The Silent Woman and the Talking Vine

Amazonian Vegetalism, Incest and Interculturation

RESEARCH

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Intercultural Clinical Psychology
Academic Year 2017-2018
Under the supervision of Mr. Julien Teyssier

TABLE OF CONTENTS

Introduction 6

Theoretical Part 9

Initiatory Rite 9

The Four Characteristics of the Rite of Passage 9

Course of the Rite of Passage 10

The Takiwasi Center 11

Presentation 11

Course of a Seminar 12

Takiwasi: the Product of a Medical, Psychotherapeutic, Religious and Organizational Encounter 12

Takiwasi's Episteme: A Four-Dimensional Holistic Conception 13

Etiology of Suffering 15

a) The biomedical ontological cause and its consequences 15

b) The interpersonal ontological cause and its consequences 15

c) The psychological ontological cause and its consequences 16

d) The moral ontological cause and its consequences 16

Therapeutic methods and tools 17

a) Ritual 17

b) Icaros 18

c) Prayers 18

d) Sopladas 18

e) The chakapa 19

f) Master plants: nocturnal sessiones, purges and dieta 19

g) Purges 21

h) The dieta 21

Takiwasi seminars as an initiatory rite 22

a) Similar characteristics 22

Intercultural experience, process of interculturation 23

Indigenous treatments as sources of culture shock 23

From culture shock to identity shock 24

From identity shock to appropriation: a process of interculturation 25

Strategies and tools of the subject in a situation of interculturation: transient psychological reactions (TPRs) 25
Contributions of psychoanalysis to the concepts of interculturation and TPR....26
From the concept of identity to the concept of self 26
Incestuous Childhood Sexual Abuse (ICSA) 28
Metapsychological Consequences of ICSA....29
a) Death of the Ego and Death of Desire 29
Identification with the Aggressor and Splitting of the Ego....30
Confusion of Tongues, Premature Maturity and Intelligence–Affect Splitting 30
Consequences of Childhood Sexual Abuse for Adult Attitudes and Behaviors....31
a) Consequences of Identification with the Aggressor....31
b) Avoidance Behaviors 31
c) Dissociative Behaviors 32
Research Problem....32
Operational Questions and Hypotheses 33
The Intercultural Dimension 33
The Initiatory Dimension 34
The Psychotherapeutic Experience 35
Method....36
Population....36
Data 36
Origin 36
Why This Data-Collection Method?....37
Theme: Why Incest? 37
Data Processing 38
Thematic Grid 38
Attention to Countertransference Movements 38
Results 38
The Intercultural Dimension....38
H1: Victims of ICSA experience culture shocks and tensions more intensely than the other participants.. 38
H2: Appropriation of cultural elements from the Takiwasi center does not produce a more radical transformation of the self among victims of ICSA than among the other participants....40
H3: Victims of ICSA display more TPRs than the other participants....44
The Psychotherapeutic Experience 44

H4: Victims of ICSA experience more reliving of painful events than the other participants. 44
H5: Victims of ICSA experience more intense emotional catharses than the other participants....44
H6: Victims of ICSA experience more intense and more numerous personal insights than the other participants. 45
The Initiatory Dimension 47
H7: Victims of ICSA undergo more emotionally intense ordeals than the other participants, for two reasons. 47
H8: Victims of ICSA are more sensitive to experiences of physical and psychic death induced by the initiatory rite than the other participants. 49
H9: Victims of ICSA will experience more intense resurrection experiences, emotionally and cognitively, than the other participants. 51
H10: Victims of ICSA gain access to a broader new context of knowledge than the other participants. 53
Consequence of the Intercultural, Initiatory and Therapeutic Process: Transformation of the Self 55
Do victims of ICSA undergo more intense subjective experiences of self-transformation during ayahuasca ingestion than the other participants? 55
Discussion 56
Control Group 56
Claude 56
Germaine....57
Chantale 58
Group of Victims of ICSA 58
Ariane....58
Agathe....62
The Absence of TPRs 64
The Cathartic Effectiveness of Reliving 65
Personal Mythology: Giving Meaning to the Absurd....67
Limitations 67
Conclusion 69
Bibliography 71

INTRODUCTION

This research is the academic outcome of a personal process and, I say this in the hope of not yielding to projection, the expression of a phenomenon I would venture to call civilizational. This process is one of identity construction at the crossroads of diverse cultural influences. As a child of French nationality, descended from a line of Franco-Russo-German unions, I cannot reasonably grant my generation a monopoly on intercultural identity. Nevertheless, it is clear that cultural exchanges are intensifying and that it is increasingly difficult to escape the dynamic of cultural mixing that characterizes our postmodern world. Like technological change, cultural relations are intensifying, diversifying and accelerating exponentially. The changing world in which we live offers a proliferation of mixed cultural and group forms, produced by encounters between different ways of apprehending reality.

The medical and therapeutic fields are not exempt from this transformation. We are witnessing a multiplication of schools, theoretical systems, tools and therapeutic methods that constitute a parallel universe alongside the official approaches proposed by universities. While therapies inspired by psychoanalytic and cognitive-behavioral theories may appear to be the only ones existing within university departments, parallel approaches continue to grow and multiply, whether they are described as '*humanistic*,' *'transpersonal,' 'transactional,' 'existential,' 'logotherapeutic*,' or *'neo-shamanic*.' All these movements are commonly grouped under the term *'personal development*,' defined as an *'approach aimed at the growth of the individual in psychological, relational, intellectual and spiritual dimensions'* (Brunel, 2004). Since each therapist, facilitator or coach draws on varied sources, it is difficult to establish a precise map of this cultural melting pot.

The 1960s saw the development of the Euro-American counterculture. Many people who embraced this movement developed curiosity about altered states of consciousness and undertook initiatory journeys (Losonczy & Mesturini Cappo, 2010).

This enthusiasm, initially marginal within the hippie and Beat movements and professional among psychologists, neurologists and ethnologists, later became more widespread, notably through the circulation of Castaneda's testimonial books and LSD therapies in the United States. Certain remote villages in Latin America became '*cult*' destinations and received a substantial flow of '*pilgrims*' (Losonczy & Mesturini Cappo, 2010). *'Shamanic tourism'* was born.

Ever-increasing demand required the supply to adapt. The first *'shamanic centers'* were therefore created; today they offer plant-taking experiences in natural environments combined with the comfort of a good-quality hotel (Basset, 2013).

The Takiwasi center lies at the intersection of these different movements.

Founded in 1992 by Jacques Mabit, with financial assistance from the French government and the European Community, Takiwasi is both a drug-addiction treatment

center and a research center for traditional medicines. The project was intended to treat and heal addictive disorders, but also to create an opportunity for encounters and the sharing of medical knowledge among different existing forms of medicine.

After practicing for several years as a physician in hospitals in the Andean highlands, Jacques Mabit had been initiated by several *curanderos*[1] into various traditional healing techniques of the Peruvian Amazon. He wanted to preserve this knowledge, scientifically investigate its effectiveness, and enrich it by organizing encounters among healers from different parts of the world.

Personal-development seminars were therefore not part of the original project launched in the early 1990s; they were introduced several years later. The center stated two objectives: to generate enough income to allow the poorest patients in the region to receive treatment, and to enable the growing number of Westerners wishing to experience Amazonian *curanderismo* to do so in a secure setting.

Today, the center offers five 15-day personal-development retreats each year, during which participants experience the techniques and protocols of a hybrid Peruvian Amazonian traditional medicine.

This traditional therapy is based primarily on the use of emetic and psychoactive plants within ritualized settings inspired by Quechua and Catholic frames of reference. These sessions aim to clarify the subject's psychic dynamics and provide access to spiritual truths, while also producing somatic, affective, psychic and spiritual purification.

Who are they?[2]

The overwhelming majority are French, with a few Swiss, Belgian or German participants; women and men are represented in roughly equal numbers. All have completed higher education or are currently pursuing it.

Most have undergone some form of therapeutic work, often varied - combining therapies recognized in academic circles with personal-development retreats - and sometimes for several years.

Most report no religious affiliation, although many express an interest in spirituality and wish to explore it more deeply. A small proportion are Catholic, and a number belong to the New Age 'nebula'[3].

The difficulties described by participants in their application letters vary: some describe themselves as depressed, others as anxious or drug-dependent.

Among these issues, one notable experience is incestuous childhood sexual abuse,

[1] Amazonian traditional healer.

[2] The following data come from a preliminary demographic survey I conducted before carrying out this study.

[3] The concept is imprecise and raises problems because the movement lacks organization; for this reason, I use the epithet 'nebula.'

reported by nearly 8% of seminar participants.

Childhood sexual abuse is legally defined as *'any use of a child's body for the pleasure of a person older than the child, whatever the relationship between them, even without [physical] coercion or violence'* (Sénat, 1996).

Incestuous childhood sexual abuse is a serious and widespread problem in France affecting all social classes. Nearly 5% of women and 1% of men experienced rape or attempted rape by a family member between the ages of 0 and 17 (CNRS, 2017).

All social classes appear to be affected relatively uniformly. The phenomenon only very rarely results in imprisonment of the perpetrator (10%). Approximately 70% of victims do not file a complaint, and on average they take 16 years to disclose the experience to someone, whether through deliberate silence or post-traumatic amnesia.

Incestuous childhood sexual abuse can have major psychic, relational and somatic consequences. Numerous researchers in psychiatry and psychoanalysis (Racamier, Bessoles, Salmona & Sabourin, among others) consider it one of the most powerful forms of violence that can be inflicted upon the human psyche and emphasize the difficulty of healing this fundamental wound to the person.

Peru is, in this study, the setting for an encounter between a suffering subject and a therapy that does not belong to that subject's own frame of reference.

At first glance, this subject may appear extremely specific and narrow, and it might seem unwise to focus on such an uncommon and improbable encounter when a more general subject could provide information about a phenomenon of broader significance.

I regard this subject, however, as an opportunity to explore domains that extend beyond it. To study an encounter is to open oneself to the worlds carried by its protagonists. Through the encounter between a French subject who is a victim of incest and Amazonian medicine, many essential dimensions come into play: incest and its consequences, identity transformation, mystical experience, altered states of consciousness, the meaning of healing, and the mechanisms of initiatory rites. These themes are highly important for understanding the civilization in which we live and, above all, for questioning our relationship with it. In a society where almost all rites of passage have disappeared, where altered states of consciousness are transgressive, where the concept of identity is questioned even in its ontological status, where the mystical is readily associated with the psychotic, and where sexual violence has become a public-health problem, undertaking this study is both interesting and risky. It examines an encounter between two systems of thought that are antagonistic on many points.

To my knowledge, this is the first academic research to address the effect of *curanderismo* on victims of incest, and also the first to examine personal-development retreats simultaneously from anthropological - as initiatory rites - psychoanalytic and intercultural perspectives. It therefore risks failing precisely where it may succeed: studying a phenomenon from several perspectives respects its complexity and offers varied and rich avenues for reflection, but makes the precise integration of its different

components difficult. Through this work I seek to conduct a preliminary holistic exploration capable of generating questions, hypotheses and intuitions for later investigation.

THEORETICAL PART

Initiatory Rite

'In its anthropological meaning, ritual is a set of acts intended to ensure a transformation'; 'it possesses material, social, political and symbolic efficacy'; and it 'goes beyond the reflective universe of thought' (Raineau, 2006). What does this mean? This definition allows us to glimpse the essence of ritual: an effective act whose unfolding transforms the status of an object, whether material, human or social. Ritual thus marks a break in the position of the object, which passes from one state to another.

The Four Characteristics of the Rite of Passage

When a rite is said to be initiatory, the object it transforms is human. Different forms of initiatory rites exist depending on the objective of the transformation (Eliade, 1976). Whether the aim is to enter adulthood, join a secret society, or obtain priestly status, the rite will not be exactly the same. According to Eliade, however, the rite of passage into adulthood is the prototype of all initiatory rites.

It has four characteristics: it enables a change of identity, transmits a new experience and new knowledge, is irreversible, and is painful.

The rite moves the subject from one identity to another. This change is three-dimensional (Jonathan Ahovi, 2010).

1) A change in social status: the rite of passage transforms the initiate's identity insofar as the initiate occupies a different position within the society to which he or she belongs. This is one reason rites of passage occur at crucial moments of existence (Van Gennep). The rite introduces the subject into a new reality, a new role and new relationships with peers; the mere fact of having undergone the process legitimizes the new status. Marriage rites, for example, lead to a new system of rights and duties for spouses. Freud (1913) describes the prohibition placed on married women in certain tribes, who may no longer meet male members of their family alone.
2) A psychological change: the rite of passage is a process of psychic metamorphosis; it transforms the subject's personality profoundly and durably. This is why it accompanies key moments of human existence. It is the logical continuation of identity crises, securing the subject and providing a new frame of reference through which these changes can be experienced safely. Such changes may be related to puberty, mourning, the arrival of a child, or any new

event charged with intense emotional content and requiring psychic metabolization.

3) A religious or metaphysical change: the fundamental purpose of the rite of passage is to provide meaning. It allows the subject to integrate the crisis by placing upon it the seal of significance. The objects of this meaning may vary: the meaning of life, death, the world, masculinity and femininity, and so on.

The rite of passage transmits a new experience and new knowledge. This unique experience, exceptional within its spatial and temporal context, enables the initiate to perceive reality differently. In this sense, rites of passage go beyond reflexivity and do not merely give the subject access to new information; rather, they *'allow the subject to gain access not to knowledge itself but to a new context of knowledge*' (Ahovi, 2010).

The rite of passage is irreversible. By radically transforming the subject's identity and integrating the subject into a new social and intellectual context, its effects cannot be undone.

This is why the rite of passage is painful. To bring about such a radical transformation of identity, the rite uses tools and methods involving 'suffering' which, through the symbolic framework in which they are produced, permit the death and rebirth of the initiate. Although these sufferings are often inflicted on the body, they have consequences for the subject's psyche. Among the Aguaruna of northern Peru, for example, young men become adults and obtain a house, wife and function within their community after ingesting several bowls of a purgative ayahuasca tea[4] called *Datem umaja imutai waimaktasa* (Torres, 2012). The drink induces physical pain - stomach aches, vomiting and diarrhea - as well as powerful psychic experiences such as disorientation, visions, sensations of being elsewhere, dissociation and identification with an animal. Among the Sateré, future adults wear gloves filled with *Paraponera clavata* ants - also called bullet ants because of the pain of their sting - while dancing repetitively to sustained rhythms. The dancing is intended to promote trance phenomena and hallucinations (Bothelo, 2011).

Course of the Rite of Passage

These four characteristics of ritual are enabled and framed by a strict and universal sequence (Van Gennep, 1909), organized into three phases: preliminary, liminal and aggregation.

The preliminary phase: novices begin by leaving the society to which they belong and form a group led toward an unknown destination. Through this distancing they symbolically renounce society as they had known it through the filter of their identity. By leaving their society, they abandon their structure for accessing reality.

The liminal phase: this symbolic journey outside their psychological and social

[4] A preparation very different in composition and effects from the ayahuasca used at Takiwasi.

reference points is only an introduction to the profound transformation accomplished during liminality. Once at their destination, they enter a sacred time and space outside everyday reality. Rules and relationships are different there, and ordinary norms are broken. This phase is composed of three stages. First, the novice is subjected to a series of difficult and painful ordeals. These ordeals push the novice to the limits of physical and psychic capacities, allowing an experience of physical death (death) and/or psychic death (madness). Girard (1979) describes this ordeal as a crisis with a salvific effect[5]. This death is sought only insofar as it permits the construction of a new identity, a new person. It therefore culminates in the symbolic birth of the subject who emerges victorious from the experience of death. As Girard (1978) writes, in rites of passage the undifferentiated state coincides with the loss of a previous identity and of a specificity that has now dissolved. The rite first emphasizes and aggravates this loss, making it as complete as possible, not because it has a *'nostalgia for immediacy*,' as Lévi-Strauss might say, but in order to facilitate the postulant's acquisition of a new identity and definitive differentiation. This *'definitive differentiation'* is made possible and reinforced by further ordeals intended to foster the initiate's new identity.

Aggregation: the group then leaves this sacred space-time and is reincorporated into society. Upon returning, its members assume their new status and receive recognition from their community for their identity transformation.

Before understanding how the Takiwasi seminars conform to the form of rites of passage, it is necessary to describe their genesis, functioning and the episteme underlying the activities offered.

The Takiwasi Center

Presentation

Takiwasi is a drug-addiction treatment center and a center for scientific research into traditional medicines. It was founded in 1992 by Dr. Jacques Mabit, a physician originally specialized in tropical diseases, also trained in naturopathy and initiated into the traditional medicine of the Peruvian Upper Amazon by Lamista healers. Takiwasi is therefore the product of an intercultural, intermedical and interreligious encounter.

The center has three areas of activity. Its principal activity is the treatment of people with drug addiction, regardless of the substances used, within a particular therapeutic setting developed over the years. Patients live communally in a shared space known as the *cuadra*, where they are responsible for daily life. They carry out housekeeping, cooking, cultivation and bread-making, and receive treatment based on the ingestion of plants - emetic, psychoactive and medicinal - psychotherapeutic interviews with the center's therapists, and various afternoon workshops that may be therapeutic, cultural, artistic, sporting or social.

[5] 'The postulant must be made to pass through as terrible a crisis as possible so that the saving effect of sacrifice may be triggered for his benefit.'

Its two secondary activities are the production of medicinal products based on the region's pharmacopoeia and a research unit that hosts students and researchers from various disciplines wishing to explore traditional medicine as part of a study or publication. Because most local patients cannot afford treatment costs, the center regularly offers personal-development seminars for French speakers in order to finance its main activity, which operates at a loss.

Course of a Seminar

These seminars offer a concentrated experience of the center's medical tools and methods. Over two weeks, participants take a powerful psychoactive brew called ayahuasca on three occasions. These sessions are preceded by the ingestion of emetic plants - tobacco juice, concentrated elderberry, lily-bulb extract, among others - within a ritualized context, as well as a five-day isolation dieta in the forest during which the person fasts and takes medicinal plants known as *master plants*. On the day following each session, participants meet for several hours to share the events of the night and receive interpretations from Takiwasi's two French-speaking curanderos, Jacques Mabit and Fabienne Bâcle. Numerous periods of free time are provided, while accommodation and meals are not supplied by the center. Midway through the seminar, a recreational activity is offered, varying from year to year, such as rafting, hiking, or visits to waterfalls or lakes in the region.

Takiwasi: the Product of a Medical, Psychotherapeutic, Religious and Organizational Encounter

From a medical standpoint, Takiwasi synthesizes three medical currents: modern Western medicine, Western naturopathy inherited from medieval medicine, and the traditional Amazonian medicine of the *vegetalistas*[6] (Dupuis, 2009). Although *curanderismo* is given pride of place, the other two medical currents also serve as references. Patients regularly undergo blood tests; some illnesses are treated with infusions made from Amazonian plants as well as European plants such as chamomile or valerian, while others, such as parasitic diseases, are treated with allopathic medicines. Treatment prescriptions are made by Rosa Giove, Jacques Mabit's wife and a general practitioner.

From a psychotherapeutic standpoint, psychologists and curanderos work together, and some individuals perform both functions. The center's executive director, Jaime Torrez, for example, is both psychologist and curandero, while the two longest-serving members of the therapeutic team are also trained in the therapeutic tools of the vegetalistas.

From a religious standpoint, Takiwasi brings together Amazonian cosmogony and

[6] *Vegetalistas* are healers specialized in the use of plants. They differ from *perfumeros*, who specialize in handmade perfumes, and hueseros, who specialize in massage.

Roman Catholicism. Prayers to Christ, the Virgin and the saints have enriched the curandero's range of tools. Takiwasi goes a step further by having a chapel consecrated by the bishop and by benefiting from the presence of an appointed priest whose apostolate includes accompanying the center's staff and patients. The center is therefore recognized by the ecclesial institution. Nevertheless, the center presents itself as non-denominational, since religious affiliation is not a criterion for employment or admission. Strictly speaking, this is not syncretism, because Amazonian and Christian conceptions are not placed indiscriminately on the same level (Dupuis, 2009). Jacques Mabit considers Amazonian medicine to be a '*technology*' and a body of knowledge concerning certain dimensions of the spiritual world, together with useful therapeutic tools, but not something capable of giving meaning to reality in the way Catholicism does (Apffel-Marglin, 2007).

The modern Western dimension is expressed in the center's structure and operation. Founded with European subsidies, recognized as serving the public interest by the Peruvian Ministry of Health, and equipped with permanent buildings housing an administrative service and a laboratory meeting standards, the center displays all the characteristics of a modern institution. Curanderos and psychologists are salaried employees, and every applicant for treatment or a seminar must first submit a complete medical file before being considered for admission.

Takiwasi's Episteme: A Four-Dimensional Holistic Conception

Dupuis (2009) produced an ethnography of the Takiwasi center in which he describes its episteme and etiological conceptions. This system of thought is above all an anthropology in the etymological sense, insofar as it answers the question: 'What is the human being?' According to this holistic conception, the human being exists in four interacting dimensions: physical, psychic, spiritual and energetic.

The human being possesses a biological, physical dimension. Modern Western medicine is the discipline specialized in describing its composition and functioning. However, naturopathy and traditional medicine retain a place in the analysis of the human organism as a unified and functional whole, an approach that modern medicine tends to neglect in favor of hyperspecialization and localization.

The human being also possesses a spiritual dimension. Beyond the biological and cultural, spirit is immaterial and governed by laws other than those of matter. It is what enables the human being to enter into relationship with the Divine and with spirits.

The Divine is conceived here through Catholicism as an Infinite and Absolute Being: Pure Intelligence, Pure Truth, Pure Love and Pure Freedom, Creator of all things. Infinite, Absolute and Free, He is considered Almighty. As Creator and Love, He is the source of humanity and desires an intimate relationship with human beings. As Love and Truth, He is the source of a morality that transcends human penal and social organization. This morality is inferred from the characteristics described above and is something a person may choose, throughout life, to learn and put into practice. This

desire is neither a physiological need nor a psychic impulse, but belongs to the spiritual dimension at its deepest level. In this sense, a person learns to be free by acting according to divine morality, based on the Christian conception of Charity, which can be broadly defined as complete and selfless love for God and for creatures.

The human being is thus connected with all inhabitants of the spiritual world. Several types of spirits inhabit this invisible universe. All are considered immaterial and intelligent, and fully committed either to the service of Good - the Divine - or Evil, understood as the negation of Good. Angels are beings who serve as intermediaries between God and human beings. They inspire knowledge, offer protection against the forces of Evil, perform certain healings and deliver people from demonic influence. The spirits of plant species - which curanderos call *madre* - are among these positive and protective spirits. These include the spirits of tobacco and ayahuasca. These spirits manifest and act through preparations made from the plants over which they preside. Demons are rebellious angels whose sole objective is to break the relationship between God and human beings by turning people away from Him. They are considered the source of temptations, inspiring selfish desires devoid of love or negative thoughts that prevent happiness. In some cases, they may exert a stronger influence called 'infestation'[7] by the center's curanderos. Finally, the spiritual world is inhabited by the spirits of the deceased. Depending on how they lived and died, they may exist in different states and exercise different influences. They may protect and watch over their descendants or contaminate them. Among them are said to be the spirits of embryos lost through spontaneous or induced abortion.

The psychic dimension of the human being forms the junction between the somatic and spiritual dimensions. It is the place where identity is constructed and where passionate movements, thoughts and affects occur. It partly corresponds to the characteristics of psychoanalytic metapsychology: it is constructed through early experiences, possesses a vast unconscious dimension, and maintains its equilibrium through defense mechanisms. Takiwasi's curanderos and psychologists refer to concepts such as the unconscious, repression, neurosis, hysteria and delusion. The psychological theories they use, however, extend beyond psychoanalysis and draw on humanistic approaches (Frankl, Erickson, Rogers), transpersonal approaches (Jung, Stanislav Grof), Christian psychology (Simone Pacot, Leanne Payne) and curanderismo.

Finally, the human being possesses an energetic dimension. This dimension is never described precisely, but appears to refer to Eastern conceptions and to the European vitalist idea of a subtle vibratory body. According to Mabit, the energetic dimension lies at the heart of the teaching of Amazonian curanderismo but has no specific term of its own (Mabit, private conversation), since healers integrate it into the human being's physical bodily dimension. This vibratory body is said to emit the information contained in all the other dimensions: the strength and coloration of a person's energy depend on physical health, personality and spiritual state. In a sense, the energetic body appears to be the vibratory interface of the physical, psychic and spiritual dimensions.

[7] This phenomenon is described more precisely in the section on the etiology of illness.

Etiology of Suffering

In one chapter of his book *Why Do Men Barbecue?*, anthropologist Richard Shweder (2003) lists causal ontologies of suffering. Based on the study of different forms of therapy practiced around the world, he develops a model of seven ontological causes: biomedical (modern medicine), interpersonal (toxic relationships with close others, witchcraft), sociopolitical (an oppressive system), psychological (Freud's internal conflicts), astrophysical (the influence of the position of celestial bodies, as in astrology), moral (the consequences of transgressing the moral order of the universe), and emergent (attributed to poorly defined 'stress'). He notes that interpersonal, biomedical and moral causes are far more prevalent than the others. He nevertheless emphasizes two important points: whatever the system, it is rare for it not to be composed of several different ontological causes; and the moral cause, more than being therapeutic, functions above all as preventive medicine and as a norm of health.

The most salient ontological causes in the thinking defended by Takiwasi are moral, psychological, interpersonal and biomedical causes, each of which has consequences for all dimensions of the patient.

a) The biomedical ontological cause and its consequences:

From an etiological point of view, microbes, bacteria, viruses, parasites and drugs may be causes of suffering that must be fought. However, it is necessary to take the terrain into account, that is, the organism's resistance, the strength of its immune system, and dysfunctions of certain organs resulting from the person's lifestyle, in order to respond adequately to illness. These disturbances may influence the subject's other dimensions. On the psychological level, for example, lack of sleep caused by withdrawal syndrome will prevent the drug-dependent patient from sleeping and will make them experience various pains that negatively affect their motivation to continue treatment. In this case, therapists will use several different therapeutic tools. Passionflower and valerian are used for their pharmacological capacity to relax the nervous system and facilitate sleep, while the emetic purge using the yawar-panga plant enables cellular detoxification that hastens the end of withdrawal syndrome (Dupuis, 2009).

b) The interpersonal ontological cause and its consequences:

In accordance with traumatology (Salmona, 2013) and psychoanalytic authors (Freud, Ferenczi, Winnicott, Devereux...), Takiwasi caregivers consider that relational experiences may be at the origin of various psychological and somatic forms of suffering. Childhood trauma may contribute, on the behavioral level, to risk-taking, drug use and relational difficulties; on the psychological level, to obsessive thoughts or abulia; and on the physical level, to somatizations such as amenorrhea. Likewise, patients may be victims of spells cast by hateful individuals who are believed to have used magical ritual forms to harm them (Mabit, 2009). According to the logic of sorcery, the sorcerer's

hatred is projected onto the victim through an invoked spirit that then harasses and harms the person physically and psychologically, producing phenomena such as unexplained organic disorders, pseudo-psychotic symptoms such as visual, tactile or auditory hallucinations, or sudden emotional disturbances (depressive states, anxiety, etc.).

c) The psychological ontological cause and its consequences:

For Takiwasi's curanderos, this cause arises from the subject's unconscious internal conflicts, in a manner resembling Freudian theory as revisited by representatives of transpersonal psychology. Caught between the internalized norms of the Superego, unconscious desires and spiritual aspirations, the subject experiences a permanent struggle with pathological consequences for representations, behavior and the body; these conflicts may manifest somatically.

d) The moral ontological cause and its consequences:

According to Mabit (2009), major moral transgressions, which he calls acts "against life," produce a cascade of consequences across the different dimensions of the human being. These major moral faults are those that appear to reify others or oneself and tend to prevent personal realization and individuation. Major transgressions include incest, murder, rape, abuse and torture, suicide attempts and addictions. On the spiritual level, these acts are believed to grant demons a right of action over the subject's psyche. These entities are thus described as attaching themselves to the person and disturbing them, a condition the curanderos call infestation. In cases of rape and incest, infestation may also affect the victim, particularly when the rape is committed by a person in a position of authority (parent, priest, teacher). Psychologically, these transgressions are understood as producing a profound wound that causes anxiety and depression and may extend to delusional or hallucinatory episodes. Physically, demonic infestation is sometimes considered capable of influencing the area of the body symbolically related to the transgression. Examples given include disorders of the genital system among rape victims, uterine disorders and diseases among women who have undergone abortions, and body parts that seem to move autonomously.

For the center's curanderos, psycho-spiritual healing passes through forgiveness, regarded both as the goal and as a condition of healing. This makes the moral ontological cause the foundation of the etiology of suffering defended by Takiwasi. This forgiveness is twofold: forgiveness granted by the subject to those who have acted pathogenically toward them, and forgiveness requested for the subject's own transgressions.

This science of forgiveness makes the Catholic episteme the backbone of Takiwasi's therapeutic system. All shamanic and therapeutic activity at the center is ultimately intended to restore a metaphysical equilibrium and reintegrate the subject into the realm of Love (Mabit, 2006; 2016).

However, the complexity of the etiology defended by those responsible for the Takiwasi center invites us to qualify the concept of ontological cause. The holistic conception associated with the concept of the energetic body encourages us to understand the genesis of suffering as a multifactorial weaving together of the different dimensions of the human being, governed by different laws and sensitive to different kinds of disruptive factors. Thus, every lived experience exerts an influence on the subject's different dimensions. A traumatic experience of violence, for example, is experienced simultaneously on physical, psychological, energetic and spiritual levels. Violence acts upon the victim's body and nervous system, which retain a mnemonic engram of it. The psyche also experiences a wound with consequences for the subject's representations, affects and future behavior. On the energetic level, trauma is experienced as a disturbance of the subject's energetic homeostasis, which retains the vibrational trace of the aggression; on the spiritual level, the person is understood as being attacked by a demon that uses the aggressor's body to act and contaminate the victim.

Therapeutic methods and tools

a) Ritual

At Takiwasi, the ritual dimension of every therapeutic action is fundamental (Mabit, 1995), because ritual is regarded as the threshold that makes it possible to enter and safely leave an "other world," a spiritual world. "*It is a technique, an energetic mastery that is indispensabl*e" (Mabit, 1999). Ritual is therefore not conceived as a simple psychocultural or religious construction, but as an operative act that brings participants into another dimension of reality (Mabit, 2002). According to this epistemological conception, the absence or presence of a rigorous ritual is what distinguishes an effective medical use of psychoactive substances from the self-destructive use made of them by a drug addict (Mabit, 1995). The spiritual world is considered at the center to function according to laws and mechanisms different from those of the ordinary material and social world, a "*non-Euclidean*" space. There is consequently a significant risk of becoming lost or being subjected to harmful influences within this dimension of reality. This ritual engineering is regarded as active and effective for all members of the group, whether or not they adhere to this conception, with the same certainty with which a physician considers a thermometer to work regardless of whether the patient believes in it.

According to Mabit (1995; 1999), the principal risk involved in taking a psychoactive substance lies in a certain loosening of the link between matter and spirit: *"The problem is that once on the other side, one no longer knows how to return. This is the case of the drug addict. He therefore remains over there or up there... His body is here, but his spirit, his consciousness, is on the other side. And the dissociation increases with each experience, accelerates and worsens. It may end in the state we know in old junkies, whose bodies are completely deteriorated and who are no longer 'there.' They no longer*

inhabit their bodies." Furthermore, when the entry ritual is not performed, spirits external to the group may supposedly disrupt the session and attach themselves to participants, disturbing their psychological functioning after the effects have ended. When the closing ritual is not performed, participants' spirits may remain in an inter-dimensional state, potentially producing effects of permanent intoxication, dissociation, emotional blunting and/or a feeling of absence.

b) Icaros

The icaro is a song used as a therapeutic tool by curanderos (Giove, 1993). It is simultaneously a "*healing weapon, wisdom and the vehicle of the curandero's personal energy, the symbol of his power*." Because the icaro is understood as a tool of energetic influence, it may be used on a person or object to transmit a particular quality (protection, cleansing, healing, etc.). According to curanderismo, its effectiveness depends less on its form than on the power of the curandero who employs it. The quality of the curandero's diets, purges and periods of abstinence determines the quality of the energy transmitted through the song (Giove, 1993). Nevertheless, the curandero uses different icaros, each transmitting a different quality. They may be used at any time: during purges and ayahuasca sessions, as well as during individual or collective treatments without the ingestion of psychoactive plants. During ayahuasca ingestion and purges, the curandero decides which icaro to use according to circumstances and the diagnoses made; the songs are also used to influence participants' altered states. Indeed, "*the curanderos guide the healing process, modulate individual and collective energy and safeguard the unity of the group. When perceived in altered states of consciousness, the icaro helps metabolize visions, stirs subjective contents at different levels, and guides us in the work of self-exploration*" (Giove, 1993).

c) Prayers

The boundary between icaros and prayer is sometimes blurred. Many icaros appear to be hymns, defined by Saint Augustine as songs of praise addressed to God, while others are sung prayers of intercession. Spoken prayer nevertheless occupies a significant place in ayahuasca sessions. Jacques Mabit systematically begins sessions by reciting the prayer known as the minor exorcism of Leo XIII, while Jaime Torrez introduces each individual treatment with a prayer of petition to God and the Virgin Mary.

d) Sopladas

Like the icaro, the soplada is a tool used by the curandero to influence the state of an object or person. The procedure consists of the therapist blowing tobacco smoke or perfumed alcohol onto whatever he wishes to "charge." To perform a treatment, he generally blows over the patient's head, back, chest and hands. In the case of an energetic blockage in a particular location, he may also perform a soplada on that area.

e) The chakapa

The chakapa is an object—generally a rattle or a bundle of leaves—that the curandero uses in two ways: by shaking it, it produces a sound that he uses to accompany some of his icaros; and by passing it over the bodies of his patients, he uses it as an energetic broom to remove negative energies and/or regulate the person's vibrational flows.

f) Master plants: nocturnal sessions, purges and dieta

So-called "master" plants occupy a particular teaching role within Amazonian traditional therapy. By ingesting them, the consumer is understood to gain new knowledge and to undergo bodily, psycho-affective and spiritual modifications. "*When ingested appropriately, they generate knowledge through dreams, visions, perceptions and intuitions concerning their healing properties. [...] They also serve to bring us into an introspective vision of ourselves and of life in general*" (Torres, 1998). Each master plant has different characteristics and a particular sphere of action, making them a team of plant therapists (Dupuis, 2009). Although ayahuasca is considered the master plant par excellence, many plants, psychoactive or not, receive this designation.

Ayahuasca

Ayahuasca is a highly psychoactive brew composed of two plants which, when cooked together and ingested, produce a major alteration of consciousness.

Its principal psychoactive compound is DMT, a molecule naturally produced by the pineal gland of the human organism and other mammals and normally broken down by an enzyme called MAO, preventing its effects from being felt (Callaway, 2005). This molecule is accompanied by four alkaloids referred to as MAOIs, which inhibit this enzyme and allow DMT to remain in the organism and act on the nervous system. Over the long term, ayahuasca is described as stimulating serotonin-producing mechanisms and enabling the brain to secrete more of these neurotransmitters, known for their involvement in psychological states of well-being and satisfaction (Denys, 2005). According to the same author (2005), "*there is an increase in alpha and theta waves after taking Ayahuasca without any change in the amplitude of the beta wave, associated with attention. Alpha waves, which also increase during meditation or hypnosis sessions, reflect subconscious activity. We may therefore hypothesize that Ayahuasca induces an altered state of consciousness that provides access to the subconscious without altering the waking state*."

The psycho-emotional effects of ayahuasca vary considerably both between individuals and between sessions.

Ingestion may produce mental imagery, colorful and complex visions, and auditory, tactile, gustatory and olfactory hallucinations. Studies also emphasize the occurrence of powerful affects, both positive and negative, and the reliving of past experiences. Visions and affects are often connected with "*one's own ontogenesis, personal problems*

and concerns" (Villemaine, 2007). Mercante (2013) highlights the occurrence of powerful insights called "*crises of consciousness*," in which the person experiences in an intensified manner their moral responsibility in emotionally charged biographical episodes.

Psychotic-like symptoms may appear: dissociation, delusion, paranoia, fragmentation, disturbances of bodily reference points (which may extend to bodily identification with an animal), encounters with spiritual beings, and mystical experiences.

For the curanderos of the Takiwasi center, ayahuasca's principal function is to reveal internal contents at the somatic, psychological and spiritual levels and to free the subject from emotional, psychological and spiritual burdens that have not been metabolized. Mabit (2010) explains that "*the person deciphers his or her somatic memories and reintegrates the psycho-emotional energy linked to them. In doing so, the person releases deep emotional knots from their active charge, ordinarily hidden from normal consciousness but nevertheless operating upon it*." Affects or thoughts emerging during a ceremony are understood as inhabiting the person's unconscious and manifesting because the plant reduces the participant's psychological defenses and intensifies these contents. In the case of visions or contacts with spirits, these entities are considered to be in daily relation with the person, and the task is to discern their influence and eliminate them if their presence is harmful.

When unpleasant affective contents arise, the ceremony is considered an opportunity to learn about the origin of the problem and its manifestations in the subject's life. Vomiting and diarrhea serve to eliminate what the participant cannot assimilate, thereby energetically cleansing the disturbance. Mabit states that "*at the moment of vomiting, the person experiences the concomitant elimination of emotional burdens linked to the memories that have been recontacted and subjectively experiences it as the expulsion of fear, anger, or any other negative feeling. These different forms of purgation therefore do not represent undesirable side effects of ayahuasca ingestion, but rather constitute an essential healing and cathartic function."* In the case of positive contents, the ceremony enables participants to nourish themselves with these sensations, emotions and thoughts so that they emerge strengthened and more individuated.

Procedure of a session (Dupuis, 2018)

In concrete terms, sessions take place at night in a maloca, a large wall-less hut inspired by Amazonian tribal communal houses. Participants sit in a circle after taking a plant bath presented as protective. The curanderos sit next to one another, with their seats against one of the sides of the maloca. The person directing the session (generally Jacques Mabit) sits in the center of his assistants. The session begins with the opening ritual: each participant covers themselves with incense from the embers of a fragrant wood called palo santo. The curandero then sings over a bottle of perfume before spraying the perfumed alcohol toward the four horizontal and two vertical directions. After sprinkling water and salt that have been blessed and exorcised by a priest around

the participants, he takes his tobacco pipe and the bottle of ayahuasca and sings another song, different from the first and addressed to the spirit of ayahuasca. After serving the brew to each participant, he turns off the lights and begins to sing, before reciting the prayer of the minor exorcism of Leo XIII. The session then lasts between four and eight hours. During the ceremony, the curanderos use their different therapeutic tools (sopladas, icaros, chacapa, prayers) on the participants. Participants may leave the ritual space only after asking the curanderos for permission, and they may re-enter the circle only after receiving a soplada. The session ends with three particular songs reserved for this purpose and the acclamation "*Gracias Señor*." The lights are then turned on, marking the group's return to its ordinary dimension of existence.

g) Purges

A purge session consists of ingesting emetic plants on an empty stomach and then drinking a large quantity of cold or lukewarm water depending on the plant ingested (between four and eight liters). The ingested water is rapidly eliminated, and the participant must continue drinking and vomiting until the required quantity of water has been reached.

After the purge, eating is prohibited until the following morning. Plants are prescribed by the curandero according to each participant's problem, since each is understood to have a different action on the organism and psyche. Tobacco, for example, is prescribed in cases of mental confusion because it is reputed to clarify thoughts. Verbena juice is prescribed to cleanse the liver and anger, while elder is used to cleanse the lungs of tobacco users.

h) The dieta

The dieta is one of the principal techniques of traditional Amazonian medicine (Léon, 2012). It consists of a period of social and sensory isolation in the forest, during which the participant refrains from a series of behaviors (sexual and relational abstinence, sunbathing, prolonged exposure to cold or rain), foods (meat, sweet products including fruit, salt, spices), and any object emitting an artificial or strong odor. The "*dieter*" spends the period of isolation ingesting preparations made from "master" plants two or three times a day. Following the same logic as the rest of the seminar, "*the dieta aims to purify the organism and connect us with our inner world*" (Léon, 2012).

Many “master plants” can be used in a diet, and curanderos choose to administer the one that seems most suited to the seminarist’s particular issue. Ushpa washa sanango, for example, works on the infantile psycho-affective dimension; its Spanish name is “*Memoria del corazón*,” or “memory of the heart.” Curanderos attribute to it the ability to awaken and bring to consciousness childhood memories with a strong emotional component, allowing the burden of negative experiences to be released and positive memories to reinforce the dieter’s joy and well-being. These experiences often lead to an assessment of the person’s emotional life, enabling them to establish connections

between their thoughts, feelings, and emotions (Léon, 2012).

Behavioral and dietary rules after the dieta[8]

After completing a dieta, the patient must follow a set of rules intended to prevent biological and energetic dysfunctions.

Biologically, for fifteen days the patient must avoid fried foods, fats and red meat, since the digestive system must gradually become accustomed to functioning normally again.

On the energetic level, the rules are more varied. For fifteen days, the patient must not consume sugar, including unrefined sugar, which is believed to stop the energetic work of the plants taken during the dieta. The patient's energetic sensitivity must also be considered, resulting in a series of protective rules. Pork and chili pepper are prohibited. Pork is said to produce aggressiveness, while the heat produced by chili pepper may supposedly become engraved in the patient's energetic body, causing a continuous sensation of heat. Alcohol is also prohibited for similar reasons, this time because intoxication itself could become engraved. Certain behaviors are likewise considered capable of disturbing the patient's energy: sustained exposure to rain or sun is said to engrave cold or heat; places considered "polluted," such as nightclubs, may contaminate; and physical contact with sick people may transmit illness or pain. Sexual relations are regarded as a powerful energetic discharge capable of breaching the patient's homeostasis.

In some cases, transgressing one of these rules may cause a crisis, which the curanderos call "*cruzar su dieta*," literally "crossing" the dieta. If the curandero cannot resolve the situation with the usual tools, the patient must undertake a dieta twice as long in order to be freed from the energetic disturbances.

Takiwasi seminars as an initiatory rite

a) Similar characteristics

The seminars share many characteristics with rites of passage. Composed of a set of rituals, their therapeutic purpose is to enable the subject to undergo a psychological metamorphosis, and they present themselves as carriers of a metaphysical and spiritual heritage transmitted by the curanderos during their talks, through their icaros, and during post-session sharing. Altered states of consciousness, through their intensity and context, are also expected to provide access to experiences and to a new context of knowledge. These experiences likewise generate suffering. Physical suffering arises because participants must undergo prolonged periods of fasting and episodes of diarrhea and intense vomiting when taking emetic plants. Ayahuasca itself may result in intense

[8] With the exception of sugar, the same rules apply after the ingestion of ayahuasca or purgative plants, although the period is reduced to twenty-four hours.

bodily elimination. Psychological suffering is induced by ayahuasca's psychological effects, which may create disorientation, nightmarish visions and the reliving of traumatic events, as well as by personal themes mobilized during therapeutic work.

At first sight, however, the question of sacred space/time appears more complex. Although those responsible for the center belong to a specific spiritual tradition, Catholicism, and although the traditional Amazonian medicine they practice is embedded in a corpus of metaphysical beliefs, the seminar's primary aim is therapeutic. Participants come from diverse religious backgrounds, and most have no religious affiliation. Nevertheless, the sacred dimension appears to be respected if it is understood in a broader sense than the simple manifestation of religious beliefs. This is precisely how Mircea Eliade (1965) understands the sacred in its spatial and temporal manifestations. Sacred space marks a rupture: it brings the person who enters it into a different universe, governed by other rules and carrying another meaning. Through its very form, it produces and effectively shapes a life different from that offered by ordinary, profane space; for the person entering it, it is in a sense a place outside space. In the same logic, sacred time is not governed by the same laws as profane time. Circular and manifesting eternity, it is a time outside history. In this sense, participants enter a sacred space/time. The journey constitutes a break with their daily, family, professional and cultural lives: a break in activities, relationships and diet. As we have seen in the description of therapeutic methods, this space is structured by other rules, sometimes opposed to those of French profane space. For example, perfume sprayed onto the body is presented as having a regulating effect during ayahuasca ingestion, while foods ordinarily considered harmless, such as pork or chili pepper, are considered sources of major psychological and energetic disturbance if consumed. Personal experiences follow the rules of sacred time: a non-linear time in which participants may plunge back into their past, relive painful experiences from early childhood, and project themselves in visions into their future. The ordeals experienced within this space/time may lead to experiences of death, lived by some during ayahuasca sessions (Giove, 2012) and symbolically induced by the very form of the jungle dieta. For several days the person is deprived of much of what makes them biologically and socially alive: they eat little and without salt, and remain in relative immobility and solitude. Each ordeal of the seminar is followed by a symbolic resurrection through which participants undergo experiences that foster their new identity. This occurs particularly during the sharing sessions following ayahuasca ceremonies, when each person must assume what was experienced during the ceremony and the changes that were felt, publicly presenting previously intimate contents as well as a new identity; and during the final meeting, when each person presents an assessment of the stay and summarizes it in a sentence. Finally, each participant returns to France and to their relatives and experiences aggregation - the return to the familiar society that the subject reintegrates with a new identity. After this entire initiatory process, during which the participant has undergone physical and psychological ordeals and derived specific teachings concerning their life and suffering, their mission, in the expression repeatedly used by Dr. Jacques Mabit, is now to "embody" these teachings in everyday life in order to consolidate and develop this new

identity. Leaving sacred space/time after a closing ritual, the participant returns to France and to the profane space/time of daily life in order to put into practice what has been gained from this particular experience.

Intercultural experience, process of interculturation

Indigenous treatments as sources of culture shock

A participant newly arrived from France has no time to acclimatize to Peruvian culture before beginning the therapeutic work proposed by the center. As we have seen, this work consists of a sequence of healing rituals directly derived from the medical corpus of different Amazonian traditions. Both in its episteme and in its methods and tools, this therapy diverges radically from modern Western *therapeia*. For all these reasons, the participant experiences multiple culture shocks during the seminar.

The concept of culture shock has many different definitions depending on whether it is used in anthropology, sociology, management sciences or psychology, since these disciplines analyze different dimensions of the same phenomenon (Touzani, 2013). Drawing on Ferrante (2013), Touzani (2013) defines culture shock "*as the tension experienced by individuals who are required to reorient themselves in the face of new modes of thought and behavior*." According to this definition, the subject finds themselves in a cultural in-between, stretched between two very different systems for apprehending reality that may even appear opposed. Berry (1991) therefore specifies that the source of culture shock "is not cultural but rather intercultural": the protagonists of the encounter represent an entire group cultural structure expressed through their postures, words and actions.

Culture shock also has an asymmetrical dimension. The host, confirmed and stabilized by the predominance of their culture, does not experience the same phenomenon as the person being hosted, who cannot rely on their habitual conceptions. The concept is generally used to analyze the social and psychological processes experienced by visitors during travel (Touzani, 2013). In the case of the seminars offered by Takiwasi, participants form a group of French psychonauts cared for by an institution physically and culturally rooted in the lands of Peruvian Upper Amazonia. The asymmetrical situation is evident and is reinforced by the nature of supply and demand: because these French participants are undergoing a therapeutic process, caregivers are invested with superior knowledge and authority. Participants are therefore the ones most exposed to culture shock.

From culture shock to identity shock

On the psychological level, when culture shock is intense and overwhelms the visitor's psychological defenses, it produces an "*identity shock*." For Zaharana (1992), "*it is an injury to the image and identity of the self, to self-awareness as a unique being in*

continuity with oneself." The cultural tension described by Ferrante is internalized, and the subject experiences the intrusion of this cultural in-between into their own identity representation. This identity crisis - a crisis of self and of faith in the subject's constitutive unity - is a "*source of profound questioning of the self, of the individual's basic values and priorities in life, in relation to a destabilizing sociocultural system*" (Touzani, 2013).

From identity shock to appropriation: a process of interculturation

This identity crisis requires cognitive work by the subject in order to restore a degree of psychological homeostasis (Teyssier, Denoux, Guerraoui, forthcoming). Interculturation is precisely this process: the work of resolving psychological tensions caused by the encounter between two cultural systems, summarized by Teyssier, Denoux and Guerraoui (forthcoming) as "*the process of intrapsychic appropriation of the pluriculturality inherent in every living environment*." This process may therefore be understood through the metaphor of gestation: two cultures fertilize one another in a meeting space within the subject (Denoux, 1994), who then begins generating a third culture (Denoux, 1994) through a complex intrapsychic dynamic of tensions and weaving (Guerraoui, 2009). For the seminar participant, this involves accepting and integrating therapeutic practices unknown in the West and experienced as strange. A perfume soplada performed by a curandero, for example, has no French cultural reference point. Although it is normal for the traditional therapist to spray perfumed alcohol onto the patient's head and belch loudly in order to regulate the effects of the ingested plant and free the person from unmetabolized energies, the practice taken at face value has no meaning within the French cultural system and violates elementary norms of politeness. It is therefore necessary to appropriate certain indigenous representations associated with this action in order to integrate the experience and give it meaning. This internal elaboration combines information shared by the host culture with personal representations that may be mobilized to make the soplada an internalized object invested with meaning.

Strategies and tools of the subject in a situation of interculturation: transient psychological reactions (TPRs)[9]

The interculturation process is not uniform; it is a multidimensional psychological process in which the subject must confront different tensions within the broad in-between constituted by the cultural encounter (Teyssier & Denoux, 2013). To manage this disruption of the psychological economy, the subject develops tools to respond to the different cultural fractures encountered. These internal processes for managing the encounter are called "*transient psychological reactions*" (Teyssier & Denoux, 2013),

[9] For convenience, the concept of "transient psychological reaction" will subsequently be abbreviated as "TPR."

defined as "*intrapsychic tools that make it possible to cope with the difficulty of unifying meanings encountered during moments of identity tension*" (Teyssier & Denoux, 2013). Most often unreflected, they are strategies established to preserve the feeling of internal security necessary to pass through the identity crisis to which the subject is exposed. It is impossible to establish an exhaustive list of TPRs, since they may manifest in diverse ways and depend on the subject's psychological resources and environmental characteristics. The person may decide to isolate themselves temporarily if the culture shock is too abrupt to assimilate, may choose a compatriot as a cultural buffer, or may invest in an activity they master - such as a particular sport - and use it as an adaptive buffer that allows encounters with local people within their own frame of reference.

Contributions of psychoanalysis to the concepts of interculturation and TPR

As we have seen, interculturation is the product of an encounter between two cultures only insofar as this encounter occurs within a subject's psychic apparatus (Denoux, 1994). Culture shocks, identity crises and TPRs manifest an imbalance of the psychological economy that must be corrected (Teyssier & Denoux, 2013), and they display polymorphism both in their contents and manifestations (Teyssier & Denoux, 2013). Faced with these crises, the subject's psyche protects and adapts itself through different conscious and unconscious mechanisms such as defense mechanisms, sublimation and/or identification (Teyssier, 2018). For although the subject is a subject of culture, they are also a subject of the unconscious, bearing a particular psychic structure with its own defense mechanisms and pathways of sublimation. Thus, if interculturation is a psychological process and TPRs are automatic adaptive strategies that make it possible to undergo intense and/or prolonged contact with cultural otherness, then knowledge of the factors involved in psychological construction and its adaptive mechanisms should enable a better understanding of the individual process of interculturation.

From the concept of identity to the concept of self

As Denoux (1994) emphasizes, the outcome of interculturation is the birth of an internalized third culture. The subject is therefore no longer the same after an interculturative process. Bearing new representations and having integrated new experiences, their entire system of access to reality has been modified; and because the subject is also an object of their own thought, representations of the self are transformed as well. Thus, every transformation of the system of representations of the external world modifies access to oneself.

In publications on intercultural psychology, several researchers have examined identity representations using different concepts referring to this same reality. Markus & Kitayama (1991), for example, analyze the different types of "self" coexisting within the subject, each being more or less invested depending on cultural systems. Teyssier

(2018), for his part, also speaks of the self in his analysis of the narrative interculturation of the self, defining it as "*a paradoxical, evolving and polyphonic fiction*" that allows the subject to give meaning to the identity changes experienced. Here, the self is considered an imaginary composition, an illusory representation the subject forms of themselves.

The definition of the self proposed by Markus & Kitayama (1991) is useful because it allows a certain cultural mapping of self-representation. Teyssier's definition is richer still because it makes it possible to observe the process through which subjects create representations of themselves. However, both definitions have limitations.

Markus & Kitayama's definition merely maps dimensions of the self and does not explain the psychological processes involved in the investment of these different dimensions.

Teyssier's definition, meanwhile, was not designed to study the different metapsychological dimensions of the self and their respective roles in the experience of psychological suffering and in the therapeutic experience the subject may undergo.

In order to explore this dimension, I have chosen to replace the concepts of identity and self with the concept of the Self as understood by Winnicott.

The Self as a Sense of Being Oneself

For Winnicott, the self is above all both a representation and a lived experience: it is linked to a subjective description of the feeling of existing (Abram, 2003). It is the feeling of being oneself, the "sense of self" (Winnicott, cited by Neau, 2014).

It cannot be reduced to a mere representation; it is what makes the psychic apparatus something other than a psychic representation: a living reality (Neau, 2013). It represents the living, the existent, psychic life insofar as it is active and identified as an "I." Thus, the self is that which says "*I am*." In this sense, like the Ego, it is conscious and unconscious, oriented both toward the subject's exterior and interior.

The Self, the True Self and the False Self

Within a subject, two selves coexist: the true self and the false self. The true self is constructed from experiences of recognition by the mother-environment. Each satisfaction provided by the maternal figure builds this "*stele of intimacy*" (Ternicheff, 2010). These satisfactions are not merely instinctual but profoundly relational: the environment constructs the infant by responding to needs for security, affection, and the surrounding adults' delight in the child (Ternicheff, 2010).

Conversely, every deficiency and every failure to respond to the infant's self-preservative and relational needs not only hinders development of the true self but contributes to the creation of a false self, an adaptive identity structure. Because the child is neither recognized nor supported by an environment that acknowledges them as

a being with needs, the child seeks to adapt to this deficient environment by presenting a socially fabricated face that protects their true identity, which cannot be shared without risking disappointment or injury.

For Winnicott, the true and false selves always coexist within a subject, the function of the latter being to preserve the former. If the child's environment provides sufficient attention and recognition from the beginning of life by satisfying needs and legitimizing the first libidinal movements, the child can assume their libidinal life (Ternicheff, 2010), and trust in the environment allows the self to be presented within social relationships. Relationships can then be experienced as a balance between authenticity and adaptation to the expectations of others.

From Balance to Imbalance: Construction of the False Self

When this is not the case, the child anxiously seeks to meet the standards expected by a pathogenic environment that "*impinges*" upon them and disrupts their state of "*being in the process of becoming*" (Gravouil, 2015).

The result of this mobilization is the creation of a personality structure in which the true self is stifled by the false self (Winnicott, 1963). The subject identifies so strongly with this defensive system that contact is lost with the central identity representation constituted by the self.

False Self and Fear of Breakdown

This environmental deficiency causes the infant to experience a breakdown. At the center of the subject's psyche remains an "*amnesic memory*" (Green, 2000). Winnicott describes this impression as noting that "*something might have been*." As an absence, it occurred without finding a psychic place and therefore escapes the possibility of memorization; what was not lived or experienced, yet determines the functioning of the entire apparatus, remains beyond its grasp (Pontalis, 1975). This central void in a personality constructed solely from defenses against fear of breakdown may lead to borderline, autistic or psychotic organization, with all psychic energy mobilized to contain this internal black hole (Delourmel, 2002).

Incestuous Childhood Sexual Abuse (ICSA)[10]

Among participants in Takiwasi's personal-development seminars who agreed to write an account of their experience, nearly 8% reported childhood sexual trauma in their application letter. To understand how they experience this intercultural therapeutic process, it is necessary to understand the mechanisms of this trauma and its influence on the subject's self.

[10] To avoid burdening the text, the expression "incestuous childhood sexual abuse" is subsequently abbreviated as ICSA.

ICSA belongs to the many forms of psychotrauma defined as a breach of the psyche and an overwhelming of its defenses by violent excitations associated with an aggressive event, or an event threatening the life or psychic or physical integrity of an individual exposed to it as victim, witness or actor (Crocq, 2007).

Metapsychological Consequences of ICSA

Childhood sexual abuse is above all a breach of meaning caused by a "*confusion of tongues*" (Ferenczi, 1932). The child's sexuality is organized around tenderness: libidinal satisfaction does not function according to eroticism because the child is not pubescent. The adult responds to this tenderness with eroticized, pubescent sexuality, which the child cannot integrate. The fundamental consequence of this concept is that it shifts the problem away from the Freudian economic plane: trauma is not created simply by a "*breach of the protective shield*" (Freud, 1920), but by a difference in nature between the child's request and the adult's response. Eroticism—also called "*passion*" by Ferenczi (1932)—cannot make sense to the child and therefore annihilates the very place of tenderness.

Ferenczi also observes and questions this state of stupefaction insofar as it runs counter to the child's pleasure principle, explaining it through the terror experienced. Similarly, Racamier (1995) calls incest a "*stunner of pleasure*," arguing that when narcissistic seduction truly occurs, it no longer belongs to the order of pleasure but becomes pure violence.

This concept of narcissistic seduction makes it possible to understand the difference between the undifferentiation generated by incestuous fusion and the incestuous act itself. The latter possesses a force, a dynamic, a space-time dimension that the family's incestuous atmosphere does not, as he puts it: "*It alone accounts for the forces at work, their function, and their impact*" (Racamier, 1995). By sexually abusing the child, "*the adult imposes his own narcissism at the expense of the child's*" (1995).

Salmona (2013), in her theory of traumatology, complements Racamier by making adult violence the source of the breach of meaning. It is the incoherence and meaninglessness of violence that makes it particularly traumatic for the psyche, because violence tears apart the meaning we give to the world and to our existence, a fragile fabric constantly reworked throughout life.

This stupefaction and breach of meaning are reinforced after the trauma by the silence or avoidance of adults who often do not want, or are unable, to take the child's complaints seriously. "*When the Law prohibiting incest has been violated, it is replaced by the law of silence*" (Sabourin, 2007).

a) Death of the Ego and Death of Desire

For many psychoanalysts, what occurs at the metapsychological level can be compared

with a certain form of death of the Ego. Ferenczi (1932) speaks of "*atomization*" and goes so far as to describe a personality composed only of Id and Superego and consequently unable to assert itself when confronted with displeasure. This converges with Winnicott's thinking on the false self, except that sexual trauma is here considered the origin of this construction, whereas Winnicott regards it as resulting from inadequate infant care.

Less radically, Racamier (1995) describes incest as a "*killer of thought*," an expression resonating with Bessoles (2008), who defines rape as a "*murder that leaves the person alive*." Amerongen (1997) explains that, reduced to a sexual object, the child cannot become a subject or gain access to the desiring being carried within.

A further dimension of incestuous violence therefore appears: the denial of the other person's alterity. Racamier calls this disqualification, an attack upon the intrinsic value and quality of a person's capacities and achievements—a narcissistic injury and the opposite of recognition. Incestuous violence is consequently both traumatic and disqualifying.

Ferenczi (1932) and Winnicott (1963) both identified defensive personality structures in certain patients. What Winnicott calls the "*false self*," Ferenczi calls the "*wise child*." This state indicates narcissistic splitting with two facets: identification with the aggressor and psychic maturity.

Identification with the Aggressor and Splitting of the Ego

Ferenczi (1932) observes clinically that if a child recovers from such an assault, enormous confusion remains: the child is already split, simultaneously innocent and guilty, and confidence in the testimony of their own senses is broken. He hypothesizes that the aggressor is completely internalized: through identification, or introjection of the aggressor, the latter disappears as an external reality and becomes intrapsychic. Because the language of tenderness and the language of eroticism manifest two different forms of desire that can no longer follow one another through the child's normal psychosexual development, they coexist simultaneously, leaving the subject confused and defenseless. Salmona (2013) adopts this hypothesis within traumatology, describing traumatic memory as a foreign body containing simultaneously the feelings of victim and aggressor. It becomes a place of confusion between perpetrator and victim, experienced by the latter as something within them that is not them. This introjection of the aggressor transforms the abused person's fantasies, giving rise to the fantasy of guilt. The psyche is then overstimulated by obsessive self-accusatory thoughts that exacerbate death drives and may lead to auto- or hetero-aggressive acting out (Sabourin, 2007).

Confusion of Tongues, Premature Maturity and Intelligence–Affect Splitting

A concrete consequence for the child's personality is abnormal maturity and

helpfulness. Ferenczi (1932) goes so far as to call the child a "psychiatrist": fear of uncontrolled, almost mad adults transforms the child into a psychiatrist because, in order to protect themselves from those adults, the child must first learn to identify completely with them. This defense mechanism may transform the child into a genuine therapist for the parents, to the point of becoming the mother of the parents (De Parseval, 2007).

Premature maturity indicates another dimension of the splitting previously linked to identification with the aggressor. In Ferenczi, trauma creates a dissociative state that removes affective life from representation, leaving the body to feel on its own while the subject can no longer feel (De Parseval, 2007). Intelligence, no longer linked to affect, dissociates from the Ego and leads an independent life. A considerable intellectual advance may then appear. These capacities were latent and awaiting maturation, but the confusion of tongues precipitated their emergence[11]. The dissociation protects the child against a potential repetition of the affects experienced, while an intelligence imitating that of the adult develops to compensate for the deficient environment (De Parseval, 2007).

Winnicott (1968) speaks of a "split-off intellectual process," explaining it as a need for self-holding that allows escape from psychotic-type anxieties that might destroy the child's psyche. This psychic survival remains extremely fragile, however, and the archaic breakdown experienced by the child may return at any moment, leading to psychic decompensation.

Consequences of Childhood Sexual Abuse for Adult Attitudes and Behaviors

According to Salmona (2013), symptoms can be classified into two broad categories: symptoms resulting from identification with the aggressor, and survival strategies comprising avoidance and dissociative behaviors.

a) Consequences of Identification with the Aggressor

Adults who were victims of childhood sexual abuse tend to display substantial guilt and shame, associated with very low self-esteem fueled by "*the traumatic memory of the aggressor's words and staging*" (Salmona, 2017). The aggressor's permanent psychic presence may cause intrusive reliving experiences and panic attacks, generally activated by a stimulus recalling part of the traumatic experience. More generally, confusion between the aggressor's personality and that of the subject may lead to compulsion phobias (Salmona, 2013), depressive states (Weiss et al., 1999), suicidal ideation (Mc Holmes et al., 2003), and potentially acting out (Brown et al., 1999).

b) Avoidance Behaviors

[11] Ferenczi offers the poetic image of fruit that ripens too quickly after being bruised by a bird's beak, and the premature ripeness of worm-eaten fruit.

To avoid reactivation of traumatic memory, subjects unconsciously establish behaviors that avoid high-risk stimuli (Salmona, 2013). Phobias and obsessive-compulsive disorders may develop, along with symptoms expressing the subject's permanent hypervigilance: a sense of constant danger, alertness, hyperactivity, irritability and attention disorders (Salmona, 2017), as well as concentration and memory problems.

c) Dissociative Behaviors

These behaviors both prevent or cancel the emergence of traumatic memory and express the guilt and violence of the aggressor internalized by the subject (Salmona, 2013). They are predominantly risk-taking behaviors that permit a psychic disconnection and anesthetization of affect. This anesthesia may be achieved either through consumption of external drugs or through secretion of internal drugs (Salmona, 2013). Risk behaviors include self-aggression (scarification, masochistic practices, prostitution), endangerment (driving, extreme sports, risky social relationships), addictive behaviors (alcoholism, drug addiction, medication addiction, eating disorders, gambling addiction, hypersexuality), as well as delinquent and violent behavior toward others (Salmona, 2017).

RESEARCH PROBLEM

The situation I propose to analyze is complex: French people who are suffering come in the hope of being healed from the painful consequences of incestuous childhood trauma, submitting for this purpose to a form of initiatory rite based on the ingestion of psychoactive plants within a context of cultural in-betweenness.

These three characteristics—the therapeutic function, initiatory rite and cultural tension—converge on a central theme: each involves modification of the self. As we have seen, the initiatory rite aims at a radical transformation of the subject, providing access to a new identity. Likewise, cultural in-betweenness produces identity shocks from which the subject emerges having modified representations of both the external world and the self. Finally, voluntary participation in a therapeutic process presupposes the search for an identity transformation rooted in an experience of suffering from which the subject wishes to be freed.

These three factors modifying the self share another characteristic: they are processes. Here, all three are unified within the space-time of the seminar. It is therefore possible to define the Takiwasi seminar as an initiatory rite with a therapeutic aim taking place within a context of cultural in-betweenness.

As the psychoanalytic and traumatological authors cited above emphasize, the victim of ICSA is precisely a subject who does not exist authentically but only insofar as they identify with the aggressor, and whose true self is stifled by a reactive identity construction called the false self. Constructed around the function of being an object of pleasure, the person has been unable to gain access to a representation of themselves as a subject.

It therefore seems crucial to examine these participants' reactions to the therapeutic process. Is there a difference between the way people who were victims of incestuous childhood sexual abuse and those who did not undergo such an experience respond to the therapeutic process proposed during Takiwasi seminars?

This reaction must also be examined temporally: what do they experience psychically during the seminar? What changes in behavior and representations—of the world and of themselves—do they observe after returning to France?

My hypothesis is as follows: psychic experience during the seminar is more intense among victims of incestuous childhood sexual abuse than among people who did not report an early traumatic experience in their application letter. Moreover, experiences during the seminar will depend on the subject's unconscious contents and psychic organization.

I expect the psychic experience to be more intense because, according to the psychoanalysts and traumatologists cited above, the psychic material to be processed is particularly heavy. I also hypothesize that post-seminar changes will be greater because the consequences of trauma may manifest through powerful and varied symptoms, making the seminar's effects easier to observe.

Although we cannot directly access the intensity of psychic experience, we can infer it from the content of the testimonies. This intensity must be analyzed in its intercultural, initiatory and therapeutic dimensions. At the intercultural level, the analysis will identify the culture shocks and tensions described, together with the affective charge mobilized, as well as the subject's appropriation of cultural elements. At the initiatory level, the analysis will identify ordeals, crises and suffering experienced during the seminar, together with experiences of death—death and madness—and resurrection, when present. Since the initiatory rite brings about identity transformation, the various transformations experienced must also be identified: the contents of the "*new context of knowledge*," personal and metaphysical, to which the subject gains access; internal transformations experienced in altered states of consciousness; and the possible discovery of a particular vocation or new social status. Finally, subjects' experiences will be examined therapeutically in their cathartic and cognitive dimensions (insights).

Operational Questions and Hypotheses

<u>The Intercultural Dimension</u>

Do victims of ICSA experience culture shocks and tensions more intensely than the other participants?

H1: Victims of ICSA experience culture shocks and tensions more intensely than the other participants.

Because the psyche of ICSA victims is constructed around a fear of breakdown, the anxiety generated by cultural tensions and shocks should be more difficult to process and is likely to reactivate archaic anxieties.

Does appropriation of cultural elements from the Takiwasi center produce a more radical transformation of the self among victims of ICSA than among the other participants?

H2: Appropriation of cultural elements from the Takiwasi center does not produce a more radical transformation of the self among victims of ICSA than among the other participants.

Nothing in the theoretical framework appears to justify such an inference.

Do victims of ICSA display more TPRs than the other participants?

H3: If H1 is true, H3 should also be true. Because victims of ICSA experience cultural shocks and tensions more intensely, they should use more TPRs as adaptive strategies.

The Initiatory Dimension

Do victims of ICSA undergo more emotionally intense ordeals than the other participants?

H4: Victims of ICSA undergo more emotionally intense ordeals than the other participants, for two reasons:

H4.a: Because their psychosexual developmental process has been seriously disrupted, they are likely to display greater emotional sensitivity than the other participants.

H4.b: Since the initiatory rite proposed by Takiwasi is based on a therapeutic proposition, the ordeals will be linked to participants' psychic contents. It is therefore likely that psychotraumas experienced by victims of ICSA will be mobilized during initiatory ordeals.

Are victims of ICSA more sensitive to symbolic experiences of physical and psychic death induced by the initiatory rite than the other participants?

H5: Victims of ICSA are more sensitive to experiences of physical and psychic death induced by the initiatory rite than the other participants.

Because false-self constructions are built upon a fear of breakdown that requires substantial mobilization of psychic energy to contain it, victims of ICSA are likely to enter this experience more easily.

Is the resurrection experience of victims of ICSA more intense emotionally and cognitively than that of the other participants?

H6: Victims of ICSA will undergo more intense resurrection experiences at emotional and cognitive levels than the other participants.

H6.a: According to Girard's theory of the aggravation of identity loss, it is logical that the more intense the experience of death, the more powerful the experience of resurrection. If H5 is correct, H6 should therefore also be correct.

H6.b: In light of the psychoanalytic theories discussed above, the victim of ICSA is a person whose status as subject has been denied in favor of the status of object. Reappropriating the status of subject affected since the trauma will probably manifest through intense emotions and thoughts.

Is the new context of knowledge to which victims of ICSA gain access broader than that reached by the other participants?

H7: Victims of ICSA gain access to a broader new context of knowledge than the other participants. 51 Following the expression of Jonathan Ahovi cited previously.

If H6.b is correct, H7 should also be correct. The identity change allowing the victim of ICSA to move from the status of object to that of subject should necessarily transform their relationship to reality and enable the elaboration of new knowledge.

Do victims of ICSA experience more intense identity transformations during ayahuasca ingestion than the other participants?

H8: Victims of ICSA experience more intense identity transformations during ayahuasca ingestion than the other participants.

If H5 and H6 are true, H8 is also likely to be true, because the ayahuasca session is the context in which profound alterations of consciousness occur in connection with unconscious contents. If the subject experiences ordeals, death and resurrection during the session, powerful subjective transformative experiences are likely to occur.

<u>The Psychotherapeutic Experience</u>

Do victims of ICSA experience more reliving of painful events than the other participants?

H9: Victims of ICSA experience more reliving of painful events than the other participants.
Since reliving depends upon traumatic contents, it is logical that victims of ICSA should experience more reliving than the other participants.

Do victims of ICSA experience more intense emotional catharses than the other participants?

H10: Victims of ICSA experience more intense emotional catharses than the other participants.

Because the intensity of catharsis depends on the strength of the emotion discharged, victims of ICSA are likely to experience more emotionally intense catharses given the affective charge associated with traumatic experiences.

Do victims of ICSA have more intense and more numerous personal insights than the other participants?

This intensity of experience should have consequences for the subject's self. By observing personal, relational, professional and spiritual changes, we will be able to infer this identity transformation.

METHOD

Population

For this comparative quantitative study, I had a sample of five subjects divided into two groups: the group of ICSA victims contained two subjects, while the control group contained three.

Because the ICSA victims who responded to my request were all women, I chose not to include men in the control group in order to avoid gender as a confounding variable.

Data

Origin

The common source for all members of the sample is the application letter sent to the Takiwasi team before registration for the seminar. This letter contains a biographical section, a section describing different dimensions of personal life—professional, family and spiritual—and a motivational section examining the seminar participant's desire.

For the two subjects who were victims of ICSA, I also used data from the written testimonies they produced after the seminar. Takiwasi systematically offers a testimony grid to those who wish to complete it in order to build a database concerning experiences during the seminar and the effects observed by participants.

Finally, I contacted the three subjects in the control group and asked them to produce a written testimony similar to the one described above in order to obtain new data.

At times these testimonies were very general and did not precisely describe the contents of ayahuasca sessions, or they briefly addressed themes related to my research without

developing them. In these circumstances, I sent an additional request by email asking for further details.

Why This Data-Collection Method?

The use of written sources was dictated by necessity rather than by a specific methodological orientation. This dissertation was conducted as part of a clinical internship at the Takiwasi center, and I had originally planned to work with the population of patients hospitalized at the center using the classic and well-established method of semi-structured interviews. However, several research projects were already being conducted simultaneously with the center's patients, and management considered that additional research might burden their therapeutic process. Moreover, the center had archived around one hundred testimonies over fifteen years without ever processing them, and Jacques Mabit wanted to take advantage of my command of French and empirical knowledge of the curanderismo practiced at Takiwasi to conduct a study of this therapeutic proposal. I therefore had to adapt to reality and begin from existing data, which was difficult for me because this method ran counter to what I had always learned and applied. Whereas I had always learned to construct an interview grid from a research question in order to answer it, here I began from already-constructed data to allow a question to emerge, and then reused the same data to answer it[12].

To identify a manageable topic and provide an initial piece of work reusable by the center's research department, I conducted a preliminary survey by synthesizing demographic information—age, sex, profession, religion, therapies undertaken—and clinical information—discourse concerning family members, past and present psychic problems, psychotraumas experienced—from the available documents (medical file, application letter and testimony) in a spreadsheet, allowing a future researcher to obtain results easily for a quantitative study. Personally more interested in the qualitative dimension of research and guided by a more psychoanalytic orientation, I preferred to conduct the present study, even though this required somewhat forcing the usual methodology. Constructing the summary table was nevertheless useful because it enabled me to observe recurring patterns in the population and to stimulate my unconscious so that various interesting questions could emerge.

Theme: Why Incest?

Of all the questions that emerged, I chose the one that most restricted the sample, for a personal rather than scientific reason: because this process had never been studied, my study would be the first ever conducted. The idea of clearing the ground by treating the topic globally caused me anxiety, whereas the hyperspecialization of the incest theme made me more comfortable. The specific choice of this theme was also personal because it enabled me to approach, in a sublimatory and constructive manner, an

[12] This procedure is the source of several limitations described in the Discussion section.

injury experienced by several people close to me who had been victims of pedophilic touching and/or sexual violence during adolescence.

Data Processing

Thematic Grid

I classified the data obtained using an a priori thematic analysis constructed in light of the initial question and the approaches from which I wanted to answer it: intercultural, anthropological and psychoanalytic.

Attention to Countertransference Movements

In addition to the thematic analysis of the data, I also paid some attention to the internal psychic movements activated in me while reading the testimonies. Given the temporal and quantitative limits of the work required of me, together with the need to respect private areas of my psyche, I did not make this method the center of my interpretive writing, but used it as a complementary contribution.

RESULTS

The Intercultural Dimension

H1: Victims of ICSA experience culture shocks and tensions more intensely than the other participants.

> → *Because the psyche of victims of ICSA is constructed upon a fear of breakdown, the anxiety produced by cultural tensions and shocks should be more difficult to process and is likely to reactivate archaic anxieties*.

Indeed, victims of ICSA report powerful experiences of culture shock and tension that exacerbate and reveal intrapsychic conflicts.

When this emerges during an ayahuasca session, culture shock and the plant act as catalysts and allow the subject to derive a lesson concerning a personal characteristic.

This appears very clearly in Ariane, who works intensely on the repeated rapes she suffered during childhood. During the session, Jacques approaches her to perform a soplada, which consists of blowing a floral alcohol over the patient's head, chest, back and hands.

> *"An immense wave of paranoia overwhelms me. They're going to get me; they're so powerful and I'm so small. That's it, he has entered my safe space; he blows around my neck, down my back. But no—I've never had a safe space, I've never had one."*
>
> *"He blows behind my ear. Inside, I scream: 'Bastard, asshole, how dare you enter*

my safe space? Get out. You must be four meters away from me, four meters, where I decide—the safe distance I put between my father and me when I confronted him.'"

The figure of the shaman—a male authority figure with power over the patient's body—causes Ariane to experience several psychic consequences of incest. Contact with Jacques reactivates her traumatic memory and its consequences: anxiety in contact with men, insecurity, feelings of helplessness, and anger toward the aggressor that could not previously be expressed and is reactivated through contact with the masculine. However, a fundamental difference can be observed compared with the ordinary reactivation of traumatic memory. Here, psychic movements become conscious and the body remains under control. Whereas traumatic memory reactivates the stupefaction of thought, the same experience under ayahuasca appears simultaneously to reactivate traumatic memory while allowing the subject to integrate it into her system of representations[13]. It is interesting to observe that culture shocks themselves may become a source of therapeutic work during sessions.

Most subjects express apprehension, sometimes intense, before ingesting the psychoactive brew. Agathe thus reports a polymorphous fear that takes hold of her from the first session:

"I'm afraid I'll be cold. I'm afraid I'll soil myself (Jacques told the story of a participant in another group who had 'shit himself' during a session). I'm afraid of the unknown. I wonder why I've inflicted this experience on myself..."

Other doubts and cultural tensions appear while subjects are under the effects of the brew. Ariane experiences this tension as a dialogue between two voices of which she is the spectator:

"And I hear a voice full of reproach and threats: 'You chose to go to Peru; you shouldn't have, and you shouldn't have taken Ayahuasca again.'

Then another voice says: 'You need limits. Stop transgressing, stop running away, settle down.

- 'Too late,' says the first threatening voice. 'You've gone too far now; you're going to die... for real this time. You're going to pay for your lack of limits. You shouldn't have come here, you shouldn't have taken a second dose; now it's too late.'"

Several experiences of cultural tension do not reach this intensity and lead to less powerful emotions, without directly bringing pre-existing intrapsychic conflicts into consciousness. This occurs both in the control group and among victims of ICSA.

"I'm very nauseous when I come back, I vomit again and I can see all the veins in my body. It isn't very pleasant; I find myself wondering what on earth made me come here."

Here the internal tension arises from experiencing an unknown state that moves the

[13] This topic is only touched upon here because it does not directly concern culture shocks and tensions; it will be analyzed more deeply in the therapeutic analysis of the results.

subject into another field of reality. The experience breaches reality as it is perceived in modern French culture, and this rupture immediately generates anxiety.

Agathe shows the same type of concern, this time without taking a psychotropic substance, when Dr. Jacques Mabit introduces the seminar with an icaro ritual.

> *"Then he 'opened' the seminar in a ritual and solemn manner with an icaro. Far from my usual reference points, I remember that at that moment a certain anxiety arose..."*

Here, the culture shock is more conventional, in the sense that it is the other person's action that finds no reference within the subject's psyche, rather than a personal and solitary experience creating the rupture.

Another type of culture shock observed results from the inexplicable therapeutic effect of a curandero's action. Germaine describes such an episode:

> *"The trembling [which began during the first ayahuasca session, almost sixteen hours earlier] continued until after the debriefing session the following day. It disappeared, as if by magic, after treatment given by Jacques Mabit at the end of that session. During the treatment, which was not very long—perhaps twenty minutes—Jacques Mabit smoked, spat, uttered words I could not understand, and everything became calm again. I was very impressed."*

The subject's literary style, offering a concise and mysterious description of the therapeutic action, conveys something of the psychic state of a person occupying the role of spectator, distanced from her own bodily relaxation produced by an external agent.

H2: Appropriation of cultural elements from the Takiwasi center does not produce a more radical transformation of the self among victims of ICSA than among the other participants**.**

→ *Nothing in the theoretical framework appears to justify such an inference.*

Appropriation of cultural elements originating at Takiwasi and its consequences for participants' selves depend more on interindividual than intergroup differences.

It is useful to distinguish two types of appropriation: what I will call appropriation "by faith" and appropriation "by experience."

Appropriations by faith involve adherence to caregivers' discourse: the participant performs an act of faith, choosing to believe information given by a curandero considered competent and sincere. Thus, after a treatment Jacques Mabit tells Claude that she has contracted a demonic infestation that must be eliminated:

> *"I have a spiritual infestation; it needs to be cleansed... I ask Jacques what I can do: pray and wear medals that Fabienne gives me."*

Later she specifies:

"It is Jacques who senses it and tells me during the treatment after the shaman's treatment. [...] I didn't feel anything particular myself, except perhaps a certain mental agitation, but nothing more specific. [...] Jacques was also the one who told me I was no longer infested: I asked him during the dieta in the jungle; he told me he had not sensed the infestation during the last ayahuasca session, 'examined' me, and confirmed that there was nothing left."

Adherence to the healer's discourse is comparable here to the trust a patient places in a physician during a medical examination.

Claude later appropriates this diagnosis during the final ayahuasca session, connecting it with a past personal experience. One of her intentions was to discover the origin of the infestation, and during the session she reports seeing the face of a magnetizer she had consulted several weeks before the seminar. Through this experience she demonstrates integration of this cultural schema into her belief system, which she can now mobilize coherently to analyze elements of reality.

Appropriation by experience is much more prevalent in the sample and appears in both groups, although one of the three members of the control group does not display it. This mode of appropriation consists of participants verifying through experience during ayahuasca sessions and other rituals the legitimacy of the curanderos' discourse.

A widely shared example concerns the emetic effect of ingested plants, which is very often connected to a more psychological and existential dimension. Ariane states:

"And in a convulsion of healing, my stomach contracts and vomits... the incest. My body spits out what my father did to me, the semen in my mouth, my perforated body; my mouth spits all of that back out."

Agathe's discourse is more metaphorical:

"At one point I began vomiting. A vomiting that seemed to come from the deepest part of me, that seemed to come from very far away."

Claude's account is almost identical:

"I have never vomited so much, with the feeling that 'it' comes from very far away."

In some cases the experience is so powerful that it easily sweeps away previous beliefs. Ariane spends her sessions being taught by the spirit of the plant. It appears to be an encounter with a spiritual being sharing several characteristics with human encounters: Ariane dialogues, asks questions, thanks, begs and criticizes the spirit she calls, following Amazonian terminology, "*Madre Ayahuasca*." This spirit teaches, guides and transforms her. Its acts and words give rise to sensations, emotions and thoughts, and the experience is powerful enough to produce numerous fundamental conceptual transformations.

Similarly, Agathe reports visualizing the group's energetic fields, a theme important to the seminar organizers, who emphasize group unity and care for the energetic dimension.

"I felt that the icaros 'held' and guided the shared energy. I had a vision of a kind of three-dimensional spider web—rather like connective tissue seen under a microscope—that held everything together in the maloca."

Other appropriations through experience are more pragmatic, particularly the instructions to return attention to bodily sensations and listen closely to the icaros in order to pass through a crisis when psychoactive effects become especially powerful. Ariane describes an interesting experience combining this instruction with an earlier reliving of rape:

"And I remember what Jacques told us—how to hold on if it becomes too difficult. So I try to return to my body, to remember that I have a body; I press my feet against the ground, I touch my arms. Feel my body, feel that it has boundaries. And then there are the songs. I cling to the songs like a shipwrecked person to a raft; they are the only thing keeping me from sinking into this horror of dissolution I am experiencing. Cling to the music, cling to the music—you know how to do that, you already did it in Paris, when your body went back into the past; you just had time to put the iPod on its dock and find the Stabat Mater. And when my teeth began chattering with terror, the next moment the notes rose and filled the space around me, like a bubble containing me in the space-time in which my body was reliving all the rapes. [...] My God, I beg you, keep shaking the chakapa. I need the music, I need the songs so I don't die of terror."

The curandero's advice returns to her memory during a difficult moment, and applying it coincides with remembering a similar strategy she had intuitively used during episodes of decompensation in France when she relived childhood rapes. This connection between the healers' instruction and an experience lived in France reinforces the strategy and combats the doubts instilled by terror. Ariane describes an inner voice trying to persuade her that the strategy works and that she has already experienced its effectiveness. Bringing these two experiences into contact creates a bridge to unfamiliar cultural conceptions of Amazonian therapeutic songs and facilitates their cultural integration into Ariane's psyche. This is reinforced by the sacred dimension of both forms of music: Pergolesi's Stabat Mater, a musical setting of Christ's crucifixion as experienced by the Virgin Mary, and the icaros, sacred therapeutic songs of Amazonia. Ariane thus undergoes an intense and rapid interculturation experience that integrates a new experience and conception into a pre-existing personal substrate.

Chantale, who unlike Ariane belongs to the control group, reports a partly similar experience more soberly:

"I would also say that the group carries us, as do the icaros (magnificent songs)... we couldn't do these sessions without that help; it is already so difficult..."

In a few rare cases, participants experience conceptions defended by the curanderos that had not previously been shared with them. Ariane explains that she vomited for other people after accepting this proposal from the spirit of ayahuasca and that she received visions indicating future events. Claude reports transforming into an animal during two

sessions, a recurring shamanic experience not mentioned by the center's staff at the beginning of the seminar.

Cultural appropriation also sometimes takes place outside the sessions, during rituals without deliberate alteration of consciousness.

Claude and Agathe appropriate two Catholic religious celebrations and derive powerful therapeutic experiences from them.

For Claude, this is the healing Mass of the family tree, intended to cancel harmful spiritual inheritance resulting from ancestors' spiritual transgressions, heal transgenerational wounds caused by things left unsaid or undone within the family, and commend the souls of ancestors to God. Claude describes her experience:

> *"As soon as I enter the small chapel, I am seized by an intense emotion; I cry until the end of the ceremony. I am thinking about my Iranian grandparents, whom I never saw again after leaving Iran at around nine years old. They both died without my being able to say goodbye, in a context where, at the time, I could not express my grief. Here it finally expresses itself completely. It is the wound that years of psychotherapy had not been able to help heal."*

The religious ritual is thus therapeutically reused by Claude's psyche without adherence to Catholic dogma or any particular discourse concerning the theological implications of the Eucharist. The Mass becomes an opening onto past, previously unexpressed suffering that can finally pour out. Claude, herself a psychologist, compares this culturally unfamiliar rite with Western psychotherapies because it resolves suffering that had remained resistant to her previous approaches. This cultural reappropriation is not a religious conversion but an opening to spirituality: Claude now considers that "*the spiritual dimension is indispensable*" and begins praying regularly. As with the demonic infestation, she reinforces this cultural appropriation during the ayahuasca session following the ritual, when she sees her grandparents smiling at her, embracing her and sharing their love. The visionary experience seals the healing by allowing Claude to live what could not previously be lived and validates the religious ritual through experience.

Agathe undergoes an experience broadly similar to Claude's with the ritual for unborn children, a prayer ritual intended to baptize aborted fetuses by shaping their bodies in clay and burying them, recognize them as human by naming them, obtain forgiveness for parents who resorted to abortion, and produce a therapeutic effect for people who suffered through this experience. She invests the ritual with her family history, marked by an abortion undertaken by her parents: the unborn child resulted from the adulterous union of her underage father and her mother, who was married to another man. She also involves her parents by calling them and asking what name they would have given the child. Although Agathe is not Christian, she experiences the event as spiritual, seeing herself as an agent called by the universe to restore harmony and heal this wound within the family system:

> *"It was as though I understood that a deeper reason had brought me there. This ritual was meant for my family. It finally made it possible, there in Peru, to shed a*

little light on this secret, to bring a little meaning and peace to this painful event... [...] I felt that I was putting something back in order, in the world and within myself. That I was also freeing myself from a burden. Saying 'goodbye.'"

Like Claude, Agathe does not adhere to the dogmas and theological conceptions underlying the ritual, but takes hold of certain functions and integrates them into a flexible belief system open to transcendence without any particular institutional orientation. She feels she was called to Takiwasi to perform the ritual, enabling her simultaneously to heal herself, heal her family and bring harmony into the world.

H3: Victims of ICSA display more TPRs than the other participants.

→ *If H1 is true, H3 should also be true. Experiencing cultural shocks and tensions more intensely, victims of ICSA should use more TPRs as adaptive strategies.*

I was unable to identify indicators of TPRs in the testimonies.

The Psychotherapeutic Experience

H4: Victims of ICSA experience more reliving of painful events than the other participants.

Of the five subjects in the sample, only Ariane, a victim of ICSA, describes reliving various traumatic events. She reports reliving surgery undergone as an infant, rape committed by her grandfather when she was eighteen months old, rapes committed by her father, and a suicide attempt by electrocution at the age of ten.

H5: Victims of ICSA experience more intense emotional catharses than the other participants.

→ *Because the intensity of catharsis depends upon the strength of the emotion discharged, victims of ICSA are expected to display more emotionally intense catharses given the affective charge associated with traumatic experiences.*

Here, however, the differences are more interpersonal than intergroup. Among the five subjects, Ariane, Agathe and Claude display intense emotional catharses, whereas Germaine and Chantale provide no data on this question.

Several types of emotional catharsis can be identified.

The first is reliving, already discussed above. Ariane experiences two types. What I call raw reliving consists of being psychically and bodily projected back into the event. She describes reliving electrocution:

"I feel my body once again discharging the failed electrocution from when I was ten. My right hand goes crazy, stuck to the knitting needle it had put into the electrical

outlet, and the entire right side of my body follows in jerks and tremors. I am shaken by uncontrollable trembling while the electric current and terror ravage my body."

Mixed reliving consists of bodily reliving of trauma accompanied by visions and/or hallucinatory identifications specific to ayahuasca. Ariane manifests this through the theme of the "lock-mouth," which recurs throughout the sessions:

"I am a lock-mouth. I can no longer open my mouth and my lips are closed. My mouth is a locked lock, walled up around a secret. Incest. I can no longer speak; I am condemned to silence, to muteness. And he rapes me. I have no body. Madre Ayahuasca shows me who I am at that age: I see a lock-mouth floating; my body no longer has contours, I have no boundaries, I do not exist. He rapes my body; he enters through the hole below. I see and feel the first time, I feel the perforation of my sex as he forces it; something bursts inside and a flood of blood spreads, black blood forming a black river that flows out, escapes from my body and carries everything away."

The second catharsis is cognitive-emotional. The subject experiences a powerful emotion linked to a thought and expresses it through bodily manifestations. There are so-called negative catharses expressing painful emotions, such as terror and anger, experienced extensively by Ariane, or sadness expressed by Claude. Positive catharses are linked to experiences of profound joy, mystical states and feelings of gratitude, these categories not being mutually exclusive. Finally, mixed catharses combine awareness of a moral fault, the changes that must be made to repair it, and the subject's adherence to that change, as Ariane demonstrates after realizing that she did not give her husband the place he deserved.

"I cry, I cry because I understand that I don't know how to be in a couple. I cry because I understand what I have to do now."

<u>H6: Victims of ICSA experience more intense and more numerous personal insights than the other participants.</u>

As above, individual differences outweigh differences between groups. Ariane shares the greatest number of insights, whereas Germaine and Chantale express none.

Insights naturally depend on participants' personal issues. Thus, the great majority of Ariane's insights concern incest and its psychic, social and family consequences. Her ayahuasca experience resembles a genuine textbook case illustrating the psychoanalytic theories of Racamier, Ferenczi and Winnicott, as well as the traumatological theses defended by Salmona. Several major themes are progressively worked through during the sessions.

One of Ariane's major insights concerns the absence of psychic boundaries resulting from the devouring fusion of incest:

"I understand, I finally understand the devastation incest caused in my psyche, the

psychic devastation of my soul. I did not learn boundaries—the boundaries of my body and those of others. Where my body begins and ends. Where I am and where the other is. Inside me, in my home, there is immense chaos; I do not inhabit my house. I do not inhabit my body, and I do not inhabit my soul. All of this because of that. Incest."

This insight is consistent with the death of the Ego described by Ferenczi and the narcissistic injury described by Racamier through his concept of disqualification. It is indeed the emergence of the Ego that creates boundaries between Ego and non-Ego. It is as a subject that the human person discerns and discriminates between what belongs to the exterior and what belongs to the interior. In Ariane's testimony, perforation and possession of the body go hand in hand with perforation and theft of the soul. Body and psyche share a unity of status, making this apparently sexual abuse also psychic and existential abuse. Ariane herself uses Freudian language when she speaks of the internal chaos preventing her from inhabiting her house. Whereas in ordinary neuroses the Ego is not master in its own house, but nevertheless inhabits it, here the Ego has not emerged from chaos; the subject does not inhabit her own house and instead finds herself outside herself.

This absence of boundaries implies an inability to manage positions—her own and those of others—in relationships with her husband and children:

"You don't know what it means to be in a couple; you don't know how to make room for him. You have to learn to make room for him."

And I see Fabien in front of me.

[...]

"Madre Ayahuasca showed me my mistakes with my children, how I had not always respected their place.

André:

'You forced him to be born by inducing labor when he was not yet ready. You did not give him space by deciding for him the day of his birth. That was the first violence. That is how you repeated the violence of incest: by not giving him his place.'"

These moral crises of consciousness concerning her relationship with her husband and children clearly express the double confusion of sexes and generations induced by incest.

Ariane can also become aware of what Ferenczi, Racamier and Salmona call "*identification with, or introjection of, the aggressor*" and the psychic absorption of violence suffered, through the medium of a vision:

"I see a mouth. A child's mouth. A mouth I have often seen before, in my inner visions and nightmares.

My child's mouth, with baby teeth, my mouth that endured all of that. And because it endured all of that, it changes. It becomes a piranha mouth. The piranha mouth in

turn becomes a shark's jaws. Shark jaws full of killing teeth to bite and tear apart everyone who tortured me.

These shark jaws that Madre Ayahuasca shows me are the repressed, terrible, insane anger living inside me. Anger against everyone who tortured me, who did not respect me and violated my body."

This vision is followed by another in which her father, transformed into a jaguar, tries to devour her. Incest as devouring is viewed here from the perspective of contamination. The different men who devour her are seen as aggressive, flesh-eating animals—pig, fox, jaguar. The child's mouth, both the violated organ and a symbol of innocent expression, mutates after rape. Childhood—the mouth—experiences the breach of adult violence—the teeth—and becomes a toothed mouth, frozen simultaneously in childhood and violent maturity, as Ferenczi suggests through the concept of confusion of tongues. Psychosexual development is broken; the child's mouth becomes a source of death and violence. At a deeper level, this can also be interpreted as an oral transposition of the myth of the *vagina dentata*, the toothed vagina that castrates men. Here, the child's mouth has functioned as a vagina, a source of death for her and for men through internalization of the aggressor, which guilt-inducingly reverses received violence into violence given.

Fixated at the oral phase, Ariane was unable fully to achieve the Ego/non-Ego distinction associated with the anal phase. Since the age of the first oral penetration is not given, it is impossible to determine whether this represents fixation or regression.

Claude, for her part, describes insights concerning different issues: internalization of her family role as the "good child," mediumistic abilities that have recently emerged, and grief that remained unexpressed when her Iranian grandparents died. Unlike Ariane, who describes only her ayahuasca sessions, Claude experiences these insights in two different spaces previously described: the sessions and the Mass for liberation of the family tree.

The Initiatory Dimension

H7: Victims of ICSA undergo more emotionally intense ordeals than the other participants, for two reasons.

→ *H7.a: Because their psychosexual development has been seriously disrupted, they are likely to display greater emotional sensitivity than the other participants.*

→ *H7.b: Because the initiatory rite proposed by Takiwasi is based on a therapeutic proposition, the ordeals will be linked to participants' psychic contents. It is therefore likely that psychotraumas experienced by victims of ICSA will be mobilized during initiatory ordeals.*

Indeed, the ordeals reported by the ICSA group appear more emotionally intense than those of the control group. Nevertheless, the results preserve the interindividual

differences observed previously: Ariane presents the greatest number of intense ordeals, while Germaine and Chantale describe the least emotionally invested ordeals.

Ariane's ordeals include all the reliving experiences already mentioned, echoing Girard's description of the ordeal of a rite of passage as the aggravation and repetition of the original crisis. In a concentrated period, Ariane relives several sexual abuses, the trauma of infant surgery and a suicide attempt, intensified by the psychoactive effects of the brew and accompanied by sounds and visions. These facts support hypothesis 7b, linking initiatory ordeals with biographical contents. Yet Girard's aggravation of the crisis also appears in less explicitly biographical moments:

> *"My entire skeleton clings to the notes; they are the link connecting me to the shamans, the rope suspended above the void. I cross and recross the dissolution of my being with this tenuous link, this fragile thread."*

Here Ariane does not relive a rape but must pass through the metapsychological consequences of incest linked to dissolution of the Ego. H7.a is therefore supported, especially because the emotion consistently associated with these experiences is terror, a powerful archaic emotion born from the encounter between the aggressors' desire and the helplessness of the child she was.

Some of these ordeals—and this will also be the case for Agathe's ordeal—are learning ordeals: opportunities to put into practice a teaching received during the session.

> *"An immense black reptile with a terrible mouth approaches to devour me. It opens its mouth and swallows me; I tumble down the slopes of its throat and hear Madre Ayahuasca's voice saying:*
>
> *'Build. You must build. Build walls around yourself.'"*
>
> *"So I straighten up, try to stop my fall, and all my energy, all the strength I have left, is used to raise walls around me, to build a house—my inner house.*
>
> *'Learn to set boundaries and above all stop running away. Settle down.'*
>
> *[...]*
>
> *In my ears I hear feline roars just beside me. They are there, ready to devour me. And when I finally manage to build walls around myself, those monstrous roars become cats purring by the fireplace. The fireplace of my house. The house where I am, here, now, because I listened to Madre Ayahuasca, because I managed to build the walls around myself."*

This moment follows a symbolic learning experience in which Ariane learns through vision to differentiate herself by occupying a particular place. After being able to experience this sensation calmly, she undergoes an ordeal in which she must put into practice what she previously learned.

Agathe undergoes a similar experience in an oscillation between dissolution of the Ego as a source of bliss, anxiety about becoming stuck in that state, and the incessant reminder of her daughters' existence in order to return to a more unified state of

consciousness.

Psychic ordeals experienced under ayahuasca may also be lived as purifications. This dimension is experienced both by Ariane, a victim of ICSA, and Claude from the control group.

> *"Everything is crystal clear until the moment I fall into darkness. I am very cold; I understand that ayahuasca is cleansing my body, but also previous lineages. I visualize my dark sides, my doubts; I doubt everything—the visions, my perceptions... 'Who do you think you are?' keeps coming back. It is unpleasant, but I accept this moment while waiting for the light."*

For Claude, confusion, cold and internal accusations are experienced as an internal purification that must be welcomed, with the expectation that resolution will come sooner or later. Ariane shares the same idea:

> *"Madre Ayahuasca repairs my body. I feel her everywhere in my body; she moves up my back, along my spine. She repairs the electrocution, the destruction of my neural connections. It hurts. I am not persevering. Teach me perseverance."*

For Germaine and Chantale, the ordeals remain essentially physical and are never described as existential or identity-related. They concern the difficulty of the purges or, for Chantale, the unfortunate experience of sudden diarrhea during the final two ayahuasca sessions:

> *"Very difficult..... I couldn't control my sphincters..... I'll let you imagine….which means I'm not ready to repeat the experience……..!!!"*

<u>H8: Victims of ICSA are more sensitive to experiences of physical and psychic death induced by the initiatory rite than the other participants.</u>

> → *Because false-self constructions are built on a fear of breakdown requiring substantial mobilization of psychic energy to contain it, victims of ICSA are likely to enter more easily into this experience of deadly archaic breakdown.*

Experiences of physical and psychic death appear to continue the ordeals described above, and victims of ICSA do indeed report more powerful experiences than the others.

Ariane describes four experiences of death: two of dying and two of madness.

> *"I am a ship, an ocean liner taking on water from every side, its hull pierced in a hundred places and water bursting in geysers through the holes. This liner is me. And as it sinks, I am sinking toward death."*
>
> *[...]*
>
> *"It is too late, I am going to die. An immense black reptile with a terrible mouth approaches to devour me; it opens its mouth and swallows me, and I tumble down the slopes of its throat."*

The first experience introduces the reliving of her suicide attempt by electrocution. As in several of Ariane's psychoactive experiences, there is congruence among visions, sensations and thoughts, with each dimension reinforcing the symbolic and emotional charge of the others.

Just as ayahuasca brings her close to physical death, it also allows her to approach madness:

> *"Terror overwhelms me, madness dissolves me, I dissolve into madness. I see myself as I have become: a mass of grayish filaments, pieces of gelatin dissolving into space. I see them, I see myself, I am nothing anymore, I have no boundaries, I am mad."*

Using Girard's terminology, this is properly speaking a baptism, since the subject is immersed in a bath of undifferentiation[14]. This bath of psychic death is a fusion in which the subject no longer exists, dissolved into the universe.

Apart from the absence of anosognosia, the characteristics of the experience suggest that Ariane experienced psychosis, particularly schizophrenia. This madness is personal, referring to her own incest-related problems, whose metapsychological consequences are here intensified. Unlike the experience of physical death, which she approaches without reaching it ("*I am going to die*"), the experience of psychic death is subjectively carried through to completion ("*I am mad*"). Ariane's true initiatory death is therefore madness, which she experiences more powerfully than the other participants.

Agathe also undergoes this experience of psychic death through dissolution of the Ego:

> *"With this opening [the experience of dissolution of the Ego] and this fleeting return of my usual 'self,' I felt a profound fear arising from the perception of the gap: what I was experiencing at that moment was magnificent, certainly, but also... impossible to share! I have two daughters. Their presence imposed itself upon me and I thought: 'Fuck, what you're experiencing is beautiful, but what if you stay like this? What if you stay over there? How will you relate to them? How will you communicate with them?' [...]*
>
> *Then, panicking, I began repeating in my head like a mantra: 'I am Agathe and I have two daughters, Louise and Emma.' It was like Ariadne's thread that was supposed to allow me to return to experience, to recover my usual mode of consciousness, the ordinary world. But as soon as this formulation appeared, in its flash and in the flash of perceiving the irreparable distance separating me from myself and my life in the 'normal' world, I plunged again into this state of non-awareness of myself, unable to do anything other than surrender to what I was experiencing."*

Here too, initiation takes Agathe through a bath of undifferentiation, although the

[14] 56 Girard adds: "in order to emerge from it better differentiated"; this point will be addressed in the next question.

chronology differs. Fear is secondary rather than primary. Whereas Ariane's experience of undifferentiation is marked by terror, Agathe's is marked by bliss. Dissolution of the Ego is an oceanic feeling, a fetal regression freed from thought and an undifferentiated beatitude. Fear comes second, following the reminder of her daughters' existence. This fear reveals a fundamental psychic reality: there can be no relationship without differentiation. To tear herself away from this blissful death, Agathe uses an anti-mantra that brings her back to her individual and social existence. It is an anti-mantra because a mantra ordinarily aims precisely to promote the disappearance of the individual in favor of the blissful dissolution of unlimited being, called enstasis by Mircea Eliade (Bronkhorst, 2006). The similarity between this death experience and Indian traditions does not end there. As Marc de Smedt notes (1991), the initiation of the Vedic hermit involves a struggle within the blissful experience of ego dissolution itself. The mystic must overcome this fascination in order to return to the condition of embodiment. When one yields to this siren song, the experience may lead to madness or suicide, with many disciples throwing themselves into the Ganges in order to rejoin indefinitely the lost state in which the Ego no longer exists. Agathe is caught in this dilemma of enstasis, where bliss becomes terrifying, simultaneously a place of unity and death. This death is intensified by the fact that the anti-mantra and her attachment to her daughters are less powerful than the oceanic state into which she repeatedly falls.

No one in the control group describes a genuine experience of death. Claude, however, appears to have undergone an experience sharing some characteristics with the death experiences cited above.

The crisis she undergoes is more difficult to characterize as death, since it is the same learning experience already described in the treatment of the previous question:

> *"Everything is crystal clear until the moment I fall into darkness. I am very cold; I understand that ayahuasca is cleansing my body, but also previous lineages. I visualize my dark sides, my doubts; I doubt everything—the visions, my perceptions... 'Who do you think you are?' keeps coming back. It is unpleasant, but I accept this moment while waiting for the light."*

Here death is metaphorical, represented by the sensation of cold and by darkness. Narcissism is attacked through the injunction "*Who do you think you are?*", while the relationship to reality is assaulted by doubt. Initiation makes Claude pass through the crucible of confusion and self-hatred. However, crossing this death is facilitated by a certain detachment and by mobilization of the virtue of hope; this is precisely the final mooring that prevents Claude from plunging into death insofar as death has no future. Whereas Ariane believes she is going to die and is mad, and Agathe firmly believes she risks definitive dissolution, Claude knows that this is only a transitional moment. Her awareness of an after-crisis prevents the experience from being qualified as death, even though it shares some of its characteristics.

H9: Victims of ICSA will experience more intense resurrection experiences, emotionally

and cognitively, than the other participants.

→ *H9.a: According to Girard's theory of the aggravation of identity loss, it is logical that the more intense the experience of death, the more powerful the resurrection experience. If H8 is correct, H9 should therefore also be correct.*

→ *H9.b: In light of the psychoanalytic theories discussed above, the victim of ICSA is a person whose status as subject has been denied in favor of the status of object. Reappropriating the status of subject, affected since the trauma, will likely manifest through intense emotions and thoughts.*

The facts support H9.a. As with experiences of death, it is the victims of ICSA who undergo the only genuine resurrection experiences.

Ariane describes two: one concluding the reliving of her suicide attempt, and another resolving her experience of Ego dissolution.

"It is me there, in front of this little white angel against a red background, beginning to flap its wings and leave the earth. It rises into the sky and suddenly... it stops. It cannot go any higher. A large hand gently comes down upon its shoulder... the hand of an angel much larger than it. It is not alone; I see them, there are three of them, three great angels near the ground watching over the little one. And the hand of one of the three, with immense gentleness and firmness, brings the little angel back down to earth.

And I hear Madre Ayahuasca's voice say:

- 'You are not alone.'

Tears stream down my cheeks; I cry for that day when I remained alive. Because at that moment I understand that I was prevented from dying."

Strictly speaking, this is not a new resurrection but the reliving of a resurrection that took place long ago and remained unknown to the subject.

Regarding psychic death, resurrection takes the form of a transformation of the subject by the plant:

"You must set boundaries. You see, without boundaries you dissolve your soul. And a single thought is enough to drive you mad."

"You must learn to establish reference points," and Madre Ayahuasca makes a tree grow at each corner of my body. My body floats horizontally, completely adrift, and the growing trees stop it, halt the drifting. My body settles, and at its four cardinal points there is a powerful tree passing through and inhabiting it.

"From today onward, you will have a North, a South, an East and a West. From today onward, you have finished wandering."

Here resurrection, like death, is experienced mythically through a realignment of the body with the harmony of the Cosmos and the announcement of the end of an exile. The microcosm of the body is shaped in the image of the macrocosm, rooted within the

containing boundaries of the cardinal points. The parallel between the experiences of death and resurrection is noteworthy. The fragile grayish filaments have become trees, alive and firmly planted in the earth; gelatin has become a human body; and the dissolution of wandering has become spatial position. Ariane now enters a delimited geographical area: her resurrection is the integration of bodily and psychic boundaries. This experience, powerful both visually and emotionally, supports H9.b.

Agathe undergoes a resurrection on emerging from her experience of Ego dissolution:

> *"I could savor with gratitude what I had just experienced while 'thanking' I don't know whom for having 'returned' from the journey safe and sound. I felt profound joy: to have experienced THAT AND to have come back!"*

The first ayahuasca session and the experience of being torn between the bliss of dissolution and relationship culminate in a resolution that produces joy and gratitude. Agathe has been able to experience the hero myth in the first person, successfully passing through the Ulyssean ordeal of forgetting.

H10: Victims of ICSA gain access to a broader new context of knowledge than the other participants.

> → *If H9.b is correct, H10 should also be correct. The identity change allowing the victim of ICSA to leave the status of object for that of subject should necessarily transform her relationship to reality and enable the elaboration of new knowledge.*

Here we again find a distinction between two groups: Claude reports experiences similar to those of the ICSA victims, while Germaine and Chantale describe no particular learning. It therefore appears that entry into a new context of knowledge does not depend directly upon the psychic intensity of death and resurrection experiences.

This new context of knowledge encompasses numerous fields—personal, social, family, spiritual/metaphysical—and in this respect genuinely belongs to an initiatory process, which transforms the initiate's identity and thereby produces a new perspective on reality.

The first characteristic of this new knowledge is that it belongs to knowledge-through-experience. Somatic, psychic and emotional experimentation brings the subject into knowledge. Reducing this new context to intellectual knowledge, such as academic knowledge, would amputate its fundamental characteristic: knowledge is born from lived experience.

> *"You don't know what it means to be in a couple; you don't know how to make room for him. You must learn to make room for him."*
>
> *And I see Fabien before me.*
>
> *Immediately afterward, I see pairs of animals: a pair of dolphins, a pair of gazelles. They play, dance and move gracefully in front of me. Their movement is so*

harmonious, and by watching them dance and play I learn what it means to be in a couple. They move harmoniously, maintaining a small distance between them, a distance that does not change; they dive and gallop side by side. I cry, I cry because I understand that I do not know how to be in a couple. I cry because I understand what I have to do now."

This insight follows a unique therapeutic progression: Ariane first receives cognitive information which, according to her, is transmitted by the spirit of the plant teaching her. To support "its" words, ayahuasca shows her an idyllic scene illustrating what natural harmony should be, and this vision triggers the affect that confirms and anchors the teaching.

The animal scene effectively allows her, for a moment, to experience the consequences of normal infantile sexual development that would not have been disrupted by trauma. Ariane psychically experiences individual and sexual differentiation. The animals express equality designating them as subjects—one beside the other—complementarity indicating difference—they form a sexed couple—a joyful relationship showing the possibility of respectful intimacy—they play and dance together—and a relationship built around a shared objective—they run and gallop side by side in the same direction. The scene is interesting not only because of its symbolic power but because of how it enables Ariane to gain powerful insight into her situation. By intensely experiencing, during an inner scene, precisely what her own relationship lacks, she becomes aware of that absence.

Almost all of Ariane's experiences relate to confusion of positions. The new body of knowledge she accesses therefore consists of analyzing reality in terms of respect for each person's space within relationships. The theme of the right position toward oneself and others is not merely informative; it engages the subject's responsibility. The teachings often end with a question posed to Ariane by the spirit of the plant, calling for behavioral change toward those close to her. During one period she sees each of her children in turn and understands her relationship with each in terms of failure to respect positions. With each indication she receives teaching about what would be positive to change in the relationship, which she must accept or refuse to implement.

For Claude, whose issue concerns her newly discovered sensitivity to paranormal phenomena, the new context of knowledge is constructed accordingly:

"The first pieces of information simply arrive: I 'know':

— that I must protect myself in my professional life with rose (I had asked Jacques the question but did not particularly have it in mind for the session);

— that it was the magnetizer who may have infested me (I see his face);

— that the gift comes from my paternal great-grandfather: I visualize him younger and smiling at me (I have only one photo of him, in which he is older and looks stern);

— that this gift is transmitted to my eldest daughter Juliette, whom I visualize radiant

in a green forest environment, and I see her sister Ariane in the background as if she were 'on the way,' but not yet mature (that is what I understood from these images...)."

"For the question 'what does this gift do?', I have bodily sensations of intense heat alternating with freezing cold. So I ask the question to understand what it means, I formulate hypotheses, and the sensations stop when I ask mentally: do I cut the fire with the cold? I interpret the cessation of the sensations as approval."

Claude enters here into the world of fire healers and energy medicine. She is initiated into the "*canons*" of magnetism. Within this energetic dimension, the healer may contaminate the patient when insufficiently protected, as she learns regarding a magnetizer she had visited. The caregiver's protection may involve numerous artifacts, including plants. Claude is encouraged to place herself under the protection of the rose, which will allow her to protect herself from her patients' energies in her work as a psychologist. She is also inserted into a genealogy of healers, her gift being transmitted by her great-grandfather. She knew before the seminar that this great-grandfather had been a medium, and the gift is in turn transmitted to her daughters.

At the metaphysical level, the upheavals are also substantial.

Ariane is undoubtedly the participant who experiences the greatest metaphysical and spiritual changes in the sample. Throughout her sessions she dialogues with the spirit of a plant, learns that her suicide attempt failed under the influence of an angel, and experiences the unfolding of archetypal themes such as the struggle between Good and Evil, the identity of God, the genesis of Evil, and sacred sexuality.

For Claude, the process involves integrating a spiritual dimension of existence, discovered during the family-tree healing celebration and expressed in the need to make room for prayer.

For Agathe, as for Germaine and Chantale, there does not appear to be access to a new corpus of metaphysical or religious knowledge.

Consequence of the Intercultural, Initiatory and Therapeutic Process: Transformation of the Self

Do victims of ICSA undergo more intense subjective experiences of self-transformation during ayahuasca ingestion than the other participants?

This question lies at the center of all the others because it unites every dimension previously explored. The object modified in the cultural encounter, during the initiatory rite and within the therapeutic process, is the subject herself, defined by a particular identity. As described in the theoretical section, the self is this identity insofar as it is psychic life experienced in the first person, torn between submission to the gaze of the other—the false self—and authenticity—the true self.

Although Ariane, one member of the ICSA group, appears to have experienced a more

intense transformation of the self than every other participant in the sample, it is not possible to affirm that Agathe underwent a more intense transformation than Claude, who belongs to the control group.

DISCUSSION

These results, which contradict my hypothesis, must be described and analyzed in order to understand their implications. For each subject I will attempt to analyze the meaning of the results obtained.

To minimize as far as possible the negative influence of my personal projections, I will also provide for each subject a synthetic description of the countertransference experienced while reading her testimony, following the methodology proposed by Devereux.

Control Group

Claude

Claude is, for me, a good object, invested from the outset with hope and libidinal investment. Her relatively detailed testimony, her motivation to supplement it at my request, and the arrival of all this material at a moment when I was undergoing a crisis in my research immediately made her sympathetic to me. My representations were characteristic in this regard: I imagined her as a magnificent mature woman, combining French elegance with the Iranian beauty of facial features and fine hair. Moreover, her trajectory lay at the intersection of themes dear to me: transgenerational inheritance of paranormal abilities, exile and identity tension between maternal and paternal homelands, the psychic power of religious rites, and the meaning of animal-transformation experiences during ayahuasca sessions. The omnipresence of initiation into the paranormal is also a source of anxiety for me because I know the reputation of this subject within the French university system, and I have a persistent underlying anxiety that my interest in it could become a cause of discrimination.

Analysis of my countertransference indicates two dangers: idealizing Claude's process in my writing, and minimizing the importance of the paranormal within that process.

Here the initiatory rite proposed by Takiwasi transforms Claude's self, manifested in different fields of her identity. The aggravated crisis of the loss of her grandparents leads to reconciliation with her family roots, simultaneously pacifying her inner pain and enabling reappropriation of the Iranian heritage from which she had broken away. The Peruvian process repeatedly evokes the identity of her great-grandfather, whom she describes as an "*herbalist, healer and medium*," and this initiation leads her to appropriate characteristics of this ancestor. Several experiences are typical of shamanic initiation. It begins before the journey with a crisis, a kind of sacred illness in which she sporadically and disorganizedly manifests clairvoyant abilities. At Takiwasi she

discovers her totem animal by undergoing a metamorphosis into a snake during ayahuasca sessions. She also discovers the gift transmitted by her great-grandfather in her ability to "cut fire," accompanied by an initiatory mission:

> *"Feel the power in your hands. Feel confidence in your hands. Not doubt—Faith. Stand straight!"*

For protection she receives an emblematic flower, the rose, which will allow her to heal without being polluted by her patients' suffering, and she experiences an opening to transcendence. On returning to France, she realizes that her change of status has transformed her patient population: having herself been healed of suffering caused by the loss of her grandparents, she now receives elderly people affected by bereavement. We are therefore facing a genuine transformation of the self, metamorphosing different aspects of Claude's existence. As we will see with Ariane, Claude's healer status is a unique intercultural weaving: a gift originating in Iranian culture, developed and mastered in South America, and applied within her practice as a French clinical psychologist. The Takiwasi experience functions here as a transition enabling Claude to give birth to a new cultural system, and it is the power of the cognitive and emotional experience that appears to permit the unification of such diverse poles of cultural reference.

Germaine

Unlike Claude, Germaine is for me a bad object. The apparent poverty of her testimony and her lack of therapeutic investment immediately made her contemptible in my eyes. Moreover, she frustrated my hidden desire to defend this therapeutic option before the world by demonstrating that it was possible to complete an entire seminar without notable insights.

I therefore have a certain tendency to avoid this testimony, whose elements also seemed difficult to use. Fortunately, the need to discuss the results forces me to consider and question it, and identification links with a person I know will allow me to formulate deeper hypotheses concerning the reasons for the poverty of the experience.

To understand Germaine's process, it is necessary to begin from the following observation: the initiatory rite appears inoperative. There is no manifest transformation, no ordeal and no teaching, only a trance during the first session that receives no interpretation, and two sessions without notable effects. My hypothesis is that the initiatory rite requires personal investment greater than simple curiosity in order to become effective. Germaine expresses above all an intellectual interest in the shamanic experience. Although she describes some psychic suffering in her past, she ultimately declares herself satisfied with the life she leads. Yet an initiatory rite aims to transform a subject's identity. For this to occur, the subject must feel a need to transform that identity. Within a tribe, it would be unthinkable for a child to wish to remain a child; this would immediately bring group sanction and/or exclusion. Similarly, for someone undergoing an existential and/or emotional crisis, it is unthinkable to remain indefinitely

in an unpleasant state preventing any feeling of peace or tranquility. Since Germaine appears satisfied with her existence, there seems to be no necessity for change, and the rite is therefore not operative. This must nevertheless be qualified. I base this reflection on the silence of Germaine's testimony, but silence is not synonymous with absence. Referring to the seminar's effects, the experience does not appear to have been quite so poor: she describes a deepening of what she wants to do with her life, without further explanation, and an opening toward a more spiritual dimension of existence, also without elaboration. In the absence of more detailed data these elements are difficult to interpret. They do not invalidate my first hypothesis concerning the rite's inoperativeness, but allow desire to be placed on a continuum: the greater the desire for change, the more powerful the experience and the more numerous and precise the changes.

Chantale

Chantale is a grain of sand in the machinery of my reasoning because she confronts me with an unknown I did not expect: it is possible to participate in a seminar with a precise intention supported by genuine personal investment and reap no apparent fruit. While reading her testimony, I even experienced a certain confusion mixed with discomfort at the massive use of ellipses.

The same question arises as with Germaine: why is the rite inoperative? Here the subject nevertheless experiences dissatisfaction—the absence of a romantic life—which she wishes to resolve, expressing a desire for change. As in Germaine's testimony, the limited amount of data makes it difficult to construct verifiable hypotheses. Chantale's basic axiom may perhaps be incorrectly formulated. From an observable fact—she was unable to develop romantic relationships begun after her divorce—she deduces an internal cause—the problem comes from her—which she decides to discover by participating in the seminar. If this attribution is mistaken and the cause is external, ingestion of the plant will not enable unconscious material to emerge. The weakness of this hypothesis is that Chantale has been engaged in an analytic process for six years, which has probably led her to attribute an internal cause to her problem. This case would merit in-depth study to understand what makes this therapy inoperative.

Group of Victims of ICSA

Ariane

Reading Ariane's testimony is one of the reasons I chose to work on the theme of incest. From the outset, therefore, I had a positive countertransferential relationship with her, fascinated by this textbook case manifesting numerous dimensions of what may be experienced during ayahuasca-based therapy and overflowing with data, unlike the other available testimonies, which rarely exceeded one page. I was also sensitive to the pedagogical experiences she underwent and to the richness of her visions. Regarding the person herself, I feel admiration for her perseverance and tenderness toward her often

childlike writing style, which repeatedly gave me the impression of reading a tale. The process described is so rich and dense that I found myself wanting to transform this dissertation into a case study, and it is frustrating to have to ignore certain passages for the purposes of the present study. Even the pseudonym I assigned her expresses what her account evokes for me: Ariadne is associated with a labyrinth containing the product of an unnatural sexual union and with the discovery of a strong thread allowing one to emerge alive from this dangerous expedition.

The principal risk with Ariane is that her figure eclipses those of the other participants, especially Agathe, who belongs to the same group.

Ariane very clearly illustrates Winnicott's false self, Ferenczi's wise child, and Racamier's death of the subject. Her process is genuinely one of identity metamorphosis across cultural, personal, relational, religious and vocational dimensions. When her biography and certain seminar insights are examined, some indicators suggest premature maturity, a manifestation of intelligence–affect splitting resulting from an experience of confusion of tongues. This begins very early: Ariane began speaking at eighteen months, shortly after the first sexual touching perpetrated by her grandfather. This confusion of tongues was repeated and reinforced by the repeated rapes committed by her father throughout childhood. Libidinal investment in intellectual processes later manifested in Ariane's ability to complete her studies at the ENA and hold positions of high responsibility in various governmental organizations. Having experienced profound early affective deprivation, Ariane constructed a fabricated personality built upon a fear of breakdown. In adult life this manifested through complete repression of the abuse and a career as a strong woman that propelled her into the highest spheres of power. Within the therapeutic process, it manifests as extremely powerful experiences of fear of breakdown. Intelligence–affect splitting also results in the re-emergence of repressed material through the body rather than through intellect. Her entire therapeutic quest is marked by the somatic: repressed memories return in kinesthetic, emotional and hallucinatory forms, while thought remains in a state of stupefaction. All these reliving experiences during the years following the lifting of forgetting manifest hysteria-like symptoms, and Ariane must conduct a genuine investigation to associate meaning with them. Here again we find an illustration of Salmona's traumatic memory: an unintegrated memory, an experience lived in a state in which thought and body are dissociated. Likewise, because Ariane's right to become a subject was removed, every experience of differentiation becomes a source of intense psychic suffering, especially sexual and generational differentiation, concentrated in puberty[15] and childbirth[16], both traumatic moments for her. Her intention in the application letter is already initiatory

[15] *"During adolescence and adulthood, I had very severe sexual-identity disturbances: I did not want to be a woman. I did not want to marry and have children. I remember crying in the bathtub when I saw my breasts growing."*

[16] *"Carrying children and giving birth was terribly difficult for me. I behaved as though I were not pregnant. I remember that when I learned I was expecting a girl, I became anxious because it was a girl. I had a Caesarean section for every birth, with hemorrhage the third time. I could not imagine giving birth vaginally; it terrified me. Every night after giving birth I felt very bad; sometimes I sobbed for hours and I greatly lacked maternal instinct."*

because she uses the term "to be reborn"[17], the essential objective of every spiritual initiation and particularly apt for a victim of ICSA whose psychic birth was denied. To be born again, Ariane passes, as previously explained, through baths of psychic undifferentiation in which she experiences proximity to madness and to the rapes she endured. She emerges from this undifferentiation through a hallucinatory transformation in which the spirit of the plant fixes her to the cardinal points by causing trees to grow within her body.

Following this experience, she must answer a series of questions concerning those close to her—her husband and children—in which she renews a kind of commitment of love toward them and promises to modify her behavior within those relationships. Spiritually, she undergoes several mystical experiences that transform her identity by introducing the idea of a relationship with transcendence, perceived as Goodness and Love. She therefore undergoes a relational initiation both horizontally—human relationships—and vertically—relationship with the spiritual world. This transformation extends into an intercultural and shamanic vocation, whose revelatory experience merits close analysis:

> *"Your vocation is to become a link."*
>
> *"All right," I replied, "a link."*
>
> *"A link, and more than a link: a bridge. A bridge between two worlds." [...]*
>
> *"Yes," I said. "A bridge—that spoke to me. I have always felt that I was a bridge."*
>
> *"A bridge like this," Madre Ayahuasca added.*
>
> *And I grew until I became a giant; my pelvis and legs formed a bridge spanning the Atlantic Ocean. I had become a horizontal bridge, with one foot on the European continent and one foot in Brazil, on the Amerindian continent."*
>
> *"And a bridge like this," and Madre Ayahuasca showed me a vertical bridge between earth and sky, and that bridge was a human being.*
>
> *"But that is a shaman!" I shouted.*
>
> *"Yes, it is a shaman."*

Through the visionary effects of the brew, Ariane experiences her process of interculturation in an imagistic form. She becomes a bridge, with each foot placed on a continent. The symbolism is noteworthy: the vision does not show her grasping each continent with her hands but rooted upon them through her feet. She thus experiences rootedness in French culture, which saw her birth, and in Amazonian culture, which for her is a place of healing, the two cultures symbolically unified through her pelvis. This cultural unification allows her to move beyond the cultural field and enter the spiritual one, as a vertical bridge between earth and sky symbolized by the figure of the shaman.

This visionary experience marks the interculturation process she begins at Takiwasi and

[17] "Coming to Takiwasi is for me a new beginning, a way of being reborn, of finishing the metabolization of traumatic experiences I lived through as a child and had not managed to elaborate until now."

continues after returning to France. Her investment in the spiritual dimension of existence—prayers, religious groups, services, books and new peer groups—will unify French culture and the Amazonian experience.

This vocation is manifested through information and paranormal actions specific to these initiates: the ability to purge for others[18] and the ability to receive information concerning other people's futures[19]. To understand the scope of Ariane's initiation, it is useful to examine the moment when the spirit of ayahuasca advises her to form four alliances:

> *"And she told me that I had to form alliances, especially four alliances: an alliance with Fabien, my husband; an alliance with Jacques of Takiwasi; an alliance with God; and an alliance with my godmother."*

At the identity level, these alliances should be related to the four trees planted within her. The end of wandering begins with the person's rootedness within relationships. The four poles are significant: her husband, source of family and romantic life; Jacques, agent of her initiation and rebirth; her godmother, spiritual mother whose vocation is to guide the entrusted child toward an authentic relationship with the divine; and God, source of her existence.

One could become intoxicated by the power of Ariane's experience and imagine such a metamorphosis of the self that the psychic problems she suffered before the seminar would disappear in a single stroke of a magical vine. This is not the case. Her testimony two years after the seminar is revealing: some problems have disappeared, while others still seriously disturb her psychic homeostasis. Her spiritual identity certainly appears to have changed, and her phobia of churches seems to have vanished. However, reliving and paranoid crises remain, and marital crises have not ceased. What has changed is Ariane's attitude toward these events. She attempts to reuse the teachings received during the sessions in order to pass through crises when they occur. There is therefore a genuine and lasting transformation of the self manifested in her attitudes. When she states that she does not leave her husband despite profound crises in which she wants to do so because she identifies the desire to break up as a consequence of her trauma, she disidentifies from that desire and identifies instead with insights experienced during ayahuasca sessions. The same occurs when she describes passing through a paranoid crisis during a solitary pilgrimage. Remembering the hallucinated experience of terror leads her not to identify with the fear that an unknown person will kill her. Finally, her new ability and desire to pray in churches marks definitive disidentification from her phobia of such places, probably related to abuse perpetrated by a priest described in her application letter[20].

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[18] "*Do you want to vomit for others?" I said yes, without enthusiasm. I said yes and vomited. Later she asked me the question again. This time I said yes with my heart. And I vomited for others."*

[19] See the final pages of the testimony, a genuine list of Ariane's future acts of knowledge.

[20] A more detailed understanding of Ariane's self-transformation in its intercultural, therapeutic and initiatory dimensions would require using testimonies she wrote after two other seminars attended in subsequent years. This would, however, require a longitudinal study beyond the scope of the present research.

Agathe

Agathe is an ambivalent figure for me. Her testimony, short and often confusing despite the richness of its content, made me alternate between joy and weariness during analysis. Although it gave me access to the contents of ayahuasca sessions of another victim of ICSA, her process seemed rather pale beside Ariane's, and the absence of references to incest, as with Chantale, disrupted the simplicity of my argument. She complicated the hypothesis and forced me to understand the differences between her profile and Ariane's.

Several indicators suggest a profound transformation:

> *"Jacques said a sentence that resonated deeply with me. It is the only thing I wrote during my stay at Takiwasi: 'Freedom is when all possibilities are reduced to one.' [...] It resonated with something slightly 'manic' in me. At the time, I wanted to broaden the field of possibilities, to live as many experiences as possible, in a kind of anxious feverishness. That sentence still accompanies me today, in the opposite direction from what drove me then: among all these possibilities, what am I seeking? What is intimate? What resonates with what I feel?"*

This reflection lies at the heart of the issue of the self. First, the novelty appears to be a radical reversal, since Agathe says that the idea leads her in "*the opposite direction*" from what drove her at the time. What does this reversal consist of? It consists of searching for what is appropriate to the intimate self rather than accumulating experiences, enabling construction of the person as differentiated and limited. Agathe's "*anxious feverishness*" is characteristic here: it manifests a still-fusional relationship to the world and a residue of infantile omnipotence, in which the infant, not yet psychically separated from the mother-environment, hallucinates an omnipotence that reality progressively fractures throughout psycho-affective development. When castration is not accepted, omnipotent jouissance is transformed into anxiety of loss. Here Agathe observes a change in the metapsychological field: castration is accepted and even experienced as liberation from undifferentiation because it enables the intimate to be constructed and respected. Horizontal exploration of reality becomes vertical construction of the Self, integrating discrimination and boundaries between self and world.

This transformation manifests in different areas of Agathe's existence.

> *"[Jacques] thanked me for my humor. It wasn't the first time someone had pointed out my humor. Except that this time I hadn't done anything 'to' make others laugh. I hadn't 'played' the clown. I hadn't forced something 'in order' to be accepted, 'in order' to be loved. I simply was as it came! [...] No escalation. No calculation."*

This insight concerning humor indicates a change in the relationship between true self and false self. The calming of anxiety concerning the gaze of others lowers the clown mask, allowing Agathe to express humor spontaneously. It is no longer protection or

intentional currency of exchange, but the manifestation of a character trait. It is, in a sense, recycled: no longer a tool reacting to anxiety, but an expression of Agathe's true self.

The changes noticed after the seminar follow the same direction. Agathe repeatedly refers to a certain tranquility in her initiatives and in contact with others.

- In her projects:

"I feel more creative too. There are fewer injunctions and less tension toward any particular result: I savor the process, I try, and we'll see!"

- With herself:

"I feel that I have found a quality of presence."

- With others:

"In my psychotherapeutic work, I am calmer with the unknown and more comfortable with passive positions than before, without the framework suffering as I had feared in anticipation."

However, although the change is observable and inferable, the reasons for it remain obscure. I do not know how to connect this transformation with confidence to most of the experiences described. Two surprising absences should be noted. Although Agathe came to work on her marital relationship, which was changing after her daughters left home, her testimonies contain no reference to her conjugal life, whereas her daughters are often foregrounded and it is their memory that brings Agathe out of her experience of Ego dissolution. Likewise, she makes no reference to ICSA, even though she mentions the need to work again on this issue, which had been reactivated by her marital crisis.

First, it is necessary to note that Agathe mentions certain powerful experiences without specifying them, which may be connected with these two themes:

"I cried a lot. I asked for forgiveness a lot."

Agathe does not say what she cried about or for what faults she asked forgiveness. These may constitute important pieces of information for better understanding the causes of her changes.

Nevertheless, even without this information, it remains possible to formulate hypotheses from the available data.

Regarding ICSA, the lack of explicit experience does not necessarily indicate that the theme was not worked through. As Agathe mentions in her application letter, she had already undertaken lengthy therapeutic work on this issue, which may have been integrated. It is therefore possible that the Ego-dissolution experience during the first session eliminated the core of the traumatic experience at a psychosomatic level, beyond representation. This interpretation is supported by the ambivalent nature of dissolution, experienced as both pleasant and dangerous, resembling Agathe's

description of ICSA itself:

> *"I passively accepted his assaults because it was a moment when the balance of power was reversed, when he asked for my presence, when I was neither mocked nor rejected. From the beginning I knew that what he was asking of me was forbidden and abnormal."*

Nevertheless, the data remain vague and this hypothesis risks being an overinterpretation. A simpler hypothesis is that ICSA was no longer the cause of psycho-affective problems. The difference between Ariane and Agathe is revealing: here there had been "*touching*" over a limited period, within an indirectly ascending relationship in which the abuser acted alone and was the one making the demand. Agathe therefore had something else to work through in order to resolve her marital difficulties.

Another hypothesis is to move away from focusing on experience under ayahuasca and concentrate instead on the ritual for unborn children, which Agathe describes as a fundamental moment of the seminar. This is corroborated by her application letter, in which the story of her mother's abortion is the first event described and the one developed at greatest length.

> *"Until adulthood I knew nothing of this part of the family history, just as I did not know that my mother had been married before marrying my father. My mother suffered greatly from this decision, which she attributes to a request from my father. For my part, through psychoanalytic work, I now understand the effects of this loss, this mourning that was never completed, and the toxicity of the secret... on my mother, but also on my father, on me and, to a lesser extent, on my sisters."*

The public ritual involving her parents—they were the ones who gave the child its name—both lifts the secret and allows mourning to be experienced. Moreover, by breaking family silence and affirming the existence of this child, Agathe leaves the role prescribed by her parents since early childhood.

> *"My mother wanted a responsible and sensible eldest daughter, and I became one; my father longed for calm, for children who would not cause problems, and I tried to conform in that respect too."*

Considering Agathe's analysis of her parents' attitudes, the place occupied by this ritual and the seminar's consequences for her self, parental influence can be regarded as one of the principal causes of the strong influence of her false self, rather than ICSA, which may then have reinforced an already established psychic structure.

Nevertheless, the mechanisms of Agathe's self-transformation remain unclear. These hypotheses only touch upon the factors and do not exhaust this mystery, which would require more extensive research and more precise data.

The Absence of TPRs

I was unable to identify indicators of TPRs in the testimonies. Two causes may explain this absence. The first follows from the format of the seminar. Since interculturation is a long-term process, TPRs are more difficult to observe within a period as compressed as two weeks. The second cause is methodological: the testimonies were not constructed around questions designed to collect intercultural material, so this gap may reflect invisibility rather than absence. An interesting hypothesis would also be to classify the relaxation activities organized by the center—waterfall visits, hikes and rafting—as induced TPRs, or rather opportunities for TPRs. Group members no longer experience themselves as patients undergoing an initiatory process, but as visitors enjoying the attractions of the host country. This gives them a psychological decompression chamber in the middle of the seminar, within the more comfortable and culturally integrated role of the French tourist. I cannot validate this hypothesis given the lack of available data, but it seems important to mention because it raises the possibility of induced TPRs offered by the host institution to facilitate more peaceful interculturation. If confirmed by later studies, this could provide a new tool for facilitating and calming difficult interculturation processes.

The Cathartic Effectiveness of Reliving

How should these experiences and their therapeutic effects be interpreted? Salmona's theories of trauma psychology provide several avenues for reflection. Traumatic memory results from the state of stupefaction experienced by the victim, who cannot integrate the event into autobiographical memory. Psychoanalysts state that the victim absorbs the aggressor's personality and experiences a kind of psychic cohabitation, haunted by an experience she cannot name. The experience is traumatic because it cannot be assimilated by the psychic apparatus—or, in cognitive terms, the information cannot be processed. These conceptions offer a clue to the therapeutic effect of reliving. I hypothesize that the subject who relives trauma simultaneously undergoes regression while retaining a mature psychic apparatus, enabling the episode to be integrated into autobiographical memory. This simultaneity of the here-and-now and the past is expressed several times by Ariane:

> *"They put their sex into my mouth and my mouth can no longer close. Open, forced. On my cushion in the maloca, I feel that I can no longer close my mouth. My body is frozen; it no longer moves. Petrified by stupefaction."*

This ability to reintegrate the experience into autobiographical memory appears to be facilitated by visions and identifications made possible by the psychoactive effect of the brew.

Ariane describes an eliminative effect of reliving that discharges the experience from the body:

> *"Before, I could not [say yes to life]. 'You stayed alive because you were afraid of death.' That is why you made me discharge the electrocution, Madre Ayahuasca, to*

remove that experience of death from my body. And the fear stuck to it."

It therefore seems necessary to reflect carefully on reliving, whether intentionally provoked or not, and on how it is managed. In itself it is a powerful tool with two functions: it indicates the presence of an unintegrated experience acting at several levels of the subject's psychic and relational activity, and it allows its elimination. The healer positions himself toward the psychosis-like crisis of reliving very differently from the Western psychiatrist. In one case the crisis is intensified within supportive care in order to pass through it and make it disappear; in the other, the crisis is the problem to be eliminated as quickly as possible. In the first framework a psychoactive substance may reinforce schizoid effects in order to better traverse the experience; in the second, hypnotic medication will be favored to interrupt the process. This cultural difference is rich in meaning. A countertransferential study of psychiatrists would be valuable in order to analyze how they react to their patients' crises, since it cannot be excluded that anxiety provoked by some patients' reliving crises may imperceptibly shift the caregiver's objective away from healing and toward silencing the manifestation of an anxiety-provoking reality.

Metaphorical Death and Symbolic Death

The difference in intensity between Claude's experience of death and those of Ariane and Agathe raises questions about the concept of symbolic death. The initiation proposed by Takiwasi is not limited to imitating death through symbolic acts that allow the initiate theatrically to play at a new birth. It is not the childlike "let's pretend" that somehow produces a curious effect on the psyche; rather, it is a powerful experience of dispossession of the self, anything but virtual learning stripped of affect. Here the subject lives in another reality, mobilizing corporeality and affectivity as much as, if not more than, in ordinary experience. In Ariane's experience, the black snake and the fall are lived as real within the dimension in which the subject moves during the sessions. Although the wild animals and cats do not physically exist, they are psychically real—that is, they are Ariane's fears more than representations of them. The symbolic here is not merely an intellectual and cultural sign, but the complete psychic experience of something that does not occur in the sensory world. This is why the experience of symbolic death, physical as well as psychic, teaches Ariane so much.

Claude's experience must be interpreted differently, even though death remains the issue. The fundamental psychic difference between Claude and the Ariane–Agathe pair is that Claude never plunges completely into death. She allows herself to be worked on by the plant, finds herself in unpleasant icy darkness, and later makes contact with the dead, but never dies completely. Here the death experience is more metaphorical than symbolic, the difference being based on the distance the subject maintains from the experience. Claude does not believe in her own death, even though she believes that the plant is purifying her and that she will emerge with a new status and access to a new context of knowledge. In short, it is the psychic radicality of the experience that

distinguishes metaphorical death from symbolic death, together with a distinction between having—parts of oneself being purified or transformed—and being—the entire person plunging into the experience.

Personal Mythology: Giving Meaning to the Absurd

On the basis of the data collected and the work carried out so far, I would like to propose a new definition of the therapy practiced at the Takiwasi center. It is not only an initiatory therapy, but a mythological therapy. More precisely, initiation is only the form of the process, whose function is to give the subject's life a mythical dimension. For example, the swallowing serpent brings Ariane into a mythical death/rebirth experience, making her the heroine of a personal myth and re-enacting the psychic process experienced by Jonah in the biblical book bearing his name. Visions, sensations and insights place the subject in a universe governed by different laws. Participants become heroines of a mythological quest in which they must fight monsters and temptations, aided by invisible guides, within a world where plants speak and the dead come into contact with the living. The comparison with psychoanalysis is interesting because psychoanalysis also studies and reuses myths, but the method is reversed. Psychoanalysis takes the metapsychological teachings of myths and applies them to the subject's psyche; here the subject immerses herself in the reality of myth in order to be seized by it. Myth is no longer an interpretive tool; it becomes the very life of the psyche. In doing so, it has two effects:

- First, it provides narcissistic reinforcement to the participant. Having become a heroine, triumphed over ordeals, crossed death, and chivalrously acknowledged her faults, she becomes better differentiated and more individuated.

- Second, it energizes past, present and future life through a spiritual meaning that exceeds direct perception of reality. This is the previously described new context of knowledge, which does not merely overlay experience but infuses sensory experience with an ontological quality. Seized by mythical reality, the subject no longer feels that she is constructing reality but that reality itself is energizing her. The subject's entire psyche appears to be seized, which is why this mythologization seems capable of producing therapeutic results: every experience, including suffering—even suffering that previously could find no meaning—now forms part of a broader logic, as illustrated by Ariane's angelic experience when she relives her suicide attempt.

LIMITATIONS

Despite the clarification this research seeks to bring to a new subject composed of complex phenomena, it is not free from limitations and errors that reduce its scientific rigor.

The first limitation concerns the format of the study in relation to the approach used. I chose to address an extremely complex subject through a triple intercultural, anthropological and metapsychological perspective. The eyes of my intellectual desire were larger than the stomach of my theoretical and methodological competence, the study format, and the time available.

Beyond this difficulty, the research has the defect of its quality. While it permits broad exploration of a theme never previously addressed through complementary approaches, it lacks an interpretive unity linking these different elements.

Likewise, my relationship with this therapy influences the way I conduct the study and interpret the phenomena. I know the Takiwasi center because I was a patient there in 2012–2013, before beginning my psychology studies. Over six years, I participated in more than thirty ayahuasca sessions, around one hundred purges, and accumulated fifty days of dietas. I have therefore undergone numerous experiences similar to those described by the subjects of this study, and I share the epistemology proposed by the center's leaders. This orientation can be felt in my analysis, since I do not discuss the reality of Claude's paranormal phenomena and energetic abilities, nor the reality of Ariane's childhood sexual abuse, some of which is supposed to have been experienced at around eighteen months, nor the existence of the guardian spirit of a plant teaching the participant. More precisely, rather than taking a position on the truth of these realities, I preferred to shift my analysis so as not to have to debate or defend them. My work therefore did not consist in declaring them true or false, but in considering their reality for the participant and examining the influence of this subjective reality on identity transformation. My particular and passionate relationship with religion and traditional medicine allowed me to approach this work from a specific angle. It might not have been obvious to another researcher to approach the subject through the dimension of the initiatory rite, and I probably could not have analyzed certain psychoactive experiences as deeply had I not myself explored my unconscious through this medium. Nevertheless, because reality is never simply grasped but reconstructed, a multitude of elements undoubtedly escaped me, if I did not unconsciously obscure them. I can only hope these limitations will be overcome by later studies conducted by researchers of diverse orientations.

The principal limitations of this study arise from its genesis, the data used and the way those data were obtained.

As mentioned in the Method section, I extracted my research subject from the available data, reversing the classical process of scientific research. Moreover, the material I wished to work with was heterogeneous and had not been produced for scientific purposes. The application letters were written for medical and psychological evaluation in order to determine eligibility for participation in the seminar. The post-seminar testimonies had two objectives: to share changes experienced by participants following the seminar and to strengthen the center's defense in the proceedings brought against it in France concerning alleged sectarian activities. These different functions may have resulted in the omission of negative or strange elements that could have harmed the

institution from a media or judicial perspective. Ariane's testimony, moreover, was written for publication on the Takiwasi website in order to provide concrete information to people interested in ayahuasca's effects, which explains its density and the precision of the information shared.

The sample size was also insufficient, and this may have influenced the absence of significant results. I had testimonies from two other victims of ICSA containing some interesting data, but they said nothing about the process experienced during the seminar and therefore could not be used.

CONCLUSION

Between interculturation, initiation and therapy, the psychic experience of seminar participants is multidimensional. At the end of this study, in which I attempted to observe and explain the transformations identified in the self of participants in this therapeutic model, it remains difficult to unify all these explorations, although they have enabled understanding of numerous psychic mechanisms at work in intercultural, therapeutic and initiatory dimensions.

Based on the results and their discussion, it is now possible to appreciate the complexity of the problem. Although victims of ICSA did not have significantly more intense or numerous experiences than control subjects in terms of interculturation and therapy, a greater sensitivity of ICSA victims to the initiatory death/rebirth process can be observed. This experience of complete dissolution of being leading to psychic resurrection may provide important information about incest, psychotrauma in general, and the therapeutic power of the initiatory rite.

This sensitivity of ICSA victims to initiatory ritual raises questions concerning the links that may be woven between psychotrauma and initiatory rites. It now seems relevant to me to consider the initiatory rite as the use of traumatic power in the service of individuation, and trauma as a wild rite leading to the destruction of the subject. These two phenomena share an essential characteristic: both use suffering and violence as central media of the metamorphosis produced. The difference is that the initiator provides a meaning-bearing framework intended to allow the initiate to become a new being, whereas the aggressor imposes absurdity upon a victim reduced to an object of satisfaction.

With this in mind, a hypothesis can be formulated to understand the power of Takiwasi's initiatory rite for victims of incest: by causing identity loss to be relived within a secure framework and giving it meaning, the very violence of trauma becomes the medium through which the self is constructed.

It would be highly useful to test this hypothesis and conduct future research on the use of initiatory therapies in the treatment of psychotrauma. More generally, dialogue among therapists from all cultural backgrounds and therapeutic hybridization initiatives such as those proposed by the Takiwasi center appear today to offer an opportunity to

improve therapeutic methods and techniques for better patient care.

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