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Shamanism and the Medical Encounter

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Case 1: *It is 3:00 a.m. and I am awakened suddenly from deep sleep by an image of my patient M. drifting out into the cosmos. Inexplicably, I go downstairs and sit in meditation for a few minutes, finding myself saying, "M. come back; come on back," over and over again. I then go back upstairs to bed and to sleep.*

I find out a week later from an angry M. that she had once again tried to kill herself, this time with an amount of medication which she calculated to be twice the minimum lethal dose listed in a toxicology text. She was shocked to find herself alive the following morning. She reported taking the pills around 11:00 p.m. the night I had been awakened. She carried the diagnosis of borderline personality disorder, had been quite unstable, and had been working with both her psychiatrist and me as her internist. There had been no inkling of her plan at our last visit two weeks previously, nor any contact between us by phone or message.

Case 2: *B. is a physician in her mid-60's who requested a soul retrieval (1) to resolve her chronic depression for which she is on maintenance medication, and (2) to improve her breathing (she has asthma and uses medication as needed for flare-ups).*

We began the session with a brief ceremony to welcome the help of the spirits in returning any soul parts back to B. As the sound of steady drumming began through an audiotape player in the room, I relaxed deeply and moved into an expanded state of awareness, where a Helper met me and took me down a long, dark tunnel to a little girl sitting on the floor in the darkness with one small candle. She was about 3-5 years old, with dark hair, and looked somber. She gave the impression of being "holed up." Her soul essence was nearby: a soft glow, in a crate with wide open slats. The essence agreed to come with me as long as the crate remained around it, for B. to unwrap later.

I was then taken to another place. A rabbit jumped back and forth in front of me over and over again. It was small, energetic, and joyful. It lay on the crate in a protective gesture, and wanted to return to B. to help support the returning soul part. I brought both back and blew them into her heart and head, as the soul retrieval process required, to move them from non-ordinary to ordinary reality (Ingerman 1991). She drew in a deep breath each time I blew in. She began crying and laughing as she heard my story of the journey, and said, "The crate is my ribs for breathing." She told me of being beaten in nursery school between the ages of 3-5 for not speaking German (she had emigrated with her family from Russia to Germany during that time). She had had no conscious memory of this; her mother had told her about it. She then described a good family life after 5 years old. She also reported seeing a bunny each year in her garden as she worked there, and this year it had stayed only a few feet away from her.

In my last follow-up conversation with her two years after the soul retrieval, she has had no recurrent bouts of depression; in fact, she reports a rather joyful 24 months. She remains on the same amount and type of antidepressant, though it had not held her depression in check in the past. She also reports that

although she continues to use inhalers for her asthma, it is well-controlled with half the amount of medication she had required before. She continues to have much more energy and creativity daily, and has been actively painting and making wall hangings. All these she reports as temporally related to the soul retrieval, with no other significant events she could correlate. (See report of "B" at the end of this article, along with a drawing of her vision.)

These cases, and many more from fifteen years in training as a shamanic practitioner, have rocked my concepts of reality and of the nature of the medical encounter. These experiences do not fit the usual biopsychosocial, psychoanalytic, or humanistic explanatory models of health care. How does one make "sense" of contacting and intervening with another person beyond the five physical senses? How is it possible to obtain specific information that has not been given to you verbally or non-verbally through ordinary channels?

Although these experiences defy usual explanations, I feel they should not be dismissed as "epiphenomena" or curiosities. I think they represent true phenomena that are about our relationship to a Larger Order of Things. These phenomena take many forms, and may seem confusing as they are articulated through the particular lens the observer is using. A Jungian analyst might report the phenomena as "synchronicity" or as an aspect of the "collective unconscious;" a religious person as possibly "angelic or divine intervention;" a parapsychologist as "out of body" or "psychic" experiences; a shaman as working with "helping spirits." It seems to me that it is not so important what we call this larger relationship, but that we recognize its powerful potential in our lives, and particularly in work with patients.

Our ability to know about events through time (precognition), to send "thought messages" to someone at a distance, or to heal at a distance has raised legitimate questions of whether the mind is limited to existence in the physical brain (Dossey 1989). Scientific studies over the past several decades have been steadily building up data that verify a reality beyond the 5 senses. Daniel Benor, M.D., made a survey of studies of spiritual healing published in English. He found 191 controlled experiments dealing with the healing effects on enzymes, red blood cells, cancer cells, yeasts, plants, animals, and human beings. Of these, 83 studies showed statistically significant results at a probability level of less than 0.01, and 41 at a probability level of .02 to .05 (Benor 2001).

There are no more maps, no more creeds, no more philosophies. From here on in, the directions come straight from the universe.

Akshara Noor

This quote was my journal entry on January 27, 1985. I had studied with a spiritual healer since 1977, and wanted to explore more about that process. I was attracted to shamanism for two reasons. The first was its organized approach to exploring "nonlocal" phenomena, making their occurrence less random. The second was an unusual encounter with a great horned owl, that flew straight out of the woods to my feet in broad daylight and stood staring up at me at the very moment I was contemplating studying shamanism and its inherent connection to animal guides! The term "shaman" comes from the Russian Tungusic word *saman* (Eliade 1964), and means one who journeys in expanded consciousness between "ordinary reality" (our 3-dimensional world) and "non-ordinary reality" (that dimension in which everything is "alive" or spirit-filled, including all of nature and inanimate objects). The practice is at

least 12,000 years old and is the first organized form of healing. The shaman's purpose is to make contact with spirit helpers in non-ordinary reality to bring back information or healing for individuals or for the community. It is actually the journeying process that distinguishes it from other forms of spiritual healing. A shaman can use a variety of methods for altering his consciousness in preparation for journeying: a sonic driving sound and rhythm such as drumming (frequently producing predominant frequencies in the theta range of 4-7 cycles/second – Harner 1980), rattling (a higher frequency input), chanting; intense physical states such as fasting, sleep deprivation, prolonged dancing, and heat from sweat baths; and psychotropic plant substances.

Although the shaman may have served several roles in early tribal societies -- healer, priest, finder of game, judge -- shamanism is not synonymous with religion. It is, however, inextricably linked with spirituality: in a shamanic state of consciousness everything is alive, and all space is sacred. This contrasts with the more familiar ordinary state of consciousness in which we conduct most medical care. In shamanic work, the spirits, rather than the therapist, are in charge and guide the process of treatment. The therapist is trained to be a "listening ear," the shaman to be a "hollow bone" to allow the spirits to move through him for healing.

Working in a shamanic framework has allowed me to think more richly about the factors contributing to a particular illness and to develop a broader base of therapeutic interventions as I work with a patient. I am struck by the exquisite sense of relationship, both with the patient and with a Larger Process, that the shamanic work provides in its 3 basic forms: healing, divination, and psychopomp work (the conducting of souls to the afterlife).

Healing

The shaman sees three major causes of illness: (1) The first is *loss of power*: clues pointing to this diagnosis might be chronic types of problems such as recurrent upper respiratory infections, chronic depression, chronic misfortune. The shaman's role in treating this form of illness would be to journey to non-ordinary reality and ask his helping spirits to recover a lost Power Animal, and to bring it back to the patient in ordinary reality. (2) A second major cause of illness is *spiritual intrusion*: clues to this diagnosis would be a more localized problem such as ulcer, localized pain, cancer. To address this problem, the shaman's role would be to remove the intrusion from the patient's body and neutralize it. It is worthy of note that the shaman does not see the intrusion as evil but rather as misplaced energy, which has entered through an opening or vulnerability in the patient's own power or vitality. The vulnerability is felt to originate from negative thought forms generated by the patient, especially when the emotions are blocked from expression. (3) A third major cause of illness is *soul loss*: here "soul" is considered to be one's essence, life force, or vitality. When a person suffers an emotional or physical trauma, a part of their soul disconnects or splits off in order to survive the pain. It goes into non-ordinary reality to wait until it is brought back. Sometimes it returns on its own; more often not. Symptoms of soul loss might include dissociative disorders, addictions, post-traumatic stress disorder, and unresolved grief. Patients often describe this by saying, "I've never been the same since . . ." The shaman will journey to find help in locating the missing soul part and bring it back if it is willing (Ingerman 1991).

Psychopomp Work

The shaman may also escort the souls of the dead that remain Earthbound, if they are trapped there. From a shamanic standpoint, I think I inadvertently called back the soul of my patient who had just attempted suicide; this event occurred spontaneously before I had received any shamanic training. Since much of my work is in counseling people facing life-threatening illness such as HIV disease or cancer, it is very gratifying to be able to offer assistance to help them experience a sense of completion of this life and a sense of moving beyond. In an ongoing HIV group I facilitated for several years, I taught them to journey to non-ordinary reality through drumming, and then invited them to ask to be shown the path they would take at the time of their death (an experience I had had in my own shamanic training). Seven of the eight had very positive and deeply felt experiences (the eighth one reported pleasant relaxation). Each was different: one reported geometric figures in multiple spatial alignments; another a pastoral scene; another mostly light and deep emotion. As important as the reassurance they felt was receiving specific information that was helpful to them for conducting their present lives.

A colleague in my shamanic training found a council of her own ancestors on one of her journeys. The council asked her to do psychopomp work for some of them. As she completed their requests, she was surprised and moved to find relationships within her present-day family changing and healing without her having informed any of them that she was doing this work.

Divination

In gathering information for self or others, the shaman constantly looks for signs of the sacred domain at work in daily life. (1) One form of divination is *synchronicities*, the phenomenon of *meaningful coincidences*. I remember driving through a busy interstate interchange while trying to decide about whether to bring up the spiritual dimension in a support group I was starting that evening. At that moment, a large hawk flew right to my windshield, spread its huge wings at me, and veered off into the middle of dense traffic. I took it as a sign to “pay attention,” and connected the two – I had learned that for many cultures eagles and hawks represent spirit messengers as they fly between the worlds. “I’ll talk about it!” I said to its disappearing back. In fact, I have come to assume that everything that happens to me may have an important message, particularly things that seem to be negative. So if multiple roadblocks keep coming up as I try to push my will through on a pet project, I am learning to stay open to what this might be telling me -- which paradoxically keeps me more connected to the Larger Order of Things rather than pushing me away. (2) A second form of divination is *reading patterns*: casting runes, looking at patterns on rocks like a Rorschach inkblot test, and walking through nature “seeing” what you notice while holding an important question in mind are all some associative ways to open to deeper information. (3) A third form is *journeying*: asking a question of spirit helpers directly in non-ordinary reality is a common form of gathering information. (4) Perhaps the most familiar to all of us is *monitoring our dreams* for important messages: in many cultures the dream state is considered an active part of one’s life. People can learn to distinguish between garden variety dreams and Dreams -- the latter being visitations from spirit as the dreamer engages non-local Mind. Dreams can bring information, precognition, and herald illness or healing before they manifest in the physical. A shaman would consider dreaming one way to enter non-ordinary reality, though not necessarily with

the same intent and control as entering it from a conscious, waking state. In *Conscious Dreaming: A Spiritual Path for Everyday Life*, Robert Moss (1996) offers an excellent set of tools for working with this interface, particularly in journeying back into a previous dream which one might have had, to explore its message further.

Shamanic Counseling

Anthropologist Michael Harner has adapted shamanic techniques to western and psychotherapeutic settings to develop “shamanic counseling,” in which a counselor/shamanic practitioner teaches the patient how to journey to non-ordinary reality and facilitates the process, so that the patient gets his own answers directly from spirit. I have found this method particularly helpful with my patients, and I use taped or live drumming, or music with embedded binaural beat frequencies, to alter brain waves into the alpha and theta ranges. After several sessions, most people can continue to do it on their own.

Case #3: *One patient, C., whose son had been killed in an accident 3 months before, had been hospitalized for depression and attempted suicide after his death, and had been unable to go back to work. At an initial consultation meeting, she reported feeling her son around her at times, and longing to open to him, but afraid she “wouldn’t want to come back.” I assured her I could get her back if she wanted to experience the contact more deeply. At our next meeting, I used music with embedded binaural beat frequencies, and suggested she relax, open, and allow herself to experience any energies or wisdom that wished to make contact for her healing or learning. Shortly after she relaxed into the music in a recliner, her body gave a small jolt, her face flushed, and tears began coursing down from under her blindfold. After a few minutes I invited her to return to ordinary reality. She was radiant as she took the blindfold off, and said “He’s changed so much! He’s fine, and so much wiser!” She went back to work the next week, and then asked me how she could learn to do this for herself, saying “I know there must be some reason why I’m still here, and I want to find out.”*

It is powerful, and most appropriate, to help a person open the door to “higher purpose” or “meaning of life” issues related to their illness, and to invite their own creativity and spontaneous images into the healing process. Shamanic methods excel at opening these doors.

At this point I feel myself and my work shifting irreversibly, as I perceive ordinary and non-ordinary reality to be aspects of a more unified Whole. Working and healing in one reality seems to affect the other: it is just as valid if it occurs in the dreamscape, or in a journey, or in an ordinary reality experience – they seem to be resonant forms of one another. I know that my own work and efforts to be of service in the world need to keep changing to accommodate this new way of knowing.

From a shamanic perspective, we are surrounded by compassionate spirits that use the shaman as an ally to change the events of suffering and illness present here. The shaman uses altered states of consciousness to make a connection and allows the power and compassion from Spirit to flow through him. However, I do not believe one has to have formal shamanic training in order to do soul-level work with a patient. I know that well-done psychotherapy has brought back many a lost soul part, as the therapist holds a safe and sacred space for the fragmented self to come together. I also know many clinicians who give great credence to their hunches and intuitions, not needing to know whether they come from the “right brain” or from the nonlocal Mind. What would it mean for health care training and practice to take this a step further, beyond the clinician’s and the patient’s individual egos and five senses, to open

together to guidance from another dimension that can be far wiser than either of them alone? I look forward to the time when this becomes a regular perspective in health care.

References

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Harner, M., *The Way of the Shaman*, San Francisco: Harper 1980.

Ingerman, S., *Soul Retrieval: Mending the Fragmented Self*, San Francisco: Harper 1991.

Moss, R., *Conscious Dreaming: A Spiritual Path for Everyday Life*, New York: Crown Trade Paperbacks 1996.

Additional Resources

Bosnak, R. *Tracks in the Wilderness of Dreaming*, Delta: 1996 - a guide to exploring dream environments to a destination "far beyond our conscious selves"

Foundation for Shamanic Studies Website: www.shamanism.org - more information on Michael Harner's training programs and research

Hillman, J. *Re-Visioning Psychology*, Harper Perrenial: 1992 - a seminal text on the imaginal realm and its power to heal and transform

Lawlis, F. *Transpersonal Medicine*, Shambhala: 1996 - a good starting place for the clinician, including rituals, imagery, and co-consciousness transformation

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"B" reports

I asked Cecile Carson to do a soul retrieval for me because my depression was not fully controlled on antidepressants. I also have asthma that leaves me tired, and I hoped she could help me improve that.

Cecile listened to a drumming tape and journeyed while I relaxed and waited for her to share her journey with me, and to blow the received essence into my head and heart. When she was blowing the energy into me I inhaled deeply, receiving the energy with gratitude. When Cecile told me about her journey, I imagined all the images as if she were taking me along to experience what she saw.

The content of the journey: A four- or five-year old girl was sitting at the end of a tunnel with a candle. Cecile understood that this girl was indicating to her where to look for that which she was supposed to retrieve for me. She discovered a crate with a very delicate, sort essence. When she wanted to take her out, this essence said, "No, no. I have to stay in the crate. Vera will take me out." So Cecile picked up the crate and journeyed back. Then she was a rabbit jumping around with a lot of energy. She brought him to me too, putting him on my chest. I had to laugh, thinking of the "energizer." (See Fig. 1, below)

Interestingly, I am very fond of baby rabbits and I used to call my children "my little rabbits."

At home, I felt like painting the experience. You see the little girl sitting with a candle and the jumping around "energizer rabbit" with energy radiating from his ears and feet. I gave a new crate to the retrieved delicate essence: my rib cage in the form of a seed capsule.

For over a year after the soul retrieval I had more energy than before and had fewer bouts of depression or hypomanic episodes. I continued to take high doses of an antidepressant. The asthma was also better.

Several years have gone by now and I do experience short depressive episodes and hypomanic ones, alternating at times daily or every other day. I also have to use inhalers in order not to tire due to the asthma.

The soul retrieval was an exhilarating experience which I like to remember.

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Figure 1. Painting of dream

