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Core Practices in the Shamanic Treatment of Illness*

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Shamans (more commonly referred to in Western culture today as “shamanic practitioners”) are persons who practice their discipline in a type of trance, the “shamanic state of consciousness,” in order to heal and obtain information through accessing what has been termed “nonordinary reality.” In that altered state, which can range from light to deep, shamans directly interact with spiritual beings to diagnose, heal, and seek advice.

While the work of shamans encompasses virtually the full gamut of known spiritual healing practices, perhaps the two most distinctive practices of shamans are their work of perceiving and treating the spiritual side of illnesses and their out-of-body journeys into non ordinary reality to obtain healing assistance and information. Whether journeying or not, shamans depend heavily upon the help of their tutelary entities with whom they interact in an altered state of consciousness.

Both in traditional tribal settings and in contemporary society, shamans work within a holistic framework. They deal with the spiritual side of illness in a complementary relationship to practitioners and practices which address the non-spiritual treatment of illness and injury.

Based on archaeological and comparative ethnological evidence, shamanism is believed by many scholars to be at least 30,000 years old, and quite probably is much more ancient. Without dispute, it is the most time-tested system for healing through the purposeful integration of mental, emotional, and spiritual capacities. Although the word, “shaman,” comes from the Tungusic speaking peoples of Siberia and north China, the basic worldwide similarity of the practices involved led anthropologists to apply the term generically elsewhere. Until the present century, shamanism was practiced on all inhabited continents by indigenous peoples, including by such widely separated peoples as the Sami (Lapps) of northernmost Europe, the aboriginal peoples of Australia, the Kung Bushmen of southern Africa, and the Native North and South Americans. However, due especially to religious and political persecution, as well as the general decimation of their populations and cultures, the numbers of indigenous shamans were drastically reduced in the last five centuries, commonly along with a radical erosion of their shamanic knowledge.

Undoubtedly the foremost twentieth century figure in the recognition of the virtual panhuman occurrence of shamanism was the late great scholar of comparative religion, Mircea Eliade, who published the first version of his classic book, *Shamanism: Archaic Techniques of Ecstasy*, in French in 1951¹. Eliade observed that although local practices had their own variations, a key consistent feature was the shaman’s journey to other worlds in a trance (“ecstasy”). In his book, which remains the outstanding general reference work on shamanism, Eliade proposed that shamanism was the progenitor of all other spiritual systems and religions, although he made it clear that shamanism itself was a methodology, not a religion.

Soon after the translation of Eliade’s book into English in 1964, interest in shamanism rapidly developed in the United States and elsewhere in the West. This interest was stimulated significantly by the widespread use of psychedelics such as LSD in the 1960s, which generated a search by many individuals for spiritual frameworks for their experiences. This search was a

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significant factor in the popularity of Carlos Castaneda's books beginning in 1967,² which in turn led to greater curiosity about indigenous peoples' experiential knowledge of another reality and thus about shamanism.

Core Shamanism

Starting in 1961, the senior author of the present article was trained by shamans in two different Amazonian Indian tribes and also engaged in extensive research on shamanism worldwide in order to discover its fundamental cross-cultural principles and practices. These fundamentals he named "core shamanism."

In addition to his own practice of shamanism and shamanic healing, in the early 1970s he began teaching other Westerners core shamanism for practical application in their lives and the lives of others. During approximately the last decade, he has been assisted in this educational endeavor by colleagues of the international faculty of the Foundation for Shamanic Studies, a nonprofit organization he founded to study, restore, and teach shamanism and shamanic healing worldwide.

The teaching and use of the basic principles and practices of core shamanism have encouraged the rapid revival of shamanic healing practices in the West and elsewhere. Today core shamanism is the dominant mode of practice of shamanism in most of the West, although various practitioners, both indigenous and Western, also exist who work in the mode of one or another localized indigenous shamanic or quasi-shamanic traditions. Such culture specific modes especially characterize indigenous practitioners serving their own native populations, as in the United States and Canada. In that connection, it is important to note that the information in this article is intended as a brief introduction to shamanic healing practice and by no means begins to exhaust the varieties of spiritual sources of illness, and the varieties of modes of shamanic diagnosis and treatment.

By not imitating any specific cultural tradition, core shamanism is especially suited for utilization by Westerners who desire a relatively culture free system that they can adopt and integrate into their lives. The following outline of shamanic practices focuses upon the underlying cross-cultural commonalities of shamanism known as core shamanism and does not attempt to introduce specific indigenous tribal or regional variations and elaborations. In this connection, it is not argued that underlying commonalities of principles and practices are the same everywhere, but rather that they constitute a central tendency in shamanic cultures as a whole.

Introductions to some of the principles and practices of core shamanism may be found in: Michael Harner's *The Way of the Shaman*³; Sandra Ingerman's *Soul Retrieval*⁴; and Tom Cowan's *Shamanism as a Spiritual Practice for Daily Life*⁵. However, the most important practical teaching in both core and indigenous shamanism is not to be found in published literature, not only because it has largely occurred in non-literate cultures, but also because it is done by person to person experientially based instruction, by example, by direct communication from the spirits, and through personal experimentation and practice. Furthermore, much of this experiential learning is ineffable or near ineffable and thus has not been easily communicable to Western anthropologists and observers. For these reasons, there will be very limited references to published literature in the following pages.

Principal Concepts of the System or Intervention and How They Relate to:

I. Assumptions about nature and humankind

Shamans have long assumed that humans are part of the totality of nature, related to all other biological forms, and not superior to them. This "pagan" assumption was one of the many reasons that European shamans were persecuted by the Inquisition and that indigenous shamans elsewhere were likewise ridiculed and condemned by Western missionaries who viewed such an assumption as contrary to the Biblical account of the origin of humans. Indeed, it was not really until Darwin's *The Origin of Species*⁶ and *The Descent of Man*⁷ that Westerners began, often reluctantly, to return to a general recognition of humankind's kinship to all other life forms. Even today, of course, many adherents of the major Eastern and Western religions, as a matter of faith, still balk at such recognition.

Another basic, usually implicit rather than explicit, assumption in shamanism is that there are two realities and that the perception of each depends upon one's state of consciousness. Therefore those in the "ordinary state of consciousness" (OSC) perceive only "ordinary reality" (OR). Those in the "shamanic state of consciousness" (SSC) are able to enter into and perceive "nonordinary reality" (NOR). These are both called realities because each is empirically encountered. Each is recognized to have its own forms of knowledge and relevance to human existence.⁸

NOR is not a consensual reality, and indeed if it were, shamanic practitioners would have no function, for it is their responsibility to perceive successfully what others do not. One of the distinguishing characteristics of the shamanic practitioner is the ability to move back and forth at will between these realities with discipline and purpose in order to heal and help others.

A corollary assumption is that the individual beings encountered in nonordinary reality are themselves real. These are called "spirits," and are considered real by shamanic practitioners because they interact with them firsthand. This interaction involves direct perception with all the senses. In other words, for the shamanic practitioner, the existence of spirits is not a belief, but an empirical fact (see also Turner⁹). In NOR, shamanic practitioners routinely see, touch, smell, and hear them; for they find them as real as the fellow humans they interact with in OR. As they work, individual practitioners discover which of

the encountered beings are personal helping, or tutelary, spirits, i.e., those which provide reliable information and miraculous help in healing.

Another core assumption is that living members of all species, including humans, have souls, or lifelong personal spirits. The soul is defined as the spiritual essence of the individual required for that individual to be alive. Thus it is present from conception or birth until death, although the degree to which it is present may vary. Upon death, the soul continues to exist, as it did before birth, but the length of time it does so as an identifiable entity varies. For shamanic practitioners, souls are identifiable entities because they encounter them directly in nonordinary reality, as they do other spirits.

The shamanic position regarding the reality of spirits has long been unacceptable in Western science. Although one spirit, God, may be occasionally invoked, as Einstein often did, “spirits” or “souls” are otherwise anathema and not acceptable as part of the paradigm. This attitude has its historical origins in the attacks by the Church on such pioneering scientists as Galileo and Copernicus during the Renaissance and Reformation. In reaction, during the “Age of Enlightenment” Western science and medicine decreed that souls and spirits did not exist and were therefore not relevant to scientific study and medical practice. While this position is quite understandable historically, its perpetuation today limits the parameters of science by decreeing *a priori* that certain phenomena cannot exist.

The result of this unfortunate situation is that progress in Western knowledge is being limited by a truncated science whose Achilles heel is that it is partly founded upon an unproven belief: the belief that spirits, including souls, cannot exist. In actual fact, of course, science has never disproved the theory of the existence of spirits. And disproof of theory, or falsification, is a cornerstone of scientific method (Cf. Popper¹⁰). As long as the theory of the existence of spirits is not falsified, it cannot logically be ignored.

By default, research on the existence of spirits has been largely left to shamans. Over many millennia in thousands of different cultures, independently on five different continents, they conducted countless healing experiments with their patients, often in life and death situations, with results that have consistently supported the theory of the reality of spirits. For this reason, the fundamentals of indigenous shamanic practice are remarkably consistent throughout the world.

A core feature of shamanism is that the Universe is divisible into three worlds: the Upper, Middle, and Lower. The Middle World, in which we live, has both its OR and NOR (or non-spiritual and spiritual) aspects, and belongs only to this immediate moment in time. The Upper and Lower Worlds, in contrast, are purely spiritual and are found only in nonordinary reality, where they exist “outside of time.” The shaman often makes “out of body” journeys to the Upper and Lower Worlds to seek assistance for healing and divination from compassionate beings there.

The shaman’s helping spirits are typically those of beings, human and nonhuman, who once lived in ordinary reality and, following death, left this Middle World and entered the NOR of the Upper and Lower Worlds. This is the same realm of divine union and love described by near death survivors, mystical explorers in virtually all spiritual traditions and, of course, by shamanic journeyers. These departed spirits, as they progress farther up and down from the Middle World, merge by degrees with that loving hidden universe, to become beings of compassion and power.

Departed spirits who have not yet left this Middle World normally have not achieved this compassion and power. For this and other reasons, shamanic practitioners commonly journey to the Upper and Lower Worlds to find their spirit helpers. As they make journeys, and do work for their clients, they discover which of these spiritual beings are especially successful in effecting healings. Since shamanic practitioners empirically discover their helping spirits through direct personal observation, interaction, and the testing of their powers, their helping spirits may be, or may not be, spirits who are generally worshiped by, or known to, people in the culture at large.

These compassionate helping spirits beyond this Middle World desire to alleviate suffering and pain in our world of ordinary reality (OR) for reasons which include these: (1) they now exist merged with a Universe of divine love without pain; (2) having formerly lived in ordinary reality, they understand and empathize with our pain and suffering; (3) they seem to understand the extent of pain and suffering even more than we do, for they have transcended our reality and therefore can compare both; (4) they look back upon our situation and take pity on us; (5) consequently, they wish to help relieve our suffering and pain.

The compassionate spirits are known, in various forms, in virtually all human cultures. In many tribal societies, they include ancestral spirits as well as spirits of animals and plants. In Hinduism and Christianity, for example, they may be known as saints, i.e., the spirits of saints.

Ordinary people and priests in a great range of cultures commonly appeal to these spirits by means of prayer. Although supplication through prayer can often facilitate spiritual help from the other reality, and is indeed part of shamanic practice, prayer is not usually recognized in shamanism as being as effective as journeying into nonordinary reality to work in cooperation with the compassionate spirits firsthand, or as effective as bringing the spirit to the Middle World to embody it there.

For the shaman, one of the significant reasons that prayer is often of limited success is that the compassionate spirits of the Upper and Lower Worlds are not all-powerful outside of the realms in which they dwell. From the shamanic perspective, if they were also all-powerful in the Middle World, there would be no pain or suffering here. Since their power to affect the situation in the Middle World is limited, they characteristically need ordinary reality allies to help create openings and

passageways in order to alleviate pain and suffering in the Middle World. Shamanic practitioners are such allies, providing through their journeys strong connections to the Middle World.

Consequently, the shamanic journey is a centerpiece of shamanism, bringing both realities together to effect “impossible” (i.e., miraculous) results in alleviating suffering. The shamanic journeyer, by crossing into the other reality, contacts and often returns as an embodiment of the compassionate healing spirits. This period of interaction and unity is typically of limited duration, for great concentration in the shamanic state of consciousness is necessary to sustain it. In this state, the shamanic practitioner is not a supplicant as much as someone actively engaged with a helping spirit to alleviate the suffering and illness of a client. Through this intimate alliance, shamanic practitioners in indigenous cultures are typically expected by their peoples to produce healing results beyond those considered possible by prayer alone.

Besides the compassionate spirits of the Upper and Lower Worlds, which normally are the healing helpers of the shamanic practitioners, there are the spirits of deceased beings still dwelling in the Middle World and its interfaces with the Upper and Lower Worlds. These disembodied Middle World spirits, which are of all species, are not only an unreliable source of compassionate help, but rather commonly a source of illness for those still living. Many of these spirits are confused, often unaware that they are dead, and maintaining the behaviors they had while alive. Suffering and wandering aimlessly in the Middle World, they are frequently sources of illness for the living, such as in cases of spirit intrusion and involuntary possession.

II. Pathogenesis/etiology of health and illness

Good health and the absence of serious injury are considered characteristic of the normal human condition, except in the case of the very elderly. In other words, poor health, illness, and serious injury are usually due to specific spiritual and non-spiritual factors, and the task of the shamanic practitioner is to deal with the spiritual factors involved in an illness or injury.

Spiritual factors that can contribute to, or bring about, illness are of two main types: (1) those that involve a loss by the patient of a spirit important to the patient’s well being; (2) the acquisition by the patient of a spirit detrimental to the patient’s well being. The first type will be considered initially.

A. Loss by the patient of a spirit important to the patient’s health

1. Soul Loss

Any trauma can result in some degree of soul loss. A very minor trauma, such as hitting one’s finger with a hammer, typically effects a very small amount of soul loss, except in the affected finger. A major trauma, such as severe shock or injury, or childhood sexual abuse, typically results in major soul loss. A comatose condition correlates with almost complete loss of soul, and death with a complete loss.

Soul loss commonly manifests itself as a “dispirited” condition, the degree of which depends upon the severity of the loss as well as the history of previous soul loss. A person who has had a history of significant soul loss frequently can also be characterized as “not being all there,” an apt phrase that may represent an unconscious awareness in our culture of the condition. Latin Americans consciously have the concept of soul loss in their culture, and identify the illness by a term representing the trauma leading to soul loss: in Spanish, *susto* or “fright.” Informal unpublished surveys indicate that even non-Latin Middle Class Americans, when asked, state that they believe themselves to have experienced some soul loss during their lives, even when they have never heard of the concept before.

2. Guardian Spirit Loss

Separate from soul loss, and very important as a factor leading to illness, is the loss of personal spiritual power. The loss of personal spiritual power is a consequence of the individual having lost the protection of a personal guardian spirit to help ward off illnesses, injuries, and adversity in general. However, even the retention of such spiritual power and protection is usually not adequate to prevent the person from becoming ill from epidemic disease.

Unlike soul loss, the loss of protective spiritual power is not the consequence of trauma, but rather a precondition for being vulnerable to trauma and to most serious illness, whether acute or chronic. Since the loss of this spiritual power opens the door to significant trauma, an individual who has undergone spiritual power loss becomes consequently more susceptible to soul loss.

B. Acquisition by the patient of a spirit detrimental to the patient’s well being

A person who has significantly lost his/her personal spiritual power is especially prone to illnesses in the form of spirit intrusion. A person who, in addition, has had serious soul loss is vulnerable to involuntary spirit possession. Both conditions typically involve the acquisition of disembodied Middle World spirits detrimental to the individual’s mental/emotional or physical health. We shall consider intrusions first.

1. Spirit Intrusions

When a person has lost his/her personal guardian spirit, the protective power provided by that spirit gradually ebbs away, with the result that the individual becomes susceptible to nonordinary, or spirit, intrusions. These intrusions produce localized illness or pain.

In order for these intrusive spirits to have enough power to penetrate the body of a person, they generally must be sent by another person or persons. This can be done either consciously or unconsciously. In indigenous societies, such intrusions are commonly the result of conscious hostile spiritual acts by sorcerers. Curses or hostile spells constitute a related, but somewhat different, conscious phenomenon. In contemporary Western society, generally the spirit intrusions are sent unknowingly, for most educated Westerners are ignorant of such a possibility. While they may recognize the possibility of prayer to heal and help others, they generally have been unaware of the potentiality of negative wishes, or harmful analogues of prayer, spiritually to precipitate or worsen illness in others (an exception is Dossey.¹¹) In other words, they are uneducated about how to prevent their own emotional states from actualizing hostile manifestations on a spiritual level.

Such manifestations can be harmful not only to the person who is the object of the hostility, but also to the knowing or unknowing sender of the injurious spiritual energies. In shamanism a kind of karmic reciprocity is recognized. More specifically, what a person sends out spiritually to others, whether with hate or compassion, will return in a like manner, but multiplied in its effects. Thus a sensible person who is shamanically trained scrupulously avoids hostile spiritual activities. To do otherwise is not only unethical, but potentially leads to life-threatening consequences.

Intrusions, because of their localized nature in the body, tend to produce symptoms of pain, discomfort, and illness at specific loci. They may do this in concert with OR infections and injuries or independently.

2. Involuntary possessions engendering illness

When a person has not only lost his/her personal guardian spirit, but also has suffered significant soul loss, then that individual becomes very vulnerable to illness in the form of involuntary possession by a spirit. The person has not only lost the protective power provided by the guardian spirit, but has also become a somewhat unoccupied spiritual vessel due to the serious soul loss. This presents an opportunity for the soul of another person to enter and occupy the body (including the mind). When this occurs, it may properly be termed involuntary spirit possession engendering illness.

This condition must be distinguished from voluntary spirit possession, or spirit embodiment, which is commonly practiced by shamans and mediums (including “channelers”), and which is not an illness but a disciplined professional practice. In such voluntary spiritual possession, the practitioner has specific helping and teaching spirits (often called “guides” in mediumship or channeling) that the practitioner deliberately invites to come, usually from the Upper World, to occupy his/her consciousness for a short period of time, such as in a séance.

Involuntary spirit possessions connected to illness are characteristically the occupation of individuals’ minds/bodies by spirits (souls) of deceased humans who have remained in the Middle World. Usually such spirits are of persons who had sudden, traumatic deaths, with the result that their souls abruptly fled their bodies in a disoriented state. While these spirits retain some memory, they are most commonly confused and suffering wanderers who sometimes do not even realize that they are dead. Indeed, their attachment to living humans reinforces their personal illusion that they are still alive.

For the living person who is thus possessed, the consequences include dual identities (and if possessed by more than a single spirit, multiple identities), leading commonly to considerable confusion, the acquisition of new phobias, inappropriate social and other behavior, and general demoralization. In other words, the mental and emotional problems of the deceased can have significant deleterious effects on the host person. For example, if the deceased was addicted to alcohol or drugs, the possessed person will tend to exhibit these same tendencies. If the possessing being is that of a sociopath, extreme antisocial behaviors may thus become manifest in the host person. It is this last type of case that has probably led to the widespread folk belief that possession is done by an evil spirit.

III. Diagnosis

Shamanic practitioners primarily rely on divination to obtain significant information about their patient’s health problems. Entering the SSC, they engage in diagnostic divination in two main ways, which may be employed singly or in combination to make a single diagnosis: (1) by consulting their helping spirits; (2) by shamanically “seeing” the spiritual causation of an illness.

A. Consulting the helping spirits

Through experience, shamanic practitioners learn which of their helping spirits are most successful in diagnosis and under what circumstances. These helpers are generally all-knowing observers of the Middle World, even when not resident here, and thus can provide information about each individual patient. Practitioners themselves do not need to use OR techniques such as patient history collection or laboratory analyses, although obviously the patients communicate their health problem to the practitioners at the time of their visits.

Divinatory consultations with the helping spirits occur in various ways, including these two: (1) by journeying to them; and (2) by doing object divination.

1. Consulting by means of the shamanic journey

A commonly used method for diagnosis is the divinatory shamanic journey to the Upper or Lower Worlds. This is done by practitioners to ask one of their compassionate helping spirits for information about the origin and nature of the patients' health problems. In this way, the practitioners can learn if the patients' problems involve such factors as soul loss, guardian spirit loss, spirit intrusions, and involuntary possession.

First the practitioners call for spiritual help and then enter Nonordinary Reality. This is done by going into the SSC, most typically with the aid of sonic driving in a range of about four to seven Hertz, a range that approximately corresponds to the range of theta EEG waves [e.g., see Neher,^{12, 13} Maxfield,^{14, 15} and S. Harner^{16, 17}]. The sonic driving can be supplied by a live drum beaten by an assistant, by a rattle, or can be supplied in recorded form through headphones worn by the practitioners.¹⁸ This diagnostic method is usually most effective if the patient is in the same room, but it can be done at a distance, as well. Core practitioners usually do not use consciousness-changing substances to achieve the SSC, although they are well aware of their shamanic use in some indigenous societies.

While listening and journeying, the practitioners typically are in a relaxed position, lying down or sitting in order to be able to leave an awareness of their bodies behind as they spiritually travel in NOR,¹⁹ although they can also move ("dance") in both realities as they journey to the sound of the drum.

2. Consulting by means of object divination

A less frequently used method for diagnosis is object divination. In this technique, shamanic practitioners pray for assistance from their compassionate helping spirits. Then, using means such as examining a randomly selected stone, partially burning a carapace or scapula, or casting an object or objects, they visually analyze the subsequent results in the OSC according to a definite personal discipline. This personal discipline has been previously learned and developed through such means as shamanic journeying and experimentation through practice.

B. Shamanically "seeing" the spiritual causation of an illness

Another method of shamanic diagnosis is so-called "X-ray vision," especially done with the "strong" or "third" eye to discover if any spirit intrusions are present. In this technique, practitioners enter the SSC and call their helping spirits to merge with them ("voluntary possession"). With their help, the practitioners perceive a harmful intrusion, the spiritual aspect of a localized illness or pain causing, or contributing to, harm in a patient's body. The intrusion typically presents itself to practitioners in the form of a small entity which the practitioners, through training and experience, know are harmful to the patient.²⁰ If the practitioners do not perceive such an intrusion, then the problem is not considered to have a localized spiritual cause. Such a diagnostic inspection, to be complete, may have to be done on several consecutive days or nights.

IV. Therapy

Shamanic practitioners operate conceptually within a nonexclusivistic healing paradigm, seeing practice as complementary to other modalities of therapy. This holistic approach is nothing new, being also characteristic of indigenous societies, where shamans are responsible for providing the spiritual side of treatment for the community. Thus indigenous shamans may sometimes refer their patients to non-shamans in their societies who are skilled in bone setting or massage, or even to missionary doctors to provide aspirin, antibiotics, or other Western medical treatment.

Such Western medical treatments are seen by both core shamanic practitioners and by indigenous shamans as non-spiritual and, therefore, noncompetitive with, Western medical therapies. Further, indigenous shamans often view Western medical treatments as dealing with symptomatic relief that does not address underlying spiritual problems of the patients. Thus, among the Salish peoples of Washington State and British Columbia, who have access to both types of treatments, the tendency often is to consider Western medical treatment as the "alternative" or "complementary" mode of healing.²¹

While it is true that shamans often supplement their spiritual treatments with botanical remedies, such plant remedies are also typically known to the community at large, and their application is normally not a distinctive aspect of shamanic practice. Contrary to the impression given in the popular Western media, many indigenous shamans, such as those of the Untsuri Shuar (Jivaro) people of the Upper Amazon, traditionally never gave plant remedies as part of their practice, leaving such treatments to non-shamans (see M. Harner²²).

A cornerstone ethic of the use of shamanic healing practices is to engage in treatment only at the request of the patient (in the case of minor children, at the request of a parent), for practitioners should not try to presume what is ultimately good for someone else. An underlying philosophical factor, particularly in life threatening situations, is that the shamanic practitioners' purpose is to alleviate suffering and pain, not to keep patients alive in Ordinary Reality at all costs. The Middle World, shamans have long since discovered through their journeys, is the pain reality, and like many near death survivors (among whom they often are numbered), they have discovered the love, beauty, and ecstasy awaiting one who goes beyond this Middle World. Even when a patient is unable to communicate an OR request for treatment, such as in cases of coma or stroke, the shamanic practitioner has means of establishing communication with the patient in NOR in order to discover his/her wishes.

Another cornerstone of treatment is that all successful healing systems are seen as part of a holistic approach, and therefore all productive treatment modes are seen as complementary unless they are contraindicated in specific cases. Accordingly, a dichotomy opposing “primary” and “complementary” is not employed here. The following use of the terms, “primary” and “secondary,” refers only to the usual optimal sequential application of treatment, since both spiritual and non-spiritual treatment should be given whenever appropriate.

1. Soul retrieval

a. Soul retrieval is generally most useful as a primary approach in the following situations:

Cases of mental and emotional trauma

As Ingerman^{4,23} has explained, the shamanic methods of soul retrieval are highly effective in dealing with the results of trauma, including the consequences of incest and other forms of childhood abuse. Soul retrieval has the effect of restoring the portion or portions of the patient’s soul that had left the patient at the time of the trauma in order to escape it. The retrieval of the lost portion or portions brings back the parts of the patient’s personality (e.g., the happy child) that had vanished, but does not bring back the memories of the trauma itself. For this reason, it must be distinguished from non-shamanic psychological or quasi-psychological practices claiming to recover lost memories of traumas themselves.

Although soul retrieval is a primary approach in such cases, it normally should be immediately followed by psychotherapy, since the psychotherapist has an opportunity, for the first time, to treat the whole person as a result of the soul retrieval work.

b. Soul retrieval is generally most useful as a secondary approach in the following situations:

Cases of physical trauma

In cases where physical trauma have occurred, emergency non-spiritual treatment usually has priority, with soul retrieval work soon taking place as a subsequent treatment of the problem.

Cases of dependency on alcohol and other drugs

After depossession treatment (see below), soul retrieval and guardian spirit retrieval work should be done as soon as possible to reduce the possibility of spirit repossession.

c. These treatments are recommended only when done by a qualified shamanic practitioner.

d. There are no contraindications except for the qualifiers indicated above.

2. Spirit depossession

a. Spirit depossession, as a primary approach, is generally most useful in the following situations:

Cases of dependency on alcohol and other drugs

Spirit depossession work is very useful as a primary approach in treating alcohol and drug addiction problems. For such treatment to be successful, the patient must be committed to giving up the dependency; and (2) must have abstained from the abused substance an adequate period of time (ideally at least 48 hours) before undergoing the shamanic treatment. Repeated treatments may be necessary over a period of weeks.

Cases of mental and emotional illness

Mental and emotional illness, ranging from neurotic to psychotic, usually have a significant spiritual component. Most commonly, this involves varying degrees of possession by one or more deceased humans whose consciousness has intruded into that of the patient and altered the patient’s behavior. Often these spirits are under the delusion that they are still alive and therefore confuse their identities with those of the patient. In other cases, they are aware that they are deceased and are consciously choosing to continue to act out their usual behavior through the person into whom they have intruded. For depossession treatment to be successful, the patient must be seriously committed to the treatment, and (2) must not be under the influence of sedating or other mood changing medication. Repeated treatments may be necessary over a period of months.²⁴

b. Spirit depossession is usually most useful as a secondary approach in the following situations:

Cases of dependency on alcohol and other drugs

In situations where emergency and supportive medical procedures are necessary to help the patient arrive at a drug free condition for at least 72 hours, then the shamanic treatment must be considered secondary in sequence, since depossession work cannot normally be successful without that precondition being met.

Cases of mental and emotional illness

When the patient is hysterical or having a psychotic episode, normal emergency psychotherapeutic procedures may have to take priority, with the depossession work often secondary in sequence, and after the conditions outlined in section 1 (above) have been met.

c. These treatments are recommended only when done by a qualified shamanic practitioner.

d. There are no contraindications except for the qualifiers indicated above.

3. Guardian spirit retrieval

a. Guardian spirit retrieval is generally most useful as a primary approach in cases of chronic “dispiritedness” and depression and in cases of chronic illness unresponsive to non-spiritual treatment. It is also useful as a primary approach in helping patients to cope with chronic adversity in their lives. Maximum effectiveness in guardian spirit retrieval is usually achieved by employing it in conjunction with soul retrieval.

The purpose of guardian spirit retrieval is to restore spiritual power to patients to assist them in resisting current mental and physical illness, to help them heal injuries, and to reduce the probability of future illness and trauma. The common secondary effects of the resultant spiritual empowerments include a greater sense of well being (also true of soul retrieval), increased self-confidence and success in achieving personal goals, and a more ethical approach to life.

Some of the basics of guardian spirit retrieval are outlined in M. Harner’s *The Way of the Shaman* as “power animal” retrieval.²⁵ Although the retrieval of an animal guardian spirit is the most common form, anthropomorphic and other guardian spirits may be retrieved as well, using the same basic methods.

b. Guardian spirit retrieval is generally most useful as a secondary approach after one or more of the following previously described types of treatments: (1) soul retrieval; (2) spirit intrusion extraction; (3) depossession.

Guardian spirit retrieval is especially indicated immediately after depossession and spirit intrusion extraction treatments to help fill the void left by the removal of the unwanted entities and thereby reduce the probability of a reentry by a possessing spirit or spirit intrusion. It should also be done after soul retrievals to help empower the patients to keep the retrieved soul parts and, in their recuperative situation, to protect them from recurring spirit possessions as well as intrusions.

c. These treatments are recommended only when done by a qualified shamanic practitioner.

d. There are no contraindications for guardian spirit retrieval.

4. Spirit intrusion extraction

a. Spirit intrusion extraction is generally most useful as a primary approach in the following situations:

Cases of chronic localized pain or illness which have not responded adequately to ordinary reality medical treatment and which have been shamanically diagnosed as having the involvement of a spirit intrusion

The shamanic extraction of harmful spirit intrusions is a noninvasive method of removing the spiritual aspect of pain and/or illness from specific locations in the patient’s body. At no time in this treatment is the skin penetrated in OR terms. In extraction work, shamanic practitioners merge with their helping spirits to facilitate healing in both nonordinary and ordinary reality simultaneously. Two main techniques exist: (1) using the hands to pull the intrusions out of the patients; and (2) sucking out the intrusions.²⁶ Both techniques are widely used in indigenous shamanism, but the latter one, because of its exotic appearance, is usually not employed with Westerners. It is desirable to repeat extraction treatments several days in a row. Recommended immediate follow-up treatment includes soul retrievals and guardian spirit retrievals.

b. Spirit intrusion extraction is generally most useful as a secondary approach in the following situations:

Cases of acute localized pain or illness which, after non-spiritual medical treatment, continue to manifest significant symptomatology.

Treatment is the same as for section 1 above.

c. These treatments are recommended only when done by a qualified shamanic practitioner.

d. There are no contraindications except for previously discussed general qualifiers to shamanic treatment.

V. Organization in Core Shamanism

I. Training

A. Prerequisites and requirements

To become a shamanic practitioner, one should be a mature, emotionally stable adult of compassion and intelligence who wishes to alleviate suffering and pain. Beyond this, the person should be able to journey into NOR with discipline and to contact his/her spirit helpers without supervision. Formal training in Western medicine and psychotherapy is not necessary or particularly relevant.

B. Curriculum components

Once one has learned to journey in NOR beyond the Middle World, all the training can be obtained, usually through many years of work, from helping (tutelary) spirits. Remarkably, regardless of culture, the instruction by the healing spirits is basically the same; this is a major reason shamanism is recognizable as a worldwide system. In some indigenous cultures, the shamanic trainees learn experientially largely from the spirits; in others, they learn key healing methods from existing shamans and then add to this the basic knowledge experientially through practice and studying with their helping spirits, as during journeys. It is this latter approach which characterizes training in core shamanism.

Thorough training to become a core shamanic practitioner involves experiential study, both in OR and NOR, of such subjects as:

1. Entering and exiting the shamanic state of consciousness with discipline and purpose to journey into NOR outside the Middle World and also to perceive NOR in the Middle World as necessary.
2. Shamanic journeying to the Upper and Lower Worlds, including discovering and mapping the levels in each, as well as journeying in the Middle World, aided by sonic driving. Such journeying includes discovering and working with one's own tutelary spirits.
3. Divination (including shamanic diagnosis).
4. Guardian spirit retrieval.
5. Shamanic extraction healing.
6. Soul retrieval.
7. Spiritual dismemberment and rememberment.
8. Voluntary spirit possession or embodiment for healing work.
9. Depossession healing work.
10. Psychopomp work (alleviating the suffering of the dying and the deceased).
11. Any and all teachings obtained experientially from one's tutelary spirits.

C. Duration and training requirements

As shamanic practitioner training depends on a variety of variables, not the least of which is the pace at which tutelary spirits feel it is appropriate progressively to teach the trainee ineffable aspects of shamanic education, it is inappropriate to imply that there is a specific duration for training. Indeed, it may accurately be said that even the most advanced shaman or shamanic practitioner is perpetually in training. That said, however, it can be noted that some Westerners become effective shamanic healing practitioners within four to eight years. This involves not only the help of the tutelary spirits, but also specific and thorough experiential training and practice in the subjects listed above.

At the present time, such extensive preparation is only available through the educational programs of the Foundation for Shamanic Studies (a nonprofit institution headquartered in Mill Valley, California), which has pioneered this training both in North America and overseas. The courses of the Foundation last as long as three years, with prior training a prerequisite. Screening of applicants is conducted before admission to major advanced courses. No degrees are given.²⁷

II. Quality Assurance

A. Licensure and certification

As with shamans in indigenous societies, shamanic practitioners in the West are not, and cannot, be certified as healers for the simple reason that their helping spirits can abandon them at any time, and without their help, successful shamanic healing work is not possible. Accordingly, shamanic practitioners cannot be certified nor licensed. Recognition can be given of the amount of training they have received in OR, for example, from the Foundation for Shamanic Studies, but this should not be confused with their actual success record in shamanic healing work.

In indigenous societies, the reputation of shamans as successful healers is passed by word-of-mouth and depends on their current reported success rates, for spiritual healing power can be lost by even the best of shamanic healers. In view of the fact that the contemporary world is now approaching the concept of the global village via mass communications including Email and the World Wide Web, the Foundation for Shamanic Studies annually publishes in its semi-annual journal, *Shamanism*, an international telephone directory by community, of those involved to varying degrees with its work. As in indigenous villages, one can thus canvass others and thus obtain recommendations

The Foundation does provide certification in shamanic counseling, but this is not healing work, and the certified shamanic counselors may or may not be maintaining healing practices in addition to their counseling work. The Foundation often does refer inquiries to knowledgeable faculty members who, as individuals, may have personal recommendations regarding currently successful shamanic practitioners in various localities and with regard to different specializations.²⁸ A final caveat: it is usually wise to avoid making a referral to anyone who publicly declares him/herself to be a shaman or shamanic practitioner, for such self-designation often indicates that the person has not yet advanced to the point of learning that such status can only be conferred by others and that his or her powers can be taken away at any time by the spirits.

Unfortunately, in contemporary Western society there are many unqualified persons claiming to be proficient in shamanism and shamanic healing. This situation is also not unknown in non-Western societies, but in those societies, community consensus and personal recommendations are the sources of information in finding shamanic practitioners with reputations for recent healing successes. However, even in those cases, shamanic practitioners can lose their connections with their helping spirits at any time, and therefore no longer be able to heal.

B. Legal status and regulation

In the United States, there are no laws, statutes, or governmental regulations pertaining explicitly to shamanic practice, as such, known to the authors as of this writing. However, there often are local ordinances that broadly outlaw spiritual healing and divination as well as similar rules and regulations of professional medical, psychiatric, and psychological associations. Outside of the United States, in countries with state churches, shamanic healing practices often are illegal and, under Communism in the former Soviet Union, such practices could constitute capital crimes.

C. Professional societies and continuing education

At the present time, there are no formal professional societies in the West, although they occasionally occur in indigenous societies. Regarding continuing education, that is done by the tutelary spirits and by the experiences of one's healing practice. The Foundation for Shamanic Studies does annually provide an optional week of additional advanced training for graduates of its three-year programs, often with teaching done by distinguished shamans from indigenous societies.

III. Reimbursement status

As of this writing, although shamanic practice is just beginning to be recognized in the West after a long absence, one health maintenance organization (in Wisconsin, USA) already is reported to have a reimbursement arrangement with a shamanic practitioner. According to the practitioner, the HMO had designed a wellness program for certain companies which included massage, naturopathy, network chiropractic, and shamanic practice, such as soul retrieval work. He reports, "a recent review found that insurance payouts have been running at 50% lower than the national average since implementation of the plan by these companies. As a result, these companies have had no increase in health insurance premiums for five years."²⁹

IV. Relations with conventional medicine

Physicians and psychotherapists who have come to understand the value of shamanic practices through firsthand experiential training and personal experimentation commonly wish to add such practices as a spiritual dimension of their own work or to refer patients to shamanic practitioners for complementary treatment. However, in the United States, for example, they tend to be inhibited from doing this due to governmental laws and regulations and professional organizations that prohibit them from practicing spiritual healing or even making referrals to spiritual practitioners.

Such generalized conventional distrust of spiritual treatment needs to be replaced with specific knowledge about particular modes of practice and their possible complementarity. In the interests of developing such knowledge, significant support is needed for clinical studies of the effectiveness of shamanic practices. By taking seriously the most time-tested system of mind/body/spirit healing known to humanity, it is hoped that more holistically oriented policies will emerge that do not blindly forbid treating the spiritual aspects of illness and injury.

Prospects for the Future

Despite all obstacles, core shamanic healing practices are becoming increasingly embraced and utilized by ever-larger numbers of people, both as practitioners and as patients. Last year, for example, over 5000 students participated in training under the international programs of the Foundation for Shamanic Studies. An estimated one-third of the advanced students were from other healing professions.

Indigenous shamanism is also undergoing a revival worldwide in connection with decline of missionization, colonialism, authoritarian governments, and the reemergence of local ethnic pride and indigenous nationalism. There is every indication that, worldwide, the shamanic treatment of illness is going to become ever more important as it demonstrates its practical healing results, just as it has done for thousands of years cross-culturally. In our opinion, the West has begun a major paradigm shift from a conventionally ethnocentric and exclusionary medical and psychotherapeutic approach to one of comprehensive treatment which includes shamanism as a spiritual complement to non-spiritual healing practices.

Notes

1. Eliade 1964
2. Castaneda 1968
3. Harner, Michael 1990
4. Ingerman 1991
5. Cowan 1996
6. Darwin 1958
7. Darwin 1871
8. Harner, Michael 1990: xix-xxii; 21-22
9. Turner 1992: 15
10. Popper 1959: E.g., 63, 68-69
11. Dossey 1993: 150-155
12. Neher 1961
13. Neher 1962
14. Maxfield 1990
15. Maxfield 1994

16. Harner, Sandra 1994
17. Harner, Sandra and W. Tryon 1992: 196-204
18. Shamanic journey drumming
19. E.g., Harner, Michael 1990: 31
20. Harner, Michael 1990: 116-118
21. Harner, Michael n.d.a.
22. Harner, Michael 1984: 155
23. Ingerman 1993
24. Harner, Michael n.d.b.
25. Harner, Michael 1990: 69-72
26. For the sucking technique, see Harner, Michael 1990: 113-130
27. The Foundation's address is PO Box 1939, Mill Valley, California 94942; info@shamanism.org; www.shamanism.org.
28. See note # 27.
29. Anonymous 1998

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n.d.b. Unpublished Case Data.

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