

The episode that follows is obscure. It would seem that the sick woman is not yet cured. The shaman leaves for the mountains with people of the village to gather medicinal plants, and he returns to the attack in a different way. This time it is he who, by imitating the penis, penetrates the 'opening of muu' and moves in it 'like *nusupane* . . . completely drying the inner place' (453-4). Yet the use of astringents suggests that the delivery has taken place. Finally, before the account of the precautions taken to impede Muu's escape, which we have already described, we find the shaman calling for help from a people of Bowmen. Since their task consists in raising a cloud of dust 'to obscure . . . Muu's way' (464), and to defend all of Muu's crossroads and byroads (468), their intervention probably also pertains to the conclusion.

The previous episode perhaps refers to a second curing technique, with organ manipulation and the administration of remedies. Or it may perhaps match, in equally metaphorical terms, the first journey, which is more highly elaborated in the text. Two lines of attack would thus have been developed for the assistance to the sick woman, one of which is supported by a psychophysiological mythology and the other by a psychosocial mythology – indicated by the shaman's call on the inhabitants of the village – which, however, remains undeveloped. At any rate, it should be observed that the song ends after the delivery, just as it had begun before the cure. Both antecedent and subsequent events are carefully related. But it is not only Muu's elusive stray impulses that the cure must, through careful procedures, be effected; the efficacy of the cure would be jeopardised if, even before any results were to be expected, it failed to offer the sick woman a resolution, that is, a situation wherein all the protagonists have resumed their places and returned to an order which is no longer threatened.

The cure would consist, therefore, in making explicit a situation originally existing on the emotional level and in rendering acceptable to the mind pains which the body refuses to tolerate. That the mythology of the shaman does not correspond to an objective reality does not matter. The sick woman believes in the myth and belongs to a society which believes in it. The tutelary spirits and malevolent spirits, the supernatural monsters and magical animals, are all part of a coherent system on which the native conception of the universe is founded. The sick woman accepts these mythical beings or, more accurately, she has never questioned their existence. What she does not accept are the incoherent and arbitrary pains, which are an alien element in her system but which the shaman, calling upon myth, will reintegrate within a whole where everything is meaningful.

Once the sick woman understands, however, she does more than resign herself; she gets well. But no such thing happens to our sick when the

causes of their diseases have been explained to them in terms of secretions, germs, or viruses. We shall perhaps be accused of paradox if we answer that the reason lies in the fact that microbes exist and disease is external to the mind of the patient, for it is a cause-and-effect relationship; whereas the relationship between monster and disease is internal to his mind, whether conscious or unconscious: It is a relationship between cymbol and thing symbolised, or, to use the terminology of linguists, between sign and meaning. The shaman provides the sick woman with a *language*, by means of which unexpressed, and otherwise inexpressible, psychic states can be immediately expressed. And it is the transition to this verbal expression – at the same time making it possible to undergo in an ordered and intelligible form a real experience that would otherwise be chaotic and inexpressible – which induces the release of the physiological process, that is, the reorganisation, in a favorable direction, of the process to which the sick woman is subjected.

In this respect, the shamanistic cure lies on the borderline between our contemporary physical medicine and such psychological therapies as psychoanalysis. Its originality stems from the application to an organic condition of a method related to psychotherapy. How is this possible? A closer comparison between shamanism and psychoanalysis – which in our view implies no slight to psychoanalysis – will enable us to clarify this point.

In both cases the purpose is to bring to a conscious level conflicts and resistances which have remained unconscious, owing either to their repression by other psychological forces or – in the case of childbirth – to their own specific nature, which is not psychic but organic or even simply mechanical. In both cases also, the conflicts and resistances are resolved, not because of the knowledge, real or alleged, which the sick woman progressively acquires of them, but because this knowledge makes possible a specific experience, in the course of which conflicts materialise in an order and on a level permitting their free development and leading to their resolution. This vital experience is called *abreaction* in psychoanalysis. We know that its precondition is the unprovoked intervention of the analyst, who appears in the conflicts of the patient through a double transference mechanism, as a flesh-and-blood protagonist and in relation to whom the patient can restore and clarify an initial situation which has remained unexpressed or unformulated.

All these characteristics can be found in the shamanistic cure. Here, too, it is a matter of provoking an experience; as this experience becomes structured, regulatory mechanisms beyond the subject's control are spontaneously set in motion and lead to an orderly functioning. The shaman plays the same dual role as the psychoanalyst. A prerequisite role – that of listener for the psychoanalyst and of orator for the shaman – establishes a

direct relationship with the patient's conscious and an indirect relationship with his unconscious. This is the function of the incantation proper. But the shaman does more than utter the incantation; he is its hero, for it is he who, at the head of a supernatural battalion of spirits, penetrates the endangered organs and frees the captive soul. In this way he, like the psychoanalyst, becomes the object of transference and, through the representations induced in the patient's mind, the real protagonist of the conflict which the latter experiences on the border between the physical world and the psychic world. The patient suffering from neurosis eliminates an individual myth by facing a 'real' psychoanalyst; the native woman in childbed overcomes a true organic disorder by identifying with a 'mythically transmuted' shaman.

This parallelism does not exclude certain differences, which are not surprising if we note the character – psychological in the one case and organic in the other – of the ailment to be cured. Actually the shamanistic cure seems to be the exact counterpart to the psychoanalytic cure, but with an inversion of all the elements. Both cures aim at inducing an experience, and both succeed by recreating a myth which the patient has to live or relive. But in one case, the patient constructs an individual myth with elements drawn from his past; in the other case, the patient receives from the outside a social myth which does not correspond to a former personal state. To prepare for the abreaction, which then becomes an 'adreaction', the psychoanalyst listens, whereas the shaman speaks. Better still: when a transference is established, the patient puts words into the mouth of the psychoanalyst by attributing to him alleged feelings and intentions; in the incantation, on the contrary, the shaman speaks for his patient. He questions her and puts into her mouth answers that correspond to the interpretation of her condition, with which she must become imbued:

My eyesight is straying, it is asleep on Muu Puklip's path.

It is Muu Puklip who has come to me. She wants to take my *niga purbalele* for good.

Muu Nauryaiti has come to me. She wants to possess my *niga purbalele* for good.

etc. (97–101)

Furthermore, the resemblance becomes even more striking when we compare the shaman's method with certain recent therapeutic techniques of psychoanalysis. R. Desoille, in his research on daydreaming,¹³ emphasised that psychopathological disturbances are accessible only through the language of symbols. Thus he speaks to his patients by means of symbols, which remain, nonetheless, verbal metaphors. In a more recent work, with which we were not acquainted when we began this study, M. A. Sechehayé

goes much further.¹⁴ It seems to us that the results which she obtained while treating a case of schizophrenia considered incurable fully confirm our preceding views on the similarities between psychoanalysis and shamanism. For Sechehaye became aware that speech, no matter how symbolic it might be, still could not penetrate beyond the conscious and that she could reach deeply buried complexes only through acts. Thus to resolve a weaning complex, the analyst must assume a maternal role, carried out not by a literal reproduction of the appropriate behavior but by means of actions which are, as it were, discontinuous, each symbolising a fundamental element of the situation – for instance, putting the cheek of the patient in contact with the breast of the analyst. The symbolic load of such acts qualifies them as a language. Actually, the therapist holds a dialogue with the patient, not through the spoken word, but by concrete actions, that is, genuine rites which penetrate the screen of consciousness to carry their message directly to the unconscious.

Here we again encounter the concept of manipulation, which appeared so essential to an understanding of the shamanistic cure but whose traditional definition we must broaden considerably. For it may at one time involve a manipulation of ideas and, at another time a manipulation of organs. But the basic condition remains that the manipulation must be carried out through symbols, that is, through meaningful equivalents of things meant which belong to another order of reality. The *gestures* of Sechehaye reverberate in the unconscious *mind* of the schizophrenic just as the *representations* evoked by the shaman bring about a modification in the organic *functions* of the woman in childbirth. Labor is impeded at the beginning of the song, the delivery takes place at the end, and the progress of childbirth is reflected in successive stages of the myth. The first penetration of the vagina by the *nelegan* is carried out in Indian file (241) and, since it is an ascent, with the help of magical hats which clear and light up the way. The return corresponds to the second phase of the myth, but to the first phase of the physiological process, since the child must be made to come down. Attention turns toward the *nelegan's* feet. We are told that they have shoes (494–6). When they invade Muu's abode, they no longer march in single file but in 'rows of four; (388); and, to come out again in the open air, they go 'in a row' (248). No doubt the purpose of such an alteration in the details of the myth is to elicit the corresponding organic reaction, but the sick woman could not integrate it as experience if it were not associated with a true increase in dilatation. It is the effectiveness of symbols which guarantees the harmonious parallel development of myth and action. And myth and action form a pair always associated with the duality of patient and healer. In the schizophrenic cure the healer performs the actions and the patient produces his myth; in the shamanistic cure the healer supplies the myth and the patient performs the actions.

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The analogy between these two methods would be even more complete if we could admit, as Freud seems to have suggested on two different occasions,¹⁵ that the description in psychological terms of the structure of psychoses and neuroses must one day be replaced by physiological, or even biochemical, concepts. This possibility may be at hand, since recent Swedish research¹⁶ has demonstrated chemical differences resulting from the amounts of polynucleids in the nerve cells of the normal individual and those of the psychotic. Given this hypothesis or any other of the same type, the shamanistic cure and the psychoanalytic cure would become strictly parallel. It would be a matter, either way, of stimulating an organic transformation which would consist essentially in a structural reorganisation, by inducing the patient intensively to live out a myth – either received or created by him – whose structure would be, at the unconscious level, analogous to the structure whose genesis is sought on the organic level. The effectiveness of symbols would consist precisely in this ‘inductive property’, by which formally homologous structures, built out of different materials at different levels of life – organic processes, unconscious mind, rational thought – are related to one another. Poetic metaphor provides a familiar example of this inductive process, but as a rule it does not transcend the unconscious level. Thus we note the significance of Rimbaud’s intuition that metaphor can change the world.

The comparison with psychoanalysis has allowed us to shed light on some aspects of shamanistic curing. Conversely, it is not improbable that the study of shamanism may one day serve to elucidate obscure points of Freudian theory. We are thinking specifically of the concepts of myth and the unconscious.

We saw that the only difference between the two methods that would outlive the discovery of a physiological substratum of neurosis concerns the origin of the myth, which in the one case is recovered as an individual possession and in the other case is received from collective tradition. Actually, many psychoanalysts would refuse to admit that the psychic constellations which reappear in the patient’s conscious could constitute a myth. These represent, they say, real events which it is sometimes possible to date and whose authenticity can be verified by checking with relatives or servants.¹⁷ We do not question these facts. But we should ask ourselves whether the therapeutic value of the cure depends on the actual character of remembered situations, or whether the traumatising power of those situations stems from the fact that at the moment when they appear, the subject experiences them immediately as living myth. By this we mean that the traumatising power of any situation cannot result from its intrinsic features but must, rather, result from the capacity of certain events, appearing within an appropriate psychological, historical, and social context, to induce an emotional crystallisation which is molded by a pre-existing struc-

ture. In relation to the event or anecdote, these structures – or, more accurately, these structural laws – are truly atemporal. For the neurotic, all psychic life and all subsequent experiences are organised in terms of an exclusive or predominant structure, under the catalytic action of the initial myth. But this structure, as well as other structures which the neurotic relegates to a subordinate position, are to be found also in the normal human being, whether primitive or civilised. These structures as an aggregate form what we call the unconscious. The last difference between the theory of shamanism and psychoanalytic theory would, then, vanish. The unconscious ceases to be the ultimate haven of individual peculiarities – the repository of a unique history which makes each of us an irreplaceable being. It is reducible to a function – the symbolic function, which no doubt is specifically human, and which is carried out according to the same laws among all men, and actually corresponds to the aggregate of these laws.

If this view is correct, it will probably be necessary to re-establish a more marked distinction between the unconscious and the preconscious than has been customary in psychology. For the preconscious, as a reservoir of recollections and images amassed in the course of a lifetime,¹⁸ is merely an aspect of memory. While perennial in character, the preconscious also has limitations, once the term refers to the fact that even though memories are preserved they are not always available to the individual. The unconscious, on the other hand, is always empty – or, more accurately, it is as alien to mental images as is the stomach to the foods which pass through it. As the organ of a specific function, the unconscious merely imposes structural laws upon inarticulated elements which originate elsewhere – impulses, emotions, representations, and memories. We might say, therefore, that the preconscious is the individual lexicon where each of us accumulates the vocabulary of his personal history, but that this vocabulary becomes significant, for us and for others, only to the extent that the unconscious structures it according to its laws and thus transforms it into language. Since these laws are the same for all individuals in all instances where the unconscious pursues its activity, the problem which arose in the preceding paragraph can easily be resolved. The vocabulary matters less than the structure. Whether the myth is re-created by the individual or borrowed from tradition, it derives form its sources – individual or collective (between which interpenetrations and exchanges constantly occur) – only the stock of representations with which it operates. But the structure remains the same, and through it the symbolic function is fulfilled.

If we add that these structures are not only the same for everyone and for all areas to which the function applies, but that they are few in number, we shall understand why the world of symbolism is infinitely varied in content, but always limited in its laws. There are many languages,

but very few structural laws which are valid for all languages. A compilation of known tales and myths would fill an imposing number of volumes. But they can be reduced to a small number of simple types if we abstract, from among the diversity of characters, a few elementary functions. As for the complexes – those individual myths – they also correspond to a few simple types, which mold the fluid multiplicity of cases.

Since the shaman does not psychoanalyse his patient, we may conclude that remembrance of things past, considered by some the key to psychoanalytic therapy, is only one expression (whose value and results are hardly negligible) of a more fundamental method, which must be defined without considering the individual or collective genesis of the myth. For the myth *form* takes precedence over the *content* of the narrative. This is, at any rate, what the analysis of a native text seems to have taught us. But also, from another perspective, we know that any myth represents a quest for the remembrance of things past. The modern version of shamanistic technique called psychoanalysis thus derives its specific characteristics from the fact that in industrial civilisation there is no longer any room for mythical time, except within man himself. From this observation, psychoanalysis can draw confirmation of its validity, as well as hope of strengthening its theoretical foundations and understanding better the reasons for its effectiveness, by comparing its methods and goals with those of its precursors, the shamans and sorcerers.

INTRODUCTION: REFERENCES

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 Laderman, C. (1987) 'The ambiguity of symbols in the structure of healing', *Social Science and Medicine*, 24: 293–301.

NOTES

1. Nils M. Holmer and Henry Wassén, *Mu-Igala or the Way of Muu, a Medicine Song from the Cunas of Panama* (Göteborg: 1947).
2. The numbers in parentheses refer to the numbered sections in the song.
3. E. Nordenskiöld, *An Historical and Ethnological Survey of the Cuna Indians*, ed. Henry Wassén, Vol. X of *Comparative Ethnographical Studies* (Göteborg: 1938), pp. 80 ff.
4. *ibid.*, pp. 360 ff., Holmer and Wassén, *op. cit.*, pp. 78–9.
5. Holmer and Wassén, *op. cit.*, p. 38, n. 44.
6. Nordenskiöld, *op. cit.*, p. 364 ff.
7. *ibid.*, pp. 607–8; Holmer and Wassén, *op. cit.*, p. 38, nn. 35–9.
8. The translation of *ti ipya* as 'whirlpool' seems to be strained. For certain South American natives, as also in the languages of the Iberian peninsula (cf. the Portuguese *olho d'agua*), a 'water eye' is a spring.

9. Holmer and Wassén, op. cit., pp. 65-6.
10. *ibid.*, p. 45, n. 219; p. 57, n. 539.
11. The question marks are Holmer and Wassén's, *nusupane* derives from *nusu*, 'worm', and is commonly used for 'penis' (see Holmer and Wassén, p. 47, n. 280; p. 57, n. 540; and p. 82).
12. *ibid.*, p. 85.
13. R. Desoille, *Le Rêve éveillé en psychothérapie* (Paris: 1945).
14. M. A. Sechehaye, *La Réalisation symbolique*, Supplement No. 12 to *Revue suisse de psychologie et de psychologie appliquée* (Berne: 1947).
15. In *Beyond the Pleasure Principle* p. 79, and *New Conferences on Psychoanalysis*, p. 198, cited by E. Kris, 'The nature of psychoanalytic propositions and their validation', in *Freedom and Experience, Essays presented to H. M. Kallen* (Ithaca, NY: 1947), p. 244.
16. Caspersson and Hyden, at the Karolinska Institute in Stockholm.
17. Marie Bonaparte, 'Notes on the analytical discovery of a primal scene'. In *The Psychoanalytic Study of the Child*, Vol. I (New York: 1945).
18. This definition, which was subjected to considerable criticism, acquires a new meaning through the radical distinction between preconscious and unconscious.