

Medical Anthropology (13) "**Shamanic paradigm of ethnomedicine**"

based on Chapter 10 (pp.385-428), In: Winkelman M "Culture and Health: Applying Medical Anthropology", Jossey-Bass, 2009.

Shamanism

- Hunter-gatherer shamans and the related shamanistic healers are seen universally, but not fully understood
- Modern origin of the concept of shaman came from outside Western cultures, which caused bias in understanding
- Shamanistic practices (incl. use of ASCs [altered state of consciousnesses] for community healing rituals) are widely found
- Modern impact of shamanism on Western world began in 17th C in "enlightenment" context (Flaherty 1992).
 - Modern origin of "shaman" in English came from Tungus (Siberia), Europe accepted it as sensational and outlandish, producing a view of the shaman as a madman and fraud, "exotic other", an irrational side of human nature.
 - Early nonprofessional ethnographic studies led to more complete descriptions of shamans by 20th C, linked with translations of earlier sources. In 20th C, professional studies raised interest in what appeared as significant cross-cultural similarities (seen in almost all foraging = hunter-gatherer societies) in shamanic practices: Considered as a universal form of religion and ritual healing intrinsically tied to human nature.
 - ASC has psychological and physiological effects with adaptive benefits: Brain-wave discharge patterns synchronizing information processing, producing an integration of the behavioral and emotional dynamics of the lower brain into the frontal cortex. Shamanic rituals stimulate autonomic nervous system (through serotonin neural pathways, release of endogenous opioids) and associated emotional mechanisms to expand the innate capacities of visual symbolic system of dreams that provides significant representations of self, others, and emotional life.
 - Contemporary application of shamanism to health problems is found in the use of drumming circles and other shamanic practices for the treatment of addiction (cf. <http://www.shamanism.org/articles/article14.html>).

Ecstasy, spirit world, and community

- Eliade (1964) "Shamanism: Archaic Techniques of Ecstasy" revealed cross-cultural patterns: Core of shamanism is the use of "techniques of ecstasy" in interaction with the spirit world on behalf of community.
- Shaman's ecstatic state = ASC ~ magical flight ~ the shaman's soul leaves his body and fly to the sky.
- Shaman controls the spirits to accomplish many tasks
 - Healing: assisting in the recovery of lost souls and protection against evil spirits
 - Divination (予言), clairvoyance (千里眼), diagnosis: personal animal spirits travels to get information
 - Obtaining food, by directing hunting activities
- Shamanic ritual is the social activity of greatest importance in hunter-gatherer societies: Basic cosmological, spiritual, religious, intercommunity, healing activities

Shamanism as a cross-cultural phenomenon

- Systematic cross-cultural studies illustrate empirical features of shamanism (universal or not?)
 - Cross-cultural studies of magicoreligious practitioners (based on many studies by Winkelman et al.) established universals of shamanism. Whether in Africa, Asia or Americas, hunter-gatherer societies had the same kinds of healing practitioners (=shamans).
 - Cross-cultural characteristics of shamans: Empirically derived characteristics of shamans = highly esteemed charismatic leaders (initiating most important collective ritual activities, organizing communal hunts, deciding group movement), who provide healing and also attacking others with spirits, control animal spirits.
 - Physical healing
 - Biological bases of shamanic universals
 - Shamanistic healers
 - Evolution of the shaman

The integrative mode of consciousness

- Consciousness can be classified into 4 conditions
 - Waking consciousness
 - Deep sleep
 - Rapid eye movement
 - Transpersonal, mystical, transcendental consciousness, characterized by slow brain wave patterns in the alpha and theta range ~ exclusive to humans ~ integrative consciousness ~ accessed in various mode by different culture.

ASCs (Altered State of Consciousnesses) in the integrative mode of consciousness

- Shamanic ASC
- Possession ASCs
- Mediative ASCs
- Dream and shamanic consciousness
- Functions of shamanic ASCs

Neurognostic structures

- Animism: spirits as self and other
- Visionary experiences and healing
- Shamanic flight as a body-based experience
- Shamanic initiatory crisis: death and rebirth: Are shamans psychopaths?

Bases for shamanistic therapies

- Physiological basis of shamanistic therapies (incl. music and dances as expressive therapies)
- Opioid release and emotional healing through community bonding
- Social and emotional healing
- Soul loss

- Possession
- Meditative detachment
- Spirit relations and self
- Ritual transformation of the self

Shamanic roots in contemporary religious experience and healing

- Contemporary religious experiences
 - Confirming: self's awareness of a divine other
 - Responsive: divine's awareness of self
 - Ecstatic: union of self and a divine other
 - Revelation: messages from a divine other
 - Control: the self dominated by the divine other
- Shamanic techniques in contemporary psychotherapy
 - Journeying and power animals in attachment dynamics
 - Visions as psychobiological communication
 - Containment and release
 - Unfolding unconscious potentials
 - Individuation: self-integration
 - Shape-shifting
- ASC therapy for drug rehabilitation ~ "Drumming out drugs"

<Debate of next week>

- (Source: Strathern A, Stewart PJ [2010] *Curing and healing: Medical Anthropology in global perspective*. 2nd Ed., Carolina Academic Press, Chapter 8, pp.123-124) The indigenous Walbiri doctors in the North Kimberley area of Western Australia are not persons who have healed themselves of sickness, as shamans are commonly said to be. They are under pressure from mission health personnel, who sometimes regard them as heathens (barbarians) and interferers. The Walbiri doctors themselves say their *mabanba*, healing spirit, is weakened by white man's medicine. In interpreting illness, they may say it is caused by *millelba* or by *tjanba*, punishing spirits, or possession of *mamul* spirits, or *yarda* sorcery, in which solid objects are projected into people's bodies. The *mabanba* familiar can fly out and look for the source of sorcery that has been made against a sick person. "*Mabanba* embodies the omnipotence of doctors, as the object psychology of the people requires" *Mamul* spirits attack a victim's kidney fat, which then has to be replaced by the Walbiri doctor. Poison sticks of *mulga* tree wood are used to sing *yarda* sorcery into people. (skip) John Cawte (1974) discusses a number of individual victims of sorcery whom he thought to be suffering from paranoid schizophrenia, pathological personality, depressive state, hypochondriasis, organic brain deterioration, and carcinoma. Issues are (1) Are these descriptions intended to suggest that the ideas about sorcery have in the first place originated with such individuals? (2) If so, how? (3) If not, what about the cases of other victims who were not psychotic, etc.?
- Like this case, if the Western medical practitioners make conflicts with shaman, which should be prioritized **for indigenous people**? Of course, as some papers suggested (eg. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410250/>), culturally appropriate modern medical practice can be found, there is no problem. However, sometimes there is no way of mutual acceptance. If the Western medical professional found something clearly giving damages on the patient's body being done by shaman, the one cannot ignore and stop it. Please consider such an extreme situation from the perspective of the patient who is indigenous.
 - Prop side: Shaman should be prioritized.
 - Opp side: Western medical practice (by mission health personnel) should be prioritized.