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Shamans as Healers, Counselors, and Psychotherapists

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Shamanic models of healing, counseling, and psychotherapy differ from Western models in that they emphasize closeness to the natural world as well as to one's body and life's spiritual dimensions. Shamanic practices reflect the ideals of harmony and knowledge. In shamanism, there is no division between "mind" and "body," hence what Westerners refer to as "mental illness" is seen as part of the total client being treated by a shaman, a perspective that often includes the client's family, community, and the world of "spirits."

Keywords: ***expectation, models, shamans, shamanism, world view***

Shamans can be defined as socially sanctioned practitioners who purport to voluntarily regulate their attention so as to access information not ordinarily available, using it to serve the needs of members of their community and the community as a whole (Walsh, 2007). The purpose of this article is to compare their healing and psychotherapeutic functions and procedures with those of contemporary counselors and psychotherapists.

From their perspective, shamans claim to enter the "spirit world" to obtain power and knowledge that they can use for the benefit of the social group that gave them shamanic status. Among all of the shaman's roles, those of healer, counselor, and psychotherapist are the most ubiquitous. The functions of shamans may differ in various locations, but all of them have been called upon to predict and prevent illness, or to diagnose and treat it when it occurs. Like contemporary mental health practitioners, shamans typically approach healing from four vantage points: the nature of the ailment, the nature of the client, the nature of the setting, and the nature of the treatment.

The way that shamans conceptualize the nature of the ailment varies from place to place and from practitioner to practitioner. Some divide illnesses into those of natural causation (biological and/or psychological) and those of metaphysical causation. The latter category can be subdivided still further: that is, between those due to discarnate entities and those brought about by sorcerers; between those due to an individual's misdeeds and those brought about by a family member's transgressions; and for those who believe in reincarnation, between those misdemeanors in a past life and those resulting from activities during the client's present incarnation.

The condition of the person seeking help also varies in conceptualization. Many traditional healing systems do not differentiate between "physical" and "mental" illness, viewing the human organism as all of one piece. It is not uncommon, however, for a client's family or tribe to be considered part of the illness because the lines between individual and community are not rigidly drawn. Some systems make other differentiations, such as on the basis of age, gender, social position, or belief system.

The setting is an important variable as well. Some locations are considered to be places of power, and the violation of these areas can bring about disease. On the other hand, a visitation to a sacred site can be included in a client's therapeutic regimen. The setting for the therapeutic encounter might be in the client's home, in the practitioner's office, or in a specific spot designated by the practitioner.

The nature of the treatment will vary considerably. Some traditional healing systems divide treatment into medicinal, magical, and mystical categories—the first containing herbal medicines and physical interventions, the second comprising rituals and objects (including magical plants and their derivatives) to counteract an offending "hex" or "curse," and the third requesting the aid of discarnate entities or using the client's own capacity to encounter spirits once he or she has entered an altered phenomenological pattern.

For E. Fuller Torrey (1986), an American psychiatrist, the nature of any effective treatment, whether conducted by shamans or other practitioners,

inevitably reflected one or more of four fundamental principles. These are (1) a shared world view that provides meaning to the diagnosis or naming process; (2) those personal qualities of the practitioner that facilitate the client's recovery; (3) positive client expectations (e.g., hope, faith, placebo effects) that assist healing; (4) a sense of mastery on the part of the client that engenders empowerment.

A Shared World View

The naming process is one of the most important components of all types of healing. Reaching a consensus on the client's condition persuades him or her that someone understands the ailment, that he or she is not the only one who has ever had the condition, and that there is a way to get well. The identification of the offending factor may activate a series of associated ideas in the client's mind, producing contemplation, absolution, and general catharsis. Rogers (1982) pointed out that much of a shaman's effectiveness as a healer "rests upon the fact that his [or her] concepts of the supernatural are the same as those of his [or her] patients" (p. 14).

If the practitioner and the client do not share the same world view, treatment might be handicapped or prevented. Cassel (1955) described the actions of a Zulu father who, after much discussion finally agreed that his daughter should be hospitalized for tuberculosis. But then the physician made a tactical mistake. He remarked that his client's condition was contagious and that other people could catch tuberculosis from her. The father then denied the diagnosis and refused to have his daughter hospitalized. To accept the notion that his daughter was a carrier of a sickness was to tacitly agree that she was a sorcerer, for in his culture only such a malevolent person was seen to have the power of contagion.

Kleinman (1980) differentiated two types of sickness: disease and illness. The word "disease" refers to a malfunctioning of biological and/or psychological processes while the term "illness" refers to the psychosocial experience and meaning of the perceived disease. Constructing illness from disease is a central function of health care systems and is the first stage of healing. Illness also involves the client's reaction to the disease in terms of attention, perception, cognition, evaluation, emotional reactivity, and communication with one's family and social network. Illness shapes the disease into behavior and experience in ways unique to the individual, community, and culture. The responses of a client to his or her disease provide it with a meaningful form of explanation and, in many cases, control and recovery (p. 72).

A physician can give penicillin to any client with certain kinds of infectious diseases and that client will probably recover—often before the disease can be shaped into an illness. Penicillin is not dependent on a common language or a shared world view for its effectiveness. However, shamanic cultures often speak of illnesses that Western medicine and psychotherapy do not accept, such as, "bad air," an imbalance between *yin* and *yang* forces, or "spirit possession." The same disease might be conceptualized very differently from one culture to the next, and the treatment procedures are often highly specific to the client as well as to the culture.

As a result, the symptoms of the same basic disease might vary widely among cultures. Levi-Strauss (1963) observed that many shamans and psychotherapists attempt to bring to a conscious level the conflicts and resistances that have remained unconscious in the client. The naming process involves the use of words as symbols for what is wrong; it is effective not only because of the knowledge that the words convey but because this knowledge permits a specific experience to take place, in the course of which clients may begin to resolve their conflicts.

For example, "spirit illness" among the Pacific Northwest Indian tribes resembles neurotic depression in Western cultures. Both are characterized by insomnia, dysphoric moods with crying spells, nostalgic despondency, and psychosomatic symptoms such as pain. Western psychotherapists look for the psychodynamic causes of depression (e.g., rupture of a relationship, loss of a job) while shamans typically attribute the condition to possession. The fainting, sighing, and labored breathing that often characterize depression often is attributed in the West to psychosomatic *conversion reactions*, often genetically predisposed, but some shamans see it as reflecting the lack of air around the "possessed" victim (Jilek, 1982).

A study of native healers on Taiwan, many of them *tang-kis* or shamans, found that their categorization system was linked to the models of traditional Chinese medicine. As a result, most of their clients' sicknesses were seen to be caused by disharmony in the system of correspondences that extends from the cosmos to the individual, ultimately affecting the bodily organs and the flow of *ki* or life energy. Other causative factors include sorcery, heredity, incorrect behavior, and bad

luck—but even these are ultimately linked to the issue of harmony. Kleinman (1980) found that the Taiwanese he interviewed went "to Western-style physicians for the control of potentially life-threatening diseases" and "to *tang-kis* for personally and culturally meaningful treatment of illnesses" (p. 362). For example, they did not go to Western physicians for the treatment of "fright," a cultural illness, but to native practitioners who were poised to apply the culturally sanctioned treatment for that illness.

Navajo practitioners (or *hataalii*) have constructed three major diagnostic categories of mental illness. "Moth craziness," characterized by fits of uncontrolled behavior (e.g., jumping into the fire like a moth), convulsions, rage, and violence, is held to be the main type of mental disorder and is ascribed to incestual activities. "Crazy violence" has some of the same external manifestations but is due to alcoholism. "Ghost sickness," ascribed to sorcery, manifests in unpleasant dreams, loss of appetite, dizziness, confusion, panic, and extreme anxiety. When someone knowingly or accidentally breaches taboos or offends dangerous powers, the natural order of the universe is ruptured and "infection" or "contamination" occurs. Sorcerers violate the social order by engaging in incest, robbing the dead, or using their power unwisely (Sandner, 1979). In the concept of health and illness promulgated by the Navajo hataalii, the universe is an interrelated whole in which powers of both good and evil exist in a balanced and orderly relationship. When this relationship is disturbed, disharmony occurs, producing illness. Its cause, therefore, is basically metaphysical; illness occurs when the individual or group is out of harmony with the natural and supernatural worlds (Topper, 1987).

In 1980, I visited Maria Sabina, a Mazatec *sabía* or shaman in Oaxaca, Mexico, who explained how she and her client would jointly ingest mind-altering mushrooms in a sacred ceremony. This was done in an attempt to identify the client's physical, psychological, or spiritual problem. It was Sabina's belief that Jesus Christ would come to them and assist in the diagnostic process. Following this divinely inspired diagnosis, what client could possibly argue with the ensuing judgment?

The Practitioner's Personal Qualities

Rogers (1982) pointed out that:

> the shaman may often be a superior individual, in relation to the people of his [or her] community. He [or she] must be strong in body and dedicated in mind, possessed of self-control, and capable of mental effort beyond that of most individuals in his [or her] society. (p. 8)

Rogers also held that some shamans may "have been mountebanks and perhaps neurotic, but close enough to reality to use the [shamanic] image for success in healing, and for the advancement of their own power and wealth in the community" (p. 8). In general, "the shaman must . . . convey an image of knowledge, authority, prescience, and power;" if he or she "fails to maintain the image, his [or her] healing power may be lost and his [or her] use to the community destroyed" (p. 15).

Achterberg (1985), who considered dreams, visions, and other imaginative processes the source of vital information on human health and sickness, emphasized the shaman's imaginative resources. Among this information is the healing power of symbols and metaphors, including that of the "wounded healer." If a shaman or potential shaman has overcome a personal tragedy, sickness, or debilitating condition, his or her community often will bestow respect and deference for this impressive feat. At the same time, the shaman's record of success will do more than anything to impress potential clients, and provide a psychological basis for successful treatment.

The shaman's cognitive abilities are often impressive; the Siberian Yakut shamans have a poetic language of over 12,000 words (compared to the usual Yakut vocabulary of 4,000 words; Furst, 1973-1974). A Navajo hataalii must learn a curing ceremony that has been compared to memorizing a Wagnerian opera (Kluckhohn & Leighton, 1962, p. 309). Their ability to remember cultural myths is mandatory for them to serve as an educator who can pass traditions and tribal wisdom on to the younger generation. They usually display a highly developed dramatic sense in carrying out healing rituals that enhance their power; sometimes clever sleight of hand effects are used in these rituals that further demonstrate their abilities to the community (Rogers, 1982, p. 12).

Kakar (1982) studied shamans' clients in India, reporting that, in general, they believed that it was the personality of the healer and not his or her conceptual system or particular techniques that were "of decisive importance for the healing process" (p. 39). After observing the interactions between shamans and

their clients, Kakar concluded that the client "is busy registering whether and how well the doctor opposite him [or her] fits into his [or her] culturally determined image of the ideal healer" (p. 39). It did not even matter that the healing water that Hindus were given to drink came from a Muslim shaman, having been "treated" by a recitation of verses from the Koran because "the brotherhood of sickness indeed seems infinitely more inclusive than that of health" (Kakar, 1982, p. 40).

In her study of Australian aboriginal shamans, Berndt (1964) reported that power is the basis of their reputation because it demonstrates that their actions have supernatural backing. As a result, they can draw upon a resource that is not available to other people (p. 272). The Nanaimo Indians of Vancouver Island expect their shamans to fall unconscious during a ceremony in order to incorporate the tutelary spirits necessary for healing to occur (Jilek, 1982, p. 30).

In 1989, I interviewed Aldwin Scott, a spiritistic healer in Trinidad. Claiming to work with a coterie of spirit guides from Western African, European, and East Asian traditions, Scott emphasized the free will of the client. These guides gave advice and suggestions, but it was the client's responsibility to follow their suggested regimen of prayers, herbs, and/or good works. I saw Scott work with an afflicted townsperson, and it was my impression that Scott combined a high sense of drama with a gentleness and permissiveness that demonstrated care and concern for the client (Krippner & Welch, 1992).

In traditional societies, shamans were (and are) socially designated practitioners. Each culture has its image of the prototypical healer; it is likely that the closer an individual shaman comes to matching this prototype, the more effective will be the resulting treatment. If a shaman does not possess the totality of personal qualities a client and/or a society attributes to a healing practitioner, the interaction may still yield valuable results. However, this will depend on the strength of one or more of the other factors involved in the healing process. Frank (1973) concluded: "The patient's expectations are aroused by the healer's personal attributes, by his [or her] culturally determined healing role, or, typically, by both" (p. 76).

Positive Client Expectations

There is abundant evidence from many studies that demonstrates the importance of client expectancy. What a person *expects* to happen in healing often *will* happen if the expectations are strong enough (Frank & Frank, 1991; Kirsch, 2004; Rajagopal, 2006). Weil (1983) went so far as to state that: "the history of medicine is actually the history of the placebo response" (p. 227). About half of any drug's effectiveness is due to the placebo response, in other words the expectations of the physician, the client, or both. Such remedies as lizard blood and swine teeth have no known medicinal property but seem to have worked well for centuries, apparently because clients expected them to work. Frank (1973) concluded that the apparent success of healing methods based on all sorts of ideologies and methods indicates that the healing power of faith resides in the client's state of mind, not in the validity of its object. According to Frank, the psychological condition conducive to healing lies in several factors. These include the ability to "arouse the patient's hope, bolster his [or her] self-esteem, stir him [or her] emotionally, and strengthen his [or her] ties with a supportive group" (p. 76). Hence, efforts to heighten the client's positive expectations may be as genuinely therapeutic as specific therapeutic techniques.

Torrey (1986) has identified several factors that produce client and client expectations—hope, faith, trust, and emotional arousal. Frank and Frank (1991) have noted that most psychotherapies use emotional arousal as part of the treatment, either at the beginning of therapy, followed by systematic reinforcement of newly developed skills and attitudes, or in the latter parts of therapy, crystallizing gains of the preceding therapeutic sessions. Kiev (1964), in his survey of folk psychiatry, cited the importance of the client's faith in the effectiveness of any type of psychotherapy. According to Berndt (1964), the fundamental requirement of the Australian aborigine *margidbu* is that a client must have faith. This point is illustrated in a popular Gunwinggu story, "Moon and Spotted Cat," travelling together, were taken seriously ill. Unable to move about or to eat, they were barely alive. Finally, Moon managed to revive himself, rising up, becoming fully alive again. Before he went into the sky, he tried to revive Spotted Cat; but he could not do so because Spotted Cat didn't trust him (p. 272). This mythic tale explains the origin of death. If only Spotted Cat had trusted Moon, nobody on earth would have to die. Moon is seen as a powerful margidbu; he appears to die but he always returns. Human beings could have done the same had their faith been stronger.

Opler (1936) studied Apache shamans, delineating the way in which they maximized client

expectation. These practitioners selected the cases they wished to treat, rejecting skeptics and those whose condition seemed hopeless. They demanded payment in advance, bringing additional pressure on the client to get well. They explained to the clients and their families how shamanic status was acquired. They also investigated the lives of their clients, often giving the client information that made it seem as if the shamans were clairvoyant. Leighton and Leighton (1941) described the efforts made by Navajo hataalii to enhance the anticipation of their clients. They instructed the family to make elaborate preparations for the hataalii's "house call." Upon arriving, they told the client that he or she would certainly improve. The most important people in the client's life joined in the singing, reaffirming the belief that the client would recover.

In 1974, I observed Nemesio Taylo, a Christian spiritistic healer, at work in Manila. His first client of the day was an elderly woman, brought into the room by her grieving relatives who moaned, "Poor granny. She's lost her mind. She can't remember our names! She's been possessed by evil spirits!" Taylo had her lie down on a table, and proceeded to bring his large diamond chip ring to the tips of her toes and fingers, and to her forehead. As Taylo's ring approached her body, the woman would wince with pain. "Yes, it seems to be possession," Taylo muttered, and the relatives nodded their heads in agreement. For several minutes, Taylo massaged various parts of the old woman's body, moving her limbs upward and downward as he proceeded. He then prayed to Jesus Christ and brought his ring to the client's body parts again. This time she demonstrated no reaction; instead, she smiled at her relatives and, as Taylo pointed to each one, called out the correct name. As the family left the sanctuary in triumph, Taylo whispered to me: "Yes, perhaps the woman *was* possessed. Or perhaps she just needed a little attention." In this case, the agreement as to the diagnosis and the personal qualities of the practitioner heightened the positive expectations to produce at least a temporary improvement in the client's condition.

The physiology of client expectation is now a topic of intense study. The placebo effect, after decades of neglect, is assuming importance as an important aspect of both conventional and unconventional healing (Kohls, Sauer, Offenbacher, & Giordano, 2011). But over the centuries, shamans (both accidentally and deliberately) have found ways to maximize the expectation and hope of their clients.

A Sense of Mastery

Learning and mastery are important components of healing. In addition, they demonstrate the difference between curing (removing the symptoms of an ailment and restoring a client to health) and healing (attaining wholeness or harmony with the community, the cosmos, and one's body, mind, emotions, and/or spirit). In other words, a client might be incapable of being "cured" because his or her illness is terminal. Yet that same client could be "healed" mentally, emotionally, and spiritually as a result of being taught by the practitioner to review his or her life, find meaning in it, and become reconciled to death (Achterberg, 1985).

Torrey (1986) pointed out the variety of interactions that may exist within the boundaries of a shaman-client relationship. In Ghana and Sierra Leone, the client may move into the practitioner's home and spend long periods of time with him or her each day. The client, as well as five or ten others, may stay one year or more undergoing treatment. In Sarawak, a practitioner may visit the client in his or her longhouse for a one-shot marathon healing session (p. 39). Whether the practitioner-client interaction is long-term or short-term, Frank (1973) claimed that the "heightening of the patient's sense of mastery" (p. 218) is a direct or indirect effect of all successful psychotherapies.

Shamans have used a variety of methods to empower their clients, such as, pronouncing incantations, singing sacred songs, carrying out symbolic ritual acts, appearing to remove disease-causing objects from the body, conjuring up appeasing spirits, interpreting dreams, and administering herbal remedies (Rogers, 1982, pp. 4-5). The client's emerging sense of mastery equips him or her with knowledge about what to do in the future to cope with life's adversities. In physical illness, a client may feel better and return to work. In addition, the client may have learned self-regulation, a dietary and exercise regimen, and other disease prevention techniques to prevent a recurrence of the ailment. Regarding psychological problems, the client may have learned the proper prayers or amulets that counteract malevolent spirits, the healthy attitudes that counteract depression and anxiety, or the dream interpretation techniques that provide personal empowerment.

Katz (1982), in his observations of the *!Kung* hunters and gatherers of Botswana and the fishing and farming communities in the outer Fiji islands, was struck by the importance of synergy in empowering members

of the community. This empowerment was especially evident in !Kung healing ceremonies in which all-night dances produced altered phenomenology (or !*kia*) during which "boiling energy" (or *n\um*) from the skin of the healers was transferred to the bodies of other community members. Sickness is thought to be due to spirits of the dead attempting to pull persons into their realm. But in !kia, the healers express the wishes of the community to remain intact. If the healers' n\um is strong enough, the spirits will retreat and the ailing members of the group will live. More than 50% of the men and about 10% of the women in the tribe become healers, but there is no stigma attached to those who cannot attain !kia because they play other roles in the ceremony, such as drumming or chanting. Katz found similar forces at work in Fiji where *mana*, like n\um, is a healing resource to be shared with the community. In Fiji, the suitable phenonomenological pattern is obtained by the ingestion of *yagona*, a sacred plant.

Topper (1987) has described four ways in which Navajo practitioners use symbols to make contact with their clients' unconscious processes: prayers, sand paintings, purification rites, masked dancers. For example, sacred corn pollen is sacrificed during a time of prayer. This is the most direct and intense attempt to bring the influence of the spirits to heal the client; the ritual must be performed perfectly and behind locked doors. The door to the darkened hogan is fastened to prevent the prayer from escaping. Sharpened flints are used to expel the evil from both the client and the hogan. Topper stated that these procedures reduce the client's symptoms at the same time as they stabilize the social and emotional condition of the community.

Proper medicinal remedies can also empower a client. In 1925, a Nigerian *babalawo* or "father of mysteries" was summoned to England to treat an eminent Nigerian elder who had experienced a psychotic break. The babalawo successfully treated his client with rauwolfia root—better medicine than that available to any English psychiatrist. It was not until 1950 that the herb was introduced into Western medicine as Reserpine, a tranquilizer (Frank, 1973, p. 60).

I have had an encounter with Rolling Thunder, an intertribal medicine man living in Nevada. I observed him giving instructions to a client who had come for dream interpretation. Instead of telling the client what the dream meant, Rolling Thunder asked the client to imagine himself as each of the dream characters, so that he would be able to interpret the dream himself. He has also helped clients find their "healing song," identify with their power animal, and locate power objects (Jones & Krippner, 2012).

Rogers (1982) has categorized shamanic healing procedures into eight categories: nullification of sorcery (e.g., charms, dances, songs); removal of objects (e.g., sucking, brushing, shamanic "surgery"); exorcism of harmful entities (e.g., fighting the entity, sending a spirit to fight the entity, making the entity uncomfortable); retrieval of lost souls (e.g., by "soul catchers," by shamanic journeying); eliciting confession and penance (e.g., to the shaman, to the community); transfer of illness (e.g., to an object, to a scapegoat); suggestion and persuasion (e.g., reasoning, use of ritual); shock (e.g., sudden change of temperature, sudden physical assault; p. 112). In all of these procedures, symbols, colors, stories, and rituals (especially those involving group participation) can play an important role.

The nature of the ailment will determine what treatment options are available. The nature of the client's condition will determine whether the ailment should be cured or healed. The nature of the environment will determine how much of a cultural and familial support system is available to assist the client's recovery, growth, or integration. The nature of the treatment will determine how many of the four fundamental healing principles can be brought to bear.

Conclusion

Torrey (1986) surveyed indigenous healers, concluding—on the basis of anecdotal reports—that "many of them are effective psychotherapists and produce therapeutic change in their clients" (p. 205). Torrey observed that, when the effectiveness of psychotherapy paraprofessionals has been studied, professionals have not been found to demonstrate superior therapeutic skills. The sources of their effectiveness are the four basic components of psychotherapy—a shared world view, personal qualities of the healer, client expectations, and a process that enhances the client's learning and mastery (p. 207). Strupp (1972) observed:

> The modern psychotherapist . . . relies to a large extent on the same psychological mechanisms used by the faith healer, shaman, physician, priest, and others, and the results, as reflected by the evidence of therapeutic outcomes, appear to be substantially similar. (p. 277)

In 1980, Nigerian legislators passed a law that integrated traditional healers into the state-run medical health service; in Zimbabwe, the government has encouraged the *ngangas* to set up their own 8,000 member professional association (Seligmann, 1981). In Swaziland, traditional healers have been accorded equal professional standing with Western-oriented medical practitioners. In 1977, the United Malay National Organization, Malaysia's dominant political party, decided to promote the use of *bomohs* in the treatment of drug addicts.

The professionalization of shamanic and other traditional healers demonstrates their similarity to practitioners of Western medicine (Rock & Krippner, 2011). Nevertheless, the differences cannot be ignored. Rogers (1982) has contrasted the Western and shamanic models of healing, noting that in Western medicine: "Healing procedures are usually private, often secretive. Social reinforcement is rare. . . . The cause and treatment of illness are usually regarded as secular. . . . Treatment may extend over a period of months or years" (p. 169). In shamanic healing, however:

> Healing procedures are often public: many relatives and friends may attend the rite. Social reinforcement is normally an important element. The shaman speaks for the spirits or the spirits speak through him [or her]. Symbolism and symbolic manipulation are vital elements. Healing is of limited duration, often lasting but a few hours, rarely more than a few days. (p. 169)

All healing practitioners operate from a model. Shamanic models generally differ from the Western allopathic model in that they involve facilitating closeness to nature, to one's body, and to one's spiritual growth (Winkelman, 2010). Moreover, they encourage people to make life decisions in a way that reflects the ideals of harmony and knowledge. Shamanic models represent a structured and thoughtful approach to healing that attempts to mend the torn fabric of a person's (or a community's) connection with the earth as well as the splits that frequently occur between body and mind, between the spiritual and the secular.

Is the shamanic model of healing valid? One might ask a similar question concerning such Western systems as psychoanalysis. Torrey (1986) pointed out the lack of empirical support for the basic foundations of psychoanalysis, for example, its dream theory, its notion of fixed psychosexual stages, or its emphasis on the value of insight in the resolution of one's problems. However:

> The lack of a scientific basis does not mean that psychoanalytic psychotherapy is not effective. . . . The evidence is strong that virtually all types of psychotherapy are effective. For the psychoanalytic type as for the other types, it is likely that the effective ingredients are the nonspecific basic components [a shared world view, personal qualities of the practitioner, client expectations, interactions that promote learning and mastery]. . . . The psychotherapy belief system of a Greenland Eskimo or a Tanzanian tribesman has precisely the same scientific basis. (p. 76)

In Malaysia, a World Federation of Mental Health workshop suggested collaboration between the university's department of psychiatry and the traditional bomoh practitioners, the psychiatrists objected, claiming that such a move would only confirm the prejudice against psychiatry as being unscientific held by other departments in the medical school (Carstairs, 1973). But allopathic medicine, as well as Western psychotherapy, has its roots in shamanism, and needs to explore avenues of potential cooperation with a model of healing that still contains wise insights and practical applications.

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