SHAMANIC TECHNIQUES: THEIR USE AND EFFECTIVENESS IN THE PRACTICE OF PSYCHOTHERAPY

by

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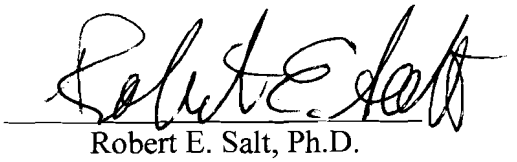

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ABSTRACT

Through this research project the perspectives of 64 licensed (mental and physical health providers) and non-licensed practitioners who utilize shamanic techniques within their practices were examined with the intent to gain further knowledge and understanding in regards to the use and effectiveness of shamanic techniques within the practice of psychotherapy. A review of the literature reveals that the ancient practice of shamanism despite the transitions in societal structures continues to be utilized throughout the world. A number of individuals living within the United States have chosen to study and practice core shamanic techniques developed within the past few decades. As the interest in alternative healthcare in the West continues to grow, so has the use of folk remedies, such as shamanism. Yet, even though the utilization of spiritual practices has been demonstrated to have positive effects on health by the scientific community, the spiritual realm by its nature continues to be difficult to define and quantify, generating controversy. The results of this study suggest that shamanic techniques may indeed offer an

effective means to dealing with a number of mental, physical, and spiritual concerns with certain individuals in a relatively short period of time.

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Chapter I: Introduction

As our society has changed and evolved, so has the knowledge of the study and practice of shamanism. Research such as that done in the realms of altered states of consciousness and the role of spirituality in health has helped to bring subjects once thought of as strictly spiritual into the scientific realm. Today with greater diversification of our population and increased interest in alternative health care, which takes into account the whole person (body, mind, and spirit), the essential importance of exploring practices such as shamanism in regards to its use and effectiveness becomes apparent. As core shamanic techniques are currently being offered to individuals within the United States, many questions arise. For example, are these practices being integrated with conventional psychotherapy? If so, who is doing so and how? What are their views of the relationship between psychotherapy and shamanism? By continuing the exploration into the evolutionary use of shamanism in today's culture within the United States, some insight may be gained to help clinicians and clients alike into the process of health and well-being.

Statement of the Problem

The ancient practice of shamanism has been investigated for centuries throughout the world. As society has changed and evolved, varied forms of the practice have been identified, created and utilized. Today in the United States licensed mental and physical health providers as well as others utilize shamanic techniques within their practices to assist individuals in their search for heath and well-being. Yet little research is available regarding the use and effectiveness of these techniques in the practice of psychotherapy, despite the number of individuals offering such methods and the self-help books available on the subject to assist

individuals in their personal growth. Statistically documented evidence that quantifiably supports the efficacy and benefits of shamanic practices is lacking.

Purpose of the Study

Through this study, the researcher proposes to (1) gain an understanding of the demographics of individuals who employ some form of shamanic practice, including elements such as age, gender, regional and occupational location, and educational background; (2) to statistically measure the elements that influenced their decision to use shamanic techniques; (3) to identify how shamanic techniques are incorporated within a practice along with what specific modalities the providers utilize; (4) to statistically measure the perceived effectiveness of shamanic techniques by the practitioners who use it; (5) to determine the characteristics of the individuals who may benefit most from this methodology; (6) to gain an understanding of what concerns shamanic techniques may be used to help and to statistically measure which of these issues have the best outcome prognosis using shamanic techniques; and (7) to identify any particular ethical concerns that the practitioners have encountered regarding the utilization of shamanic techniques.

Assumptions of the Study

The subjects solicited to participate in this study were identified due to their membership within an organization which offers shamanic training programs or supports the philosophy and practice shamanism. Therefore it is assumed that these participants purport some level of effectiveness in regards to the utilization of shamanic techniques towards the increased health and well being of an individual.

Definition of Terms

While controversy exists regarding the definition of ***shamanism***, a broad working definition of shamanism describes it as "...a religious belief system in which the shaman is a specialist in the knowledge required to make a connection to the world of the spirits in order to bring about benefits for the other members of the community (Walter, 2004, p.xv).

Methodology

As mentioned above, potential subjects were researched and identified through their membership within established shamanic organizations which included the Dance of the Deer Foundation Center for Shamanic Studies, Sandra Ingerman, The Foundation for Shamanic Studies, The Four Winds Society, and the Society for Shamanic Practitioners, and through word of mouth. A 58 point questionnaire was sent to 216 prospective subjects either through an electronic survey, through the mail, or via the telephone. Of these prospective subjects, 64 participated in this study. The responses to this study were then analyzed by the researcher utilizing frequencies, percentages, cross tabulation, and a phenomenological qualitative perspective.

Chapter II: Literature Review

While the subject of shamanism has been researched from a variety of perspectives, including anthropological and psychological, scholarly literature on the use of shamanic counseling practices by mental health practitioners is limited. This literature review is intended to explore and outline the therapeutic components of shamanism and its relationship to Western psychotherapy. The review begins by defining and giving a historic overview of the practice of shamanism and then focuses on the development of Western psychological perspectives. Some of the similarities found in shamanism and Western psychotherapy are then examined. This is followed by a study of current day practices of shamanism and their impact in the United States.

Shamanism: Its Definition and History

The word *shaman* was first encountered among the Evenk (Tungus), a small group of hunters and reindeer-herding people located in the Siberian forests, and derived from the Tungusic word *Saman* (Eliade, 1964; Hamayon, 2004; Vitebsky, 1995). Among these people, the word designated a type of religious specialist; literally defined as *he who knows* (Hamayon, 2004; Harris & Levey, 1975). The word *shamanism* began being introduced to literature by Western European travelers in the eighteenth century (Hamayon, 2004). Roger Walsh (1994) defines shamanism as "... a family of traditions whose practitioners focus on voluntarily entering altered states of consciousness in which they experience themselves or their spirit(s) traveling to other realms at will and interacting with other entities to serve their community" (p. 9).

The first accounts of Siberian forms of shamanism date back to the late seventeenth century when the Russian archbishop, Avvakum Petrovich, who was exiled to Siberia, described his experiences with a shaman in his autobiography (Hamayon, 2004; Narby & Huxley, 2001).

Yet, scholarly studies of shamanism did not begin until the late nineteenth century (Hamayon, 2004). Since that time, the study of shamanism has been approached by researchers in the fields of anthropology, archaeology, art, gender studies, history, medicine, performances studies, psychology, and religious studies (Hamayon, 2004; Harvey, 2003). Many of these researchers have visited indigenous cultures and have watched, listened, and recorded their observations (Hamayon, 2004). Due to the influence of subjective considerations, various extra scientific approaches have been used to research this topic. An extensive amount of research has been completed on shamanism from diverse perspectives.

Shamans are considered communal leaders who are selected and taught how to work for the community by engaging with important non-human entities (Harvey, 2003). Eliade defined shamanism as "a technique of ecstasy" (1964, p. 4). Siberia and Mongolia are considered to be the classic shamanic areas where the ecstatic experience is considered the religious experience, but similar magico-religious phenomena has been observed in other regions of the world including Eastern and Southern Asia, Central, North and South America, Africa, Australia, and elsewhere (Eliade, 1964; Vitebsky, 1995). Over time, similar ritualists encountered around the world came to be classified as shamans and thus the word has become part of languages outside of Siberia (Hamayon, 2004; Harvey, 2003). The term now often refers to communal leaders and religious practitioners who locally may be designated as *angakoo, bomoh, mudang, or yadgan,* for example (Harvey, 2003). The word *shaman* has no reference to a well-established definition, but rather serves as an all-encompassing term that replaced European terms such as conjurer, diviner, healer, juggler, magician, and sorcerer, which were determined to be inadequate (Hamayon, 2004).

Today in the West, the word shaman also refers to individuals who practice within various therapeutic, spiritual, and cultural movements (Harvey, 2003). By extension, the term *shamanism* came to be used without being delineated as a particularly scholarly concept, nor linked with any clear-cut methods (Hamayon, 2004). In addition, since the word comes from a specific place and people, not all traditional peoples approve of the use of the word *shaman* as a generic term (Vitebsky, 1995).

As research progressed, two general Western ideological positions have emerged (Hamayon, 2004). These positions debate whether shamanism would be best classified as a religion, and thus a socio-cultural institution or deemed an inherent human trait to be understood in terms of the field of psychology.

Shamanism as a Religion

Shamanic practices are thought to have predated all organized religions (Wikipedia, 2005). The earliest evidence of shamanism seems to date back to the Paleolithic times (Gagan, 1998). This is documented by the discovery of animal skulls and bones (theorized to be shamanic ritual offerings) found at sites in Europe, thought to have been inhabited between 50,000 and 30,000 B.C.E. In addition, the discovery of cave sanctuaries in France and Spain along with the mammoth-winter encampment in Eastern Europe by archaeologists, indicate the existence of shamanism in the upper Paleolithic era, 15,000 to 25,000 years ago (Eliade, 1964; Walsh, 1990). Research continues to unearth drawings of such figures as deer, horses, cows, bulls. bison, rhinoceroses, lions, and owls, which are indicative of the presence of shamanic activity (Gagan, 1998). Shamans were more frequently found in nomadic hunting and gathering societies and fishing societies (Krippner, 2002). As agriculture was introduced, organized religions were

created. While shamans retained their healing abilities, they lost a great deal of their power to the priests and priestesses.

It is documented that during the sixteenth century, as Europeans began exploring the Western Hemisphere, they met with individuals in numerous communities who asserted that they communicated with spirits as a means to learn about life and healing (Narby & Huxley, 2001). Europeans, during this time period, believed that spirits with whom one could communicate were considered evil and thus viewed these native peoples with distaste. Tens of thousands of witches and sorcerers were being executed after imposed torture begat their confessions of having violated sacred Christian ceremonies, having engaged with spirits, and having made pacts with the devil (Krippner, 2002; Narby & Huxley, 2001).

During the Enlightenment period in the eighteenth century, shamans were viewed as *quacks* making use of others' gullibility (Hamayon, 2004). They were not theorized to fall within the realm of religion. Rationalist philosophers were determined to eradicate shamanism as "their backward ways" were viewed as an obstruction to the progress of humankind. In the framework of the romantic reaction against the Enlightenment, some German and French philosophers and poets viewed shamanism favorably. Missionaries and early travelers from the West with a Christian point of view observed shamans and recognized the shaman as a religious character, but one in the service of the devil and not God (Hamayon, 2004). Such arguments were used to convert shamanistic individuals to Christianity late into the nineteenth century. Due to these perspectives, shamans have been frequently persecuted throughout history (Vitebsky, 1995). Eliade (1964) theorized that shamanism may be more correctly classified as mysticism than what is commonly called a religion.

Shamanism as a Psychological Phenomenon

Shamans, from a psychological point of view may be "described as community-sanctioned spiritual practitioner who claims to deliberately modify their attention in an attempt to access information not ordinarily available to members of their social group" (Krippner, 2004, p. 204). The information gained by the shaman is sought and used in an effort to improve the physiological, psychological, and spiritual problems presented by the members of the community.

Changes in shamanic practices, due to the impact of and as a reaction to colonization, became apparent to scientific observers. (Hamayon, 2004) As community changes began to take place, incorporating a hierarchy of social and political roles, shamans could no longer defend and sustain their role, which was crucial in their previously mobile societies. Nervous and mental troubles increased and shamans developed healing functions as a means of symbolic protection of their individual and collective traditional life. These healing rites were better tolerated by colonial authorities who were focused on the development of their own law and faith. As more individuals took to *shamanizing* themselves, a variety of psychological approaches to shamanism were created. Whereas a shaman continued to practice their traditional role in hunting and gathering tribes as well as fishing communities, the role of *shamanic healer* developed in agricultural societies (Krippner & Welch, 1992). This new role differed from the shaman's role in that generally the shamanic healer had a lower social status, was less likely to have an initiation with ceremonies and rites, less likely to communicate with spirits, led fewer group activities, and was more likely to use sleight of hand in healing sessions.

In the late nineteenth century as shamanism was becoming more widely used, research on shamanism moved away from the area of religion toward the field of psychology. Yet, most of

the research was done by anthropologists who had little education in psychology or psychiatry (Walsh, 1994). During this transition and throughout the first half of the twentieth century, the use of shamanic practices was found by many to be psychopathological, with the healing powers of the rites to be used for the shamans directly as well as for those the shamans were to be attending. The shaman's personality was theorized to be the source for his or her behavior. In 1935, Sergei Shirokogoroff, (Eliade, 1964) who was examining the Tungus, theorized that shamans out of necessity must be physically and mentally strong to cope with their duties. In addition, he concluded that some shamans did have weak personalities.

Toward the middle of the twentieth century the debate on the shaman's psychology diminished (Hamayon, 2004). For decades, little attention was paid to the psychology of shamanism as the shamanic tradition was not valued by psychologists (Krippner, 2002). Yet, the shaman's personality and mental states continued to be investigated during the 1970's and 1980's (Hamayon, 2004). The most frequent formal diagnoses given to shamans have included epilepsy, hysteria, and schizophrenia (Walsh, 1994). Others hypothesized that the state of mind induced by shamanic practitioners resembled that of advanced practitioners of Buddhism, yoga, or Christian mysticism (Doore, 1988; Kalweit, 1988). Later, some saw shamanism to be neither here nor there and useless while others found shamanism to be an all inclusive societal system (Hamayon, 2004).

During the early 1960's, while the shaman's personality was being investigated, a movement emerged in California which in time came to popularize and recreate shamanism while evoking greater professional and popular interest in the topic (Hamayon, 2004; Walsh, 1994). This trend was impacted by two authors. First the likely fictional ethnographic writings of Carlos Castaneda, which highlighted the use of hallucinogens as a source for enriching spiritual

life, and second, Mircea Eliade's book *Shamanism: Archaic Techniques of Ecstasy,* in which the perception of a direct contact with the Divine was appealing to those who contested what they perceived as a too strict clerical hierarchy in the Christian Church (Hamayon, 2004). Shamanism became understood as being potentially universal; supportive of a full range of creative or innovative specialties. These works helped to popularize shamanism within the counterculture movement.

This interest in shamanism spawned "Western" forms of shamanism, termed Core shamanism or Neo-shamanism (Hamayon, 2004; Harner, 1980). Michael Harner's development of Core shamanism and teachings, offered through The Foundation for Shamanic Studies, has been considered to have a great influence on this movement. Harner created Core shamanism through the incorporation of common elements found in a variety of shamanic traditions in an effort to make shamanism more universally accessible to individuals living in the Western culture.

Over time, shamans came to be regarded by mainstream academia on a continuum from being "psychologically disturbed to virtual saints" with shamans being viewed as "psychologically disturbed or at best as individuals who have recovered from a significant disturbance" (Walsh, 1994, p.8). Today, a great deal of uncertainty continues to exist regarding the psychological health of shamans.

The Shaman: Their Call and Practice

The Call

There are various means by which an individual may be called to become a shaman. Usually the individual will encounter some sort of omen (Walsh, 1994). Most indigenous traditions emphasize that a shaman is chosen by the spirits and that this selection is crucial

(Vitebsky, 1995). Richard Noll (1987) explains that cross-culturally *spirits* are "subjectively described as those transpersonal forces that we experience as moving in us or through us but are not entirely moved *by* us....these [usually] personified forces or agencies are autonomous entities with their own agendas" (p.48). Contact with these spirits is more clearly communicated in altered states of consciousness. Walsh (1994) has theorized the term *spirits* to describe the shaman's understanding of his or her own experience and not to imply the existence of separate entities.

While an individual may be recognized at birth for having the innate power to enable him or her to become a shaman, most often the call to shamanism occurs in adolescence or early adulthood (Vitebsky, 1995; Walsh, 1994). Others may be found later to hold a predisposition and potential to acquire shamanic power (Vitebsky, 1995). Societal customs also play a role in the selection.

One of the predominate means of becoming a shaman is through inheritance (Vitebsky, 1995). At birth, an individual may be selected to carry on the family tradition (Walsh, 1994). With this early identification, a feeling of great responsibility may be experienced by the individual, the family, and the community. In family systems with many relatives, it may not be clear which offspring should inherit the gift (Vitebsky, 1995). Persons approached by the spirits in their dreams and visions, such as those received during a vision quest (a period of time spent fasting and in solitude in order to receive a guiding vision for one's life) may suggest that the individual should take on the shamanic role (Vitebsky, 1995; Walsh, 1994). A mature shaman will interpret and confirm the significance of the dream or vision (Walsh, 1994).

Another means of receiving the call is by becoming sick with an illness such as epilepsy, or having an unexpected recovery from a serious disease (Vitebsky, 1995; Walsh, 1994).

Through the cause of the illness, the individual gains an understanding of the spirits' intention (Vitebsky, 1995). The individual is led to an acceptance of their new role, which allows them to be healed and to heal others. Vitebsky (1995) states that in many regions, including Siberia, individuals

> ...may suffer from a quite distinctive 'shamanic illness' in which they appear to go out of their minds babbling gibberish, rushing naked across the landscape with no regard for their safety, or spending weeks up a tree or lying motionless on the ground. (p. 57)

Initiation through illness may take years as the individual struggles with the spirits, eventually giving in. The illness itself is considered a means to learning and understanding. The term *wounded healer* is often used to classify an individual who has been called in this way to the profession (Bloch, 1992).

Other means may include having "some striking feature or experience such as an unusual physical appearance...or unusual subjective experiences such as curious symptoms, feelings, and behaviors..." (Walsh, 1994, p. 10). Such experiences may include fainting fits, fright, being struck by lightening, heightened sensitivity and perception, or bizarre, dangerous, and life-threatening behaviors (Power, 2004; Walsh, 1995).

In some regions, while an individual may be chosen by the spirits, others may select themselves (Vitebsky, 1995, Walsh 1994). These self-selected individuals are generally regarded however, as less powerful. Amongst the Jivaro tribe of South America, which is considered an exception to this theory, self-selected shamanic trainees purchase their education from established practitioners; acquiring the knowledge and techniques they need. Training programs in the West mirror this practice (Walsh, 1995).

The process of becoming a shaman generally incorporates an initial ecstatic or revolutionary experience, which may be brought on by one of the aforementioned experiences (Power, 2004). These physical and psychological ordeals are what send the initiate's soul on an initiatory journey. The inception may be sudden or gradual and the journey may disrupt the life of the individual, their family, and the community for weeks, months, or years (Walsh, 1994). To both the Western culture and the traditional communities, these symptoms and behaviors experienced during the shamanic initiation crisis are found to be unusual. The successful journey through the affliction, termed as a ***death and rebirth*** process, is considered to have the power to heal (Lewis, 1989). Throughout their life, the shaman may experience this death and rebirth process each time he or she performs (Vitebsky, 1995).

Whereas some may experience their call and initiation as a single characteristic event such as through an illness, others may be initiated through a cumulative process, which may last a lifetime (Vitebsky, 1995). Various psychological and physiological techniques, which by our Western culture's standard may be considered extreme, are used to help the initiate enter an altered state of consciousness (ASC) or what Michael Harner terms a *shamanic state of consciousness* (SSC) (Harner, 1980; Noll, 1987). These techniques include pain stimulation, hypoglycemia and dehydration through fasting, forced hypermortality by dancing or other forms of movement for long periods of time, acoustic stimulation through drumming, chanting and singing, seclusion and restriction of mobility, sleep deprivation, hyperventilation, and ingestion of hallucinogens (Noll, 1987).

Once the initial call has been answered, the shaman then enters a period of training and discipline in which the shamanic trainee learns both from the inner world, which includes learning how to cultivate and interpret dreams, fantasies, visions, and spirits, and from the outer

world, which encompasses an education on theory and practice, the myths and cosmology, ritual, and the techniques of the shamanic culture (Walsh, 1994). The shaman learns to enter a SSC to gain knowledge and information, and then works to gain the discipline necessary to increase his or her control over their internal imagery; learning to master the spirits (Noll, 1987). Walsh (1994) states, "This is a period of time in which the mind is trained, the body toughened, cravings are reduced, fears faced, and strengths, such as endurance and concentration, are cultivated" (p.15). The shaman gains the ability to enter and live in different states of consciousness and serve as a bridge between the ordinary and non ordinary realms (Noll, 1987). Entering the SSC is central to the shaman's role. It is through this process that the shaman learns to perceive a world which is interconnected and totally alive.

The Practice

Usually, individuals ask the shaman for assistance with the diagnosis and treatment of an illness, divination or prophecy, problem solving, gaining needed information, and conducting the souls of the dead to a place in the afterlife (Walsh, 1990). Shamans utilize various techniques and elements specific to their region to help facilitate their entry into the other realms. Preparation of an appropriate mind-set through periods of solitude, contemplation and prayer are common in many communities. The shaman prepares the environmental setting and may gather the family or tribe for support. This typically takes place at night so to reduce awareness of the surroundings outside this focus and assist the shaman in seeing the spirits and geography of the other worlds (Sifers, 1998; Walsh, 1990). The shaman frequently may wear a specific costume, utilize percussive instruments as well as other objects, and/or ingest sacred plants (Films for the Humanities, 1999; Walsh, 1990). The use of drums and rattles are most commonly used to produce auditory stimulation to help facilitate entry into alternative states of consciousness

(Sifers, 1998). All of these elements help the shaman to gain control over the experience and enter and leave the journey state at will.

The shamanic journey is one of the main techniques utilized by the shaman to help their clients (Harner & Doore, 1987). Through the shamanic journey, the shaman becomes a channel for the spirits. The shaman may experience visions while entering another realm, but these visions are not the goal. The shaman's practical objective is to bring back knowledge and power to heal and regenerate individuals and the community. While on the journey the shaman interacts consciously and solicits the friendship and aid of guardian powers and spirits there, most often power animals or ancestors. The shaman may also have spiritual teachers who give advice, instruction and assistance in these realities. During the journey, while the shaman's awareness of their surroundings is diminished, the shaman through the use of concentration splits their attention between the ordinary reality and the other realms (Eliade 1964; Sifers, 1998). The shaman communicates the information gained during the journey to the client or audience.

From a shamanic perspective, the universe is thought to have three levels. These include the earth or the Middleworld, the underworld which is called the Lowerworld, and the sky which is termed the Upperworld (Harner & Doore, 1987). All are connected by a central axis, which represents the very center of all aspects; where sacred space and time become manifest. This central axis in many cultures is represented as a *World Tree* (Rysdyk, 1999). The soul of the shaman has the ability to traverse these alternate realities in the course of his journeys (Harner & Doore, 1987). The shaman does so to make contact with helping spirits found in these realms. To enter one of these other worlds, the shaman passes through an opening or hole in the reality.

Evelyn Rysdyk (1999) explains that the Middleworld consists of where we each live, but outside of the current space and time. Spirits found in this realm include the spirits of those

presently living as well as those whose bodies have died, but whose spirits have chosen to remain in this realm. These spirits may be gentle, powerful and helpful or they may display negative behaviors such as trickery, jealousy, greed, hatred, or cruelty. These spirits may be disruptive; disturbing an individual's dreams, for instance. Generally, these spirits are not sought for counsel. Journeys to the Middleworld are most frequently used to gain information regarding hunting, the weather, and warfare (Walsh, 1990).

The realm of the Lowerworld, a place commonly of tests and challenges (Walsh, 1990), is filled with spirits of animals and plants, along with vivid powerful images, similar to those found in stories such as *Alice in Wonderland* (Rysdyk, 1999). The passageways are diverse and may include such openings as animal burrows, openings in hollow trees, caves, subway tunnels and manholes. The combination of mythical creatures along with specimens found to exist in ordinary reality make their presence known in this realm. An individual may experience the presence of dragons, unicorns, and giant talking plants for example, as well as animals or plants, which are extinct or currently found in our world.

The Upperworld, the realm found above the earth, may be referred to as the *sky world.* Images found in such stories as *Jack and the Beanstalk*, and *The Wizard of Oz* display elements of ascending to this realm (Rysdyk, 1999). For example, the rainbow is classified as a bridge to this realm by many tribes. Shamans during their journey to the Upperworld may convert themselves into an animal or bird in order to climb or fly to this realm. To begin the journey to the Upperworld, a shaman will generally place themselves in a raised area from which they may imagine themselves ascending to the sky (Walsh, 1990). This may include a cliff, a mountain, or a treetop, for example.

During the journey the shaman may work to retrieve the soul of the individual seeking assistance. The word soul is defined as "The animating and vital principle in man, credited with the facilities of thought, action, and emotion and often conceived as an immaterial entity" (The American Heritage Dictionary, 1982, p.1167). An individual's soul is considered to be "inextricably bound" to their physical body (Noll, 2004, p. 235). Varied perspectives exist, however, regarding the make-up of an individual's soul. For instance, in the Judeo-Christian religious tradition, one human body is theorized to host one immortal soul. In contrast to this, an individual in many shamanic societies is found to have two or more souls. The theory of the human body containing two souls was also held by the European folk psychology of Christianity some two thousand years ago. One soul was found to live in the chest cavity and die when the physical body died, and the other was theorized to reside in the head, to be immortal, and survive death.

The notion of soul dualism has been theorized to be a core belief among many of the world's shamanic societies (Hultkrantz, 1984, 1992). These two souls may be defined as the *body-soul* or *life-soul* and the separable or *free-soul*. The body-soul or life-soul contains the waking conscious identity of the shaman, whereas the free-soul has the ability to leave the body during altered states of consciousness such as during sleep, a trance, or a traumatic experience. The shaman learns to voluntarily control the free-soul in order to travel to the other realms and engage with spirits to help an individual or the community or to retrieve the lost soul of a client who is ill.

In some shamanic societies, however, an individual is considered to have multiple souls (Noll, 2004). For example, in Hmong shamanism, an individual's soul is considered to be comprised of seven entities (Heinz, 2004). These entities are associated with the six sense organs

(the two eyes, the two ears, the nose, and the mouth) and the heart. Because these senses may operate and malfunction separately, these various souls are theorized to be able to independently "...slip away during sleep or get lost during a serious illness or scatter like flies if frightened" (p. 808).

In traditional shamanic communities, an individual experiencing the loss of this animating and vital principle or essence was attributed to the soul being frightened away, straying, or being stolen (Ingerman, 1991). Due to varying beliefs regarding structure of the soul as described above, soul loss may entail an individual having lost a part or parts of their soul or one or more souls. The theft of the soul may be taken by another human being or by a spirit or ghost (Eliade, 1964; Ingerman, 1991). The loss of spiritual harmony with other life forms is found to cause imbalances or displacements in an individual's spiritual essence, resulting in debilitation and disease (Ingerman, 1991). Soul loss is considered a spiritual illness which results in emotional and/or physical disease. Because illness is viewed as a spiritual problem, the shaman works to retrieve the lost parts of the soul in order to restore harmony and well-being to the individual. These soul parts which have spilt off have relocated themselves in the non ordinary realms. The work of the shaman is to locate and retrieve these aspects and return them to the individual in order to restore wholeness. This is termed *soul retrieval*. The practice of recovering and restoring lost aspects of the soul to an individual who has lost them, is related to the belief that an individual's soul can be lost through such experiences as "... trauma, abuse, voluntary surrender, soul theft, or black magic..." for instance (Lipp, 2004, p. 225). This concept of soul loss is not only accepted by traditional tribal shamans, but also some modern psychologists.

Shamans also theorize *spirit intrusion* to account for individual sickness (Walsh, 1990). While spirit intrusion may explain perceived changes not only in human beings, but also in animals, plants, stones, or other objects, most studies have investigated spirit possession experienced in human beings (Giles, 2004). The concept of spirit possession is one that is not easily defined or applied to all cultural contexts. Generally, the theory of spirit possession is thought of "...as a cultural explanation for perceived changes in a human being in terms of the intrusion of an external spirit" (Giles, 2004, p. 228). The degree of spirit possession may vary along a continuum from simply exerting control or influence over an individual such as exhibiting abilities, actions, or states which the individual generally does not demonstrate to being taken over completely so that the actions and speech of the human being is that of the spirit rather than that of the individual. Societies perceive and work with spirit possession by various means depending on the nature of the involved spirit. The spirit may be seen as benevolent and useful and thus be sought out and encouraged as part of the culture's religious practice (e.g. the Holy Spirit in some Christian Protestant denominations or Orishas to the Yoruban people of Africa) or malevolent and undesirable and as such creating mental distress and disease and thus needing to be exorcized (Giles, 2004, Noll, 2004). Shamans routinely practice exorcism of the spirits from their clients in order to treat an illness found to be caused by spirit possession (Noll, 2004). The shaman voluntarily does so by journeying to the other realms and eliciting the aid of his or her helping spirits to determine the cause and then remove it. This is usually done by sucking out the object and disposing of it (Townsend, 2004). Alternatively, the shaman may appease the spirit by having the spirit speak its needs through the individual or an attending spirit medium (Giles, 2004).

Different opinions exist regarding the differences between shamanism and spirit possession. Some researchers maintain that there is a fundamental difference between them while others regard the distinctions between them as too rigid (Giles, 2004). Lewis (1989), for example, theorized that the shaman has different experiences at each developmental stage of his or her career. An individual may begin with the experience of being involuntarily possessed and having no control over the spirits which afflict them. As healers, they learn to control and domesticate the spirits; becoming more knowledgeable of how to interact with them on a voluntary basis (Giles, 2004).

One technique used by some shamans involving spirit possession is mediumship or channeling (Walsh, 1990). Whereas shamans generally have control over the spirits they are in contact with, during the practice of mediumship a shaman is thought to be possessed by a spirit entity. This entity channels information to those seeking guidance. A shaman may use a trance to make contact with the deceased ancestors of the individual seeking help or illicit the gods to possess them through the use of music, incense, and offerings. While a distinction may generally be drawn between a spirit medium, who experiences spirit possession and a shaman who engages in magical flight to other realms, spirit mediums in some regions (e.g. Korea) are commonly referred to as shamans (Noll, 2004).

Western Psychology: It's Evolution

Early prescientific tribal civilizations were animistic; theorizing everything in nature to be alive (Gagan, 1998). Human attributes were projected onto the elements of nature (anthropomorphism). Folk customs, interests, and beliefs came to be understood as the creation of myths in order to explain the experiences of life (Santrock, 2000).

Developments within the civilization of ancient Greece made it favorable for certain classes of individuals to have freedom and liveliness of thought; giving birth to philosophy (Esper, 1964). These individuals theorized that the supernatural superstitions and magical practices used to appease the gods did not explain the *substance* from which everything in nature was derived (Gagan, 1998). Their wish was to describe *the ultimate nature of the universe* (Esper, 1964, p. 37). To these early Greek philosophers the meaning of life and the purpose of human existence was paramount (Gagan, 1998). With limited knowledge and techniques (e.g. physics, chemistry) various systems were debated for their contribution to human behavior (Esper, 1964; Gagan, 1998). The systems included the naturalistic, biological, mathematical, eclectic, and humanistic orientations, which explored human capabilities from both physical and spiritual perspectives (Brennan, 1982). Plato and Aristotle elaborated on Anaxagoras' and Socrates' proposal of an existence of a soul to that of being a central element in the understanding of life. Aristotle asserted that humanity is driven toward the acquisition of knowledge, it highest purpose, by *active reason*, an aspect of the soul (Gagan, 1998). From these explorations, the ancient Greeks provided the first recorded hypothesis about the nature and origin of human activity in the Western civilization. The significant themes, issues, and methodological approaches of what became the field of psychology were first identified and structured by the ancient Greeks (Brennan, 1982).

The developments encountered during the sixteenth and seventeenth centuries helped support the eventual emergence of an empirical scientific psychology (Brennan, 1982). One of the supportive movements included the scientific advancements based on careful quantifiable observations brought forth by Bacon, Galileo, Kepler and Newton. Another trend involved the more philosophic enterprise of Decartes, labeled the father of modern philosophy and modern

psychology. He asserted that the most certain principle was the knowledge of the self. Reality of the external world was considered questionable. Decartes hypothesized that "...the only sure fact about which we have absolute certainty is our own experience and our awareness of the knowledge of ourselves" (p.85). He viewed the mind as an inmaterial spiritual entity and perceived the body as a physical entity, which had much in common with animals and operated through the mechanics of physiology via responses to the external world. His philosophy distinguished psychology from physiology, offering a dualistic interaction between the mind and body.

During the nineteenth century, the field of psychology separated itself from philosophy and the natural sciences (Brennan, 1982). This was propelled by intellectual movements and scientific advancements. These included an increase in understanding of the human's body's nervous systems and sensory processing, the development of psychophysics in order to scientifically study sensory and perceptual experience not accommodated by the natural sciences, along with scientific developments spawned from Darwins' theory of natural selection and primacy of scientific empiricism, leading to the introduction of experimental psychology (Brennan, 1982; Gagan, 1998).

During the twentieth century many theoretical and methodological approaches were being created (Gagan, 1998). Early contributors included Wilhelm Wundt who devised laboratory experiments to study consciousness, Edward Titchener, who together with Wundt founded the theory of structuralism (a focus on the importance of conscious thought and classification of the structures of the mind), and William James, with his theory of functionalism (the study of the functions of mind and behavior in adapting to the environment) (Santrock, 2000). Today, structuralism and functionalism are not considered among the main approaches to

psychology. Yet, the importance of the mind and behavior in adapting to the environment are still emphasized by many mental health professionals.

A variety of approaches including behavioral, psychoanalytic, cognitive, humanistic, behavioral neuroscience, evolutionary, and sociocultural psychology have emerged since that time as mainstream psychological approaches (Santrock, 2000). The early behavioral experiments, which measured environmental conditions and the subsequent responses of the subjects, supported the field of psychology in becoming recognized as an empirical science (Gagan, 1998). Since its conceptualization, behaviorism has evolved with the clinical application of behavioral modification displaying the most significance (Brennan, 1982). Today it is often combined with the cognitive approach which emphasizes the mental processes involved in knowing (Santrock, 2000). Through its use, greater cognitive control over behavior is obtained by the examination and use of thoughts, images, memories, and perceptions.

The psychoanalytic approach, developed by Sigmund Freud, emphasizes the unconscious aspects of the mind and examines the conflicts between biological instincts and the demands of society along with early familial experiences and their impact on adult functioning (Gagan, 1998; Santrock, 2000). Persons, such as Carl Jung and Alfred Adler who studied with Freud, went on to develop their own psychological philosophies. Carl Jung, who was influenced by Eastern thought, developed an analysis and theory which focused on establishing and fostering a relationship between the conscious and the unconscious processes (Frager & Fadiman, 1998). He believed that the personality would be jeopardized without this dialog. He introduced such concepts as individuation (derived from Aristotle's idea of self-actualization), the collective unconscious, archetypes and the structure of the psyche, and the use of symbols. Due to his

leanings toward the historical, mythical, and mystical, mainstream psychologists rejected his school of thought for many years (Gagan, 1998).

The behavioral and psychoanalytic approaches did not satisfy some psychologists such as American humanistic psychologists Abraham Maslow and Carl Rogers (Santrock, 2000). Grounded in existential philosophy, this third force movement of psychology, rather than concentrating on symptoms, focuses on the importance of an individual's quest for identity, values, authenticity and accepting responsibility for one's actions as well as acknowledging the uniqueness of human beings and studying human beings as a whole (Brennan, 1982; Gagan, 1998). Through the humanistic psychological approach, an individual's capacity for personal growth, their freedom to choose his or her own destiny, and their positive qualities are emphasized (Santrock, 2000). Subjective personal perceptions of the self and the world are found to be more important than solely their behavior. Even though this theory, like psychoanalysis, does not lend itself to empirical study, it has received praise for helping individuals cope with their problems more effectively and reach their human potential (Gagan, 1998; Santrock, 2000). Some theorize that this perspective aligns more with religion and philosophy than with psychology (Gagan, 1998). Like Jung's theory, this model also incorporates the spirit or soul and puts its emphasis on the whole person; unifying the mind-body split.

During the 1960's some psychologists wanted to explore dimensions considered ambiguous and forbidden by the field (Gagan, 1998). The concentration of these *transpersonal* psychologists initially focused on the upper regions of Maslow's hierarchy of needs and as a result states of consciousness outside of ordinary awareness begat greater contemplation (Vich, 1990). Even though transpersonal psychology has been acknowledged as a track within the division of humanistic psychology by the American Psychological Association, debate in the

scientific community continues to exist over whether unquantifiable and nonreproducible events can be considered legitimate (Chinen, 1996; Gagan, 1998;). Transpersonal psychologists argue the point that simply because these states can not be measured quantifiably at this time, it does not mean they do not exist.

As the exploration into transpersonal psychological realms developed, shamanism was found to offer a model of healing which highlighted the experiences of descending into the underworld and death-rebirth episodes as therapeutic (Walsh, 1996). From this perspective, the experience of psychological distress may be theorized to serve the individual's spiritual and psychological development. The prevalence and antiquity of shamanism found among diverse cultures led some to propose that shamanism developed early in human history from a common cultural core. As research has come to recognize that 90% of the world's cultures make use of one or more forms of institutionalized altered states of consciousness, some have suggested that the desire to periodically alter consciousness may be a normal inherent human drive similar to the drives for hunger or sex, for instance (Walsh, 1996; Weil, 1972). Like shamanic cultures that seemed to differentiate a true shaman from a madman, transpersonal psychologists and other researchers began to investigate and gain understanding regarding the differences between psychopathology and spirituality, between the prepersonal and the transpersonal.

One of these researchers, Michael Harner as a professional anthropologist, extensively investigated shamanism and other aspects of the Jivaro culture located in Amazonia in addition to other shamanic societies during the late 1950s and the 1960s (Townsend, 2004). Based on his ethnographic research, Harner developed Core shamanism, an experiential method which distilled the central elements found in traditional cross-cultural shamanism. Townsend (2004) drawing from her own previous research along with information presented by Harner (1980) and

others explains that this method does not incorporate any specific beliefs, ceremonies, or other aspects from any indigenous culture, but does refer to ethnographic examples to illustrate teachings. Both introductory and advanced methods of Core shamanism are taught in workshops either by Harner or others certified by him. Other than the knowledgeable individuals who organize and teach these workshops, lead pilgrimages, and help to perpetuate the characteristics of this form of shamanism, Core shamanism is considered to be leaderless, and offer a "conservative, purist approach to shamanism" (p. 50).

The journey into alternative realties is considered central to Core shamanism; a method of contacting an individual's real *teachers* (Townsend, 2004). To experience the journey, individuals enter a shamanic state of consciousness (SSC) through the auditory stimulus of drumming with the beat varying between 205 and 220 beats per minute (Harner, 1980). Individuals during the journey may contact their helping spirits in addition to other spirits of the dead, gain knowledge, and enlist these spirits to help them in accomplishing their goals, such as healing others (Townsend, 2004). Individuals being trained in Core shamanism are encouraged by Harner to discover their own path through the journeying process; learning from the spirits in the alternate reality. They are also free to deviate from solely utilizing pure Core shamanism and to integrate unrelated systems.

Similar to traditional shamanism, Core shamanism emphasizes *seeing* and experiencing the *reality* of the SSC. Townsend (2004) explains that the journeyer is not guided or *pre-programmed* by an instructor, but establishes the objective of the journey themselves. The teachers an individual encounters in this altered state of consciousness are considered actual spirits and not the individual's *inner self.* This differs from other methods used to alter an individual's state of consciousness, such as meditation in which visions are usually considered to

be some form of illusion or as originating in the mind of the seeker rather than actually existing in an alternate reality.

In addition, Core shamanism is likened to traditional shamanism in that it finds that illness is caused by the loss of a spirit helper, soul loss, or by spirit intrusion (Townsend, 2004). The healer travels to the alternate realms to recover and return the individual's spirit helper, or lost soul or to determine the cause of a spirit intrusion and then extract the spirit. Another similarity between Core shamanism and traditional shamanism is that these practices both involve a significant amount of effort and focus. While some individuals who study Core shamanism focus solely on this practice, others involve themselves in diverse activities and incorporate these methods into other practices.

The FSS offers a certification in what is termed the Harner Method Shamanic Counseling which involves participating in training programs and the Certification Program, essays and audio cassette recordings of core sessions with the self and clients, an oral examination, and an evaluation (Foundation for Shamanic Studies, 2004). This certification is considered a method of spiritual learning which combines core shamanism with systemic and technical innovations made by Michael Harner. It is based on ancient principles of shamanism, not of psychology or other modern Western systems.

Aspects of Shamanism in Psychotherapy

While the shaman's role may encompass many functions, their primary role is found to be that of a healer (Walsh 1990). Whereas they regard their healing capacities as primarily spiritual, the shaman's work extends to the psychological and the physical. They may perceive a person's illness as being due to a spirit intrusion or use such techniques as soul retrieval to help with the sickness. Physically, they may attend to wounds, massage a client's body, and

administer herbal medications. As such, shamans have been termed humankind's first psychotherapists due to some of their practices which have been likened to skillful psychotherapeutic techniques. Even those techniques which aim at healing both the physical and the psychological may be considered psychotherapeutic as the psychological treatments may be useful in the healing of many illnesses (Achterberg, 1985; Walsh, 1990).

Some contemporary psychotherapists may utilize elements of shamanic techniques, such as waking visions, archetypal dreams, imaginal work, body experiences, and entering into altered states of consciousness (Leonard, 1997). Others, such as Irwin (1988), Lewis (1988), McNiff (1979, 1988), Moreno (1988a, 1988b), Pendzik(1988), Schnais (1988) and Snow (2000) as researchers and therapists have documented many of the similarities of shamanism to the creative arts therapies, including art, drama, and music therapy. Other similarities have been recognized between Jungian analytic psychology and transpersonal psychology.

Jungian Analytic Psychology

Some therapists, inspired by Jung's analytic perspective, continue to explore shamanism in order to expand and enhance the way they work with their clients. Jungian theory finds both shamanism and analytic psychology to focus on the healing and growth of the psyche (Sandner, 1997). Other features of shamanism are found to have similarities with Jungian therapy. For instance, both methodologies maintain the premise of the existence of a sphere to which the psyche has access. In addition, Jungian therapy and shamanism both seek a direct experience with the inner world. The inner beings accessed there represent archetypal images, which are regarded as subjectively real in Jungian therapy. The complex symbols utilized by many cultures throughout the world, were theorized by Jung to be archetypes, a projection of one's individuation process. Whereas shamans would recognize the world of spirits as a mythic part of

their cosmology, an analytic psychologist would perceive a deep unconscious that is both collective and partially personalized by archetypal figures. Carl Jung was one of the original psychotherapists who acknowledged the significance of the transpersonal experience (Vaughan, 1993).

Transpersonal Psychology

The target of transpersonal psychology is the integration of the physical, emotional, mental, and spiritual aspects of well-being (Vaughan, 1993). Like shamanism, some transpersonal psychotherapists regard caring for the soul to be a key element in working with a client. The therapist may well integrate traditional therapeutic techniques is addition to methods resulting from spiritual disciplines. Yet, consciousness is considered not only to be the means for changing behavior and the contents of consciousness, but also the object of change itself. As in shamanism, living in harmony with others and the environment is affirmed. The relationship of the client to society and the natural environment is considered an aspect of an individual's health and development. The transpersonal therapist realizes that no one technique may be appropriate for all clients and therefore incorporates many methodologies. Some of these include techniques which focus on physical health through bodywork and movement, emotional catharsis, existential inquiry, imagery and dreamwork, meditation, disidentification exercises (e.g. I have thoughts, but I am not my thoughts), confession, and altered states of consciousness. While it is possible that a shaman may by varied means incorporate and utilize many of these techniques, the use of an altered state of consciousness and imagery are certainly found to be central to the shaman's work.

Altered States of Consciousness

One of primary techniques utilized by shamans was recognized by Western researchers as the ability to move in and out of a specific state of consciousness (SSC). Researchers pooled knowledge of these states along with the discovery of different states of consciousness found to be achieved in other religious traditions (e.g. yoga and Buddhist meditation) and termed these states generally as altered states of consciousness (ASC).Walsh (1990) explained that the knowledge of these states was first misunderstood and dismissed, but through time has come to be recognized and appreciated. The premise that individuals can temporarily restructure their consciousness and tap into and develop latent potentials, which lie outside their cultural norm by entering an ASC provided the basis for the interest in such states in the West (Tart, 1983). As such research on these states was further augmented.

Charles Tart (1983), through his research, recognized that consciousness can be analyzed into many parts, which function together and form a system. He theorizes that our ordinary state of consciousness is not a natural or given state, but one that is constructed as a specialized tool to cope with the environment in which we live and with the other individuals in that environment. He also suggests that as humans we have a large number of potentials available; however the experiential potentials selected by a culture have much to do with the construction of the structure of an ordinary state of consciousness. He also explains that the terms SSC and ASC are too broad and used the terms discrete state of consciousness (d-SoC) and discrete altered state of consciousness (d-ASC) to define states other than the ordinary state of consciousness (or baseline state). He theorizes that there are important individual differences in the structure of d-SoCs and "[t]hus what is a special state of consciousness for one person may be an everyday experience for another" (p.6).

Tart (1983) describes three stages to induce a d-ASC. The first step involves the destabilization of the original state. The state is disrupted by one or more destabilizing factors that interrupt the usual brain-mind function. Intense sensory input as well as psychological or chemical disrupters can act as destabilizing forces. For instance, music, drumming, or hunger or sleep deprivation, or the use of psychedelics as used by shaman, may be used at this stage. If the destabilizing forces are powerful enough, the usual state of consciousness is disrupted and a transition to another state is initiated. An individual's beliefs, physiological condition and environmental setting play a role in the nature of the new state. These elements generally impress specific patterns on the brain-mind function and encourage a d-ASC. These findings correlate with the shaman's use of psychological, social, physiological and pharmacological approaches for entering an ASC (Walsh, 1990).

Christina and Stanislav Grof (1993) have accumulated evidence that many individuals who undergo episodes of what they call *non ordinary states of consciousness*, are experiencing an evolutionary crisis as opposed to distress from a mental illness. They term these episodes as *spiritual emergencies.* The spiritual emergency may happen spontaneously, without any precipitating factors, or be brought on by emotional stress, physical exertion, disease, accident, childbirth, an intense sexual experience, through the use of psychedelic drugs, or by the use of various meditative practices. They theorize that if these occurrences are understood and treated as a difficult stage in the natural developmental process, the facilitation of emotional and psychosomatic healing, creative problem-solving personality transformation, and consciousness evolution can be facilitated. Grof and Grof acknowledge that these dramatic changes of consciousness may be potentially therapeutic and transformative, a position that is not generally acknowledged by traditional psychiatrists. Some spiritual crises may resemble a shamanic or

initiatory illness, in which the shaman undergoes a death and rebirth process. They find that individuals who have this form of crisis experience an emphasis on physical suffering and elements of ascent or magical flight which accompany the death rebirth process. In addition, a sensed special connection with nature, an upsurge of extraordinary powers and an impulse to heal may be experienced by these individuals. Stanislov Grof developed Holotropic Breathwork™ as a technique for entering such states in order to help facilitate an individual's movement toward wholeness through the experience of alternative realms of consciousness (Grof, 2003).

Imagery

Noll (1985) explored altered states of consciousness as a means of mental *imagery cultivation.* Jeanne Achterberg (1985) explains that "Shamanism is the oldest and most widespread method of healing with the imagination" (p.15); using the imagination for healing is the shaman's most distinguishing feature. The shaman's experience of an interaction, which is felt to be with an intelligent spiritual entity separate from the self, provides information and power (Walsh, 1990). Psychologists from a conventional perspective may regard these sources of information and power as mundane aspects of the psyche (e.g. subpersonalites). Transpersonal psychologists may incorporate the two perspectives, finding such experiences of imagery as contact with one's subpersonalities, in addition to conceiving that these sources of wisdom may represent some transcendent aspect of the psyche beyond the ego. These transcendent aspects of the psyche have been described by certain Western psychologies as the higher Self, the Jungian Self (center of the psyche), or the inner self helper, for example.

Many techniques utilizing imagery have been introduced from various psychological perspectives to help with a number of conditions. For example, Systematic Desensitization, a

behavioral therapy technique developed by Joseph Wolpe, is used to help countercondition the individual and thus help to alleviate behavioral disorders and phobias (Achterberg, 1985). Other techniques used in behavioral modification therapy include the use of implosion and flooding which help to overcome hysteria, substitute ideas, and cause extinction of the fear response.

From a psychoanalytic perspective, Freud used imagery as a general tool to promote free association as well as with physical disorders (Achterberg, 1985). Jung developed the use of *active imagination.* In this process an individual empties the mind, much like in meditation, allows an image to form, and focuses on it (Sandner, 1997). After following the movement and development of the image, the client finally gives physical form to the image through some form of creative expression (e.g. painting, sculpture). Others utilizing a psychoanalytic philosophy, such as Kanzer, Goldberger, Kepec, and Jellinck, used imagery for such uses as uncovering purposes, clarifying relationship between somatic sensations and life events, as a means of overcoming blocks in free association, and as a method of approaching the unconscious *on its own terms*(Achterberg, 1985).

Guided imagery is a technique used by several schools of psychology, such as Gestalt and Jungian therapy, to contact a client's own internal imagery and wisdom to expose and resolve emotional conflicts (Walsh, 1990; Foote, 1996). While using this technique, the client, for example, may be asked to first imagine his or herself in a safe, pleasant environment followed by the imaging of the meeting and presence of a person of great wisdom (Walsh, 1990). The client is encouraged to have a dialog with this person, asking helpful questions. This technique is used to gain insightful information and increased awareness. There seems to be an apparent similarity between this technique and the shamanic journey in which the shaman communicates with a spirit teacher.

Current Day Use of Shamanic Practices

During the past couple of decades there has been a revitalization and increased interest in the use of shamanic techniques as tool for healing (Harner & Tryon, 1992; Walsh, 1996). Information and training in shamanic practices are available through contemporary literature and workshops. This movement is consistent with the increased usage of alternative medical practices utilized in the United States (Eisenberg, et al., 1998). A follow-up study completed in 1997 of an original survey taken in 1990 demonstrated that 42.1% of the U.S. population, or 83 million people utilized at least one of the 16 alternative therapies listed in the survey. These modalities included relaxation techniques, herbal medicine, massage, chiropractic, spiritual healing, megavitamins, self-help groups, imagery, commercial diet, folk remedies, lifestyle diet, energy healing, homeopathy, hypnosis, biofeedback, and acupuncture. Of these modalities, ten therapies demonstrated increases in usage since 1990 which were statistically significant. Folk remedies were included in this list. Jeanne Achterberg (1985) in her book *Imagery & Healing: Shamanism and Modern* medicine classifies shamans, indigenous practitioners, and contemporary religious or faith healers as folk healers. By extension, practitioners offering shamanic techniques may also be categorized as offering folk remedies.

The rapidness and effectiveness of some of the shamanic techniques may contribute another reason for the increased interest in shamanic practices (Sifers, 1998). With no prior training, an individual may take part in a weekend workshop and obtain meaningful personal insights within a short period of time of listening to shamanic drumming (Sifers, 1998; Walsh, 1990). In addition, various researchers such as Drury (1989), Grauds (2004), Krippner and Villoldo (1986), Narby (1998), and Wesselman (1995, 1998) in order to gain a greater understanding of shamanism, have personally taken part in indigenous shamanic practices. The

result of these personal documentations has helped to expand the understanding and usefulness of shamanic techniques in the Western culture. Books such as those written by Rysdyk (1999), Samuels & Lane (2003), and Villoldo (2000) have helped to popularize self-help shamanic approaches.

These developments as well as the recognition of shamanic experiences by Jungian and transpersonal psychology have helped to inspire some licensed therapists to participate in shamanic training. Yet little research has been collected in regard to therapists who integrate shamanic techniques and philosophy into their practices of psychotherapy.

Some elements, as explained by Harner (1988) and Sifers (1998), help to clarify how shamanic techniques may be incorporated. As mentioned earlier, Michael Harner developed a method called Core shamanism, which is based on the universal elements found in indigenous shamanic practices to help clients work on life issues (Harner, 1988). While this counseling method is based on the core elements of shamanism, certain characteristics differentiate it from systems of traditional shamanism (Sifers, 1998). Whereas the divination or problem-solving shamanic journey traditionally has been taken by the shaman on the behalf of the individual seeking help, Harner's counseling method instructs clients on how to make their own personal shamanic journeys into a shamanic state of consciousness (SSC) (Harner, 1980; Sifers, 1998). Thus the individual may directly obtain help and guidance related to their own concerns that are present in their lives. Restoring power and authority to the client is the grounds for this change. The task of the counselor is to help the client to effectively journey. The structure of the shamanic journey, the realms they may explore, the various elements they may encounter as well as how to precisely pinpoint and establish a question to pose prior to the journey are all clarified.

Additionally, the use of electronic methods, such as a drumming tape or compact disc, often replaces live drumming techniques use for the induction of the shamanic states of consciousness (Sifers, 1998). The sound received through a set of earphones has been established as being a successful means for conducting a shamanic journey. Another modification includes the technique of simultaneous narration being incorporated into this form of shamanic counseling. A verbatim description of what the client is experiencing during the journey is narrated to the counselor and audio recorded. While this allows the client the possibility of later reviewing the tape on their own, it also becomes a source of dialogue investigation in the therapeutic setting, extracting and analyzing the information which is a response to the posed question. Through continued practice the counselor aids the client in working autonomously.

Sandra Ingerman, trained in counseling psychology and an instructor of Core shamanism, in an interview with Cal Saunder, explains that many individuals do not feel whole in our society (1994). Through addictions to such things as alcohol, drugs, or work, participation in co-dependent or abusive relationships, or an endless pursuit of the ultimate therapy, individuals are trying to fill themselves up to become whole. This experience of not feeling whole is considered in shamanism as soul loss. Aspects of the soul have split off and moved to other realms. This is experienced by the individual as a loss of power. Ingerman explains that when an individual has encountered a situation that they experience as traumatic, it is probable that soul loss will occur. This is especially true with serious causes of trauma, such as a car accident, surgery, or abuse. In psychological terms, soul loss is identified as dissociation. By retrieving lost aspects of the soul, an individual may heal both personal and familial patterns as the person is totally present and can choose to not repeat behaviors that are not supportive. The technique of doing a soul retrieval journey is practiced by the shaman or therapist, not the client (Ingerman, 1991).

Ingerman explained that the practice of soul retrieval works well with traditional psychotherapy (1994). She explains that as the psychotherapist communicates with a client, many times therapy is not effective because aspects of the person are not grounded in their being. Many psychotherapists who integrate soul retrieval into their practices have witnessed striking changes in the therapy process. The client is able to work with and become complete with their issue.

Sara Sifers (1998) studied the use of shamanic counseling as a means of facilitating the healing of health and mental health issues. She examined not only who the counselors and clients were who engaged in shamanic counseling, but also why they did so and how the counselors integrated shamanic counseling into their clinical practices. She also explored the clients' shamanic counseling experiences. What she found was that both the counselors and the clients described having gone through a spiritual development process that moved them from an original organized religious background during childhood to the spiritual practice of shamanism. She also determined that many of the participants (all 12 counselors and 8 clients) reported having a consequent shamanic development process.

Sifers (1998) theorizes that by integrating shamanic techniques, a mental health professional may offer a more comprehensive service to their clients. During intake, for example, the therapist may explore important information concerning religious upbringing, any disconnection with organized religion, crisis experiences, and any experiential spiritual components. This intake would help the therapist to know how to proceed in working with a client. If the elements of shamanic development are present, a shamanic methodology may be more appropriate for that client. If not, a more traditional psychotherapeutic approach may be more suitable.

Sifers (1998) found that the client participants in her study repeatedly commented on feeling discounted or having their psychotherapy experience determined by the therapist's own agenda. Being a more active change agent in their treatment was found to be preferable. Sifers suggests that clients have become keener to various ways of healing and are demanding holistic approaches to treatment. The counselor must be prepared to refer, consult, and collaborate with other practitioners in order to help facilitate the healing process. She also points out that as limited guidelines are not established for many alternative approaches such as shamanic counseling, the possibility exists that a client may have the experience of working with a shamanic counselor with insufficient training.

Other trained psychotherapists, such as, Ann Drake (2003), Myron Eshowsky (1993a, 1993b, 1998, 1999) and Jeannette Gagan (1998) have anecdotally written about their experiences of integration and utilization of shamanic techniques with conventional psychotherapy. These practitioners have discussed their application of shamanic techniques to working with individuals demonstrating psychological problems, such abuse, addictions (e.g. chronic alcoholism), anxiety, depression, developmental deficits, obsessions, phobias, varying levels of psychosis (e.g. schizophrenia, Dissociative Identity Disorder), and Post Traumatic Stress Disorder. Others, such as psychotherapist and psychology professor, Eligio Steven Gallegos and Jungian analyst Arnold Mindell have written books demonstrating means of integrating shamanic practices with other approaches.

Eshwosky, since the mid 1980's, has concentrated on utilizing shamanic techniques to address a number of community concerns (1993a, 1993b, 1998, 1999). He has utilized shamanic techniques in a community mental health center, as well as serving in the public school system, hospitals, and state and federal prison facilities. In doing so, his clientele has included

individuals with long histories of auditory hallucinations as well as individuals experiencing acute episodes of psychotic breaks and chronic alcoholism (1993a, 1993b). In working with individuals demonstrating psychosis, he found that while not all individuals were helped, over half of the individuals after having worked with shamanic techniques were able to manage without psychotropic medications or major community support interventions. Through his experience with individuals with chronic drug and/or alcohol abuse, Eshowsky found that even though not all individuals were able to maintain sobriety, the length of their periods of sobriety were significantly longer than their previous attempts at sobriety using more conventional therapies. Through his shamanic practice Eshowsky has also worked with culturally diverse populations and troubled teens. One cause which Eshowsky (1998) has focused upon is the prevention and healing of violence. He has found that teenage male gang members demonstrate a hunger for connection with anyone who may help them heal and offer spiritual guidance. In teaching these teens to journey, he has witnessed these individuals learn to connect with their own power and to build new connections among themselves and others. In working with prisoners, the majority of which were Black, Hispanic, or Native American who had some experience with spiritual healing, Eshowsky found that these individuals were eager for contact with elders and practices related to their own cultural traditions, in addition to more direct contact with the spiritual (1999). Following Eshowsky's description of the core shamanic world view, many of these individuals saw the opportunity to achieve this.

Taking Diversification, Perspectives on Health, and Ethical Issues into Account

Cultural Diversification

Eshowsky's experiences of utilizing shamanic techniques with these populations seem to illustrate the need for the implementation of techniques which take into account culturally

diverse world views of health and healing. The U. S. Bureau of the Census (2001) documents that the population of the United States increased 13% from 1990 to 2000, with the majority of this increase consisting of visible racial/ethnic minority groups. These groups included Asian Americans/Pacific Islanders, Latinos/Hispanics, African Americans, and American Indians/Alaska Natives. Currently these individuals make-up over 30% of the U.S. population; with projections indicating that sometime between 2030 and 2050 that these individuals will comprise a numerical majority (D. W. Sue et al., 1998).

Counseling and psychotherapy have been found to frequently assume a universal or *etic* application of their concepts and goals with culturally specific or *emic* views being excluded (Sue & Sue, 2003). With the change in demographics, psychotherapists will increasingly come into contact with individuals who may not share the same perspectives on what defines normality and abnormality and who require culturally specific approaches to psychotherapy. Paul Florsheim (1990) suggests that the cultural variances in the way in which illness is expressed and treated relates to differences in culturally determined myths. An individual's myths provide rationale and coherence to their experiences and influence the way in which their problems are solved. He also proposes that these myths are not static, but continue to evolve. These changes, in turn, impact the methods of treating mental illness.

Marlene Dobkin de Rios, a medical anthropologist and licensed psychotherapist, through her work with United States Latino immigrants in her clinical practice, suggests that reductions in symptoms of mental illness may be facilitated through an integration of methods (2002).Throughout her time in the Peruvian Amazon during the late 1960s and 1970s, de Rios was in contact with several shamans as a field researcher studying the use of the plant hallucinogen ayahuasca and its incorporation into their traditional folk healing. In the early

1980s, she returned to the United States with the goal of becoming a licensed psychotherapist. As a result of her work over the past several years with 700 Latino immigrant families, de Rios suggests concepts and techniques of psychotherapeutic intervention that are derived from shamanic roots. Over the course of her practice in addition to her work as a professor teaching courses on shamanism, de Rios recognized that shamanic approaches to healing could be brought together with Western methods of intervention. Psychotherapists may develop cultural competency though an awareness of the shamanic roots and derivative psychotherapeutic interventions. De Rios suggests that hypnosis, behavior modification, and cognitive restructuring may integrate well with shamanic perspectives.

Hypnosis may be used to help create an altered state of consciousness (de Rios, 2002). By listening to a relaxation tape, the individual may enter a light trance, and help to tone their parasympathetic nervous system and thus help with symptoms of distress such as agitation, pain, or anxiety. While in an altered state of consciousness, an individual may call upon the presence of a power animal. Through this connection in tandem with the therapist's suggestions, the individual may receive a sense of empowerment. Noting that shamanic studies have many descriptions and analyses of magic and theatricality, de Rios explains that building a theatrical concept to explain behavior modification techniques can be helpful. The use of this method with parents has helped them to influence the behavior of their children. For example, de Rios may show a photograph of a killer whale at Sea World jumping into the air to motivate the parents to learn behavior modification techniques. The implication of this is that if an 8,000 pound whale can be taught by young trainers to do tricks, then shifting the behaviors of their children should be an easier task. As the parents learn to help their children shift their behaviors overtime, these results can seem magical to the parents who have been attempting to change their children's

behavior for years. With success, the parents increase their faith in the therapist much like they would demonstrate trust in a shaman. De Rios explains that the use of cognitive restructuring ties in with rational and empirical elements of shamanism, which she had seen demonstrated by shamans who had extensive knowledge of the use of healing plants. She suggests that while the shaman and the psychotherapist both help the individual think rationally through the use of methods to alter or restructure irrational beliefs and negative self-talk, their source of this knowledge is different. While shamans find this knowledge through their connection to the spirits, the psychotherapist may promptly use culturally based proverbs and metaphors.

Perspectives on Health

In addition to these demographic changes, the increased development and legitimization of complementary and alternative therapies in recent years has brought new insights into the therapeutic process (Money, 2001). The development of the study of psychoneuroimmunology, which focuses on the interaction between an individual's immune system and physical, social, and psychological factors, has inspired research on the affects of stress on health and illness. As disease has become recognized as being multifactoral and biopsychcosocial in onset and course (Solomon, 1987), behavioral interventions such as psychotherapy, relaxation techniques, imagery, biofeedback and hypnosis have been theorized to help improve immune system functioning. Money (2000) hypothesizes that part of the increased interest in shamanism may be due to many of the health and illness issues found in today's society. Both alternative medicine and shamanism view an individual from a holistic perspective; taking into account the biological, psychological, environmental, and spiritual aspects of an individual.

The relationship between spirituality and health, by extension, has also become a topic of growing empirical research (Cox, Hoffman, Grimes, 2005). While, the inclusion of spirituality in

healthcare in industrialized nations has been rare, the addition of a code for *Religious or Spiritual Problem,* which is now designated as a disorder in the DSM-IV-TR (the manual published by the American Psychiatric Association for use in diagnosing mental disorders), demonstrates that spiritual aspects of health are now being considered in the field of Western psychotherapy (Krippner, 2005; Malony, 2005). In general, the majority of research on the effects of spirituality and religion on health suggests that it has a positive impact on health, frequently providing greater perseverance and well-being over time. Other findings have suggested that spiritual distress have hampered an individual's health. As research continues, greater insights into the shamanic perspective may be discovered.

Ethical Issues

When working with individuals in non ordinary states of consciousness, as done in shamanic work and other transpersonal venues, a psychotherapist must take into account some additional ethical issues. Cortright (1997) specifies a number of topics which the transpersonal psychotherapist should consider. One topic involves therapist self-disclosure about spiritual orientation and practice. While the therapist may be open about his or her orientation and about holding psychological work within a spiritual context, it may be important for the therapist to examine to what extent the exploration of transference is important in their practice of psychotherapy. The clarification of this will help the therapist to respond to questions about the level of self disclosure regarding spiritual beliefs and the decoration of their office, for instance.

Another topic, which Cortright (1997) finds deserving of examination is the degree of a therapist's belief systems being expressed on an energetic level. As a psychotherapist teaches through modeling a way of being, the impact of the therapist's belief systems is important to be examined. Matters, such as where the psychotherapeutic and spiritual teacher roles are delineated

and the therapist's relationship to the spiritual life of the client, present significant areas to be examined. Cortright theorizes that transpersonal psychotherapists must be even more vigilant than traditional therapists in regards to the "...seductiveness of unexamined idealizing transferences" (p. 220).

As the field of reality is expanded in a transpersonal orientation, epistemological questions such as, "Is the nature of the problem physical, psychological, social, spiritual or energetic?" may not be answered adequately due to the level of knowledge that is currently available (Cortright, 1997). It may not be clear as to which technique may be the most effective intervention. Cortright recommends that practitioners incorporating transpersonal perspectives must each examine for themselves where legitimate work leaves off and *sheer flakiness* begins. He states,

> At the present time, when someone says they work transpersonally, it may mean anything from a rigorous, grounded and clinically sophisticated approach of integrating clinical practice into a spiritual context on the one hand, to a very flaky, ungrounded, grab bag of New Age techniques and spiritual homilies. (p.225)

Cortright explains that the transpersonal approach to psychotherapy will represent a true advance in psychotherapy when therapists integrate their own being and their concrete therapeutic skills into the transpersonal framework.

Summary

For centuries, the ancient practice of shamanism has been investigated from both religious and psychological perspectives. Some have embraced its philosophy and others have not. Information gleaned from research in this area has helped empower not only further research into the areas of the transpersonal, including alter states of consciousness, but also personal and

professional training programs for individuals in the United States. As the interest in alternative health practices continues to increase in the United States, more and more individuals are becoming involved in such training programs or seeking the services of those who are trained. In addition, as the population continues to diversify, greater understanding of culturally specific healing philosophies, such as shamanism has helped some clinicians in working with individuals who hold such a perspective. Yet, as a clinician chooses to integrate transpersonal methodologies further ethical concerns must be taken into account. As the availability of shamanic techniques become more available to the residents of the United States, it behooves us to learn more about their use and efficacy.

Chapter III: Methodology

Subject Selection and Description

The subjects of this study were comprised of two groups of individuals. Initially, individuals who were listed as having some affiliation with a shamanic organization and holding an advanced degree were targeted as prospective subjects. The reason for this approach was to reach individuals who have been formally trained in some form of psychotherapy (e.g. mental health counseling, marriage and family therapy, social work, psychology, or psychiatry), may hold state certification or licensure, and incorporate some form of shamanic techniques into their practice of psychotherapy.

Four organizations which offer training in shamanic practices as well as one shamanic membership organization were contacted. These included the Dance of the Deer Foundation Center for Shamanic Studies, Sandra Ingerman, The Foundation for Shamanic Studies, The Four Winds Society, and the Society for Shamanic Practitioners. A list of shamanic practitioners and teachers with email contact information was downloaded from Sandra Ingerman's website shamanicteachers.com. The 2003 Directory of Certified Shamanic Counselors was obtained from The Foundation for Shamanic Studies, which provided telephone contact information for the listed individuals. No contact information was attained from The Four Winds Society or the Dance of the Deer Foundation Center for Shamanic Studies. While a list of members, including over one hundred individuals with designated advanced degrees, was available on the Society for Shamanic Practitioners' website, no contact information was available. Subjects affiliated with this organization were petitioned through an announcement placed in the organization's newsletter. (See Appendix A for a copy of the announcement.)

The names listed on the lists obtained from Sandra Ingerman and The Foundation for Shamanic Studies were cross referenced to eliminate any duplication. This resulted in 74 practitioners designated with an advanced degree (e.g. M.A., M.S. Ph.D.). In addition, 10 individuals responded to the announcement placed in the Society for Shamanic Practitioners' newsletter and agreed to participate. Of these 84 prospective participants, all but nine of the individuals were able to be contacted via email. The nine individuals whose email addresses were not available were contacted by telephone.

The Society for Shamanic Practitioners was contacted again to inquire about the possibility of the organization distributing the survey electronically to its members on behalf of this researcher. No response was received. As only 10 individuals (approximately 10% of those targeted) responded to the announcement placed in the Society for Shamanic Practitioners newsletter, a decision was made to send the survey to another group of individuals, those without any advanced degree designation. The intention of this decision was to help the researcher gain more insight about the individuals who are utilizing shamanic techniques in the United States and how those with and without conventional training in psychotherapy may differ. Further, three additional individuals' contact information was received through word of mouth bringing the total for this second group of individuals to 139.

Instrumentation

A questionnaire was used for this descriptive research study. Its purpose was multifold. The questionnaire not only sought to gain demographic information on the respondents, such as age, gender, educational background, location and type of practice, and years of experience practicing as a psychotherapist and/or a shamanic practitioner, but also to statistically measure the elements that influenced their decision to use shamanic techniques, to identify how shamanic

techniques are incorporated within a practice along with what specific modalities the providers utilize, to statistically measure the perceived effectiveness of shamanic techniques by the practitioners who use it, to determine the characteristics of the individuals who may benefit most from this methodology, to gain an understanding of what concerns shamanic techniques may be used to help and to statistically measure which of these issues have the best outcome prognosis using shamanic techniques, and to identify any particular ethical concerns that the practitioners have encountered regarding the utilization of shamanic techniques. In order to obtain the statistical measurements, the participants were asked to select, rank, or specify percentages in response to the various items as well as provide qualitative types of data.

Data Collection Procedures

The company QuestionPro, which offers an electronic survey service, was enlisted to send the survey to those with email contact information. The survey contained the informed consent letter, which assured participants of their anonymity as well as their information being kept confidential, and the questionnaire. (See Appendix B for a copy of the informed consent letter and the questionnaire.) By completing the survey, the subject consented to participation in the research study. Individuals contacted by telephone were given the option of taking the survey via the telephone, via email, or by being sent a postage paid returnable hard copy. Verbal informed consent was received with those individuals responding via a telephone interview.

All individuals who were able to be reached electronically were initially sent an email letter along with access to the survey on March 13, 2005. (See Appendix C for a copy of the email letter.) The survey was sent a second time along with an email request for participation on April 16, 2005. (See Appendix D for a copy of the email letter.) Of the 214 surveys sent electronically, seven were returned as undeliverable. The survey was started by 144 of the 207

subjects who received the survey electronically, with 73 subjects sending the survey through as complete. Of the 73 completed responses, 12 were received completely blank and one was received with only personal contact information in order to facilitate future qualitative research.

Several attempts were made to connect with the nine individuals to be contacted by telephone. Of these individuals, seven were able to be reached. Of these seven, one individual stated that she had not practiced shamanic techniques after receiving her license as a marriage and family therapist about eight years ago, choosing to focus on conventional clinical techniques. Another individual, who elected to take the survey electronically, chose to stop taking the survey after having spent "at least 2 hours working on [the] survey." He stated "Your survey asks many questions which if I answer them gives false impressions of my work. I do not wish to continue." One individual stated that she would participate, yet her participation was not able to be obtained prior to this researcher choosing to finalize the results of this study. Of the four who chose to participate, one preferred to respond via a hard copy mailed to him, and three answered the survey questions via the telephone. The responses to these four questionnaires were entered into the QuestionPro electronic database by the researcher. A total of 64 completed surveys were used for analysis.

Data Analysis

Due to the nature of the questionnaire, which included both quantative and open ended qualitative types of questions, it was determined that the data would be best analyzed using frequencies, percentages, and cross tabulations in addition to a phenomenological qualitative analysis. After the final questionnaires were submitted, the data was examined and analyzed by the researcher.

Limitations

Because of the low response rate, the information gained through this sample is statistically unreliable. The low numbers also threaten the validity of the results of this study. In addition, as the results of this study are based on the practitioners' personal perceptions and estimations, rather than on actual experimental data, the validity of the data is affected by the levels of subjectivity and objectivity of each participant. The subjectively of each respondent is inevitable in this study. Therefore, careful interpretation of the results of this study is advised.

Two individuals with doctorate degrees explained that they had difficulty responding to some of the questions due to ideological differences regarding the incorporation and utilization of shamanic techniques in their practices. One chose to, after deliberation, respond to the questionnaire. The other subject, whose data was not entered into the statistical analysis, chose to discuss his experience in relationship to the questionnaire with this researcher via a telephone conversation. Whereas initially, this researcher contemplated designing a qualitative research study, a quantative prospective was selected due the number of individuals with advanced degrees listed in shamanic organizations, which suggested the possibility of gaining quantitative data from persons holding a state certification or licensure and practicing shamanic techniques. To statistically measure the use and effectiveness of shamanic techniques, the questionnaire incorporated language, terms, and concepts with a limited construct. This limited construct did not allow some to respond in a way which incorporated their holistic world view. In an attempt to integrate the holistic nature and variability of shamanic practices into the structure and vocabulary of a questionnaire, which incorporates a medical model perspective in order to analyze the effectiveness of shamanic techniques in conventional psychotherapy, created a challenge. As a number of individuals began the survey and did not complete it as well as others

who sent it through blank, it is uncertain how many subjects may have been affected by this challenge.

Even though the word *cure* was placed in quotation marks to indicate a hypothetical alleviation of a problematic symptom or symptoms, the very word seemed to create some controversy. As this questionnaire was originally derived and expanded upon from a survey used in a previous research study of the effectiveness of Past Life Therapy, it may have been more useful had this researcher utilized an alternative definition such as " an apparent, total alleviation of the symptoms of the problem, "which the previous researcher surmised (Christopher, 2000).

Summary

From the literature review, this researcher hypothesized that most of those utilizing shamanic techniques in their practices in the United States have received at least some of their training in core shamanism. The researcher also hypothesized that for licensed psychotherapists, shamanism would not generally be overtly identified as a methodology they utilize due in part to continued controversial perspectives, but it may impact their philosophical perspective in the way they choose to work with a client. It was also hypothesized that these psychotherapists more frequently would utilize Western methodologies with a humanistic or transpersonal perspective.

Even though the size of the sample is small and varied with the results of this study obtained from the subjective responses of the respondents, the data does help distinguish some patterns of use and effectiveness in regards to shamanic techniques offered by practitioners in the United States. The results of this study may be applicable to any individual who currently utilizes shamanic techniques in their practice as a means of gaining further information supplied by other practitioners about its use and effectiveness, to those individuals who many not currently use

shamanic techniques but have an interest in understanding more about how they may be used in conjunction with other methodologies in a client's process who seeks help with a mental, physical, or spiritual ailment, and to persons who may be interested in their own personal health and well-being.

Chapter IV: Results

Item Analysis

A total of 64 participants returned and completed the questionnaire, giving a response rate of 28.7%. Not all questions were entirely completed by all participants due to the relationship of the subject's experience to the question. Therefore a 100% response rate is not available on all questions.

Demographic information was obtained about the participants through the first 12 questions. Of the 64 individuals who completed questionnaires, 81.25% were female and 18.75% were male. The age range of the participants was between 29 to 78 years, with the average age being 54. Calculating the standard deviation at 7.32, 72% of the respondents are between the ages of 47 and 61. Seventeen of the participants were from the Northwest region of the United States, representing 26.56% of the responses. The Northeast, Northern Midwest, and Southwest each had eleven participants or 17.19% of the total responses. Ten participants or 15.62% of the respondents practice in the Southeast. Three respondents from the Southern Midwest made up 4.68% of the responses. One participant who practices in the Pacific West, did not fit into the predesignated regional categories, made up 1.56% of the responses. Thirty-nine of the participants, equaling 60.94% of the respondents, practice in areas with a population over 100,000 people, while 16 (25%) practice in areas with populations between 50,000 and 100,000. Seven participants (10.94%) practice in areas of 15,000 to 50,000 and two respondents (3.12%) practice where the population is less than 15,000.

The greatest number of respondents documented that they (55 participants or 76.39%) hold a private practice. Fourteen participants (19.44%) selected *Other* to indicate the setting in which they practice. These other settings in which the respondents practice included the

participant's home, the clients' homes, a school, a non-profit Indian health clinic, a local Unitarian church, one's own healing center, a retreat center, through long-distance healing, and in cooperation with local 12-Step recovery programs. Two respondents indicated that they practice at a Community Mental Health Organization representing 2.78% of the settings in which the participants practice. One participant (1. 39%) specified practicing at a privatized psychological clinic.

Of those who indicated that they practice in more than one setting, one participant indicated that she spends one day per week at a community health clinic, two days per week at a school, and two to four days per week in private practice. One respondent specified that he spends 95% of his private practice with 12-Step referrals and 5% with other outside referrals. Another participant designated that she performs 75% of her practice privately and 25% in a church. One respondent indicated that she splits her time equally between a private practice and practicing at a retreat center, while another designated that he divides his time equally between a community mental health organization and his private practice. One participant indicated that 95% of her time is spent practicing at a non-profit organization and 5% of her time in private practice

In response to question seven which asked the participants to indicate their level of formal training which qualifies them to practice as a psychotherapist, counselor, marriage and family therapist, psychologist or psychiatrist, 10 participants (14.93%) indicated that they hold a Ph.D. or Psy.D. and two respondents (2.99%) specified that they hold an M.D. Nine (13.43%) designated that they hold a M.A. or M.S. degree. Four participants (5.97%) indicated holding a B.A. or B.S. degree. Twenty-one respondents (31.34%) specified that they hold no therapy training and an additional 21 participants (31.34%) designated the category *Other.*

The 10 participants, who indicated that they had attained a Ph.D. or Psy.D., specified having had established this degree in the areas of Chinese medicine and hypnotherapy, clinical social work, clinical psychology (3 participants), cognitive and neural science, cultural anthropology, mind/body psychology, psychology and comparative religion, and psychology research methods applied to motivation and teaching methods. The two respondents with a M.D. specified that their education focused on four years post residency training in adult and child psychiatry and medicine and surgery

The nine respondents designating having received a M.A. or M.S. degree associated with psychotherapy specified that their training concentrated on clinical psychology, counseling education, counseling psychology, counseling psychology with a focus on community mental health, mental health counseling, psychological counseling, psychology (licensed marriage and family therapist), rehabilitation counseling, and transpersonal counseling psychology.

The four participants specifying having received a B.A. or B.S. degree related to the practice of psychotherapy, indicated that their studies focused on clinical psychology, nursing and psychology, transpersonal psychology, and an integration of psychology and English with minors in sociology, anthropology, criminal justice and religious studies.

Those participants selecting *Other* indicated categories of educational training as or in the following: board certified music therapist, Bachelors of Divinity, certified Brennan Healing Science practitioner (2 respondents), certified ShadowWork facilitator, certified shamanic counselor, continuing student in shamanic healing with Michael Harner, Core Energetic therapist, Doctor of Chiropractic, four years shamanic apprenticeship, Harner Method shamanic counselor, homeopathy, hypnotherapy, massage therapist (2 respondents), masters in creative arts therapy-dance/movement, masters in social work (M.S.W./clinical and marriage and family),

naturopathic medical doctor (N.M.D.), nurse practitioner (M.S. in nursing), ordained minister (Course of Miracles), Ph.D. in anthropology, physical therapist (2 respondents), registered nurse (2 respondents), studying shamanism with shamans from North and South America for over 10 years, and two years post graduate work in psychology. Six participants who designated having *No Therapy Training* indicated holding a Ph.D. in comparative literature/humanities, a M.A. in English literature, a M.S. in communication, a M.S. in zoology, a master's degree in management, and a B.S. in mechanical engineering.

Twenty-four respondents (38.10%) designated that they are currently certified or licensed in their state to provide a mental or physical health service. Thirty-nine (61.90%) indicated that they did not hold a state certification or license. One participant did not respond to this question.

Of those who affirmed holding a state certification or license, two participants specified being either a licensed psychologist or a licensed clinical psychologist for 26 and 27 years respectively. One respondent indicated holding a medical license for 38 years. Seven respondents specified being licensed as a professional counselor (LPC), a mental health counselor (LMHC), or a licensed clinical mental health therapist (LCMHT). The four participants who designated holding a LPC license indicated having held these licenses for eight, 15, 25, and 29 years. The two LMHC respondents specified that they have held their licenses for nine and 16 years. The LCMHT participant indicated holding the license for 25 years. One respondent specified being state certified as a counselor for six years in addition to being a registered SHES (Spiritual Healer and Earth Steward) minister. Two respondents indicated being licensed marriage and family therapists (LMFT) for two and 15 years. The participant who has held her license for two years commented that she had been a registered nurse and licensed nurse practitioner for 29 years. One participant indicated being certified as a marriage and family therapy (CMFT) as well

as a clinical social worker (CCSW) for 20 years. Another respondent specified that she has been licensed as a social worker (LCSW) for ten years.

Four respondents indicated either currently or in the past being registered nurses in addition to holding subsequent licenses in other practices. One respondent indicated being a registered nurse, who has been a licensed massage therapist (LMT) for 20 years and practicing hypnotherapy for eight years. Another stated that she has been a registered nurse for 35 years and a LMT for 10 years. Still another indicated being a registered nurse for eight years and a naturopathic medical doctor (N.M.D) for two years. One participant specified formerly holding a license as a nurse for 20 years and currently holding a license as an acupuncturist for three years.

One respondent specified that she has been a LMT for 18 years. Two participants indicated being licensed as physical therapists for 19 and 35 years. Another respondent commented that as an ordained minister in her state she is able to counsel others and has done so for 11 years. While another indicated having served in the clergy for 28 years.

One respondent who specified holding a business and professional license for five years with which she utilizes her education (bachelors of divinity, certified Brennan healing) and offers her services of energy consciousness healing and pastoral advisement was not included in the group of participants who indicated being certified or licensed by their state as a mental or physical health provider, but in the group of unlicensed providers.

Not including the years spent as a licensed or registered nurse by some of the participants listed above, those 24 who indicated currently holding a state certification or license as a mental or physical health provider (including alternative licenses held by those with a current or past license or registration as a nurse) or as a licensed clergy person (alternative license for those

either currently or in the past also being licensed or registered as a nurse) on average have held their licenses for 17.38 years, with a standard deviation of 4.17 years.

Of those indicating that they do not currently hold a state certification or licensure as a provider of any mental or physical health service, but formerly did so, one respondent specified that she held a license as a practical nurse for eight years and a doctor of chiropractic for 13 years, but chose to give these licenses up after relocating from Pennsylvania to Florida. One participant relinquished a license as a LMHC in a bordering state due to the expense. One respondent who has their masters in transpersonal counseling stated that she chose not to pursue licensure in her state due to the limitations it would put on her practice regarding the use of shamanism combined with psychotherapy. One participant elected to relinquish her certification as a national addictions counselor after two years and did not clarify the reason. Another respondent gave up being a registered nurse after 13 years.

One participant indicated that she was not certified or licensed in her state as a provider of any mental or physical health service, but has been licensed as minister for five years. This respondent commented that she considers shamanism to be a spiritual practice. Likewise, a participant who has practiced for 28 years in the clergy stated, "Shamanism is different from counseling or therapy." Another respondent noted that she has been a national board certified music therapist since 1982, but does not practice per se and currently utilizes her education and skill being a professor of music therapy.

Questions 13 through 57 seek to gain information specifically related to the use of shamanic techniques in the respondents' practices. The answers to these questions are delineated question by question below.

Question 13: In responding to the total number of years each participant has been utilizing shamanic techniques as a practitioner, the respondents indicated that they had employed shamanic techniques from two to over 45 years. Of the 61 participants who responded to this question, the average number of years of practice became 11.5 years, with a standard deviation of 3.39. Thirty-three (54%) of those who responded have been practicing between eight and 15 years. Eleven respondents (18%) indicated having practiced between 16 and over 45 years. Seventeen participants (28%) specified that they had practiced between two and seven years.

Questions 14: To the question of whether the participant uses other therapy models, methods or techniques in their therapy practice besides shamanic techniques, 46 participants (73.02%) designated *Yes* and 17 (26.98%) specified *No.* One participant did not respond to the question. Of the 24 respondents holding a state certification or license, 21 (87.5%) indicated *Yes* and three (12.5%) specified *No.* Twenty-five (64.1%) of the 39 non-licensed participants denoted that they indeed utilize other methodologies and 14 (35.9%) indicated that they do not.

Question 15: Of those who responded in the affirmative to utilizing other therapy models, methods, or techniques in their therapy practice, when asked to specify all that apply, the greatest number selected the *Other* category. This category was selected 28 times (24.13%). The *Touch-Movement* category was selected 24 times (20.60%), *Client Centered* 12 times (10.34%), *Cognitive–Behavioral* 11 times (9.48%), *Family Systems Perspective* 9 times (7.75%), *Gestalt* 8 times (6.89%), *Behavioral and Medicinal* each 6 times (5.17%), *Narrative* 5 times, (4.30%), *Psychoanalytic* 4 times (3.40%), *Solution Focused* 3 times (2.6%) and the *Rational Emotive* category was not selected at all.

The *Other* methods listed by the participants included, animal communication, breathwork, Buddhist psychology, cranial sacral, creative/expressive therapies, developmental,

dream analysis, dreamwork and various dreamwork techniques, Emotional Freedom Technique (EFT), Energy Interference Patterning, energy healing, Ericksonian hypnotherapy, esoteric healing, Eye Movement Desensitization and Reprocessing (EMDR), far infra-red, forms of magic and ritual besides shamanism, guided imagery, heart-centered energy healing, hypnotherapy and hypnotherapeutic interventions and techniques, imagery, Inner Child work, intuitive, ionic foot bath, lifestyle counseling/coaching, meditation, muscle testing (emotional releases), music therapy techniques, myofascial release, Nonviolent Communication, nutritional, other transpersonal models and methodologies, past-life regression, perceptual learning styles, polarity, process-oriented psychology, psychodynamic, Reiki, sacred use of aromatics-Sacred Blending©, ShadowWork, SM (clarification of acronym not given), sound, strain counterstrain, therapeutic touch, trauma recovery theory (e.g. Judith Herman), voice dialogue, and zero balancing. One respondent stated that he has 40 years of experience in many techniques. One participant noted, "I believe that I intuitively use some other modalities with my clients, but not having formal training I would not know what to call those other modalities." Another respondent commented, "All my work is influenced by my training and experience in energy healing, herbs, and other methods of healing, also use transpersonal focus."

Question 16: Participants selecting the *Touch-Movement* category indicated using the following methods: acupuncture, breathwork (holotropic and other kinds), Brennan Healing Science, Cellular Reconstruction, Continuum movement, core-energetic, cranial sacral therapy, dance, deep tissue massage, energetic bodywork, essential oils, esoteric healing, Five Elements healing principles (ancient Indian healing techniques), hands on healing, massage, myofascial release, other energy work, polarity with chakras, meridians, and rays, Radiance Technique, rebirthing, Reichian, Reiki, shiatsu, strain counterstrain, therapeutic touch, TRAGER®

movement education, yoga therapy and zero balancing. One participant commented that he uses Gestalt therapy with his massage clients and at times combines shamanic techniques with massage. One respondent documented, "I am a physical therapist, but I do not mix shamanic work with my physical therapy. They are separate." Another noted, "I'm a healing practitioner as well as a shamanic practitioner. I have been trained in this. I have a certification, indeed an ordination from the Center for Wholeness, a holistic school here in Minneapolis, So, sometimes I utilize a laying on of hands to encourage healing."

Of those holding state certification or licensure, eight respondents indicated utilizing some form of *Touch Movement* in their practice. Of these eight, three participants are certified or licensed as mental health providers (CMFT and CCSW, LCMHT, and LPC) and five as physical health providers (acupuncturist, two registered nurses also practicing as massage therapists, and two physical therapists). The three mental health providers specified using Cellular Reconstruction, cranial sacral therapy, hands on healing, Reiki (2 respondents), and other energy work in their practices.

Question 17 and Question 18: The responses to questions 17 and 18 were analyzed by separating the answers between those with a state certification or license in a mental or physical health capacity and those without such a certification or license. This method was used to help distinguish any similarities or differences amongst or between these two groups. Question 17 stated, "Referring to the therapy models, methods or techniques which you indicated above (Question 15) that you utilize in your practice (including shamanic techniques), please specify the percentage you utilize each modality. The total should equal 100%. (For example: Cognitive Behavioral 15%, Gestalt 25%, Shamanic techniques 30%, Touch Movement 30% = 100%)."

Question 18 stated, "Are there certain traditional *Western* therapeutic techniques that you find shamanism to align with more from your experience? Please specify."

The following comments were obtained from practitioners trained at a doctoral level holding state licensure. One licensed psychologist with 26 years of experience, who has been utilizing shamanism for 5 years and specified using behavioral, client centered, cognitive behavioral, family systems, narrative, Gestalt, psychoanalytic, and Buddhist psychology noted in regards to giving percentages to the methods, "[It d]oesn't break down that way, but put shamanic techniques 25%, other methods too integrated to parse." In response to which Western techniques align with shamanism this participant replied "all honestly." Another licensed clinical psychologist who has practiced for 27 years and utilized shamanic techniques for seven years from 1988 through 1995 specified employing a client centered methodology and specifically EMDR since 1995. She indicated that when she utilized shamanic techniques, 30% of her practice was designated to the client centered method and 70% to shamanic techniques. In regards to the inquiry concerning if she found certain Western methods to align more with shamanism, she commented, "not really."

One participant with doctoral level training in clinical psychology, who has practiced as a LMFT for 15 years, specified having utilized shamanism for one year. This respondent broke down the methodologies she uses as follows: cognitive behavioral 5%, family systems 50%, psychoanalytic (more accurately psychodynamic) 30%, solution focused 10% and shamanism 5%. This participant finds the *resource installation* of EMDR, (considered a cognitive behavioral technique) and the self psychology development model to align with shamanism. One doctoral level educated participant who has been licensed in clinical social work for 10 years has also been practicing shamanism for 10 years. This respondent commented that she does not use any

other methods, models, or techniques in her practice other than shamanism. Another doctoral respondent who has been licensed as a clinical mental health therapist (LCMHT) for 25 years has been practicing shamanism for 13 years. This participant who specified using cognitive behavioral, touch movement (cranial sacral and Reiki), and hypnotherapeutic interventions and techniques broke their usage down as follows: hypnosis 50%, shamanic techniques 35%, bodywork 10%, and talk therapy 5%. This participant finds hypnosis, meditation and guided imagery to align more with shamanism.

One participant who has been licensed as a medical doctor (M.D.) for 38 years has practiced shamanism with the self for 25 years and with patients for 6 years. This respondent listed utilizing family systems, nutritional, psychoanalytic, past life regression, breathwork, Gestalt, voice dialogue and others (not specified). He noted in regards to specifying percentages of use for each techniques that, "[It is] impossible to answer. I integrate them all with nearly every patient in various combinations." In response to Western methods which align with shamanism, this participant commented, "I find it natural to combine healing ceremonies such as extraction and soul retrieval with deep emotional clearing work." Another doctoral level participant who has been licensed in the clergy for 28 years has been practicing shamanic techniques for 20 years. This respondent specified utilizing behavioral and cognitive behavioral models, indicated using shamanic work 90% and other methods 10% of the time, and noted Jung's psychological philosophy to align most with shamanism.

Of those with a master's level education and state certification or licensure in a mental health or physical health provider capacity, the following information was provided. One participant with education in counseling psychology indicated practicing as a licensed mental health counselor (LMHC) for 16 years and utilizing shamanic techniques for 22 years. This

respondent listed the methodologies and their percentages of use in psychotherapy as cognitive behavioral 15%, Gestalt 20%, medicinal 10%, solution focused 10%, and shamanism 50%. She did not specify any Western methodologies which she finds to have greater alignment with shamanism. Another participant who has been an LMHC for 9 years and practicing shamanism for 7 years noted integrating a client centered approach, but did not indicate further any percentages of how she breaks down the methodologies she utilizes. She commented that she finds brief counseling to align with shamanism.

One masters level respondent, who has held a license as a professional counselor (LPC) for 25 years and has practiced shamanism for 21 years, documented also utilizing perceptual learning styles, Gestalt therapy, and Eriksonian hypnotherapy. He specified using shamanism 80% and eclectic methods 20% of the time with trance work in general, Gestalt therapy, and humanistic approaches to align with shamanism. One participant who has been a licensed LPC for 15 years and has practiced shamanism for 10 years documented utilizing behavioral, client centered, cognitive behavioral, medicinal, Reiki, and hypnotherapy as well as shamanic techniques. She noted, "I am unable to separate, as I use many methods in conjunction with each other in each session (i.e. counseling for 1/2 hour, journey for 15 minutes, discussion and integration for 15 minutes)." She did not comment on any specific Western modalities which align more with shamanism. Another respondent who originally became a LPC in 1976 in one state and in 1983 in another state continues to hold her license and has practiced shamanic techniques for five years. She documented utilizing client centered, cognitive behavioral, Gestalt, touch movement (Reiki and other energy work), developmental, and inner child work methodologies. She noted in regards to giving percentages to the different modalities, "[I] would not be able to answer this question, because it is so integrated that I don't separate it." She

commented that her specialty is trauma work, working with post traumatic stress disorder (PTSD) and talking about trauma coping skills, which she finds to be very similar to shamanic work. She noted that utilizing her clients' disassociative coping skills and reframing them into shamanic techniques can be used for healing. Another respondent who has been a LPC for approximately 8 years indicated having practiced shamanism for ten years. She specified that she utilizes client centered therapy and whatever else is needed (as the electronic survey program would not allow her to select the specific modalities) along with essential oils in her practice. In regards to breaking down the percentages of use per modality she stated, "I am so sorry. I don't know if I can break this down. It so much depends on the needs of the client. I usually practice a divination technique before each client." This respondent did not specify any Western methodologies which she finds to align with shamanism.

One participant indicated being certified as a clinical social worker (CCSW) and a marriage and family therapist (CMFT) for 20 years and practicing shamanism for 10 years. He specified utilizing behavioral, cognitive behavioral, family systems, Gestalt, narrative and touch movement (hands on healing and cellular reconstruction) methods. He designated 40% of his time being spent with hands on healing, 30% with cellular reconstruction and 30% with shamanic techniques. He noted finding all Western modalities to align with shamanism. Another respondent, who for 29 years practiced as a licensed master's level nurse practitioner, has for two years held her license as a MFT. She has utilized shamanic techniques for nine years. This respondent indicated using client centered, cognitive behavioral, family systems, narrative, psychodynamic and imagery techniques. When specifying the percentages she indicated 60% of her time being used in conjunction with cognitive behavioral therapy and 40% with a psychodynamic perspective. She noted that all of her work is influenced by her training in energy

healing, herbs, and other methods of healing including a transpersonal focus. She commented that the imagery, transpersonal, and shamanic models influence how she uses the cognitive behavioral and psychodynamic approaches. She did not specify any Western modalities which she found to align with shamanism.

One participant, licensed as an ordained minister and able to practice counseling in her state indicated having held this license for 11 years and having practiced shamanism for six years. She commented that she does not incorporate any other therapy models and utilizes shamanism 100% of the time.

The following information was supplied by those with a doctoral level education, but not holding a state certification or licensure to practice as a mental or physical health practitioner. One respondent indicated having their education in cognitive and neural science and having utilized shamanic techniques for two years 100% of the time supplemented by aromatherapy and herbal methods 50% of the time, crystal healing 30% of the time, and Gestalt listening 20% of the time. This participant indicated that he finds Reiki (realizing it is not a Western methodology) to align more with shamanism. Another non-licensed doctoral level participant who specified having been educated in psychology (research methods applied to motivation and teaching methods) indicated that she has been using shamanism for 12 years along with behavioral, client centered, solution focused and dream analysis. She specified that the shamanic techniques are the focus of her practice, being used 60 to 90% of the time. One respondent who formerly held his license as a medical doctor in medicine and surgery and has been utilizing shamanic techniques as a practitioner for 14 years indicated that he could not specify the percentages of the different modalities that he employs and stated that he did not find any Western methodologies to align with shamanism.

Three respondents with masters level training in psychology, but not holding a state certification or license, specified the following information. One participant with a masters in transpersonal counseling psychology who has been using shamanic techniques as a practitioner for 10 years stated in regards to putting a percentage on the modalities she uses (client centered, cognitive behavioral, family systems, Gestalt, touch movement, creative expressive therapies, various dreamwork techniques, and other transpersonal models and methodologies), "It differs with every client and I couldn't possibly put a percentage on each. Shamanism does play a very important role in my work both contextually and in practice." In regards to its alignment with Western methodologies, she commented, "I find that shamanism aligns very well with most practice, the difficulty I find is not letting the potency of shamanic practice become watered down because of its flexibility." Another participant who is educated at a master's level in clinical psychology and gave up her certification as an addiction counselor, which she held for two years, indicated having practiced shamanism for 12 years. In responding to the percentage breakdown of the various methods she utilizes (client centered, family systems, psychoanalytic, and touch movement) she stated, "I use them interchangeable and often simultaneously 100% of the time, so can't break it down." This respondent does not find any Western methodology to align with shamanism from her experience. Another respondent who holds a masters degree in psychological counseling indicated having practiced shamanism for seven years and utilizing it 100% of the time. This participant did not specify any Western methodology to align with shamanism.

Five participants indicated having a nursing background as well as having obtained subsequent certifications and licenses. One respondent who formerly was a registered nurse for 20 years indicated holding license as an acupuncturist for 3 years and being a shamanic

practitioner for five years. She specified using acupuncture 80% of the time and shamanic techniques 20% of the time. This respondent indicated that she finds guided imagery to most align with shamanism. Another participant has been a registered nurse for 25 years and a licensed massage therapist for 10 years. This respondent indicated having utilized shamanic techniques as a practitioner for 15 years. In her practice, she specified using shamanic techniques 90%, Reiki 4%, Therapeutic Touch 2%, meditation 3%, and massage 1 % of the time. She commented that she finds shamanism to align with everything. One respondent indicated being a registered nurse, a certified massage therapist for 20 years, a hypnotherapist for 8 years, and a shamanic practitioner for 15 years. In her practice, she indicated using touch movement therapies 50%, homeopathy (medicinal) 30%, and shamanic techniques 20% of the time. This respondent did not specify any Western modality which she finds to align with shamanism. Another respondent who indicated being a registered nurse for eight years, a naturopathic medical doctor for two years, and a shamanic practitioner for three years specified that 100% of her clients receive both lifestyle counseling/coaching and medicinal treatments. She commented that she finds acupuncture to align most with shamanism. One participant, who previously held a license as a practical nurse for eight years, as a Doctor of Chiropractic for 13 years, and has been utilizing shamanic techniques as a practitioner for three years did not specify any therapy models to align with shamanism.

Two respondents indicated holding licenses as physical therapists. One participant, having practiced physical therapy for 18 years and shamanic techniques for more than 45 years, expressed that she was unable to put a percentage breakdown on the modalities she uses and stated, "I am a physical therapist, but I do not mix shamanic work with my physical therapy. They are separate." This respondent finds that no Western modality aligns with shamanism and

stated, "The shamanic work is quite ritualized and I don't see it as a form of psychotherapy. I do, however, work together at times with the client's therapist and see how they could work together. I feel that the point of view, at least as I practice it, is different." The other participant has held a license as a physical therapist for 35 years and has been utilizing shamanic techniques as a practitioner for five years. This respondent indicated utilizing manual therapy 92% of the time and shamanic techniques 8% of the time in her practice. She specified that polarity therapy, therapeutic touch, and cranial sacral therapy to align with shamanism.

The balance of the respondents (35) designated either holding a doctoral degree focused on some form of anthropology (e.g. biomedical or cultural) along with human growth and development, or comparative literature and the humanities, a masters degree focused on communications, management, music therapy, or zoology, a bachelors degree with either all or part of the degree being focused on anthropology, English literature, nursing, psychology (e.g. clinical psychology, transpersonal psychology), religious studies, or sociology, and/or specified that they had no therapy training at all. These individuals indicated having utilized shamanic techniques as a practitioner between two and over 40 years. Specifically, one respondent each designated having utilized shamanism for 2, 4, 9, 11, 13, 17, 19, 20, 22, and over 40 years. Two participants each denoted utilizing shamanic techniques as a practitioner for 3, 6, 12,14, 15, and over 16 years. Four respondents indicated having practiced for 5 years each and six participants specified having utilized shamanism for ten years each. Three respondents did not respond to this question.

Regarding the breakdown of modalities within their practices, 13 participants did not respond to the question, three respondents indicated utilizing shamanic techniques 100% of the time and three participants specified using shamanic techniques 85 to 90% of the time (e.g.

shamanic techniques 90%/others 10%, shamanic techniques 90%/SB 10%, and shamanic techniques 85%/others 15%). The categories of *others* and *SB* were not clarified. Eleven participants indicated utilizing shamanic techniques with some form of energy/touch movement therapy (e.g. shamanic techniques 98%/touch 2 %, shamanic techniques 80%/touch movement 20%, shamanic techniques 75%/touch 25%, shamanic techniques 70%/medicinal and essential oils 20%/energy healing 10%, shamanic techniques 60%/energy bodywork 5%/massage 5%/yoga therapy 30%, shamanic techniques 60%/Shadow Work 25%/ Reiki 15%, shamanic techniques 50%/massage therapy 50%, shamanic techniques 50%/Brennan Healing Science 50%, soul retrieval 50%/ Therapeutic Touch 50%, shamanic techniques 30%/massage 70%, shamanism 8%/cranial sacral therapy 92%, and shamanic ceremony 5%/ touch movement 35%/non-violent communication 60%). Three respondents indicated utilizing shamanic techniques along with, herbal remedies/flower essences, intuitive guidance, and dreamwork (e.g. shamanic techniques 80%/herbal remedies/flower essences 20%, shamanic techniques 70%/intuitive guidance 30%, and shamanic techniques 50%/dreamwork 50%).

Nineteen of these participants did not indicate any response to what Western therapeutic methodologies they find to align with shamanism from their experience. Other respondents denoted that Western modalities including Gestalt, group therapy, Hellinger family constellations work, inter subjective approach, Jungian psychology, meditation (guided and focused intentional), music therapy, process oriented psychology, psychotherapy, shamanic counseling, and touch movement. Other respondents offered the following comments, "I use ceremonial songs and practice from a variety of North American Native American ceremonies as well as some metaphysical teachings around energy," "I use shamanic techniques while using cranial sacral therapy. They work well together," "Shamanism will give the practitioner some

undiscussed issues that the *Spirits* would consider important that the client has not considered important or have not yet discussed," and "I think Western forms of therapy are helpful and I see a therapist regularly, but do not practice any Western therapies myself."

Question 19: When asked what elements influenced their initial interest in practicing shamanism, seven (8.24%) were persuaded by family heritage, 15 (17.65%) designated having an illness which influenced their decision to pursue the study and practice of shamanism, 33 (38.83%) indicated they had a personal interest in shamanism, and 30 (35.29%) indicated that *Other* influences impacted their decision.

The breakdown percentages for both groups (licensed and non-licensed respondents), demonstrated fairly similar results. Thirteen (39.39%) licensed and 20 (38.46%) non-licensed participants indicated being influenced by *Personal Interest* to begin studying shamanism. *Illness* persuaded six (18.18%) licensed and 9 (17.31%) non-licensed respondents to train in shamanism. While two (6.06%) licensed practitioners were influenced by *Family Heritage*, five (9.62%) non-licensed respondents indicated having had their training impacted in this way. Twelve (36.36%) and 18 (34.62%) of the licensed and non-licensed respondents respectively selected the *Other* category.

Question 20: In describing the *Illness* which impacted their decisions to pursue shamanic work, two participants commented, "After grad school and achieving highest status in dance therapy, I had a lump on my thyroid and went to a shamanic counselor who reminded me in our work how much this is part of me," and "I could not maintain a pregnancy past six months gestation. My first two babies died within hours of their births. My third child is now eight. She was born after many years of personal shamanic healing." Another respondent noted that a bipolar disorder and alcoholism have been in remission (to a degree) after being sober for five

years. This participant explained that they were not taking any medication for the bipolar disorder, nor suffering from any symptoms for either condition. Other illnesses listed by participants include, asthma, breast cancer, chronic health and personal problems related to childhood abuse, chronic fatigue and immune dysfunction syndrome, depression, fibromyalgia, hypoglycemia, hypothyroidism, peripheral neuropathy, post-polio syndrome pneumonia, recovery from severe childhood sexual abuse, and several near death experiences with the heart.

The participants who selected *Other* expressed varied factors as having an influence on their pursuit of practicing shamanism. Eight respondents indicated being prompted by spirit by specifying, "Personal visitation from spirit," "Called by the spirits," "Direct experience," "An inner knowing or calling," "Experience with the spirits that began when I was a child," "Childhood experience and powerful dreams," "Guidance from spiritual guides," and "I was *called* into it despite personal resistance." Four participants indicated that their emotional state prompted them to pursue the practice of shamanism. Their comments included, "Emotional trauma," "Death of my father which resulted in pneumonia and deep grief," "A personal emotional crisis prompted me to go on a vision quest and it is there that my interest in shamanism began," and "An emotional breakdown from a series of family crises." Three respondents commented that their interest in shamanism was prompted by their clients. Their explanations included, "Finding ways to help clients who were stuck in their work [as they were] attempting to be good parents after very difficult childhoods filled with trauma and neglect," "Something missing in tool bag," "Support groups I facilitate," and "I was advised to take a course in shamanism to help in working with a youth group. Shamanism did not work for them, but I became interested in it." Two respondents indicated being impacted by a personal shamanic healing and stated, "Receiving healing from a practitioner-soul retrieval," and "Spirits cured me

in one four-hour session of an illness I had for 12 years that was completely debilitating." One participant indicated having, "A personal fascination with the Journey process." Others commented that they were influenced by "Personal experience," "Was involved in a training that a Basic was part of and after that weekend I knew shamanism was to be part of my life and work," "Near death experience," "Some family practices, corollary to Native American cultural and spiritual practice," "Experience in the early 1970's with medicine men on the Navajo reservation and later past life recall of being part of a shamanic culture," "I was practicing it before I knew what it was," "A friend," "A book appeared in the back of my car," "Research in the historical antecedents of music therapy," and "An interest in mysticism."

Question 21: In specifying where the participants received their shamanic training, 59 (55.66%) indicated having been trained by instructors of core shamanic techniques, 15 (14.15%) designated having studied with an indigenous shaman outside of the Unites States, 14 (13.21%) specified having been taught by an indigenous shaman within the United States, and 18 (16.98%) selected *Other*.

When breaking the categories down between those holding and not holding a state certification or license to practice as a mental or physical health practitioner, the following frequencies and percentages were obtained. Twenty-three (57.5%) licensed and 36 (54.55%) non-licensed respondents indicated having obtained their training through instructors of core shamanic techniques. While four (10%) of the licensed practitioners specified having had studied with an indigenous shaman outside of the United States, 11 (26.67%) of the non-licensed participants indicated having done so. Six (15%) and eight (12.12 %) of licensed and non-licensed respondents respectively indicated having had trained with an indigenous shaman within

the United States. Seven (17.5%) of the licensed and 11 (16.67%) of the non-licensed respondents selected the *Other* category.

Those participants who selected *Other* specified that they received training from non-native shamans within the United States, via a person trained by members of the Lakota tradition, by actively studying the shamanic resurgence happening in Europe, through a local healer, from United States shamans using indigenous shamanic techniques from outside the United States, through an indigenous shaman from Basque lands currently living and working in the Unites States, from Tom Cowen, and through a great aunt. Many indicated that they received much of their instruction from The Spirits, otherwise noted as their Helping Spirits, or direct experience.

Question 22: When asked to specify the region, county, tribe, and/or institution from with they received their training, respondents indicated having gained training through various native and non-native teachers such as through the Foundation for Shamanic Studies (FSS), The Four Winds Society, Sandra Ingerman, Brant Sacunda, Lynn Andrews, Angeles Arrien, Betsy Bergstrom, Ken Cohen, Tom Cowan, Myron Echowski, Dr. Olga Kharitidi, Larry Peters (Tibetan focus), Jen Tarchin, through teachers trained by FSS, The Tracker School, Venus Rising Institute for Shamanic Healing Arts, and www. shamanicbreathwork.com. Forty-three (68%) participants indicated having had either part or all of their training obtained through studies with Michael Harner or the FSS. Participants also indicated having received education from Malidonna & Sobonfu Some, (Dagara/African shamans), Martin Prechtel (Guatemalan tradition), Babushka Mingo (Siberian tradition), Ailo Gaup (Uplander/Lapp shaman), Twylah Nitch (Seneca elder), Jaes Seis, Kalashan Kung, Herb Stevenson (Native American), Lakota Sioux medicine family, Onieda medicine people, Navajo tribe, Jivaro people of the Amazon

basin, Chumash, Tachi, band of the Yokut tribe, Tslagi people and Amazonian, Andean, Balinese, Brazilian (Spiritist), Buryatian, Central Asian, Egyptian, Hawaiian, Huichol, Mayan, Mongolian, Nepalese, Peruvian, Saami, Tibetian, Tuvan, and Zulu shamans as well as from the Jewish shamanic traditions. Respondents indicated having studied in the following areas when a specific tribe was not mentioned: Australia, the Amazon, the Andes, Borneo, Chili, China, Ecuador, France, Indonesia, Nepal, the Netherlands, North Mexico Peru, and the United States (California, Michigan, New Mexico, Texas, the Northeast coast, the Northwest coast, and Esselen people of Monterey County were specified).

Question 23: When asked to indicate how much time they spent in shamanic training, 62 responded with 26 (41.94%) of the participants specifiying that they have had over ten years of shamanic education. Twenty (32.26%) respondents indicated having received five to ten years and 12 (19.35%) specified having two to five years in shamanic training. Four participants (6.45%) indicated having less than two years of education in the use of shamanic techniques.

Ten (41.67%) of the 24 participants who hold state certification or licensure and 16 (42.11%) of the 38 respondents who are not certified or licensed in their state as a mental or physical health practitioner have trained in shamanic practices for over 10 years. Nine (37.5%) and 11 (28.95%) of licensed and non-licensed participants respectively have studied between 5 to 10 years. Four (16.67%) licensed and eight (21.05%) non-licensed respondents indicated having trained between 2 and 5 years. One (4.17%) licensed and 3 (7.89%) non-licensed participants specified having studied shamanic techniques for less than two years.

Question 24: In response to the question of whether or not the participant holds a certification as a shamanic practitioner, of the 62 participants who responded, 19 (30.65%) indicated *Yes* and 43 (69.35%) specified *No.* Of those who hold a certificate as a shamanic

practitioner, four hold a doctoral degree, four respondents hold a masters degree, five have no therapy training and six indicated having *Other* education. Seven of these participants indicated holding as state certification or license as a mental or physical health practitioner.

Questions 25: When answering the question "Do you overtly let others know that you utilize shamanic techniques in your practice?", 48 (76.19%) indicated *Yes,* no one specified *No,* and 15 (23.81%) denoted *Sometimes*. Of the 24 respondents who indicated that they currently are licensed or certified in their state, 12 (50%) indicated *Yes* to overtly letting others know that they utilize shamanic techniques and 12 (50%) designated letting others know *Sometimes.* Of those who do not hold a state licensure or certification 36 (92.31%) specified that they overtly let others know that they utilize shamanic techniques whereas only 3 ((7.69%) indicated that they *Sometimes* overtly let other know.

Question 26: To clarify their selection of *Sometimes* overtly letting others know about the utilization of shamanic techniques, the following comments were offered by the respondents: "Not everyone is open to these ways, so I use discretion. Occasionally, the indications are so strong from Those Ones that I will broach the subject where I might not otherwise expect receptivity," "Some patients I will offer to do this kind of work," "I do not discuss it as often as it would be possible. I am working on this," "I don't advertise. I don't tell people that I know about them intuitively, as a rule. People pretty much have to find me. In some extreme cases however, (as in the case of a patient who came to me for other things whom I knew instantly to be possessed) I will bring it up, but only very carefully and rarely. It is not good to call oneself a shaman and I hope I have never done that," "I mention this aspect of my work when I have indications that my patient will be open to it and that it will not alienate the patient," "I talk about it with my teacher and with some colleagues," "I am not conducting hands on shamanic work in

my profession at work. However, it completely influences everything I do in my work and I refer clients to traditional healers. As a non-Indian in an Indian health center, I am not recognized as someone who can do shamanic work," "I have brochures in my waiting room. I live in a conservative area. Many fundamental Christians find shamanism difficult to accept," "Word spreads by word of mouth. I have never formally advertised," "I do professional workshops in meditative techniques and stress management. I travel in circles that would automatically negate my expertise and experience if they knew that I did shamanic work. So, I have learned to use it covertly and achieve the same results," "I bring it up if it is relevant and/or if it is needed and the client is likely to be open minded," "I work by mostly referrals. I do not advertise in anyway. In the past I worked for a major corporation and I would consult my spiritual advisors to help me in my work," "Not everyone needs shamanic work. Some individuals need regular therapy or counseling," "I don't advertise or brag or call attention to my work. I wait to be asked. With clients, some people are not open to the idea," and "I did not announce it to the public. Some clients came to me because they heard I did this. Others didn't know about it, but I thought after a few sessions they might be interested or might want to try it. Therefore, if appropriate, after I met with a client, I would introduce it."

Question 27: Of those who do overtly let others know that they utilize shamanic techniques in their practice, 57 (30.16%) indicated doing so by *Word of Mouth,* 31 (16.40%) denoted doing so through a *Website,* 27 (14.28%) specified promoting through a brochure, 26 (13.76%), indicated doing so through *Advertising* (telephone book, newspapers, magazines, electronic media etc), 23 (12.17%) designated letting others know through *Mailings*, 10 (5.29%) specified doing so through a *Newsletter*, and 15 (7.94%) selected *Other.*

The *Word of Mouth,* category was selected by 22 (28.57%) of licensed and 35 (31.25%) of non-licensed respondents. Each of the categories, *Website, Brochures,* and *Mailings* were each selected 11(14.29%) times by the licensed participants. These categories were indicated 20 (17.86%), 16 (14.29%), and 12 (10.71%) times respectively by the non-licensed participants. Thirteen (16.88%) of the licensed and 13 (11.61%) of the non-licensed respondents designated having overtly advertised through means such as the telephone book or newspaper. Five licensed and non-licensed respondents each (6.49% and 4.46% respectively) indicated having promoted their services via a newsletter. Eleven (9.82%) non-licensed whereas only 4 (5.19%) licensed specified the category *Other.*

Of those who specified *Other* means by which individuals learn of their utilization of shamanic techniques, the following comments were offered: "I also teach occasionally at Bastyr University, do lecture, write a column," "Handouts, 'The Garden of Healing Souls", 'Shamanism among the Alquis'," "I have my own website, but I also joined sites such as ByRegion.net," "I'm listed on others' websites. [I] am known as a shamanic teacher," "I use *Witches' Voice*, a Pagan resource, to spread the work about my practice. I also do [public relations] (PR) and have been in the Washington Post and other major media outlets," "[During the] initial interview I let them know that I do nontraditional techniques and they are shamanically based," "Workshops, classes, speaking engagements," "I mention it sometimes in classes I teach on shamanic journeying," "Fliers, business cards, on a shamanic website (not my own)," "Business cards," "I am basically referral only. My website is for my classes. [My] brochures are merely informational," "Teaching and writing," and "Mailings equate to being on the FSS certified counselor list."

Question 28: When asked if the participants include other modalities which they utilize in the advertising and promotion of their services, 24 (39. 34%) indicated *Yes,* 20 (32. 79%)

specified *No,* and 17 (27.87%) denoted *Do Not Promote or Advertise Services.* Through cross-tabulation, it was found that 11 (47%) of the licensed and 13 (34.21%) of the non-licensed respondents indicated that they do indeed include other modalities in the advertising of their services. Whereas six (26.09%) of the licensed participants specified that they do not include any other modalities in the promotion of their services, 14 (36.84%) of the non-licensed respondents indicated as such. Six (26.09%) licensed and 11 (28.95%) non-licensed participants indicated that they do not promote or advertise their services.

Question 29: Of those who indicated that they do indeed include other modalities in the promotion of their services, they specified the following: "Brennan Healing Science," "Craniosacral therapy, lymphatic drainage," "Dance and movement, psycho spiritual counseling," "Dance therapy, counseling, oils," "Dreamwork," "Dreamwork, expressive arts, transpersonal," "Grail Quest Counseling," "Have not ever advertised, but am going to be putting up a website more of information than anything else. I have been very fortunate. I am a full-time shamanic practitioner and teacher, and the spirits have sent me the right clientele," "Hypnotherapy, Mindfulness Meditation, Guided Imagery for Health and Healing," "Hypnosis, energy work, psychotherapy," "I do not promote shamanic ceremonia work, but I do promote my other work, and in my biography I mention my interest in shamanic healing work," "Interior alignment, Space Clearing, Soul Coaching," "Naturopathic medicine, acupuncture," "Psychotherapy, imagery and I include my energy training as part of my background," "Reiki," (2 respondents) "Reiki, hypnotherapy, counseling," "Shamanism and yoga therapy, but I do these as completely separate sessions," "Shamanic astrology, shamanic feng shui," "Telepathic interspecies communication (animal communication), energy healing, essential oils,"

"Therapeutic massage and now ancient Indian healing methodologies," "Trauma work, specializing in PTSD," and "Zen meditation, psychotherapy, mainstream psychiatric treatment."

Question 30: Sixty-one of the participants responded to, "With what percentage of your overall clientele do you use shamanic techniques? (Please estimate %)." The answers ranged from two percent to 100%. Thirty-four (56%) of the respondents indicated utilizing shamanic techniques with 100% of their clients. One participant (2%) specified using shamanic methods with 99% of their clients while another three respondents (5%) indicated using shamanism with 95% of their clients. At the other end of the spectrum, one participant (2%) denoted utilizing shamanic techniques with two percent of their clients, and five respondents (8%) indicated using shamanic methodologies with five percent of their clients. Other percentages specified included 20 %, 30%, 50%, 70%. and 80% with two respondents (3%) for each percentage category. In addition, the classifications of 8%, 15%, 60%, 75%, and 90% were each designated one time.

Question 31: "Among the clients with whom you practice shamanic techniques, what percentage of their treatment involves the use of shamanic techniques on average?" Overall, the responses ranged from two percent to 100%. Of those (39 respondents) who indicated utilizing shamanic techniques 90 to 100% of the time with their clients, 31 participants specified that 90 to 100% of their work with these clients is focused on the utilization of shamanic techniques. One of these respondents stated, "In my view shamanism is more than just techniques. On some level I am always doing shamanism because I embody shamanism and practice [it] in my day to day life. The context in which I conduct therapy is shamanic and cannot be separated out." Two of the respondents who indicated using shamanic techniques with 100% of their clients specified using these methodologies 85 to 100% of the time. Two other respondents denoted that 75% and

20% of their time respectively is devoted to the use of shamanic methods with their clients. Two participants replied "unknown" and two others did not respond to the question.

Some patterns emerged when comparing the percentages of clients with whom shamanic methodologies are used and the percentage of overall treatment designated to shamanic techniques with these clients. Ten participants who indicated utilizing shamanic methods with 5% to 50% of their overall clientele specified employing shamanic techniques with these clients 85 to 100% of the time. Three respondents who denoted having used shamanic methodologies with 60 to70% of their clients specified that 70 to 90% of these clients' treatment was designated to the use of shamanic techniques. Two specified utilizing shamanic techniques 30 to 40% of the time with 50 to 75% of their overall clientele. One participant reported incorporating shamanic methods 20% of the time with 20% of their client base and anther indicated spending 2% of the time using shamanic methods with the 2% of the clients with which they use shamanic techniques. Two respondents even though they specified using shamanic techniques with 80% of their clientele indicated that these methods composed 6 to 10% of the total methodologies used. Another two participants who stated they employed shamanic techniques with 5% of their client base indicated that the shamanic methods make up 10 to 25 % of these clients treatment protocol. One respondent specified using shamanic methods 10% of the time in treatment with 3% of his overall clientele with which he utilizes shamanic techniques and stated, "but this is absurd".

Question 32: Of the 60 participants who responded to the question, " Estimate the average length of time per client session," 18 (30%) stated that they spent two hours in session with a client, 15 (25%) indicated spending 90 minutes, and five (8%) specified using between 90 minutes and 2 hours for a session. Four (7 %) participants commented using an average of 2.5 hours per session and another four (7 %) respondents specified spending one hour to 90 minutes

per session. Six (10%) participants indicated using an average of 45 minutes, 50 minutes, or one hour on average with their clients. One (2%) respondent specified using 50 minutes to two hours per client session. Four others individually denoted using two to four hours, 2.5 to three hours, three hours, or 3.5 to four hours on average per session. Three participants designated how much time they used for particular types of sessions. One respondent clarified that they spend one hour during a therapy session and two hours in a session utilizing shamanic work. Another stated, "[The] initial question and answer session with no interview [takes] one hour, a journey [takes] 2 hours, and a complete retrieval /healing [takes] two to four hours." A third participant commented "I separate [my] shamanic practice from [my] massage practice most of the time. So, a shamanic session takes one to three hours and a massage session 90 minutes."

Question 33: "Estimate the average number of sessions used per client," was responded to by 60 participants. The responses ranged from one session to 80 sessions. Twenty-five (42%) participants indicated working with their clients for two to three sessions. Of these respondents, 10 (17%) specified an average of three sessions, nine (15%) indicated an average of two sessions, four (7%) denoted an average of two to three sessions and two (3%) participants specified the use of an average of 2.5 sessions with each client. Twelve (20%) respondents designated spending on average, one to two sessions with their clients. Seven (12%) of these participants indicated working with a client on average for one session, four (7%) specified using one to two sessions on average, and one (2%) participant denoted using 1.5 sessions. One (2%) participant indicated using an average of one to three sessions with each client. The balance of the respondents specified varying averages which when grouped indicated other patterns. Seven (12%) of the respondents designated utilizing two to five sessions, six (10%) spending on average 6 to 10 sessions with each client, three (5%) denoted using from 15 to 80 sessions on

average, three (5%) stated that it varies and depends on the individual, and two (3%) commented "don't know." One (2%) participant stated, "Most of my clients come once a month."

Question 34: "How many of your clients with whom you utilize shamanic techniques have tried other methods of treatment, either with you or another therapist, to deal with their presenting problem prior to trying shamanic techniques?" In response to this question, 42 (72.41%) participants indicated that *Most* of their clients have previously utilized other methods. Of the remaining 16 who responded to this question, 10 (17.24%) specified *All of Them,* five (8.62%) denoted *About Half,* and one (1.72%) indicated *Most Have Not.* No one selected *None.*

Question 35: In referring to their responses to the previous question, participants specified being aware of the following other treatment modalities: acupuncture, allopathic medicine, alternative health modalities, ayruveda, aversion therapy, bodywork, breathwork, chiropractic, coaching, energy therapies, EST (definition not specified by participant), faith healers and other traditional healers, guided imagery, healing touch, herbal and nutritional therapies, Holographic Repatterning, homeopathy, hypnosis, massage, meditation, naturopathy, Neuro Linguistic Programming (NLP), physical therapy, psychic readings, psychopharmacology, psychotherapy (e.g. art therapy, aversion therapy, body centered psychotherapy, cognitive behavioral therapy, Eye Movement Desensitization and Reprocessing (EMDR), group counseling, narrative therapy, psychiatry, psychoanalysis, and talk therapy), Reiki, self-help books/tapes, other spiritual techniques, 12-step programs, and yoga. One respondent stated, "I can't answer this question. Most of my clients don't share this information with me. Though some do. But it is impossible for me to quantify that. I would guess that most of them have used and might still be using other modalities." Another commented, "I was unable to answer [this and] the previous question as I do not ask the clients."

Question 36: When responding to, "What factors determine when you use shamanic techniques? (Please select all that apply)," the category *Client Interest* was selected 48 times, making up 31.37% of the responses. Forty-one (26.80%) of the participants indicated that *Intuitive Prompting* was a factor in the determination to use shamanic methodologies. Twenty-eight (18.30%) respondents designated that when *Specific Symptoms Are Evident* they are prompted to use shamanic methods. Sixteen (10.46%) participants indicated that they opt to use shamanic techniques when *Other Approaches Failed.* The classification *Other* made up 20 (13. 07%) of the responses.

The factor selection by both the licensed and non-licensed practitioners was generally consistent except for the category *Other*. *Client Interest* was selected 23 (32.86%) times by licensed participants and 25 (30.12%) times by non-licensed respondents. Twenty (28.57%) licensed and 21 (25.3%) non-licensed practitioners identified *Intuitive Prompting as* a factor for utilizing shamanic techniques. The category *Other Approaches Failed* was selected eight times by both the licensed and non-licensed respondents making up 11.43% and 9.64% respectively of their responses. *Specific Symptoms Are Evident* was selected 15 (21.43%) times by the licensed participants and 13 (15.66%) times by the non-licensed respondents. While only four (5.71%) of the licensed practitioners selected *Other,* 16 (19.28%) of the non-licensed respondents selected this category.

Question 37: Those that selected *Specific Symptoms Are Evident* described the specific symptoms as accidents, addictions, allergies, anxiety, a statement that something is lost or missing, a statement that something is pressing or clinging, body issues, client-expressed lack of ability to move forward in life, chronic fatigue, chronic illnesses, chronic misfortune, chronic physical ailment that has not responded to other treatments, codependency, depression (e.g. long

term, especially bordering on suicide), diagnosis of cancer or chronic pain of unknown origin, difficulty staying in the body, disassociative behavior, dual personality, emotional issues, evidence, signs and symptoms of soul loss/soul loss syndromes or power loss, evidence of intrusion or other forms of attachment (negative energy intrusion syndromes, spirit possession symptoms, spiritual intrusions), fear, feeling of loss, feeling of not oneself or parts do not feel the same, fibromyalgia, getting stuck in life and relationships, grief issues that indicate unfinished business, history of abuse, hypertension, hypothyroid, illness, illness located in a specific area of the body, issue arising in the realm of ancestry, issues of lack of soul integrity (capacity to fill with life force), lack of feeling whole, lack of focus, localized pain or distress (esp. inflammation), long-term chronic pain, loss of purpose/identity, member of Alcoholics Anonymous (AA), mental or physical issues, physical and emotional emptiness, Post Traumatic Stress Disorder (PTSD) repeated failure of healing efforts, repeated failure of being able to apply growth and learning, series of misfortunes, strong psychic incidents or traumas, sudden prone accidents and trauma.

Other factors that were specified by the respondents included the practitioner always utilizing a shamanic approach, the practitioner conducting a diagnostic journey or other shamanic techniques to seek spiritual guidance from their own power animals and teachers/guides before discussing or determining the treatment modality, and screening those who call.

Question 38: Of the 59 who responded to the question, "Do you discuss the process of using shamanic techniques with the client and differentiate them from other theoretical modalities," 52 (88.14%) indicated *Yes* and 7 (11.86%) stated *No.* Twenty (90.91%) of the 22 licensed respondents indicated in the affirmative to this question as 32 (86.49%) of the non-

licensed participants specified discussing and differentiating shamanic techniques from other theoretical modalities with their clients. One participant commented, "I discuss the techniques but don't focus on the differences."

Question 39: In responding to, "Have you found that there are types of clients who seem to benefit more or with whom shamanic techniques are more effective," 42 (70%) of the 60 participants who answered this question specified *Yes* and 18 (30%) denoted *No.* Of the 23 licensed participants who responded to this question, 17 (73.91%) indicated *Yes* and of the 37 non-licensed respondents 25 (67.57%) specified *Yes.*

Question 40: "If you responded *Yes* to the previous question, please specify the general overall client characteristics." Of the 41 participants who responded to this question, the characteristic of openness was specified by 19 (46%) of the respondents. This openness was defined as having an open heart, being open minded or open to new ideas, being open to spiritual exploration, unseen helpers, and to the spiritual dimensions of 'illness', being open to shamanism, being open to things that do not fit in one's normal belief system or not being stuck in a particular belief system, being receptive, having less fear, and trusting the practitioner more. One respondent stated, "Very fundamental Christian based clients aren't particularly open to alternative styles."

Having the intention or willingness to heal and take personal responsibility for one's own healing was repeated 12 (29%) times by the respondents. This includes the client actively seeking it out and being actively involved in their own health and healing, having a genuine desire to heal and make lifestyle changes to support their healing, and having a willingness to do their own personal follow-up work to integrate the information gained in their session (e.g. learning how to journey and/or transfigure).

Seven (17%) respondents mentioned that spirituality also plays a role. Clients with spirituality in their lives, those who have some relationship to the Sacred (e.g. the path not being material), those who are disaffected with traditional religion and hunger for a supportive source of spirituality that includes some degree of ceremony and ritual, those who have a spiritual longing or inclination, and those with an understanding of the spiritual aspects of healing were characteristics mentioned by some of the respondents. One participant commented, "The client needs to believe in some kind of Divine Source for the healings to be effective. The client does not need to believe in the same exact type of Divine Source as I do though." Another respondent stated, "...failure to follow spiritual practices of [a] client's choosing precludes full effectiveness, but shamanic techniques have appeared to keep people alive until they are ready to find [a] spiritual pathway."

Clients who have tried other modalities and did not get results, those who are searching for answers, and those who are distrustful or disappointed with traditional Western medicine were characteristics mentioned by four (10%) of the respondents.

Two (5%) participants shared that clients possess a particular alignment with shamanism or spontaneously are already using such techniques, but do not realize it.

Two (5%) respondents commented on the role of skepticism. One stated "The more skeptical clients generally get the best results." Another explained, "Skepticism may diminish results." Relating to the analytic aspect, one participant remarked, "Very often clients who are cerebral will do well with shamanic techniques because they can't figure their way through it."

One participant commented, "I am very selective of who I work with because I feel that the client must demonstrate good ego strength and functioning. I do not feel shamanic work or work in any kind of altered states of consciousness is appropriate at all times and for all people."

Another respondent stated, "My practice has shifted from healing to coaching. I mentor high functioning motivated people who are ready to move forward into spiritual action with purpose, passion, and heart at home, work, and into their community."

Some other characteristics, each offered once, included, "An individual has to believe that this modality will work," "Everybody benefits," "Emotional clients seem to benefit more," "Those that exhibit symptoms of spiritual illness," "People that the spirits are able to help," "A person must be sober," "Native American clients," "I am usually their last hope," and " I always encourage people to work within a context of community. Those least helped are usually the ones who refuse, insisting on working one-on-one."

Question 41: "If you use other treatment modalities in your practice, how do you compare the effectiveness of shamanic techniques to those other modalities? Please explain." Those who are licensed as clinical psychologists and who responded to this question commented, "I don't. It's not a pie. You can't carve it up." and "Tricky question. The people, who responded to shamanic counseling, *really* responded. This question is not clear." One participant who holds a doctorate in clinical psychology and a license as a MFT stated, "Still finding that out." A licensed doctoral level clergyman stated, "Those are different dimensions." A LCMHT trained at the doctoral level explained, "I truly like using hypnosis better is some cases, than shamanic techniques. I believe that hypnosis engages the client's process more than being ***worked on*** by a shamanic practitioner. However some clients benefit from the healing that comes from shamanic intervention. I believe shamanism is a powerful tool to use and some clients benefit more than others from it." One participant who is a licensed M. D. responded, "[They are] not comparable. Psychological healing deals with emotional and cognitive issues. Shamanic healing deals with the spiritual and energetic domains. Both are frequently needed."

Six participants trained at a master's level and licensed as a LPC, a LMHC, or a CMFT/ CCSW stated, "I don't. I work in the tradition which holds that you give people what is most helpful. I refer people for medication, physicians, traditional counseling, depends on the needs of the client," "Shamanism is the most effective treatment method I use," "I talk about the effectiveness of shamanic techniques going to the deeper consciousness and changes being more settled," "I don't compare. I intertwine,." "I would always feel shamanic techniques create more change," and "Based on client feedback."

A respondent trained at the doctoral level in Chinese medicine and hypnotherapy and who holds a license as an acupuncturist stated, "Hard to say." Two registered nurses acknowledged, "Usually the modalities are used in some sort of combination. Many times homeopathy is used after the shamanic work and clients usually ask for support with bodywork as well to smooth over transitions from the shamanic work," and "Other modalities can support shamanic techniques." Two licensed physical therapists commented, "If the shamanic approach is what is needed it is *very* effective generally. Though sometimes must be used with other things that the client needs to do on his/her own or with another practitioner," and "Decrease or shift in complaints, improvement in gait and other movement, improvement in mood/attitude."

Five participants who hold advanced degrees in psychological and physiological studies (cognitive and neural science, clinical psychology, medicine and surgery, psychological research methods applied to motivation and teaching methods, and transpersonal counseling psychology), but do not currently hold state certification or licensure stated, "All other modalities are used as *triggers* to lock in [a] soul retrieval or physical healing *imprint* for release by [the] client at a future date of their choosing; at a time when they are in need of support," "Shamanic practices, particularly when combined with psychospiritual counseling is very effective," "Usually

immediately effective," "They all work together," and " You seem to take a reductionistic view as far as techniques are concerned. I do not feel I can take such a view and weed out the effectiveness of techniques."

Comments from the other participants who answered this question included, "Other modalities are only supplemental to shamanic techniques which I find to be most effective," "Different work fits different people and different issues," "Difficult to identify all the factors," "Shamanic healing seems more effective than Reiki," " Shamanic modalities are very powerful psychologically, opposed to healing the body for example," "All treatment modalities are effective in their own way," "I offer so many modalities that I have a wide variety to choose from to facilitate healing. I would say shamanic techniques are equally as effective or slightly less effective than acupuncture, diet nutrition or herbs," "If I use the other modalities I use them with the shamanism. So I can't tell which one is more effective," "The other treatment modalities either are adjuncts to the shamanic techniques (energetic bodywork and massage) or else used for totally separate purposes (yoga therapy, which is used to help the client develop conscious awareness of the oneness of body/mind/spirit). The shamanic work is for the purpose of healing illness or resolving old pain with problems," " Each different and addresses specific issues," "This is comparing apples and oranges," "Shamanic techniques and Brennan Healing Science techniques seem to me to be equally effective so long as I carefully implement my guidance as to which modality to use in which situation. Sometimes I will use first one and then the other in sequence as part of a series of treatments which is," "Shamanic techniques are always successful," "The time length to see success does vary by client," "Shamanism is all I use," "No," "Usually immediately effective," "Shamanism is the most effective treatment method I use," "Craniosacral seems to have more lasting results. People can have dramatic results with

shamanism, but if they don't do follow-up work the effect may not last and they frequently don't do the follow-up work," "Shamanic techniques reach deeper than ShadowWork techniques. Yet they complement one another beautifully. Reiki also complements the shamanic techniques as well. The three interweave as needed for a particular client," and "Sound healing, music and imagery."

Question 42: "What specific techniques do you utilize in your practice? (Please select all that apply)." *Journeying,* received sixty-one (25%) of the 244 responses indicated by the participants. *Soul Retrieval* was selected 58 (24.18%) times, *Spirit Extraction* 38 (15.57%)) times, *Mediumship* 25 (10.25%) times, and *Plant Remedies* 13 (5.33%) times. Forty-eight (19.67%) of the respondents selected the *Other* category. As the category *Spirit Extraction* was incorrectly listed as *Soul Extraction,* 15 participants chose to specify their use of *Spirit Extraction* (also referred to as extraction of negative or parasitic entities or intrusions) in the *Other* category. With the information given, the category *Spirit Extraction* would correctly have received 53 responses. The total number of responses would be adjusted to 256 as 12 of those respondents who indicated utilizing spirit extraction in the *Other* category also listed other methodologies. The adjusted percentages for each category are as follows: *Journeying* (24%), *Soul Retrieval* (23%), *Spirit Extraction* (21%), *Mediumship* (10%), Plant Remedies (5%) , and Other (18%).

Those who selected *Other* listed the following methodologies: (Please note that if more than one participant indicated the use of methodology, the total number of respondents specifying that technique is listed in parenthesis.) African divination system of throwing the bones (serves as a diagnostic tool), amulet making, ancestor retrieval, ancestral soul healing, ancestor work (e.g. seeking the ancestors guidance for healing, working with the ancestor to

balance problems in the genetic line) (3), blessing, breaking strings to the past, Celtic techniques, clearing of spaces, creation and use of ritual/.blessing ceremonial work (9), curse removal, curse reversal, depossession, (17), divination (4), elemental cleansing, exorcism, fire ceremonies, hands on healing, healing of places, spaces and land, healing with spiritual light (4), illumination (a Peruvian technique), Medicine for the Earth transfiguration technique, meditation, merging with Helping Spirits, light/energy work, listening, power animal retrieval (8), power restoration, power retrieval (2), prayer, protection, psychopomp (13), resolving magical attack, retrieval of soul essence, Severing Trauma Bond (given by the practitioner's Guides), shamanic aromatherapy, song healing (2), soul releasing, soul remembering, soul retrieval integration work, soul retrieval of body parts, organs and joints, spirit canoe (group work) (2), Spirit of Trauma, spirit reintegration, stones/crystal healing (2), teaching the individual to journey for themselves (2), Tuvan drumming (3), use of drumming and sound (2), and whatever the spirits suggest in the nature of love and compassion or is in the greatest and highest good of the client (2). In regards to depossession, one respondent stated, "...depossession ceremonies...are rarely performed and require enormous spiritual power and support to be done successfully. I would never undertake such a project on without other practitioners helping."

Question 43: "Do you separate other methodologies from shamanic methodologies when working with a client?" Of the 59 who responded to this question, 28 (47.46%) said *Yes* and 31 (52.54%) stated *No.* The percentages of those indicating *Yes* varied between the licensed and unlicensed participants. Of the licensed participants, 13 (56.62%) of the 23 respondents indicated separating the methodologies whereas 14 (41.67%) of the 36 non-licensed respondents indicated separating methodologies.

Question 44: "Do you rely on certain shamanic methodologies more?" Thirty-nine (66.10%) of the 59 respondents indicated *Yes* and 20 (33.90%) denoted *No.* Fifteen (68.18%) of the 22 licensed participants who responded, answered affirmatively to relying on certain methodologies more.

Question 45: Of the 39 who responded in the affirmative to the previous question, 22 (56.41%) participants specified soul-retrieval as one of the methodologies they rely on more. Spirit extraction was indicated by 10 (25.64%) of the respondents. Nine (23.07%) of the participants stated that they rely on journeying more. While all respondents did not specify whether the journey was done by the practitioner and/or the client, some did comment on this stating, "I *always* journey first for the client no matter what," "I always do a diagnostic journey to determine what the compassionate spirits indicate is necessary for the client's highest good," "Supporting the client in doing a journey through EMDR work," and "Learning how to journey." Similar to those who indicated that they journey on behalf of their clients, two participants commented that they follow the direction of the Spiritual guides in all sessions to select the methodologies.

Power animal retrieval was specified by seven (17.94%) of the respondents as a technique they rely on more frequently. Depossession and healing with spiritual light was indicated by three (.08%) persons each as techniques they commonly rely upon. Two (.05%) individuals each indicated that divination and transfiguration were techniques they frequently use.

Other techniques which were mentioned once each by the respondents include mediumship, shamanic aromatherapy, flower essences, ritual, merging/transmutation, throwing the bones, Severing Trauma Bond, purification through steaming and bathing with herbs,

imagery, spirit reintegration, soul purpose retrieval, soul retrieval of body parts, organs and joints.

Other respondents commented, "[I] do not rely on any single method," "[It] depends on the client's needs at the time," "I keep the methodologies separate because I consider them to be different channels," "I use Shamanic language in most of my explanations to clients regardless of what modality I use. I ***think*** in terms of spirit of trauma and intervene using that framework in most cases, again regardless of modality," "I use them all together," "I did not respond *yes*, but I am very intuitive about what I do during a client session," "Every client is different,"

To clarify what the 10 mental health providers (one psychiatrist, two clinical psychologists, one clinical mental health therapists, two mental health counselors, two marriage and family therapists, and two professional counselors) who responded to this question indicated, their responses were pulled out from the total responses specified above. They designated utilizing energy field cleansing and boosting, extraction (2), healing with the spiritual light, journeying (3), power animal retrieval (3) Severing Trauma Bond, shamanic language, and soul retrieval (5) more frequently. (Please note that the number of respondents who specified each modality is indicated in parenthesis.) One of these respondents stated, "This question is confusing. I don't bill Blue Cross for shamanic work, so I separate that out by time. Otherwise it's all one practice."

Question 46: "Do you have clients with specific types of ailments seeking your service more than clients with other ailments?" Of the 60 who responded to this question, 28 (46.67%) indicated *Yes* and 32 (53.33%) specified *No.*

Question 47: Of those who responded in the affirmative to the previous question, the following ailments were specified (Please note that when more than one participant indicated an

ailment, the number of respondents is listed in parenthesis.): abuse (e.g. childhood, emotional, physical, sexual) (4), acute trauma, addictions (2), alcoholism (4), anxiety(2), arthritis (2), bipolar disorders (2), borderline personality disorder, cancer, chronic fatigue, chronic pain, (2), codependency, depression (11), disempowerment, emotional trauma, feeling *lost* or without direction, feeling not complete in their lives, fibromyalgia (2), grief (2), have not responded to traditional physical therapy, healing from episodes of violence, hearing voices, infertility, intestinal disorders, long-term suffering or pain from trauma, magical attack, multiple personality disorder (2) pain, post surgery, psychological/spiritual illness, schizophrenia, sexual trauma, soul loss (2), soul loss accompanied by physical pain, soul retrieval (2), spinal problems, spiritual intrusions, stopping smoking, threat of suicide, and trauma offenders and trauma survivors.

Of the 23 licensed practitioners who responded to this question, seven (30.43%) indicated *Yes.* These ailments included anxiety, bipolar spectrum disorders, cancer, depression (2), disempowerment, grief (2), infertility, pain, trauma work (offenders and survivors) and people who haven't responded to traditional physical therapy.

Question 48:" Which problems have you most often treated with shamanic techniques? (Select up to 5 categories.)" Of the 19 categories, the five categories with the highest numbers of selection included *Depression/BiPolar Disorder* selected 41 (12.02%) times, *Finding Meaning and Purpose* chosen 38 (11.14%) times, *Physical Problems* selected 36 (10.56%) times, *Sexual Abuse* designated 35 (10.26%) times, and *Relationship Problems* selected 30 (8.80%) times. The remainder of the categories were designated by the participants as follows: *Anxiety Disorders* 24 (7.04%), *Addiction* 23 (6.74%), Releasing *Spirit Possession* 20 (5.87%), *Verbal Abuse* 18 (5.28%), *Physical Abuse* 14 (4.11%), *Anger Problems* 11 (3.23%), *Other Abuse* 10 (2.93%), *Recurrent Dreams* 6(1.76%), *Eating Disorders* 5 (1.47%), *Obsessive Compulsive Behavior*

5 (1.47%), *Phobias* 5 (1.47%), *Sexual Problems* 3 (.88%), *Paranoia* 1 (.29%), and *Other* 16 (4.69%).

Some of the respondents who specified their selection of *Other* indicated that they witness borderline personality disorder, multiple personality disorder, PTDS, trauma, grief, soul loss, feeling a part of themselves is missing, and general unresolved childhood issues. Two respondents commented regarding *Sexual Abuse.* They stated," When I checked sexual abuse, the client may not come to me because of that, but there are a frequent number of times their soul loss is related to that," and "[Regarding] sexual abuse, clients generally do not disclose [this] and do not need to for shamanic techniques to work." One participant stated, "I can't answer this [question] really. Since often clients do not give me detailed case histories. This is particularly true of abuse issues. Sometimes they mention abuse. Often [they do] not. Again, I can't quantify this. I have worked with all of these categories at one time or another." Another respondent commented, "Sorry, I don't carve things up like that. These troubles are all related and happen in the same person often. I just can't de-construct reality that way for you." One respondent clarified that her selection of the *Depression/Bipolar Disorder* category was to designate depression only as the two are very different. Other participants commented regarding the limitation of selecting five categories only and stated, "Actually, I've worked with all of the above...5? How about 25," "Sorry I have so many boxes to check, but as a straight shamanic practitioner, I use shamanism in all my cases," and "Sorry, [I] can't limit it to 5."

Question 49: When referring to their responses to the previous question, participants indicated having worked with the following *Physical Problems* (Please note that when more than one participant indicated a specific *Physical Problem*, the number of respondents is placed in parenthesis.) and/or *Other* such as arthritis (2), autism, cancer (e.g. breast, leukemia) (10),

chronic back pain (5), chronic fatigue syndrome (6), chronic illnesses, closed head injuries, fatigue, fibromyalgia (4), gastrointestinal diseases/digestive problems (e.g. acid reflux, stomach problems) (5), gynecological problems, headaches/migraines (e.g. recurrent and intractable) (5), heart problems/disease (2), hypothyroid, infectious (2), infertility (2), injuries, lack of use or good range of motion of a body part, life threatening/terminal illnesses (2), lupus, lymes disease, menopausal symptoms, multiple sclerosis, pain (e.g. chronic, location specific, undiagnosed, in organs, muscles, neck, and spine) (12), sexual dysfunction, sexual injury, somatic complaints that cannot be confirmed by physiological evidence, stress related disorders (e.g. bone and joint disorders), surgery and post surgery (2), symptoms that Western medicine cannot find answers, temporomandibular disorder (TMD), ulcers, unusually frequent spider bites, uterine fibroids, and whip lash. Comments made my some of the respondents included, "Could be any physical problem, any illness," "Illnesses of all different kinds," "There is no particular physical problem, just something that hasn't responded to other treatment," "I always tell the person to see their doctor/psychotherapist and that I am neither. Usually spiritual healings for general aches and pains, but also to help with the healing of injuries and chronic conditions, especially ones that have not responded will to standard medical treatment," "I am considered a talented physical healer and most of my cases involve physical healing," and "I am guided to do extractions and soul retrieval for many of the psychical problems and also guided to use healing with spiritual light as a completion of these healings."

Question 50:" Referring to your five selections made above (question 48), please indicate the problem (by corresponding number) with which you have had the *Most Success* treating with shamanic techniques." *Finding Meaning and Purpose* and *Depression/Bipolar Disorders* were designated the greatest number of times by the respondents as being conditions which they have

had the most success in treating, being selected 11 and 10 times respectively. Two respondents listed both of these categories as being most successfully treated. The category of *Physical Problems* was selected by seven respondents. Three participants each indicated having had them most success with *Anxiety* or *Anxiety Disorders* and *Addiction.* The categories of *Sexual Abuse, Verbal Abuse, Other Abuse, Abuse* (in general), *Relationship Problems, Releasing Spirit Possession, and Other* were each selected by two respondents as having experienced the most success in treating. One participant clarified their selection of *Other Abuse* as being spiritual abuse leading to negative intrusions and soul loss. One respondent indicated having the most success with *Phobias* and stated that they are *very easy* to treat. Another participant specified having the most success with existential problems. Two others indicated having the most success related to training clients to journey. One stated, "Journeying can help with any problem. So [it] is not related to a specific problem the way some techniques may be. [It is] all to do with the open mindedness of the client, no matter whether they are depressed or have pain." Likewise, four respondents indicated that they have had the same success with all of the conditions. One participant stated, "[I] can't. [It] doesn't work that way. The spirits tell me what's right for each person." Another stated, "[My] clients needed *real help.* [I experienced] people having a nice time with no success. It is hard to approach in this kind of setting. A tribal village would offer community."

Question 51: "Referring to your five selections made above (question 48), please indicate the problem (by corresponding number) with which you have had the *Second Most Success* treating with shamanic techniques." *Finding Meaning and Purpose* received the highest designation by being selected 11 times. *Depression/Bipolar Disorder* and *Sexual Abuse* both were selected eight times. The categories of *Physical Problems* and *Releasing Spirit Possession*

each were designated four times. Three respondents indicated having the second most success in treating *Anxiety Disorders. Physical Abuse, Relationship Problems*, and *Other* each were selected by two participants and *Verbal Abuse, Addiction, and Phobias* were each designated by one respondent. One participant indicated having the second most success with abuse/neglect. Another listed soul retrieval.

Question 52: "Referring to your five selections made above (question 48), please indicate the problem (by corresponding number) with which you have had the *Third Most Success* treating with shamanic techniques." *Depression/Bipolar Disorder* received the highest designation by being selected 8 times. The categories of *Sexual Abuse, Anxiety Disorder,* and *Physical Problems* were each specified six times. *Releasing Spirit Possession* was selected five times and the categories of *Verbal Abuse, Addiction, Finding Meaning and Purpose,* and *Relationship Problems* were each designated three times. The classifications of *Anger Problems, Obsessive Compulsive Behavior, and Other* were each selected one time. One respondent specified the word *sexual* without further clarification.

Question 53:" Research indicates that different therapies produce varying results of effectiveness. The following questions refer to the effectiveness of your experience using shamanic techniques. Please reflect back on your caseload of clients during the past 6 months. Please answer to the best of your ability and have all five items add up to 100%. Of your clients with whom you have utilized shamanic techniques as a treatment for a problem please estimate the percentage of clients that indicate the following: (A cure of their problem, significant improvement regarding their problem, Slight improvement regarding their problem, No improvement regarding their problem, Their condition worsened)" In response to this question, 48.42% of the respondents indicated that they received significant improvement regarding the

problem and 28.40% specified that they experienced their clients demonstrated a cure of their problem. Slight improvement regarding their clients problem was experienced by 15.51% of the participants and 7.08% specified having experienced no improvement regarding their clients' problems. Of the total responses, .59% of the participants found that their clients' conditions worsened.

Question 54:" In the past 6 months, if there have been one or more *cures* of a physical or mental illness, please list the specific illness(s) *and* how many sessions were required for each (For example Depression –7 sessions). If you have had more than five *cures,* please pick five cases that you feel most represent your experience." Relief from some sort of physical problem was documented 21 times. Cancer (e.g. bone, breast) was noted by four respondents indicating that healing took two, three, seven, or 12 sessions. One participant commented, "[I] do not know if [the cancer] is *cured* or in remission." Five respondents expressed that they had experienced their clients being relieved of some sort of pain including back pain, localized pain released in one session, generalized pain, over 20 years of back pain shifted to no more pain and severe back problems helped in 10 sessions. One participant stated, "[The] pain is usually completely gone." Two participants commented having beneficial results with arthritis. One indicated witnessing relief of stress induced arthritis in two sessions and the other stated that they removed an entity that was the psoriatic arthritis, which resulted in the client being able to resume a fairly normal routine with little or no pain and having discontinued all prescription medications. Chronic headaches and migraine headaches have been found by two respondents to be relieved in three and 10 sessions respectively. Two participants indicated experiencing healing results with clients who had fibroids in 3 or 5 sessions. Other physical ailments documented by the respondents include cifids/fibromyalsia in 10 sessions and occasional ongoing sessions when needed, Crohn's

disease in one session and six months time (after 20 years of suffering), gastric difficulties in 5 sessions, heart blockages in 5 sessions, high blood pressure in eight sessions, lingering infections in one session as part of other allopathic treatments.

Seventeen respondents commented that they experienced clients being relieved of depression. The number of sessions was designated as one, two, three, four, five, or eight by those who indicated the number of sessions. One participant indicated that a client received relief from chronic depression which was non responsive to medication in three sessions. Another explained that a client received help for their depression in one session along with three months healing time. Three respondents offered the following scenarios, "Chronic depression shifted to seeing [her] life dream, returning to school, and opening her own daycare business," "Chronic depression shifted to clearing years of stuck projects and clarity about life purpose. This client then entered and graduated acupuncture school," and "A woman came to me for a soul retrieval. She experienced significant relief of depression. Now we are working on why she gives away her power and spells that others have put on her. I find that often (i.e. with soul retrieval) the person is now more whole and the psychological work can proceed more quickly."

Five participants noted having their client experience relief from some sort of psychotic disorder including a multiple personality disorder in two sessions, psychotic break being reconstituted in one session, schizo-affective disorder in seven sessions and schizophrenia in two sessions. One respondent commented, "[The] client was hearing voices and was terrified that they were going crazy. After a depossession, soul retrieval and illumination, the voices completely went away. This has happened more than once, usually with one 4-hour session."

Relief from some form of anxiety (e.g. anxiety disorder, chronic) was indicated by five respondents to take place within one, two, or seven sessions. One participant stated that their

client restored their confidence in one session. Addiction and alcoholism was documented by three respondents as having been resolved in one or two sessions. Three participants indicated their clients having experienced relief from symptoms of sexual abuse in one session and abuse in general in three or three to four sessions.

Four respondents indicated that they had experienced clients clarify their meaning, purpose and direction in their lives in one, two, or ten sessions. One participant stated, "[A] client, after working in the post office for 36 years, retired. [The] soul retrieval gave her a new direction to go in and she has a joy in her life every morning." Four others commented on seeing results with relationship issues in one to three sessions. Additional comments included, "[The] person felt dissociated from [their] family, but responsible. After a soul retrieval [the client] was able to see his part in it all," "Letting go of an old lover in three sessions," "[A client] unsuspectingly married into a family practicing voodoo in Haiti. {The}ex-husband laid classic voodoo curse on her. Years of torment and terror shifted to peace of mind and more effective work and private life relations," and "Many cases of sexual abuse (rape/incest) with timidity when faced with intensity. Difficulty staying in body and long-term illnesses [have] shifted to [a] balanced presence and more enjoyable personal and work relationships." Others documented letting go of destructive behaviors in two sessions, relief from general malaise in two sessions, dealing with soul loss in two sessions, depossession in three sessions, and clients experiencing relief from a panic disorder and having grief resolution.

In response to this question other respondents made the following comments, "I can help a person in 2 sessions. Working with phobias is the easiest. Depression is also easily helped. I only ask a client to pay for 3 sessions. If I need to see them for more than 3 sessions, I do not charge, as the techniques should have worked by then. I will do up to five sessions," "Various

[conditions can be resolved] in 10 sessions. I frequently work with groups," "My clients heal on a spiritual level which filters into the physical regardless of their diagnosis," "Hard to say," "[I] find that often with soul retrieval the person is now more whole," "It would be misleading to answer this question, since I cannot recall a single case in which I have used shamanic techniques alone," "I am not in this business to cure people. That is a Western medicine perspective. Is someone cured if they stop feeling anxiety? Probably. Most of the time people feel an improvement after a treatment, but they cannot always quantify what that is. Only a certain percent of my clients are ones I could classify as seeking a *cure* to something specific," "This question tries to pin down some very amorphous issues that can't be determined in a short span of time. Also I often do not get feedback to know how folks are doing since I don't do a lot of follow-up and leave it to the client to integrate their work, returning to me if needed," "I only do one session. One client [who] felt she was possessed and her home was filled with demons only needed one session of rattling and clearing to find peace," "[I] don't have a clue. Many of my clients I have been seeing for some time and as I have introduced techniques, I have also continued using other modalities," "I don't adhere to [the] *cure* theory so this question is unanswerable. My clients would probably say differently. They report much success and sense of being cured," "Cures do not occur. A transformation might occur," "I am sorry. I have the same problem with this. The work I do is holistic and it is absurd to claim cures and numbers of sessions for cures. I doubt the ethics of anyone who does," "Wow! I have no idea about any of this. Again, it's impossible to quantify. All I know is that people essentially hear about me through word of mouth, so I must be being helpful. If I wasn't, I wouldn't continue to get clients," and "[I] would not say that there are cures."

Question 55:" Have you experienced any ethical or standards of practice dilemmas or difficulties in the utilization of shamanic techniques?" In response to this question, 12 (19.35%) stated *Yes* and 50 (80.65%) specified *No.* Six of the respondents who indicated *Yes* are currently licensed practitioners.

Question 56: "If you responded *Yes* to the previous question, please explain." Fourteen participants responded to this question. Of those with licenses who responded in the affirmative, two clinical psychologists responded, "I explain to clients that this is an ancient form of guided visualization. The key is do you bring shamanic practices into a psychology practice? The answer is no really. The justification is that it is a form of guided imagery. So, in that sense it works. I explain to the clients that it is an ancient form of guided imagery. In guided imagery the assumption is that you are somehow going within yourself (e.g. inner advisor or inner child) to find the answers. In shamanism they clearly say that you are going to the outside to spirits for help; nothing to do with going within yourself. I told clients that if they could take on the shamanic point of view and have a sense that they are really going outside themselves to get help from the spirits, it may be easier for them to journey than if they thought that they were going inside. Indeed that turned out to be true. I had to say [to the clients] ***pretend*** you are going outside." and "It can be very tricky to, for example, lie down on the floor with a woman with a sexual abuse history. It has been important to talk things through about the relationship at length before proceeding. Also being careful with boundaries around teaching and client relationships is challenging. I have had no complaints, but I work hard to be impeccable ethically." One LMHC stated, "Utilizing shamanic methods which are not usually accepted," and a LPC commented "People with magical thinking and poor boundary adjustment, where I know that they want to stay sick or call themselves *special* in such a way that the secondary gains are too strong for the

work to take hold fully and their day to day lives [is] of such poor quality that I have to weigh the whole picture with them." A naturopathic medical doctor stated, "Clients have asked me to do work on other people for them without this second person's knowing or without this second person's permission. Of course, I declined to do this." A physical therapist indicated, "Traditionally, one shouldn't offer to help. One must be asked. Yet, in this culture people don't know how to ask or that they should ask. So, what to do if one sees a situation that needs help?" Two licensed practitioners responded *No* to question 55, but offered the following comments. An LPC commented, "I believe that this is why I am here. The shamans of our ancestors were healers of body, mind and spirit." A LMFT stated, "... I am very careful and not directly utilizing shamanic approaches. Rather, it informs my practice and I use imagery to the same end as journey."

The non-licensed respondents offered the following comments: "[The client seemed] unlikely to be open to shamanic intervention, but Those Ones were quite insistent. I asked [the] client, who was a Federal police officer and discovered she was unexpectedly open to this approach. Usually, I do not bring up shamanic work unless I see *broken* patterns," "Wives wanting me to work on their husbands. Family members requesting aid for the person, not the person requesting it." "Yes, when I work with couples, I have to be very clear about boundaries and making sure nothing is shared with between each person when I have separate sessions. Also clients who want me to *heal* someone else without their permission," "Whether or not to treat a client with mental health diagnosis," "Ethically I think when a practitioner integrates shamanic practice into their work, the practitioner needs to be thoroughly trained in shamanic work and needs to use it on some level for themselves. I do not believe shamanism is a set of techniques simply to be applied. There is power in it. There is Spirit. If a practitioner does not understand

that and has not done their own work, at best the practice of shamanism become diluted and at worst, both the therapist and the client could end up in territories that neither of them are ready or know how to deal with," and "[I am] extremely careful how I explain to people that I'm not the appropriate person to work with them when I'm referring them elsewhere. The crucial point to be made isn't that shamanic work be effective for them, but rather that I'm not the appropriate person to do that work."

Question 57: "Are there any other comments you would like to share about your experience using shamanic techniques and the effectiveness of them as therapeutic tools?" The following comments were offered by participants holding a license: An ordained minister stated, "Because Spirit is in charge 100%. I have no guilt or expectations regarding what comes forward. I fast for 36 hours prior to treating so I am physically weak and open to Spirit. I acknowledge my teachers and power animals as those doing the work. I am only a medium to bring their work to the client." Two LPCs commented, "That the methods are not for everyone. That having the gift of the calling is very different than having been trained in the methodology. Knowing method is no substitute for giftedness," and "As a trauma therapist it has been a joy to incorporate shamanic techniques which are Mind/Body/Soul oriented and that has presented more healing for clients. Shamanic techniques are useful for people for whatever their spiritual orientation is and it is easily incorporated into their belief system." A LMHC stated, "I am passionate about the use of these techniques and am impressed with their results." A respondent certified as a MFT and a CSW explained, "Shamanism is a very helpful methodology. It is effective especially when used with psychotherapy." A licensed clinical psychologist commented, "It's the most wonderful discovery of my life." A M.D. with a focus on adult and child psychiatry remarked, "I find shamanic techniques highly effective in selected situations.

Readiness of the patient is all important to the outcome. I have a constructive suggestion regarding this questionnaire and the research methodology behind it. As it stands this questionnaire can not give clear data about the effectiveness of shamanic healing except in the case of those practitioners who use little else in their practices. I would suggest you narrow your sample to those healers who fit in that category and explore in depth with those few. Otherwise, as in my case, the estimates of effectiveness are bound to be confounded by the use of other methodologies in parallel with shamanic healing." A participant who has previously worked as a nurse and a chiropractor stated, "I think it is a wonderful technique for healing. I find it very gratifying." A physical therapist remarked, "One shamanic session can help a person turn a corner, achieve hope, get [a] broader perspective of life and their place in it, [and] eliminate physical complaints."

Those non-licensed participants with advanced degrees in cognitive and neural science, cultural anthropology, and psychological research methods applied to motivation and teaching methods offered, "The weight of experience locally with these healings is beginning to draw attention from the modern medical establishment. Local practitioners have been referred to the Foundation for Shamanic Studies after their clients say things like 'The shaman cured my relapsing' and the client's record bears out that a change seems to have occurred. More study is needed to correlate the use of shamanic techniques, especially in addiction medicine. At this point the practice appears to help far more than it has no effects, and no harm has occurred for any clients to date," "I find some of these questions confusing or difficult to answer because they don't really get at the complexity of the shamanic healing process. Symptoms are often multiple as are causes. What do you mean by *cure* as opposed to *healed?* Do you mean immediate and permanent? Significantly better? Healing sometimes takes a while, but shamanic

healing may change the direction, set healing in motion, effect a big change, that then takes its own course over days or weeks. Sometimes you see dramatic results a few weeks later. I find taking questionnaires like this frustrating and not very elucidative of anything except how someone can't fit something totally non linear and complex into simple little boxes. Sorry," "These techniques are extremely powerful and effective. The client must however be willing to continue to work with the energies on their own."

Participants who do not hold an advanced degree or licensure in some form of psychology responded to this question remarking on its relationship to psychotherapy, the ability to quantify the effectiveness of shamanism, their thoughts about its effectiveness, its variability and how shamanism has been utilized shamanism with clients and how it has affected one practitioner.

Some respondents commented on shamanism's relationship to psychotherapy and stated, "I think attacking a problem from many different angles is helpful. For example, I will not treat someone for depression or mood disorder unless they agree to stay on their meds and continue with Western psychotherapy," "Shamanism and psychotherapy are two very different things. I am concerned at the blurring of the lines that is happening now. It is imperative that the spiritual aspects of shamanism be honored and maintained. This is not just another therapeutic model. It is a practice of direct revelation that results in healing on the spiritual plane not necessarily on the emotional or physical planes. Please be cautious as how you present the findings about shamanism's use in a psychotherapy setting," and "I am not a psychotherapist. I do not pretend to be one. But therapists refer their clients to me. I've been doing this work for over 20 years and in all that time, I have only had two people tell me that work wasn't helpful. There may have been other people who have felt that, probably are, but I didn't hear about it."

Those commenting on the ability to quantify shamanic effectiveness stated, "I think it is very difficult to quantify the effects of spiritual healing," "The benefits of shamanic practice are hard to put into therapeutic words. People are transformed when they receive shamanic work. Sometimes it is subtle but long-lasting and powerful. This survey is inadequate to describe that," "A reductionistic survey such as this is not a good tool for studying a technique that is nuanced and subtle like shamanic practices.," and "[It is] very difficult to place [a] direct *cure* on specific sessions. Often a shamanic healing session is the beginning or opening of a process which leads to positive changes. Sometimes it takes months or years to come to full fruition. Clients often attribute the shamanic session as a *turning point* in overall progress if not a direct simultaneous cure. Soul retrieval integration takes time. People notice change sometimes slowly, sometimes quickly. The typical Western therapeutic setting is not often the most conducive to shamanic healing. Working with drum, fire, [and] spirits of the land often requires a different type of location, time frame etc."

Those remarking about its effectiveness stated, "Shamanic work unsticks people. Gets them outside of their usual games," "I find that the sessions produce very profound healing for the clients, frequently in ways that Western techniques can't match. (This was my experience when I was a client as well.) I always feel very humbled in my role facilitating such work," "[I have] been deeply moved by the effectiveness of shamanic ceremonial healing work, especially when used in a community context. I also strongly separate money and ceremony as I have been taught by my Lakota medicine father. Given that most Lakota medicine people live in deep poverty (partly because they give away much to support the people, partly because they lose a lot of paying work when doing ceremony) this sometimes make the cost of doing ceremony steep. However, the joy of working with Those Ones and seeing over and over the *miracles* they

perform is quite worth the challenge. Personally in the Lakota Lavampi ceremony, they tied up those *broken ropes* (torn rotator cuff muscles) in my shoulder. So, I did not have to have surgical repairs at a hospital," "For me, shamanic work offers clients radical cures to their illnesses. Part of the work however, is to help the client to integrate the cure so that healing can result. I believe the spirits cure 100% of the time. However we do no always know exactly what a cure is going to look like," "Sometimes effective alone. Usually more effective in conjunction with allopathic treatment," "Shamanism has been around so long because it works! It is also very effective when used with other modalities to address all aspects of their problems," "I have many clients who have been in therapy for five or more years. They feel stuck and come to me. I am frequently told 'I have been trying to heal this for all these years. I feel that in one session, I moved through years of therapy. I can't believe how much better I feel," and "They are more overtly effective in those who are already accustomed to energetic work. Nevertheless, they provide a subtle shift in everyone as though a doorway has been stepped through that shifts the individual over the long term, if that person chooses to integrate the work."

Speaking of the variability of result, one participant stated, "The results are so variable and I don't have mechanisms for follow-up. Some report a complete change. Some come for a soul retrieval and I never hear from them again. Some I call a month or so later and they may tell me how much it has changed their life. Some feel only some temporary relief. I work in a very intuitive way, do a lot of listening and do many *treatments* that are only one-time treatments. Some of my clients give me glowing reports. Others seem to be hardly affected at all. Some are affected months later. No one has complained or reported that it was a waste of time."

Two participants commented on the utilization of shamanism with clients and its affects on the self, "The majority of my clients come because they are experiencing difficulties in their

lives and want guidance. Throwing the bones gives them the guidance they are seeking, but will also direct me to do other shamanic healing. I often help them by teaching shamanic techniques. I have beginning through advanced classes. I see myself as a facilitator and guide to personal ongoing healing. I teach Medicine for the Earth and incorporate the practice of healing with spiritual light with all of my healings. The soul retrieval work is the other technique where I see the most profound results and I am called to do that on a regular basis. My practice is still small, but growing weekly," and "This training was terrific for the self. It is the only kind of spirituality I could ever practice. Working with clients, the sessions became too long and not conducive for me to continue doing the work. I did not control or limit the time it took for the client to do their process. I was raised Southern Baptist and through my shamanic training, I embraced spirituality and changed my vision of the world and what is important.'

Chapter V: Discussion

Limitations

This particular study explored the effectiveness of shamanic techniques from the point of view of the therapeutic providers who chose to respond to this questionnaire, not the client. Therefore, the data received is from this perspective and does not give us an understanding of what clients have experienced in regards to their work with shamanism and other methodologies. In addition, a number of potential subjects began the study, but did not complete it. It is unclear as to why this may have occurred. It is possible that the length of the study itself became a hindrance. Alternatively, the attempt to gain quantative data on a subject which may be found difficult to quantify may have affected prospective subjects' decisions to complete the questionnaire. Two prospective subjects (both of whom have doctorate degrees, one who is affiliated with Harvard University) indeed commented on their challenge in responding to some of the questions posed in this quantitative manner. While one chose to respond to the questionnaire to the best of his ability and clarify his position, the other chose to speak with this researcher to give further understanding as to his challenge in responding to this questionnaire.

This individual explained that in Washington State an individual can be a registered counselor. Thus a shaman (native or otherwise) can practice as a counselor without the training requirements required to be a licensed practitioner and therefore provides a great deal of freedom. He stated, "I felt I could not represent what I understand... and shamanism is very important to me....[I have been] trained both in core and indigenous shamanism. I found myself feeling really frustrated no matter how much I tried to answer the questions honestly. I did not feel like it was going to come through in a way in which useful information could be gleaned....what I thought of as useful data. He explained that he spoke with another practitioner,

who has extensive training as a shamanic counselor and is also a licensed psychotherapist, who felt that the questionnaire did not cover shamanism and found it difficult to respond to the questions honesty from her point of view. She also felt frustrated and thus chose to not complete it. These individuals thought it would be more appropriate to speak with the subjects directly. Another topic this subject discussed included the fact that he often does not ask or know the problems that the client is concerned about. He explained that it is often better if a client is worried about cancer, for example, to not have a diagnosis of cancer when they come for their treatment as much better results are often obtained. He commented, "Saying that there is something wrong with anyone is out of line. Spirits do the healing, so all these questions amplify the mistaken notion that the practitioner is doing the healing."

By following up this study with a solely qualitative study with the participants, more thorough data may have been able to be acquired and highlighted. To the knowledge of this researcher, no prior quantifiable studies have been conducted on the effectiveness of shamanic techniques in the practice of psychotherapy. It is possible that as scientific studies in the realms of spiritual practices and altered states of consciousness expand that further knowledge will be obtained so that topics like the effectiveness of shamanic techniques on health and wellbeing may be measured more clearly. While taking these limitations into account, the data from this study seems to still provide further knowledge concerning the use and effectiveness of shamanic techniques in supporting an individual's health and wellbeing.

Conclusions

Even though historically, depending on the tribal customs, both sexes have been found to hold the role of a shaman, generally the role was held by the male. Yet, in today's United States culture, this study indicated that a greater percentage of females utilize shamanic techniques. Of

the 64 subjects who participated in this study, the greatest percentage (81.25%) were female (81.25%) with ages between 47 and 61(72%), working in a community with over 50,000 residents (85.94%), and offering their services through a private practice (76.39%). The inclusion of other responses which were listed in the *Other* category that may be considered a version of a private practice such as working from one's home, their client's homes, their own healing center or via long-distance healing would increase the percentage of participants working solely in a private practice capacity. Even though some participants indicated that they devoted their practice between different facilities, some percentage of their time was designated to a private practice. Therefore some sort of private practice was held by all participants. All regions of the United States were represented, with the greatest percentage was from the Northwest (26.56%). While it is unclear as to why this is, it may be influenced by the proximity of training facilities such as the Foundation of Shamanic Studies.

Forty-six (72%) of the participants indicated having formal training in the form of a doctorate, masters, or bachelor's degree in some form of psychological, physical health, sociological, or religious training and/or an *Other* means such as various creative arts therapies (e.g. dance, music), touch movement therapies (e.g. Brennan Healing Science practitioner, Core Energetic therapist), hypnotherapy, or training in some other form of counseling (e.g. ShadowWork facilitator, certified shamanic counselor or apprentice). which qualifies them to practice as a psychotherapist. The 24 licensed providers (38% of the 63 participants who responded), who on average have been practicing as a licensed provider for 17.38 years, seem to demonstrate having a solid foundation in their particular form of practice.

As 46 (74 %) of 62 subjects documented having received more than five years of training in shamanic techniques and 44 (72%) of 61 respondents indicated that they have utilized

shamanic techniques as a practitioner between eight and 45 years, the implication is that the majority of the participants have a strong understanding and basis in the practice of shamanic techniques

The subjects participating in this study indicated having received their shamanic training from a variety of sources, with 59 of the 64 indicating having gained some or all of their training from The Foundation for Shamanic Studies in core shamanism, more than 29 specifying that they have studied with an indigenous shaman either within or outside of the United States and many noting that they received instruction directly from their spirit helpers. These findings suggest that the results of this study demonstrate knowledge gained from both core and indigenous training perspectives with most participants having acquired training in core shamanic practices. Thus the hypothesis that most of the participants would have at least some training in core shamanism was supported.

The reasons for pursuing training in shamanism did not seem to vary between the licensed and non licensed participants. Personal interest, some incidence with an emotional crises or physical illness, or spirit contact was indicated by most of the respondents as having inspired them to pursue shamanic training. Even so, seven (8.24%) of the respondents were influenced by family heritage. It is intriguing to note that the two participants who selected *Family Heritage* and who hold a state license, either hold this license as a LPC or a LMHC. Since some of the participants noted that they consider shamanism to be a strictly spiritual practice and separate from psychotherapy, these respondents who have studied some form of psychotherapy, acquired licensure in their state, and have a family heritage in shamanism seem to suggest otherwise or at least that the two can work in conjunction. Of the other respondents, two also hold a doctorate or a master's degree in clinical psychology or in cognitive and neuroscience. Nineteen (30.65%) of

62 respondents hold a certification as a shamanic practitioner, which is offered by the Foundation for Shamanic Studies. Some participants were unaware that this type of certification existed and either commented that a certification is not available or inquired about where they could obtain one.

As 46 (73.02%) of the total respondents and 21 (87.5%) of the licensed participants indicated utilizing other therapy models in their practices, an understanding as to how shamanism is utilized in conjunction with other methodologies by such practitioners may be obtained. Seventeen (26.98%) participants, of whom three hold licensure, also offer insight into a practitioner's perspective who only offers shamanic techniques. Those participants who designated utilizing other modalities listed a large variety of *Other* methodologies. These *Other* methods along with the *Touch Movement* category made up the largest percentages (24.13% and 20.60% respectively) of other methods used by the respondents. Following these categories, *Client Centered and Cognitive-Behavioral* modalities were the most selected forms of therapy, being selected 12 (10.34%) and 11 (9.48%) times respectively. Licensed practitioners indicated utilizing established conventional methodologies as well as a number of alternative methods that seem to incorporate a humanistic or transpersonal perspective.

The certified or licensed mental health providers indicated utilizing shamanic techniques in varying percentages, making up anywhere from 5 to 100% of their practices. Even though some did designate the percentage breakdown of the various methodologies (including both conventional and more alternative approaches) they utilize, many found that it was not possible for them to identify the percentages of each method they use due to integration of the methodologies. This pattern also seemed to be evident in those respondents with advanced psychological education but not holding a state license. Interestingly, most participants who hold

a certification or license in some form of physical health (e.g. acupuncture, naturopathy, massage therapy, physical therapy, and nursing) or who do not have the training necessary to avail them of a state certification or licensure in some form of mental or physical health therapy designated the percentage breakdowns. For these respondents, shamanism also made up between 5 and 100% of their practices. Yet, most of the non-licensed participants indicated that shamanic techniques make up 50 to 100% of their practices. Even though percentage breakdowns for various methodologies used was not given by all participants, the greatest number of respondents (52 or 88.14% of 59 responses) indicated that they do indeed discuss the process of using shamanic techniques with the client and differentiate these techniques from other theoretical modalities.

While shamanic techniques make up varied percentages of the respondents' total methodologies used in their practices, the percentages of their clientele with which these respondents utilize shamanic techniques also varied widely with six participants indicating that they utilize shamanic techniques with 2 to 8% of their clients and 38 specifying that they use these techniques with 95 to 100% of their clients. The other fifteen participants documented percentages between 8 and 90% with nine using shamanism with more than 50% of their clientele. Therefore 47 (79.66%) of the 59 who indicated the percentage of clients with whom they use shamanic techniques do so with greater than 50% of their clientele. It is therefore likely that even though the shamanic techniques may make up a small percentage of the various techniques the practitioner may use, that most of the practitioners in this study may in some way utilize a shamanic technique or perspective with many of their clients. Some others may use shamanic techniques on a more limited basis with a few clients.

In regards to Western therapies which the participants (who responded to this question) found shamanism to align with, the responses varied. Their responses ranged from shamanism aligning with all Western modalities to none at all. Those who did specify methodologies that they find shamanism to align with seemed to be influenced by their knowledge and understanding of the modalities they utilize in their practices. Some found shamanism to naturally integrate with psychotherapy and others indicated that it has a completely different purpose and should remain separate from psychotherapy. In general, humanistic or transpersonal approaches such as Gestalt or Jungian therapy, guided imagery, hypnotherapy and medicinal techniques were suggested to align with shamanism. Interestingly, one participant found brief therapy to align with shamanism as often the client may obtain *results* within a few sessions.

In regards to the participants overtly letting others know that they utilize shamanic techniques in their practice, 76.19% stated that they did indeed overtly let others know and 23.81% commented that they *Sometimes* overtly let others know. When the licensed and non-licensed responses were separated, fewer licensed participants indicated always overtly letting others know that they utilize shamanic techniques; the percentages, shifted to 50% for each category (*Yes and Sometimes*). It thus seems that the licensed participants may be somewhat more cautious before introducing a shamanic method or may choose to allow this perspective to influence their work without speaking about it and in turn supporting the researcher's hypothesis.

Because of the varied methodologies utilized in the participants' practices and the diverse perspectives of these practices, the length of time for a client session also varied considerably, ranging anywhere from 45 minutes to 4 hours depending on the type of service being offered. Forty-two (73.68%) of 57 respondents indicated using 90 minutes to 2.5 hours per session, 11 (19.29%) specified using 45 minutes to two hours per session, and 4 (7.01%) designated using 2

to 4 hours per session. Forty-four (78.57%) of 56 respondents indicated using between one and 5 sessions on average with their clients, composing a type of brief treatment modality.

Fifty-two (89.65%) of 58 respondents designated that *All* or *Most* of their clients had tried other methods such as various forms of psychotherapy, allopathic medicine, or alternative modalities to deal with their presenting problems before to trying shamanic techniques.

Of those providers who utilize other methodologies in addition to shamanic techniques, the greatest number of respondents indicated that they chose to utilize shamanic techniques due to *Client Interest* or *Intuitive Prompting,* with (48 (31.37%) and 41 (26.80%) responses respectively. With the growing interest in alternative health care, which encompasses the body, mind, and spirit, shamanism seems to be a form of healing which clients have an interest in to help them with their health and well being, particularly if other approaches have failed. Even though fewer respondents (28 or 18.30%) selected *Specific Symptoms Are Evident*, the numbers do seem to indicate that certain conditions do indeed prompt at least some practitioners to choose to use shamanic techniques. While the number of respondents was somewhat similar, it is interesting to note that this category was selected by more licensed than non-licensed practitioners. A large and varied number of symptoms were identified by the respondents including mental, physical, and spiritual conditions.

Forty-two (70%) of 60 participants or 17 (73.91%) of licensed respondents indicated that they do find clients with certain traits benefit more from shamanic techniques. Some of these traits mentioned most often included openness, having the intention or willingness to heal and take personal responsibility for their own healing, consciously acknowledging some form of spirituality in their lives, being disappointed in or distrustful of traditional Western medicine, a particular alignment with shamanism, and demonstrating good ego strength and functioning.

Divergent comments were offered by some respondents regarding the role of skepticism and belief in regards to the success of shamanic techniques. Remarks that a skeptical or more analytical client will demonstrate the best results opposed observations that skepticism will diminish the results and a client needs to believe in this modality for it to work. Certainly those participants that found their skeptical or analytical client to have the best responses to shamanic techniques give those who study the placebo effect something to explore.

The exploration of comparing the effectiveness of shamanic techniques with other methodologies which the participants use generated varying divergent responses. These responses ranged from not judging or comparing the effectiveness of methodologies due to the integrated use and their working well together with other methods, to the prescribing a client a methodology due to its particular effectiveness for that specific client and their condition, to finding that shamanic techniques are either immediately and/or the most effective. The comments, "The people who responded to shamanic counseling, *really responded*" and "If the shamanic approach is what is needed it is *very* effective generally," seem to suggest that shamanic techniques may be more effective with certain individuals and/or certain conditions. While some remarked on how shamanism works well in conjunction with psychotherapy, others explained that shamanism's effectiveness can not be compared with other psychotherapeutic modalities as they are different and work to heal different domains. The comment made by one respondent which voiced concern about the blurring the lines between shamanism and psychotherapeutic methodologies represents how some consider these to be very separate and distinct perspectives dealing with separate issues. Spiritual and energetic issues are found to be separate from emotional and cognitive issues.

Related to these varying perspectives, 28 (47%) of 59 respondents indicated that they do indeed separate shamanic techniques from other methodologies when working with a client, while 31 (52.54%) stated that they do not. A greater number of licensed participants (13 or 56.62% out of 23) remarked that they separate the methodologies. In general there seems to be an almost equal split between those who do and do not separate the methodologies. When accounting for those who specifically focus their practice on shamanic techniques, the percentage of participants who separate methodologies may be somewhat higher.

The shamanic techniques of *Journeying, Soul Retrieval*, and *Spirit Extraction* were designated as the top three shamanic techniques utilized by the participants in this study, with slight variation in percentages of use (24, 23, and 21% respectively). A large number of participants selected the *Other* category and specified a variety of methodologies used. Of these other methodologies, the practices of depossession, psychopomp, and the use of ceremonial work were most frequently listed. Depossession may otherwise be referred to as exorcism. A psychopomp as defined by Trisha Lepp, "... is a conductor or guide of the dead, someone who escorts the spirits of the dead to the place where they will spend their afterlife (2004, p. 217)." Taking these numbers into account, Mediumship became the fourth most common methodology used by this study's participants followed by dispossession, plant remedies, psychpomp and ceremonial work.

Soul retrieval was identified by those who indicated that they rely on certain methodologies more as the most frequently selected methodology used, which was followed by spirit extraction, journeying and power animal retrieval. These were the most commonly used methodologies given by both the licensed and not licensed participants who designated relying on a specific shamanic methodology more.

About one third or seven of the 23 licensed respondents indicated that they do see clients with specific ailments seeking their services more, while 46.67% or 28 of the 60 total participants responded in the affirmative to this inquiry. Of a variety of mental, physical, and spiritual ailments, depression was the most frequently noted ailment. Following this the category, *Depression/Bipolar Disorder* was selected as the most frequently treated problem with shamanic techniques being selected 41(12.03%) times. It is proposed that most indicated depression versus bipolar disorder as these two ailments are distinct. Frequently the participants specified depression and at times noted bipolar disorder. The categories of *Finding Meaning and Purpose*, *Physical Problems*, *Sexual Abuse*, and *Relationship Problems* (selected, 38,36,35, and 30 times respectively) followed closely behind. A wide variety of physical ailments were specified with the most frequent problems listed as some form pain, some form of cancer, chronic fatigue syndrome, stomach problems, and headaches/migraines.

The category of *Finding Meaning and Purpose* was designated as the problem with which the greatest number of participants had the most and second most success in treating. The category of *Depression/Bipolar Disorder* was selected by a similar amount of participants as having the *Most* and *Second Most* treatment success. This category also dominated the selection for the *Third Most* success in treating. Participants also identified the classifications of *Physical Problems*, *Anxiety Disorders*, *Addiction, Abuse* (sexual, verbal and other), *Relationship Problems*, and *Releasing Spirit Possession* along with *Anger Problems*, *Obsessive Compulsive Behaviors,* and *Phobias* as being treated with the most, second most or third most success.

In reflecting back on their caseloads for the past six months, the participants in this study indicated that when using shamanic techniques, 76.82% indicated either a having witnessed what they considered a *cure* to (28.40%) or a significant improvement in (48.42%) of their clients'

problems. Slight improvement and no improvement were identified by 15.51% and 7.08% of the participants respectively, with only .59% of the participants witnessing a worsening in their clients' conditions.

Of those who experienced their client receiving a *cure* to their problem, physical problems (e.g. cancer, pain, arthritis, chronic headaches and migraines, fibroids, chronic fatigue syndrome, fibromyalsia, Crohn's disease, gastric difficulties, heart blockages, high blood pressure, and infections), depression, psychotic difficulties, anxiety disorders, confidence problems, addiction, sexual abuse, finding meaning and purpose, relationship problems and grief along with soul loss and depossession were documented as being dealt with in 1 to 12 sessions.

The word *cure* brought forth some comments from some respondents who shared clarifications of their perspectives. As healing from this perspective is seen as a holistic ongoing process instead of a defined event in place and time, the word cure provoked a different perspective, one that may be aligned with the medical model and not with a more holistic philosophy.

Twelve respondents, of which six hold licensure, indicated that they had indeed experienced ethical or standards of practice dilemmas. Those holding some form of license to practice psychotherapy indicated that it is important to appropriately interpret the use of shamanic techniques for its use in the practice of psychotherapy and to be careful in regards to facilitating and nurturing appropriate boundaries in teaching and working with clients. Other comments on the importance of boundaries included: the importance of keeping information confidential, not proceeding with a healing that is requested by a person other than for whom it is being proposed, and being cautious in the offering of shamanic treatment (e.g. the client is

diagnosed with mental illness, discerning whether they are the appropriate provider for the client).

The results of this study indicate that shamanic techniques can be effective within a short amount of time especially when working with individuals who possess good ego strength, an open mindedness, the intention or willingness to heal and take personal responsibility for their own healing, and consciously acknowledge some form of spirituality in their lives. The data presented by these respondents seems to imply that a great deal of power lies in the spiritual domain. Whether this domain is made up of a personal level of consciousness that one is normally not aware of, actual spirits which exist outside of one's self or a combination of both is not entirely agreed upon by the respondents. The results of this study do however suggest that shamanic techniques can work effectively alone or in conjunction with other methodologies in the support of an individual's health and wellbeing.

Recommendations

Due to the multidimensionality of life and the way shamanic practices may be utilized, it may be difficult to conduct a truly quantifiable experimental research study. Yet, as alternative methodologies become more prominent in our society and our nation becomes more culturally diverse, more evidence regarding the effectiveness of a particular methodology, such as shamanism is sought after. While anthropologists were able to examine the practices of shamanism in indigenous cultures and witness or experience the practices and effects for themselves, the diversity of today's Western society does not seem to allow for such observation. With so many options available to an individual along their journey in life, it becomes a very complex subject to determine which methodology offers effective treatment. The degree of effectiveness may be as unique as the individual. A follow-up study utilizing solely a qualitative

perspective may help to obtain further detail and nuance. In addition, to get at the effectiveness of shamanic techniques specifically, it is suggested that future studies incorporate both the practitioners and the clients' perspectives. A well defined group of practitioners with very similar theoretical backgrounds would also prove to refine the results obtained. Further studies of shamanic techniques used with more skeptical clients may also explore further elements of the effectiveness of shamanic techniques and the placebo effect.

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Appendix A: Announcement Placed in the Society for Shamanic Practitioners Newsletter

Research Project - Subjects Needed

My name is Nona Trealoff Bock. I am a graduate student at the University of Wisconsin-Stout studying Clinical Mental Health Counseling with a concentration in Health Psychology.

I am developing and exploring the viability of a quantitative research project in which I am looking to study the uses and benefits of shamanic techniques in the practice of psychotherapy.

I am looking for practitioners who hold a masters and/or doctorate degree and license in some form of psychotherapy (e.g. Licensed Professional Counselor, Marriage and Family Therapist, Masters in Social Work, Doctorate in Psychology or Psychiatry) and integrate shamanic philosophy and techniques into their practice to participate in my research study. Participation would involve answering a quantitative questionnaire.

Your participation and support in this study would help strengthen the research findings and would be greatly appreciated.

To participate in this study please send your contact information including your name, email address and/or your mailing address and telephone number to:

Nona Trealoff Bock
368 Page Lane
River Falls, WI 54022

email: bockn@uwstout.edu
telephone: 715-425-0237
fax: 715-426-5625

I would prefer to receive your information by January 21, 2005.

If you have any further questions regarding this study, please do not hesitate to contact me. Thank you in advance for your consideration.

Appendix B: Informed Consent Letter and Questionnaire

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH The intent of this study is to statistically measure the effectiveness of shamanic techniques in the practice of psychotherapy. Shamanism is generally thought to be the oldest healing tradition in the world. As such, it has many varied expressions in the world which make it difficult to narrowly define. Generally speaking, shamanism is practiced through the use of various rituals and activities that facilitate emotional and physical healing by mediating between the physical and the spiritual worlds. Participating in this study involves filling out a questionnaire, which may take approximately 15 to 20 minutes to complete. The study is being conducted by Nona Trealoff Bock, a master's degree candidate in the Clinical Mental Health Counseling program at the University of Wisconsin-Stout. I understand that my participation is this study is voluntary. I understand that the purpose of this study is to statistically measure the effectiveness of shamanic techniques in the practice of psychotherapy. I understand that it is not anticipated that this study will present any medical or social risk to me. I understand that all information obtained will be kept strictly confidential and any reports of the findings of this research will not contain my name or any other identifying information. We do not believe that you can be identified from any of this information unless you give written permission to use you name. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document after it has been turned into the investigator. By completing the following questionnaire you agree to participate in the project entitled 'Shamanic Techniques: Their Effectiveness in the Practice of Psychotherapy. If you have any questions regarding this study or you would like to receive a copy of the results and summary when it is complete, please call Nona Trealoff Bock at 715 425-0237 or Dr. Robert Salt at 715 232-2521. NOTE: Questions or concerns about participation in this research or subsequent complaints should be addressed first to the researcher or research advisor and second to Sue Foxwell, Director, Research Services, 152 Vocational Rehabilitation Bldg. UW-Stout, Menomonie, WI 54751, phone 715 232-2477, email foxwells@uwstout.edu. Thank you very much for your time and support. Please start with the survey now by clicking on the **Continue** button below.

1. What is your sex?

___ Male

___Female

2. What is your age? _____

3. What is the region of the United State in which you currently live and practice?

___Northeast

___Southeast

___Northern Midwest

___southern Midwest

___Northwest

___Southwest

4. What is the area's population where you practice?

___ Over 100,000

___50,000-100,000

___15,000-50,000

___Under 15,000

5. What typed of setting(s) do you practice in? (Please specify all that apply.)

___ AODA Treatment Facility

___ Community Mental Heath Organization

___ Holistic Health Care Center

___ Hospital

___ Privatized Psychological Services Clinic

___ Private Practice

___ Other (Please Specify) _____

6. If you indicated that you practice at more than one setting, please indicate the average amount of time (in percentages) spent at each setting. (For example: 50% Community Mental health Organization, 50% Private Practice).

_____

_____

7. Do you have any formal training which qualifies you to practice as a psychotherapist, counselor, marriage and family therapist, psychologist or psychiatrist? (Choose the last one you received.)

___ B.A./B.S.

___ M.A./M.S.

___ M. Ed.

___ Ph.D./Psy.D.

___ M.D.

___ Ed.D.

___ No therapy training

___ Other (Please Specify) _____

8. Please list the specific focus of the study for the degree(s) you obtained and specified in the previous question.

_____

_____

_____

9. Are you currently licensed or certified in you state as a provider of any mental or physical health service?

___ Yes

___ No

10. If you responded YES to the previous question, please specify which license(s) or certification(s) you currently hold:

_____

_____

If you responded NO to the previous question, but formerly held a license(s) or certification(s), please specify those that you held:

_____

_____

11. If you are practicing as a licensed or certified provider, how many years have you been practicing as a licensed or certified provider? (Please specify for each license or certification you hold)

_____

_____

12. If you formerly held a state license(s) or certification(s), for what length of time did you hold the license or certification prior to choosing to suspend it? (Please specify for each license or certification you held)

_____

_____

13. What is the total number of years you have been utilizing shamanic techniques as a practitioner? _____

14. Besides shamanic techniques, do you use other therapy models, methods or techniques in you therapy practice?

___Yes

___ No

15. If you responded YES to the previous question, pleases specify all that apply:

___Behavioral

___Client Centered

___Cognitive Behavioral

___Family Systems perspective

___ Gestalt

___Medicinal (herbal, ayruvedic)

___Narrative

___Psychoanalytic

___Rational-Emotive

___Solution-Focused

___Touch-Movement (massage, therapeutic touch, energetic bodywork, bio- or core-energetic, qi gong, etc)

___ Other (Please Specify) _____

16. If you selected Touch-Movement in the previous question, please specify the type(s) of modality:

_____

_____

17. Referring to the therapy modes, methods or techniques which you indicated above that you utilize in your practice (including shamanic techniques), please specify the percentage you utilize each modality. The total should equal 100%. (For example: Cognitive Behavioral 15%, Gestalt 25%, Shamanic techniques 30%, Touch Movement 30% = 100%)

_____

_____

18. Are there certain traditional 'Western' therapeutic techniques that you find shamanism to align with more from your experience? Please specify:

_____

_____

19. What influenced your initial interest in practicing shamanism?

___ Family heritage

___ Illness

___ Personal interest

___ Other (Please Specify) _____

20. If you selected ILLNESS for the previous question, please specify the type of illness:

_____

_____

21. Where did you receive your training? (Please indicate all that apply)

___ Through an indigenous shaman outside of the United States

___ Through an indigenous shaman within the United States

___ Through training offered by instructors of core shamanic techniques

___Other (Please Specify) _____

22. Please specify the region, country, tribe, and/or institution through which you received your training:

_____

_____

23. How much time have you spent in shamanic training?

___ Over 10 years

___ 5 to 10 years

___ 2 to 5 years

___ Less than 2 years

24. Do you hold a certification as a shamanic practitioner?

___ Yes

___ No

25. Do you overtly let others know that you utilize shamanic techniques in your practice?

___ Yes

___ No

___ Sometimes

26. If you selective SOMETIMES in the previous question please specify:

_____

_____

27. If you overtly let other know that you utilize shamanic techniques in your practice, how do you let them know?

___ Advertising (telephone book, newspapers, magazines, electronic media etc)

___ Brochures

___ Mailings

___ Newsletter

___ Website

___ Word of Mouth

___ Other (Please Specify) _____

28. In advertising and promoting of your services, do you include other modalities with you use?

___ Yes

___ No

___ Do not promote or advertise services

29. If you answered YES to the previous question, which modalities do you include?

_____

_____

30. With what percentage of your overall clientele do you use shamanic techniques? (Please estimate %) _____

31. Among the clients with whom you practice shamanic techniques, what percentage of their treatment involves the use of shamanic techniques on average?

_____

32. Estimate the average length of time per client session_____

33. Estimate the average number of sessions used per client _____

34. How many of your clients with whom you utilize shamanic techniques have tried other methods of treatment either with you or another therapist, to deal with their presenting problem prior to trying shamanic techniques?

___ All of them

___ Most

___ About half

___ Most have not

___ None

35. Referring to your answer to the previous question, please specify the types of other treatment modalities that you are aware of:

_____

_____

36. What factors determine when you use shamanic techniques? (Please select all that apply)

___ Client interest

___ Intuitive prompting

___ Other approaches failed

___ Specific symptoms are evident

___ Other (Please Specify) _____

37. If you selected SPECIFIC SYMPTOMS ARE EVIDENT in the previous question, please indicate the specific symptoms:

_____

_____

If you selected OTHER FACTORS in the previous question, please explain:

_____

_____

38. Do you discuss the process of using shamanic techniques with the client and differentiate them from other theoretical modalities?

___ Yes

___ No

39. Have you found that there are types of clients who seem to benefit more or with whom shamanic techniques are more effective?

___ Yes

___ No

40. If you responded YES to the previous question, please specify the general overall client characteristics:

_____

_____

41. If you use other treatment modalities in you practice, how do you compare the effectiveness of shamanic techniques to those other modalities? Please explain:

_____

_____

42. What specific techniques do you utilize in your practice? (Please select all that apply)

___ Journeying

___ Mediumship

___ Plant remedies

___ Soul retrieval

___ Spirit extraction

___ Other (Please Specify) _____

43. Do you separate other methodologies from shamanic methodologies when working with a client?

___ Yes

___ No

44. Do you rely on certain shamanic methodologies more?

___ Yes

___ No

45. If you responded YES to the previous question, please specify with methodologies:

_____

_____

46. Do you have clients with specific types of ailments seeking your services more than clients with other ailments?

___ Yes

___ No

47. If you responded YES to the previous question, please specify the ailment(s):

_____

_____

48. Which problems have you most often treated with shamanic techniques? (Select up to 5 categories)

___ 01 Abuse (physical)

___ 02 Abuse (sexual)

___ 03 Abuse (verbal)

___ 04 Abuse (other)

___ 05 Addiction

___ 06 Anger Problems

___ 07 Anxiety Disorders

___ 08 Depression / Bi Polar Disorder

___ 09 Eating Disorders

___ 10 Finding Meaning and Purpose

___ 11 Paranoia

___ 12 Phobias

___ 13 Physical Problems

___ 14 Obsessive Compulsive Behavior

___ 15 Recurrent Dreams

___ 16 Relationship Problems

___ 17 Releasing Spirit Possession

___ 18 Sexual Problems

___ 19 Other

49. Referring to your responses to the previous question, please indicate the specific problems(s) if you selected PHYSICAL PROBLEMS and/or OTHER:

_____

_____

50. Referring to your five selections made above (question 48), please indicate the problem (by corresponding number) with which you have had the MOST SUCCESS treating with shamanic techniques:

_____

_____

51. Referring to your five selections made above (Question 48) please indicate the problem (by corresponding number) with which you have had the SECOND MOST SUCCESS treating with shamanic techniques:

_____

_____

52. Referring to your five selections made above (question 48) please indicate the problem (by corresponding number) with which you have had the THIRD MOST SUCCESS treating with shamanic techniques:

_____

_____

53. Research indicates that different therapies produce varying results of effectiveness. The following questions refer to the effectiveness of your experience using shamanic techniques Please reflect back on you caseload of clients during the past 6 months. Please answer to the best of your ability, and have all -five five items add up to 100%. Of your clients with whom you have utilized shamanic techniques as a treatment for a problem, please estimate the percentage of clients that indicate the following:

___ A cure of their problem

___ Significant improvement regarding their problem

___ Slight improvement regarding their problem

___ No improvement regarding their problem

___ Their condition worsened

54. In the past 6 months, if their have been one or more 'cures' of a physical or mental illness, please list the specific illness(s) AND how many sessions require for each. (For example Depression – 7 sessions) If you have had more than five 'cures', please pick five cases that you feel most represent your experience.

_____

_____

_____

55. Have you experienced any ethical or standards of practice dilemmas or difficulties in the utilization of shamanic techniques?

___ Yes

___ No

56. If you responded YES to the previous question, please explain:

_____

_____

57. Are there any other comments you would like to share about your experience using shamanic techniques and the effectiveness of them as therapeutic tools?

58. You have now completed responding to the questionnaire that supports the quantitative portion of this research study. I am wondering if you would be willing to be part of the second section of this study, which would include some more extensive qualitative kinds of questions? If you are willing to be a participant, you may indicate your name and contact information here including your name, email address and/or telephone number. This information will be kept completely confidential and will not in any way be used as part of this study. Alternatively, you may indicate your interest in participating as a qualitative research participant by sending Nona Trealoff Bock an email at bockn@uwstout.edu. Thank you for your cooperation.

Appendix C: Initial Email Request Sent March 13, 2005

Dear Colleague,

You have been sent this survey as part of a research study designed to statistically measure the effectiveness of shamanic techniques in the practice of psychotherapy. This study is being conducted by Nona Trealoff Bock, a master's degree candidate in Mental Health Counseling with a concentration in Health Psychology at the University of Wisconsin-Stout.

You have been selected to participate as a result of your membership in a shamanic organization. Participation involves filling out a brief questionnaire which will take approximately 15-20 minutes to complete. You may access the questionnaire through the link below.

Thank you for your participation and enjoy the journey!

Nona

http://www.questionpro.com/akira/TakeSurvey?id=219240&_respondentID=1431850

Appendix D: Second Email Request Sent April 16, 2005

Dear Shamanic Practitioner,

A few weeks ago, I had sent you an email requesting your participation in this research study. I know that your time is valuable and if you have not yet responded, I would be most grateful for your kind reconsideration to participate. This data will help support and expand the understanding and value of shamanism within the greater community.

You have been sent this survey as part of a research study designed to statistically measure the effectiveness of shamanic techniques in the practice of psychotherapy. This study is being conducted by Nona Trealoff Bock, a master's degree candidate in Mental Health Counseling with a concentration in Health Psychology at the University of Wisconsin-Stout.

You have been selected to participate as a result of your membership in a shamanic organization. Participation involves filling out a brief questionnaire which will take approximately 15-20 minutes to complete. You may access the questionnaire through the link below.

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Nona

http://www.questionpro.com/akira/TakeSurvey?id=219240&_respondentID=1431850