty—all pervasive psycho-social stressors in Cameroon—this proverb offers an alternative metric of worth. Character—integrity, uprightness, moral consistency—is repositioned as the primary currency of social value. The person of good character, though materially poor, is affirmed as possessing genuine and lasting wealth. This proverb functions therapeutically as a counter-narrative to status anxiety and materially driven shame.

Proverb 24—"The bowl becomes ashamed when it realizes that the basket is able to hold water"—addresses the psychology of misplaced pride and social comparison. The bowl, a conventionally superior vessel for holding water, discovers that what it considered a deficiency in the basket—it's porous, woven structure—is, under some conditions, equally effective. This proverb gently dismantles hierarchical self-regard and invites humility. It speaks to both the person who overestimates their own superiority and the person who has internalized others' judgment of their inadequacy, teaching the public that capacity and value are not always distributed as assumed.

Proverb 13—"Do not tie your masquerade only to tell the public the person in the mask"—addresses the psycho-social dynamics of public disclosure and family loyalty. The masquerade is a sacred institution in many Cameroonian cultures; its power depends on maintained mystery. To expose the identity of the person in the mask is to destroy the institution's efficacy. Applied to personal and family life, this proverb counsels discretion that internal conflicts and family vulnerabilities should not be broadcast publicly. This reflects a communitarian understanding of the self as fundamentally embedded in family—to shame one's family pub-

licly is to harm oneself. Therapeutically, it affirms the importance of appropriate boundaries around disclosure.

4.4. Parental and Intergenerational Responsibility

Several proverbs address the psycho-social dynamics of parenting, aging, and intergenerational reciprocity—areas of significant emotional complexity and frequent relational distress.

Proverb 11—"The wasp developed a tiny middle because it concentrated on feeding its young"—offers a striking image of parental self-sacrifice taken too far. The wasp's constricted waist is read as the physical consequence of excessive self-denial in service of offspring. This proverb speaks directly to parents—particularly mothers—who neglect their own physical, emotional, and social needs in total dedication to their children. In psycho-social terms, this is recognized as a significant risk factor for caregiver burnout, resentment, and depression. The proverb names the dynamic, renders it visible through humor and imagery, and implicitly prescribes a corrective: parents must also attend to themselves.

Proverb 12—"When mother goat grows old, it sucks the milk of its young"—articulates the principle of intergenerational reciprocity. Children are raised so that they, in turn, may care for aging parents. This proverb validates the expectation of filial support in old age—an expectation that, when violated, constitutes a significant source of psycho-social distress among elderly individuals. By establishing reciprocity as a natural, even biological law (evidenced by the behavior of goats), the proverb both normalizes the expectation and reinforces the cultural obligation of children to honor it.

Proverb 25—"The fowl was once an egg"—addresses the intergenerational dynamic from the opposite direction. The young should not mock or disrespect the old, because the old were once young. But the proverb also contains a forward-looking dimension: the egg will become the fowl. This is simultaneously a counsel of humility for the young, a source of dignity for the old, and a reminder of the continuity that binds generations. For young people experiencing social alienation or disrespect toward elders, and for older individuals experiencing marginalization, this proverb restores a sense of shared humanity across the life course.

4.5. Behavioral Guidance and Moral Regulation

A final cluster of proverbs performs the function of behavioral regulation—offering guidance, caution, and implicit prescription regarding social conduct. Morally regulated behavior is itself a determinant of psycho-social health, as it reduces the distress associated with guilt, social conflict, and relational breakdown.

Proverb 5—"The woman who is ashamed to open her legs to a midwife will die during childbirth"—makes an urgent and unsentimental case for help-seeking. The reluctance to disclose personal difficulties—whether out of shame, pride, or distrust—is here figured as lethal. This proverb has extraordinary therapeutic relevance in contexts where mental health stigma prevents individuals from seeking

care. It normalizes exposure and vulnerability as preconditions for survival. In community health education, this proverb could serve as a direct invitation to break silence around mental illness, abuse, addiction, or sexual health.

Proverb 10—"Do not seize a butterfly from a hen's mouth"—prohibits the abuse of power over those in vulnerable positions. The image is delicate: a butterfly, fragile and beautiful, is seized not from the hen's hand but from its mouth—at the very moment the hen is about to receive satisfaction. This proverb directly addresses psycho-social dynamics of domination, exploitation, and the abuse of positional authority. It functions as both an ethical injunction and a social corrective, naming and prohibiting conduct that produces victims and perpetrators—both of whom bear psycho-social consequences.

Proverb 9—"You will develop stomach problems if you do not eat raw beans"—uses paradox to counsel the innocent against unwarranted anxiety. Raw beans are indigestible—the person who has not consumed them cannot suffer their consequences. Applied to guilt and conscience, this proverb tells the innocent: if you have done nothing wrong, you have nothing to fear, like it is said in another proverb, "an innocent man fears no accusation". For individuals experiencing paranoia, false guilt, or anxiety driven by social accusation rather than actual wrongdoing, this proverb offers reassurance grounded in logical consequence.

Proverb 3—"Never leave your hoe at home while going to the farm"—addresses the fundamental link between self-care and productive capacity. Adequate nourishment is not indulgence; it is the prerequisite for work. The person who deprives themselves of adequate rest, food, or care in the name of productivity undermines the very capacity they are trying to deploy. This proverb supports the case for self-care as a rational, not merely pleasurable, practice—a framing that may be more persuasive in communities where self-sacrifice is culturally valorized.

5. Discussion: Toward an Integrative Psycho-Social Healthcare Model

The foregoing analysis demonstrates that the 25 proverbs examined here engage with a remarkably comprehensive range of psycho-social health concerns. Across themes of resilience, social support, identity, intergenerational relations, and behavioral regulation, these proverbs perform therapeutic work through metaphor, paradox, humor, cultural affirmation, and communal wisdom. Their efficacy as psycho-social tools does not depend on clinical infrastructure, trained personnel, or pharmaceutical supply chains. They are portable, memorable, culturally resonant, and already embedded in community life.

The findings suggest that the 25 proverbs selected from the corpus hold therapeutic potentials in that the thematic clusters indicate that these proverbs contain messages capable of offering emotional comfort, moral guidance, and coping strategies. This implies that they may function as cultural resources for psychological support within African oral traditions. The proverbs are presented as potential therapeutic cultural tools that warrant further empirical testing, rather than

as confirmed clinical interventions.

This analysis supports the broader argument for integrating proverbs into formal and community-based healthcare frameworks in Cameroon. We propose a model of integrative psycho-social healthcare that proceeds along three axes:

First, community health workers and traditional healers should be trained to deploy proverbs and other oral literary forms as therapeutic communication tools. The therapeutic conversation—already central to both traditional healing and psycho-social support—can be enriched by the deliberate use of culturally anchored proverbs that reframe distress, affirm resilience, and mobilize community support.

Second, mental health education and psycho-social awareness campaigns should draw on indigenous oral resources to translate concepts of emotional well-being, help-seeking, and relational health into culturally legible terms. Proverb 5, for instance—"The woman who is ashamed to open her legs to a midwife will die during childbirth"—offers a powerful community-level message about the dangers of stigma and the necessity of disclosure that Western mental health messaging cannot match in cultural immediacy.

Third, academic and policy institutions should invest in the systematic documentation and analysis of oral therapeutic traditions across Cameroon's 250 plus ethnic groups. Fochang's (2013) *Wisdom of African Sages* exemplifies the kind of scholarly work that makes this analysis possible. Similar documentation projects, pursued in partnership with community knowledge holders, would generate an invaluable resource base for integrative healthcare.

The pluriversalist framework that underlies this study insists that the value of these proverbs is not contingent on their validation by Western clinical science. They are not "complementary" to biomedical therapy in the sense of being secondary or subordinate. They represent a distinct, coherent, and historically proven system of psycho-social care. The appropriate relationship between this system and biomedical healthcare is dialogic, not hierarchical. Further studies should conduct comparative analyses across other Cameroonian communities to test whether these therapeutic themes are shared, adapted, or absent everywhere. Such cross-cultural comparison would strengthen claims about broader national patterns and avoid overstating the representativeness of a single community's corpus.

6. Conclusion

This study has demonstrated that the proverbs of the Bali Nyonga people, as documented in Babila Fochang's *Wisdom of African Sages*, contain a rich repository of psycho-social therapeutic resources. Through the analysis of 25 proverbs, we have shown that proverbs address the full spectrum of psycho-social health concerns—from individual resilience and self-worth to social solidarity, intergenerational care, and behavioral regulation. These proverbs do not merely reflect cultural values; they actively intervene in the psychological and social lives of those who hear, recall, and apply them. Cameroon's healthcare system, historically

shaped by biomedical and Western psychiatric frameworks, has not adequately engaged with this indigenous therapeutic heritage. A pluriversalist approach—one that treats proverbs as epistemically legitimate and therapeutically potent—offers a corrective orientation. Healthcare practitioners, policymakers, and community leaders should recognize proverbs not as a relic of the past but as a living resource for present and future psycho-social wellbeing. Proverbs do not require hospitals, prescriptions, or insurance. They require listening, memory, and the cultural humility to recognize that wisdom has never been the exclusive property of any single civilization. The proverb knows this. It is time that healthcare policy does too.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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