Psychotherapy as the Manipulation of Endogenous Healing Mechanisms: A Transcultural Survey

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The Scottish physician, John Hunter, 1728–93, first pointed out that inflammation, rather than constituting a disease process in itself, was actually token of the body's attempts at self-healing. The swelling, heat, and pain of the inflammation all constitute a ". . . salutary operation, consequent either to some violence or some disease . . . it is often a mode of cure." Freud was perhaps the first to apply this kind of thinking to psychiatric syndromes. In his analysis of Schreber's *Memoirs of My Nervous Illness*, he suggested that paranoid disturbances such as Schreber's should be looked upon as a dissolution of an overly rigid ego and the rebuilding of a more adaptive if somewhat distorted self: "The delusion formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction. Such a reconstruction after the catastrophe is more or less successful, but never wholly so" (Freud 1953, p. 457). Cross-culturally, much of the activity of healers and of healing institutions can be seen as artificially generating or exploiting such self-righting mechanisms, although it also provides acceptable alternatives when these endogenous mechanisms are too destructive.

In their attempts to understand the cross-cultural aspects of psychotherapy, most authors (Frank 1961; Ellenberger 1970; Kiev 1964, 1972; Torrey 1972; Calestro 1972; Draguns 1975) have concluded that the fundamental healing factors are universal and have to do with the special relationship between the healer and the patient; the shared world view; the expectant hope of the patient; naming of the illness, attribution of cause, and prescription of treatment by the healer; and the central role of suggestion. We might call these cultural and interpersonal factors exogenous factors, because they arise from outside the patient. While acknowledging the importance of these exogenous factors, in this paper I will draw attention to the commonly neglected endogenous elements in healing. The significance of such mechanisms was brought home to me while observing a healing ceremony in Lucknow, North India. In the ceremony there was no healer! In brief, the ceremony took place in the Anwar Shah graveyard in the centre of the city, before the tomb of an Islamic saint.

Every day at twilight a group of thirty or more patients with both physical and psychiatric ills gathers before the shrine. Patients believe themselves possessed by one or more evil spirits. Sitting before the tomb, one of the patients (about 80 per cent are women) will begin to rotate her head and rock her body. This motion increases until the patient's head strikes the ground. Possession rapidly spreads to other patients. Soon the patient begins to rave in a strange voice of how she came to be possessed and how long she will have to attend the shrine to become free of the spirit. One or more family members are in attendance to hear the communications of the spirit. After perhaps a half-hour of strenuous activity, the patient falls back on the ground exhausted. Most patients are required to return to the shrine for thirty consecutive evenings. According to local beliefs about half of the patients recover from their illnesses (Professor U. A. Asrani, personal communication). Healing results from cultural beliefs and endogenous mechanisms. No money is paid and no therapist is involved (apart from the image of the departed saint).

In this paper I will argue that under conditions of stress, individuals have resorted to a repertoire of automatic self-healing mechanisms. The most important of these are so-called altered states of consciousness—dreams, dissociated states, a variety of religious experiences, and (as we have suggested in the introduction) the psychotic reactions. I will also show that many of the healing techniques used around the world are simply manipulations and elaborations of these endogenous healing mechanisms.

The Use of Dreams

Western traditions have long accorded a therapeutic function to dreams (Ellenberger 1970, pp. 303–11). Freud (1920) saw them as an attempt to preserve sleep, a safety valve for the discharge of unacceptable impulses, and a way of mastering traumatic experiences through repetition. Jung viewed them, like other products of the unconscious, as "guiding messages" and as symbolic attempts at problem solving (Whitmont and Kaufmann 1973). Adler saw them as adaptive in that they represented rehearsals of possible future courses of action (Mosak and Dreikurs 1973). In other cultural traditions also the therapeutic value of dreams is often recognized, and there are a few instances where they are made the central feature. Of the latter we will take as examples the cult of Asclepius in ancient Greece and Rome and the Iroquois Indian ritual as observed in the seventeenth century.

The cult of Asclepius is one example of temple incubation, which was a widespread healing technique in the ancient Middle East (Jayne 1962). According to Veith (1965), there were 300 temples devoted to Asclepius in Greece alone at the time of Alexander (300 B.C.) and the system co-existed with the secular medical practices of the Hippocratic tradition for many centuries. It has been exhaustively described by the Edelsteins (1945), with ample translations from contemporary sources. The patients were largely those that had failed to respond to the attentions of secular physicians, and they did not need to be believers in the cult. The patient was first required to bathe and to offer sacrifices to Asclepius. Then he was left to sleep on a pallet in a special room in the temple. During the night he was expected to have a dream in which Asclepius would appear, determine the illness, and tell the patient what to do in order to be healed, the absence of such a dream usually being interpreted as meaning that the patient was unworthy. Asclepius commonly appeared as calm and friendly, never as terrifying, and he might be a bearded older man or a handsome youth. Where the cure was instantaneous, it was achieved in the dream by a touch, a surgical procedure of some kind, or sometimes a kiss. Medicine or a longer treatment régime might be prescribed by Asclepius, either following the current practices of the day or going quite contrary to these. For example, where the secular physician might have ordered the patient to rest, Asclepius would recommend an arduous walk. Occasionally patients would be cured without a dream.

Here are descriptions of two cases recorded on the steles of the famous temple at Epidaurus, descriptions which, like most of these described on votive tablets and steles, refer to a cure after a single dream encounter.

Ambrosia of Athens, blind of one eye. She came as a suppliant to the god. As she walked about in the Temple she laughed at some of the cures as incredible and impossible, that the lame and the blind should be healed by merely seeing a dream. In her sleep she had a vision. It seemed to her that the god stood by her and said that he would cure her, but that in payment he would ask her to dedicate to the Temple a silver pig as a memorial of her ignorance. After saying this, he cut the diseased eyeball and poured in some drug. When day came she walked out sound (Edelstein and Edelstein 1945, p. 230).

A voiceless boy. He came as a suppliant to the Temple for his voice. When he had performed the preliminary sacrifices and fulfilled the usual rites, thereupon the temple servant who brings in the fire for the god, looking at the boy's father, demanded he should promise to bring within a year the thank-offering for the cure if he obtained that for which he had come. But the boy suddenly said, "I

promise". His father was startled at this and asked him to repeat it. The boy repeated the words and after that became well (Edelstein and Edelstein 1945, pp. 230–31).

Occasionally, healing would require much more extended contact with the god, and we have an example of this in the remarkable autobiographical account of Aelius Aristedes (A.D. 117–?187) which has been conveniently summarized for us by Rosen (1969, pp. 110–20).

Aristedes was a prominent, well-travelled orator and author from a wealthy Asia Minor family. He suffered, among other ailments, from severe asthmatic attacks. He had first seen Asclepius in a dream when he was seeking relief at some hot springs in Smyrna, when he was twenty-nine years old, and the god had instructed him to go to his temple at Pergamum. Aristedes obeyed and not only went to that temple but took up residence there for ten years, during which time he became completely dependent on the god and had a host of visitations from him. Of the treatment which the god prescribed for him he writes:

> Indeed it is the paradoxical which predominates in the cures of the god; for example, one drinks chalk, another hemlock, another one strips off his clothes and takes cold baths, when it is warmth, and not at all cold, that one would think he is in need of. Now myself he has likewise distinguished in this way, stopping catarrhs and colds by baths in rivers and in the sea, healing me through long walks when I was helplessly bed-ridden, administering terrible purgations on top of continuous abstinence from food, prescribing that I should speak and write when I could hardly breathe, so that if any justification for boasting should fall to those who have been healed in such a way, we certainly have our share in this boast (Rosen 1969, p. 117).

Aristedes was also called upon to enact a make-believe shipwreck to avoid a real one and to sacrifice a finger to Asclepius, something which he avoided, with permission, by substituting a ring (Rosen 1969, p. 117). Whether he eventually regained his health is not clear, but he lived until he was sixty or seventy years old, long after he had left the temple. It is possible that this type of long-term relationship was more common than the votive tablets describe, particularly among the leisured and wealthy.

The Iroquois idea of using dreams for healing was substantially different, being based on the concept that the soul possessed concealed, inborn wishes which, if not fulfilled at least symbolically, would lead to illness and even death. The most important means of identifying the soul's wishes was by means of dreams, and it was

therefore of the utmost importance that these be monitored and where possible fulfilled. The system astonished the Jesuit fathers at the time of their first contact with the Iroquois in the seventeenth and eighteenth centuries, and the numerous references to dream therapy in the famous Jesuit *Relations* have been reviewed by modern writers (Wallace 1958; Ellenberger 1970). If a dream wish were not clear, it might require interpretation by a specialist, and if a suspected wish did not get expressed in dreams, it might need to be determined by divination. Among the different Iroquois subgroups it was the Seneca that were thought to be the truest believers, and of them we are told (quoted by Wallace 1958):

> The Seneca are more attached to this superstition than any of the others; their Religion in this respect becomes even a matter of scruple; whatever it be that they themselves think they have done in their dreams, they believe themselves absolutely obliged to execute at the earliest moment. The other nations content themselves with observing those of their dreams which are the most important; but this people, which has the reputation of living more religiously than its neighbours would think itself guilty of a great crime if it failed in its observance of a single dream. The people think only of that, they talk about nothing else, and all their cabins are filled with their dreams. They spare no pains, no industry, to show their attachment thereto, and their folly in this particular goes to such an excess as would be hard to imagine. He who dreamed during the night that he was bathing, runs immediately as soon as he rises, all naked, to several cabins, in each of which he has a kettleful of water thrown over his body, however cold the weather may be. Another who has dreamed that he was taken prisoner and burned alive, has found himself bound and burned like a captive on the next day, being persuaded that by thus satisfying his dream, this fidelity will avert from him the pain and infamy of captivity and death—which, according to what he has learned from his Divinity, he is otherwise bound to suffer among his enemies. Some have been known to go as far as Quebec, travelling a hundred and fifty leagues, for the sake of getting a dog, that they had dreamed of buying there. . . .

Sometimes the dream wishes could be fulfilled symbolically, as was the case with Aristedes. For instance, it was considered satisfactory that in place of killing a Frenchman, one warrior should receive the coat of a dead Frenchman. Sometimes the fulfilment would be required not only for the recovery of the individual but for the safety of the group. For instance, from the dream of a warrior who was "wasted, pale, depressed and spat blood" came the instructions: ". . . let there be sacrificed to me ten dogs, ten porcelain beads from each cabin, a collar (belt of wampum) ten rows wide, four measures of sunflower seed, and as many of beans. And, as for thee, let two married women be given thee, to be at thy disposal for five days. If

that be not executed item by item I will make thy nation a prey to all sorts of disaster" (Wallace 1958, p. 178).

However, self-damage based on dreams was also not uncommon, one report describing how a Huron cut off his finger with a seashell because he had dreamed that his enemies were performing this amputation.

Mystical States, Religious Ecstasy, and Meditation

The frequency with which ordinary individuals experience altered states of consciousness during their waking hours has been shown by two recent public opinion polls (Back and Bourque 1970; Greeley and McCready 1973) and by more intimate enquiry (Laski 1961) to be much higher than was formerly thought. In consequence, although such experiences were formerly studied only for their religious or philosophical implications (Bucke 1901; James 1902), it should come as little surprise today that such states, whether spontaneous or deliberately induced by meditation, are now being used for healing purposes (Owens 1976). As a result, the American Psychiatric Association set up a special subsection on Mysticism and Religion in 1974, and there are already two journals devoted to the exploration of the field, namely the *R. M. Bucke Society Newsletter-Review* and the *Journal of Transpersonal Psychology.*

The salutary effect which such states can produce has been described by Koestler (1954). While waiting to be taken from his prison and shot during the Spanish Civil War, he was writing mathematical formulae on the walls of his cell when he realized that one of these "represented one of the rare cases where a meaningful and comprehensive statement about the infinite is arrived at by precise and finite means." A mystical experience swept over him with this realization, and when it passed there was a "serene and fear-dispelling aftereffect." Repetitions of the state occurred two or three times a week during his imprisonment and at longer intervals subsequently, with the same relief from fear and uncertainty. A similar description from my own case records is as follows:

> At the age of 21 I experienced a period in which I was in an acute state of ecstasy lasting about three days, with an acute awareness of everything and a feeling of unutterable joy and happiness for which there was no reason. Since I am a very unexcitable, matter-of-fact person, and never subject to either ups or downs in mood, this was a most remarkable experience, almost as if I was at one with my Maker. This way of feeling seemed to involve me in a responsibility for everyone which I feared to accept, so I deliberately tuned it out. The experience

was never repeated. I am now 52, a working mother with four teenage children and an alcoholic husband. The experience has helped me all through life.

Koestler could find no way of inducing the experience voluntarily, but all the major work religions except Zoroastrianism appear to have developed meditation techniques and spiritual exercises as a means of attaining such states (Huxley 1946; Zaehner 1957). A case can be made for regarding these techniques as institutionalized forms of psychotherapy. Osborne and Prince (1966) have discussed the similarities and differences that are to be found when one compares the small groups of adepts who have devoted themselves to the practice of these techniques in each religion (Sufis in Islam, Hassids in Judaism, and various Yoga groups in Hinduism) with persons who have undergone a successful psychoanalysis.

Both psychological and physiological hypotheses have been offered to account for the therapeutic effects which such mystical experiences bring. Psychologically they have been viewed as regressions in the service of the ego (Maupin 1962) and also as the result of ". . . the knowledge that the self is part of the All and therefore in some sense immortal; that the fundamental nature of the All is beneficient; and most important, that these beliefs are indubitable because they derive from immediate experience" (Prince 1973). On the physiological side it has been suggested that mystical experience is an activation of a form of consciousness associated with the right cerebral hemisphere as opposed to the left, i.e. of a holistic, non-verbal, analogical state as compared with a sequential, verbal, and digital one (Ornstein 1972; Fischer 1972). As a result of this, the individual is seen as having increased adaptive powers thanks to a fuller exploitation of all his coping mechanisms.

One of the limitations to seeing the mystical state as a generally useful, therapeutic technique is the fact that many practitioners only attain an altered state of consciousness after years of effort, or never at all. Meditation alone, without the mystical state, has also been found therapeutic, however, and this has been receiving some attention in recent years. Transcendental Meditation (TM) was initially proposed therapeutically as an alternative to drug abuse (Robbins 1969; Benson and Wallace 1972), but it has since been advocated as a means of self-actualization (Seeman et al. 1972) and for reducing tension (Goleman 1971)). Tested experimentally, it has been found to reduce stress in 65 per cent of meditators and produced reportedly adverse effects in only 8 per cent (Prince et al. 1975). At the same

time, Glueck and Stroebel (1975) have produced convincing evidence that it can be of value in the treatment of psychiatric disorders in a hospital setting. These effects are believed by some to be due to "de-automatization" (Deikman 1963, 1966), a process considered to be an "undoing" rather than a regression, and claimed to occur with hypnotism as well (Gill and Brenman 1959). However, physiological changes have also been observed to occur during meditation, and this has given rise to a competing theory, that of the "trophotropic response" described by Hess (1957). This is the opposite of Cannon's "fight or flight" response and is characterized by decreases in the heart rate, oxygen consumption, respiratory rate, and arterial blood lactate level, but increased skin resistance and slow wave activity in the brain. As well as being linked to ecstatic and meditative states (Fischer 1971), this has been claimed by Benson et al. (1974) to be produced by other therapeutic techniques such as progressive relaxation (Jacobson 1938) and autogenic training (Luthe 1963). The physiological effects of transcendental meditation are said to be greater than those of sleep (Wallace 1970).

Trance and Dissociation States

Dissociation states or trances have been traditionally linked to the mystical states and meditation that we have just been considering, but are distinguishable from the latter in several important ways. For instance, a full memory is usually retained of the experience in mystical states and in meditation whereas it is lost in dissociation. Yet dissociation is also different from dreaming, since the latter involves loss of ego control whereas this is retained, in a certain sense, in dissociation; and for the same reason dissociation is different from a psychosis. In some Balinese villages everyone has been found to be able to dissociate (Belo 1960), and Bateson and Mead (1942) assumed that all members of that culture had the power; but among the !Kung Bushman community studied by Lee (1968) only about half of the adult male population were involved in such practices, although these were an important part of their tradition, and in most Euro-American cultures dissociation is usually taken as evidence of individual pathology, even though it does occur in a few religious settings (La Barre 1962).

For present purposes, a dissociation state can be defined by reference to the three characteristics of (a) an altered state of consciousness, (b) the retention of more or less full control of ego functions, including motor and sensory systems, and (c) a more or less complete

amnesia for the experience after the dissociation is over. Its value for psychotherapeutic purposes, something which is well recognized in many cultures, lies in the fact that it permits full purposive behaviour without individual responsibility, since that responsibility is seen as having passed to some other person or agency. In addition to its use in healing, dissociation is exploited by actors playing in culturally important dramas, for instance among the Calabari (Horton 1960) and the Dahomians (Herskovitz 1938). In such dramas the roles to be enacted are usually clearly defined, but there is also considerable leeway for personal improvisation, as in the Bori cult (Oesterreich 1966) and among the Yoruba (Prince 1974), something which undoubtedly enhances the value of the dissociation for the individual actor. Similarly, where dissociation serves religion rather than cultural history, the behaviour of the possessed can range from being quite circumscribed to being left very much to the individual as in some of the Christian-influenced cults in Accra (Kilson 1968).

Physiologically, dissociation states are virtually an unexplored subject, their relationship to sleep walking, hypnotic somnambulistic states, and psychomotor epilepsy being unknown (Prince 1968). Nevertheless, in radically different settings and usages they have been found to share a number of characteristics suggestive of a common neurophysiological basis. These are: (a) induction through dancing or music featuring a marked and rapid beat; (b) preparation by starvation and/or overbreathing; (c) frequently a brief collapse or swoon on commencement; (d) frequently hyperactivity after the swoon by neophytes; (e) a fine tremor of head and limbs during the dissociation, sometimes accompanied by some loss of sensory acuity; (f) exhaustion and sleep soon after return to normal consciousness; (g) mild euphoria after recovery from that sleep, but with more or less complete amnesia for the period of dissociation.

In the use of dissociation for psychotherapy, we find two broad patterns: in one it is only the healer who dissociates while in the other it is the patient or both. The Zar cult (Kennedy 1967; Lewis 1961; Modaressi 1968) is a well-known example of a therapeutic system in which both patient and healer dissociate. Field's (1960) excellent description of Ashanti healing shrines exemplifies the type of system in which only the healer dissociates. When it is only the healer who dissociates, the therapeutic mechanism seems simple enough, since the power of the healer's suggestions is greatly increased when these appear to come from a supernatural spirit speaking through the medium. When the patient himself becomes dissociated, however, a

more complex explanation of the therapeutic process is called for. There may be cathartic effects from the acting out of otherwise prohibited roles, and being the mount or mouthpiece of a god can result in accrued social status (Mischel and Mischel 1958). However, since the dissociation usually occurs in company, the support provided by group membership can also be important. Sargant (1957) has suggested a physiological explanation. Following Pavlovian theory he believes that the excessive sensory stimulation of the dancing and drumming produces a "transmarginal inhibition" with resultant collapse, loss of formerly conditioned patterns of behaviour, and a markedly increased susceptibility to the (hopefully beneficial) suggestions of the healer or priest. He sees a similar mechanism being involved in electro-convulsive therapy, brain-washing practices, and Wesleyan types of evangelical preaching and conversion. However, before one seeks an explanation for the therapeutic effects of such dissociations, it might be well to seek proof that the effect exists, since reports on the subject are still too largely anecdotal. Observers have commented on the value of such treatment for the neuroses and sometimes for the psychoses (Kiev 1962; Sargant 1967; Torrey 1972; Wittkower 1970) and there are a few individual case studies to be found (Kennedy 1967; Lubchansky et al. 1970; Prince 1974), but much work is required to really evaluate the outcomes.

Shamanism and Drug-induced "Ecstasy"

Bridging the dissociation and mystical states discussed above but bringing in a new factor, the use of drugs, is the type of therapeutic alteration of consciousness associated with the great circum-Pacific shamanic traditions, using the term "shaman" in its narrower sense. These shamanic traditions, which seem to have spread from central Eurasia east and south to Southeast Asia, the islands of the Pacific, and the Americas, all involve the idea of acquiring an ecstatic experience with the aid of drumming, dancing, asceticism, or drugs (Eliade 1951; Wasson 1968). Linked to that central tradition are usually a series of related beliefs and practices that can be found thousands of miles from their presumed Siberian homeland, as for instance among the Huichol of Mexico (Furst 1973), the Mapuche of Argentina and Chile (Faron 1968), the Warao of the Orinoco delta (Wilbert 1973), and the Himalayan shamans of Nepal (Hitchcock 1973). Most typically it is the shaman and not his patients who enters into ecstasy, dissociation is not marked, and the ecstasy is apparently unrelated to drug use; but the patient as well as the healer may

experience an altered state of consciousness, dissociation similar to that found in the Zar cult may occur, and drugs may be used. Fundamental to the system is the belief that the shaman or a spirit assistant voyages to the upper world of the spirits or the underworld of demons to obtain help for the patient, perhaps rescuing the latter's kidnapped soul, but there are often sleight-of-hand tricks to demonstrate the shaman's supernatural powers, blood sacrifices, drum-beating, and similar accessories.

Between shamanic ecstasy and the dissociated states mentioned earlier there is, in typical cases, a clear distinction. In the dissociated state the subject engages in highly coordinated motor activity but has amnesia for the period of the altered state. In shamanic ecstasy the shaman falls to the ground in an apparently unconscious state after a period of singing, drumming, excessive smoking, or dancing, but after some minutes revives and is able to report what his spirit has allegedly been doing in the interval. That is broadly true in the Hindu Kush (Siiger 1967), Siberia (Eliade 1951), and in some Amerindian groups (Murdock 1965). However, on leaving the Siberian heartland, two main, diverging streams of shamanic tradition are to be found. In Southeast Asia and the West Pacific islands, the system can adopt a form which is at times indistinguishable from the dissociation phenomena described in the earlier section. In Korea, for instance, emotional illnesses are treated by a sixteen to twenty-four hour ritual in which the shaman takes on the voice and manner of a possessing spirit and delivers oracles to the patient during this state (Kim 1972, 1973). In Taiwan, where it is mainly children's illnesses that the shamans treat, the latter are possessed by spirits who conduct their own interviews with the children's parents, and the shaman remembers nothing of this on coming out of his trance (Tseng 1972). Similar patterns have been reported from Japan (Yoshida 1967; Sasaki 1969), Okinawa (Lebra 1969), Malaya (Kramer 1970), Nepal (Hitchcock 1973), and even to a limited extent from Siberia itself (Eliade 1951). In the Americas, on the other hand, such dissociation states are much rarer and what is most typical is a form of drug-induced ecstasy.

The variety of plants and fungi used as a source of hallucinatory and ecstasy-inducing drugs is remarkable. Descriptions of them abound, with perhaps the most comprehensive and available being by Schultes (1939, 1972). Mescaline, D-lysergic acid, psilocybin, dimethyltriptamine, tetrahydrocannabinol, scopolamine, and harmine are among the hallucinogenic drugs involved. We can take the prac-

tices centred on the harmine-containing vine *ayahuasca* as our example.

According to Dobkin de Rios (1972) and Rios (1973), an infusion of segments of the vine, often with other plants added to increase the hallucinogenic effect, is used widely in the upper Amazon around the city of Iquitos in northeast Peru. A healer and his patients collect in a clearing in the forest and pass a cup of the ayahuasca potion around, the healer himself partaking of it last. In about half-an-hour visionary experiences begin, and while they last the therapist sings special healing songs and shakes a bundle of dry leaves which make a soothing, rustling sound. For the most part the patients are left to their own experiences, but the healer will from time to time pass among them, enquiring about visions and perhaps interpreting them, blowing tobacco smoke in their faces, and, if a patient complains of localized pain, sucking at the area and sometimes palming a thorn or worm which is named as the cause. During the hallucinatory experiences, some patients see the evil leaving their bodies, gain a sense of sudden strength from the healer's smoke or fingertips, and perhaps gain a vision of the person who has been damaging him by witchcraft. If the latter occurs, or if the healer himself gets such a vision, then he is able to turn back the damaging influence to its source. Visions can also be of various forest creatures, notably of a large snake called the "mother of ayahuasca," and if the patient can confront that visionary snake without fear, then the latter will teach him his song and this is a sign that he will be cured. The sessions start about ten p.m. and may go on until dawn.

Around Iquitos, these healing sessions are used mainly by a culturally mixed population of low S.E.S. undergoing rapid culture change, and the psychiatrist (Rios 1973) has estimated that 75 per cent of the patients have psychiatric disorders. However, in the adjacent rain forest, ayahuasca may be used by the entire adult male population (Kensinger 1973), while among the Jivaro (Harner 1968) and their neighbouring Sharanahua (Siskind 1973), it is only the shamans who use it, although almost every male can become a shaman. Where all males participate, the hallucinatory experiences tend to be considered frightening and unpleasant but necessary so that ill-fortune can be foreseen and avoided. Where it is only the shamans who take the drug, then it is considered that this enables them to establish contact with their supernatural powers, which may appear as visions of huge, gaudy butterflies, jaguars, or snakes. Songs are often sung on these

occasions, their nature depending on the patient's problem, and large amounts of tobacco juice may be drunk.

The induction of hallucinatory, altered states of consciousness by means of drugs is thus a therapeutic device widely employed within the shamanic tradition, but these states are often only induced in the shaman himself, not the patient. So, how does this help the patient? The simplest mechanism is by reinforcing suggestion, as was discussed with respect to healers who use dissociation. However, if it is a case of psychosis that is being treated, then the shaman's ecstasy may have an additional value in that it shows the patient how it is possible to enter the realm of the supernatural and have supernatural experiences and then return unscathed. Also, if the particular tradition is one which finds its shamans mainly or wholly from among persons that have had a spontaneous mystical or hallucinatory episode (micro-psychosis), then the drug-induced experiences can strengthen the shaman's confidence in his power to handle other such experiences in himself and in others. If it is the patient who also takes the drug, then the therapeutic process can be similar, but of a higher intensity. There is an important difference between intellectually assenting to a spirit world and actually communicating with its denizens: between believing that the shaman can suck out one's hurt and actually hallucinating the pathogenic object being removed. Finally, the therapeutic experience may sometimes parallel that of a naturally occurring psychosis, i.e. by breaking down and reconstituting an overly rigid ego.

Conclusions

In this brief sketch, an attempt has been made to place some of the world's psychotherapeutic systems in a new perspective; to see them as attempts by healers to artificially generate and elaborate a variety of self-righting mechanisms that sometimes come spontaneously into play when individuals are called upon to cope with overwhelming life stresses. This view calls for a considerable shift of values for psychiatrists who have almost always regarded dissociated states, psychoses, and even most religious experiences as pathological phenomena. We will conclude by summarizing some of the ways in which these endogenous mechanisms may be therapeutic and in the process draw some contrasts between such non-Western systems and psychoanalysis.

1. When the healer dissociates or enters a shamanic ecstasy, it is clear that an important therapeutic element is simply the heightening

of the previously mentioned exogenous influences of the healer upon the patient. When a healer is regarded as speaking with the voice of an omniscient spirit or as having just returned from travels in spirit realms, his words gain enormously in suggestive power.

2. Individuals who experience these altered states of consciousness (regardless of whether they are spontaneous or induced) commonly feel favoured as chosen ones. They often experience significant increases in self-esteem.

3. As we have seen, dissociation states also permit powerful cathartic effects resulting from the acting out of otherwise unacceptable roles or impulses. This effect is distinct from suggestion and probably also accounts for some of the therapeutic effects of dreams, shamanic ecstasies, and psychoses. The relationship between these expressive or cathartic effects and psychoanalytic theory is interesting. Psychoanalytic theory would hold that symbolic or real expression of dammed-up unconscious impulses would achieve only temporary therapeutic effects. Permanent release from conflict could only result when the censored impulses are affectively and cognitively linked with earlier and current life experiences, that is, when insight is achieved. Many of the examples cited in this paper have a bearing on this problem; for example, this theory would hold that Aristedes involved with the Asclepian dream therapy would repeatedly need to express his masochistic drives (cutting off his finger, immersions in freezing baths, and so forth) in order to remain stable, which was in fact the case. Some Iranian sailors need regularly to suffer the beating of the father-of-Zar's bamboo stick (Modaressi 1968). In fact this interpretation does seem to make sense in many of the forms of non-analytic therapy that we have reviewed. Religious rituals used in healing are characteristically cyclical and periodic as opposed to psychoanalysis, which, in theory at least, provides a way out of the repetition compulsion. Presumably, if life difficulties are transitory, a few cathartic expressions in dreams or dissociated states may suffice to maintain equilibrium. More deep-seated or long-term life problems might call for much longer periods of involvement in these cathartic systems.

4. But there are other more obscure psychotherapeutic mechanisms that seem to come into play during altered states of consciousness. As we have seen, religious experiences such as mystical states, religious conversions, and some psychotic states bring about radical changes in values and attitudes. Whether such transformations are best interpreted as neurophysiological mechanisms akin to brain-washing

(Sargant 1957) or as dissolutions and rebuilding of the ego (Freud 1953a) remains speculative. In any case healing mechanisms in addition to suggestion and catharsis seem to be involved.

5. As noted in the introduction and exemplified in the Asclepian and Iroquois dream systems, one of the important tasks of the healer is to help the patient socialize his destructive impulses. Thus the Iroquois patient was induced to substitute the coat of a dead Frenchman in place of the actual dead Frenchman demanded by his dream, and Aristedes was able to substitute his ring for the amputation of his finger. Such symbolic substitutions are ubiquitous in non-analytic therapeutic systems. It should be noted, however, that similar substitutions may also appear endogeneously and without the help of a healer. John Perceval (1840), for example, described how his attitudes toward his auditory hallucinations changed over the years of his psychosis. At first he believed that destructive commands were to be taken literally but later he concluded that they were to be understood symbolically. For example, when the voices commanded him to wrestle with his attendant, he understood that what was really meant was that he should resist his attendant's ideas rather than assault him physically. However, the trained healer should presumably be able to bring about such substitutions more rapidly and more deftly.

6. Although psychoanalysis may be a superior form of therapy because it brings about more complete integration and understanding of conflictual drives, it is grossly limited in its applicability. Only highly self-aware and Westernized individuals can become significantly involved in the analytic endeavour (Prince 1963; LeVine 1973, p. 208). On the other hand, dissociation states, psychoses, and religious exercises are much more universally applicable.

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