Confusing Culture for Clinic: Indigenous Shaman-Healer as Psychopathology

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Abstract
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My Master's thesis is an examination of the way in which anomalous behaviors commonly associated with indigenous shaman-healers might be associated with mental illness by western psychiatry. This out-dated western ethnocentric ideology is currently active as a diagnostic entry 3.8 Shamanic Crisis within the American Psychiatric Association's, 1994 *Diagnostic Statistical Manual of Mental Disorders-IV*. The general cross-cultural descriptions of mental illness by mental health professionals in charge of the DSM-IV, have allowed such diagnoses to remain haphazardly confirmed by a western medical model, based on a non-universal, Euro-centric theories and definitions of disease. That lack of cross-cultural consideration within the Indian Health Service (IHS) has to change in order to provide quality professional care. My intent is to bolster a more cross-culturally sensitive view of these anomalous behaviors that does not fully support strict abnormal medical or physiological properties.

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Preface:

In writing this paper I have employed material from the usual academic sources, including books and journal articles. In addition to those sources I have included printed material available on the internet. The content in Appendix I, called "DSM-IV Religious and Spiritual Problems" is an example of this resource. I have provided a full copy of this resource in the appendix so that the readers may see for themselves how shamans and their supposed psychopathology have been summarized in a major reference work consulted by members of the psychotherapeutic community. Although it is not necessary to do so, readers may want to begin with Appendix I before reading the thesis itself. Beginning in this manner may provide readers with a quick introduction to many of the complex issues of rationale and context which are critical to fully understanding the implications of my argument.

Introduction:

I claim that a 1994 addition to the *Diagnostic Statistical Manual of Mental Disorders-IV*, (*DSM-IV*), arguably the Bible of the psychiatric profession, labeled "Lesson 3.8 Shamanic Crisis" and framed under the larger heading, "V62.89 Religious and Spiritual Problem," is extant evidence of a decades old, ethnocentric debate that indigenous shaman healers supposedly suffer from various kinds of psychopathology or mental illness. My claim also means that lesson 3.8 is Janus-faced, or conversely, it opens up dialogue toward more enlightened definitions about shaman related experiences and behaviors, that have only recently been initiated by cross-cultural research. Therefore, a brief examination of the shaman-healer's heritage will help determine the degree this cultural framework applies to proper diagnosis and treatment of two indigenous field subjects introduced into this paper. My hope is to encourage mental health professionals, not unlike those who work in the Indian Health Service (IHS) which

is a division of the Public Health Service responsible for addressing the medical needs of federally recognized tribal people, to examine my evidence and provide more socio-cultural sensitivity to those patients improperly assessed and misdiagnosed within that western ethnocentric context (Mohatt & Varvin, 1998; Gone, 2001, 2004; Benson, 2003).

A fair amount of scholarship now exists to promote this idea as outdated, erroneous and Euro-centric. Oddly it survives where a person would least expect: within the psychiatric or mental health community (Kroeber, l940; Devereux, l942, l961, Benedict, l951, l959; Silverman, l967; Labarre, l970; Eliade, l974, Stephen & Suryani, 2000, Krippner, 2002). Outside that establishment anomalous episodes usually associated with shaman-healer traditions are now considered well with the limits of normal behavior (Atkinson, l992). Nevertheless, perhaps the power of the DSM-IV continues to veil proper understanding within the mental health field. A quote from Vitebsky sums up this over-generalized position perfectly. I will therefore rely upon as a descriptive framework for these two psychological conditions, throughout this paper:

> *"It was from the turn of the 20th century that scholars and investigators began to emphasize the psychopathology, hysteria or neurosis of the shaman. Perhaps the closest parallel to shamanic madness is in the clinical condition of schizophrenia. A schizophrenic episode can plunge a person into terrors comparable to the Siberian shaman's initiation vision, as his or her personality disintegrates in the same way. However, both psychologically and socially, the differences are great. Where the shaman's concentration is increased, that of the schizophrenic is scattered;*

> *where the shaman retains a far-reaching control of his or her own state of mind, schizophrenia entails a loss of this control; and where the shaman's experience is always brought back to society and shared for society's benefit, the schizophrenic is trapped inside a private experience, almost to the point of autism" (Vitebsky, p. 138).*

A number of thoughtful propositions based upon that appraisal have tried to cleave the two conditions apart (Boyer, l964; Handelman, l967, l970; Peters& Douglass-Price-Williams, l980; Noll, l983, l985: Kehoe, l996, Stephen & Ketut-Suryani, 2000). A frequent component of the debate is a reference to culture-bound syndromes or manifestations of mental illness that are better understood in a local, rather than universal, sense (Scheper-Hughes, l982; Littlewood, l991; Kleinman, l991, Fernandez & Kleinman, l992, Jilek, l998, Afi-Dzokoto& Adams, 2005). The so-called anti-psychiatrist movement in the l960s and l970s helped in suggesting schizophrenia is less a bio-medical condition that it is an errant form of social labeling and political tool of oppression (Goffman, l961; Laing, l968; Szasz, l970, l974; Leshan, 2000; Schaler, 2004).

Critical surveys in the field of literature reveals the extent to which writer continue to equate madness, in the schizophrenic sense of the word, as an extra-heightened mode of consciousness, that can promote genius, creativity and spiritual insight (Broer, l989; Sass, l992). Other researchers have discovered that tribal societies do not support potential shamans that exhibit the kind of psychosocial dysfunction equated with psychosis (Boyer, l964; Handelman, l970; Murphy l976). Similarly, some scholars believe that this connection is untenable since schizophrenia is

a mental disorder found only recently in so-called developing and developed countries (Torrey, l986, 2001). Although I will include commentary from both sides of these positions, it will be as important to see how this errant debate adopted by the DSM-IV can immobilize accurate cross-cultural diagnoses among indigenous peoples. I will show that diagnosis based upon medically modeled criteria (see below) distorts and jeopardizes the real presence, place, voice, health and well-being of indigenous people.

The concept known as "simulation," counterfeit image, or imitation for the real 1, can be employed to exemplify the growing cross-cultural context of this ongoing debate (Vizenor, l994; Iserhagen, l999; Vizenor & Lee, l999). This key concept rightly accentuates a serious lack of indigenous integrity, identity and presence in the current academic, medical, psychological and scientific portrayal of indigenous shaman healers. Relevant facts that should be included about indigenous subjects have either been heavily discounted or ignored altogether, allowing scholars to fill in that void with their own imagination or fictive misrepresentations (Hillman, l977; Noel, l997; Vitebsky, 200l). These fictions have become entrenched stereotypes that have been displayed unremittingly (and unashamedly) throughout the pages of Western academic discourse (Bordewich, l997; Deloria, l998; Pewewardy, l999; Smith, 2002). One of the more potent illusions spun out of that early colonial legacy has described indigenous identity as psychopathological in nature.

Colonialist administrations developed a strategy incorporating the assertion of madness as a means of oppression against indigenous peoples. The supposition that they are more prone than whites to engage in irrational and unintelligent behavior was based upon the illegitimate racial theories prominent throughout 19th century academia

(Lattas, l992; Thomas, 2000). According to those theories the less evolved mongoloids (which includes indigenous populations of the Americas) supposedly lacked the inheritable mode of self-control and rationality innate to the more advance Caucasian race of people. Without that trait their behavior more easily escalated into frenzy, violence, savagery and insanity, which were often used synonymously in misrepresentations of indigenous people. The absence of that so-called higher faculty of mind would also include reason and autonomy, which again, were believed to be more highly developed in Western, "civilized" individuals.

The establishment of such racially motivated hierarchies, between a higher plan of rational agency and a lower, inferior level of irrational behavior, would become the standard rule that differentiated the white colonizer from the darker skinned colonial subject (Fanon, l963, l968; Bulhan, l992). Perpetrating this erroneous claim would seriously undermine a legitimate place and presence of a real native voice, including within the academic realm and its representation of indigenous shaman-healers. Social scientists, in particular, would eventually spend a greater part of the 20th century developing theories about indigenous culture and identity based upon the misapplied bias, of psychopathology, combined with claims of having observed numerous variations among their indigenous subjects, e.g. hysteria, (Linton, l956), neurosis (Ackerknecht, 1943), disociative identity disorder (Krippner, l985; Osjord, l988; Boddy, l994; Ross, 1997), schizophrenia (Silverman, l967) and delusory-like problems in perception (Levi-Strauss, l961) 2. A number of them argued that indigenous millenarian movements were an exceptional version of these psychologically abnormal qualities (Lattas, l992, Stephen, l997).

One particularly powerful example is the Ghost Dance among the Sioux people, which ended violently at Wounded Knee, South Dakota, during the close of the l9th century, where a particularly gruesome slaughter was committed based on beliefs unjustly created by this colonial rhetoric. That such atrocity was accepted – and celebrated – as an appropriate response to a relatively benign attempt to voice change via an altered state of consciousness, epitomizes the veil a colonial power used to misrepresent an act of empowerment as disruptive, irrational or frenzied behavior (Kehoe, 1989). The use of this sleight-of-hand in shape-shifting indigenous behavior into psychopathology continues into contemporary academic and medical science.

Perpetuation of this simulation is most pronounced in the psychotherapeutic counter-culture (Noel, l997; Taylor& Piedilato, 2002). This eclectic group of scholars, psychiatrists, psychologists, philosophers and a mixture of other contributors seeks to reach back into America's colonial period (Taylor & Piedilato, 2002). Today, depth humanist and transpersonal psychologists and medical psychiatry are at the forefront of promoting this erroneous simulation about behaviors associated with indigenous shaman healers.

To see how this aspect of indigenous cultural heritage has led to a prejudicial entry within the DSM-IV, we begin at the close of the l9th century and follow that flow into the late l990's and early 2000's. This critique will include four parts that are specific to that legacy, a fifth that will include specific examples from my own fieldwork and a sixth that briefly assesses the "survivance" or legitimate revival of culturally specific forms of what is generally termed by westerners as indigenous shamanism (Vizenor, l999). The first of the three components pertaining to this

simulation will provide a brief examination about the concept of shaman that I will rely upon. For the sake of argument I remain loyal to the definition of so-called "core shamanism" reflected in the quote noted by Vitebsky (see above), which I believe is a loyal approximation to that provided by religious historian, Mircea Eliade (see below) (Eliade, l974). That definition not only allow us to keep in mind how the concept of shaman may be irrelevant outside the place from which that specific term was borrowed Evenk, Siberia In addition, we may better understand how the rationale of the Euro-centric "primitivism" (Kehoe, l996, 2001) is kept alive in the latest edition of the DSM-IV. Second, we shift our attention to a host of ethnocentric-minded ethnographers and anthropologists. They will allow us to see how this connection between anomalous behaviors commonly associated with shaman-healers and mental illness began as a related topic about the deficit quality inherent in indigenous thinking and perception.

We next move into the field of psychoanalysis and depth psychology. While both sets of theorists described these indigenous personalities as actors within an internal psychological drama, the former group preferred to base their evaluation of mental illness as negatively fixated neurosis whereas the latter would diagnose less pessimistically, a brief psychotic condition variously labeled "spiritual emergence." Fourth, I will review how this simulation is reinforced as a de-contextualized, medical model-based psychiatric disorder included in the second most recent edition (DSM-IV) in l994, under the title, "lesson 3.8 Shamanic Crisis" and also under the larger heading "V62.80 Religious and Spiritual Problems." This interpretation is included within a medical nosology that underscores cross-cultural diagnoses, or at most, places

socio-cultural context in a very subordinate, “a-typical” or “non specific” diagnostic condition (Neppe, l989; Fabrega, l992; Post, l992). In other words, the causal origin of mental illness is presumed to be organic-biological.

Over reliance upon organic processes may explain the original mistake in associating shaman related behavior with what is now essentially known as neuron-chemical-transmitter base psychopathology. Acknowledging the basis of that problem can aid the reader in three important ways: 1) Understand how the DSM-IV can avoid repeating that mistake, 2) how that manual should incorporate a concept of Culture and 3) to produce a more accurate cross-cultural perspective about mental illness with indigenous communities.

For my fifth point, I offer perspective gained from my fieldwork (2000-2005) that involved two indigenous subjects that will help undermine the legitimacy of shaman-like behavior, related psychopathology. In light of their condition as would-be medicine people, each of my field subjects were labeled with various psychiatric diagnoses, namely 295.30 chronic schizophrenia, 314.00 attention-deficit and 298.90 psychosis-non specific (APA, l994).

Culturally sensitive examination of these subjects addresses three objectives: 1) to provide an alternative way anomalous experiences usually associated with shaman-healers can be viewed, 2) to describe a threshold these indigenous subjects cross over that may help determine what kind of behavior is truly dysfunctional or abnormal, and 3) utilize knowledge gained from the plight of these two brave individuals may encourage mental health professionals who work at local IHS clinics around the United States to entertain relevant cross-cultural perspective not fully

recognized in the DSM-IV, toward the care and treatment of First Nations peoples.

Finally some mention must be made about the state of this healing art independent of this Western paradigm of errant simulations and perceptions. Despite the ethnocentric effects of modernization indigenous forms of shamanism continue to thrive today in all corners of the world. The examples I include indicate that the success of shaman healing does not survive in a cultural vacuum. The fact that some of the examples clearly indicate a mixture or interplay of indigenous and western methods, may confirm that shamanism thrives because it is a tradition that adapts to change (Heinze, l982, l988, l991; Pierotti and Wildcat, l997). The many examples of survivance in which these shaman-healers are involved within the larger socio-cultural milieu of their indigenous communities, reinforce my thesis that sound-mindedness rather than mental deficit is the primary quality that lends them significant leadership roles.

The so-called "Universal" Shaman

Defining the concept of shaman has been problematic (Noll, l989; Vitebsky, l995; Krippner, 2002). According to Michael Winkelman's statistical analysis of 47 non-western societies with people who claimed to have access to a non-ordinary dimension of reality, there are four general kinds of these practitioners (Winkelman, l992). All of these groups, he suggests, appear to operate in a specific locality or kind of community. In agricultural societies priests and priestesses were consulted, while in state-level societies witches, sorcerers and diviners were responsible for spiritual welfare. The fourth group and the focus of this paper consists of shamans,

shaman-healers and healers-- each who delve into the world of the non-ordinary on behalf of the single, tribal band. Shaman healers, in other words, are one of several different kinds of spiritual practitioners responsible to the community for maintaining a compact or connection with the spirit world.

Despite the opinion that the concept of shaman should be restricted to the place of its origin Siberia and Asia or at most be considered a figment of anthropological imagination or illusion, the concept of shaman healer upon which I rely is from Eliade (Kehoe, 1990, l996, 2000; Churchill 2003). Relying upon Eliade for a definition of shaman does not mean I agree that there is a universal "core," "authentic" or "timeless" shamanism (Eliade, 1960, l974). I endorse and build upon Alice Kehoe's evaluation that the integrity of indigenous culture is undermined by those who buy into the romantic notion of "American Indians as primal survivals husbanding an archaic ecstasy that may save the White millions who suffer, in Hultkrantz's words, an 'inability to lead authentic lives' (Kehoe, l996, p.1). To use any other definition would fail to show how that overly generalized concept of shaman is active in current psychiatric, clinical practice.

Eliade's definition of shaman stresses the notion of soul flight or "archaic technique of ecstasy" (Eliade, 1960, l974). Quite simply, this means that in an altered state of consciousness (ASC) or trance-mode, the soul of the shaman can leave his or her body to travel either skyward or downward into the underworld. It is in this non-ordinary context of ecstasy that shamans are able to accomplish a number of important tasks for the community such as look for lost souls, divination, secure a good hunt and diagnose and treat illnesses (Hultkrantz, l968). Although other researchers

agree shaman-healers function well without an ASC (Sander, l979; Price-Williams, l980; Walsh, l990; Atkinson, l992), especially where dream interpretation is utilized (Tedlock, l990), it is archaic ecstasy associated with an abnormal change in personality, that shapes my thesis about a supposed connection with psychopathology. A.A. Popov has addressed this psychological shift by saying,

> *That prior to becoming shamans, the selected persons suffered from physical and psychic diseases for years. In every case, the diseases were accompanied by peculiar hallucinations and visions of great importance. It was said that during the illness both the constitution and the mental frame of the selected persons underwent a thorough change, while special assistant spirits escorted them on their way to the different deities and spirits, and made them acquainted with each other* (Ryan, 2002, p.96).

Therefore Appendix I, "DSM-IV Religous and Spiritual Problems" may indicate the degree to which the mental health community has incorporated Eliade's belief that shaman-healers appear to be abnormal minded. The key quote from that document is as follows,

> *The future shaman sometimes takes the risk of being mistaken for a "madman"...but his "madness" fulfills a mystic function; it reveals certain aspects of reality to him that are inaccessible to other mortals, and it is only after having experienced and entered into these hidden dimensions of reality that the "madman" becomes a shaman* (Eliade, 1960, pp.80-81).

In contrast to the overly simplistic ethnocentric based DSM-IV entry which assumes that a dramatic shift in consciousness or altered personality and the diagnosis that soul

flight into another dimension of reality looks suspiciously delusional I argue that this criterion should be carefully reconsidered to include the mental health of these individuals in greater cross-cultural context.

Primitivist Discourse: Anthropology's Primitive Other.

During the 20th century American anthropology placed considerable emphasis on recording cultural information on indigenous peoples (e.g. identity), which they believed would soon vanish as these communities became increasingly acculturated, assimilated and homogenous (Boas, l910; Sapir, 1924; James, l961). What began with basically good intentions, however, evolved into an unfortunate and formidable bulwark of scholarly misrepresentation and mistreatment. No less than the founding figures in anthropological discourse initiated a trend toward describing indigenous identity (and culture) using inaccurate and misleading terminology. Anthropological literature (e.g. ethnographical) is contaminated by prolonged periods of racist science, contemptuous naming, demeaning labeling and other kinds of abuse toward indigenous people (Berkhofer, l979, Churchill, l994, Bordewich, l997, Thomas, 2000). As a consequence any mistreatment resulting from mislabeling is of particular importance.

The postmodern term, "primitive other" generally represents the type of derogatory naming that anthropology has often used to misrepresent indigenous identity (Fox, l991). Anthropologists employ terms such as savage, uncivilized, backward and insane as reference points around which they have built what is at best a questionable base of scientific knowledge about indigenous peoples (Kennewick, 2002; Waldram,

2004). Although many western scholars have since become enlightened about the inaccuracies and injustice of this naming process (Smith, l999, Thomas, 2000), its residue continues to exist today in the form of demeaning stereotypes (Berkhoffer, l976, Pewewardy, l999). I now examine and critique the way particular anthropologists have contributed to this legacy of primitive other.

Emile Durkheim was one of the founders of ethnocentric tradition (Morris, l998). He offered an evolutionary perspective about the relationship between modern science and the religion of archaic peoples. According to Morris, Durkheim believed that scientific or modern thinking is a sequential outgrowth of that religious frame of mind. Science has evolved to become a higher standard of mental activity and truth making. Despite this emphasis on science, however, Durkheim did not consider religion unimportant: in fact he regarded it as the ritual representation of a community and the basis of its ethical system. Thus, Durkheim supports the practical value of religious activities in gauging the nature of reality, because while religion may not be as technically sound as modern scientific methods, it still appreciates a logical explanation of things. Nevertheless, his theory about the "primitive" nature of religion still promotes the idea of religion as unsophisticated (Morris, 1998).

Other possible shortcomings at the "lower end" of the philosophical spectrum also include irresponsible empiricism. Durkheim believed that religious feeling was rooted in community life, whereas he assumed that "primitive people" mistakenly attributed religious experiences to outside agencies, i.e., primitive people erroneously believed that religion was precipitated by a connection with an actual spirit world. Durkheim insisted that the institution of religion is an unmistakable product of community. It is

a kind of epiphenomenon that results from people coming together as a group, community and society; the origin of religion could not have come about any other ways. Outside the group, individuals supposedly speculate incorrectly about spirits, natural elements, totems and gods as the actual source of religious feeling. Durkheim believes this is putting the cart before the horse. In effect, religion becomes an individual psychological conundrum. Left to fend for himself at this level of cognition and perception, the indigenous person has orientated the source to the make-believe world of the supernatural. What their senses, untutored intellect and subjective feeling could not establish satisfactorily as a social reality, was forced into an inner psychological issue. Yet, not all has been forsaken by their ineptitude (Morris, 1998).

Durkheim reasons that science could not have developed without the aid of such perceptual errors. Operating at this individual level of thinking, which although it seems inconsistent, still reveals the ability to establish a feasible connection with the world. Untutored common sense and inner speculation applied to phenomena still bespoke a process in the evolution of modern thinking. From such archaic concepts grew the modern desire for better method, prediction and control. Nevertheless, critics agree that this supposed difference in worldviews still does not prevent modern science from making similar types of speculative assumptions and loosely based associations between phenomena (all, Morris, l998).

A variety of indigenous scholars are more positive about the capacity of so-called primitive peoples to correctly gauge the complexity of such phenomena (Deloria, l973, l999; Waters, 2004). For thousands of years indigenous societies developed an astute

knowledge base through keen observation and careful interpretation of the natural environment (Cajete, l994; Pierotti and Wildcat, 2000). The Sioux peoples of North America, for instance, use the words Mitakuye Oyasin, or "We are all related," to describe their relationship with the natural world. This concept supports the fact that the natural world operates as a complex system of interdependent relationships (which include the animate and inanimate) as well as being the source of significant spiritual revelations (Neihardt, l979). In particular Vine Deloria spent abundant time criticizing the way modern science has misunderstood oral legends as an irrelevant form of understanding or knowing the world. This allowed Deloria to reveal some inconsistencies in the way evidence from prehistory is gathered and used by western science (Deloria, l995).

Sir James Frazer scrutinized ritual magic, the topic many early anthropologists strongly most associated with primitive activity (Frazer, l963). Frazer was determined to show that use of ritual magic by non-Europeans was errant thinking, or at best, a flawed form of technological awareness (Campbell, l990). In this view, at worst, this is a forgettable moment in the history of humanity. Magic was too awkward and crude a technique to be taken seriously. Endeavors such as artificially mimicking thunder (imitative magic) to encourage rain or manipulating a piece of physical material (contagion magic) to attract love led Frazer to see the rudiments of a false belief system built upon error-laden, elementary thinking, describing it thusly,

> *Such explanations originate in that instinctive curiosity concerning the causes of things which at a more advanced state of [learning] knowledge seeks satisfaction in philosophy and science, but being founded on*

> *ignorance and misapprehension are always false, for were they true, they would cease to be myth* (Frazer, l963, p. 13).

Following this argument it appears that magical thinking is like mythical thinking: illegitimate, wrong and a lie (Campbell, l988). Hence, the use of magic in light of modern science represents little else than cognitive immaturity, deceit and ignorance.

Indigenous thought is also supposedly flawed by an inability to envision an alternative to magical thinking (Anderson, l996) because its practitioners supposedly cannot see how ineffective magic is in the field of everyday living. Frazer charges those who support the use of magic with blindly promoting such thinking, despite its lack of predictability and ineffective control which he thinks reinforces the notion that indigenous peoples do not reflect upon the mistakes they are committing. Rather than question the lack of credibility or discarding magic when it doesn't work, a different magician is simply called in to handle the task. Similarly, Robin Horton noticed that alternatives were missing in his research on the way African traditional thinking compares and contrasts with modern scientific thinking (Horton and Finnegan, l973).

Karl Popper has said that unless a method is refutable or attempts risky predictions, it is nonscientific (Hergenhahn, 2001). Similarly Thomas Kuhn has argued that the growth of a new paradigm or new way of thinking is periodically bogged down with the affairs of "normal science" (Kuhn, l970). Normal science can only explain what is inside the paradigm and provides no insights into anomalies that do not fit within it (Hergenhahn, 2001). In essence, the savage of Frazer's account is left with his wits until a better way of understanding comes along to replace the method of magic. In spite of his intellectual arrogance, there have been a number of helpful

counter arguments.

Most of the recent works are concerned with establishing a proper context and perspective in understanding nonwestern use of magic (Wilson, l974). For many outsiders attempting to differentiate cross-cultural activities from one another is a basic problem. Philosopher of science Robert Towler has shown that work (or the activity of daily subsistence living), magic and science are difficult to distinguish from one another (Towler, l974). This is because each kind of activity produces a similar kind of change or result. The crux of the problem is to determine which of the three is responsible in producing a result. He explains the subtleties inherent in these situations as follows:

> *The only difference is that some means are capable of being understood and explained while others are traditional techniques for which no explanation can be given. But the explanation provided need not necessarily be a scientific one, although it may seem quite straightforward, un-magical and scientific to the person concerned* (Towler, l974, p. 45).

In this sense, Ernest Gelllner points out research where indigenous farmers equally promote the relative efficiency of both basic planting methods and ritual magic (Horton & Finnegan, l973). C. Jarvie and Joseph Agassi explain that use of magical means is merely rationality in the "weak" sense of the word (Wilson, l974). These authors are trying to discover what conditions are necessary to induce intelligent indigenous peoples to replace inefficient planting methods with better ones. Upon close inspection it appears that ritual magic reinforces a connection with the natural world-on its own terms-based upon care and respect (Taylor, l986; Anderson l996)).

This ethic reveals an understanding of underlying variations in the ecosystem that may allow more effective farming skill and production (Craig, l999). Similar findings explain ritual magic as instrumental, expressive, or a combination of the two behaviors.

Does ritual magic really produce physical change or can it symbolically express something empirical (Anderson, l996)? It may be that magic is simply a form of symbolical expression, communicated verbally or through action (Beattie, l968). Mimicking thunder may mean just as much as something said or symbolically expressed to ensure good crops.

> *It is not simply that some causal connection is believed to exist between things that resemble one another; it is rather that the use of like objects or situations is an appropriate way of saying what has to be said* (Beattie, l968, p. 204).

Frank Cioffi cites Ludwig Wittgenstein's critique of Frazer to support this idea of expressivism (Luckhardt, l979; Cioffi, l998). Wittgenstein argued that Frazer failed to prove empirically that it was necessary for ritual magic to cause or effect physical change. Wittgenstein's oft-cited example; of a person kissing the picture of a loved one (e.g. contagion magic) supposedly proved that such actions are simply a form of expressing personal satisfaction.

Coffie believed that Wittgenstein failed to prove his point, because he made the error of using analogy. Like Frazer, he borrowed western knowledge and analogy to explain obscure, nonwestern behaviors, thus rendering them opaque and unintelligible. The result is founded less upon cross-cultural understanding than on Euro-centric, a priori, intellectual meandering. As a consequence it is a blanket mistake that threatens

to exclude from the meaning of magic its cultural, historical and instrumental contexts (Coffie, 1998). F.A. Hanson adds to the controversy by arguing that Wittgenstein was making a relevant point, claiming that Wittgenstein was actually establishing a contextual version of truth seeking (Hanson, l975; l979). Hanson takes for granted Immanuel Kant's observation that interpretation is partly the product of universal, innate a priori categories. From Wittgenstein came the realization that the remaining meaning is shaped by the internal forces or rules of culture. The trick in understanding cross-cultural behavior is therefore that perspective must include an awareness of what Hanson calls the "rules for thinking" (Hanson, l979). These are the distinct standards or "modes of discourse" that each culture uses to grant meaning in situ of contextual exchange (Hanson, l979:527). Cross-cultural examination of behavior, therefore, gains clarity by being viewed through these situation-specific, modes of discourse 3. To ignore such rules has led to contrived notions that can be wrongly associated with indigenous peoples.

Lucien Levy-Bruhl differs from Frazer in suggesting that a mystical notion is inherent in primitive people. He introduced the idea of "participation mystique" to explain the problem with the way native people relate to the natural world (Levy-Bruhl, l983). They participate in the world by superseding all physical connections with direct emotional import which allows them to feel a union with the natural world. Where so called "logical reasoning" endeavors to explain natural phenomena as distinct phenomena or separates them from human experience, according to Levy-Bruhl, indigenous thought, is joined together with emotion into an undifferentiated whole. This kind of identification seems to allow ideas to contradict themselves. In the words

of Horton,

> *Thus if a man and a parakeet arouse the same emotional associations, a community of mystical essence is established between them, in virtue of which it becomes possible to say that men are parakeets and vice versa* (Horton, l971, p. 252).

In essence, Levy-Bruhl joins Frazer's description of a false belief system that is in sharp contrast with the standards of modern scientific reasoning. Yet, this premise or mysticism among indigenous peoples also fails to hold up to scrutiny.

Scholars continue to treat the mindset of the Native American as if it were a unitary phenomenon based on mystical properties. Some suggest that mysticism results from the objectivist bias, which assumes that the investigator studies the natural world with feeling and either, submits to or subjectively participates within it (Horton & Finnegan, l973; LaShan, 2001). Others see sound biological and ecological principals in the Lakota/Dakota/Nakota concept of, Mitakuye oyasin (relationship with all forms of life)-(Pierotti, & Wildcat, 2000). On this point they have said,

> *This acknowledgement that the human and non-human are related in a real and meaningful sense is the fundamental principle of evolutionary biology, in which this relatedness is recognized through the fact that DNA and RNA are the common hereditary material of all living creatures* (Pierotti and Wildcat, 2000, p. 67).

It is this kind of sound interpretation that promotes indigenous science as having a rightful place along current academic curriculum (Cajete, l994; Pierotti & Wildcat, 2000; Deloria & Wildcat, 2001). Such strong counter arguments are needed to

challenge other theories that assume inferiority and malfunction.

For example, Claude Levi-Strauss may be the last prominent modernist in anthropology to negatively view the so-called primitive mind (Matthews, l996). I think this interpretation is debatable! As much as his anthropological research appears to fill a glass half full after others had left it half empty, Levi-Strauss may simply have obscured matters (Geertz, l973; l988). Nevertheless, it is still worth appreciating the premise of logic in his idea that the primitive mind and its modern counterpart share reasoning processes both of which provide utility allowing for important difference (Levi-Strauss, l966). This is not a negative view. Primitive man's greater use of sensory awareness merely developed the use of concrete analogy to successfully describe and understand the world. It is a system of knowing and behaving that is generated by making simple connections between phenomena based upon similar appearance, e.g. connecting earthquakes with angry spirits. Levi-Strauss assumes that the failure to go beyond that level toward the modern use of hypothetical and abstract reasoning was what kept such thinking primitive.

Critics have argued that physical analogy can be as reliable as abstract thinking. The western technique of connecting ideas together without the aid of relating physical stimuli to emotional connections makes little sense inside indigenous culture. This does not mean that the latter lacked this ability especially in relating to spiritual matters, (Brown, l973, Powers, l984; Mails, l991), but that individuals in particular cultures simply preferred to develop their thinking along more pragmatic lines. Gaining physical knowledge in this world rather than constructing a philosophical abstract of the world was the tour de force in the indigenous world (Deloria &Wildcat, 2001). A

premium was placed upon articulating and refining the contour of real relationships that appeared to operate at all levels of physical reality, short of reducing them into useless parts. Perseverance, utility and ingenious use of adaptation to both familiar and unfamiliar situations epitomized their standards for thinking, living and surviving.

For example, the true ordeal of an Aleutian family stranded on an Arctic costal island, without adequate tools clothes or boat, but who nonetheless managed to rejoin their group roughly a year later, exemplifies this kind of mental resolve (Lopez, l998). This shows the kind of cognitive know-how that remains a part of the modern indigenous world. No matter if indigenous peoples are “developed” or not, it is this kind of keen reasoning, astute awareness and reliance on building local knowledge that remain a necessary prerequisite in maintaining a successful indigenous community (Ross, l991).

The field of anthropology has incorporated a fair share of irresponsible remarks about native people because anthropologists developed ideas about primitive peoples based on a long tradition established by Euro-centric forbearers and based on the assumption that their way of understanding was "superior". Reports from early explores, settlers, reservation missionary workers and ethnographers all contributed to the establishment of erroneous, sometimes utopian views of native peoples (Fox, l991). Trying to extract accurate description of native people from these sources has in my view resulted in a long series of failures by generations of western scholars. Despite armchair theorizing, e.g. Frazier's naive ideas being replaced by first-hand fieldwork, e.g. Bronislaw Manilowski, in the l930’s, anthropologists were still flustered by their own growing pains and lack of adequate theory. They floundered over related issues

such as whether to define culture from either an emic or etic perspective has for years led to dead-ends and kept discussions about indigenous identity in a toilsome stalemate (Bohannan and Glazer, l988). Psychoanalytic and depth-oriented psychiatrists were also prepared to comment on this issue because it was through their perspective that the definition of the indigenous mind had become a psychopathological condition.

Colonizing Psychiatry: The Freudian Neurotic and Jungian Psychotic.

By the l930's psychoanalysis was well on its way toward having an important impact upon the anthropological study of cultural behavior (Brown, l964). Two psychiatrists in particular, Sigmund Freud and Carl Jung were at the forefront of this investigation into the nature of the "primitive" mind. Although each of these men based their theories on in situ private psychiatric practice (consisting exclusively of wealthy white patients), they harbored homogenous and universal notions of individual behavior and explanations. The obvious bias in this approach did not prevent anthropologists from applying these notions to cross-cultural, heterogeneous populations of non-western peoples (Bohannan and Van der Elst, l998). Despite such problems, a number of psychiatric and psychological and psychologically-minded anthropologists trail blazed throughout the indigenous world employing Freudian and Jungian beliefs.

The Freudian Neurotic:

Freud believed that neurosis undermined the growth potential of individual personality (Freud, l963). Neurosis as a form of mild mental illness is marked by obsessive fears of engaging erasable instinctual impulses (Hall, l954). Freud argued that fear can stifle the development of healthy psychosexual character throughout an individual's life. The compulsive use of rituals to counter those fears preoccupies the individual and brings potential psychological growth into an indeterminate standstill. Regenerating the course of mental growth requires overcoming the obsessive/compulsive usage of rituals. Freud believes the neurosis which continues to have the greatest impact upon modern world emerged out of primal need throughout human history to overthrow our fathers and sexually desire our mothers (Freud, 2000).

Freud attempts to graft a psychosexual history onto to Charles Darwin's notion of the "primal horde" (Hall, l954; Marcuse, l955: Freud, l965). Sometime during the Ice Age lived a cruel minded father (supposedly the first father of mankind) who jealously kept all the women to himself. This man generated obedience by threatening to castrate the remaining hoard of men (his sons). One day they arose in rebellion, killed their father and ceremonially ate him. The guilt they felt prompted the origin of totem worship and modern religion (Freud, l964; Fromm, l967). This happens because:

> *The totem animal is the father, feared, envied and yet also loved…every religious sacrifice is the old totem meal, and the god in every case is modeled after the father. The totem animal loses its sacred nature in time and the rite becomes a simple offering to the deity. This deity, in turn, becomes more and more exalted, until ordinary man can no longer directly communicate with him and priesthood must be created* (de Wal

Malefijt, l968, p. 71).

To Freud the evolution of religion proved how serious a threat the destructive impulse to commit parricide and incest had become in the history of mankind.

Freud believes that humans develop "defensive mechanisms" for redirecting the impact of noxious instincts into useful cultural activities (Freud, l963), which are ways of consciously transforming (in one form or another) such behavior into higher modes of rational expression, such as religion. The impulse that drove the primal horded to murder their father was transformed into totemic ceremony and the establishment of exogamy (Freud, 2000). Unfortunately, this only ensures that such behavior retains a neurotic quality, with no function outside of that function. Freud maintains that all cultural products—past, present and future—are neurotic fixations or illusions founded upon an obsessive fear about losing inner conscious control (Stratchey, l962; Gay, l989).

Regardless of its apparent lack of logic this concept continues to cause havoc as a neurotic condition called the Oedipal-complex (Mullahy, l948). The name is borrowed from ancient Greek story of a prominent man who killed his father and seduced his mother (in this story he did not know they were his parents). Freud the psychiatrist surmised that this story showed the same theme of parricide, that lay hidden at the core of his patients' neurotic illnesses. The failure to fully repress (i.e. keep it unconscious) or sublimate (i.e. transform it into social projects) such impulses, forced many of his patients into anxiety-ridden mental conditions: nervous disorders, in the old sense of the word.

Thus, in the Freudian world view modern neurotic European and indigenous

"primitives" are assumed to be psychologically similar at least in that both are mentally ill based on psychological breakdown or loss of conscious ego control (Freud, l964). Each is compelled to act more on behalf of irrational drives than upon coherent, rational reasoning. This is a condition that has led to an obsessive preoccupation with confronting, more or less, the unpredictable unknown and prevents forward progression from occurring in a healthy manner. The savage hoard runs amok as much as the modern neurotic is led astray by porous defenses.

A final reason for Freud to provide an analogy between the neurotic and primitive mind is that he believes that neurosis is where ontogeny recapitulates phylogeny (Gould, l997) based upon a supposed physiological-evolutionary basis for neurosis. Freud would have us believe that body posture is axiomatic for neurotic modes of behavior that had at one time served more noble purposes and its association with the stages of psychosexual development is connected physiologically with prior modes of mammalian prehistory. Each stage of physical and psychosexual maturity recapitulates the evolutionary history of human life from earlier animal forms. According to Freud's psychosexual theory there are four, age-graded-stages of psychological development: oral, anal, phallic (i.e. Oedipal) and latency. The oral and anal stages of psycho-motor development, for instance, would reflect the historical age where people postured more like a cowering animals on all four with nose, mouth and anus close to the ground. As time passed, the body and head became more upright and as physical posture evolved into that of Homo sapiens sapiens, cranial capacity increased, and brute physical activity became less of a priority than it had been in earlier stages. Freud's theory alleges that the very nature of neurosis is also grounded

in the physiological history of the human body.

Examination of Freud's premise on the primitive mind reveals outdated and simplistic scientific theory. Stephen Jay Gould criticized Freud's use of the ontogeny—recapitulates—phylogeny argument because of its biological naivete' (Gould, 2002). Freud built his belief on the assumption that neurosis can be transmitted from one generation to another--an idea based on questionable use of Lamarckian theory (although Lamarckism can work for behavior and personality traits). Freud was a firm believer in Lamarckian theory yet was troubled by its decline due to the genetic discoveries of Mendel.

> *Castration of sons and murder of fathers-have no hereditary impact. However traumatic, such events do not affect the eggs and sperm of parents, and therefore cannot pass into heredity under Mendelian and Darwinian rules* (Gould, 2002, p. l55).

Although some influential thinkers have applauded the novel use of Lamarckism to shape a theory of neurosis, today most believe there is little or no historical evidence or anthropological support. Clearly such ideas promote little more than Freud's ethnocentric belief that: "The adult neurotic…represents a normal child, an adult ancestor or a modern adult from a primitive culture" (Gould, 2002, p. 148). Nevertheless, Freud's idea of primitive mind would provide a supposedly reliable explanation of indigenous identity or personhood.

Anthropology borrowed from Freudian theory in an effort to generate a theory that could explain their field data. Geza Roheim is considered the first anthropologist to apply the psychosexual theory of neurosis within indigenous culture (Roheim, l971).

The data he collected among a variety of indigenous populations paid tribute to Freudian theory. All higher levels of cultural life were considered transformations and compensations of base psychosexual tension. One author summarizes it this way:

> *The specific goals of primitive society are by no means conditioned by their environment or by practical considerations. They are a series of solutions offered by various human groups for the pre-Oedipal and Oedipal conflicts inherent in the infancy situation…to regain paradise lost of infancy. Or specific ways of adapting to reality are based on inventions and these inventions are sublimations of the infantile conflict situations* (Brown, l964, p. 119)

Among the cultural aspects analyzed in this manner were spiritual ritual and ceremony. Religion, like neurosis, showed established ritual taboos that were assumed to control unconscious impulse and drive. Despite other arguments about their sociological value (Turner & Beeghely, l981; Weber, l990), Roheim persisted in accentuating their psychological origin and even granted special interest in understanding issues relevant to tribal shaman.

Roheim rightly understood the difficulties inherent in becoming initiated into this spiritual vocation. Answering the call to become a shaman during early adolescence exacerbated an already difficult transition period. This transition is a liminal state, of an unruly and undifferentiated sort (Bohannan & Glazer, l988). The apparent uncertainty of this developmental stage allowed Roheim to embellish upon the neurotic nature of the shaman mindset:

> *That many persons of both sexes manifest during this time increased*

> *sensitiveness and the mind often becomes unbalanced…Nervous and highly excitable temperaments are most susceptible to the shamanistic call…The shamans among the Chukchee with whom I conversed were as a rule extremely excitable, almost hysterical and not a few of them were half crazy…lunatic* (Roheim, l971, p. 3).

The rigors of this period are so physically demanding among Chukchee initiates that actual blood is said to form about the temple and forehead region.

Roheim continued to probe even deeper into this vulnerable period of mind while encouraging us to view shamanic initiation as an intrusion of unconscious forces. Sometimes dreams are believed to signal to the initiate the call to become a shaman (Tedlock, l992; Irwin, l994). In such cases the initiate is guided forward by culturally specific enriched imagery that usually embodies the initiate's tribal, mythological heritage (Campbell, l990). However, mental health oriented anthropologists, like Roheim, are not really interested in that specific factor. They assume that underneath the manifest cover of a dream image will be found what any competent psychoanalyst is taught to find, the latent underpinning of psychosexual trauma (Brill, l938). Regardless of the cultural significance of the manifest image, it remains secondary, impotent and subservient to the aims of its latent property.

This is the rationale Roheim used to interpret an initiation dream of an Ngatatara man he considered to be neurotic (Roheim, l971). Tribal protocol requires that initiates prepare for these kinds of informative dreams by eating their clan totem, the yam. After completing this part the shaman initiate dreamt that the clan totem named altjira Wapiti shoved a yam into his hand and exited out the other hand. Upon

awakening he acted odd, incoherent and paranoid. Much of his ranting was directed at a tree stump that he thought was a human making obscene remarks about incest and sexual genitalia. At other times he would see two men physically present when in reality there was only one there. After recovering the initiate believed he had the unusual capacity to understand what animals were saying and why babies laughed and to remove sickness from a diseased body. Roheim rendered this episode as proof of a psychosexual drama, viewing the yam as a significant key in this kind of interpretation. The physical incorporation of the totem father as a yam duplicates the familiar cannibalism Freud saw with the primal horde. The father has become a part of the son's or initiate's self. It is a duplication of the original parricide. The accompanying guilt this time has manifested among the Ngatatara into paranoia about each other and the invisible unknown (i.e. unconscious). Roheim describes the symptoms of this neurosis in the following way:

> *Continually seeing phallic demons [and] regards himself as being persecuted by them or by other sorcerers, struggles with them and masters them by projecting (the characteristic mechanism of paranoia) invisible stones into the demons, sorcerers or patients, we must regard these people as dissimulating paranoiacs or as people with whom the paranoiac mechanisms have not resulted in breaking off relations within their environments* (Roheim, l971, p. 7)

Another important anthropologist joined the Freudian bandwagon while touring American Indian country. Ruth Benedict promoted the use of psychological types to attribute metaphorical tribal identity (Benedict, l950; Mead, l959). Two of these types,

the Apollonian and Dionysian, are especially important in understanding her work. They were borrowed from a study of Greek tragedy done by Friedrich Neitzsche (Pletsch, l992) and developed into a kind of diagnostic tool or nosology for gauging the character of Indian culture. Interestingly, where psychoanalyst used these tools to prescribe an individual diagnosis, Benedict employed this scheme to include the larger cultural group. Her rationale was that individual behavior is always patterned into a dominant type by the society within which a person is raised (Benedict, l950). Culture, as much as an individual can therefore be identified with a specific type of character. This led Benedict to argue that some cultures, for instance, may be more prone to paranoia, whereas another could be specifically megalomaniac (Benedict, l950). This kind of unconventional analysis did not go unnoticed and led some observers to criticize her for confusing culture for clinic (Opler, l961; Acknernackt, l943).

Not unlike the psychoanalysts, Benedict argued that the impulsive-prone Dionysian type can have deleterious effects upon the rational Apollonian type. The Pueblo people of the American Southwest, interestingly, are the only tribe out of America's more than 500 tribes to be attributed the integrity of the Apollonian character, distinguished by:

> *Sobriety…distrust, excess, that minimizes to the last possible vanishing point any challenging or dangerous experiences. They have a religion of fertility without orgy…ecstasy…abjured torture…They allow to the individual no disruptive role in their social order* (Mead, l959, p. 249-250).

Opposing this cognitive conservatism is a markedly antithetical frame of mind,

explained as:

> *Through the annihilation of the ordinary bounds and limits of existence; he seeks to attain in his most valued moments escape from the boundaries imposed upon him by the five senses, to break through into another order of experience. To achieve excess…drunkenness…frenzy* (Mead, l959, p. 249).

Exactly how this order of excess benefits the Dionysian we are not told but Benedict seems to grant to it an unmistakable inferior quality. Not unlike a therapist, the anthropologist warns us about an unruly "daemon" that can threaten the integrity, and stability of conscious awareness (Campbell, l970). The daemon has a recklessness and inner volition of its own. The greater its dexterity (allowed by porous defense mechanisms), the greater its tendency to create unusual forms of neurotically-patterned types of behavior. Whether or not Benedict's evaluation was reliable or accurate did not prevent the inferior quality of the Dionysian from being associated with the American Indian (Waldram, 2004). Again, while the Pueblo people are exempt from this status, the rest of the tribes appear to have mismanaged conscious awareness into one kind of neurotic character or another (Benedict, l950).

It is now known that culture cannot be reduced to such a limited number of psychological traits. Not unlike her mentor, the father of American Anthropology Franz Boas, Benedict attempted to reconstruct culture from scattered bits and pieces of diffuse material found gathered within any specific indigenous community, mistakenly believing that the residues represent a timeless, stable and bounded account of tribal personality and cultural type. This bias prevented Benedict from taking into

consideration the diachronic effect of how colonization had effected and shaped these evolving tribal cultures (Waldram, 2004).

Awareness of this kind of problem prompted a psychiatrically-trained anthropologist to take a slightly different route. George Devereux derived a similar diagnosis along a more socio-psychosexual line of argument (Devereux, l942; Devereux, l980). Although he showed regard for Roheim and the like-minded Abram Kardiner, Devereux leaned as much toward "acculturation " to help explain neurosis among Indian peoples (Devereux, l942). The impact of a foreign stressor upon a domestic indigenous culture was assumed to yield various degrees of acute and chronic psychological trauma (Berry, l991), and such deleterious effects should be revealed by psychiatric-minded investigation of childhood:

> *A culturally atypical method of socializing the infant will create in due time a personality structure that is incapable of dealing in an unexpected manner with later experiences…An obvious example of this is the traumatic effect of severe upbringings in a society where most children are brought up liberally. Hence the psychiatrist who wishes to scrutinize a native case history for earlier traumata must first of all decide whether a given situation is or is not characteristic of that native culture* (Devereux, l942, p. 79).

Indeed, there is little doubt that forced assimilation had rendered obscure any clear distinction between indigenous, domestic and foreign modes of behavior. Whatever the merit of the assimilation philosophy that would "Kill the Indian and Save the Man," this provided Devereux critical insight about the mental health of the American Indian.

The impact of imposition of a foreign cultural tradition and way of thinking rendered Native peoples psychologically disorientated, anxious, nervous or ill. Given little opportunity for adjustment because their healing traditions were also suppressed and also denied a reasonable time to reorient, this created a noticeable cognitive dissonance among indigenous populations. The fit between the two cultures did not always work and where it failed, Devereux believed, it created various kinds of neurotic conditions. Such types of illness he discovered were accentuated more severely among the indigenous mentally ill at St. Elizabeth's Hospital and Worcester State Hospital (Devereux, l942). This suggested to Devereux the ominous impact that a foreign way of life could impose on the integrity of indigenous mental health, an idea that would become a standard during the twentieth century to explaining the neurotic character of acculturated peoples (Waldram, 2004).

Devereux's notion that the oppressive weight of acculturation causes mental stress in otherwise mentally healthy Indian people is problematic, because the latter have supposedly adapted relatively well to significant change and do not show symptoms, of mental illness. However as indicated above, the kinds of neurotic problems supposedly associated in this collision are numerous and interfere with normal functioning. In people who are particularly marginalized by others or alienated from their own culture we need to consider the question, are severe mental health illnesses the only result?

Recent research has discovered evidence to answer this question (Waldram, 2004). Acculturation in and of itself can cause stress and the more a culture resists assimilation individuals are prone to experience physical, sociological and psychological duress.

Equally important, this does not eliminate stress to those who put up little resistance, and avoid increasing into uncomfortable psychological conditions. The model is also ethnocentric in the belief that indigenous peoples supposedly had no history of traumatic cultural change and adaptation prior to European contact. Change may include some acute levels of stress related illnesses in the present situation but probably has little to do with this existence of any stereotypical, chronic, indigenous form of mental illness of the past.

The Jungian Psychotic:

Jung was similar to Freud in that he also found reason to assign psychopathology to primitive culture and his speculations were also generated more from his private practice rather than as a result of relevant fieldwork. Jung, however, was less apt to find neurosis indiscriminately. Instead, Jung suggested possible connection with more serious forms of mental illness e.g. psychosis or schizophrenia. This perspective suggested that indigenous people were more prone to anxiety-based problems in adjusting to changed reality than a delusional and hallucinatory driven break from it (Freedman, Kaplan & Sadock, 1972). As with Freud, Jung also describes illnesses manifested in primitive ceremony. Where Freud connected neurosis or the psychosexual "wish fantasy of mankind for a protective father" (Fordor, 1971, p.9) with the ritual activity of religion (Freud, 1939; Fromm, 1967; Kung, 1979; Freud, 2000), Jung related psychosis t the state of altered consciousness central to shamanism (Ryan, 2002). In Jung's version of mental illness there is less emphasis upon what altered

states of consciousness take away from a healthy adjusted personality, and more understanding of how it may equally enhance it (Scotten, Chinen & Battista, 1996).

Jung made a notable discovery about the supposedly strict psychopathology of the unconscious in 1905 when something of an epiphany occurred while he was working at the Burghozli, a mental asylum located in Switzerland. On his rounds he approached a schizophrenic patient staring attentively out one of the windows. He asked what had caught his attention. For a moment the patient stopped tilting his head from side to side and answered Jung that he was watching the sun swing its erect penis back and forth across the sky. In light of his work as an intern psychiatrist this response originally appeared to be little different than the usual menu of delusions, hallucinations and distorted thinking. Later Jung realized that the patient was describing a then unpublished version of an obscure Mithraic religious symbol from Mediterranean antiquity 4. After discovering this story Jung incorporateed it into his own work.

> *And likewise the so-called tube, the origin of the ministering wind. For you will see hanging from the disk of the sun something that looks like a tube, and, towards the region westward it is as though there were an infinite east wind. But if the other wind should prevail towards you will in a like manner see the vision veering in that direction the region in the east,* (Jung, l976, p. l00).

The similarity between this story and his patient's observation led Jung into an analysis of data provided by anthropology, ethnography and mythology (Shamdasani, 2003) which he developed into a theory of mind he called Archetypes and the Collective Unconscious (Jung, l990). Supposedly this unconsciousness is a

symbolically enriched area of the mind that contains "the deposit of mankind's reactions since the beginning of time to universal situations" (Jacobi, l973, p.l0). There are the recorded impressions, archetypes or biological "innate response patterns" associated with birth, love hate, evil, wisdom, death, etc (Storr, l982). Such unconsciously driven archetypes arrive to enrich or expand waking consciousness through inspiration, creativity, dream, vision and mental illness.

Archetypes literally have an existence of their own and do not remain fully dormant or oblivious to the concerns of waking consciousness. They can impose upon consciousness at any sudden moment. To experience the epiphany of these powers is likened to being profoundly moved, transformed or taken hold of in a startling way. In this mode of awareness, Jacobi says: To open up this store in one's psyche, [is] to awaken it to a new life and integrate it with consciousness, means nothing less to save the individual from isolation and gather him into the eternal cosmic process (Jacobi, l973, p. 49). This can serve to establish an inner and outer harmony—or wholeness—with the universe.

Jung labeled this compensatory process "Individuation" (Jacobi, l973; Jung, l990). Whatever archetypes are prompted to mobilize that harmony can create mental states that might be regarded as illness that nevertheless may be more accurately described as developmental growth than as psychopathological deterioration (see below, Spiritual and Religious Problem). This may occur in a number of ways: 1) the unconscious quality of archetypes as unfamiliar, alien and bizarre can be diagnosed in many individuals as debilitating conditions like psychoses or schizophrenia. 2) an inner archetypal experience can be misinterpreted by the subject into a delusional belief of a

communication with a divine otherworldly agency. In other words, this creates a hubris based upon a grandiose delusion that they are important personages like the Christ or Buddha finally 3) an archetype can usurp the central position held by the ego by gaining an autonomy of its own similar in nature to states manifested in multiple personality disorder (Jung, l990). It is these last unconscious processes that Jung most closely aligns with the mental capacity of indigenous shamans.

Let us briefly examine how this archetypal theory might be relevant in the case of an indigenous shaman healer by using an example from the book *Black Elk Speaks* (Campbell, l988; Campbell, l990; Campbell, l991a). This story represents the standard model Jungian scholars go back to as an exemplar, "healed madman" (Silverman, l967), "wounded healer" (Halifax, l975) or "spiritual emergences" (Grof, l989, l990). Beginning around the age of five years and continuing into his adolescence (roughly in the 1870-80's) the young Sioux, Black Elk, had periodically been visited by strange images, haunting voices and day visions. The most significant of these altered states of consciousness is called the "Great Vision" (Neihardt, l979). It was the knowledge gained during this particular vision that helped shaped and add significant meaning to Black Elk's life. In the vision he was ushered up into the clouds and greeted by six spirit grandfathers (i.e., archetypes) that represented the fundamental powers of the cosmos. From that perspective Black Elk was granted a view into the future filled with trouble for his tribal people.

It took Black Elk eight years to realize the full significance of his vision. At first he was reluctant to share his experience for fear of ridicule from his community. Only with the assistance offered by an elder man of his people was he able to talk about and

share it with others. The elder knew a thing or two about the power of visions. To avoid endangering Black Elk there was an important need to transform these visions throuogh ceremony. Together with other elders they did exactly that and once they had finished, "The thunder [archetypal powers] was coming with many voices in it…stood there and flashed and thundered and only a little sprinkle fell on us" (Neihardt, l979, p. l70-171).

Black Elk eventually became one of the most recognized healers among the Sioux peoples, although there are differing opinions about him (Mails, l991; Steltenkamp, l993; Holleer, 2000, Neihardt & Utecht, 2000). Given earlier arguments, it would have required little for a psychoanalytically inclined individual to diagnosis Black Elk's experience as psychosis based upon paranoia and grandiose thinking. Yet it is important to remember that Jung's theory of Individuation also encompasses a redemptive quality to these kinds of inner original experiences.

Black Elk's vision is as much a product of outer socio-historical forces as it is an inner archetypal drama. As Jolande Jacobi described above, the individuated person develops synchronic and diachronic concurrently (Jacobi, l973). Black Elk's experience is more than the activity of an inner world. Without the diachronic it would indeed appear to be an isolated case of psychotically driven mental illness. To include in this situation the so-called "Indian Problem" would provide some proof of the historical legacy that prompts these kinds of visionary experiences (Utley, l963; Wallace, l966; Hulkrantz, l979).

To Black Elk's people this great vision heralded the impending loss of a very old cultural way of life among the historical Sioux (Gibbon, 2003). The stress of

colonization may have acted as the trigger that brought these archetypal powers to the surface of his waking consciousness and to compensate for the void which had been ripped open by forced acculturation and assimilation. Indeed many things had changed for the Sioux that would require some kind of inner world- derived mending. No longer hunters, they were being forced to become farmers. Foreign disease was still a problem (Deloria, l990). Spirituality was either forced underground or synthesized into Christianity, not unlike that acculturated blend of religiosity found in the life of Sioux, holy man, Black Elk (Steltenkemp, l993). Whether or not cultural upheaval can be associated with this peculiar kind of alteration in consciousness is open to question, yet, it probably has some merit.

Jung avoided the usual deficit theories by suggesting that modern and primitive man share a common need to remain connected with the natural environment. To live in isolation or out of balance with this important influence appears to create a problem which the collective unconscious seeks to remedy. Jung does not really say that one group relates more than the other to the natural world; but rather that both populations have learned something valuable through their relationship to it (Sabini, 2002). The psychiatric patient at Burghozli and Black Elk on the northern plain of the United States, were similarly summoned to recall such archetypal knowledge. Unfortunately the former was rendered incapable of reestablishing that connection because he was indifferent to the archetypal and remained delusional. In contrast the latter was strengthened by that inner and outer driven experience to become a significant shaman healer.

This interpretation is still troublesome. Lack of consistent support

outside the psychotherapeutic community has been granted for the association between the Collective Unconscious and shamanism (Noel, l997). Outside the psychotherapeutic community consistent support for the association between the Collective Unconscious and Shamanism is lacking.

The American Indian Scholar, Vine Deloria, Jr. appeared to have ambivalent thought about a Jungian interpretation. In his book, *The Metaphysics of Modern Existence* (1979) he argues for a Jungian sensibility as being more adequate than other psychological systems in describing some features of indigenous culture. According to Deloria, Jung's speculations about how Time and Space are structured within the unconscious is particularly relevant within any serious American Indian Metaphysic.

> *The space-time structure of the unconscious would appear to be conceptually different from the space-time structure in which we spend our waking hours, paralleling perhaps Heisenberg's conception [of it] as fundamentally different from Newtonian concepts. Since the motifs of which Jung spoke are involved in the process of individuation or the growth of personality, the difference between motifs as they appear in the dreams of his patients would seem to indicate that the process of personality growth has a structure and duration distinct from anything we have previously considered. We find a perfect analogy between this intimated relationship of space-time in the motifs of the psyche and the analysis which we have previously made suggesting that space and time appear in different forms as we examine different complexities of organization and individual expression* (Deloria, l979, p. 93).

Despite approval over that point, Deloria contests the eurocentric character that he sees as evident in other parts of Jung's theories (Deloria, l995; Deloria, l999).

Deloria is less impressed by the concept of the Archetypes. Especially troublesome to him is the archetype probably most associated with the individuation process, the Trickster. Jung at fist represents the trickster simply as a symbol of undifferentiated consciousness or an ambiguous mythological figure. In Jung's view tricksters developed a more stable identity based upon a single linear evolutionary based version of history. Out of that random process developed a divine-human quality similar in analogy to the concept of universal Savior of the Christian tradition (Jung, l973). The trickster became the ideal of control or redeemer in a world of random events and processes. Interestingly, this aspect of the trickster is not the interpretation Deloria prefers to emphasize that most closely relates to what he sees in indigenous oral cultures.

Deloria claims that Indigenous communities did not require that kind of archetypal historical process. According to Deloria indigenous oral legends do not have the kind of linear interpretation of history that requires the need of a Trickster, who redeems the integrity of a people, on behalf of some rather abstract vision of the world or a heavenly realm. An emphasis upon a cyclical progression of time, in the world, where events regularly repeat themselves safely leaves no essential need for a protective Savior. Deloria's belief that tribal societies were relatively integrated and stable meant that there was no need for a Savior Trickster to keep things from getting out of control (where there is no such thing as chance happenings).

The primary use of the trickster tales is to demonstrate the uniform nature

> *of the physical world and its [cyclical] laws and to show that disobedience of natural laws produce foolishness and opens a person to ridicule* (Deloria, l999, p. 28).

Other non-European scholars also disputed both the existence of specific archetypes and the larger context of collective unconscious. For example, the Algerian African psychiatrist, Frantz Fanon argues that Jung's analytical psychology simply postulated the archaic remnants of a strict pre-rationalist European heritage (Bulhan, l985; Macey, 2000). The supposedly universal variety of archetypal situations and collectively shared unconsciousness are irrelevant beyond that Western boundary. On this point, Fanon suggests, "Jung was an innovator: He wanted to go back to the childhood of the world, but he made a remarkable mistake: He went back only to the childhood of Europe" (Fanon, l967, p. 190). Implicit in that criticism is the amnesia Fanon claims Jung shares with most of Western psychological theory.

Fanon reminds us that Jung's theories were developed within a vacuum and argues that the historical development of psychology is rarely associated with "Europe's history of conquest and violence" (Bulhan, l985, p. 37). European and American historians do not mention it or at least not in the way Fanon sees it. His version of history associates Western expansionism with aggressive exploitation and oppression toward peoples of color. It is the opinion of many that the greed for riches and land is no less prevalent today, and manifests itself in undeveloped or third world countries around the globe. As this force destroyed traditional beliefs and customs, it replaced them with other kinds of needs and objects. Psychology, like other sciences, originated, incubated and developed within that eurocentric Zeitgeist. Fanon believes

that Jung's notion about the archetypes of the collective unconscious reflect the sentiment inherent to that eurocentric history.

Especially informative is the Shadow archetype (Campbell, l976; Jung, l978). Jung suggests that it embodies the qualities of dark, evil, danger, aggression and lust. Fanon pointed out that these qualities are remarkably similar to the notions of savage, which white people from time immemorial, have held concerning people of color. In fact, he used Jung's acclaimed Word Association Test among 500 white subjects to determine how much the stimulus word "Negro" would bring out these kinds of associations. 60 percent of the subjects associated the terms "penis," "animal," "sin" and "the devil" together with that word. This discovery bolstered his belief that the collective unconscious is little more than a poignant expression of that long history of western colonization which suggests a need for additional interpretation.

It has also been argued that Jung confused instinct and habit (Bulhan, l985). Fanon, the psychiatrist, leaned toward a socio-cultural origin for mental illness. He believed that mental illness was as much a medically-modeled, organic process, as it was a product of oppressive sociopolitical forces (Szasz, l974). How little or much we suffer discomfort, he adds, is determined by our threshold of tolerance. Following this logic suggests that the disease-causing property of the collective unconscious is quite possibly an acquired cultural entity. This point is something akin to the notion that there can be no concept of an unconscious without a social language to support its existence (Lacan, l975; Sarup, l993). Fanon explains his point this way:

> *Jung locates the collective unconscious in the inherited cerebral matter. But the collective unconscious, without our having to fall back on genes, is*

> *purely and simply the sum of prejudices, myths, collective attitudes of a given group* (Fanon, l967, p.188).

Jung's problem, therefore, may be a lack of greater precision. Rather than representing a universal inheritance, archetypes may actually comprise incipient sociopolitical biases and oppressive modes of eurocentric discourse. Promotion of this misleading archetypal legacy has also been extended toward the study of themes found in world mythology.

The comparative mythologist and Jungian scholar, Joseph Campbell, discovered that one of the numerous motifs within myth is similar to the splintered off experiences found among modern day psychoses and the altered states of consciousness associated with indigenous shaman healers (Campbell, l988). Campbell explained world mythology as an outer expression of that potent inner world of symbolic archetypal imagery and transformation effect. The connection between those two realms of experience outer myth imagery and inner psychological symbol would allowed Campbell to posit that the similarity lies in catalyzing the archetypal process of generating psychic wholeness of mental balance. Inner transformation symbols from myth primarily trigger a deeply engrained experiential kind or epiphany, and can become a problematic if that quality remains opaque or misunderstood. The more that effect deteriorates away from that emotional core, the more it is usually misunderstood by those claiming rational explanation as a psychopathological experience, episode or condition (Hillman, l979).

The "hero journey" motif garnered from Campbell's work with myths from around the world was the proper model to fit this inner archetypal process. Campbell

surveyed the vast appearance of this ageless mythic theme in his l949 book *The Hero with A Thousand Faces* (l973). Despite the innumerable local variations, cultural garb or the thousand faces, these mythic heroes appear in both oral and written form throughout human history: Campbell does not shrink from postulating a universal existence and interprets this ageless motif as a mono-myth, where the hero undertakes a standard journey to promote healing that is described in three stages: separation, initiation and return. An individual leaves behind a situation or condition of life that has become dysfunctional (primarily his or her community) and sets out on a journey to find help elsewhere (located outside the community in some life threatening place). Once the hero has found or secured it (with the help of magical aids), he brings the healing agent back to the place that needed it. Oral story provided by the indigenous Dine people of the American Southwest that is still used today in a special ceremony held can serve to help us understand, how the mythic imagery in this story is fundamental in understanding the inner landscape of a psychotic breakdown (Campbell, l986).

The story unfolds according to Campbell's mono-myth scheme. Two boys are born from a virgin, called Changing Woman. One of the boys, Killer of Enemies, was born of the Sun, while the other, Child of the Water, came from the Moon. At the time of their birth their community was being destroyed by monsters. Upon seeing the resulting damage they left to go in search of answers and weapons in the home of their father, the Sun. Heading first to the North, the two boys circle the whole world until they come to the end of it. They are approached there by the guardian figure named White Sands Boy. Once they were able to get past him and other similar obstacles,

they find an old woman named Old Age a kind spirit who helps them along by making sure that they do not grow old while on the long route to this difficult destination. They meet another woman named Spider Woman who feed them and gives them a magic feather for protection. The two eventually reach a great ocean that surrounds the whole world. After some considerable effort, they cross it reaching the home of the sun. Nearing it, the boys are met with four more guardians requiring even greater effort of their part. They get past, eventually meeting up with the daughter of the sun who does the best she can in hiding them from their father. Despite her efforts, it does not take the Sun long to notice the boys hiding. To ensure that they truly are his sons, the father submits them to life-threatening ordeals. Their successful handling of poison tobacco and deadly heated sweat-baths prove their kinship so their father accepts them and grants them spiritual names. They are transformed. Now a little taller, slightly different in color, body split into four (like the four directions), weapons in hand, the two boys return to their earthly community. The monster called Big Lonesome is killed in battle. Though nearly destroyed, the twins save their people, returning the environment back into balance and harmony (Campbell, 1991b).

All the necessary ingredients fit into the mono-myth of the hero journey are found in this story. Help for the local area had to be found outside that periphery. Better weaponry and healing aid are found in another dimension of reality. Once in that other region the hero(s) encounter and are initiated by countless guides and threshold figures. Wisdom gained, they return, defeat the problem and restore-peace and harmony throughout the community.

I now show how this mythological adventure as an inner archetypal drama is

similar to indigenous shaman healers who supposedly suffer from psychopathology. We first look into commentary provided about this topic by psychiatrist, John Weir Perry. Perry and his friend Campbell were equally impressed by how much the "imagery of schizophrenia fantasy matches that of the mythological hero journey" (Campbell, l988, p. 208). Not unlike his or her mythological counterpart, the person undergoing a psychotic breakdown has fallen away into a journey inward, instead of outward, to regain and restore what has been fragmented by a serious trauma (e.g. Black Elk above). What is being remedied on the inside, so to speak, is the ill-balance, psychological one-sidedness of a developing or festering psychopathological condition. According to this Jungian interpretation, conscious awareness has tilted to far on one side that has become alienated from the rich resource of life-affirming archetypes of the collective unconscious. The compensatory principle needed to correct this dire situation is automatically set into motion by the stress of this acute condition of mental illness, which Perry calls the "re-constitutive process" (Perry, l974).

There is evidence of a historical antecedent in early Western culture that may be the original model for this compensatory or self-regulatory process (Perry, l974, l976, l987). For example, the urban revolution fundamental to the Neolithic period (throughout old and the new world) was an era marked by a distinctive process of change, upheaval and renewal. The ceremonial rise to power and fall from it by king leaders was an especially telling description of that mode of activity. What intrigued Perry was the mythological role these leaders of the first city kingdoms ceremoniously assumed during their reign in office. They were viewed simultaneously, as local and cosmological rulers. Described in another way, their role on earth would reflect the

cycles of activity going on in the celestial heavens. The length or term of their political office or rule, for instance, would be shaped to fit into accord with those heavenly patterns. Each time a cycle would return a king would be ceremoniously slain or removed from office (Frazer, l963: Campbell, l991). This had the regenerative effect in beginning anew, fresh or original to that found at the beginning of time (Eliade, l974). Though agreeing with others that this "archaic period of incarnated myth" was brief, in terms of historical scale, residue from it as a biologically, inherited archetypal process is assumed to be reanimated anew in the acute breakdown of the modern psychotic (Perry, l974, p.43).

Details garnered from Perry's patients who had suffered brief or acute reactive psychoses, describe a process of inner imagery, healing and renewal synonymous with the archetypal foundation of this kingship renewal. The most prominent items contained within their delusions display the kind of archetypal symbols central to this interplay between earth below and heaven above. Positioned at the center of the universe, a crowned ruler, king or messiah and their power, control, death and rebirth all symbolically convey the distorted attempt to restore a central sense of meaningful place missing from their lives. This is no easy task as Campbell has already alluded to the heroic dimension necessary to prompt a return to normalcy. The attempt to readjust this situation via an inner archetypal response, furthermore, is as compelling and effective as the cosmological kind initiated or prompted from without. Both processes coordinate change naturally, albeit from different directions or poles. We learn more specifically from a researcher at the National Institute of Mental Health how this archetypal scenario was assumed to fester into a condition of mental illness and is

specifically associated with the indigenous shaman experience.

Not since the seedlings planted by Jung has a scholar advocated as firmly a relationship between psychopathology and the cognitive-behavioral condition of indigenous, shaman healers (Silverman, l967). The link he established between these two types of peculiar behavior is found within examination of qualities specific to paranoid and essential schizophrenia. The paranoid type of person is too flawed to resemble the contour of this simulation.

In the paranoid type, the person is stuck in a chronic condition of projecting inner derived scenarios upon the outer environment. They focus their attention in this other direction, because he or she cannot stomach, so to speak, the bewildering display of the often nonsensical, archetypal imagery. Within that orientation they become mistakenly convinced that outside agencies are fully responsible for initiating and provoking their situation. Suspicion of external plots and conspiracy against them, paranoids exacerbate the level of dysfunction cause by stress and anxiety that experts believe contribute to a chronic condition (Sullivan, l962; Silverman, l967; Bernheim & Lewine, l979; McKellar, l989; Firith & Johnstone, 2003). The remaining condition is more relevant to our theme because, "The non-paranoid schizophrenic form is…regarded as more comparable to that of the shaman, the "healed madman" (Silverman, l967: 23).

The condition of essential schizophrenia depicts a preoccupation with inner withdrawal and emotional-behavioral deadening or flattening (e.g. catatonic). Such people do not waste time tirelessly scanning the environment for hidden meaning that is heightened in the paranoid type. They remain, instead, locked on the inside of their

suffering minds. It is there amidst the amorphous, shape shifting and ambiguous inner archetypal world, where you will find this kind of schizophrenic condition. This inner directed mind is their attempt to work through this vague and darkened atmosphere that other kinds of mentally incapacitated people dared not attempt. Imagery thought to be suspicious by the paranoid delusory condition and confronted by the essential schizophrenic can be appropriated by a more congenial interpretation. Upon closer inspection they discover that the images are actually tutelary and threshold figures. They are the kind of helpers and instructors that accentuate the trials and ordeals necessary in regaining mental health and balance as described in the mythological mono-myth, hero journey. It is through this anxiety ridden, inner ordeal that we discover how developed industrial societies and traditional indigenous culture provide different attitudes about dealing with this supposed psychotic-shaman condition (Heinze, l988; Larsen, l988).

The psychiatric community has lacked a consistent history of psychotherapeutic method for dealing with this kind of inner archetypal imagery. This deficit has been especially prominent in particular classes of mental illness throughout the greater part of Western psychiatric history (Alexander & Selesnick, l966; Porter, 2003). For lack of a remedy, psychoses generally deteriorate into a chronic paranoid condition. The current psycho-pharmaceutical age is no different than the past in the failure to fill in this void. In fact, it has been especially counterproductive. The administration of anti-psychotic pills that only address or dampened the symptoms has prevented other kinds of help from opportunities to enter into the relevant domain of archetypal imagery.

This medical model or somatic based approach to mental illness (i.e. investigation for tissue damage), has effectively kept any discussion of mind or consciousness (e.g. notions about a collective unconscious) out of clinical diagnosis. If these psychological properties exist at all they are seen simply as epiphenomenon. Again, this kind of treatment effectively prevents any significant push for a wider support system. Family, friends and the wider therapeutic community are influenced by medical prectitioners to simply reinforce the supposed efficacy for their diagnoses and treatments (Goffman, l961; Szasz, l974).

Indigenous peoples have a more facilitative heritage in providing support and understanding toward this shaman healer-deranged condition. Campbell's excursion into these Jungian commentaries would not be complete without this important distinction between shaman traditions and Western thought. The importance of ethnic, tribal or local community is at the core of all his numerous writings on comparative mythology. It is your particular community that teaches each member,

> *"To respond to certain signals positively, to others negatively or with fear and most of these signals taught are not of the natural, but of some local social order. They are socially specific. Yet the impulses that they activate and control are of nature, biology and instinct. Every mythology is an organization, consequently, of culturally conditioned releasing signs, the natural and cultural strains in them being so intimately fused that to distinguish one from the other is intimately fused that to distinguish one from the other is in many cases all but impossible"* (Campbell, l988, p. 219).

These archetypal-based releasing signs cannot be incorporated into personally significant meaning without a correlate knowledge system of symbols or socially codified language to address them (Heaton, 2000). Such mutual interdependence allows the individual an outer social context with which to correlate what seems to be a wholly unrelated, foreign, inner archetypal experience of imagery. The outer and inner world will correspond to each other as the same image. Indigenous communities have long incorporated a profound understanding and appreciation for this reciprocal based principle. Along with that knowledge, indigenous peoples maintain a facilitative atmosphere for troubled individuals who have become critically severed from this myth-socio-psychological core of pedagogy to find themselves within a culturally constructed framework (Littlewood, l997). Other shaman healers emerge within that circle, with prior knowledge of these altered states of consciousness that allows them to assist new initiates on their own inner visionary journeys.

We are reminded of the community of helpers at work in the case of the young shaman initiate, Black Elk (see above). The suffering experienced in this isolated position can be described as existential. The longer the Lakota Indian, Black Elk, kept his inner torment to himself and was not integrated into cultural meaning, the more he felt out of touch from his tribal community. Translating this inner archetypal import, out into public ceremony (see below), avoided the socio-psychological conditions invoked by Campbell and Silverman. Talking it out, participating in prayer, fasting and other rituals is able to transform an acute condition into an indeterminate state of chronic paranoid schizophrenia.

Black Elk's search for meaning during this liminal or intermediate state of mind

clearly resembled the delusional and paranoid. During that period, he recalled, "I heard a voice that said: Be careful and watch! Something you shall see…but I could see nothing and I began to wonder if I was only queer in thinking I had heard a voice" (Neihardt, l988, p. l56). By the time Black Elk reached sixteen years of age, these suspicions and his accompanying anxiety about them had worsened. He would be inundated with similarly-themed messages, e.g. "It is time" (Ibid, p. l59) and "In a sacred manner you shall walk! Your nation shall behold you!" (Ibid, p. l60). His interpretation about the behavior of some birds or crows who were "shout[ing] to each other as though they were making fun of me: Behold him! Behold him!" (Ibid, p. l60) which might indicate an exacerbated delusional system of fears. One year later the guidance from elders and other shaman healers from the tribal community would help address this unattended condition.

The basis of their assistance comes from their own persona knowledge and experience of these culturally conditioned releasing signs (i.e. archetypes). Each of them already knew about those deep waters in which Black Elk feared that he was drowning, but in which they know how to swim. They understood the agony he must have been experiencing *unaided*. Each of these healers would assist him through that archetypal process, lest it could harm or kill him. Instead of remaining in that cut off condition, with the lack of social support indicative of the modern paranoid schizophrenic, he was guided back into shape within this system of community healthcare. We hear Black Elk's version.

> *"My father and mother asked an old medicine man…Black Road to come over and see what he could do for me. I told him about my vision…and*

> *said: Ah-h-h-h! Nephew, I know now what the trouble is! You must do what the bay horse in your vision wanted you to do. You must do you duty and perform this vision for your people upon earth. You must have the horse dance for the people to see. Then the fear will leave you; but if you do not do this, something very bad will happen to you"* (Ibid, p. 161).

This community support network worked for the young Black Elk, who became both a respected shaman healer and later Catholic catechist (Steltenkamp, l993).

Although provocative, these kinds of Campbell-like Jungian based analyses harbor Western based biases or homogenous premises. Authors like Steinmetz who have woven together archetypal theory/individuated hero motif and indigenous biography appear unable to avoid accentuating the universal properties of the former as the core explanation for the behavior of the latter (Holler, 2000). In other words, the meaning of indigenous specific behavior is taken out of context and viewed as nothing other than a local confirmation of a greater universal property.

Problems associated with that method have been properly criticized as ethnocentric by Robert Segal (Segal, l990). Segal takes to task Campbell's over reliance upon explaining away a cross-cultural variety of myths with a comparative approach. Instead of examining the complexities of individual hero myths a premium of meaning is extracted from studying them as one homogenous group or reduced to a universal scheme. A study of hero myths within that larger context would discriminate against individual differences in cultural content as incidental, secondary or less important. Relevant information that does not fit into the standard hero plot previously mentioned as the mono-myth or separation-initiation-return, are left without

any need for inclusion. Despite possible relevant differences at the local level, Campbell seems convinced that all hero myths guarantee the same universal patterned meaning.

Of further importance in viewing the shortcomings of this approach is its underlying ahistorical perspective. Segal correctly recognizes the priority Campbell places upon psychology instead of cultural history to interpret the hero's journey. As we have already seen the journeyman in the mono-myth travels a Freudian and Jungian line of interpretation. As such, the Dine material and Black Elk's experience could be regarded as symbolic interpretations of inner psychological processes. However, the historical significance of the Dine narrative "Where the Two Came to their Father" then becomes less important to recognize as a modern day ceremony to prepare young men for warfare, than as a supposedly timeless and universal lesion in psychodrama. Thus interpretation of all hero myths simply as inward bound psychological journeys of self-discovery instead of outward traditions linked to historical time and place may at best only supplement indigenous based theory in specific cross-cultural context. So long as analyses of shaman related behaviors are singularly described and clinically diagnosed as a personal confrontation with inner powers remains in vogue, little more has been established than an a irrelevant western medical based, universal theory of the world.

In sum the Jungian artifice must shed those important shortcomings in order to be relevant in the continual examination of individual behavior in cross-cultural, First Nations context. Fanon's keen observation about the absence of an all-inclusive historical circumference in Jung's work can also be extended to Perry. The antiquity

of the connection between the inner archetypal plight of modern man and the Neolithic, sacral-king, renewal ceremony, is clearly an exclusive, Western storyline, which are simply the same mistakes in procedure that I have already discussed. Nevertheless, the content of this simulation is provocative.

DSM-IV Diagnoses: Shaman Healer in Cross-Cultural Context

As I have shown Jung planted the notion as early as l902 that such delusional kinds of psychopathology operated according to an inborn natural order or processing of things (Jung, l983) which implied that the inner collective unconscious, the deepest part of mind, could spontaneously bring into balance its other or upper, poorly integrated, conscious half. Through his study of mythology, Campbell reinforced the Jungian idea that the hero journey motif was merely the symbolic, timeless and universal expression of that tormented condition. Thus, real historical actors that departed into far away land and overcome super human difficult tasks to return with medicine to provide to the community are reduced to symbolic journeys inward toward the collective unconscious. The task of integrating those archetypal powers for the benefit of both the actor and their community is a precarious operation that requires the emotional and social support of their community. In this manner, the messenger is kept psychologically healthy and avoids falling into a paranoid, chronic schizophrenic condition. The Jungian model of shaman related behaviors described by others as a "wounded healer," (Halifax, l982; Walsh, l994) therefore appears to be a salient and problematic simulation that has survived through indigenous practices into the present. We will now briefly look at this notion as a relatively recent addition in the DSM-IV.

In l994, within the American Psychiatric Association's (APA) Diagnostic Statistical Manual (DSM-IV), we find the most formal expression of this simulation as an official psychiatric label called, "Lesson 3.8 Shamanic Crisis"-- situated within the topic heading "V62.89 Religious or Spiritual Problem" (DSM-IV, l994). A detailed copy of this Lesson 3.8 Shamanic Crisis, is easily accessible here in Appendix I and at the website, www.internetguides.com/dsm4/lesson3_8.html.

Let me emphaxize this is a relatively new addition that contains a description, associated clinical problems, treatment plan, and case studies to bolster the view. The content of this diagnosis referred to in Eliadean perspective: "Into these hidden dimensions of reality that the madman becomes a shaman" (Eliade, l960), confirm the tradition of hegemony I discuss. However, Lesson 3.8 is also Janus-faced in that it begins to open a doorway towards a more cross-cultural consideration that shaman related behavior is well within the limits of normal behavior and therefore better understood as "Out of his mind but not crazy" (Murphy; l976:l023). Lukoff and his associates attempt to justify Jung's belief that the change in personality associated with becoming a shaman-healer or similar spiritual crisis represent a natural process of self-healing or psyche preparing itself on its own terms for a higher level of functioning (see Jung above).

This point helps Lukoff to argue that severe disorders like psychoses, if allowed to run their course under guidance, may actually develop or enhance psychological health. Named by the Transpersonal Psychology community as "spiritual emergence," this represents an area that is underinvestigated and not often reported in medical journals, where patients with severely ill conditions who spontaneously heal

have previously been disregarded as anomalies (Scotton, Chinen and Battista, l996). Nevertheless, the serious problem of fully providing this cross-cultural perspective or context continues to plague the DSM-IV.

A quick look at Lesson 3.8 Shamanic Crisis, which is short and contains the same message covered above, allows me to jump directly into an important point. It is critical to understand this lesson (and all others) is included into a clinical nomenclature (DSM-IV) that is based upon a biological driven, medical model interpretation of mental illness. Such an approach allows no option for any alternative explanations of that behavior. The emphasis upon biological predisposition or determinism delimits an interpretation of behavior that should include relevant cultural-socio-psychological context. According to this rigid biological view all behavior are "constituent characteristic [that] can be defined without recourse to social phenomena" (Littlewood, l991). In other words, the form, or universal characteristics, instead of being considered within a specific cultural content is maximized in the diagnostic process (Fabrega, l992). Medical model interpretation, therefore, is redundantly acontextual or not limited to specific context. In this medical vacuum we confront a model of the difficulty Western psychiatry has had in confirming a strict universal concept of biological cause upon their observations of nonwestern or indigenous peoples.

Cross-cultural investigation of illness causing agents may also include ghosts, soul loss, spirit invasion, or sorcery (Rogers, l944; Duran, l984). The fact that lesson 3.8 is primarily medically based, reinforces my thesis that psychopathology continues to be a dubious method to explain the mental-behavioral properties of indigenous shaman healers.

According to the medical model all pathology, disease or sickened conditions are assumed to be solely of physical, biological or organic origin. All forms of illness that include social, mental and emotional are thus assumed to be grounded in defective, organ tissue that is now considered neurochemical. A mental illness, in other words, cannot manifest without the biological predisposition that lay dormant within the individual. Clusters of symptoms that should be considered as part of a larger socio-cultural context are unremittingly considered invariant and acontextual features of a biological entity. Some members of the psychiatric community are so adamant about this medical model that any deviation from that bio-somatic foundation is attacked with atheistic zeal (Ellis, l980). Surgery and pharmaceuticals are the standard methods that attempt to deal with these sickened conditions.

Fortunately lobotomy, electroshock therapy and insulin-induced coma have been discontinued as treatment options. Unfortunately, proliferating rates of prescription psychotropic medicine has shaped millions of users into life-long consumers. A small group of scholars took particular interest in debating the righteous character of this bio-medical claim, when they created lesson 3.8.

Clinical psychologist, David Lukoff was at the core in modifying this psychiatric diagnosis (Lukoff, Lu &Turner, l997). His personal suffering as a recovered patient who suffered from acute psychoses combined with his later education in the medical sciences, allowed him to alter this traditional perception about the causes and possible cure for these kinds of psychotic breaks with reality. His interpretation of that experience with psychosis as equivalent to the kind described by the Jungians (and currently explored by Transpersonal Psychology) 5, provided the motivation needed to

re-examine psychiatric protocol in this area of mental illness.

Upon further investigation he found that the Jungian theory of renewal through inner archetypal journey was already in experimental use by Perry, outside of the (APA), located at Diabasis in San Francisco. In the late l960's and through the l970's Perry had set up this experimental clinic the function of which was to create a more accepting environment for people undergoing a brief, frightening, psychotic break from reality. Patients received no psychotropic medication during their stay at Diabasis, which ranged from three to four days up to 8 weeks. This allowed the patient an opportunity to investigate and incorporate the meaning of their delusions, which was an option not available within the medical model of mental illness, because, such conditions were viewed as having no context outside of the existing organic dysfunction. Unfortunately, with the recent passing of Perry. Diabasis is no longer in operation, yet awareness of his results motivated Lukoff to keep that brief tradition alive, within the (DSM-IV).

The insight he received from his personal experience with mental illness and the therapeutic model developed by Perry (and earlier models developed by R.D. Laing) 6 allowed Lukoff to incorporate into all DSM-IV (Religious and Spiritual Problems) a rationale premised upon the Jungian model.

> *"The mental health professions have a long history of pathologizing religion. But the data shows otherwise: religion is overwhelmingly associated with positive mental health. Because individuals seek meaning when experiencing severe illnesses, and spirituality is an important coping mechanism, promoting religious and spiritual beliefs*

> *and practices is highly appropriate…By devoting some therapy time to exploring spiritual issues and asking questions to discover a deep meaning in life, they can create spirituality-health-connection* (Lukoff, 2004, p. 00).

Success in getting that message incorporated into the (DSM-IV) now requires that the therapy involved in both approaches include services like twenty-four hour surveillance and "contact with traditional shamans" (DSM-IV, l999:60). Furthermore, the entry of this rather benign myth-religious-humanist perspective within the bio-medical text, (DSM-IV), typifies the problem Western psychiatry continues to suffer within these kinds of diagnostic and therapeutic issues.

The problem with adequately applying the concept of pathology, especially to nonwestern or indigenous forms of behavior leads directly to the misrepresentation or simulation of indigenous shaman-healer as psychopathological. The introduction within the (DSM-IV), during the early l990's of a condition associated with indigenous shaman healers, officially called, "Dissociative Trance Disorder" found in Appendix B of the (DSM-IV), helps establish this important point (Lewis-Fernandez & Kleinman, l992). Western psychiatrists had failed in an earlier edition (DSM-III) to fully understand or appreciate indigenous forms of such behavior. The lack of contextual premise combined with under appreciation of cultural features forced an indigenous driven definition about trance and possession into secondary status despite indigenous commentary that concerned what they believed to be dysfunctional was superseded or neglected in favor of a Western-derived insistence upon biological determinism. Since this indigenous syndrome did not satisfy DSM, bio-medical

criteria that were based upon an unequal distribution of culturally significant "invariant clusters of symptoms" (Lewis-Fernandez & Kleinman, l992, p. 301), placed it into an subordinate position known as an "A Typical" or "Not Otherwise Specified" diagnoses (ibid, p. 302).

Improvement in evaluating this condition was based upon three important criteria suited for diagnosis in cross-cultural communities. First, psychiatrists considered definitions of normal and abnormal in specific socio-cultural contexts. Second, the authors of this new category carefully scrutinized clinical data to avoid interpretations that were supported only by irrelevant homogenous, blanket statements. Third, promote the understanding that trance and possession are not a single condition crafted for "clinical and research purposes" (ibid, p. 303) but rather, are diverse in content and form across cultures.

It is therefore imperative that socio-cultural context continue to be considered by the medical professionals who are in charge of establishing entries into the DSM-IV (Sam & Moreira, 2002). For example, one psychiatrist has argued that it would be helpful to distinguish disease caused by biology from illness as socio-cultural response (Fabrega, l992). Disease can be considered a biological phenomenon based upon its physiological impact on living systems and every human is susceptible to disease. The stress and strain of environment upon our biology establish both a resistance and vulnerability to various disease related conditions. Our response to that pressure may help determine individual capacity for reproduction, resistance to disease and length of life.

Explanations that are based upon a universal biology of disease are then used in

cross-cultural contexts. Fabrega argues that the effects of disease are grounded in or expressed through the human body. Abnormal changes in the function of a healthy brain caused by a disease appear universally throughout the world, in symptoms such as bleeding, lesions, bruising, and brain damage. Therefore, in suggesting a solely biological origin of mental illness implies that the *form* of it will look the same everywhere in the world. In contrast, the symptoms or *content* and cross-cultural interpretation of mental illness may vary. For example, the over activity of dopamine neurotransmitters will be evident in *all* cases of schizophrenia, while the symptoms will be shaped by the local socio-cultural environment. In other words, symptoms such as auditory and visual hallucinations (perceptual experiences that have *no* basis or evidence in reality) may be described as spirits by indigenous peoples, although hospital psychiatry reduces them to electrical stimulation of memories stored in neurological cell assemblies inside the brain (Holmes, 2006). Although, Fabrega describes how the two realms are combined into a useable method, caution should still be used in fully accepting the premise of this rather one-sided, biological, causal explanation (Littlewood, 2002).

At least this view has allowed space for psychiatrists to question situations where universal biology may be an incorrect interpretation. Although western peoples had once believed in spirit-borne illness, the efficacy of that notion remains firm within so-called preliterate or indigenous communities (Selesnick & Alexander, l966). I would argue that a critical mistake was made by westerners who discarded the role spirits may have in mental illness. Western skeptics, so to speak, threw the 'baby out with the bathwater.' Rather than questioning the erroneous *methods* that failed to

identify spirits (e.g. torture that involved holding witches underwater strapped to a chair) that led to many innocent human deaths, the belief in spirits were instead discarded wholesale (Levack, 1995; Cuneo, 2001). The emerging Enlightenment period assisted that decline by providing more reasonable or rational explanations, such as the kind based upon mental illness (Selesnick & Alexander,1966). On the other hand, indigenous populations throughout the world have always harbored respect and belief for the degree to which spirits can both help and harm a person's physical well being. Lakota medicine man, Frank Fools Crow provides interesting explanations and descriptions of the roles that spirit entities have taken during various curing ceremonies he held throughout his long life (Mails, l991). The presence of spirits in these ceremonies are believed by these spiritual leaders to come from a spirit world or place outside our limited perception and not to be confused with brain generated epi-phenomenon. Although I have suggested how brain science may explain a spirit as a brain caused hallucination (see above), I am not aware of any brain imaging studies that has explained how two or more participants in a ceremonial setting can view *separately* the *same* spirit image. Therefore, it may be helpful to look more closely at the methods used in various tribal ceremony that indigenous peoples believe support the long held belief that invisible spirits can both cause and heal mental illness. In other words, tribal ceremony may provide evidence of a spirit world that may not have been discovered by the erroneous methods discarded by western peoples during their notorious witch hunts. If my claim about that error has merit, the role of neurotransmitters may have at best a *supplementary* role in these kinds of personal experiences. Black Elk the healer, may now represent a case study of a not yet fully

understood anomalous condition (Neidhardt, 1979; Neidhardt & Utecht, 2000; Holler, 2000) that may be better explained *first* as a spirit assembled cluster of symptoms and as *secondary*, the participation of brain physiology (Littlewood, 2002).

A final point is stressed by Fabrega to ensure that this compromise between the biological and socio-cultural is adequate for use in cross-cultural diagnoses. Fabrega introduces the concept of "anomalies" and "human behavior breakdowns (HBB)" that may assist psychiatrists define mental illness in cross-cultural contexts (Fabrega, l992). Anomalies are bouts of peculiar individual behavior that are not easily explained even by the indigenous community, e.g. either negative in the case of an outcast or positive where the individual is honored with prestige and status. Central to the naming process is deciding if that peculiar behavior was willful or not. Anomalies that become chronic, are not willful and are problematic to the community are understood as HBB. The behavior of these individuals can lead to problems in cleanliness, lack of productivity, unstable identity, distorted awareness and antagonistic relationships with other members. In essence the shift in behavior or personality of an HBB individual is unstable enough to consider them mentally incapable for integration into their indigenous community. It is necessary of course to assume that the community's evaluation of this category of individuals is beyond an acceptable threshold to consider them positively as potential prophets and shamans.

To conclude, problems of misrepresenting cross-cultural examples of normal/abnormal behavior continue to thrive within Western psychiatry. A more nuanced approach by DSM-IV professionals is needed to counter the impact of standard assumptions concerning abnormal pathology-based perceptions upon

indigenous shaman behavior. The extent of this problem continues to effect cross-cultural preparedness five years after the implementation of Lesson 3.8 because in a l999 study of 88 mental health professionals only l0% were aware that the DSM-IV contained important information based upon cross-cultural features (Andary, Stolk & Klimidis, 2003). Perhaps the most vexing situation that remains embedded in such acontextual diagnoses is a "category fallacy," where researchers jeopardize the diagnostic process, due to their failure to accurately apply western derived labels upon culturally specific behavior (Morano, l982; Westermeyer, l985; Kleinman, l988).

Controversy will remain cocerning the determination of patients "…suffering, enacting or representing" (Littlewood, l991, p. 699). It is important to understand if the person with schizophrenia is actually dealing with a breakdown, breakthrough or both simultaneously? The rise of diagnosed psychoses in developing countries may even legitimately raise the question whether colonization itself creates pathogenic situations (Fanon, l967; Torrey, l973, 2001; Bulhan, l985 Littlewood, l991; Duran & Duran, l995) Knowing exactly which approach or model to follow must depend upon solid scrutiny of specific context to ensure solid diagnoses and description. When cross-cultural psychiatrists learn to apply this point more consistently the simulation of indigenous shaman healer as psychopathological may disappear.

The Role of Diagnosis in my Fieldwork:

The results from fieldwork which I conducted from 2000 to 2005 only suggest a weak resemblance between shaman-related behaviors and mental illness. Two

specific individuals, tribal members from various parts of the United States and Alaska (whose names will be disguised to ensure confidentiality), confirm that the connection via specific Western-based diagnoses, is not yet as fully reliable as the DSM-IV would like the public to believe. In fairness, it is on the right track in some areas as has already been mentioned by Lukoff and the entourage of research offered by Transpersonal, psychology. Even though 3.8 Shamanic Crisis still seems to embody the negative feel of abnormal psychology or insanity, the perspective by Roger Walsh and Vernon Neppe will help assist our investigation toward a more appropriate evaluation of my two indigenous subjects. They provide the more suitable assessment that dramatic changes in personality associated with shaman related behaviors may resemble mental illness, or be effected by it, hence, it is not always appropriate to recommend pharmaceutical treatment for a supposed pathological condition.

We first must first address Walsh's contribution, which will allow us to view Neppe in the context of indigenous subjects. The strength of Walsh's perspective lies in his ability to differentiate shaman-related behaviors from various categories of mental illness (Walsh, l997). He begins by explaining that the academy relies on two polar views of shaman-related behaviors, namely, mental illness and a state of enlightenment (e.g. Buddist satori). He believes that such errors are the result of what I have already alluded to namely a lack of reliable technique, shortage of personal experience, psychoanalysis or an overly ethnocentric paradigm. Moreover, not until the l990's and outside the work begin by Lukoff, have any careful comparisons of so-called shaman psychopathology begun to exist nevertheless, interesting assumptions have been made about that connection.

Three behaviors associated with shaman healers are usually mistaken as signs of mental illness: the initiation or initial crisis, medium-ship and shaman journey. The first is based upon the uncanny or paranormal experiences that suggest an attempt by outside (possible supernatural) forces to get the attention of the initiate. Medium-ship, or the effect of an invading spirit, has been equated with an abnormal change in personality. The ecstasy associated with the shaman journey is especially suspicious to non-indigenous people in the medical profession. To believe that there is an actual world of spirits not only reveals a superstitious mind set, but also appears to be delusional.

Shaman related behaviors appear have been equated with three particular diagnoses. The first is epilepsy or fits that occur during the initial crisis stage (this information comes from shamans because researchers have never seen this activity firsthand). We should rule out grand mal and temporal lobe epilepsy because these are chronic neurological conditions, unlike the kind that occur during the initial crises that never return. Hysterical epilepsy or simply extreme agitation may be more accurate since discomfort is a part of this stage but in the end, shamanic experience probably should not be characterized as epileptic. Next, Walsh examines the accuracy of alluding to hysteria the designation called conversion disorder. Here mental conflicts are converted into physical symptoms: the most common type of which is called dissociation identity disorder (DID) (formally called multiple personality disorder). A condition marked by loss of conscious awareness, memory control and identity has been connected with all three stages even though gauging initial crisis is less reliable than during medium-ship and shaman journey. Clinical understanding

assumes that the behavior attributed to an invading spirit, or possessed medium, so goes clinical understanding, can only be understood as the splintered off, split and separated personality of a DID patient. The stress related voluntary journey to a world of spirits on behalf of the community should not be equated to the involuntary condition of DID where defense mechanisms are used to avoid pain or harmful activity. Psychosis is the final illness associated with shaman related behaviors. Walsh understand well how shamanic activities could be misunderstood as various types of psychoses, with the latter marked by a break from reality, delusions, hallucinations, emotional withdrawal and distorted or confused thinking. He focuses mostly on the initial crisis stage and again warns the reader, that based upon a lack of good data the relationship is more spurious than approximate.

Three possible conditions of "psychoses" are relevant. The first is called acute psychotic breakdown or brief reactive psychosis. In such cases, mental breakdown is relatively short term (a day to a month) and ends in full recovery. This is type of departure from reality we saw earlier in biography of Lakota holy man, Black Elk, whose recovery included special abilities or enhanced perspective. Psychotic disorder not otherwise specified is a condition where a cause is unknown or lacks enough information to justify a more specific diagnosis. The most severe of the psychoses is schizophrenia. Walsh's research supports my argument that early researchers about shamans were mistaken in assuming that all psychoses are schizophrenic or one standard kind of break from reality (see above). Such labels have problems because while the initial crisis is very brief, schizophrenia is a chronic condition. Secondly, the stress of an initial crisis may harm the mental health of such individuals whereas

shamans come out of that process more psychologically healthy. In the third place, the person with schizophrenia continues to suffer from it in isolation whereas shaman-healers become active in servicing the health of the community. This means, lastly, indigenous communities are able to tell if that kind of individual is an asset to the community or is instead a liability who is stricken, simple, or ill-minded.

What Walsh provides is a fairly honest, clinical, cross-cultural perspective which indicates that such connections are not reliable. Again, lack of good data is the primary culprit. Nevertheless, the psychological health of my indigenous subjects suggest that some of these diagnoses may be viable, but until further culture-specific research is conducted the role of psychopathology is still speculative and premature.

Neepe's neuro-psychiatric research into "anomalous experiences" or peculiar experiences that can be related to shaman activity, provides new insight into the misunderstanding involved in this shortcoming (Neepe, l989). That author believes this ongoing controversy in psychiatry is restrictive:

> *"A large portion of our current psychiatric diagnoses do not fit well into any of these Procrustean frameworks, where specific clinical criteria have been worked out, and where patients are expected to be place within diagnostic categories which may have dubious clinical relevance."* (Neepe, l989, p. 2).

He goes on to consider how diagnoses of anomalous experiences are rationalized with this insufficient method;

> *When groups of symptoms such as anomalous experiences or experiences which are out of the ken, the training, the knowledge base and the*

> *conventional framework of clinical psychiatry appear, these features are perceived frequently as psychopathologic and attempts are made to place the experience within the frameworks of one of these broader diagnoses. Thus "out of body" experience can, at its broadest psychopathologic level, be perceived as "extreme ego splitting with marked derealization and depersonalization and delusional out-of-touchness with reality." Precognition can be perceived as a delusional idea…Telepathy within the framework of thought broadcasting…Trance states…as extreme dissociative phenomenon…(*Neepe, l989, p. 2).

This stimulating knowledge of patients who experience anomalous activity allows us to take a step closer toward understanding the current diagnoses of the two indigenous subjects I introduced into this paper.

Both of my field subjects differ with regard to age, tribal affiliation and clinical diagnosis. The younger of the two participants is age 13, and of Comanche/ Kiowa/Athapaskan/Tlingit heritage known as B. In contrast C is Dakota and 41 years old. B has been diagnosed with 314.00 Attention-Deficit Disorder (ADD) and 298.9 Psychotic Disorder-Not Otherwise Specified. In 1986 C was given the label 295.30 Chronic Schizophrenia. Although both receive various prescriptions that help them remain as functioning individuals (e.g. school, work etc), the condition of C was severe or impaired enough that long term Social Security Disability status was provided. In both cases, initial diagnoses and current treatment was provided through the Indian Health Service (IHS), a department with the Public Health Service.

My review of these individuals will proceed from young to older although this

order does not change my opinion that their mental health may only resemble psychopathology. The diagnosis ADD and Psychotic Disorder-Not Otherwise Specified for B was confirmed by mental health professionals during my field research in 2005. There is little doubt that B is inattentive, the hallmark symptom of ADD. Both parents agree that B is prone to wander off into imagination or off task, therefore, is vulnerable to make various mistakes at home and in school. School officials provided B with additional in and out-of-class assistance usually granted to students with special needs. Reviewing of B's experiences both in and out of home may help understand the additional diagnoses of Psychotic Disorder-Not Otherwise Specified. The symptoms of psychoses are dramatic, and may include hallucinations, delusions, catatonic behavior and disorganized speech. I am told that on numerous occasions B would show signs of the first three features although rarely if ever did he display disorganized speech. A visual hallucination of an older indigenous man with darkened eyes, dressed in buckskin and with feather lance or stick was a specific entity seen by B. An auditory hallucination of footsteps (heard on a separate occassion by the parent of B) also occurred frequently in this child's residence. The delusion of someone constantly watching him led B to paste the surrounding bedroom walls with numerous images of eyes or to spend as little time as possible in it. B also saw the same individual at school and at another location. Interestingly a family acquaintance had on an earlier occasion seen the same buckskin-clad figure B had mentioned. Other visual and auditory hallucinations occurred at school including hearing his name communicated during quiet classroom time, talking to children that supposedly do not exist and seeing a comet-shaped light that included a face, zoom past as B entered the

bathroom. The most peculiar of B's symptoms resemble catatonia and I was told that it was not uncommon to find B sleeping in a sitting up cross-legged position and periodically engaged in sleep talk. In that state of mind or sleep cycle B does respond on request to lie down although he later has no memory of it. On one occasion, around 3 a.m., one of his parents was returning to bed when upon passing the bedroom of B, the young subject roughly requested in an unfamiliar voice for the parent to come into the room. Startled, the parent did not go into the room.

It is such symptoms, not shared with others outside the family, that may explain bouts, periods or problems with inattention. Teachers and counselors were aware of B's diagnoses and did notice inattentive behavior but left it to the mental health professionals, medicine and special needs care to attend to the specifics of it. Both psychiatrist and clinical psychologist were at a disadvantage because only recently around 2005, have they been privy to any other information than B was inattentive in class and at home. The information that B sometimes would talk to himself or to an imaginary other while in class may explain the addition of 298.9 Psychotic Disorder-Not Otherwise Specified.

Not Otherwise Specified has generally meant that not enough information was included or factors were missing to form a better diagnostic fit (see above). I already alluded earlier in this paper to how the lack of appreciation for relevant data continues to jeopardize similar kinds of cross-cultural diagnoses (Kleinman, l991; Andary, Stolk & Klimidis, 2003). Diagnosis is based upon Western notions of both normal and abnormal behavior, a point of potential importance in the case of B. To me the lack of understanding or appreciation toward anomalous experiences allows the DSM-IV to

undermine the First Nations perspective that the case of B is still within the limits of normal experience of behavior. I believe that if this unreported information were offered to the mental health staff at the local IHS the diagnosis would have remained within the negative spectrum of abnormality or reduced to a specific type of psychoses. The current practice of addressing these cross-cultural anomalies leads toward a differential diagnosis where clinicians who use the DSM-IV haphazardly "translate into any matching forms of pathology that can be found within the main categories of disorder" (Andary, Stolk & Klimidis, 2003, p. 8). According to that scheme, the symptoms of psychoses or psychopathology would provide the only rationale to explain the odd but relatively normal experiences of B. The effect of this exclusion and reductionism where data is shaped to fit out of context a Western based diagnosis, will hinder the diagnosis process with subjects like B in a cross-cultural context.

To this day both parents have not shared any of those peculiar stories beyond the immediate family. In hindsight both parents were not exactly sure what could have been gained by including that information, although they guessed correctly that it might involve misunderstanding and more heavy-duty medicine. Nevertheless both parents succumbed to the decision to tell the IHS mental health staff one important fact, i.e. that B belongs to a family of so-called stick doctors rooted in Athapaskan tribal culture.

B has a family history of experiences associated with this tribal healing art. The mother of B could not speak authoritatively about the specifics of this healing art because that information became temporarily interrupted with the death of her maternal grandfather, a stick doctor, in the l980's. Nevertheless, it is her opinion that the experiences of B are of the same initiatory sort that have also been part of the lives of

both her deceased mother and herself. On numerous occasions spirits would also visit the grandmother of B. Ceilings would collapse where she slept, visitations by the deceased, encounter with same spirit image later seen by B and upon the onset of her own fatal illness, the perception that her eldest daughter, the mother of B, could heal her on the spot, represent a small sample of these peculiar experiences. The mother of B has similar stories, including that during her pregnancy she had seen a child run toward and through her body, and on another occasion, a spirit person opened her bedroom door, looked in and then exited by closing the door. Given this, it seems that there is little room to be skeptical that the experiences of B make better sense within the tribal cultural context.

Neepe provides insight into how clinicians can preview patients like B more cautiously during the diagnosis process (Neepe, l989 A, l989 B). He offers a different perspective from Walsh's earlier discussion about the confused relationship between certain forms of mental illness and shaman related behaviors, by pointing out that certain diagnoses may be linked with subjective paranormal experiences (SPE). Of the six diagnostic groups of disorder, two may apply to the condition of B. The first is Subjective Paranormal Experience Psychosis (SPE Psychosis) was a label named by Neepe during the l980's. That entry resulted from the inadequacy of the third edition of the DSM or DSM-III, in use at that time that had no proper diagnostic description for patients who had a history of paranormal experiences. Not unlike B, the biography of these patients contained numerous anomalous experiences that would start in childhood, often before the age of five. Almost always the content of these anomalies involved other people or had little direct connection to the patient. For instance, while at a

friend's house B's childhood bus driver visited him in spirit one day shortly before the latter passed away. Nevertheless, this rather benign condition becomes diagnosed as psychosis because of sudden change occurring around early adulthood, in the content of those anomalous experiences. Instead of messages granted about other people the anomalies are interpreted about *their own* situation. Usually these patients are consumed with fear or stressed out that they are in harm's way, get hurt or may even die. The patient suffers from anxiety on the conviction that the claim must be true although cannot prove it. Another feature, which we have addressed but is still worth noting is the presence of a family history of these anomalous or paranormal activities.

The second condition that may be connected with B is called Psychotic Psychic (PP). Here peculiar activity or bizarre behaviors are seen as omens or signs that the person could fill a significant socio-cultural role. Within indigenous communities such individuals have traditionally been selected and trained to become various types of magic-religious practitioners or shaman-healers. In other words, these gifted persons display an unusual potential to provide extraordinary benefit to the well being of the community.

Another one of these individuals is my field subject C, a Dakota Sioux now around forty, who at the age of 21 years in l986 was diagnosed with chronic paranoid schizophrenia. Interestingly, C represents the classic simulation of schizophrenia as seen in potential indigenous shaman healers. In fact, C represents the only case of this combination in which I could find clinical details that could not be found in both ethnography and other relevant sources. The extent to which scholars have bragged that schizophrenia is important in understanding the mindset of shaman related

behaviors would lead to the belief that an abundance of specific case material must exist somewhere (Ommeren, Mark, Ivan Komproe, Etzel Cardena, Suraj Thapa, Dinesh Prasain, Joop de Jong and Bhogendra Sharma, 2004). Although I am not exactly sure how this lack of sources should be interpreted in the context of this paper, it seems probable that it lends support to my claim that the connection is far less common or *not as simplistic* as previously assumed. Nevertheless we are fortunate to be able to have outpatient C to supplement our investigation into this important topic.

The symptoms of this particular mental illness do not veer far from the non-specific kind experienced by subject B. Despite the benefit of anti-psychotic medication, which does not cure schizophrenia, symptoms remain an integral part of the daily life of subject C of the kind that take something away from personality, including lack of drive, emotional flattening or unresponsiveness and social withdrawal. Subject C also displays positive symptoms or behaviors that add to the personality of the sufferer including hallucinations and delusions (Torrey, 2001). Although the spectrum and duration of these symptoms is necessary to fulfill the specific diagnosis of paranoid schizophrenia, the *content* of the positive symptoms may substantiate more than simple mental illness.

Field subject C had peculiar experiences long before he received an official psychiatric diagnosis in l986. Reccurring footsteps of an unknown presence here heard above the sleeping quarters of subject C, various visual images that glowed in the dark, an early mid-morning visitation by a spirit child, crossing paths in a forest with a human-like figure whose skin resembled wood or bark, and seeing a creature known among the Sioux as little people, does not exhaust the total number of these strange

early childhood experiences. A diagnosis of schizophrenia is not generally applied to children although authorities will claim a psychosis is already evident early in these individuals because of such symptoms, albeit short of complete schizophrenia (see above field subject B) (National Institute of Mental Health, 2003). Early age indoctrination in Christian principles, being raised in an extended family although with lack of connection with traditional Sioux knowledge were part of C's experience, combined with an attempt to ignore these peculiar occurrences, shaped the course of those anomalies into a diagnosis of psychopathology in l986 at the age of 21 years.

From that date to the present, 2005, subject C has been able to roughly distinguish those experiences that reflect schizophrenia from other experiences that are indirect indicators of a Sioux tribal, herbal-healer tradition. As a result of both the effect of paranoia combined with the need to keep certain facts secret, the author of this paper was not granted access to every detail, except for the information that the full realization of the herbal-healer vocation is still a work in progress. Despite the fruits of that continuous labor subject C would work and rework the meaning or interpretation of those anomalous experiences or positive symptoms into an appropriate place. For instance, subject C knew when he was simply hearing his own *inner* voice, which psychiatrists describe as the cause of an auditory hallucination, and when that noise was generated by an *external* spirit. As with field subject B, tribal heritage has allowed subject C to consider the possibility that an unexpected voice or uncanny visitation may represent the real presence of a spirit.

Although the label of paranoid schizophrenia may be a legitimate appraisal it would be wise for the mental health officials dealing with outpatient C to reconsider

how the DSM-IV negatively views so-called loose associations and delusions of reference. According to subject C the mental health staff at the local IHS clinic does not appear to have much interest, time and funding to sit through and make sense of various thoughts that may or may not be loosely connected or distorted into false beliefs that lack a sensible context. The psychotherapy of basic listening and patience is jeopardized once the connections between thoughts shown by a subject are too vague, prone to wandering off, waywardly indirect or lacking in coherence. Maybe under more appropriate cross-cultural scrutiny a determination could be made about any sequences of thought that would not make sense from a western perspective but may provide significant meaning within the spiritual heritage of a specific First Nations community. For instance, the sound of a certain bird in the apartment room which was related by subject C to an initiation, ritual or ceremony in process may be more appropriately evaluated by specific tribal members who are aware of those things, to determine as consistent or not with sacred tribal beliefs.

Delusions of reference or the mistaken belief that other people are communicating some message to you can make sense within the spiritual heritage of any number of First Nations communities. Numerous tribal cultures have substantial connections with various plants, animals and the local geography that they have learnt to view politically and ethically as part of their communities that consist of other-than-persons or non-human persons that have their own agenda (Pierotti and Wildcat 2000). Oral legend, careful observation or study of the local environment and sacred ceremony all confirm that these communities provide helpful knowledge and assistance (Pierotti and Wildcat l997b). The belief that these other-than-persons variously known in some

contexts as spirits, can provide healing or medicine during ceremony, accentuates the degree to which indigenous people rely upon them as real sources of important knowledge. Subject C has this traditional Sioux notion in mind during a number of these so-called delusions. For instance, waking up to find specific medicine plant material in the hair of subject C, or that the wooden, bark-textured figure walking in the forest is the spirit of a medicine plant, make better sense within the context of a period of greater cultural awareness than as an abnormal episode of deluded thinking. Without an appropriate cross-cultural appreciation for the existence of communities that consist of these other-than-persons, which results primarily from the Greek philosopher Aristotle's insistence that society and community consist *strictly of humans (*Pierotti and Wildcat l997b*, 2000;* Deloria & Wildcat, 2004), DSM-IV minded psychiatrists will continue to confuse shaman-healer related conditions like subject C for psychopathology.

Neepe has tried to establish this alternative perspective within western psychiatry. He is well aware that the content of many delusions are often too raw, bewildering and vague to sort out, but if time and care are spent during that long process, sometimes those beliefs are not as false or throw away as is claimed at first glance. Similarly clinical psychologist Peter Chadwick challenges mental health officials to allow some leverage that schizophrenia and paranormal properties can and have co-existed as positive properties in some case examples (Chadwick, l997).

Neepe believes the positive symptoms of schizophrenia can undoubtedly become dysfunctional in two ways. First, the failure of these individuals to integrate in what he roughly calls the bio-psycho-family-socio-cultural system. If he or she is unable to

cope or function in any one of these important contexts, for example within the socio-cultural, he or she will be considered abnormal despite any initial appreciation or positive interpretation of those delusions. The Social Security disability status given to subject C supports Neepe's point. I am inclined to argue that the problem is not the tribal shaman-healer aspects of those delusions, but rather dysfunction caused by the side effects of anti-psychotic medication. Rapid heart beat or high blood pressure, sleepiness and severe anxiety attacks are the more likely culprit affecting proper functioning. When he is feeling fine or not agitated by those factors (loosely known as remission) subject C is able to think amazingly well and apply critical skill in addressing the content of those so-called delusions.

Secondly, Neepe promotes the overlooked truism that "the normal person would not handle such crazy medications" (Neepe l989 A, p. 3). That is to say only a schizophrenic could handle such heavy doses of anti-psychotic medication. Their bodies are able to rapidly breakdown and incorporate the active ingredients found in such drugs. People without these severe disorders do not react to them as well because they lack the biochemical predisposition. Subject C may have the biological marker for schizophrenia but without an adequate appreciation for those Siouxan aspects of his experience difficulty remains in interpreting the effect of medication beyond a basic blocking of symptoms that provide no permanent cure.

The biographies of these indigenous field subjects are significant because they substantiate my suspicion that upon diagnosis, anomalous symptoms usually associated in cross-cultural perspective as shaman related behaviors were considered unnecessarily psychopathological. Neepe has showed how such mistaken identity can occur in cases

similar to those of both indigenous field subjects B and C. Until unusual behavior becomes dysfunctional or requires medication, the content of delusions and hallucination are considered well within the limits of normal perception. Once an individual crosses the threshold of socio-culturally significant anomaly, such behavior may indeed become incoherent to an observer who lacks cross-cultural training in these matters, and is therefore errantly labeled within the framework provided by medical psychopathology. Similarly in a tribal context without proper patience, guidance or ceremonial maintenance these anomalies can become misinterpreted by the patient or the behavior may interfere with the spiritual lessons. In such cases they may create uncertainty but not necessarily psychopathology.

Mental health care among First Nations peoples should not have this problem and I hope my paper serves as a warning to all medical professionals that they should take this deficit seriously. Even in a relatively culture-sensitive place like the IHS, situated within tribal reservations, adequate socio-cultural preparation is missing from the critical care of mental well being like subject patients B and C (Yurkovich, 2002). Critical culturally-sensitive researchers must continue to bring cross-cultural perspective about mental illness to the forefront. The fact that no word for crazy exists in First Nations language, for instance, should be understood by IHS mental health professionals as a valid reason to challenge the use of the medical modeled DSM-IV as insensitive in these socio-cultural matters (Yellow Bird, 2002).

Part of the problem probably results from an inadequate amount of IHS psychiatrists and clinical psychologist hired to monitor the mental health of rough 2.5 million First Nation's people (Kim & Kwok, l998; Gone, 2004). Our earlier

observation that a majority of mental health officials are unaware that the DSM-IV contains cross-cultural information may indicate a larger trend that is simply shared by those professionals who work for the IHS, e.g. in the cases of subject B and C.

In 2005, I was told that in a condescending manner that the situation for subject B was pessimistic. The psychiatrist in charge had explained to the parents of subject B that in spite a family history of stick healers those behaviors are out of context outside the home and without use in modern society. Another member of the team, a mental health professional, who is also an enrolled First Nations member, responded more harshly warning that the local social welfare may have to step in if the medical advice approved by the psychiatrist in charge was not accepted.

The situation for subject C is similarly dire and devoid of socio-cultural sensitivity. Subject C appears to have had the misfortune of diagnosis during the tail end of the third edition of the DSM.

As pointed out earlier there was essentially no measurable amount of cross-cultural reference about mental illness in that book. Neepe, Lukoff and his associates were just beginning to bring to the public their cross-cultural research about anomalous behaviors similar to those found in severe disorder like schizophrenia. After roughly twenty years of taking various psychotic medication (l986-2005), subject C, is not quite sure what to think about their therapeutic effect. A number of those pills create annoying side-effects that require additional medications to counter those effects. Other medications could have damaged kidney or liver and some simply sedate. Despite this, subject C feels supposedly normal or better every now and then. The critical point being made throughout this paper is that the disorder was treated

overwhelmingly with pharmaceuticals as the result of neurochemical or medical models that assumed psychopathology and standard talk therapy between caregiver and patient did not occur. Fortunately during periods of remission, subject C would attempt to engage in self-healing in other ways, such as analyzing dreams, engaging in critical thinking skill, offer advice to those who asked, attending ceremony and other interesting methods. It appears that outside this western simulation, grass-roots indigenous activity is taking place around the world in an attempt to rejuvenate various shaman-healer traditions.

Empowerment and Survivance: Indigenous Shamanism in Developing Countries:

Shamanism continues to exist throughout the world despite the degree to which it is held in contempt during the modernization process (Heinze, l991). Centuries of bombarding American Indian populations with Christianity serves as testament the degree that the colonialist mentality considers non-western religious practices inferior, satanic and disruptive (Deloria, l970). Similarly, the area most associated with shamanism, Siberia, has only recently reemerged from decades of Communist driven political oppression and denigration (Fridman, 2003). Despite a history of antagonism, shamanism has continued to survive and adapt under those stressful conditions (Winkelman, 2003). In fact, there is a marked desire among a growing number of developing populations toward rejuvenating this form of traditional healing art.

In my opinion this increase in shamanism is fed by a need to alleviate the stress modernization has brought with it. In this context, shaman healers are able to respond

with seasoned skill in reestablishing health at individual, communal and cosmic levels of existence (Vitebsky, 2001). The selected examples gleaned from developing countries around the world that epitomize this revitalization of shaman practices, help to bolster my thesis that shamans continue to hold these important leadership roles based on their capacity to be relatively reliable, creative, competent and sound-minded (Anderson, l996). Not unlike the past, shamans continue to perform tirelessly in numerous positions at the forefront of tradition, therefore, beheld the keenest to assist the health of their communities adapt to change.

The small northwest Indian province of Ladakh is a vivid example of this coping process (Kressing, 2003). The roughly 25,000 inhabitants of Ladakh continue to feel the pressure of living in close quarters with other inhabitants. Entrenched Indian military occupation, Chinese-Pakistan political authority and the recent opening of their borders to foreign tourism, have created a stressful atmosphere for the ladakh people. Some of that discomfort has been alleviated with a return to their indigenous healing traditions.

The Ladakh allow a role for possession shamanism, which is a healing tradition where oracles or conduits for an invading spirit are used to immobilize individuals in sickened condition (Deren, l970). These deities possess both male (Iha-pa) and female healers called (Iha-mo). In this altered state of consciousness shamans heal by sucking out disease causing elements from the infected part of the body disease causing projectiles (Eliade, ll974). They can also treat problems related to the larger body politic. There the shaman by granting advice and options about reestablishing balance in social or communal related problems. The latter context is particularly illustrative

of the kind of issues for which there is an increased need of solutions in current Ladakh territory.

Authorities suggest that as many as one hundred and fifty of these healers are now available in this tiny part of India. There are several reasons for the recent proliferation of possession shamans (Kressing, 2003). First, deadly persecution of monks in Tibet by the Chinese military has banned shaman trance-possession in that part of the country. Without a way to gain merit in the ravaged territory the Iha (spirits) have redirected their efforts to possess members of the nearby Ladkah people. Secondly, change is an important factor. The good health of the past is gone and things like greed, competition and jealousy trouble the present. These noxious factors undermine a long history of harmony and balance. Third, a greater variety of diseases are becoming more common among the Ladkah. The rate at which modernizing has created inordinate amounts of stress reflect the rising number of acute forms of mental illness (Duran & Duran, l995). Imported foods in their diets have also created kinds of bodily illnesses or medical conditions unfamiliar to the Ladkah. Fourth, there is an increase in witchcraft. Without the usual routine of respect accorded to them by the Ladkah, Iha have increased their possession activities. That is not a good thing because the same pattern occurred right before Chinese occupied and destroyed their neighbors in Tibet. Finally, healers are neglecting their duties. Many of the younger Iha-pa and Iha-mo are not living the traditional standard of a simple life. Others act less to alleviate communal problems than in restraining their own self-interests. The schism is unmistakable and concern in warranted about the deteriorating health of Ladkah culture. The role of possession shamanism may be an important step in

healing the scars modernization leaves in its wake. The goal of reestablishing the capacity for harmony is similar to what we find in other parts of the modernizing world.

Use of shamans to teach about cosmic balance has kept some youth from joining guerilla groups that continue to destroy the indigenous San Jose people of Cajibio, Columbia (Rappaport, 2003). A recent l994 earthquake and landslide at their original home in Tierradentro had forced them to migrate to their present location. Unfortunately, Cajibio presented them with a new set of problems as it was an area beset by military and guerilla activity. Two groups called the Revolutionary Armed Forces of Columbia (FARC) and the National Liberation Army (ELN) were locked in battle over land, planting and sale of illegal drug crops. Having been struck in the middle, the San Jose people were eyed suspiciously by both sides. Under such conditions of paranoia, many San Jose were killed in the midst of that crossfire. With the aid of their shamans the San Jose initiated important measures to protect their lives, traditions and spirits.

Thirty years of mobilizing grassroots action against this kind of guerilla warfare by a variety of indigenous people in Columbia would help the Cajibio understand what specific priorities related to the role and contribution of indigenous shaman healers. All of them held firm to the legitimacy of indigenous sovereignty, land right, schooling, health care and economic development. They would take those convictions all the way to the Constituent Assembly that was held in l991 and manage to set new policies into motion. Although never signed into law their efforts led to the eventual award of electoral representations and consideration at the national legislative level of Columbian government. Successes have grown in a number of executive positions

that can now give voice to the indigenous who have been rendered powerless by the political, military and guerilla strife going on in their regions.

Shamanic members of the Cajibio propose a similar agenda in promoting a safety of the community. Fundamental to their success was the role of living in cosmic harmony. The shamans taught how every behavior causes effects for better or worse throughout the universe. They contend that harmony is a precarious thing, however, the more the Cajibio try to maintain it, the better their condition of living. They accentuated this theme during numerous meetings with their communities about he nature of political activity. Leaning to far in either political direction will affect kinds of policies that will either hinder in reestablishing their goal of autonomy, territory, national and cosmic unity, which is why shamans are so integral in such diverse activities as selecting appropriate leaders, assisting the local schools and advocating traditional medical resources. It is a task that has had surprisingly good results throughout this troubled region.

Shamans from Lopez Adenro, Corinto, in northern Cauca protect their communities against armed insurgents with unconventional weaponry (Rappaport, 2003). They are known to have lost a significant number of their indigenous movement leaders. In spite of those losses they continue to persevere together in a protective device known as guardias indigenas where volunteer members throughout the community, regardless of age, gender and socioeconomic level, gather to patrol and guard the area. Unlike other indigenous resistance groups throughout the region who have guns, their weapons are staffs made of chonta wood. These staffs are decorated with nine spiritually significant colors symbolizing their resistance toward any threat

against their land, and community well being. In that way the guardias indigenas resemble a more tradition-based mode of authority and resistance.

This renewed interest in traditional concepts of harmony has encouraged many of their younger members to stay away from joining harmful guerilla groups or the intrusive military. Instead it provides an opportunity to learn more and reconnect within their own, culture milieu. The pride resulting from such conditions leads to many of them attaining important positions within Lopez Adenro society, which in turn leads to increased prominence on regional and national levels greater voice about the oppressive conditions that continually thwart the dignity of their human rights and culture. Such composure in the wake of modernization leads credence to indigenous legal matters.

Citing the traditions of their shamans has helped the Gitxsan people fight a recent legal battle against an encroaching timber company (Mills & Clifton-Percival, 2003). The l984 case called Delgamuukw v. Regina illustrates the concern about illegal clear-cut logging on Gitxsan and Witsuwit'en land near Nass River, British Columbia. They acontend that they never ceded land to the Canadian government because, they have forever relied upon the land as the original source of their halait (also spelled halayt) or shaman tradition. The history of colonization in that region presented the appearance that halait no long survives as a healing art.

For most of the twentieth century shamanism was prohibited from free expression in the Gitxsan community. Missionaries denounced it which led to the prohibition of such activities until l951, where after it pretty much remained underground. Ambivalence resulting from the wake of such contempt today keeps

many in the community reluctant to admit their affiliation with such tradition. Especially silenced were important head chiefs who testified that in fact a number of them were indeed associated with the practice of shamanism, called Halait which by tradition or rule was always associated with a particular chief or household. This lent to each prestige and status during celebrations of potlatch and the practice of Halait was really never discarded from Gitxsan culture.

Halait continues to be integral and effective within the land they live upon. If one of the members becomes ill they are sent to specific locations within the local environment for healing. The kind of illness determines exactly where geographically it can best be treated most effectively. Yet each and every place has the potential to be that kind of source. The efficacy of this tradition was brought into prominence during testimony from a women halait named Gylogyet or Mary Mckenzie, a head chief of a traditional household. She said that when she was young boating on one of their rivers she and was very startled by a large report given off by dynamite. For about six weeks she had trouble seeing and so her family took her to the local medical doctor. He diagnosed her with measles that had infected her eyes thereby causing her to become blind. Distressed by this diagnosis, her parents took the girl to their parents where the grandmother, a shaman, had a differing opinion about her condition. The blast had scared her so much that her spirit had left her body and is probably hiding in the rocks near the original location. Halait ceremonies were performed on three different occasions with the last one curing her loss of eyesight, a solution that may not have been possible without the halait discovering, recapturing and returning the lost spirit back into her body. That experience convinced the court to rule in favor of the

Gixtsan and Witsuwit'en people to regain jurisdiction over the land in question. The effect of that ruling established the legitimacy of oral traditions and practices that are connected significantly to place and land.

Similar kinds of conflicting ideas concerning the propriety of shaman tradition are found in other regions of the modernizing world. Problems in reintroducing shaman tradition within an ambivalent context are especially telling among the Tukanoan of southeastern Columbia (Jackson, l995). Tukanoan culture nearly expired under the continuous weight of colonial control and oppression spanning generations. Since the mid-l970s there's been an ongoing effort to revitalize cultural awareness among the tribe's roughly 18,000 members. Despite the reprieve, revitalization has not gotten off to a solid start. The desire and need is there, but problems arise as attempts are made to mediate the conflict of interests and clashing opinions these projects bring with them. The challenge of re-introducing indigenous forms of medicine; in particular, legitimizing shaman healing, has been as especially vexing problem. The crux of that discussion must begin within the political climate of Columbia's recent past.

Cultural revitalization among the indigenous population involves granting to them a number of privileges not shared by other citizens. To date is has been successful in establishing free health care, education, exemption of taxation and exclusion from non-voluntary military service. Sympathy in the form of foreign aid has also been offered to help alleviate years of poverty brought upon them by unequal status. The policy has been lucrative enough that people who formally disavowed their indigenous identity are now reclaiming it to take advantage of those benefits. Success in revitalizing other aspect of tribal culture is long in coming and continues to compound

an already thorny issue.

Colonizing a country usually entailed gaining unilateral control over all venues of its population's livelihood. The colonialist's typical next step was to re-appropriate these venues as their own property. Ultimately, indigenous peoples must choose which things are simply destroyed or assimilated anew into the dominant culture. This whole process can have a bewildering and confusing psychological effect on the population whose cultural tradition and worldview are being undermined. Those indigenous groups in countries fortunate enough to finally escape that condition, such as the Tukanoan community, are left with an unfortunate legacy of conflicted emotions about the integrity of indigenous identity. What can be called an ambivalent attitude towards bringing back indigenous culture or not is a poignant factor in establishing shaman training schools in this part of indigenous Columbia.

In l983, Pedro Henao held the first shaman workshop in the Columbian region of Vaupes called Acaricuara. Henao hoped it would promote two important things: 1) reverse the antagonism held by many about the real value of indigenous culture and 2) assist in alleviating worsening health conditions and medical concerns that would allow many sick patients either alternative, combined or a wider range of treatment options. In essence, implementing this program would heal the rift created by colonization empowering the Tukanoan people to reconnect with their traditional past.

Even though Henao acknowledged it to be more of a success than a failure, concerns were expressed by a number of primary school teachers. Interestingly, the concerns of these teachers reflect their own acculturation into non-Tukanoan ideology more than the merit of his indigenous modeled project. First, teachers appear to use

the vanishing Indian notion of culture. As soon as all the old Indians die supposedly their medical knowledge dies with them. Second, the workshop did not produce obvious results so they deemed it a failure. This concept is a leftover from colonialism where everything a Tukanoan does is doomed to fail. Third, some have argued that shamans are only self-serving and greedy, and do not want to share their knowledge out of fear that their apprentices might make more money from it. Others argued that some shamans wanted to create a monopoly of clients to make greater profits. Finally, it was not an empirical project. In fact the project was empirical according to Hanoan traditions, just not in the usual Western sense of the word. Clearly, these teachers were looking at the workshop in the wrong way.

The teachers made the error of supporting a strictly Western model of teacher-student style of interaction and learning. Shamans are much more than teachers. Shaman skills actually proliferate only on different levels and areas of traditional culture. Teachers also failed to understand that you couldn't simply choose those parts of indigenous culture that work, discard the rest and aptly blend together what is left of it. That view is far too simplistic, artificial, and assimilated to allow for the original type of craft shamans traditionally used in curing. Teachers should not vacillate about defining traditional Tokanoan culture. Many of them believed that no reliable studies existed that would adequately describe that heritage. Only a Tukanoan on the inside or emic side of investigation could attempt such a description.

Although teachers claimed to be fair in critiquing Henao's indigenous perspective on shamanism, they failed to recognize their own ethnocentric reliance upon western scientific models and methods. Fortunately, less of this type of atmosphere was

encountered in Siberia, the area that is considered to be the homeland of traditional shamanism – the land where term shaman originated (Eliade, l974). A rare conference on shamanism, held in the Soviet Union in l996, revealed how following decades of political abuse, this tradition has reemerged ready to function in settings anew (Fridman 2003). Communism attempted to crush any expression of shaman activity during the last eighty years in Siberia, even to the extent of involving KGB-led deceit and murder (Vitebsky, l991). Such activities disrupted the functioning of Buryat, Alataian, Tuvan and Mongolian communal life, in which shamans are the intermediaries between the human and spirit world. Killing shamans deprived the indigenous people of access to an important central source of healing and guidance. In addition, shamans who survived persecution had difficulty transmitting their knowledge along these broken or fragmented kinship lineages. Yet enough aspects of this healing tradition had remained intact to be built upon as their country reconsidered the whole matter.

The l992 collapse of the Soviet Union made it again possible for Siberia's indigenous people to practice shamanism. Disruptions and persecutions had undoubtedly changed the structure of shamanism the era of persecution form l910-l992 A.D. severely damaged knowledge and technique of classic shaman skills, such as should flight and transformation into animals (Winkelman, 2003). Some shaman practitioners would actually go to the library in search of information lost or forgotten from the oral tradition, attempting to fill in the gaps by studying details from old ethnographic accounts about their shaman forebears. An important element of this shaman heritage that was not jeopardized is the belief that spirits cause and provide remedy for all sorts of illness. This is clearly shown in the invocation and service of

spirits during healing rituals. Even today it is not uncommon to hear personal stories of fantastic conferences about illnesses held in the sky with spirits, demons and ancestor shamans. Similarly, shamans are still asked to alleviate illness-causing agents such as witchcraft or to retrieve a lost soul. Added to that list in the present day are a number of modern medical conditions such as diabetes, heart disease, liver cirrhosis and, in particular relevance to the topic of this thesis, the mental illness schizophrenia. It was this heritage conference participants addressed thereby initiating a new era in invigorating their formally dispossessed healing crafts into an effective future.

The increased role of women as healers in yet another country may reflect this change and adaptation to modern circumstances. Baptist conversion during the l970's among the Asabano people of New Guinea shifted the shaman role, which traditionally been held by men to the women (Lohmann, 2003). Women, more than men, appeared to be significantly affected or spiritually possessed by the new religion. Although this cultural collision diminished the male role into subsidiary status it did not render that tradition ineffective. Diagnosing and curing an illness regardless of gender pretty much to the day remain the same.

The women healers known as spiritualists utilize the same capacities as their male counterparts, the glass men, did prior to Christian contact. As before, achieving altered states of consciousness was a standard method used in the process of healing. Healers adjust their level of awareness, which enables them to see deceased ancestors, evil spirits, witches and strange beings called *sprites* is a practice that endures into the present day. Sprites aid both male and female shamans in countering the illness

malevolent beings bring with them. If you are in pain, according to shaman tradition, point to the spot and the sprite will arrive and extract the disease. This tradition has remained intact, except that now, credit for cure is granted more to the Holy Spirit.

Along with Christian conversion came the concept of sin as a relevant medical sensibility about the cause of sickness. Sinful living supposedly can undermine good health. Cure is to be established by prayer, offerings and repentance. This may mean placing a cross in the path of an offending spirit that will block any further harm an angry entity may bring to the afflicted patient. It is a technique no different than traditional methods when glass men were directed where to place a specific offering or appeasement. Regardless of those details, the merit of this reasoning only makes sense in the context of cultural assimilation.

Converting to Christianity has historically meant that indigenous spirituality is likely to receive a sound ecclesiastical beating. For the last 100 years missionaries have whittled away the core of indigenous traditions throughout New Guinea. The Asabano shaman tradition has not been exempt from that history. Despite some changes, especially the primary role of women, they appear to incorporate the precepts of the foreign religion in stride. What the Asabano appear to show us is the necessity of always nurturing a vital connection with whatever familiar or unfamiliar spirits, may be out there at any moment. In this way the healing tradition is kept abreast with the pace of modernization. In contrast, reviving shamanism among the assimilated Ainu of modern Japan has been less fortunate in acknowledging the role of women healers. Cultural revitalization of shamanism in Japan during the l990's represents a tradition many Ainu have mixed feelings (Tanaka, 2003). The origin of that ambivalence is

contained in their history of roughly 10,000 years on the mainland of Japan. The political, feudal atmosphere that ran from 1603-1867 A.D. was largely responsible for planting doubt about the integrity of Ainu shaman culture. Official Japanese recognition of their indigenous status in l997, according to some Ainu, is more a leftover of that colonial rhetoric than a celebration of their culture.

A brief look into Ainu history may help explain this predicament. Despite forced assimilation, their shaman culture continues to thrive and adapt in one form or another. Before Asian influence had interrupted that relationship around 800 AD, two varieties of shamans worked together in healing the ill. Early in that history had allowed a number of male shamans to hold significant political and military power. Although they had early success in those positions, women more recently have been active in sustaining shaman tradition.

Their participation increased as the healer role became differentiated and gender specific. The more classical male shaman, who are thought of as being in control of the spirits and the female medium controlled by spirits each developed traditions of alleviating particular ailments. The males would concentrate their skill on sacrifice and ceremony while the female shamans focused upon doctoring spirit illnesses. One kind of common female medium in called a tuskar. Through possession by a spirit they were able to locate herbs, assess broken taboos and gain knowledge of the spirit world. Most recently Ainu midwives have also fulfilled a beneficial role with the community. These ikoinkarkur women or "in-that-which-see-person," specialize in transmitting pertinent physiological, biological and medical knowledge. In addition, women healers are now responsible for initiating shamans. Male elders were originally solely

responsible for that role. With few male elders left women shamans have stepped into that position. No doubt, women have been a very active part in the history of Ainu healing.

Unfortunately, revitalizing Ainu shamanism has notably ignored contributions of female shamans. Some of the problem is traced back to the feudal, patrilinial and Confucianism heritage of l603-l867. Ainu women now have to get permission from the men in charge to perform certain ceremony and rituals. Another reason is tourism. The government is more concerned in promoting those aspects of Ainu culture that foreigners have seen preserved in museums. Unfortunately, that view of Ainu culture only provides an artificial or simulated perspective created by the dominant society (Vizenor, l999). In that respect tourists are attracted to a make believe culture that does not exist beyond its colonial representation. Finally, years of abuse have convinced Ainu to keep their shaman knowledge underground, where it is safe, hidden from view and uncontaminated by western discourse.

My conclusion confirm the fact that shamanism continues to thrive in developing countries throughout the world. Albeit none of the examples fully reflect any sort of pristine or pure expression of shaman tradition (Eliade, l974). Perhaps, that is the way it should be, for no culture has remained timeless. Change is a fundamental fact of life. Cultural traditions like shamanism are good examples of that continual process. Those healing traditions also indicate how the role of colonialism has slightly modified their look.

All of these examples confirm evidence of that residue where shamanism is undergoing the modernizing process. Although definite change has occurred in many

instances, foreign control was not complete enough to keep shaman activity fully mute or ineffective. What has not changed, nevertheless, is that the integrity of these leadership positions continues to be granted to the most sound-minded individuals and does not involve any supposed psychopathology. Among the Ladakh people of India shamanism has reemerged as an effective cooping mechanism against the growing pressure of modernization. In Columbia indigenous shamans are instrumental as leaders who us the concept of cosmic harmony to counter violent abuse by outsiders. Concerns about illegal logging on Gixtsan land in British Columbia have proven how effective shaman traditions are still closely tied to the land. Given how colonialism can generate a negative view about indigenous culture has not kept Henao from pushing forward in establishing shaman workshops in Columbia. With years of Soviet pressure lifted, the most noted shamans in the world have re-orientated their art to meet new types of modern illnesses. Similarly, women shamans in New Guinea and Japan have proven quite capable in facilitating the role as shaman healer and medium.

Conclusion:

I hope to have convinced the reader that the outdated ethnocentric notion that indigenous shaman healers exhibit psychopathological properties continues to exist as a potent, imaginative and ethnocentric simulation with the American Psychiatric Association. I suggest that this erroneous belief that was developed by psychiatrically trained, cultural anthropologists and later deconstructed to reveal the shortcomings still lingers in current (as of l994), based, psychiatric nosology (DSM-IV). I researched

why it still exists, particularly within this medical community. The answer appears to be caught up in the academic practice of confusing culture with clinic or "cultural practices with clinical syndromes" (Opler, l961, p. 63). In particular, the medical model or biological cause of pathology is the agent that made the confusion possible. That investigation (where the medical model came back in vogue during the l980's and remains deep established in psycho-pharmaceutical research) explains behavior without any mention of relevant socio-cultural context, which results in pigeon holing diagnoses solely upon biological explanations. This kind of medical minded psychiatric precision had the effect of describing nonwestern cultural behavior in a very subordinate psychopathological position, known as secondary A-Typical features. It is a problem that still confounds accurate cross-cultural description of indigenous human subjects. Until medical psychiatry fully readdresses the issue in this contextual way (which may not be easy competing against the tendency to prescribe psychotropic drugs among the mentally ill), not unlike the problem we discovered in the IHS, cross-cultural diagnoses will continue to be unevenly applied and obscured into an improper understanding of anomalous shaman-healer related behavior. It is from that deficit perspective about the biology of disease and mental illness, rather than the health and empowerment of indigenous culture that has become the choice simulation inherited by western scholars toward the study of these shaman-healers.

Footnotes:

l. Daniel Noel, in his book, The Soul of Shamanism, argues well that Merlin of

Arthurian Legend is the prototype for simulation among the academic work of prominent shaman scholars, Mircea Eliade, Carlos Castenada and Michael Harner.

2. In Rethinking Psychiatry, Arthur Kleinman has aptly noticed that numerous early figures in the social sciences were physicians or affiliated with psychiatry.

3. This contextualism, as F. A. Hanson calls it, is the attempt to balance between strict objectivism and relativism. Meaning can vary from one culture to another while assuming some things stay the same regardless of their human interaction.

4. This is controversial point because some argue that Jung's whole artifice will fall apart if he cannot prove his patient did not previously read about this material. Read The Aryan Christ: The Secret Life of Carl Jung, by Richard Noll for information about this issue.

5. The Transpersonal Psychologists who are a recognized part of the American Psychological Association are the most active group critically examining the kind psycho-spiritual-teleological possibilities Jung talked and wrote about. Textbook of Transpersonal Psychiatry and Psychology, by Scotton, Chinen and Battsta will be a helpful guide.

6. Psychiatrist, R.D. Laing established the prototype in Britain, during the 1960's.

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Appendix I

Description:

Shamanism is humanity's oldest religion and healing art, dating back to the paleolithic era (all, www.internetguides.com/dsm4/lessons3_8html). Originally, the word shaman referred specifically to healers of the Tungus people of Siberia. In recent times, that name has been given to healers in many traditional cultures around the globe who use consciousness altering techniques in their healing work.

Historically, shamanism has been confused with schizophrenia by anthropologists because shamans often speak of altered state experiences in the spirit world as if they were "real" experiences. While the shaman and the person in a psychotic episode both have unusual access to spiritual and altered state experiences, shamans are trained to work in the spirit world, while the psychotic person is simply lost in it.

In many traditional cultures, psychotic episodes have served as an initiatory

illness that calls a person into shamanism. Eliade writes:

> *The future shaman sometimes takes the risk of being mistaken for a "madman"…but his "madness" fulfills a mystic function and reveals certain aspects of reality to him that are inaccessible to other mortals, and it is only after having experienced and entered into these hidden dimensions of reality that the "madman" becomes a shaman* (Mircea Eliade. Myths, Dreams and Mysteries. New York: Harper and Row, 1960 pp. 80-81).

As the person accepts the calling and becomes a shaman, their illness usually disappears. The "self-cure of a psychosis" is so typical of the shaman that some anthropologists have argued that anyone without this experience should be described only as a healer. The concept of the "wounded healer" addresses the necessity of the shaman-to-be entering into extreme personal crisis in preparation of his/her role in the community as a healer (Halifax, Joan. Shamanic Voices. New York: Dutton, 1979).

Traditional cultures distinguish between serious mental illness and the initiatory crisis experienced by some shamans-to-be. Anthropological accounts show that babbling confused words, displaying curious eating habits, singing continuously, dancing wildly, and being "tormented by spirits" are common elements in the shamanic initiatory crises. In shamanic cultures, such crises are interpreted as an indication of an individual's destiny to become a shaman, rather than a sign of mental illness. If the illness occurs in a cultural context, the shaman returns from the crisis not only healed but able to heal others.

For example, the Siberian shaman Kyzalov entered a state of "madness" lasting for seven years which resulted in his initiation as shaman. He reported that during those years he had been beaten up several times, taken to many strange places including to the top of a sacred mountain, chopped into pieces and boiled in a kettle, met the spirits of sickness, and acquired the drum and garment of a shaman. In our society today these experiences would be considered evidence of a psychotic disorder and could possibly result in hospitalization. Yet when Kyzalov recuperated, he reported that, "the shamans declared, 'You are the sort of man who may be a shaman; you should become a shaman. You must begin to shamanize.'" (Halifax Shamanic Voices. New York: Dutton, 1979).

Referring to the "wounded healer" concept, Kalweit argues the shamanic crisis is:

> *A sickness that is understood as a process of purification, as the onset of enhanced psychic sensitivity giving access to the hidden and highest potentials of human existence, is therefore marked by very different characteristics than those ascribed to pathological conditions by modern medicine and psychology, namely that suffering has only negative consequences. According to the modern view, illness disrupts and endangers life, whereas the shaman experiences his sickness as a call to restructure life within himself so as to hear, see and live it more fully and completely in a higher state of awareness* (Dreamtime and Space: The World of the Shaman by Holger Kalweit, p. 91).

Associated Clinical Problems:

Individuals in Western cultures occasionally experience similar problems:

> *We have instances where modern Americans, Europeans, Australians and Asians have experienced episodes that bore a close resemblance to shamanic crises…People experiencing such crises can also show spontaneous tendencies to create rituals that are identical to those practiced by shamans of various cultures* (Grof, S., & Grof, C. (eds.) (1989). Spiritual Emergency: When Personal transformation becomes a Crisis. Los Angeles: Tarcher. Pp. 14-15).

The themes common to shamanic crises include:

> *Descent to the Realm of Death, confrontations with demonic forces, dismemberment, trial by fire, communion with the world of spirits and creatures, assimilation of the elemental forces, ascension via the World Tree and/or Cosmic Bird, realization of a solar identity, and return to the Middle World, the world of human affairs* (Halifax, Shamanic Voices, p7).

As with shamans in traditional cultures, when persons in this type of spiritual emergence receive proper guidance, they can return from the experience positively transformed…In a traditional society, shamans cure people's illness, guide recently deceased soul, and restore a community's psychic balance as well. For many people in contemporary society western societies, shamanic crises are precipitants to their choice of a career in the health professions, such as psychology and nursing.

Treatment:

During the integration stage contact with traditional shamans and reading of literature on shamanism can be helpful adjuncts to therapy. In my own spiritual emergency shamans played a role in my recovery. The spiritual potential inherent in my experience lay dormant until contact with shamanic teachers enable me to connect with that dimension. Years later, in the altered states of consciousness induced by shamanic practices, I re-experienced, for the first time since my psychotic episode, a feeling of oneness with the universe. Once again I was communicating with divine spirits, and comprehending the meaning of life itself. Instead of these ecstatic experiences which had brought painful memories, I was now learning to trust them again. Such experiences are a major component of life: "Shamans do not differ from other members of the collectivity by their quest for the sacred which is normal and universal human behavior, but by their capacity for ecstatic experience" (Eliade, Shamanism, p. 107). However, these teachers and their shamanic practices taught me how to exercise voluntary control over entry into and out of ecstatic states. I learned how to keep them contained within appropriate social contexts (all, www.internetguides.com/dsm4/lesson3_8.html)