SHAMANIC PRACTICES AND THE TREATMENT OF LIFE-THREATENING MEDICAL CONDITIONS

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ABSTRACT: The findings of a transpersonal phenomenological study of 15 persons with life-threatening illness (e.g., HIV infection or AIDS, cancers, infection with Epstein-Barr virus, multiple sclerosis) who use shamanlc techniques as part of their care regime are reported. The purpose was to give participants an opportunity to explore the various meanings their illness holds for them and the healing potential of shamanie journey and the applied techniques of power animal retrieval and soul retrieval. The method and its purposes are explained, and potential uses of modern shamanic techniques as a bridge between ancient and allopathic approaches to healing are discussed. Applying phenomenological analysis to interviews tape-recorded before and after the study yielded three composite themes-personal agency, omniscient guide, and soul retrieval-which are associated with journeying, power animal retrieval, and soul retrieval, respectively. This study affirms the growing body of literature that claims that a positive link exists between shifts in body awareness and increased physical well-being.

This article reports the findings of a 3-year transpersonal phenomenological study investigating the personal effectiveness of three treatment techniques rooted in ancient shamanic practices. The techniques-s-shamanic journey, power animal retrieval, and soul retrieval-were used in the treatment of 15 persons with various life-threatening medical conditions (e.g., HIV infection, multiple sclerosis, and cancer). It was hypothesized that shamanic techniques would increase an embodied response to illness, which in turn would result in greater well-being. Phenomenological analysis of interviews done before and after the study revealed that significant psychological benefits were gained from using these techniques.

The past decade has seen a rise in Americans' interest in alternative treatments for psychological and medical well-being. The American Medical Association has tracked this phenomenon and reported the findings in a follow-up study to a national survey on use of alternative care in the *Journal of the American Medical Association.* Eisenberg, Davis, Ettner, Appel, Wilkey, Van Rompay, and Kessler (1998) reported that more than 42% of Americans have used alternatives to traditional medical care and that a staggering $21.2 billion was spent in 1997 on such services.

The type of alternative health-care practice used in this study, shamanism, does not enjoy inclusion in even the most progressive health-care plans. Among the issues preventing the inclusion of shamanic services in health-care plans is the fact that a definition of shamanism is harder to come by than might be imagined. The problem

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lies in defining an essentially spiritual activity for which there are no universally accepted criteria of practice and there is no union or trade organization. This creates a drawback for some researchers who seek to test the strength of shamanism as an effective health-care alternative.

In his seminal work, *Shamanism,* Eliade (1972) understood this potentiality and cautioned against too broad a definition of shamanism. In order to protect the term itself and reveal its complexity, he chose not to include related terms (e.g., magician, sorcerer, or medicine man). Instead, he focused his definition upon the activity of the shaman as a technician of ecstasy. Almost at the opposite end of the definitional spectrum lies that given by Halifax (1979) several years later. Halifax describes shamanism as "a lifeway that spans millennia and the entire planet" (p. xi). A problematic gulf exists regarding which kind of definition is used. On the one hand is a definition focused on the shaman's praxis, and on the other is a definition that focuses on the shaman's worldview. With such a wide range of definitions in use, the problems with which a researcher or consumer of shamanic products is confronted are obvious.

Although it is true that historically shamanism was the sole domain of indigenous peoples who practiced a faith aligned with specific cosmological and spiritual principles, today shamanism and its attendant shamanic practices are defined quite differently in practice. As contestable as this fact is, shamanism is no longer considered "owned" by indigenous people and their descendents. Who can claim the title "shaman" or is allowed to use shamanic practices for healing physical and psychological wounds has been revised. Today, the shaman may be Jewish, Christian, or of any other religious persuasion. What makes them shamans is their unique role as spiritual healers who use specific techniques of indigenous origin in the healing project.

For our purposes, shamanism is defined as a system of spiritual healing with methods designed to promote the well-being of mind, body, and soul. This definition is close to Eliade's. It defines the shaman as a technician, in this case as a spiritual healer-technician, who performs rituals (e.g., journey and soul retrieval) intended to create sacred space wherein healing can take place.

Before reviewing the historical and anthropological significance of shamanic practices for physical and mental health applications, a word is in order about the experience of illness.

Persons who are ill tend to know something of their illness that is not readily accessible to an outsider, such as a physician or even a therapist (Toombs; 1993). The illness experience comes from a living awareness of illness, not an abstraction of it. Unfortunately, the practices of traditional medical care, for all practical purposes, do not frequently elicit or use a patient's living awareness of their illness in ways that affect, much less produce, treatment strategies.

The denial Dr, more simply, the lack of understanding of patients' awareness, creates a tension between the patient and the doctor. Toombs (1993) has described this phenomenon thoroughly. She states that a physician's lack of understanding of the

patient's perspecti ve of his or her condition can ultimately "split" the patient's experience of this illness into various competing fragments. Put differently, incongruence within experience *sets* up a power dynamic where the ill person must choose the doctor's perception over his or her own. Psychologically, the effect of incongruent perspectives is devastating. The patient is left existentially alone with illness and perhaps with feelings of estrangement, misunderstanding, or even terror.

This splitting of experience is addressed elsewhere in phenomenological psychology under the term disembodiment. Disembodiment carries with it the potential for hopelessness, despair, and estrangement from one's own life world (May, 1968; Van den Berg, 1974)-conditions that do not help healing to occur. Research on the significance of embodiment for deep understanding and lasting change is well-documented (Gendlin, 1962, 1981, 1992; Goldfarb, 1992; Levine, 1992; Kryeka, 1997; Toombs, 1993).This growing body of work suggests that as people distance themselves from the wisdom of the body-mind unity, a gulf opens wherein experiences are disintegrated.

Van den Berg (1974) notes that in the extreme, such estrangement is seen in psychosis and severely maladaptive coping strategies. He suggests that where the body no longer holds the existential power to ground divergent experiences common in times of illness, the person is left to float alone in their illness as if on a sea of ice. This powerful metaphor evokes the inner experience many of us have had after meeting with our physicians when discussing critical aspects of our health. It is precisely this floating alone that is experienced by many critically ill persons. Their existential position and that of their caregivers seem miles away.

When we find ourselves with a diagnosis of terminal or life-threatening illness, the strength of that once integrated body-mind experience is weakened. And yet for persons whose awareness of body as both subject and object is shallow or nonexistent, this already precarious place of illness opens to a chasm of fear and loss (Benner, 1994). Thus, how this embodiment is known and lived, and how it might be regained once lost and later used as part of regular treatment for those with such conditions, is paramount to any discussion of healing.

The reintroduction of spiritually based experiential techniques such as those found in shamanic practice can heal this divide by increasing one's apprehension of body-in-illness or one's level of embodiment. The shaman provides a ritual space for an embodied experience of illness to emerge without splitting that experience into pieces and thereby risking even greater disembodiment,

THE RESEARCH CONTEXT

I see in my therapy practice and among my friends persons who are affected by HIV infection, cancer, and other (to date) "incurable" diseases. I am impressed by the number of psychological hurdles these disease processes bring into the lives of the sick, their caregivers, and healing professionals (Carson, Soeken, Shanty, & Terry, 1990; Hall, 1994).

For undoubtedly complex psychological, social, and political reasons-perhaps out of the frustration they experience regarding treatments that are available and the

lack of hope for a cure in the near future-the men and women who participated in this study have opened themselves up to avenues of healing wherein their lived experience is sought and embodied reflection is encouraged. For many, this has meant looking outside the Western, allopathic, model of disease.

Many contemporary writers are contributing to a growing literature based on indigenous spiritual teachings. Michael Harner's *The Way of the Shaman* (1990) is now considered a classic introduction to modem shamanism. The publication of Hamer's work seemed to release an intensifying interest in shamanism and other spiritually based healing techniques.

Anthropologists have long studied so-called primitive religions (e.g., Eliade, 1963, 1972; Goodman, 1988; Grim, 1983; Hoxie, 1989; Kane, 1994; Kiev, 1964; Obeyesekere, 1981; Turner, 1967; & Volloldo & Jendrensen, 1990). Unfortunately, it was not until the latter part of the 20th century that such data, ethnographic in most cases, was taken to be of significance for today's medical practice (e.g., Jevne, 1994; Landy, 1974; Rubel, 1964).

Kiev (1964) suggested that the beliefs, rituals, and symbols of such diverse cultures as the Sea Dayaks of Borneo and the Ymba of Nigeria could provide insight into modern medical practice. Kiev dared to challenge the medical community's vision of itself by suggesting that the tools of the shamanic trade be applied to psychiatry. Another important event occurred when Collins (1978) published *Primitive Religion*. Collins tells his fellow anthropologists that an unchecked fascination with all that is new would limit the scientific understanding of cultures of the past. He reminds all of us that the unchallenged domination of "more is better" will result in the ghettoization of the intellect.

The interest in ancient wisdom traditions is certainly increasing in today's world. Researchers in many different areas have taken a serious interest in shamanism and continue to look into the viability of these ancient techniques in a modern world (e.g., Landy, 1974; Wolf, 1991; Young & Goulet, 1994).

BACKGROUNDON TRANSPERSONALPHENOMENOLOGY

The research presented here relies on the foundation set by existential-phenomenological psychology and a relatively recent application of its basic tenets called transpersonal phenomenology (Valle, 1998). Existential-phenomenological psychology has birthed an approach to research that is "a search for the discovery of meaning and essence in significant human experiences" (Douglass & Moustakas, 1985, p. 40). An excellent review of this area was done by Valle and Halling (1989).

Although existential-phenomenological forms of inquiry are more than 100 years old, they have recently undergone a rebirth through the writings of several continental philosophers (e.g., Heidegger, 1967; Husserl, 1960, 1970; Kierkegaard, 1954). This approach to human experience combats the dualism inherent in natural scientific psychology by being that "discipline which seeks to explicate the essence, structure, or form of both human experience and human behavior as revealed

through essentially descriptive techniques including disciplined reflection" (Valle & Halling, 1989, p. 6).

Transpersonal phenomenological methods (Braud & Anderson, 1998) are currently being exported to the investigation of transpersonal phenomena in studies such as this one. These methods seek to give voice to experiences and meanings that come out of life events (classical phenomenology) which point to the unitive, noumenal space within (the transpersonal),

Transpersonal phenomenology was chosen for this study because the methods share an appreciation for subtlety and nuance through honoring human experience and respecting the intuitive and transpersonal dimensions of illness-as-lived (Valle, 1998). It presents those of us interested in the study of spiritual experience with a philosophically sound method for our research that allows for the analysis of meaning of such experience. Transpersonal phenomenology is able to address complex human experiences without reducing them to mere parts. This feature is vital to any study where the meaning of experience is a major factor in determining effectiveness of treatment, as is the case in the study reported here. Furthermore, transpersonal phenomenology allows researchers to use their own experience in ways that advance a deep knowing of the subject under investigation. Researchers must heuristically attempt to understand the phenomena under investigation by exploring their subjective understandings of the research situation at hand. Last, this type of research addresses an important aspect of research that is sometimes lost in our urge to study, namely, being of service to the subject. In this regard, R. D. Laing (1965) suggests that if we want to understand a person and thus be of some true service to them, "he (the helper/healer) must have the plasticity to transpose himself into another, even alien, view of the world" (p, 34).

In working with persons with life-threatening conditions, I had to explore my own feelings and assumptions about the process of living with those conditions and my feelings and assumptions about the transpersonal experiences the participants described. In this regard, all researchers takes their own passport into that darker world of sickness and dying, as Susan Sontag suggests we all do periodically (Sontag 1978,]989), and journeys there, if even for a moment, to glimpse the varieties of lives lived by the participants.

In the end, this type of inquiry serves both the researcher and the participants: the researcher, by the knowledge gained in exploration of inner and outer dimensions of being ill, and the participant, in exploration of the depths of their private experience with illness.

For many of us studying sickness, health, and healing. this "other world" is still just that, an other world, one outside our immediate awareness, accessible only by chance or mistake. Thus, the challenge to researchers who use this method is to allow themselves fully to enjoy the worldview of another human being and to attempt to explicate or grasp the sense of it. Researchers committed to this kind of inquiry are challenged, confronted, and provoked by the subject they study, in particular, by the metaphors used by us and our society. For myself, the same was true.

METHODS

Fifteen people were selected for the study from a pool of 20. Selection was determined by an interview with the investigator after applying the following basic criteria. First, participants must have experienced a shamanic journey at some time before the study. Second, subjects must be free of organic or medication-induced brain disorders. The second criterion was included because it was thought that the presence of a brain disorder may jeopardize the subjects' mental stability while undergoing shamanic practices and that such disorders would compromise the findings by raising doubt as to the origin of the meanings and experiences described.

During the course of the study, participants were assigned one of two qualified shamanic practitioners, who led them in the shamanic journey and helped them to retrieve their power animal. The same practitioner performed the soul retrieval. The investigator conducted interviews before the study and within 1 month after the end of the study. These interviews were transcribed and analyzed to form the basis for the invariant themes presented later.

In interviews before the study, participants were asked by the investigator to talk about their prior shamanic experiences and to describe any significances they may have derived from the use of these techniques. The interviews focused on obtaining descriptive statements addressing: (l) how illness is constituted, both pre-reflectively and reflectively, (2) the lived experience of illness and its conceptualization, and the distinction between them, and (3) how the body is apprehended. These interviews helped ascertain how illness is perceived and how the participants constructed the meaning of their prior shamanic experiences.

Interviews after the study were conducted by the investigator to ascertain whether and to what degree these shamanic techniques were useful to the participants and to confirm the themes found during analysis of the interviews from before the study. Usefulness is signified by the constitution of new meaning for illness, the lessening of abstraction and increase in congruence in the lived experience of illness, and last, access to a more full experience of embodiment or the apprehension of body-in-illness.

The procedures for analysis can be quite elaborate, (DeMares & Krycka, 1998; Giorgi, 1975; Krycka, 1997; Douglass & Moustakas, 1985). However, as my colleague Dr. Steen Halling (1983) has so succinctly said: "The basic intent of the analysis was [is] straightforward: to arrive at an understanding of the phenomenon that captures as faithfully as possible its basic dimensions" (pp. 124-125). A brief explanation of each of the steps applied in this study is given next. For a fuller description, please see *Phenomenological Research Methods* (Moustakas, 1994).

The Steps

1. *Bracketing the research question.* This process involves setting aside the researchers' own assumptions about the issue being investigated. Although it may be contended that no such thing is actually possible, the intent is still worthy and at least works as a way of isolating those issues for the researchers.

2. Formulatingthe researchquestion. Typically, the question is put as "What is the experience of.. ."

3. Horizonalizng, After the interviews have been transcribed, a sense of the basic themes arises. Each theme or in some cases each statement is given a label of equal value. This is a step in identifying invariant meaning units.

4. Clustering. The invariant meaning units are grouped together into invariant themes.

5. Deriving textural descriptions. These descriptions convey the emotional and somatic aspects of the interviews, before and after the study in this case.

6. Building bridge statements. From the textural descriptions, imaginative variation is applied. This is the process of seeking meanings through the imaginal and creative realms.

7. Developing structural descriptions. These include a sense of time, space, materiality' causality, and relationship of self to other.

8. Integrating. The textural and structural descriptions are made into a unified statement. This statement communicates the essence of the experience.

The Participants

Twenty persons with life-threatening conditions were selected for a preliminary interview for this project. Five subjects dropped out of the study because of an increase in the severity of their physical signs and symptoms and are not included in the analysis.

Each of the 15 persons who completed the study had a terminal or life-threatening illness (HIV infection or AIDS, cancer, infection with Epstein Barr virus, multiple sclerosis) that had been diagnosed within the 2 years preceding the study. The participants, 10 women and 5 men, were familiar with shamanic techniques and used them as part of their care regime. Participants were told that the purpose of the study was to give them an opportunity to explore and examine their illness and the healing possibilities of shamanic techniques.

This sample of convenience represents a wide range of persons who were recruited by word of mouth from therapists in the Seattle area whose clients were known to have *some* familiarity with shamanic methods. Further, the participants were seeking ways to enhance their own healing practices for their particular medical conditions. The length of the study was different for each participant. One woman could not make regularly scheduled appointments because of job requirements, and another woman fell ill for a brief period during the study. On the average, each person stayed with the study for 6 months from the interview before the study to the interview after the study.

Subjects were from 21 to 56 years old. At the time of the first interview, all participants were employed and in good general health. Two of the women were taking

antidepressants; all of the remaining subjects were not taking any medication during the study. Socioeconomic information revealed that 11 participants had incomes ranging from $35,000 to $65,000 per year, 2 had a reported income of less than $17,000 per year, and 3 had an income of more than $75,000 per year. Each of the 10 women had been married, and 2 remained married, The men were not in relationships at the time of the first interview.

Below is a narrative sampling from five of the participants. These five participants were chosen for examination in this article because they provide a fair representation of the makeup of the entire study.

William. William is a 35-year-old gay, white man. Professionally educated at an East Coast school, he is a therapist by trade and a part-time photographer. He is HIV positive with no symptoms of the sequela of HIV spectrum illness as of yet. His T4 cell count remains in the low average range (400-800 cells/ul.). He is not currently taking any prescribed medications, but he does follow an intensive vitamin therapy regimen provided by his naturopath. William heard about the study from his own therapist and contacted me for an initial interview. He had been using shamanic journeying as part of his own healing regime for the past 2 years.

Julia. Julia, a 46-year-old accountant, is married and has two children, both living outside the horne at this time. Her husband is an employed regional manager for a national food chain. Julia had multiple sclerosis diagnosed 2-1/2 years ago after having an accident while mountain biking with her husband. Julia had previously developed a strong spiritual belief system based on principles that emphasize acceptance, trust, and the power of one's own mind to help form present reality.

For Julia, everything in life has meaning. The times of good health and the times of bad health have meaning. She believes strongly that the way to cope with any unforeseen event or tragedy is to begin to uncover what place it has in life and what can be learned from it. This kind of attitude did not come without emotion though. At the time of her diagnosis, Julia reported "I relied heavily on my husband for support, probably too much. I could tell it was getting to him, how I leaned on him all the time. I guess I cried a lot then:'

She used her spiritual support system to help her cope with the condition during the first few months after the diagnosis. During that time, she came in contact with a local shamanic practitioner and learned journeying as a tool to help her uncover the meaning of her illness. When r interviewed her the first time, Julia had been using the shamanic journey on an almost daily basis for about 2 weeks. She was excited about the things she learned about herself and her illness, especially about the place that the illness had in her life.

Sara. Sara is a 42-year-old single mother with a son 14 years old. She cares for her son and works full time as an executive secretary. Sara had infection with Epstein Barr virus diagnosed 2 years ago after countless trips to her doctors. She was finally able to convince them that something was really the matter when she supplied them with articles from respected medical journals describing her condition in

detail. Sara is familiar with alternative healing techniques, having undergone various non-Western treatments for the infection before her diagnosis. Shamanic healing work was introduced to her by her naturopath as a way to help her solve or understand her myriad complaints.

Mellissa. Mellissa is a 22-year-old single woman who has a history of recurrent brain tumors. She underwent surgery in 1990 for a massive brain tumor. Recovery has left her with few mathematical abilities and some short-term memory loss. Mellissa is hopeful for her future recovery and insists that this hope has come from the strength and insights she receives from her shamanic journeys.

Unlike some of the other participants, Mellissa came to the study with very little knowledge of shamanic studies or the healing techniques of ancient or indigenous peoples. She was raised a Catholic and, until recently, she had thought that traditional medicine was all that was available for her. After her surgery, Mellissa became despondent and depressed. She turned to alternative health practitioners, particularly herbalists and acupuncturists, to help alleviate her psychological symptoms. Mellissa learned of shamanic journeying only 2 weeks before entering the study.

Ruth. Ruth is a 32-year-old single woman with a religious background. She is a self-proclaimed "crystal freak" and firmly believes in the survival of the soul after death. Her 18-year-old brother died of AIDS 2 months before she learned she was HIV positive. Both parents are dead, and she cared for her brother James during his brief illness.

Ruth has low T4 cell counts (150-200 cells/ul.) and has a diagnosis of AIDS according to the guidelines of the Centers for Disease Control. At this time she does not regard her AIDS diagnosis as a fatal one, a conviction that seemed to strengthen during the course of the study. Ruth has traveled throughout the United States seeking various forms of spiritual enlightenment, and she learned shamanic journeying from two of this country's leading trainers of shamanic work.

Ruth said that her purpose in life is to live consciously. She firmly believes that her HIV infection is a part of that purpose, representing a significant aspect of her own expanding and developing sense of what it means to be a conscious human being. Ruth was raised in a reformed Jewish household by parents obviously devoted to both children. She vividly recalls going to temple for Sabbath with her father as a child. Her father included her in talks with their rabbi after service even though she was quite young at the time. Her household was filled with reminders of the "greater mysteries" of life as she called them. The Kabala was openly talked about; the Tree of Life was a symbol on her refrigerator door.

The Techniques

Three techniques were used in the study, shamanic journey, power animal retrieval, and soul retrieval. The shamanic practitioner taught the journey and power animal retrieval to the participants. Their same practitioner performed the soul retrieval for the participants. Below is a brief description of the techniques.

Shamanic journey. A shamanic journey allows the seeker and shaman, or the seeker alone, to enter a meditative state and there gain insight into some aspect of the subject's life. The journey itself may take place in an altered *state* of consciousness, but not always. Typically, the beginning student of shamanic practices learns to enter the meditative state necessary for the journey by listening to a tape recording of drumming. In some instances, the practitioner may use a real drum to induce the meditative state. The goal of the journey is to experience one's inner life world. Secondarily, the participant may seek to understand the images and feelings that came through talking about the events with the practitioner.

Power animal retrieval. Power animal retrieval typically involves the goal of a shaman journeying for the client to bring back the client's power animal and reunite the client with his or her power animaL With experience, the client or subject will be able to converse freely with the power animal on his or her own and perhaps encounter new power animals.

A power animal is an imaginal or metaphysical animal presence willing and happy to share its particular energy, essence, or medicine with humans to assist us in our lives. Reunited with one's power animal, a person is able to draw on the energy or medicine and be "power filled.' Increased vitality, strengthening, and improved overall condition are often the result of this healing method.

Soul retrieval. Soul retrieval is a healing technique, the goal of which is to return lost parts of a person's essence or soul to the person. Shamans explain the loss in this way. In the process of life, soul loss occurs when a part of one's vital essence leaves. The soul is said to leave in order to survive a trauma or difficult circumstance such as an accident, violence, or illness. Shamans insist that this is a very common occurrence.

To remedy this situation, shamans around the world have practiced soul retrieval for centuries. If you ever feel like a lost soul-like part of you is missing-that you are not really here but just observing your life, or that you are not in your body, you may be experiencing soul loss.

PRESENTATION OF FINDINGS AND DISCUSSION

The analysis of the interview data followed the phenomenological steps given earlier. For convenience and ease of explanation of the analysis, I have broken the eight steps into three clusters. Steps 1 through 4-bracketing, formulating, horizonalizing, and clustering-are presented first, under the heading "Invariant Themes." Steps 5 through 7-textural descriptions, bridge statements, and structural descriptions-follow under the heading "Structuralized Descriptions." The final synthesis of all meanings (Step 8) is given last and is found in the section titled "Final Synthesis."

Invariant Themes

Application of steps 1 through 4 yielded three themes. Themes were found through extensive re-reading of interview transcripts and viewing of videotaped

interviews where available. Analysis of this kind requires the researcher to go back and forth through the data, making lists of potential themes, finally arriving at those themes that are invariant among the participants. Although this is a laborious process, it yields the first significant results of the study. The themes found were personal agency, omniscient guide, and embodiment. They are associated in the data with the three techniques used: shamanic journey, power animal retrieval, and soul retrieval.

Theme 1: *personal agency.* The main source of benefit from shamanic work for the participants comes from a deep sense of being able to "do something" about being ill. The shamanic journey was spoken of as a "tool" or vehicle that persons pick up in order to act in their lives. This sense of personal agency is important to note because persons with life-threatening medical conditions frequently experience a decided lack of it.

The persons in this study use the shamanic journey for many reasons. Participants cited curing the illness, relief from a sense of hopelessness/despair, or insight into their conditions as some of the reasons.

An example of this theme in the life of Mellissa follows.

> One journey 1 did yesterday (I try to do a couple a day) just really helped me settle down. You know? It was like the only thing I can really control anymore. All 1 really need to do is listen to my tape and picture myself heading out to my favorite place ... man; 1 get to feeling pretty good. Anyhow, yesterday, I'm in my place, the drumming is going on, and I'm beginning to feel light headed, like I'm being lifted up or something. My head was buzzing, like a fire inside it. Brain tumor or not, some part of me still will go on, still will come out OK, maybe the other side is death, maybe its more of the same. I don't know, but I'm doing something for MYSELF again.

Mellissa continued to use her journeys as a private time. They were a time to replenish her sense of inner security. At different stages in the shamanic work, Mellissa and the other participants expressed how nothing really compared to the feeling of being able to do something for themselves or even for others. Personal agency engendered insight into and relief from psychological pain. It resulted in many creative, adaptive solutions to the plaguing problems that arose rather spontaneously in the course of this study.

"*Theme* 2: *omniscient guide.* The presence of an omniscient guide was reported by several of the participants during soul retrieval and journeying. The guide or animal was encountered as one who saw things or anticipated events that the participant could not. The guides often appeared in the mind's-eye as one who conveyed confidence through either physical stature or an all-knowing countenance.

Julia tell us of how she was able to come to a fuller understanding of her illness without denying the gravity of it through the shamanic journey and power animal retrieval. Her sense of what her illness may be like in the future transformed from one full of fear and foreboding to one significantly relaxed and embodied. The vehicle for this change was a wolf.

Julia states:

> I had come to my quiet place ... it's a cool stream near a lake high up in the Cascades. My husband and I took the girls there plenty of summers while they were growing up. I really love that place. Anyhow, I was lying there the other day, trying not to think of any" thing in particular, trying not to direct the journey. I felt the warm sun and the water between my toes. I felt so good, so comfortable. After a while, I got up, actually, was helped up, by a guide I guess, a woman, who led me to another part of the lake area I hadn't seen before.
>
> She led me to a dark pool. It seemed funny that in this scene a dark pool, like a big ink spot would appear. But, this is a journey isn't it ... weird stuff can happen.
>
> I saw in the pool a reflection of a contorted woman in a wheelchair. I immediately thought it would be me in the future ... I was seeing the future me. I thought I would cry, but I did'nt, I just remember feeling the warm sun on my face and the smell of the high meadow. I saw the picture clear enough, but I didn't care. Weird I know. I sound like some wacky cult person, denying there's anything wrong with me and ending up helping to kill myself!
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> But, something was really right here. I COULD feel the sun too, AND see the picture of a woman in wheelchair. I don't know, but I think I know that even if I do end up there, I'll always feel that warm sun. I told my husband this. I wanted him to know that even if someday I can't communicate with him, that he should know I was feeling that warm sun on my face anyways.

Julia related this story with tears. I felt her concern for her husband and the acceptance of what might come for her. She met this potential future with dignity and an uncommon honesty.

A commonality among the participants emerges in the theme of an omniscient guide. In each case, there seemed to be an insight about future matters. Even if the insight proved to be temporary, it continued to give peace and solace. The function of the journey seemed to revolve around the resolution of the future through the imagining of it. The omniscient presence is critical for that resolution.

In a deep way, one could say Julia is sensing her own omniscience. She "sees" her future illness unfold and is connected to it fully. She can now see it and face it. It brings her peace to "know" the future.

Through the power animal retrieval, significant transpersonal experiences emerged that relate directly to the theme of omniscience. In the following example, Sara relates an experience of seeing her power animal in physical form in a time of deep searching within. This event was central to Sara's later understanding of the seriousness of her condition.

Sara states:

> Well, nothing happened when I first tried to retrieve my power animal. I thought it just wouldn't work for me, and we went on to the other part of the session. It ended OK I guess, I was disappointed though, and I left.

Later that evening I was real tired for some reason and laid down for a nap. It was about 7 PM ••. just 15 minutes I thought was all I needed. I almost immediately fell into a very calm and deep sleep. Somehow, I knew I was at my sacred place, the pooL But I wasn't alone; r could tell that too. I got shivers but was OK with it. Somehow, I got the feeling of something being real close to me ... a friendly feeling, not scary. I felt warm breath on my neck and then a nuzzling sort of feeling too. Almost wet ... like a dog you know? I turned and there was a wolf looking at me with the widest almost surprised eyes ... Boy did I freak! There I was staring eye to eye with a great big wolf and not feeling afraid. Not my conditioning at all I'll tell you!

The wolf seemed to talk to me in my head. He, he was a he, something I knew too right off, he said I had to stop fighting with the doctors. And that he would show us all, lead us like a dog would, to find the exactly right thing I needed.

Well, it was two days later that I wandered into the Universities Health Sciences library. On my way there-I'm shaking just saying this-I swear I saw that wolf outside the building staring at me. I was scared all right, but I knew it would be okay. I knew he wanted me to go inside, so r just went inside. By accident almost I found a medical journal with all the descriptions of my condition on the return pile. I mean, there it was all laid out right in front of me. I read it and cried because it told me I was terminal.

Although not all are this dramatic, the transpersonal connection with the power animal is clear from the analysis. The wolf is an omniscient guide and even knows where Sara should go next. This kind of knowing is a powerful reminder to all caregivers that some part of the individual may possess keen insight and knowledge beyond his or her own abilities. These omniscient visitors should be welcomed and embraced as they come. Let me briefly state why I think this should be so.

The omniscient guide points to the presence of a secondary set of psychological benefits. It is evident that reflective constituents present in the content of the images from the power animal retrieval and the shamanic journey are taking on a more lively, flexible, and creative dimension. This is important for a number of reasons. Phenomenological researchers hold that most prereflective constituents of meaning are filled with images from our race, culture, and society, which are largely uncensored by us and erroneous to personal experience. Thus, when reflective meaning attains characteristics that are more inclusive, less rigid, or objectified, there is most likely more congruence between the experience and how it is lived out.

Theme 3: *embodiment.* In illness, many of us feel a significant loss of something previously taken for granted. The addition of a medical system that supports the loss of integrative subjectivity only compounds the feeling of oddness or loss of place in the world. In soul retrieval, this loss is addressed, and with the help of the shaman, the lost parts are restored, the dialogue once again resumes. William shared a remarkable story with me about the discovery of his HIV -positive status after experiencing soul retrieval. An excerpt follows from his first interview that illustrates how embodiment is thematic in the life of an ill person.

W: I got my test results after I had done this soul retrieval. I had no idea; I mean not a clue about being positive until a few days after the retrieval. I was sitting in my favorite chair, meditating, kinda feeling all the loose pieces around me, you know, my "parts" I guess

for lack of a better word. Yeah, I guess it was about 3 days later, after the retrieval. Anyways, there I am, trying to bliss out, get hack into that light and airy place, when I noticed that this one part, the 12-year-old (there were four parts in all retrieved on me), this kinda snuck up behind me and whispered something in my ear. I heard it, but was immediately taken aback by it ... I got scared really fast.

KK: What did your 12-yea.r-old say to you?

W: Well (taking a deep breath) ... he said, "I've done something." I didn't even respond ... I guess I knew it was a biggie from his tone and how he was really shy about saying anything ... it seemed that way anyways.

KK: Can you say something more about this news? It seemed like news to you huh?

W: Yeah, big news, a real shocker. He clearly wasn't proud of *what* he'd done. *So,* I sat there a minute, catching my breath, and then came out of it. I decided about a day later to go get the HIV test. It came back positive. I've been working with the little bugger ever since. I had no idea I had so much rage in me. He's the one in a blind rage in me,

In the soul retrieval, the practitioner *told* William that four aspects of himself were arrested in their development. The practitioner communicated with aspects of William's self that remained frozen in certain historic-psychological configurations. Proponents of this work believe that all persons probably have several "frozen" or residual aspects. The benefit of soul retrieval is to bring these aspects back into conscious awareness so that the meanings of these times will become available to the person and thus enhance their understanding of their present situation.

In William's case, his soul retrieval revealed an angry 12-year-old who had done something bad. The embodied rage of this aspect was remarkably clear, both to William and myself. Obviously, this youngster, as a phenomenological reality for William, still retained a sense of separateness from the whole of the man who experienced the retrieval, a kind of isolation that turned out to be part of William's deeper psychological understanding of himself.

The retrieval allowed for the return of embodiment or perhaps the reunification, which in turn fosters congruence within the body-in-illness experience. For Willam, this included a premonition of impending trouble. But, as can be seen, this insight, or presight, increased his realness in his world. Perhaps it is a function of the altered state during shamanic work that also helps in the reunion. In any case, it is clear that retrieval can be a powerful tool to reduce objectification of illness and to increase a deeper sense of presentness in the body-as-lived.

The value of being fully present in one's life is evident in that being present has taken on a distinctively bodily character for the participants. The participants experienced many shifts in bodily awareness as a result of using shamanic techniques. Although this is not extraordinary in itself, the continuance of connecting with one's bodily knowing and seeing the importance of knowing the language of the body in illness and health is remarkable. Their life, and what's left of it, will be felt and experienced through the body.

Structuralized Descriptions

Each of the preceding examples illustrates a different aspect of shamanic healing techniques and the impact of shamanic healing on the lives of the participants. To many, this may seem a good place to stop our discussion. But the work of analysis is not yet done. What remains is to explore the data further, with the invariant themes at hand, in order to generate a more complete understanding of the data. The final result will be to integrate these themes into a unified understanding, a statement, if you will, that captures the essence of the experience of using shamanic techniques in one's own care and healing.

First, processes that draw on the creative, intuitive, and imaginative skills of the research will be applied. This is done in order to recheck the themes already stated for accuracy and nuance, as well as to add depth to the first level of analysis.

Steps 5 through 7 of the phenomenological analysis (textural descriptions, bridge statements, and structural descriptions) are used at this point. These steps produce more information about the study through the use of imaginative variation. The newly synthesized information increases the depth of the inquiry and reveals emotional and somatic aspects of the findings. Below, the structural descriptions that emerged-i-self-direction, acceptance, and resiliency-are listed and explained.

Self-direction. Shamanic journeying itself, once taught, is almost completely a self-directed experience. Beyond the basic format of listening to a drumming tape and finding a safe, pleasant place from which to depart, there is little structure. Interestingly, this lack of structure seems to advance a balance between control and surrender.

Several of the stories have a related theme of control. At times, having a life-threatening illness must seem like having no control whatsoever. Most of the choices a healthy person makes every day are no longer simple. Everything must revolve around the management of the illness.

The self-directed nature of the shamanic journey-c-related to the theme of volition-gave the participants a place to use control and experience surrender. Self-direction was experienced as volition increased.

Acceptance. Acceptance is like the free welcoming of experience. In spite of obvious concern for their health and healing, all participants learned to trust their own processes and follow the experiences within the journeys themselves wherever they led. Sometimes, as with Ruth, this led to an unexpected insight, a chance meeting with departed family members who consoled her and somehow were able to offer courage.

Carl Rogers often spoke of acceptance as being central to psychological healing. It was one of his conditions necessary for personal change and growth. Where there was not acceptance, there were restrictions on growth and the natural unfolding of discovery and insight. Acceptance is also linked to the experience of vulnerability. For these participants, acceptance and vulnerability was seen in the manner in which

they followed their own journeys as they occurred, as well as in the later synthesis of these journeys into new and often creative "centers of meaning." These centers of meaning are the themes that run through the journeys.

The themes that were noted came freely and spontaneously, from where I do not know. In each person, however, there were discernible shifts in awareness of their illness. The aspect of acceptance and vulnerability formed a background upon which these new meanings arose from the fertile ground of the psyche.

For William, HIV disease became a fellow journeyman, a part of his life, which he was able to communicate with as he needed or felt able to. Julia's multiple sclerosis transformed into a mountain, which she envisioned in several of her journeys. Sara saw the infection with the Epstein Barr virus as a river, which she always waded through on her way to her safe place within.

The journeys did not erase the illness, but the illness became a symbol of transformation, a crossing over point to another, greater sense of self. For Mellissa, on the other hand, no clear symbol of her illness became known. She instead relished the relief from worry that the journeys brought her. Finally, Ruth found what she needed in periodically connecting with her family on the other side. In each of these cases, acceptance was a necessary condition for shifts in perception of their illness.

Resiliency. Resiliency may be experienced during times of extreme stress. When one is faced with mortality, there are many potential ways of coming to terms with it; denial is one and resiliency is another. Resiliency in thinking and behavior is the mark of a person who can readily adapt to new and changing circumstances brought on by illness. The participants in this study exhibited such resiliency.

Again, this may be one of those cases where everyone of the participants had preexisting coping strengths that aided in their coming to understand illness in so remarkable a way. It is also likely that the shamanic journey technique actually provides a kind of template for coping. In this way, the technique mirrors the precise coping skills we needed to handle our own trauma and adjustments.

Specifically, the induction through drumming instills a learned relaxation response in the participant. A theta state is readily achieved where options and creative solutions apparently are more forthcoming. Further, the finding of a safe place within is all important in returning the body from fight or flight to composure, from alarm to relaxation. Other specific techniques, such as soul retrieval and power animal work, clearly have psychological benefit to the individual.

As seen in the preceding stories, these techniques could provide an avenue for the working through of deeper psychological issues that are common for persons with life-threatening illness. The soul retrieval is a vehicle for connecting past issues and experiences, for forgiveness, and self-care. The power animal might be a symbol of the natural power we all have inside us to guide us to safe places, gain insights, and meet our enemies with strength, be they persons or, as in the cases here, illness.

Synthesis of Meanings

The final synthesizing reflection on these themes (Step 8 of the analysis) merges the themes into a unified statement of the essence of the experience as a whole. In Step 8, the complete synthesis is formed, It is stated as follows:

> In times of serious illness, shamanic techniques provide a way through which we reach out to heal ourselves and find certain core feelings-volition, omniscience, and embodiment-in the process. These core feelings provide the added benefits of self-direction, acceptance, and flexibility.

CONCLUSIONS

Although the scope of this study is clearly limited as far as generalization of the results, it is sufficient to draw out the benefits that shamanic healing techniques can bring to persons with life-threatening conditions.

For a modern society, the key to understanding the implication of these ancient healing techniques is the willingness to forgo, even for a little while, the everyday conventions of life, the normal and taken for granted. This understanding entails developing a less rigid stance on what is real and what is not; in short, such an understanding calls for a deep flexibility in thinking and belief. Vulnerability is key as well. Without it, we would be prone to more doubt than usual, questioning our experiences at every turn.

As the lKung people of Africa have told us (Kuntz, 1989), healing is at the very least a social phenomenon. The fabric of society is rent with the advent of illness, and it is through the journey that ill persons begin to recover what is lost to them, namely, health. For many ancient and indigenous cultures, health is a strong indication of the vitality and power of the community to which the stricken individual belongs, and recovery is paramount to the survival of all.

We are not so far from the !Kung, it seems, nor are we far from other more ancient peoples. According to Malidoma Some (1993), an African shaman-priest, the recovery of an ill person is an indication of how far we have come on our journey as a society and community. For Some and the Yorba, the outcome of the journey is not measured in continued life. Rather, the outcome is measured by the health of the society.

In contemporary Western society, the metaphor of the journey continues to be a powerful one. In our minds, we acknowledge that we are on the road, but on the road alone. Existentially separated at birth, the shamanic journey, soul retrieval, and power animal retrieval are activities that heal the long-borne rift of self from other. In the final analysis, these ancient techniques provide a space for us to journey back home and to rediscover our place with each other.

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Resuscitation and Treatment of Life-Threatening Conditions. The Brain Trauma Foundation has developed guidelines regarding the medical management of patients with severe head injury. These guidelines suggest that cardiopulmonary resuscitation should be the foundation on which treatment of intracranial hypertension must be based. They also state that, in the absence of any obvious signs of increased intracranial pressure (ICP), no prophylactic treatment should be initiated, because this may directly interfere with optimal resuscitation. Airway management. A stable airway should be obtained to p with Western medicineâ€™s treatment of Hashimotoâ€™s (which. is to put you on thyroid replacement hormone for the rest. of your life, without actually treating the autoimmune. system), I had been looking for a treatment that could get. at the underlying cause. After years of research, I believed. that KambÃ´ might hold the answer. After my experience with. KambÃ´ in Peru I stopped taking my Western meds, because.