SHAMANS: EMPOWERED HEALERS OR PSYCOPATHS

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> In brief, there is no reason and no excuse for not considering the shaman to be a severe neurotic or even a psychotic in a state of temporary remission (Devereux 1980:14-15).
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> It seems to me that the racial stereotypes of the past have been supplanted for readers like Devereuz with a psychiatric stereotyping of whole cultural groups or, as in the present instance, the stereotyping of all shamans as neurotics (Opler 1961:1092).

The issue of the mental health status of shamans has a long and lively history (cf. Ackerknecht 1943). An example of this liveliness is in Opler's reply to an article by Devereux (1961): "Devereux's method is one of distorting and misquoting Chapter Four. . ." (1961:1091). This quote well illustrates the nature of the argument; the issue leads to polarity in views. That is, people tend to see shamans as either sane or insane. I have found no author who would take a position that could be construed as "middle of the road." The problem of the mental health of shamans is hardly likely to be resolved in this paper. A significant reason for this is that both sides of the argument have brought up good points in their defense; also, both sides have presented evidence in about the same frequency and which have about the same relative importance. That is, both sides can substantiate their claims equally well. I will briefly summarize the cogent views on this subject by probably the two most often quoted authors on this subject: George Devereux and Erwin H. Ackerknecht. After I summarize two representative stances, I will discuss four representative field examples of shamanic activity and also offer some personal observations on the subject.

George Devereux can hardly be accused of being ambiguous in his stance on shamanism. "Briefly stated, my position is that the shaman is mentally deranged. This is also the opinion of Kroeber, Linton, and LaBarre" (1980:15). It is necessary to note why Devereux has no problem with grouping all shamans as psychopathic. It is related to how Devereux defines normality and psychopathology and its relationship to culture. Devereux sees mental health status as being the manner in which the person manipulates cultural materials. That is, a normal person will utilize his cultural materials in a "present synchronic manner that is in conformity with reality" (1980:83). The mentally healthy person also has a "capacity to understand and experience culture as a system that structures man's life-space by defining 'appropriate' ways of perceiving, evaluating, and experiencing both material and social reality" (1980:83). By this definition a neurotic person who continutes to recognize culture as something originally external that has been internalized, but once internalized, "the cultural material is unconsciously reinterpreted in a manner that gratifies the neurotic's distorted needs" (1980:85). In contrast, a psychotic is one with whom "culture traits continue to be utilized, but only in a subjective manner and almost without reference to their normal social context" (1980:85). So Devereux, by implication, has no problem with a "psychotic" being able to continue functioning in his social environment without necessitating some kind of protective institutionalization in his society. Further, this model implies that any whole segment of society, or any culture in toto, or even all people could be neurotic or even psychotic.

Devereux categorizes personality disorders into four ethnopsychiatric types:

1. "Type" disorders, relating to the type of social structure
2. "Ethnic" disorders, relating to the specific culture pattern of the group
3. "Sacred disorders, of the shamanistic type
4. "Idiosyncratic" disorders (1980:13)

Devereux does not define shamanism as consisting of people diseased in ways that are easily diagnosed in Western terminology, such as a paranoid schizophernia or a hysteria, but he rather defines it as a unique kind of ethnopsychiatric psychopathology. Shamanism is not a sympton, but a disease to Devereux. He seems to believe that the acquisition of shamanistic powers is always preceded by a pyschotic incident (1980:22).

He sees shamans as being in social remission (of their psychopathology) because they were once mentally diseased, received a "cure without insight," and are henceforth vulnerable to the eruption of old conflicts at any time (1980:17). He agrees with Ralph Linton that shamans are best clinically diagnosed as hysterics (1980:16). But not all hysterics are shamans because the "shaman's conflicts are characteristically located in the unconscious segment of his ethnic personality rather than in the idiosyncratic portion of his unconscious" (1980:17). What the shaman does is to pattern his conflicts and symptoms in the culturally conventional way of shamanism. The alternative to being a shaman for the novitiate hysteric is to be a 'private deviant' whose conflicts lie in the idiosyncratic portion of the unconscious; so this deviant cannot culturally pattern his or her conflicts in any way that will be meaningful to his neighbors (Devereux 1980:5-27). Devereux believes shamans are "deranged" in part because they believe in the efficacy of their rites. His real gauge for measuring mental health is definitely not an ability to live and function (in short, to be adjusted) successfully in one's native society; it is rather the "capacity of the person to make successful readjustments without losing the sense of his own continuity in time" (1980:64). He feels readjustment is impossible for the shaman because he is adjusted only to one marginal role even in his own culture, and so any readjustments, in or out of his own culture, would effectively negate the rules of the past universe that the shaman has been living in. Since shamans are psychopathic by definition, he wants to treat them to "deshamanize his shamanistic character without attacking his ethnic character structure" (1980:65). Although shamanism is a disease, it still has a vital function in the involved cultures. The shaman provides a sort of "corrective emotional experience" . . . (that is, the shaman effects) a repatterning of defenses without real curative insights (1980:17). This repatterning of defenses typically elicits support for the patient by the rest of the culture and frequently effects the loss of the symptoms of the disorder. A significiant catalyst in helping to form Devereux's position on shamanism no doubt was his extensive field work with the Mohave Indians (1939b). Indeed the Mohave say that "shamans are both crazy and cowardly" (1937).

Erwin H. Ackerknect opposes Devereux. "Where possession does not occur as an illness but as a requisite of the 'medical profession,' it neither needs an ill person to become possessed nor does it make one mentally ill.

As might be anticipated, Ackerknecht's view of what is normal and what is abnormal differs from that of Devereux. He believes it is senseless to regard a person as abnormal cross-culturally because he exhibits certain fixed symptoms. As evidence of this he cites that a normal person of the Middle Ages could easily be considered abnormal today. He sees this as a paradox because we, although predominantly rather normal, are nonetheless descended from (pseudo) "neurotics" and "psychotics" (1943:38). He believes that a person is abnormal only when the majority of his "character reactions hinder social integration in a given period and society (1943:38).

> We call in the following "autonormal" and "autopathological," those who are defined in their normality and abnormality by their own society, the only true definition of normality we recognize. We call "heteronormal" or "heteropathological" those who are regarded as normal or pathological according to the scale of our own society, a scale which is inadequate as long as we lack truly general notions of human psychopathology (Ackerknecht 1943:38, italics in original).

By "truly general notions of human psychopathology" he does not mean classifying groups or cultures as in one uniform state of health; rather he is referring to organic bases in neuroses and psychoses which he believes most probably exist (1943:36-37). Ackerknecht apparently contradicts his own definitional totality autonormality - normality in order to account for the existence of such states as Nazi Germany. "A culture cannot be called pathological except under one condition: when the culture is driven to self-destruction by its own mental structure" (1943: 54-55). An explanation for this contradiction is that the above "autonormality" method for defining cross-cultural mental illness is "a provisory (construct) and an expression of our limited knowledge (1943:39). Ackerknecht seems to believe that once psychiatry has sufficiently found all the organic causes of mental disease, the "minimum definition of abnormal human tendencies will be probably quite unlike our culturally conditioned, highly elaborated psychoses" (Benedict quoted in Ackerknecht 1943:39). Obviously he views the psychopathological definitions of his day as incomplete and perhaps not even touching on the central aspect: organic bases in psychopathology.

Another basic difference between Devereux and Ackerknecht is whether a psychotic incident necessarily precipitates shamanism.

> Of course mental illness is not the only way to become a shaman. Young orphans may voluntarily become shamans. A special adventure accompanied by great danger may lead to shamanism. Shamans, e.g., among the Buriats, may be simply hereditary and transmitted by instruction. Or the "inspiration" may even be sold (Ackernknecht 1943: 41-42).

Ackerknecht sees the function of shamans as to "stupefy rather than eradicate evil" (1943:45). That is, the diseased spirits are not expelled but only pacified. Shamanism has a therapeutic effect:

> We have to remember what a tremendous psycho-therapeutic power magic has not only for those for whom it is performed, but above all for the performer himself. It is a kind of psychological safety valve where too strong psychic pressure can be released (Ackerknecht 1943:46).

Ackerknecht offers a hypothesis for "ritual possession" as being a state of autohypnosis rather than hysteria, because it is voluntarily induced by drumming, singing, dancing or gazing (1943:49). He also emphasizes that the hallucinations Devereux would call symptomatic are often "the effects of an early implanted conception of a world where the natural and supernatural are not firmly separated" (1943:50).

Devereux cites in his favor neurotic or psychotic behavior in the shaman of the Paleosiberians, the Mongols, the Turkic people, the Finno-Ugrians, the South African Bantus, the Dravidians, the Vedda, and the Mohave (1961). Ackerknecht, correspondingly, cites in his favor the shamanic practices of the Cherokee, the Salteaux, the Murngin, the Manos of Liberia and eventhe Mohave (1943).

In the last portion of the paper I will offer my insight in the matter at hand, first by analyzing the views of Devereux and Ackerknecht, next by considering representative field cases and lastly, commenting on the work of some other authors on this subject.

Devereux (1980) describes fewer examples of deranged shamanic activity than Ackerknecht does of well adjusted shamans. Devereux (1961) cites many examples, but he only mentions the societal names and does not elaborate on them. The most striking aspect in Devereux's work is his all encompassing generalizations. "(Primitive) religion and in general 'quaint' primitive areas are organized schizophrenia" (1939a: 388 italics in original) is one representative example. It is truly a remarkable mind that can conceive such simple solutions to such complex problems. A damning blow seems to be dealt to Devereux's argument by Ackernknecht's observation that a mental disease is not a prerequisite for shamanism. It could be argued that these are not true shamans for Devereux. It is obvious that the definition of what is and what is not a shaman is of vital importance in this issue. Yet, I could not find an explicit definition of shaman in Devereux (1980). Acker-Knecht defined the term as the medical profession in primitive societies (1943:49). He also uses Loeb's dual differentiation of the "inspirational shaman" and the "seer." The inspirational shaman is "the (voluntarily) possessed, through whom the spirit speaks: the man, who exercises (sic) and prophesies" (1943:40, italics in original). The seer is "the 'non-inspirational' non-possessed medicine men, with whom the guardian spirit speaks and who do not exorcise or prophesy" (1943:41, italics in original). The visions and trances of the seer lack almost all objective "symptoms" like fits and seizures (1943:50). Would Devereux regard seer type medicine men as 'shamans' and ergo psychopathic? I think so. He leaves himself no room for compromise. The shaman seer is obviously not utilizing his cultural materials in conformity with objective reality. The seer believes in the power of his ritual. He is obviously deranged.

Equally as interesting as Devereux's probable classification of the "seer" as abnormal is Ackerknecht's classification of the "inspirational shaman" as normal. His logic is not only that the shaman is "autonormal" but also his ritual possession is under control and voluntarily induced by autohypnosis (1943:49). Here I see room for compromise in the issue. The seer could be the result of his acculturation into a society where the mundane is not well separated from the mystical; conversely, the symptoms of the inspirational shaman could probably be shown to correlate with the symptoms of some of the mentally ill in our own culture (cf. Silverman 1967).

Just as Devereux's chief fault is lack of documentation (as is the case with any scientific law that involves totality), Ackerknecht's chief fault is lack of a good model of cross-

cultural normality. He criticizes his "autonormality" concept himself, yet his whole argument is based on it. Ackerknecht's construct of "autonormality" is not too different in effect from Devereux's construct of shamanism as a unique type of ethnopsychiatric psychopathology. They are both the bases of their arguments concerning the normality of shamans and both are purely subjective creations.

Devereux brings up the significant point that shamans probably couldn't readjust anywhere else. But I don't think this is the essential gauge for normality. Devereux's reasoning leads to this: If one never exhibited any pathological symptoms and never moved anywhere, but he would exhibit symptoms if he moved elsewhere, he is nevertheless now and always mentally ill. On this point I am in closer agreement to Ackerknecht's belief of abnormality as hindering social integration. I perceive a potentially insurmountable problem in deshamanizing shamans. How does one, as Devereux suggests, attack the deviant shamanistic character (located in the ethnic unconscious) without changing the shaman's ethnic character structure?

The last remark that I will make concerning Devereux is that the Sedang Moi consider George Devereux to be a shaman because he found two neolithic hand axes which only shamans were supposed to be able to find (Devereux 1980:325). Since this is the case, I read Devereux cum grano salis because I realize he may be unconsciously reinterpreting his cultural material in a manner that gratifies his own distorted needs.

In ending the discussion of Ackerknecht, I think he exhibited insight into the origin of issues of this sort:

> Psychopathological labeling seems to be foremost an expression for helplessness, a specific attitude of our culture towards the unknown. While the savage regards the incomprehensible as supernatural, the "civilized" Western man regards it as psychopathological (1943: 33, italics in original).

I believe psychopathological labeling of this sort is the result of the recent successes of the medical profession in treating mental illness, and their continual quest to monopolize treatment of the mind (cf, Conrad and Schneider

1980:38-72). That is, if the medical establishment didn't have some initial successes in the field of mental illness (e.g., the discovery of an organic basis to general paresis and the "success" of the lobotomy), they wouldn't have been able to set up an illness model for mental dysfunction, and then Devereux and his cohorts couldn't diagnose groups as psychopathic and suggest ways of treating them.

A discussion of some representative field work cases is now in order. Gillin's (1948) ethnography of the San Louis society of Guatemala reported that in our society the shaman he observed would probably be labeled a schizophrenic. He based this on the subject's Rorschach protocol and these observed behavioral characteristics: "masklike countenance, flat emotional reactions, high development of fantasy life which is unshared with others, and typical disregard of opinions and reactions of the members of his social group" (396). Yet Gillin mentions, but seemingly overlooks, the point that not only is this shaman well adjusted to his society, he could be considered a model citizen. This shaman is a shrewd businessman, more wealthy than the average native, and he is often consulted for advice. A critical component in labeling someone a psychotic is his inability to function well in his society (cf. Houston, et al, 1979:574). Indeed, this shaman sounds like he could probably adjust well in our own rather competitive society.

Opler has done extensive field work with the Ute and Southern Paiute Indians of Colorado and Utah. It is germane to compare Gillin's shamanic behavioral description with Opler's shaman, who is mature, poised, serious (1959:98). What is the difference between poised and serious, and a masklike countenance? Perhaps the difference is in how the author perceives the underlying issue of the mental health of shamans. Opler's shaman is not only a psychic healer, he is also:

> responsible for all the healing and curing techniques developed in the culture, the setting of broken bones, the herbal materia medica, and the prescribing of such common "cures" as powdered sage-brush inhalents for upper respiratory congestion (Opler 1959:102-103, italics in original).

Also, in his psychic healing, the Ute shaman is a "seer" type shaman; and a major part of his therapy is a quasi-psychoanalytic dream analysis. This analysis is subject to rigid interpretive guidelines. This dream analysis is remarkably

like our own dream analysis, and it worked in their society. Implicit in Opler's observations is that both the physical healing and the dream analysis of the Ute shaman require a consistent marriage of the shaman with objective reality. But, of course, "The apodictic statement that the Ute shamans are rational and poised proves nothing, psychiatrically" (Devereux 1961:;088). This is a good criticism, but comes from a closed mind. Devereux is condeming all the Ute shamans to the realm of the asylum without a sanity hearing. I could just as easily and logically (if I wanted to use logic as Devereux does) label all American physicians as neurotic (and indeed make "American Physicianism" a standard kind of textbook dementia) because I knew two physicians that were definitely neurotic. Just because no other physicians exhibit any neurotic symptoms has no bearing on the matter at all.

Ohnuki-Tierney (1973) has done ethnography with the Ainu of Sakha in Japan. The Ainu shamans are "inspirational" in that they are possessed by spirits and supposedly (but not always) lose cognizant ability during their trances. These shamans also are employed to locate missing objects or people. The shaman can exhibit unusual behavior. For instance, if he or she is possessed by the grass hopper spirit, the shaman may hop about as one. The usual indications of a predisposition toward shamanism come at puberty. Ackerknecht (1943) also notes this tendency and suggests it is the result of particularly intensified puberty. The predisposition to shamanism is thought to be at least in part hereditary. There is no apparent relationship between a person's social or economic position and his status as a shaman.

The above complex of traits might be indicative of psychopathology. This is impossible to determine with certainty because of the superficial nature of Ohnuki-Tiernys' ethnography. The Ainu, however, "do not regard a shamanistic predisposition as a psychological abnormality or a sign of mental illness (Ohnuki-Tierny 1973:19). There are also strict procedures for rites which the shaman is obligated to follow. It is significant to note that the majority of shamans exhibit imu:aynu. Imu:aynu is a state of sudden spells of compulsive mimickry or nonsensical utterances over which the person so disposed has no control. The Ainu consider this state amusing rather than psychopathological, and see no connection between it and a predisposition to shamanism.

Centlivres and Centlivres (1971) have done ethnography with the shamans of Afghan Turkestan. The male and female baxsi,

or shaman, is one of the large number of specialized fortune tellers, diviners and healers. The difference between them and the other groups is that they

> serve as the medium through which the supernatural beings manifest themselves. The diagnosis and cure of the basxi whether he is man or woman, proceeds from trance and ecstasy. Owing to their status . . . both (the male and feamle Baxsi) operate in private, secretly (172).

While the female baxsi is tolerated, the male baxsi is the "most marginal, the least commonly used, and the most derided" (171) of the various practitioners of divination, exorcism, and healing. They practice their arts only three or four times a year, so they have alternate jobs, e.g., gardener or peasant. The male baxsi can use three types of therapy: the first can be practiced by non-baxsi; the second involves incantation and a formula presented to the patient; and the third is the last resort, and its form is discretionary to the shaman. The seance that Centlivres and Centlivres report consisted of the baxsi uttering groans, inarticulate cries, animal cries, and self-inflicted beatings.

An informant reported the baxsi was in a state of "drunkenness," and that the baxsi can exercise some control over the spirits that possess them. Shamanism is not hereditary in this particular area, although it tends to be otherwise in related areas. The neophyte shaman in this community must show predisposition through dreams of melancholy. In reviewing this case, one must remember that the bizarre behavior the baxsi exhibited was the last resort therapy-wise, and the form of the ritual was up to the design of the individual baxsi. The other alternative treatments are mild and familiar to the natives. Thus we may be dealing with a baxsi who exhibits particularly pronounced deviant behavior. Whatever the case is, no mention was made concerning his mental health status, so it is likely that this individual functions normally in his society. This baxsi probably lives a rather mundane life except that people pay him to get "drunk" spiritually a few times a year.

Joseph K. Long points out that if we don't acknowledge the possibility of paranormal events, we have little other choice than to classify shamanic trances and "hallucinations" as psychopathological (1976:300-310). He believes in the existence of some paranormal phenomena and suggest fieldworkers stop ignoring this area.

The last author to be discussed is Silverman (1976). Silverman takes the most blatantly psychotic-like medicine men (the cream of the "inspirational shamans") and correlates the onset of their shamanism with the symptoms of the onset of reactive acute schizophrenia in our society.

The main difference between these shamans and our schizophrenics is the shaman is alleviated of much of his anxiety because he receives emotional support and collective solutions to his or her problems through the institution of shamanism. The chief fault with Silverman's article is a lack of adequate cross cultural examples.

Although the issue of the mental health of shamans most often leads to polarity in one's view, and hence an uncompromising attitude, there is room for compromise if we can show Silverman's correlations to hold cross-culturally, and if we can convince Devereux and his devotees that there may be some normal shamans. The notion of defining whole groups of people as psychopathic is due in part to a characteristic attitude of Western Society to label the unknown as psychopathological and then offering learned hypotheses for its treatment. Lastly, as Long as noted, we cannot disregard the importance of the paranormal just because we have not yet objectively discerned its origin and function.

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