

Shamanism and Psychoanalysis

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By posing the question of whether it is more relevant to investigate the psychopathology of the shaman or the effects of shamanism on its followers, Philippe Mitrani's article has the merit of going to the heart of a controversy that has divided analysts of shamanism.

It is, however, somewhat risky to speak of a psychoanalytic approach to shamanism, given that this method is applied only to the cure. On the other hand, the theory does allow us to isolate certain key concepts (among them primary and secondary mental processes; the real, imaginary, and symbolic worlds; regression, abreaction, transfer, and sublimation) that can be usefully employed to explore the effects of human psychic and cerebral activity on social interactions. These quasi-concepts can even be tested for their applicability to the study of mental phenomena in all its areas of expression.

The attention that ethnologists have given to "altered states of consciousness" and to the nature of the trance (real or simulated?) is reminiscent of a similar debate that Sigmund Freud engaged in with Joseph Breuer in his *Études sur l'hystérie*¹; in the case of Freud and Breuer, the question was whether a particular mental make-up was necessary to allow certain patients suffering from hysteria to be capable of "hypnotic states." Freud's inescapable conclusion was that confusion, drunkenness, and mental delusion were universal phenomena and that hysteria, as an offshoot of them, was related to a common mental structure. The shaman, therefore, ought not to be thought of as an individual with a unique mental make-up but rather as a personage entrusted with the particular responsibility that a professional shaman has in regard to the society that has chosen him.

Having done a comparative study of numerous sources, Philippe Mitrani emphasizes the difficulty of defining the exact content of

1. Sigmund Freud, *Études sur l'hystérie*, Paris, P.U.F. 1956 (communication préliminaire par J. Breuer et S. Freud, republished 1983).

the ideas encountered, because they are so often expressed in a vocabulary borrowed from other fields. He himself calls his article "A Critical Overview..." but in fact it deals only with the psychoanalytic contribution. This vocabulary, it should be recalled, tends to lose its original value, wearing itself out like a coin passed from hand to hand. For example, the term "hysteria" means something different in its pre- and post-Freudian usage, and it has an altogether different meaning in contemporary usage. This ambiguity is a result of the epistemological rupture caused by Freud's introduction of the concept of the Unconscious into psychological discourse. The same kind of ambiguity obtains in the case of schizophrenia. In French practice, schizophrenia is attributed to dissociative psychoses; the diagnosis of schizophrenia is based not on the manifestation of delirium as a symptom but rather on the psychological structure that underlies the delirium (*delirare*, "to leave the tracks"). On the other hand, in Anglo-Saxon countries the concept of schizophrenia encompasses all manifestations of delirium and hallucination without prejudgement of the underlying causal process. What links the two approaches is the similarity in the symptoms of the malady.

However, rather than seeking a common vocabulary or the correct distance to assume in regard to the object studied, the objective ought to be to lead the participants on both sides of the debate – by means of their different approaches – to forms of thought that they would not otherwise have been able to achieve; more than synthesis, the aim of interdisciplinary study is creativity, because more meaning can result from it. What is treated in both shamanic and psychoanalytic cures is a specific experience of deep emotional import to the person who requests the cure; also, in both cures, statements are made and heard from both sides. In the course of the ritual protocol followed by the shaman, he evokes the decisive elements of the patient's life and then connects these elements to the mythology of the group; this is done in order to create a place for them within a coherent system, which is effected by means of a succession of metaphors whose aim is catharsis, a condition of psychic coding.

This procedure allows a large degree of freedom to the shaman; he can bring into play all his powers of imagination and his skills as an actor in order to stage the myths of the group in their spoken formulation. In the same way the psychoanalyst is free to use his associations and interpretations in analysis since the source of the

psychoanalytic cure is not necessarily the revelation of a real or imagined conflict: if it were, hypnosis would long ago have become the treatment for neurosis. Hypnosis depends on suggestion, which is achieved through an altered state of consciousness induced by the therapist. Hypnotic suggestion can lead to the disappearance of symptoms but cannot resolve the underlying conflicts; these can always reappear in new forms. The source of the psychoanalytic cure is the use of the right words at the right moment, spoken by the analyst, that is to say through transference and its repetition *hic et nunc*, which gives meaning to what is taking place. The analyst, the "protagonist of flesh and blood," as Claude Lévi-Strauss has called him,² offers himself as a medium for transference. The shaman too offers up his body; with leaps and bounds he becomes an incarnation of the spirit he has successfully identified and with whom he must negotiate. It is at that moment, Lévi-Strauss affirms, that he becomes "the real protagonist of the conflict that the 'sufferer' is experiencing half way between the organic and psychic worlds." In this way the shaman's body is offered in imagination for a symbolic activity that concerns not only the body of the sufferer but the institutions of his society and the laws of nature.

Translated from the French by Thomas Epstein.

2. Claude Lévi-Strauss, *Anthropologie Structurale*, Paris, Plon 1958, chapter 10, "L'efficacité symbolique," p. 219.