

# Humanity's first healers: psychological and psychiatric stances on shamans and shamanism

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### Abstract

**Background:** the author describes shamans as practitioners who deliberately shift their phenomenological pattern of attention, perception, cognition, and awareness in order to obtain information not ordinarily available to members of the social group that granted them privileged status. **Objectives:** to describe how these phenomenological shifts were accomplished and used. **Methods:** archival studies of shamanic literature as well as field research in communities where shamans are actively functioning. **Results:** the source of shaman-derived information is attributed to such discarnate entities and forces as spirits, ancestors, animal guides, and energetic fields. These agencies were contacted through ritualized drumming, dancing, lucid dreaming, the use of psychotropic plants, focused attention, and other technologies. This study was important because it determined that shamans utilize the obtained information to attend to their community's social, psychological, and medical needs. **Conclusions:** the ubiquitous appearance of shamans, especially in hunting and gathering tribes, indicates that their presence in a social group served adaptive functions. Further, these data can make important contributions to cognitive neuroscience, social psychology, psychotherapy, and ecological psychology.

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The term shaman is a social construct that describes a person who attends to the psychological and spiritual needs of a community. The techniques that enable shamans of both genders to access information that is not ordinarily attainable are known as "shamanism" (Krippner, 2000). Recent developments in qualitative research together with the innovative use of conventional investigative methods have provided the necessary tools to bring rigor and creativity to the examination of shamans, their behaviors, and experiences. Roger Walsh analyzed shamanic phenomenology concluding that it is distinct from schizophrenic, Buddhist, and yogic states on such important dimensions as awareness of the environment, concentration, control, sense of identity, arousal, affect, and mental imagery (Walsh, 2001). Shamans were humankind's first psychotherapists, first physicians, first magicians, first performing artists, first storytellers, and even the first weather forecasters (Ryan, 1999). They have long been active in hunting-gathering and fishing tribes but they also exist in nomadic-pastoral, horticultural, agricultural, and urban societies.

### Shamanic roles

Any society may have one or more types of shamanic practitioners. The role of women as shamans worldwide, so often overlooked, has been recently addressed in depth by Barbara Tedlock (Tedlock, 2005). Among the! Kung of southwest Africa, the majority of males and a sizable minority of females are magical-religious practitioners (Katz, 1981). A recent cross-cultural study of shamanism focused upon magico-religious practitioners, individuals who occupy a socially recognized role which has as its basis an interaction with the nonordinary, nonconsensual dimensions of existence. This interaction involves special knowledge of spirit entities and how to relate to them, as well as special powers that allow these practitioners to influence the course of nature or human affairs in ways not ordinarily possible. Anthropologist Michael Winkelman coded each type of practitioner separately on such characteristics as the type of magical or religious activities performed, the techniques employed, the procedures used to alter consciousness, the practitioner's mythological

worldview, and the practitioner's psychological characteristics, perceived power, socioeconomic status, and political role. His statistical analysis provided a division into four groups: (1) the shaman complex consisting of shamans, shaman-healers, and healers; (2) priests and priestesses; (3) diviners, seers, and mediums; (4) malevolent practitioners including witches and sorcerers (Winkelman, 1992).

Shaman-healers specialize in healing practices while healers typically work without the dramatic alterations of consciousness that characterize shamans and shaman-healers. Diviners, together with seers and mediums, act on a client's request to heal or to make prophecies after they have incorporated spirits into their bodies. These practitioners typically report that they are conduits for the spirits' power, and claim not to exercise personal volition once they are "possessed" by the spirits. Shamans, on the other hand, frequently interact with the spirits and sometimes "incorporate" them, but remain in control of the process, only suspending volition temporarily. For example, volition is surrendered during some Native American ritual dances when there is intense psychic "flooding." Nevertheless, shamans know how to enter and exit this type of intense experience. Malevolent practitioners are thought to have control over some of the "lower spirits" as well as access to power through rituals. Typically, they do not see their mission as empowering a community as a whole. Rather, they are employed by individuals to bring harm to enemies (inside or outside the community) or to seek favor from the spirits for specific individuals through sorcery, witchcraft, hexes, and spells.

Contemporary shamanic practitioners exist at the band, nomadic-pastoral, horticultural-agricultural, and state levels of societies. The more complex a society, the more likely it is to have representatives of each type of practitioner. It should be kept in mind, of course, that categories are never absolute; some practitioners are difficult to classify and others switch roles according to the occasion (Heinze, 1988). Many writers reserve the word "shamanic" to refer to practitioners and activities that clearly fall within the domain of the shaman or the shaman-healer. The same writers use the word "shamanistic" to refer to practitioners and practices that are related to the shamanic realm, but which are basically adaptations of it because one or more of the critical criteria — community sanction or voluntary control of shifts in attention — are absent.

### Selection and training of shamans

Shamans enter their profession in a number of ways: some inherit the role while others may display bodily signs such as an extra digit, albinism, or an unusual birthmark; unusual actions such as seizures or else behavior patterns culturally associated with the opposite gender, or strange experiences such as out-of-body

sensations and vivid or lucid dreams. Depending on the culture any of these might constitute a call to shamanize (Krippner and Villoldo, 1986). In addition, future shamans might survive a near-fatal disease and interpret this phenomenon as a call. Spirits might beckon them in dreams or in daytime reveries (Heinze, 1991). These "calls" may come at any age, depending on a society's tradition; in some cases, the call arrives late in life, giving meritorious individuals opportunities to continue their service to the community in ways that utilize their life experiences. On the other hand, strange behaviors may be interpreted by the community as a call, thereby canalizing potentially disruptive actions into behavior patterns that are perceived to be beneficial.

In some societies there is no formal training program, while in others the training process may last for several years. The mentors may be older shamans or even spirit entities including one's ancestors, nature spirits, and power animals who can give instructions in the neophyte's dreams. The skills to be learned vary from society to society, but usually include diagnosis and treatment of illness, contacting spirits, supervising rituals, interpreting dreams, predicting the weather, gathering herbs, prophecy, and mastering the self-regulation of bodily functions and intentional states. Since shamanism is based on an ethic of compassion and service, ethical training is a key element in a shaman's education.

Shamans often need to contact spirits for various purposes. If they are dissatisfied they need to be propitiated. If a person dies without leaving a will, the person's spirit needs to be contacted to determine property dispersion. If an ancestor's spirit is causing trouble it needs to be appeased. Magical performance of one sort or another is learned including sleight of hand, taking advantage of synchronous events, or the utilization of what Westerners call "parapsychological phenomena," including extrasensory perception and psychokinesis. In most shamanic societies a variety of symbols, chants, dances, songs, epic poems, and stories must be learned and used when appropriate. Some tribes arrange a special feast when the initiate passes a key phase of his or her training.

In many instances, a society recognizes several types of shamans. Among the Gold Eskimos, only the *siurku* shaman knows how to heal, the *nyemanti* shaman performs special rituals over a deceased person's soul after his or her death, and the *kasati* shaman helps convey the soul of the deceased to the spirit world (Kalweit, 1988). Among the Cuna of Panama, the *abisua* shaman heals by singing, the *inaduledi* specializes in herbal cures, and the *nele* focuses on diagnosis (Krippner, 1993). It would be erroneous to assume that shamans represent a single constellation of traits, or that there is a single "shamanic personality." Shamans are men and women of great talent, who master a complex vocabulary and a treasury of knowledge concerning herbs, rituals, healing procedures, and their culture's world of the spirits.

## Altered states of consciousness

Early Russian explorers and ethnographers suggested that the first shamans were simple nature healers but that during a later feudal phase of social evolution they invented spirits that necessitated the inculcation of altered states of consciousness (ASCs) in order to contact and communicate with these spirits (Hoppál, 1984). More recently, Erika Bourguignon surveyed 488 societies and discovered that 89 percent of them had one or more culturally patterned ASC. She concluded that the capacity to experience ASCs was a basic psychological capacity of all human beings (Bourguignon, 1974). It has recently been suggested that "heightened awareness" may actually be a more accurate description than "an altered state" because shamans' intense experience of the natural world are described with phrases such as "things often seem to blaze" (Berman, 2000). Most scholars, however, still favor the idea that ASCs are basic to shamanism, especially "spirit incorporation" and "journeying." This conclusion was recently strengthened by British archaeologist Stephen Mithen who suggested that the cognitive fluidity that created the cultural explosion of the Middle and Upper Paleolithic ages also brought about the development of (ASCs) (Mithen, 1996). Winkelman agrees, suggesting that psycho-neurological data indicate that shamanic traditions institutionalized procedures to overcome the natural fragmentation of consciousness by synchronizing human cognition through inducing integrative brain processes (Winkelman, 2000).

In order to determine commonalties among various shamanic ASCs, Larry Peters and Douglass Price-Williams compared 42 societies, from four different cultural areas. They identified three common elements: voluntary control of entrance and duration of the ASC; post-ASC memory of the experience; and the ability to communicate with others during ASC (Peters and Price-Williams, 1980). Ruth-Inge Heinze pointed out that the basic difference between shamans and mediums appears to be that "shamans are capable of going on a magical flight and remain the actors during their performances. On the other hand, mediums become possessed by spirits who use human bodies through which they are able to act" (Heinze, 1982). In addition, shamans characteristically travel into the spirit world more often than other practitioners do. They may journey from "middle earth" to the "upper world" to visit ancestral spirits, to the "lower world" to visit power animals, and journey to the past, the future, and remote areas of the globe. The spirits encountered in each of these realms differ from society to society, but shamanic journeying is typically linked to the ability to enter ASCs.

The term often used to denote the voluntary nature of spirit embodiment is "incorporation." It may or may not be accompanied by amnesia for the experience depending on the practitioner, his or her cultural train-

ing. In "possession," however, the individual generally embodies the spirit in an involuntary or unpredictable manner and there is usually amnesia for the experience. The notion of spirit possession poses problems for psychologists because it is an implicit explanation as well as a description. Vincent Crapanzano defines it as "any altered state of consciousness indigenously interpreted in terms of the influence of an alien spirit" (Crapanzano, 1977). T. K. Oesterreich defines possession more behaviorally, noting that the possessed person appears to be invaded by a different personality who manifests through changes in that person's physiognomy, personality, voice, or motor functions. He differentiates between shamanic forms of "voluntary possession," or incorporation, and the "involuntary possession" of victims of hexes or of malevolent spirits (Oesterreich, 1966). Echoes of these practices can be found in Pentecostal churches where members of a congregation "speak in tongues," in Evangelical and Charismatic churches whose members claim to be "filled with the Holy Spirit," and in some Protestant churches in the United States with predominantly African-American memberships when members spontaneously shout, chant, and dance during a round of hymn-singing.

Peters and Price-Williams found that shamans in 18 out of the 42 societies they surveyed engaged in spirit incorporation, 10 in out-of-body experiences, 11 in both, and 3 in a different form of ASC (Peters and Price-Williams, 1980). In a later study they compared ASCs to a rite of passage in which an episode of panic or fear yields to insights resulting in a new integration of various elements of one's personality (Peters and Price-Williams, 1983). Winkelman's cross-cultural survey of 47 societies yielded data demonstrating that at least one practitioner in each populace demonstrated ASC induction associated with role training. The specific induction procedures included mind-altering substances such as alcohol, opiates, psychedelics, stimulants, and tobacco; auditory stimulation through drumming or rattling; exposure to extreme temperatures; sexual abstinence; social isolation; sleep induction or deprivation; food restrictions; induced convulsions; excessive motor behavior; and extreme relaxation. While his analysis indicates some distinct patterns regarding incorporation and magical flight, he found cases of profound ASCs that involved neither of these features. His presentation of the unifying psycho-physiological model of ASCs is that it is "a parasympathetic dominant state characterized by the dominance of the frontal cortex by slow wave discharges emanating from the limbic system" (Winkelman, 1992) interacting with various social variables.

There are additional ways in which shamans can alter their consciousness: by chanting as in the incantations of Taiwanese shamans; by jumping as in the 16-24 hour *kut* ceremonies of Korean shamans; through mental imagery such as the visualization practices of Tamang shamans in Nepal who see their tutelary spirits prior to



incorporating them. Often, shamans use two or more procedures simultaneously to alter consciousness. Korean shamans combine drumming with jumping; Arapaho shamans smoke a ceremonial pipe and rub their bodies with sage, in addition to drumming. It has been demonstrated that drumming can produce brain activation by coinciding with the theta EEG frequency, which is about 4 to 8 cycles per second through auditory driving (Neher, 1961). Newer research has found that theta brain waves are synchronized with monotonous drumbeats of 3-6 cycles per second, a rhythm associated with many shamanic ritual themes (Maxfield, 1994). Enhanced positive mood states and an increase in positive immune response, as measured by a concentration of salivary immunoglobulin A (S-IgA), has also been reported during shamanic drumming (Harner and Tyron, 1996). Rhythmic drumming also has a salubrious effect upon group members' immune system as measured by increased natural killer cell activity (Pappas and Ninehouser, 2001).

### Shamanic healing

The shaman's healing function is a primary focus of his or her repertoire. Body and mind are seen as a unity, hence there is no sharp division between physical and mental illness. Pain and other symptoms are viewed as sources of information that can be used in diagnosis, as are the client's dreams, auras or energy fields, and unusual life events. Symbolic manipulation plays a major role with the drum serving as the vehicle with which the shaman "rides" into the spirit world. The blowing of smoke toward the four directions represents an appeal to the guardians of the four quarters of the universe. For shamans and their communities, since any product of the human imagination represents a form of reality, mental imagery and imagination play an important role in healing (Achtenberg, 1985; Noll, 1985). Specific healing procedures vary widely but often include diet, exercise, herbs, relaxation, mental imagery, prayers, purifications, and various rituals (Krippner and Villoldo, 1986). Treatments depend upon the diagnosis and the cultural traditions. If a community member appears to be suffering from soul loss, a shaman will search for that client's soul, restoring it before the person succumbs to a terminal condition. Diagnosis determines whether the soul has been stolen or strayed away from the body. Treatment aims to recover the soul through "soul-catching" or a similar procedure.

Each shamanic society has its own diagnostic nosology. Some causal agents that result in sickness are the breach of taboo, karma from past actions, the intrusion of a foreign object into the body, and casting of the evil eye. In recent years, many shamans have added the germ theory of disease to their etiological schema and refer some of their clients to allopathic physicians. Shamanic healing usually involves the client's family and

community. Rituals of transformation are the essential link in introducing a synergistic healing community. By providing experiences of transpersonal bonding, these rituals enable individuals to realize their communal responsibilities and sense their deep interconnectedness. Even when a client must be isolated as part of the healing process, this drastic procedure impresses the community with the gravity of the ailment.

In regard to healing practices, shamans and psychological and psychiatric therapists demonstrate more similarities than differences. There are shamanic methods that closely parallel contemporary behavior therapy, hypnotherapy, family and milieu therapy, drug therapy, psychodrama, and dream interpretation. As a result of these similarities the psychological study of shamanism has something important to offer to cognitive neuroscience, social psychology, psychological therapy, and ecological psychology.

### Cognitive neuroscience

Psychologists have proposed that attention, memory, and awareness are the three major components of the consciousness construct. Because attention involves both neural processes and mental operations, shamanic practices provide cognitive neuroscientists an exceptional opportunity to study the neurological foundations of a technology that maintains awareness, enhances perception, and facilitates recall while the adept's attention moves between internal and external foci (Farthing, 1992).

The field of cognitive neuroscience studies the neural processes that underlie the mechanisms, potentials, and limitations of mental operations. Researchers have used electrical stimulation to produce unitive experiences from volunteer subjects and the thalamus and temporal lobe are hypothesized to be the key structures associated with these effects (Persinger, 1993). Researchers in neurotheology have used brain imaging techniques to study spiritual contemplatives and have observed that prayer and meditation trigger a shift in brain activity that is associated with such unitive experiences as "the presence of God" and "oneness with the universe" (Newberg *et al.*, 2001).

Neural networks may be instrumental in making connections between the cognitive processes of the organism and its understanding of the natural world (Hardy, 1998). Some tasks, such as hunting and navigation, are a single cognitive activity that is distributed among several individuals (Hutchins, 1995). Such theoretical perspectives mirror the Native American assumption that all living beings are related, a concept that is shared by shamans worldwide. This notion may provide appropriate web and network models for cognitive psychology since it relies less on artificial intelligence and digital computer metaphors for the architecture of the nervous system (Hubbard, 2002). Web and network

metaphors not only resonate with shamanic worldviews but also reflect the multidimensional nature of human cognition. These insights in turn could be applied to the cognitive neuro-scientific study of the ubiquitous nature of shamanic constructs. Neurological research in combination with the investigation of shamanic verbal reports may yield clues as to whether the basis for these constructs is hardwired and may also contribute to a deeper understanding of both cultural and personal human evolution (Winkelman, 2000).

### Social psychology

The study of individual attitudes and behaviors in settings where other people are present (or imagined) is called social psychology. This field examines individuals within the context of social structures. The traditional shamanic worldview defines individuals in terms of their clans and kinship systems and provides a framework that is well suited for study by social psychologists. The human being is an incredibly social animal; unlike other animals, humans are neither strong nor fast. Survival thus depends on abstract problem-solving and group formation. There is probably a genetic basis for forming groups, as it has been highly adaptive in human evolution; even so, the social world modulates gene expression. Shamanism is a cultural adaptation to biologically based adaptive potentials, especially those that foster hypnotizability, which coincides with anomalous and spiritual experiences. Based on these experiences, shamans developed rituals that promoted intragroup cohesion, fertility, and therapeutic outcomes (McClenon, 1997).

Social modeling involves clear presentations of the behaviors to be learned in a training program such as those given by magico-religious practitioners (Sprafkin, 1994). An interest in the role of social modeling in non-pathological dissociation recently motivated Brazilian researchers to test mediumistic practitioners in São Paulo. They reported mediumship activity as well as “control of the religious-related dissociative experiences” to be associated with high scores on tests for dissociation in spite of positive scores on socialization and adaptation tests. They also “found evidence of social modeling of non-pathologic religious dissociative experience for a population with extensive formalized mediumship training,” but not “for social modeling as a causation of pathological dissociation” (Negro *et al.*, 2002).

Since Aristotle recorded his impressions of argumentation in the *Rhetoric*, humans have attempted to refine the principles of social influence, the study of persuasion, influence, and compliance. In any social group, people spend a considerable amount of time cajoling, exhorting, and even manipulating each other to attain their goals. Credibility is essential to persuasion, and credible practitioners display a degree of competence in their field and are commonly viewed as knowledgeable (Winkler and Krippner, 1994). After studying both Western and indige-

nous healthcare practitioners, E. Fuller Torrey concluded that the nature of an effective treatment reflects one or more of four fundamental principles: a shared worldview between practitioner and client, personal qualities of the practitioner, positive client expectations, and procedures that engender a sense of mastery on the part of the client. Social influence and persuasion are apparent in each of these principles. Much of the effectiveness of shamans rests on the fact that their concepts of sickness are the same as those of their clients. In addition, shamans burnish a positive image of themselves and their powers in order to impress their clients. Emotional arousal and the evocation of faith, hope, and trust enhance client expectations. Group processes may implement a sense of mastery; West African shamans may invite half a dozen clients into their homes, spending considerable time with them each day. The net effect of these and other social procedures is to equip the client with strategies to cope with problems in living.

Anthropologist Marvin Opler described the way in which Apache shamans he studied maximized their reputations as effective practitioners, by selecting receptive clients and rejecting skeptics as well as those with apparently incurable conditions. They demanded payment in advance, bringing additional pressure on their clients to get well, and they explained to the clients' families how they had achieved shamanic status so as to enroll the family's support for the treatment. They enlisted the aid of the community in the healing ritual, which further motivated the client to recover (Opler, 1936). This appeal to a client's community enlists social support, or resources from the social environment that can be beneficial to the client's psychological and physical health. Psychological research has indicated that people who receive social support from their social network, particularly if it is from significant others, tend to have fewer psychological problems than people who do not receive support, but there is less evidence regarding physical health (Lepore, 1994). Indigenous communities provide an excellent arena for research on this topic because social support is a mainstay of shamanic intervention.

### Psychological and psychiatric therapies

Psychological and psychiatric therapies are deliberate attempts to modify attitudes, behaviors, and experiences that clients and their social groups deem to be dysfunctional, that inhibit interpersonal relationships, stifle competent performance, or block the actualization of the clients' talents and capacities. Shamanic healing practices attempt to modify dysfunctional attitudes, behaviors, and experiences through a structured series of contacts between a socially-sanctioned practitioner and distressed but compliant clients who acknowledge the status of that practitioner. Failed relationships, flawed performances, and faulty personal development are problems common

to the human condition. When distressed individuals decide that neither their own resources, nor those of their families and friends, are sufficient to alleviate the distress, they often look for assistance from culturally sanctioned practitioners such as shamans. However, what is considered dysfunctional in one culture — for example, seeing ghosts, hearing voices when nobody is present, engaging in competitive behavior — may not be considered problematic in another culture. Problems that are widespread in one part of the world — such as demonic possession, suffering from the evil eye, and anorexia nervosa — may be virtually unknown elsewhere. Cultural myths that one society classifies as valid—sickness as the result of breaking social taboos, malevolent spirits as the major causal factor in accidents, imperfect child-rearing practices as a contributing factor in emotional problems — may be considered magical thinking or superstitions in another.

As developed countries become more multicultural, Western-oriented psychological and psychiatric therapists need to be well informed regarding the belief systems that might accompany their clients to the counseling session. “Cultural competency” is a relatively new concept for the helping professions. It developed from a long tradition of providing services to people from a variety of ethnic and cultural backgrounds (Torrey, 1986). The fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* has attempted to enhance its universal validity not only with a brief mention of “dissociative trance disorder” but also with a supplemental category of “religious or spiritual problems” and a glossary of “culture-bound syndromes” (American Psychiatric Association, 1994). This aspect of DSM-IV is “the main clinical development in current cultural psychiatry in North America” even though some have judged the overall attempt to have been less than successful (Lewis-Fernandez and Kleinman, 1995). For example, Hopi shamans identify five distinct indigenous categories related to “depression,” only one of which shares significant parameters with DSM-IV’s category of “depressive disorders.” In addition, DSM-IV categories rarely are contextual. In 1996, this author learned of a 70-year-old Native American woman who had been diagnosed as schizophrenic because she had answered affirmatively when a psychiatrist asked if she heard voices when she was alone. The psychiatrist had not inquired as to whether this was an aspect of her culture, as a Native American healer, whose life style involved listening to the earth’s messages for signs sent by a higher power. This woman was hospitalized as a result of this diagnosis and remained in the hospital until her inner voices told her what measures to take to obtain a release (Breasure, 1996). It should come as no surprise that professional “mediums” and “channelers” in Western societies often disguise or hide their activities for fear that the wider public will brand them as mentally ill.

Finally, shamanic healing procedures provide a challenge for psychologists in the design of outcome studies. It can be asked if outcomes ought to be defined in shamanic terms (successful soul retrieval or regaining one’s flow of chi energy) or in Western terms (cessation of symptoms or resumption of daily work patterns). Or should the outcome be based on the purported recovery of the individual, of the family, or of the entire community? Further, should the ritualistic aspects of treatment (chanting and sand paintings) be separated from the possible impact of interpretive methods (dream sharing and shell reading)? Another question is should the use of herbal medicines and psychotropic drugs (such as ayahuasca and peyote) be separated? Arthur Kleinman wrestled with these issues while conducting an outcome study of a Taiwanese shamanic *tang-ki* healing (Kleinman, 1980). Charles Leon faced similar issues during his seven-year study of spirit possession in Colombia (Leon, 1975). Another confounding factor is that while many shamanic healing systems do not discriminate between physical and mental disorders they may discriminate in terms of age, gender, or social position (Rozak, 1992).

#### Ecological psychology

Eco-psychology, or ecological psychology, attempts to understand behavioral and experiential processes as they occur within the environmental constraints of animal–environment systems. It focuses on perception, action, cognition, communication, learning, development, and evolution in all species. Eco-psychologists take the position that human beings are an integral part of a greater system and that the health of this system requires sustainable and mutually nurturing relationships not only among its parts, but also between the parts and the whole. Healthy functioning needs to include the realization of this interconnectedness and interdependence, an insight that has been an essential part of shamanic traditions for at least thirty-thousand years. There are several variants of this field, but all of them criticize what they see as mainstream psychology’s emphasis on the individual’s separation from other people and the natural environment. To be psychologically healthy, one must acknowledge that the planet is endangered and make real-world efforts to save it. Writing from an eco-psychological perspective, Ralph Metzner proposed that “healing the planet” is basically a shamanic journey; if so, the psychological study of shamanism can play a vital role in this endeavor (Metzner, 1999). Perhaps the prototypical shaman could serve as the “responsible person model” to exhibit “environmentally responsible behavior” (Kaplan, 2000).

Theodore Rozak has posited an ecological unconscious, representing the “savage element” in humans that will rise up to meet the environmental needs of these times. He says that as our sense of “ethical and psychological continuity with the nonhuman world deepens; we



have the chance to recapture some trace of the ancestral sensibility." Shamanic models play an important role in evoking this sensibility and shamanic healing "is embedded in a place and a history, in the rhythms of climate, in the contours of a landscape where the birds and beasts have been close companions for centuries" (Rozak, 1992). Shamans were the original group therapists and their groups included animal spirits, and ancestors.

## Conclusion

Researchers have concluded that even after five hundred years of reports on shamanism, its core remains a mystery. "One thing that has changed... however, is the gaze of the observers. It has opened up. And understanding is starting to flower" (Narby and Huxley, 2001). While neoshamanism is becoming ever more popular in the West, traditional indigenous shamanism is becoming increasingly endangered. It is crucial to learn what shamanism has to offer the social and behavioral sciences before archival research in libraries replaces field research as the best available method for investigating these prototypical psychologists.

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