

SHAMANISM AND CLINICAL HYPNOSIS:
A Brief Comparative Analysis
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ABSTRACT

The purpose of this study is to effect a comparison between therapeutic hypnosis and shamanism. The conclusion of this investigation is that clinical hypnosis in its most comprehensive sense is simply a cultural and historical adaptation of shamanism, the most widespread and archaic spiritual and therapeutic tradition.

The foundation of this theory of the equivalence between hypnosis and shamanism is the **imagino-hypothesis**.¹ As applied to the present study, the imagino-hypothesis holds that imagery and/or imagination, in both shamanism and hypnosis, play essential roles as catalysts in the process of generating spiritual, psychological and physiological responses. Although the imagino-hypothesis is not the explicit subject of this paper, it is nevertheless useful for the reader to keep in mind that it constitutes the basis for the definition of both hypnosis and shamanism as "images evoking responses."

Through a brief examination of hypnosis in its broadest terms, and after dismissing the prevailing myth of hypnosis as trance, a functional paradigm for therapeutic hypnosis will emerge. This functional paradigm will in turn serve as the foundation for the comparison between clinical hypnosis and relevant healing facets of the shamanic tradition.

After drawing on numerous parallels between shamanism and clinical hypnosis, both will be summarized as variations of the same phenomenon: the masterful manipulation and presentation of mental images in the client for the purpose of achieving desired spiritual, psychological, and physiological responses.

HYPNOSIS AND TRANCE

From the esoteric "animal magnetism" of Anton Mesmer to the illusory antics of the stage

¹ Represents a work in progress by the author.

hypnotist, the Western world's preconceptions of hypnosis have been fraught with misguided and uninformed assumptions and definitions. Hypnosis has been viewed, for example, as simply the purposeful alteration of an individual's consciousness. The resulting horizon of this standpoint is that "any effective communication is hypnosis" (Grinder and Bandler 1981; 2). Other definitions of hypnosis² include "simply exaggerated suggestibility" (Estabrooks), "[a] state of intensified attention and receptiveness, and an increased responsiveness to an idea or a set of ideas" (Erickson), or even "[a]n altered state within which suggestions have a peculiarly potent effect" (Bowers). While all of these definitions ring true to a certain extent, in the ears of the practiced hypnotherapist, each in turn is equally fraught with limitations in that none encompass the totality of the phenomena classified under the rubric of hypnosis.

Perhaps one of the most commonly held fallacies about hypnosis, sustained and fostered even by many hypnotherapists, is its equivalence to trance. Although trance is a commonly employed facet of clinical hypnosis, alternative explanations regarding the precise nature of hypnosis adopt a more comprehensive view. For example, a commonly used term which is employed by layperson and clinician alike, serving to further underscore the generally accepted equivalence between hypnosis and trance, is "self-" or "auto-hypnosis." In the hypnosis literature, self-hypnosis is distinguished from "regular" or "hetero-hypnosis" in that it involves the individual entering into a trance without the assistance of a hypnotist. The reader is then likely to become informed that "all hypnosis is really self hypnosis" (Alman & Lambrou, 1990, p. 7-8), and thus while the apparent dichotomy between hypnosis and self-hypnosis is resolved, the equivalence of both to trance remains.

Since cultural stereotypes often prevail, a precise delineation between trance and hypnosis will facilitate the distinction. As individuals we all experience moments of total concentration or absorption, either on external events or internal musings, in which our attention is focused to the near exclusion of all other events. This is what is commonly referred to as "trance:" a state of enhanced internal or external focus of attention. It is internal focus of attention, however, which constitutes the

²The following definitions have been taken from Boyne, 1989, pages 379-380.

hypnotic trance. Experience and research clearly reflect that in this (hypnotic) trance state, the individual is particularly empowered with the ability to engage in vivid imagery and that said imagery tends by and large to have an amplified effect on the psychology and physiology of the client or subject. In other words, through the trance state one can more readily communicate with and more readily affect the facet of the mind customarily referred to as the unconscious. This is why trance is so often used in clinical hypnotherapy, and it is because of the frequent employment of trance in this setting that it is often considered as synonymous with hypnosis. While in this trance state, the ideas presented by the hypnotist to the client can more readily be translated into imagery that will produce the desired response.

DISSOCIATION AND TRANCE

Of critical importance in clinical hypnotherapy, and specifically in trancework, is the role of **dissociation**. In hypnosis, "dissociation" refers to the "ability to break a global experience into its component parts, amplifying awareness for one part while diminishing awareness for the other" (Yapko, 1990, p. 433). Human experience can be viewed as the result of what Grinder and Bandler (1981, p. 44-48) refer to as representational systems, i.e., the various perceptual channels (auditory, visual, kinesthetic, gustatory, olfactory) that we employ to represent our experience. Dissociation, therefore, would refer to the emphasis of our awareness on information perceived by one of these channels to the exclusion of the rest. When the individual is (almost) completely dissociated from information from external sensory perceptual channels and thus perception is (nearly) exclusively the result of internally derived, imaged or imagined stimuli, the result is what is referred to as an "out-of-body-experience" (OBE). This sort of total dissociation is quite useful, for example, while undergoing surgery with hypnosis (trance) as the sole anesthetic.

PLACEBO AND PSYCHOLOGICAL ANESTHESIA: HYPNOSIS WITHOUT TRANCE

Nevertheless, there are many examples of hypnosis without trance. Placebo, or the

psychological and/or physiological reaction to an inert substance, is a clear example of the responses that ideas can elicit without the necessity of the subject entering into an altered state of consciousness. The placebo effect, as Bierman emphasizes, is "the cardinal fact" of therapeutic hypnosis and a "cogent example of hypnosis without trance." It therefore authenticates the notion that the response to an idea or suggestion "can solicit documented and measurable" organic and psychological responses, without the induction of a trance state in the subject or patient. On the scale of clinical hypnosis, the simple placebo and the refined therapeutic use of trance, respectively, represent opposite ends of the "technique spectrum" (Bierman, 1995, p. 67-70). Trance is used to augment the effect of the authority of the clinician and to amplify and manipulate the patient's responses to suggested ideas (Bierman, 1996). Thus, much of what is commonly referred to as "hypnosis," and in particular, "self-hypnosis," should be more appropriately referred to as "trancework" and "self-trancework," respectively.

Placebo effect notwithstanding, by far the most compelling and dramatic documented display of hypnosis without trance is that performed by Angel Escudero³, a licensed physician operating in Murcia, Spain. Escudero's technique, which he refers to as "*anestesia psicologica*," is accomplished by simply suggesting to his patients that by sustaining ample amounts of saliva in their mouths and engaging in positive mental imagery, they can comfortably endure the most dramatic of surgical procedures. Escudero has employed his technique on several hundred patients. While suggestion and imagery are clearly part of his technique, no formal induction into a trance state is employed.

Evidence such as this has inspired more refined and accurate perspectives of hypnosis which transcend trance and which involve the relationship between the presentation of ideas to an individual either from an external source or internally, and the ensuing physiological or psychological responses. Consequently, hypnosis can be described in terms of "ideas evoking responses" (Bierman, 1995, p. 65). The goal of the hypnotist, therefore, is to masterfully manipulate the presentation of ideas and suggestions in order to maximize this actualization of the hypnotherapeutic response, which should be

³As documented in BBC production "Your Life in their Hands," London, UK, 1995.

interpreted in broad terms as any response not resulting from the intrinsic healing properties of direct organic intervention. Imagery, as we shall see shortly, plays an essential role in this process.

PATTERNS OF THE HYPNOTIC ENCOUNTER

Three particularly important patterns predominate in any hypnotic encounter:

(1) The **Pattern of Semblance** or **Rapport**, also known as "pacing" or "matching," which consists of patterning one's behavior after that of another. The effect of this pattern is that "my experience [ideas, movements, state of mind] equals your experience." The momentum of this pattern is employed by skillful hypnotists to induce subjects into trance by entrancing themselves.

(2) The **Pattern of Linkage**, a behavioral pattern in which hypnotists maneuver from a "description" of a subject's present experience to a "prescription" of what they want that experience to be. In other words, "my words" become "your experience."

(3) The **Pattern of Authority**, which, as Bierman indicates, is the result of childhood patterns of learning and dependency. This pattern translates approximately into "my ideas," as the hypnotist, become "your reality" (Bierman, 1996; Grinder & Bandler, 1981, p. 12-44), which in essence represents an intensification of the linkage pattern. The clinical encounter in particular is conducive to a resuscitation of a mental state of dependency, even in the adult patient. "Authority," states Bierman, "exerts the reigning influence over most doctor-patient relationships."

It is the persistence of these three patterns of rapport, linkage, and authority, that compel the actualization of hypnotherapeutic responses from ideas suggested by the clinician (Bierman, 1995, p. 69). Ideas can be presented, but without effective employment of these patterns they will not create the necessary credible imagery in the patient in order to instill the desired response. Furthermore, it is particularly because of these patterns that hypnosis can not only take place without trance, but that any interaction within which these patterns are in effect, constitutes a hypnotic encounter, particularly between a therapist and a patient. This is also why hypnosis, as opposed to just trancework, is used in combination with medication. By simply suggesting the specific psychological and/or physiological

responses associated with the use of a particular medication, the therapist can enhance its effect by augmenting the placebo response of that substance. This use of suggestion is what is frequently referred to as "framing"⁴ the patient's response (Bierman, 1996).

IMAGERY AND HYPNOSIS

Imagery is intimately related to the notion of representational systems which constitute any given experience. Imagery can be defined as the use of "one's memory and imagination to perceive or mentally create or recreate ideas, pictures, or feelings through any or all of the five senses" (Alman & Lambrou, 1990, p. 276). As we shall see, imagery plays a vital role in clinical hypnosis, for ideas⁵, upon transmission by the hypnotist, elicit mental imagery in the patient. Indeed, the entire process of communication could be described as one in which the receiver transcribes the hypnotist's linguistic message into an adequate form of mental imagery for interpretation and processing (Korn & Pratt, 1996). Consequently, by employing Bierman's definition of hypnosis ("ideas evoking responses"), we are ultimately referring to ideas evoking images, which in turn are precipitating responses.

The use of imagery in hypnosis is often broadly divided into categories of **process imagery** and **result imagery**. Process imagery involves having the individual imagine the process of actions leading to a particular goal, while result imagery consists of directing the subject into the use and creation of mental images as if the result or goal had already occurred (Alman & Lambrou, 1990, p. 35). Therefore, process imagery is that series of images or imaginations in which the patient mentally engages in order to achieve a designated physiological or psychological response. Result imagery, on the other hand, refers to the organism's (often unconscious) underlying image of the desired state towards which the response is intended. This result imagery is what drives the necessary

⁴ By "framing" a response or experience I am referring to the hypnotherapist's suggestion of meaning, context or pattern of expectation to be associated with that response or experience.

⁵The term "idea" itself derives from the Greek "'look,' 'appearance,' 'image' and 'mental image'" (Ayto, 292).

physiological and/or psychological steps in order to obtain the elected response⁶. For example, in order to achieve hemostasis, the patient could engage in imagery of valves securing or faucets closing; this would constitute the "process imagery." The "result imagery," however, would be the body's image of the precise physiological state (hemostasis), which in turn would dictate on a nonconscious level the requisite corporal functions required to achieve that state.

The distinction between process and result imagery is an important one, as many different forms of imagery have been known to produce the same responses. Thus, for example, warts have been "hypnotically ablated by suggesting almost anything" including coolness, warmth, or even chanting (Bierman, 1995, p. 67). What is particularly fascinating about process imagery is that even contradictory images can produce the same psychological and physiological results. Such is the case, for example, with the treatment of migraines in which a "warm" hand or a "cool" hand (process imagery) render the exact same healing response (Golan, 1986). Burn patients can be treated with suggestions of "coolness" (Ewin, 1986) or "warmth" (Moore & Kaplan, 1983) to the affected area, both with equally favorable outcomes. Results such as these underscore the necessity of distinguishing between these two forms of imagery.

According to the imagino-hypothesis, the placebo response itself is the consequence of result imagery performed automatically, and unconsciously, by the patient on him or herself. The placebo effect does not take place without an idea which frames the use of the placebo, i.e., a suggestion of some form which leads the patient to expect and anticipate a particular outcome from its employment. Thus a strong parallel can be drawn between result imagery and placebo, namely, **that the placebo effect is the consequence of an individual unconsciously and automatically engaging in the result imagery caused by the very ideas suggested about the placebo's use.**

This (result) imagery theory of the underlying mechanism behind the placebo effect does not,

⁶Interestingly, this is precisely the way in which a certain type of faith healing known as "directed prayer" has been described by psychologist Larry Dossey in his work, *Healing Words*, Harper 1993. He states that "[p]ractitioners of directed prayer have a specific goal, image, or outcome in mind. They are directing the system, attempting to steer it in a precise direction."

at first glance, appear to differ all too significantly from Benson's theory of the placebo which he terms "remembered wellness" (Benson, 1996, p. 20-43). The remembered wellness theory essentially suggests that we all inherently have memories of psychological and physiological health, and that the placebo effect is the result of our organism's "reenactment" of those states based on previously stored memories.

Because of the inherent interaction between memory and its internal representation as imagery, the relationship appears to be one of equivalence. Nevertheless, a theory of placebo based on memory does not account for those situations in which memories of wellness, positive performance, or self-esteem are simply non-existent or alien to the individual. Successful therapy in these cases is the result of the use of the creative powers of the imagination to forge a **future** image of success or healing, and not a remembered one. This is not only true with certain behavioral afflictions, such as phobias or depression (Yapko, 1996), but also in organic cases, such as those involving congenital problems (Bierman, 1996) or, for example, in the deliberate production of warts (verrucae) by suggestion (Gravitz, 1981) in subjects in whom no warts existed previously, and thus no psychobiological memory of them either.

Belief, or expectancy, is also central to the notion of placebo. The "belief in or expectancy of" a positive or negative outcome "can have formidable restorative," or dreadfully devastating physiological and psychological results (Benson, 1996, p. 30-45). However, belief and expectation both have their counterparts in imagery. As phobics know all too well, the belief in, or expectation of, an event is no more than the **imagination** of that event taking place. The stronger the belief or expectancy, the more vivid and pervasive the imagery of its inevitable outcome (Yapko, 1996). Therefore, **the psychoneurological cognate of the belief in, or expectancy of a given event is ultimately due to the occurrence of result imagery of that event.**

THE DARK SIDE OF HYPNOSIS: IMAGERY AND NOCEBO

The concept of experimentally inducing an otherwise undesirable condition (warts) leads to a

discussion of the possibility of negative aspects of the (hypo)therapeutic encounter; in other words the dark side of the placebo effect. This is what Benson refers to as **nocebo** or "placebo's negative counterpart" (Benson, 1996, p. 39). Failure to recognize this equally powerful, yet negative potential, "can be lethal" (Bierman, 1995, p. 69).

Voodoo death, a fatal response to the curse or sorcery of a witchdoctor or other shamanistic figure, (Benson, 1996, p. 40-43; Cannon, 1942, p. 169-81), is both a dramatic and a well documented medical phenomenon which exemplifies nocebo in the extreme. Nocebo, which in Benson's framework consists of "remembered illness," actually discredits the memory aspect of his theory, for it would be difficult to imagine that, as in the case of Voodoo death, the subject would have some memory of "being dead" upon which to act.

The relationship between Voodoo death, nocebo in general, and hypnosis is not a difficult one to see: **voodoo death is hypnodeath**. It is not surprising that this most radical of hypnotic effects would take place most frequently within the confines of shamanic or shamanistic societies, for two reasons. The shamanic healing ritual possesses all the elements of the clinical hypnotherapeutic relationship between clinician and client, such as rapport, linkage, and authority, as described above. Additionally, shamanic healing rituals share with the modern hypnotherapeutic encounter the use of suggestion framed in gestures, images, and words, and also the employment of dissociative techniques. Furthermore, the role of imagery which, as we have already seen is crucial in clinical hypnosis, is even far more pervasive and ubiquitous in shamanistic societies, becoming inextricably intertwined with their members' very sense of existence in the cosmos.

SHAMANS, SHAMANISM AND THE SHAMANIC PERSPECTIVE

Shamanism has been described by Eliade as the "most archaic and most widely distributed occult tradition" (Eliade, 1976, p. 56) in addition to being an extremely complex phenomenon which deals with "mysticism, magic, and 'religion' in the broadest sense of the term" (Eliade, 1964: p. xi-xix). However, in order to recognize the full extent of the correlation between clinical hypnosis and

shamanism it is necessary to gain a more comprehensive understanding of the nature of the shamanic complex. While no single model exists that characterizes each shamanic or shamanistic tradition, particularly provided its global scope throughout so-called "pre-literate" societies, an essential conceptual framework, known as the **shamanic perspective** (Overton, 1994; Overton, 1998), can facilitate a comprehension of these most elaborate and esoteric traditions. Simply stated, the shamanic perspective is the cosmological view intellectually engaged by one who has acquired an essential and core knowledge of the nature of shamanic beliefs and practices.

Despite the exceedingly intricate nature of the subject, the formulation of the shamanic perspective as a primary conceptual framework is possible because of the remarkable resemblances in shamanic practice found in quite remote and diverse regions of the world. Because the shamanic perspective distills the essence of shamanic practices and beliefs throughout the world, it provides a core understanding of shamanism as a global phenomenon. Thus the shamanic perspective provides us with a holistic framework that can effectively be used in comparative studies, and it is therefore from the vantage point of the shamanic perspective that we can best effect a comparison to clinical hypnosis.

Etymologically it has been established that the term "shaman" derives from the word "saman" of the Tungus tribe of Siberia (Walsh, 1990, p. 8). While ethnographers used the word "shaman" to loosely refer to a number of esoteric figures (mystics, witches, sorcerers, etc.), Eliade was the first to establish a more rigorous definition of the term based on a shaman's exclusive ecstatic faculties, abilities which encompass those of other esoteric characters. Thus, for Eliade, the shaman is defined as a master of voluntary ecstasy (out-of-body flight), and shamanism, therefore, becomes the "technique of ecstasy" (Eliade, 1964, p. 3-4).

While each of the worlds or levels of non-ordinary or ultimate reality is understood to be sporadically and involuntarily accessible to anyone, it is the ability to consciously and voluntarily journey throughout these realms that characterizes, defines, and distinguishes the shaman with regard to other esoteric or "shamanistic" characters. By adopting the shamanic perspective as a basis for a

comparison with clinical hypnosis, a comprehension of how some of these specialized divisions compare to hypnotherapy becomes readily apparent.

The ecstatic capacity of shamans is exercised in an alternate state of consciousness or "shamanic consciousness." Shamans enter this alternate state and use these ecstatic voyages in order to heal, as well as to obtain knowledge, power, and supernatural assistance for the members of their society (Walsh, p. 10-11). The concept of **wilful ecstasy, out-of-body experience, or complete dissociation, will be used as the basis for our functional approach to the use of the term "shaman,"** and we use this term to refer to those individuals capable of such voluntary "magical flight."

A peculiar characteristic of shamanism is the ability of shamans to retain their rational faculties during ecstasy, for the shaman's excursions into non-ordinary reality are exclusively means to pragmatic ends, purposes which require retention of memory and cognitive abilities.⁷ It is thanks to both this social interaction and the conscious control over "other worldly" travels that shamans create a coupling between the psychic and the material realities for their community. The shaman's association with the spirit world serves to maintain the beliefs of his community in the mythology of their culture. Additionally, shamans make this non-ordinary reality less threatening for their societies by assuring their communities of a capable intervention on their behalf in "the critical circumstances produced by the inhabitants of the invisible world" (Eliade, 1964, p. 509).

SHAMANIC HEALING AND HYPNOTHERAPY: A COMPARATIVE EXAMPLE

Throughout most of the world the shaman fulfills, or has fulfilled in the past, the roles of

⁷ In addition to their relationship with the supernatural, shamans are also responsible for a rich oral tradition, one which dates back to the dawn of prehistory (Campbell, 107). The collection of these myths and stories serves, in turn, to "frame" the trance experience of shamans and shamanistic practitioners within their given cultures. Hoppal emphasizes this relationship between "shamanic performance and the ritualized narration of myth," (Hoppal, 90-92) while Ellwood supports this theory by recounting how Altaic (Mongolian) shamans also combine their ecstatic activities with narration, describing their journeys into the supernatural world to their onlooking community (Ellwood, 254-255). The clinical equivalent of this phenomenon is the "talking trance," in which the hypnotic subject converses with the clinician while in a trance state.

healer, master of the spirits, guardian of the psychic and ecologic well-being of his community, psychopomp,⁸ and intermediary between the natural and the supernatural. Although the phenomenon of Voodoo death has received ample recognition by Western medicine, perhaps because of the tangible and measurable results it yields, the shaman's healing powers are equally astonishing. "[S]hamans were the world's first physicians, first diagnosticians, [and] first psychotherapists," primary healing roles which shamans or shamanic healers still perform even in urban settings today (Krippner & Welsh, 1987, p. 27).

Steve Wall depicts a clear example of these therapeutic roles performed within the setting of a single healing ritual (Wall, 1995, p. 3-38). The context is a typical one in which an individual's ailments were unsuccessfully treated by modern physicians. Leandis, a shamanic healer or *curandero*, is called upon. After the necessary ceremonial preparation of "power objects," Leandis initiates the actual healing ritual itself: "There are rules. Everyone here is part of what is going to happened [sic]. Every instruction must be followed if what we do is to succeed." By invoking the socio-cultural consensus of ritual, rules of order and of participation, Leandis increases his rapport with the entire group, and they are also part of the procedure: "he = them." Leandis then enters into an altered state of consciousness ("[t]aking a deep breath, the curandero closed his eyes and meditated"), and subsequently invokes the assistance of spirit (imaged) entities: "I ask that the higher powers take charge. All unseen guests of the higher power are most welcome. . . . I am only a guide of direction," he announces, simultaneously underlining his role of authority figure by enacting his powers to communicate with the beyond, and his rapport with the group, by affirming his position as a "guide." His communications with the spirit world lead to his diagnosis of the patient's disease and to a favorable (framing) prognosis: "You are under a spell. Someone has put the Claw of the Owl in your gut. When these things are finished tonight, you'll be free of it." As Leandis identifies the guilty spirit and engages in conversation with it he relates "what he was hearing the spirit say," dramatically

⁸ The function of "psychopomp" refers to the shaman's role of accompanying the souls of the dead to the required location in alternate reality according to their culture's cosmology.

describing his ensuing battle with the spirit for the health of his patient. The combination of the intensity of his movements, his realistic dialogue with the invisible entities, and the enigmatic atmosphere of "[t]he glow of the flame from a lone candle" flickering "in the center of the room" while "[s]hadows jumped on the walls, casting a giant grotesque shadow behind each participant," captures and engrosses the attention and imagination of the participants present. One of the participants described his kinesthetic response to the moment: "A very cold breeze blew around my feet and crept up my legs. I was chilled, but there were no windows and no door open." Thus the pattern of linkage is enacted as Leandis' words contribute to their experience of the events through the imagery that he creates. Finally, the evil spirit is vanquished and the healing begins as "[l]eaning over, he pulled up his drum from one side and slowly began striking it. Quicker the beats became. Then he started the singing of ancient songs." The result was favorable. The pattern of authority is well established as his ideas become the group's reality, and the patient ultimately emerges healed.

Thus the patterns of rapport, linkage and authority are created and mutually reinforced in the process of the shaman's healing. By shamans themselves being human, accessible, and mundane, the "I = you" pattern of **rapport** is established. This pattern is reinforced by the fact that the source of their power does not lie in themselves, thus reinforcing their "human" dimension, but in other entities from non-ordinary reality. Failure to succeed, therefore, is not personal failure of the shaman, but lack of cooperation from these entities.

The **linkage** pattern, or "my words = your experience," is a direct result of the presence that the shaman maintains in "non-ordinary" reality; in fact, for a shamanic community, the shaman's words are the only reliable experience of that reality to which they may have access. Finally, the **authority**, "my ideas = your reality," is derived *directly* not only from the shaman's presence in the spirit world, but also *indirectly* from the prominent influence that the spirit world exercises on ordinary reality in the conceptual framework of these societies. Hence, the shaman's exclusive ability to intercede on behalf of his or her community before the powers of the "other" world renders that community into a state of **dependency** upon their shaman.

Thus, rapport, linkage, and authority create such a bond between the shaman and his/her community that, when shamans speak, it is not necessary for an explicit distinction to be made between which events transpired in which reality. This, together with the ease with which some shamans enter into the shamanic consciousness in order to experience and recount non-ordinary reality, serves to further reinforce the community's belief in the mythological.⁹ It is not surprising, therefore, that in many instances around the world a negative gesture from a shamanic or shamanistic figure is tantamount to a veritable death sentence, as in the case of Voodoo death.

SHAMANIC CONSCIOUSNESS AND THE HYPNOTIC TRANCE

Despite the fact that some tend to view shamanic consciousness as an independent state, increasing neurophysiological evidence suggests that the shamanic trance achieved by rhythmic drumming, by far the most common means of inducing the shamanic journey, differs only in **content** and in cultural **context** from the hypnotic trance. Studies have shown that the monotonous drumming, characterized cross-culturally by a rhythm in the 4 to 7 beats per second range, induces a rhythmic firing pattern in the brain that results in a corresponding increase of the so-called theta rhythm in the EEG, particularly in the temporal lobe area with a slight increase in the right temporal lobe over that of the left temporal lobe (Maxfield, 1990). Several EEG studies of hypnotic trance which monitored brain wave activity prior to, during, and slightly after hypnotic induction (Crawford, 1994), revealed virtually indistinguishable results when compared to the effects of monotonous drumming on the EEG (Overton, forthcoming). Furthermore, the drumming-assisted shamanic journey and the hypnotically induced out-of-body experience not only refer to the same phenomenological experience of dissociation, but in practice both are achieved and cultivated by identical imaging or visualization techniques. In fact, astral projection, which is both a modern term

⁹ King employs an example from a West African village in order to illustrate the manner in which shamans interact with the spirits while simultaneously engaged in communal labor activities, all this without creating any sort of cognitive dissonance for the villagers (King, 1987: 200).

for shamanic journey as well as a rather dated term for out-of-body experience, is most frequently induced by self-hypnotic trance techniques. Even the ability to narrate the content of a journey as it unfolds finds its equivalent in hypnosis with the "talking" trance phenomenon.

The only substantial difference between the hypnotic trance and the shamanic journey appears to ultimately stem from cultural context. As part of the apprenticeship process, shamans must learn the specific and intricate cosmologies of their culture. This cosmological knowledge is detailed and elaborate, including not only geographical maps, but also a cast of mythical characters who may be encountered in journeys.

In a shamanic culture, the tiered nature of the cosmos, comprised of levels of the ordinary and non-ordinary, is extremely well delineated, each with its own separate logic and assumptions. The "ordinary world" is what most people recognize as ordinary reality. The primary assumption in this world is that everything is "separate" from everything else. Two secondary assumptions are that everything begins and ends, is born and dies, and that every cause is accompanied by an effect; death is final. In the "psychic world" everything is "connected," forming part of a cycle in transition. All events are synchronous, and telepathy and clairvoyance are possible because of this cyclical nature of life and the synchronicity of time; death is a transition, and thus not unfathomable. The "dream world," also referred to as the "symbolic world," is where omens can be read in leaves or clouds, and, given the symbolic nature of dreams, one shamanic skill is to "enter into dreams and change them." The "world of being" is the holistic world in which everything is "one," and shapeshifting is possible because there is "no distinction between oneself and whatever one identifies as being oneself" (King, 1988, p. 44-51). Thus, while our normal everyday life corresponds to the "ordinary world," the non-ordinary, "magical," "spiritual," or "supernatural" reality is in fact composed of three separate worlds or levels: the psychic, the symbolic, and the holistic. In addition, most shamanic cosmologies include a tiered concept of the universe, featuring an Underworld or Lower World, and an Upper World or Heavenly dimension, between which the Middle World or Earth exists. Each of these layers of the cosmos is in turn inhabited by "real" mythical entities.

The intricate detail of such learning in turn **frames** the content of the shamanic trance experience, as every journey is an attempt to increase shamans' imaging abilities of the mythological maps they have learned. Even the entities shamans encounter in their journeys adopt a role consistent with their system of beliefs; the behavior of these entities, like those in our dreams, no doubt fueled by the shamans' own unconscious. The framing of the journey equally applies to altered states of consciousness achieved by means of hallucinogens, much in the same fashion as hypnotic framing of the effects of a medication prior to its use enhances the placebo effect of that medication.

Not surprisingly, shamans around the world all have journeying experiences consistent with their cultural backgrounds. Dissociation in the form of journeying, therefore, is an essential aspect of the shamanic healing ritual. Although some cultures make use of hallucinogenic substances for this purpose, monotonous percussion such as dancing accompanied by drumming, is, cross-culturally, by far the most common means shamans employ to experience shamanic consciousness, with both the drum¹⁰ alone as well as accompanied by the rattle considered essential 'tools' for this purpose. It also appears that for some advanced shamanic adepts, the use of "trance ritual" is a mere tool to enter into shamanic consciousness, for some shamans can do the same "with the blink of an eye" (King, 1988, p. 43-45). This ability to suddenly, at will, enter into a trance state employs a technique that, in hypnotic terms, is referred to as **anchoring**, or using a stimulus or cue that will cause the subject or patient to almost immediately regress into a hypnotic trance state.

It is in the use of trance that clinical hypnotherapy and shamanism most differ: while in the former the therapist enters into a light trance (Samko, 1993), in the latter it is the shaman who enters into a deep trance rather than the subject or client. This inversion in the employment of trance is due to the fact that in shamanic cultures the source of knowledge and disease resides in non-ordinary reality, thus it is logical that the shaman be in touch with that reality during the therapeutic encounter.

¹⁰ Rapinsky-Naxon states that "without question, the most important attributes of the shaman . . . are the drum and the drumstick," indicating that "the shaman's drum . . . is considered 'the most powerful of all the shaman's helper's,' and is his mystical horse or a boat employed in the soul journey" (Rapinsky-Naxon, 46).

In the Western world, however, the healing knowledge resides in a "rationally" determined body of knowledge located in ordinary reality. Thus, it is equally logical that the patient expect the hypnotherapist to be in touch with that source of knowledge during the healing procedure, and entrusts the hypnotist with applying it to his/her unconscious.

Also inherent to the shamanic worldview is that everything, not only human beings and animals, but also plants, hills, houses, rocks, wind, snow or rain may be endowed with "soul" or "spirit." This concept of "spirit" encompasses both the essence of an object or phenomenon (what makes a wolf a wolf, or an owl an owl), and the idea of consciousness. Consequently, plants, tools, animals, wind, or rain can have a consciousness similar to that of human beings. Furthermore, spirits can also exist as independent entities and sometimes deliberately act upon humans and influence events in ordinary reality. The result of being enveloped by forces and entities that transcend sensory perception, and that can only be *imaged*, although they may have symbolic representation in this reality, is that imagery (or imagination) is culturally interpreted as having physical causality, far beyond that of the physiological causality associated with neurophysiological processes under Western science. In other words, individuals in shamanic cultures are continually surrounded by the tangible effects of imaged causes, a socio-cultural condition which only augments the effects of (shamanistic) imagery on their own psychological and physiological processes. Even their very concept of disease consists of imaged events, such as loss of their soul or possession by a spirit, which have corresponding physiological consequences.

The significance of the shaman's imaged event is that it is interpreted as a real phenomenon that takes place in its own level of non-ordinary reality and that affects ordinary reality. Thus, the effect of a threatening gesture by a shamanic figure, a gesture which symbolically represents actions taking place in imaged dimensions, represents also a process which the victim images, with stark, and very "real" consequences. In his reference to the power of "tapu" (taboo) - a shamanic "power" concept from New Zealand capable of engendering Voodoo death - Cannon correctly summarizes this entire shamanic phenomenon as the "fatal power of the **imagination** working through unmitigated

terror" [emphasis mine] (Benson, 1996, p. 41).

Ultimately, hypnosis and shamanism are both, therefore, the masterful presentation of ideas in order to manipulate images in the subject or client, all for the purpose of causing deliberate physiological and/or psychological responses to take place. Where they principally differ is in the fact that they are each cultural adaptations fundamentally rooted in opposing epistemological polarities: for the Westerner, knowledge resides in this reality, thus so should the clinician's consciousness, while for the member of a shamanic culture, knowledge resides in non-ordinary reality, and so should the shaman's spirit. Inherent to both shamanism and hypnosis, however, is the fundamental use of imagery (or imagination) to elicit responses: the imagery created in the mind of the client is not an intermediate step, but rather an indispensable and central facet of the process.

By acquiring a greater familiarity of how shamanism and shamanistic practices work, the modern Western shaman, known as the clinical hypnotherapist, could only stand to benefit tremendously from millennia of knowledge and praxis on the use of imagery, and/or imagination, to evoke desired psychological, physiological and spiritual responses.

REFERENCES

- Achterberg, Jeane (1985). Imagery in healing: Shamanism and modern medicine. Boston: Shambhala.
- Achterberg, J. (1987). The shaman: Master healer in the imaginary realm. In Shirley Nicholson (Ed.), Shamanism (pp. 103-124). Wheaton, IL: The Theosophical Publishing House.
- Alman, Brian M. & Lambrou, Peter (1990). Self-hypnosis. The complete manual for health and self-change. New York: Brunner/Mazel.
- Andreas, Connirae (1981). Forward. In Trance-formations. Neuro-Linguistic Programming and the structure of hypnosis. John Grinder & Richard Bandler (Eds.), Mohab, UT: Real People Press.
- Ashe, Geoffrey (1992). Dawn behind the dawn. New York: Henry Holt.
- Benson, Herbert (1996). Timeless healing. New York: Scribner.
- Bierman, Steve (1995). Medical hypnosis. Advances: The Journal of Mind-Body Health, 11, (3). Kalamazoo, MI: Fetzer Institute.
- Bierman, Steve (1996, Fall Quarter). The power of the art: An introduction to medical hypnosis. [Course]. San Diego, CA: University of California at San Diego, School of Medicine.
- Boyne, Gil. (1989). Transforming Therapy. Glendale, CA: Westwood Publishing Company, Inc.
- Campbell, Joseph (1988). The power of myth. B. S. Flowers (ed.) New York: Doubleday.
- Cannon, Walter B. (1942). 'Voodoo' death. American Anthropologist, 44, 169-81.
- Courlander, Herald, & Remy Bastien, R. (1966). Religion and politics in Haiti. Washington, DC: Institute for Cross-Cultural Research.
- De Martino, Erenesto (1990). Primitive magic. The psychic powers of shamans and sorcerers. Bridport, U.K.: Prism Press.
- Driver, Tom Faw (1991). The magic of ritual: Our need for liberating rites that transform our

lives and our communities. New York: HarperCollins.

Eliade, M. (1964). Shamanism. Archaic techniques of ecstasy. Princeton: Princeton University Press.

Eliade, M. (1976). The occult and the modern world. In Occultism, witchcraft and cultural fashions. Chicago: U. of Chicago P.

Ellwood, Robert (1987). Shamanism and theosophy. In Shirley Nicholson (Ed.), Shamanism (pp. 253-264). Wheaton, IL: The Theosophical Publishing House.

Ewin, Debney (1986). Emergency room hypnosis for the burned patient. American Journal of Clinical Hypnosis, 1986, 29(1):7-12.

Ginzburg, Carlo (1992). Ecstasies. Deciphering the witches' sabbath. New York: Penguin.

Golan, Harold P. (1986). Using hypnotic phenomena for physiological change. American Journal of Clinical Hypnosis, 1986, 28(3):157-162.

Gravitz, Melvin A. (1981). The Production of Warts by Suggestion as a Cultural Phenomenon. American Journal of Clinical Hypnosis, 1981, 23(4):281-283.

Grinder, John & Bandler, Richard (1981). Trance-formations. Neuro-Linguistic Programming and the structure of hypnosis. Mohab, UT: Real People Press.

Halifax, Joan (1982). Shaman: The wounded healer. London: Thames and Hudson.

Heinze, Ruth-Inge (1989) Who are the shamans of the twentieth century? In Ruth-Inge Heinze (Ed). Proceedings of the Fifth International Conference on the Study of Shamanism and Alternate Modes of Healing (pp. 1-11). New York: Independent Scholars of Asia.

Hoppal, Mihaly (1987) Shamanism: An archaic and/or recent system of beliefs. In Shirley Nicholson (Ed.), Shamanism (pp. 76-100). Wheaton, IL: The Theosophical Publishing House.

Houston, Jean (1987) Foreword: The mind and soul of the shaman. In Shirley Nicholson (Ed.), Shamanism (pp. vii - xiii). Wheaton, IL: The Theosophical Publishing House.

Jones, Prudence & Pennick, Nigel (1995). A History of Pagan Europe. London: Routledge.

Kalweit, Holger (1988). Dreamtime and inner space. The world of the shaman. Boston:

Shambhala.

King, Serge (1987). The way of the adventurer. In Shirley Nicholson (Ed.), *Shamanism* (pp. 189-203). Wheaton, IL: The Theosophical Publishing House.

King, Serge (1988). Seeing is believing: The four worlds of a shaman. In Gary Doore (Ed.), *Shaman's Path*. Boston: Shambhala.

Korn, Errol & Pratt, George (1996, Fall Quarter). Visualization and hypnosis. [Course]. San Diego, CA: University of California at San Diego.

Krippner, Stanley. (1987). Dreams and shamanism. In Shirley Nicholson (Ed.), *Shamanism* (pp. 125-133). Wheaton, IL: The Theosophical Publishing House.

Krippner, Stanley & Patrick Welch, P. (1987). Spiritual dimensions of healing. New York: Irvington.

La Barre, Weston (1972). The Ghost Dance. The origins of religion. London: George Allen & Unwin.

Langdon, E. Jean Matteson & Baer, Gerhard (Ed.). (1992). Portals of power: Shamanism in South America. Albuquerque, NM: University of New Mexico Press.

Maxfield, Melinda (1990). Effects of rhythmic drumming on EEG and subjective experience. Unpublished Dissertation, Institute of Transpersonal Psychology, Menlo Park, CA.

Moore, L.E. & Kaplan, JZ. Hypnotically accelerated burn wound healing. American Journal of Clinical hypnosis, 1983, 26(1):16-19.

Neidhardt, John (1975). Black Elk speaks. London: Abacus.

Noll, Richard (1987). The presence of spirits in magic and madness. In Shirley Nicholson (Ed.), *Shamanism* (pp. 47-61). Wheaton, IL: The Theosophical Publishing House.

Overton, James A. (1994). El chamanismo y la perspectiva chamanica [Shamanism and the shamanic perspective]. Unpublished Master of Arts thesis, Queen's University, Kingston, Ontario, Canada.

Overton, James A. (1998). Shamanic Realism: The Shamanic Perspective in Latin American Literature. Shaman.

Overton, James A. Forthcoming. The Imagino-Hypothesis: the role of imagery and imagination in cognition, clinical hypnosis, placebo, and shamanic healing.

Overton, James A. Forthcoming. The Theta-Consciousness Theory: a scientific model of trance-hypnosis and hypnotic phenomena.

Plotkin, Mark J. (1993). Tales of a Shaman's Apprentice: An ethnobotanist searches for new medicines in the Amazon Rain Forest. New York: Penguin Books.

Rapinsky-Naxon, Michael (1993). The nature of shamanism: Substance and function of a religious metaphor. New York: State University of New York Press.

Rogo, Scott D. (1987). Shamanism, ESP, and the paranormal. In Shirley Nicholson (Ed.), Shamanism (pp. 133-144). Wheaton, IL: The Theosophical Publishing House.

Samko, Michael (1993, January) Lecture: "The martial art Aikido & Ericksonian methods." San Diego, CA: San Diego Society of Clinical Hypnosis.

Schmidt, Mary (1987). Crazy wisdom: The shaman as a mediator of realities. In Shirley Nicholson (Ed.), Shamanism (pp. 62-76). Wheaton, IL: The Theosophical Publishing House.

Taussig, Michael (1980). The devil and commodity fetishism in South America. Chapel Hill: University of North Carolina Press.

Thero, E. Nandisvara Nayake (1987). The dreamtime, mysticism, and liberation: Shamanism in Australia. In Shirley Nicholson (Ed.), Shamanism (pp. 223-232). Wheaton, IL: The Theosophical Publishing House.

Walsh, Roger N. (1990) The spirit of shamanism. Los Angeles: Jeremy P. Tarcher.

Wall, S.teve(1995). Shadowcatchers. New York: HarperPerennial.

Yapko, Michael (1990). Trancework: An introduction to the practice of clinical hypnosis. New York: Brunner/Mazel.

Yapko, Michael (1996, November). Clinical hypnosis in psychotherapy. [Seminar]. San Diego, CA.