

The role of the shaman: similarities and differences



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Human societies, in different contexts and at different times, have produced a number of traditional healers whose roles and functions largely overlap. In this paper, drawing on various literature sources, I will argue that the role of the shaman or traditional healer bears striking similarities with that of helping professionals in the Western world, particularly mental health professionals working within a therapeutic framework. Moreover similar mechanisms are involved in the way the therapeutic process is approached and illnesses are dealt with and eventually resolved.

Introduction

The anthropological and psychiatric literature on shamanism and spirit possession has often treated these phenomena as abnormal and as a sign of mental disturbance: “ there is no reason and no excuse for not considering the shaman to be a severe neurotic or even a psychotic in a state of temporary remission” (Devereux 1956). The psychiatrist Yap explores the behaviour of the medicine-men of the Bataks of Borneo who, falling into a state of trance, are then possessed by a spirit who speaks through them: he believes their actions to be “ doubtless hysterical in basis” (Yap 1951).

In his paper on traditional healing in a Javanese town Geertz (1960) looks at the role of the dukun. These local magical practitioners, amongst his different functions, perform healing rituals; it is very clear that sometimes this is achieved almost at the price of their own sanity:

“ To be a dukun is thought to be dangerous to the individual, for the extraordinary power with which he traffics can destroy him if he is not spiritually strong. Since madness is a typical outcome for people who

attempt too much along these lines...one dukun I interviewed said that his father had tried to teach his speciality to each of the informant's older brothers but both of them fell ill, showing that they were not strong enough for it; and so he, the third brother, got his chance to become a dukun".

More positive appraisals of the role of the traditional healer are present in the literature as well. Indeed Ackerknecht manages to integrate the two sides of the argument: " mental illness is not the only way to become a shaman" (Ackerknecht 1943) and as Shirokogoroff puts it: " the shaman may begin his life career with a psychosis but he cannot carry on his functions if he cannot master himself".

In this paper, drawing on various literature sources, I will argue that the role of the shaman or traditional healer bears striking similarities with that of various members of helping professions in the Western world (doctors, nurses, physiotherapists, midwives etc.). This connection, needless to say, particularly applies to mental health professionals working within a therapeutic framework because of their unique task of trying to be " healers" of mind, body and, some might say, soul.

The use of the word shaman

Some authors, particularly Russian and Scandinavian scholars, have approached the study of shamanism by restricting it to the Siberian-Artic regions. The word " shaman" in fact probably originated in Eastern Siberia from the Tungus word " saman" meaning raised or excited. Shirokogoroff

strongly argues for its application only in the circumpolar regions though acknowledging a continuum through the Americas into South East Asia:

“ Without wearing out this term by the use in reference to very broad generalizations, and at the same time clearing it from various malignant tumours – theories which associated shamanism with sorcery, witchcraft, medicine man, etc. – the term “ shaman” shall be preserved”. (Shirokogoroff 1982).

Many writers, on the other hand, prefer to use the term “ shaman” more loosely, as a synonym of traditional healer, medicine man or witch doctor, depending on the geographical and cultural context. Human societies have in fact developed a wide variety of practitioners of health and healing who have made it their life long mission to cure diseases and solve health problems: herbalists, bonesetters, midwives, diviners, acupuncturists, magico-religious healers etc. Their roles and functions, though borne out of the particular needs of the groups where they developed, largely overlap. People in most cultures around the world continue to use such healers, sometimes alongside western medicine, oftentimes as an alternative. For example it is suggested that any clinician working on the Miyako Islands in Japan has to be a mediator or a negotiator between two worlds, the shamanistic and the modern psychiatric one (Shimoji et al. 1998). Bergman describes similar experiences in his paper:

“ For the past six years, I have been practising psychiatry among the Navajo people. I have referred patients to the medicine men (who in turn occasionally refer patients to me). I have also consulted medicine men, and

patients have often told me about the medicine men's traditional cures and their feelings about these cures. It seems to me, although my knowledge of the sings¹ is very limited, that the ceremony performed is almost always symbolically appropriate to the case". (Bergman 1973)

Bergman realizes that the Navajo people consulting a traditional healer, even though they are fully aware that the extensive diagnostic tests available through traditional western medicine can provide, in most cases, a clear description of the problem (infection, cancer, mental illness etc) still also look for the medicine men's help and advice. Often only they can " reveal the cause", the reason way the illness came about in the first place (killing a sacred animal, trespassing sacred grounds etc), make sense of the illness experience in a way that fits with the people's beliefs and their ideas about the world. Having an understanding of the cultural definition of disease, illness and distress, of the meaning attributed by the patient, his family and larger social circle to the symptoms initially and to the cure afterwards becomes therefore a crucial part of the healing procedure. The medicine man is obviously aware of this process and uses it as part of the healing ritual; the Western professional, to the patient detriment, is too often insensitive to it.

Jung and Shamanism

In his work Jung looked closely at the role of the shaman, recognizing that his core function, providing security against threats of various natures through a ritual based on an organized belief system, seem to transcend the differences of individual societies. This merging of behaviours and ideas into

a clear pattern matches his definition of archetype, "...mental forms whose presence cannot be explained by anything in the individual's own life and which seem to be aboriginal, innate, and inherited shapes of the human mind" (Jung 1964).

The shaman is the ultimate healer but his ability to cure, to relieve other people from pain and suffering comes from his own personal knowledge of pain and suffering. Jung himself reaffirms the veracity of the lesson learnt from Asclepius, the mythological Greek healer, a "divine truth": only the wounded physician heals.

In his autobiography he refers to the time after parting with Freud as a period of "inner uncertainty", when he found himself in a "state of disorientation". In trying to develop a new theoretical attitude to the work with his patients, he realized that he had to confront his own unconscious and deal with his own negative feelings: in doing so he symbolically followed the shamanic practice of journeying into another world or "spirit flight" which is recognized by Halifax (1991) as one of the main features associated with the shamanic tradition.

"In order to grasp the fantasies which were stirring in me 'underground', I knew that I had to let myself plummet into them, as it were. I felt not only violent resistance to this, but a distinct fear. For I was afraid of losing command of myself and becoming prey to the fantasies - and as a psychiatrist I realized only too well what that meant. After prolonged hesitation, however, I saw that there was no other way out. I had to take the chance, had to try to take power over them; for I realized that if I did not do

so, I ran the risk of their gaining power over me. A cogent motive for my making the attempt was the conviction that I could not expect of my patients something I did not dare to do myself. The excuse that a helper stood at their side would not pass muster, for I was well aware that the so-called helper - that is myself - could not help them unless he knew their fantasy material from his own direct experience, and that at present all he possessed were a few theoretical prejudices of dubious value. This idea - that I was committing myself to a dangerous enterprise not for myself alone, but also for the sake of my patients - helped me over several critical phases" (Jung 1963).

Groesbeck (1989) in his paper examines the shamanic archetype and suggests that Jung himself, in his personal experiences and in his professional work portrays many of the characteristics that are traditionally associated with the role of the shaman: a period of illness (" Shamans are those who have had a serious illness in early life. The illness is an unusual one, experienced as a calling, in which an individual's life order is disturbed to the point that to be cured he, himself, has to become a healer" [Groesbeck 1989 p. 257-258]), a stage of initiation ("...he had to face the most strenuous of all ordeals, the initiatory rites necessary to obtain the powers of shamanism" [Groesbeck 1989 p. 258]) and the development of a healing myth (" When Jung speaks of the methodology of transformation, he speaks of a relationship in the psychotherapeutic process whereby the psychotherapist, as well as the patient, is transformed. It is here that his model of dialectical exchange between both parties is significant. This methodology comes closest to the original shamanic experience which is

based on the idea that the healer can have a direct contact with the patient's illness and perhaps go as a shaman into the other world and war with the power of darkness in order to free the patient from his malady [Grosbeck 1989 p. 267]).

The archetype of the wounded healer as a model for the shamanic calling

The Greek myth of the centaur Chiron represents the paradigm for the "wounded healer" and the portrayal that most captures its characteristics.

Chiron, born of the god Cronos and the beautiful nymph Philyra, is rejected at birth by his mother, who is terribly disappointed and even disgusted to find out that her baby is a centaur, a monstrous creature to her eyes.

Abandoned by his parents Chiron was later taken under the protection of Apollo, god of music, prophecy, poetry and healing who taught Chiron about the arts, particularly about the most mysterious art of restoring health.

Chiron, initially wounded by rejection and later by a poisoned arrow at the hands of the careless Heracles, learns how he can cure his wounded self by curing others and therefore becomes a wise teacher, a mentor to kings and heroes and a dedicated healer. Asclepius, whose abilities to cure according to Greek mythology were so powerful that he could bring the dead back to life, had been one of his disciples.

This ancient myth offers us a clear model to understand some recurrent themes in the shamanic literature, the struggle involved in the shamanic calling and the importance of overcoming personal painful experiences in order to be able to heal others. In fact, moving away from the position considering the shaman as a madman, still a lot of emphasis is placed in the

literature on the stresses and uneasiness of the shaman's psychic experience, so much so that some individuals who receive the "call" try to refuse it.

The ability to heal is bestowed upon the shaman, whether he/she likes it or not, from a higher power: to deny it would mean to deny one's own destiny. Noticeable similarities can be found in the Bible in the stories of God's call to mission: the prophet Jonah "was afraid to go and ran away from the Lord" and the prophet Jeremiah's initial answer to God, "I can't do that! I'm far too young! I'm only a youth!" is a clear attempt at escaping the burdens and responsibilities of his calling.

The path of the young shaman is not much easier: "He has to undergo a long training, under the tutelage of an older shaman...when they come out of this phase they are believed to have second sight and spirit connections, and have developed a peculiar faraway look" (Howells 1948).

There is evidence to suggest that working in the helping profession, particularly in the mental health and social care fields, is a similarly stressful task (Guthrie ; Black 1997). The problems with recruitment, retention and consequently staff shortage are visible proofs of the difficulties faced in these areas of work (Holloway et al. 2000). Tillett (2003) in his paper examines the difficulties faced by members of helping professions, in terms of both work-related factors and personal characteristics. Malan (1979) had already talked about "the helping profession syndrome", the almost compulsive need of a professional to "compulsively give to others what he would like to have for himself"

The shaman and the psychotherapist: similarities and differences

Levi-Strauss draws some important parallels between the role of the shaman and the psychotherapist: “ in both cases the purpose is to bring to a conscious level conflicts and resistances which have remained unconscious”. In his paper he described a religious South American text, a song sung by the shaman at the midwife’s request, to facilitate difficult childbirth. The cure begins with a narration of the events, which takes into account even the finest details. The therapeutic importance of this telling or retelling of the story is well recognized by the “ narrative school” of family therapy: “ in fact the story we get...depends very much on the questions we ask, on the way we ask them and on how much space we leave for the therapeutic conversation” (White 1990).

“ If we wish to know a man, we ask what his story, his real, inmost story is, for each of us is a biography, a story. Each of us is a singular narrative, which is constructed continually and unconsciously by, through, and in us - through our perceptions, our feelings, our thoughts, our actions; and, not least, through our discourse, our spoken narrations. Biologically, physiologically, we are not so different from each other; historically, as narratives, we are each of us unique”. (Sacks 1985)

The physician and philosopher Howard Brody (1987) argues that “ suffering is produced, and alleviated, primarily by the meaning one attaches to one’s experience”: healing then requires listening, understanding and finding a new meaning for the patient’s experience. In Levi-Strauss’ account, the narrative aims at recreating a real experience for the sick woman, to help

her relieve the pain of the situation. The technique called abreaction in psychoanalysis is in fact the re-enactment of a psychologically traumatic experience for the purpose of catharsis, the discharge of negative emotional energy. These same characteristics can be found in the shamanic cure:

“ Here, too, it is a matter of provoking an experience...The Shaman plays the same dual role as the psychoanalyst. A prerequisite role -that of listener for the psychoanalyst and of orator for the shaman- establishes a direct relationship with the patient’s conscious and an indirect relationship with his unconscious. This is the function of the incantation proper” (Levi-Strauss 1949).

In 1936 Morris Opler published a classic article on shamanism among the Apache that gives us tremendous insight into the role of the healer, whose main characteristics seem to be transculturally generalizable. The shaman is described as careful worker and a good judge of his fellow men, who is well versed in the use of herbal remedies. At the same time he is able to harness the power of the patient’s belief in his ability to bring about a cure or amelioration of his condition. Often the combination of these skills results in successful outcome. When this does not occur an explanation is readily available, for example the patient or someone else having “ bad thoughts” interfering with the cure. This attitude towards the failure to heal resembles the concept of non-compliance in Western medicine in which often the patient is accused of not following the physician’s orders strictly enough and consequently blamed for the failure.

The competent shaman would have gathered information about the patient before the ceremony; he would also urge the patient and even the family to contribute what might be useful information in a manner that appears similar to the anamnestic process of a patient gives his " history" to a physician.

Opler ends his article by discussing the extent to which the modern psychiatrist and the shaman are similar: in both cases, though the details of the actual healing rituals differ, a high degree of dependence is encouraged with the patient coming under a " cone of authority". In both cases, a powerful interpersonal interaction seems to have a strong curative factor: the " doctor as a cure" as the psychoanalyst Balint had noticed, a profound sense of confidence in the healer which has been noted in all societies.

The role of the therapeutic relationship and the outcome

The relationship between therapist and patient has been the focus of much psychotherapy research and many argue that it is critical to the success of therapy while some anthropologists point out that the relationship between healers and their clients is frequently superficial. For many anthropologists the healing process is a ritual event and much anthropological literature on healing can be seen as a subset of the literature on ritual.

The symbolic meaning of the ritual is not a foreign concept in psychotherapy. Frank (1961) recognizes it as one of the fundamental features shared by all effective therapies:

- * " an emotionally charged, confiding relationship with a helping person;
- * a healing setting;

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* a rationale, conceptual scheme or myth that provides a plausible explanation for the patient's symptoms and prescribes a ritual or procedure for resolving them;

* a ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient's health".

When starting therapy, attention is paid to the setting, the context in which the therapeutic relationship will be played out. Sessions are scheduled to happen at the same time and in the same place every week (a clinic space or the therapist's house); holidays are planned much in advance whenever possible and missed sessions are not rescheduled; each session lasts for the same amount of time, normally 50 minutes, and the timing is rigidly obeyed, no matter what. The adherence to a specified setting so much pursued and advocated as an integral part of the therapeutic process, seems to have a containing effect on the patient's anxieties and fears.

The shamanic tradition and Western therapeutic processes not only have similarities with regards to the process and the outcome of healing. The question of how does the shaman cure his patients is important and gives us insight into the effectiveness of approaches considered more orthodox and scientific. Brody (1988) notes that:

" research suggests that the placebo response forms a part of virtually all healing encounters, and is not limited to circumstances in which a dummy pill is used. This suggests, in turn, that the placebo effect has been important

in medicine throughout history, and that the modern physician has important elements in common with... pre-scientific predecessors.

Research on psychosomatic illness, biofeedback and immunology as well as into the body's neural, endocrine and autonomic systems suggest the existence of pathways linking the body and the mind. The healer, whether shaman or psychotherapist, can successfully access the realm of meaning between the body and the mind and in doing so activates endogenous healing processes inherent in all human beings.

Another prototype for the explanation of the efficacy of certain magical practices comes from the work of Cannon (1942) on voodoo death. Here the death by witchcraft is explained by a generalized reaction of the central nervous system to the severe trauma provoked in someone who believed that he or she had been bewitched. In his work Levi-Strauss stresses that the efficacy of magic implies a belief in magic and reminds us of the crucial importance, in any therapeutic encounter, of the process of suggestion.

“ The latter has three complementary aspects: first, the sorcerer's belief in the effectiveness of his techniques; second, the patient's or victim's belief's in the sorcerer's power; and finally the faith and expectations of the group, which constantly acts as a sort of gravitational field within which the relationship between the sorcerer and bewitched is located and defined” (Levi-Strauss 1963).

In Levi-Strauss account, Quesalid, the protagonist of his story, starts a quest to expose the tricks of the sorcerers: his research into their methods, his attempts to understand them, turn Quesalid himself into a powerful

sorcerer/shaman who comes to believe in the merits of techniques he had initially disparaged. “ Quesalid did not become a great shaman because he cured his patients: he cured his patients because he had become a great shaman”.

Conclusions

In this essay I have tried to examine the similarities between the role of the shaman and that of Western helping professionals, namely psychotherapists and psychiatrists. It's important to remember that the shaman's response to threat does not merely mean sickness; it is also fear of famine from crop failure or poor hunting. His multiple responsibilities include “ general divining, diagnosis of sickness and ghost chasing...he may be the most important person on the village, as well as the centre of religion” (Howells 1948). He may be consulted on the proper course of action in a problematic situation, on whether to make war or peace or to give guidance. Geertz (1960) in his paper describes multiple kinds of dukuns, the Javanese traditional healer:

“ dukun baji, midwives; dukun pidjet, masseurs; dukun prewangan, mediums; dukun tjalak, circumcisers; dukun wiwit, harvest ritual specialist; dukun temanten, wedding specialist; dukun petungan, experts in numerical divination; dukun sihir, sorcerers; dukun susuk, specialist who cure by inserting golden needles under the skin; dukun djapa, curers who rely on spells; dukun djampi, curers who employ herbs and other native medicines; dukun sewer, specialist in preventing natural misfortune (keeping the rain away when one is having a big feast, preventing plates from being broken at

the feast and so on); dukun tiban, curers whose powers are temporary and the results of their having been entered by a spirit.”

Moreover we are reminded of the fact that one man is often several kinds of dukun, demonstrating a flexibility that is common in the role of the shaman. As the medical historian Sigerist noted “ it is an insult to the medicine man to call him the ancestor of the modern physician. He is that, to be sure, but he is much more, namely the ancestor of most of our professions” (Sigerist 1967). The ability of the traditional healer to look at pain in an holistic fashion, to look at the human beings under their care as whole individuals, with a variety of needs and a complexity of feelings, desires, and wishes is a lesson worth learning.