

INDIGENOUS HEALTH CARE PRACTITIONERS AND THE HYPNOTIC-LIKE HEALING PROCEDURES

Los Médicos Indígenas y Las Sanaciones Pseudo-Hipnóticas

Stanley Krippner*

Saybrook University
San Francisco, California, USA

Abstract

When describing indigenous practitioners of healing, many authors allege that their work is "hypnotic" or that they practice "hypnosis." Because hypnosis is a social construct from the 19th century, this usage is incorrect. However, it makes sense to speak of "hypnotic-like" procedures; examples include some of the practices found in North American shamanism, Balinese folk customs, and Brazilian mediumship.

Key words

Healing, Hypnotic-like, Indigenous practices, Shamanism, Mediumship.

Resumen

Cuando se habla de sanadores indígenas, muchos autores afirman que su trabajo es de orden "hipnótico", o que practican la "hipnosis". Esto es debido a que desde el siglo diecinueve, la hipnosis ha sido un constructo social. Sin embargo, también podría tener sentido hablar de procedimientos "similares a la hipnosis" o "pseudo hipnóticos". Algunos ejemplos incluirían prácticas realizadas en el chamanismo de Norte América, costumbres populares en Bali o comunicación con espíritus en Brasil.

Palabras clave

Curación, Pseudo-hipnótico, Prácticas indígenas, Chamanismo, Comunicación con espíritus.

Received: May 13, 2009

Accepted: May 29, 2009

The term "hypnosis" was popularized by James Braid (1795-1860), an English physician. Braid disliked the term "mesmerism," which had been named after its originator, Franz Anton Mesmer (1734-1815), an Austrian physician. Braid concluded that Mesmer's purported cures were not due to "animal magnetism" as Mesmer had insisted, but to suggestion. He developed the eye-fixation technique (also known as "Braidism") of inducing relaxation and called the process "hypnosis" (after Hypnos, the Greek god of sleep) because he thought that hypnotic phenomena were a form of sleep. Later, realizing his error, he tried to change the name to "monoeidism" (meaning influence of a single idea) however, the original name stuck. In other words, semantics played an important role in the history of hypnosis and actually directed the way that this modality was practiced.

Like the term "hypnosis," the word "consciousness" is a social construct. It is defined and described differently by various groups and writers. When it is translated into a non-English language, the problem intensifies, as some languages have no exact counterpart to the term. The English noun, "consciousness," can be defined as the pattern of perception, cognition, and affect characterizing an organism at a particular period of time.

So-called "alterations" in consciousness or "alternative states" of consciousness have been of great interest both to practitioners of hypnosis and to anthropologists. Many indigenous (i.e., native, traditional) people engage in practices that they claim facilitate encounters with "divine entities" and contact with the "spirit world." Many Western observers have been reminded of hypnosis by some of these conditions, especially those in which individuals have seemed highly suggestible to the practitioner's directions, and strongly motivated to engage in prescribed activities.

These behaviors and experiences reflect expectations and role-enactments on the part of the individuals or a group. The practitioner invites these individuals to attend to their own personal needs while attending to the interpersonal or situational cues that shape their responses. However, it is an oversimplification of a very complicated set of variables to refer to the practices of shamans and other indigenous practitioners as "hypnosis." This term originated in the 19th century and it is simply not appropriate to apply it to earlier practices, no matter how similar they might seem to contemporary hypnotic inductions and suggestions.

Historical and Cross-Cultural Issues

The historical roots of hypnosis reach back to tribal rituals and the practices of native shamans. Agogino (1965) states, "The history of hypnotism may be as old as the practice of shamanism" (p. 31), and describes hypnotic-like procedures used in the court of the Pharaoh Khufu in 3766 B.C. Agogino adds that priests in the healing temples of Asclepius (commencing in the 4th century, B.C.) induced their clients into "temple sleep" by "hypnosis and auto-suggestion," while the ancient Druids chanted over their clients until the desired effect was obtained (p. 32). Vogel (1970/1990) notes that herbs were used to enhance verbal suggestion by native healers in pre-Columbian Central and South America (p. 177).

Gergen (1985) observed that the words by which the world is discussed and understood are social artifacts, "products of historically situated interchanges among people" (p. 267). Therefore, contrary to Agogino (1965), I use the description "hypnotic-like procedures" because native practitioners and their societies have constructed an assortment of terms to describe activities that resemble what Western practitioners refer to as "hypnosis." To indiscriminately use the term "hypnosis" to describe exorcisms, the laying-on of hands, dream incubation, and similar procedures does an injustice to the varieties of cultural experience and their historic roots. "Hypnosis," "the hypnotic trance," and "the hypnotic state" have been reified too often, distracting the serious investigator from the cross-cultural uses of human imagination and motivation that are worthy of study using their own terms (Krippner, 1993).

A survey of the social science literature indicates that there are frequent elements of native healing procedures that can be termed "hypnotic-like." This is due, in part, to the fact that alterations in consciousness (i.e., observed or experienced changes in people's patterns of perception, cognition, and/or affect at a given point in time) are not only sanctioned but are also deliberately fostered by virtually all indigenous groups. For example, Bourguignon and Evascu (1977) read ethnographic descriptions of 488 different societies, finding that 89% were characterized by socially approved alterations of consciousness.

The ubiquitous nature of hypnotic-like procedures in native healing is also the result of the ways in which human capacities -- such as the capability to strive toward a goal and the ability to imagine a suggested experience -- can be channeled and shaped, albeit differentially, by social interactions. Concepts of sickness and of healing can be socially constructed and modeled in a number of ways. The models found in indigenous cultures frequently identify such etiological factors in sickness as "soul loss" and "spirit possession," each of which are diagnosed (at least in part) by observable changes in the victims' behavior, mentation, or mood (Frank & Frank, 1991, chap. 5).

For example, there is no Western equivalent for *wagamama*, a Japanese emotional disorder characterized by childish behavior, emotional outbursts, apathy, and negativity. Nor is there a counterpart to *kami*, a condition common in some Japanese communities that is thought to be caused by spirit possession. *Susto* is a malaise commonly referred to in Peru and several other parts of Latin America and thought to be caused by a shock or fright, often connected with breaking a spiritual taboo. It can lead to dire consequences such as the "loss," "injury," or "wounding" of one's "soul," but there is no equivalent concept in Western psychotherapy manuals.

Cross-cultural studies of native healing have only started to take seriously the importance of understanding indigenous models of sickness and their treatment, perhaps because of the prevalence of behavioral, psychoanalytic, and medical models. None of these have been overly sympathetic to the explanations offered by indigenous practitioners or to the proposition that Western knowledge is only one of several viable representations of nature (Gergen, 1985). Kleinman (1980) comments:

The habitual (and frequently unproductive) way researchers try to make sense of healing, especially indigenous healing, is by speculating about psychological and physiological mechanisms of therapeutic action, which then are applied to case material in truly Procrustean fashion that fits the particular instance to putative universal principles. The latter are primarily derived from the concepts of biomedicine and individual psychology....By reducing healing to the language of biology, the human aspects (i.e., psychosocial and cultural significance) are removed, leaving behind something that can be expressed in biomedical terms, but that can hardly be called healing. Even reducing healing to the language of behavior...leaves out the language of experience, which...is a major aspect of healing. (pp. 363-364)

Most illnesses in a society are socially constructed, at least in part, and alleged changes in consciousness also reflect social construction. Because native models of healing generally assume that practitioners, to be effective, must shift their attention and awareness (e.g., "journeying to the upper world," "traveling to the lower world," "incorporating spirit guides," "conversing with power animals," "retrieving lost souls"), the hypnosis literature can be instructive.

Hypnotic-Like Procedures in North American Shamanism

Winkelman (1984) conducted an archival study of 47 traditional societies, identifying four groups of spiritual practitioners: shamans and shamanic healers, priests and priestesses, mediums and diviners, and

malevolent practitioners. With the exception of priests and priestesses, these practitioners purportedly cultivated the ability to regulate and/or shift their patterns of perception, affect, and cognition for benevolent (e.g., healing, divining) or malevolent (e.g., casting spells, hexing) purposes. In addition, priests and priestesses presided over religious rituals and ceremonies that often had, as their intent, the elicitation of changes in the behavior and experiences of their supplicants.

Hypnotic-like procedures are often apparent in the healing practices of North American shamans. Shamans can be defined as socially sanctioned practitioners who purport to voluntarily regulate their attention and awareness so as to access information not ordinarily available, using it to facilitate appropriate behavior and healthy development -- as well as to alleviate stress and sickness -- among members of their community and/or for the community as a whole. Among the shaman's many roles that of healer is the most common. The functions of shamans may differ in various locations, but all of them have been called upon to predict and prevent afflictions, or to diagnose and treat them when they occur.

Shamanic healing procedures are highly scripted in a manner similar to the way that hypnotic procedures are carefully sequenced and structured. The expectations of the shaman's or hypnotist's clients can enable them to decipher task demands, interpret relevant communications appropriately, and translate the practitioner's suggestions into personalized perceptions and images. Just as expectancy plays a major role in hypnotic responsiveness (Kirsch, 1990), it facilitates the responsiveness of shamans' clients as well as expediting "shamanic journeying." Shamans themselves display what Kirsch (1990), in discussing the hypnosis literature, calls "learned skills"; the shamans' introduction to hypnotic-like experiences during their initiation and training generalizes to later sessions, and they can ultimately engage in "journeying" virtually at will.

So ubiquitous is the shaman's process of gleaning pertinent information from fantasy-based symbolic images and metaphors that shamans frequently resemble the highly hypnotizable individuals who, on the basis of interviews and personality tests, have been designated "fantasy prone" (Lynn & Rhue, 1988).

Furst (1977) has described procedures by which North American Indians once sought (and still seek) alternative states of consciousness with spiritual components: "psychoactive plants, animal secretions, fasting, thirsting, self-mutilation, exposure to the elements, sweat lodges, sleeplessness, incessant dancing, bleeding, plunging into ice-cold pools, and different kinds of rhythmic activity, self-hypnosis, meditation, chanting, and drumming" (p. 70). Furst uses Western, non-Indian concepts (e.g., "self-hypnosis," "trance," "meditation") that may not be directly comparable to the original experiences. Nevertheless, he accurately describes the freedom that was typically given by North American Indian shamans to their clients to determine their own relationship with the unseen forces of the universe. The analogous hypnotic practices here would be the various non-directive, permissive procedures in which hypnotized clients utilize their own fantasy and imagery to work toward the desired goals (e.g., Kroger, 1977, chap. 14).

Jilek (1982, p. 30) wrote that the Nanaimo Indians of Vancouver Island "fall unconscious" in order to incorporate the tutelary spirits necessary for healing to occur (p. 30). Rogers (1982) noted that the Alaskan Eskimo shaman's use of rhythmic drumming and monophonic chanting induces "self-hypnosis" (apparently because of their goal-directed nature) as well as placing the client "in a hypnotic trance in which the suggestions of recovery and cure are given" (p. 143). In discussing the Ammassalik Eskimos of Eastern Greenland, Kalweit (1988) observed that their "continuous rubbing of stones against each other may be seen as a simple way of inducing a trance.... The monotony, loneliness, and repetitive rhythmic movement join with the desire to encounter a helping spirit. This combination is so powerful that it erases all mundane thoughts and distracting associations" (p. 100). Again, the use of Western concepts may be flawed descriptors for what actually occurs in these instances of remarkable behavior.

Kirsch's (1990) discussion of the role of expectancies in hypnosis and psychotherapy is relevant to each of these cases. Hypnosis, like many culturally based rituals, serves to shape and bolster relevant expectancies that reorganize consciousness and produce behavioral changes relevant to the goals of hypnotic

subjects and shamanic clients. For example, the ideomotor behavior that often characterizes hypnosis (e.g., arms becoming heavier or lighter, fingers moving to denote positive or negative responses) resembles the postures, gestures, collapsing motions, and rhythmic movements that occur during many native rituals. In both instances, the participants claim that the movements occur involuntarily. Kirsch suspects that expectancy plays a major role, but admits that these responses are experienced as occurring automatically, without volition (p. 198).

The absence of a formal "induction" does not prevent the client from becoming receptive to a suggestion and motivated to follow it, just as most, if not all, hypnotic phenomena can be evoked without hypnotic induction (Kirsch, 1990, p. 129). Contributing to this procedure is the multi-modal approach that characterizes Navajo chants, as well as their repetitive nature and the mythic content of the words, which are easily deciphered by those clients well-versed in tribal mythology. Sandner (1979) describes how the visual images of the sand paintings and the body paintings, the audible recitation of prayers and songs, the touch of the prayer sticks and the hands of the medicine man, the taste of the ceremonial musk and herbal medicines, and the smell of the incense "all combine to convey the power of the chant to the patient" (p. 215). A *hataalii* (i.e., Navajo shaman) usually displays a highly developed dramatic sense in carrying out the chant but generally avoids the clever sleight of hand effects used by many other cultural healing practitioners to demonstrate their abilities to the community (p. 241).

The Navajo chants are considered by Sandner (1979) to facilitate suggestibility and shifts in attention through repetitive singing and the use of culture-specific mythic themes (p. 245). These activities prepare participants and their community for healing sessions. These healing sessions may involve symbols and metaphors acted out by performers, enacted in purification rites, or executed in "sand paintings" composed of sand, corn meal, charcoal, and flowers -- but destroyed once the healing session is over. Some paintings, such as those used in the "Blessing Way" chant are crafted from ingredients that have not touched the ground, e.g., corn meal, flower petals, charcoal. Once again, the client "translates" the symbols and metaphors, but usually not with full awareness of the ongoing process.

Hypnotic-like procedures affect the mentation of both the *hataalii* and the client during the chant. Sandner (1979) pointed out that the *hataalii's* performance empowers the client by creating a "mythic reality" through the use of chants, dances, and songs (often accompanied by drums and rattles), masked dancers, purifications (e.g., sweats, emetics, herbal infusions, ritual bathings, sexual abstinence), and sand paintings. Joseph Campbell (1990) described the colors of the typical sand painting as those "associated with each of the four directions" and a dark center -- "the abysmal dark out of which all things come and back to which they go." When appearances emerge in the painting, "they break into pairs of opposites" (p. 30).

Topper's (1987) study of Navajo *hataalii* indicates that they raise their clients' expectations through the example they set of stability and competence. Politically, they are authoritative and powerful; this embellishes their symbolic value as "transference figures" in the psychoanalytic sense, representing "a nearly omniscient and omnipotent nurturative grandparental object" (p. 221). Frank and Frank (1991) put it more directly: "The personal qualities that predispose patients to a favorable therapeutic response are similar to those that heighten susceptibility to methods of healing in nonindustrialized societies, religious revivals, experimental manipulations of attitudes, and administration of a placebo" (p. 184).

The hypnotic-like procedures strengthen the support by family and community members as well as the client's identification with figures and activities in Navajo cultural myths, both of which are powerful elements in the attempted healing. But do these procedures deserve a description that indicates a major shift in conscious functioning? Sandner (1979) found that his informants were insulted when it was suggested that Navajo *hataalii* change their state of consciousness to such an extent that their sense of identity is lost; such a shift would distract the practitioners from the attention to detail and the precise memory needed for a successful performance.

At best, the *hataali* appear to modify their attentional states rather than to "alter" all of their subsystems of consciousness, or their consciousness as a totality. Attention determines what enters someone's awareness. When attention is selective, there is an aroused internal state that makes some stimuli more relevant than others and thus more likely to attract one's attention. A trait that is more characteristic of shamans than an "alternative state of consciousness" might be the unique attention that shamans give to the relations among human beings, their own bodies, and the natural world -- and their willingness to share the resulting knowledge with others (Krippner 2002, p. 967).

Hypnotic-Like Procedures in Bali

Belo (1960) claimed to have observed similarities between the behavior of Balinese shamans and mediums and those of hypnotized subjects. Although there was no trained observer of hypnosis on Belo's field trips, a hypnotic practitioner observed several of her films and claimed to notice similarities between "hypnotic trance" and "mediumistic trance." In these otherwise useful descriptions, we can observe the proclivity of Western observers to use such terms as "hypnosis" and "trance" in describing shamanic procedures rather than simply making direct behavioral comparisons or utilizing the tribe's own explanations and phenomenological descriptions.

In traditional Balinese practice, the name of the main temple ceremony is *nyimpen* and the dance of *Calon Arang* often is performed during *nyimpen*. The story of *Calon Arang* concerns an evil widow and her only daughter who were banned to the forest for allegedly practicing black magic. There are several variations of this story but all center on her revenge against the people of the ancient Hindu Javanese kingdom of Daha after its Raja insults her by retracting an offer to marry her beautiful daughter. Calling up her demon legions, she transforms herself into a frightening figure with ponderous hanging breasts, bulging eyes, a long flaming tongue, and a mass of unruly flowing hair. Waving her magic cloth, she has become Rangda, the queen of the witches, and wreaks havoc with her powers. Understandably, this is one of the most powerful plays in sacred Balinese drama and its performance is typically charged with energy and emotion.

Thong (1994), a psychiatrist who organized the first mental hospital on Bali, noted that at the end of a performance of this dance it took the efforts of a *pemangku* (village priest) to gently bring the dancers as well as the spectators back to their ordinary mode of functioning. With the help of his assistants, and armed only with holy water, the *pemangku* wandered through the crowd sprinkling the entranced revelers; the sacred water quickly revived them. Could this phenomenon be categorized as "mass hypnosis"? Such a label would be less than accurate because there was no direct goal-orientation of the affected individuals.

In Thong's (1994) opinion, the Balinese people's repressed emotions find an outlet in the dance and drama -- an outlet the culture has provided for them to abreact, either vicariously or directly. Classical dance and drama in Bali, based on legends and myths, are well attended and the more contemporary dramatic presentations are even more widely attended. In both the classical and contemporary performing arts one can encounter every possible Balinese emotion -- love, joy, anger, reverence. One can observe intrigue, sexual passion, jealousy, and the violation of all the cultural taboos. Not only do the players benefit from expressing these emotions and breaking the taboos, but the audience attains catharsis as well. From Thong's perspective, the other Balinese arts -- painting, sculpture, the creation of festival offerings -- help the Balinese to maintain a healthy frame of mind. They have retained their vitality; without them, and the related cultural manifestations, the uniqueness of Bali would have crumbled long ago.

Thong concluded that in the "altruistic trance states," a dancer responds to the needs of another person or a group of people. This state is usually reached during or after the performance of a ritual and, in Bali, would encompass all hypnotic-like phenomena during religious or healing ceremonies as practiced by the *balian*. The practitioners in this group rarely show signs of psychopathology. "Egoistic trance states," on the other hand, are entered in response to an individual's personal needs. They are not preceded by a ritual and tend to

occur spontaneously. In Bali, this state is believed to be brought about by the possession of an individual by a *bebai* or evil spirit.

Thong concluded that in Balinese ritualistic dancing, the "I" gives way to a loss of ego boundaries and a change in the body image. The *Barong* dance ends with the dancers pressing *kris* knives against their chests as the malevolent Rangda attempts to influence the dancers to harm themselves. The Barong, however, offers them protection. Thong determined that these hypnotic-like experiences could be divided into three stages. During the first stage, dancers are consciously or unconsciously preparing themselves; they have not yet lost reflective consciousness and still retain voluntary control and decision-making capabilities. The second stage brings intensification at which time control is lost and consciousness is altered. During the third stage, the dancer falls into a state of exhaustion but may be capable of returning to the second stage if sufficiently aroused. The change from one stage to another can usually be recognized by distinct somatic clues such as sighs, sobs, hisses, shouts, or body movements.

In Thong's opinion, the most important factor in moving from one stage to another is the charged and expectant atmosphere that surrounds altering consciousness. In other words, the social setting and expectancy seem to be more critical than any physiological maneuver. The leaders of the community play an important role because it is often the head of the village, the *sadeg*, or some other important personage who first goes into an altered state, serving as a role model for the others.

Perhaps the occurrence of hypnotic-like procedures cross-culturally is so frequent because it plays an important cultural role. In Bali, so-called "trance dancing" serves as a useful emotional outlet both for the dancer and the observer. What Thong calls "altruistic trance states" are preceded by a ritual or ceremony in which a shift is expected and accepted as an integral element. The "trancers" in these dances are usually ordinary members of the community with no more than the average number of psychological or physical problems. These ceremonies facilitate social cohesion because they are performed on behalf of the entire community.

What Thong calls "egoistic trance states" occur outside of the ordinary cultural context. They may involve malicious magical practices, in which attempts are made (or are perceived to have been made) to influence, coerce, or harm community members. These "trancers" show a tendency for attacks of hysteria, acute psychotic reactions, and schizophrenic episodes. The Balinese themselves recognize these two types of "trancers" and react differently toward each of them.

Afro-Brazilian Healing Procedures

Unusual experiences were common in early West African cultures where individuals were considered to be closely connected with nature, the community, and their communal group. Each person was expected to play his or her part in a web of kinship relations and community networks. Strained or broken social ties were held to be the major cause of sickness. A harmonious relationship with one's community, as well as with one's ancestors, was important for health. At the same time, an ordered relationship with the forces of nature, as personified by the *orixás* or deities, was essential for maintaining the well-being of the individual, the family, and the community. West Africans knew that disease often had natural causes, but believed that these factors were exacerbated by discordant relationships between people and their social and natural milieu. Long before Western medicine recognized the fact, Africa's traditional healers took the position that ecology and interpersonal relations affected people's health (Raboteau, 1986).

West African healing practitioners felt that they gained access to unusual powers in three ways: by making offerings to the *orixás*, by foretelling the future with the help of an *orixá*, and by incorporating an *orixá* (or even an ancestor) who then diagnosed illnesses, prescribed cures, and provided the community with warnings or blessings. The person through whom the spirits spoke and moved performed this task voluntarily, claiming that such procedures as dancing, singing, or drumming were needed to surrender their

minds and bodies to the discarnate entities. The slaves brought these practices to Brazil with them; despite colonial and ecclesiastical repression, the customs survived over the centuries and eventually formed the basis for a number of robust Afro-Brazilian spiritual movements. Books about spiritualism by a French writer, Alan Kardec, were brought to Brazil, translated into Portuguese, and became the basis for a related movement (Kardecism). There were followers of Mesmer in this group, but Kardec proposed that spirits, rather than Mesmer's invisible fluids, were the active agent in altering consciousness, removing symptoms, and restoring equilibrium (Richeport, 1992, p. 170).

Contemporary *iyalorixás* or *mães dos santos* ("mothers of the spirits") and *babalawos* or *pais dos santos* ("fathers of the spirits") still teach apprentices how to sing, drum, and dance in order to incorporate the various deities, ancestors, and spirit guides. They also teach the *iaôs* ("children of the *orixás*") about the special herbs, teas, and lotions needed to restore health, and about the charms and rituals needed to prevent illness. The ceremonies of the various Afro-Brazilian groups (e.g., Candomblé, Umbanda, Batuque, Quimbanda, Xango) differ, but all share three beliefs: humans have a spiritual body (that generally reincarnates after physical death); discarnate spirits are in constant contact with the physical world; humans can learn how to incorporate spirits for the purpose of healing (Krippner, 2000).

Once the apprentices begin to receive instruction in mediumship, such experiences as spirit incorporation, automatic writing, "out-of-body" travel, and recall of "past lives" lose their bizarre quality and seem to occur quite naturally. Socialization processes provide role models and the support of peers. A number of cues (songs, chants, music, etc.) facilitate "spirit incorporation," and a process of social construction teaches control, appropriate role-taking, and communal support. Richeport (1992) observes several similarities between these mediumistic behaviors and those of hypnotized subjects, e.g., motivation, the positive use of imagination, frequent amnesia for the experience.

It should be noted that mediums resemble shamans in many ways but lack the control of their attention and awareness that characterizes shamans. For example, shamans are usually aware of everything that occurs while they converse with the spirits, even when a spirit "speaks through" them. Mediums claim to lose awareness once they incorporate a spirit, and purport to remember little about the experience once the spirit leaves.

The traits most admired in mediums resemble those traits that facilitate ordinary social interactions. Leacock and Leacock (1972) observed that the Brazilian mediums in their study usually behaved in ways that were "basically rational," communicated effectively with other people, and demonstrated few symptoms of hysteria or psychosis. They engaged in intensive training and, as mediums, pursued hard work that often put them at risk with seriously ill individuals (p. 212). These are not likely to be the favorite pastimes of fragile personalities or malingerers.

In dozens of Afro-Brazilian ceremonies and rituals that I have witnessed, a "trance" was supposedly induced by the rhythmic drumming and movement as well as by the assault on the senses produced by the music, incense, flickering candles, and -- in some temples -- pungent cigar smoke. But it was apparent to me that powerful demand characteristics were also at work. The very reason for the mediums' presence was the incorporation of spirits; as Kleinman (1980) argues, "providing effective treatment for disease is *not* the chief reason why indigenous practitioners heal. To the extent that they provide culturally legitimated treatment of illness, they *must* heal" (p. 362).

In addition, the community of believers depended on the mothers, fathers, and children of the *orixás* to provide a connection to the spirit world that would ensure the well-being of the temple, prevent illness among those who were well, and bestow healing upon those who were indisposed. When one medium incorporated an *orixá* or spirit, an entire series of incorporations soon followed, domino-like. Just as many participants in hypnotic sessions seem eager to present themselves as "good subjects" (Spanos, 1989), the mediums in Afro-Brazilian healing sessions may be eager to present themselves as "good mediums," and to

enact behaviors consistent with this interpretation. I have also noticed that the presence of visitors appears to increase both the speed and the dramatic qualities of spirit incorporation.

A fairly consistent similarity among mediums is their supposed inability to recall the events of the incorporation after the spirits have departed. However, Spanos (1989) has pointed out that this amnesic quality could just as easily be explained as an "achievement"; each failure to remember "adds legitimacy to a subject's self-presentation as 'truly unable to remember'," hence as deeply in "trance" (p. 101). In other words, the interpretation of hypnotic phenomena as goal-directed action is helpful in understanding mediumship as an activity that meets role demands, as mediums guide and report their behavior and experience in conformance with these demands. It may not be that they lose control over the behavior as they incorporate a spirit, but rather that they engage in an efficacious enactment of a role that they are eager to maintain.

An alternative point of view would hold that the mediums actually do lose control over their behavior, entering a "trance" state that allows "hidden parts" of themselves to manifest as secondary personalities or, in the case of the Brazilian mediums, as spirits. But some Brazilian practitioners with whom I have discussed these issues suggest that both the "role-playing" and "dissociative" paradigms merely describe the *mechanisms* by which a medium actually incorporates the *orixá*, discarnate entity, or spirit. It is the incorporation itself, and the subsequent behavior of the spirit, that represent the crux of mediumship.

Afro-Brazilian spiritistic ceremonies enable clients and mediums to arrive at a shared worldview in which an ailment can be discussed and treated (Torrey, 1986). In some spiritistic traditions, there are mediums who specialize in diagnosis, mediums who specialize in healing by a laying-on of hands, mediums who specialize in distant healing, and mediums who specialize in intercessory prayer. Treatment may also consist of removing a "low spirit" from a client's "energy field," integrating one's "past lives" with the present "incarnation," the assignment of prayers or service-oriented projects, or referral to a homeopathic physician. All of these procedures contain the possibility of enhancing clients' sense of mastery, increasing their self-healing capacities, and replacing their demoralization with empowerment (Frank & Frank, 1991; Torrey, 1986).

The mediums are not the only ones who appear to manifest hypnotic-like effects. Their clients also demonstrate apparent shifts in consciousness, especially while undergoing crude surgeries without the benefit of anesthetics; however, Greenfield (1992) has observed that the Brazilian mediums make no direct effort to alter their clients' awareness. Greenfield, who attributes the benefits of these sessions to the clients' alterations of consciousness, has observed that "no one is consciously aware of hypnotizing...patients..., and unlike the mediums, patients participate in no ritual during which they may be seen to enter a trance state" (p. 23). However, there are a number of cultural procedures that Greenfield found to be hypnotic-like in nature. One of them is the relationship of client and healer, characterized by trust, and resembling "that between hypnotist and client" (p. 23) in that these clients act positively in response to what the medium tells them. Another procedure is the provision of a context that allows the client to become totally absorbed in the intervention, a healing ritual that galvanizes the client's attention and distracts him or her from feeling pain. Greenfield added that the spiritistic aspects of Brazilian culture foster "fantasy proneness" because large numbers of people believe that supernatural entities are helping (or hindering) them in their daily lives (p. 24).

Rogers (1982) has divided native healing procedures into several categories (p. 112): nullification of sorcery (e.g., charms, dances, songs); removal of objects (e.g., sucking, brushing, shamanic "surgery"); "expulsion" of harmful entities (e.g., fighting the entity, sending a spirit to fight the entity, making the entity uncomfortable); retrieval of "lost souls" (e.g., by "soul catchers," by shamanic journeying); eliciting confession and penance (e.g., to the shaman, to the community); transfer of illness (e.g., to an object, to a "scapegoat"); suggestion and persuasion (e.g., reasoning, use of ritual, use of herbs); shock (e.g., sudden

change of temperature, precipitous physical assault). There are hypnotic-like segments of these procedures that utilize symbols, metaphors, stories, and rituals -- especially those involving group participation.

Discussion

"Hypnosis" is a noun while "hypnotic-like" is an adjective, hence the use of the former term lends itself to abuse more easily than utilization of the latter term. This distinction is important when one reads such accounts as that by Torrey (1986) who surveyed indigenous psychotherapists, concluding -- on the basis of anecdotal reports -- that "many of them are effective psychotherapists and produce therapeutic change in their clients" (p. 205). Torrey observed that when the effectiveness of psychotherapy paraprofessionals has been studied, professionals have not always been found to demonstrate superior therapeutic skills. The sources of the effectiveness of both groups are the four basic components of psychotherapy -- a shared worldview, impressive personal qualities of the healer, positive client expectations, and a process that enhances the client's learning and mastery (p. 207). As Strupp (1972) observed, "The modern psychotherapist...relies to a large extent on the same psychological mechanisms used by the faith healer, shaman, physician, priest, and others, and the results, as reflected by the evidence of therapeutic outcomes, appear to be substantially similar" (p. 277).

The professionalization of shamanic and other traditional healers demonstrates their similarity to practitioners of Western medicine. Nevertheless, the differences can not be ignored. Rogers (1982) has contrasted the Western and native models of healing, noting that in Western medicine, "Healing procedures are usually private, often secretive. Social reinforcement is rare....The cause and treatment of illness are usually regarded as secular....Treatment may extend over a period of months or years." In native healing, however, "Healing procedures are often public: many relatives and friends may attend the rite. Social reinforcement is normally an important element. The shaman speaks for the spirits or the spirits speak through him [or her]. Symbolism and symbolic manipulation are vital elements. Healing is of limited duration, often lasting but a few hours, rarely more than a few days" (p. 169).

Rogers (1982) has also presented three basic principles that underlie the native approach to healing: The essence of power is such that it can be controlled through incantations, formulas, and rituals; the universe is controlled by a mysterious power that can be directed through the meticulous avoidance of certain acts and through the zealous observance of strict obligations toward persons, places, and objects; the affairs of humankind are influenced by spirits, ghosts, and other entities whose actions, nonetheless, can be influenced to some degree by human effort (p. 43). This worldview -- which fosters the efficacy of hypnotic-like procedures -- varies from locale to locale but is remarkably consistent across indigenous cultures. The ceremonial activities produce shifts of attention for both the healer and the client. The culture's rules and regulations produce a structure in which the clients' motivation can operate to empower them and stimulate their self-healing aptitudes.

Western practitioners of hypnosis utilize the same human capacities that have been used by native practitioners in their hypnotic-like procedures. These include the capacity for imaginative suggestibility, the ability to shift attentional style, the potential for intention and motivation, and the capability for self-healing made possible by neurotransmitters, internal repair systems, and other components of mind/body interaction. These capacities often are evoked in ways that resemble Ericksonian hypnosis (Erickson, Rossi, & Rossi, 1976) because of their emphasis on narrative accounts. Hypnosis and hypnotic-like activities are complex and interactive, and hence take different forms in different cultures. Yet, as with other forms of therapy, "the mask...crafted by the group's culture will also fit a majority of its members" (Kakar, 1982, p. 278).

It is becoming increasingly apparent to cross-cultural psychologists that the human psyche cannot be extricated from the historically variable and diverse "intentional worlds" in which it plays a co-constituting

part. Therefore, I am dismayed when I see Western terms haphazardly applied to indigenous practices; for example, *amok* in Indonesia has been called "a trance-like state" and *latah* "a condition akin to hysteria" (Suryani & Jensen, 1993). By investigating ways in which different societies have constructed diagnostic categories and remedial procedures, therapists and physicians can explore novel and vital changes in their own procedures -- hypnotic and otherwise -- that have become obdurate and rigid. Western medicine and psychotherapy have their roots in traditional practices, and need to explore avenues of potential cooperation with native practitioners of those healing methods that may still contain wise insights and practical applications.

References

- Achterberg, J. (1985). *Imagery in healing: Shamanism and modern medicine*. Boston: Shambhala.
- Agogino, G.A. (1965). The use of hypnotism as an ethnologic research technique. *Plains Anthropologist*, 10, 31-36.
- Belo, J. (1960). *Trance in Bali*. New York: Columbia University Press.
- Bourguignon, E., & Evascu, T. (1977). Altered states of consciousness within a general evolutionary perspective: A holocultural analysis. *Behavior Science Research*, 12, 199-216.
- Campbell, J. (1990). *Transformations of myth through time*. New York: Harper & Row.
- Erickson, M.H., Rossi, E.L., & Rossi, S.H. (1976). *Hypnotic realities: The induction of clinical hypnosis and the indirect forms of suggestion*. New York: Irvington.
- Frank, J.D., & Frank, J.B. (1991). *Persuasion and healing* (3rd ed.). Baltimore: Johns Hopkins University Press.
- Furst, P.T. (1977). "High states" in culture-historical perspective. In N.E. Zinberg (Ed.), *Alternate states of consciousness* (pp. 53-88). New York: Free Press.
- Gergen, K.J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266-275.
- Greenfield, S.M. (1992). Hypnosis and trance induction in the surgeries of Brazilian spiritist healer-mediums. *Anthropology of Consciousness*, 2(3-4), 20-25.
- Jilek, W.G. (1982). *Indian healing: Shamanic ceremonialism in the Pacific Northwest today*. Blaine, WA: Hancock House.
- Kakar, S. (1982). *Shamans, mystics and doctors: A psychological inquiry into India and its healing traditions*. New York: A.A. Knopf.
- Kalweit, H. (1988). *Dreamtime and inner space: The world of the shaman*. Boston: Shambhala.
- Kirsch, I. (1990). *Changing expectations: A key to effective psychotherapy*. Pacific Grove, CA: Brooks/Cole.
- Kleinman, A. (1980). *Patients and healers in the context of culture*. Berkeley: University of California Press.
- Krippner, S. (1993). Cross-cultural perspectives on hypnotic-like procedures used by native healing practitioners. In J.W. Rhue, S.J. Lynn, & I. Kirsch (Eds.), *Handbook of clinical hypnosis* (pp. 691-717). Washington, DC: American Psychological Association.
- Krippner, S. (2000). Cross-cultural perspectives on transpersonal hypnosis. In E. Leskowitz (Ed.), *Transpersonal hypnosis: Gateway to body, mind, and spirit* (pp. 141-162). New York: CRC Press.
- Krippner, S. (2002). Conflicting perspectives on shamans and shamanism: Points and counterpoints. *American Psychologist*, 57, 960-977.
- Kroger, W.S. (1977). *Clinical and experimental hypnosis* (2nd ed.). Philadelphia: Lippincott.

- Leacock, S., & Leacock, R. (1972). *Spirits of the deep: Drums, mediums and trance in a Brazilian city*. Garden City, NY: Doubleday.
- Lynn, S.L., & Rhue, J. (1988). Fantasy proneness: Hypnosis, developmental antecedents, and psychopathology. *American Psychologist*, 43, 5-44.
- Raboteau, A.J. (1986). The Afro-American traditions. In R.L. Numbers & D.W. Amundsen (Eds.), *Caring and curing: Health and medicine in Western religious traditions* (pp. 539-562). New York: Macmillan.
- Richeport, M.M. (1992). The interface between multiple personality, spirit mediumship, and hypnosis. *American Journal of Clinical Hypnosis*, 34, 168-177.
- Rogers, S.L. (1982). *The shaman: His symbols and his healing power*. Springfield, IL: Charles C Thomas.
- Sandner, D. (1979). *Navaho symbols of healing*. New York: Harcourt Brace Jovanovich.
- Spanos, N.P. (1989). Hypnosis, demonic possession, and multiple personality: Strategic enactments and disavowals of responsibility for actions. In C. Ward (Ed.), *Altered states of consciousness and mental health: A cross-cultural perspective* (pp. 96-124). Los Angeles: Sage.
- Strupp, H.H. (1972). On the technology of psychotherapy. *Archives of General Psychiatry*, 26, 270-278.
- Suryani, L.K., & Jensen, G.D. (1993). *Trance and possession in Bali: A window on Western multiple personality*. New York: Oxford University Press.
- Thong, D., with Carpenter, B., & Krippner, S. (1994). *A psychiatrist in paradise: Treating mental illness in Bali*. Bangkok, Thailand: White Lotus Press.
- Topper, M.D. (1987). *The traditional Navajo medicine man: Therapist, counselor, and community leader*. *Journal of Psychoanalytic Anthropology*, 10, 217-249.
- Torrey, E.F. (1986). *Witchdoctors and psychiatrists: The common roots of psychotherapy and its future*. New York: Harper & Row.
- Vogel, V.J. (1990). *American Indian medicine*. Norman, OK: University of Oklahoma Press. (Original work published 1970)
- Winkelman, M. (1984). A cross-cultural study of magico-religious practitioners. In R.-I. Heinze (Ed.), *Proceedings of the International Conference on Shamanism* (pp. 27-38). Berkeley: Independent Scholars of Asia.

***Stanley Krippner**, Ph.D., is Alan Watts Professor of Psychology at Saybrook University in San Francisco, California. He is the co-author of *Personal Mythology* and *Haunted by Combat: Understanding PTSD in War Veterans*.

Correspondence regarding this article should be directed to: Saybrook University, 747 Front Street. San Francisco, CA, 94111. USA. Email: skrippner@saybrook.edu

The preparation of this paper was supported by Saybrook University's Chair for the Study of Consciousness.