

## Shamans

Since prehistoric times, all human societies have had a figure who helped others deal with psychic pain. In many ways, the psychotherapist is our modern shaman, both feared and revered, and never entirely respectable

# From shaman to therapist

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in private practice  
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Psychotherapy is a normal human activity which has taken place through the centuries in one form or another. It is not a fad, it was not invented by Freud and it is not an outgrowth of psychiatry.

As far as we know, human societies have always recognised members of the community who were able to help their fellows grapple with psychic pain and confusion. The earliest figures to do so were what we call shamans, a word which comes from the Tungas people of Siberia. In modern society the many roles they once performed have since been parcelled out, by division of labour, among different professions: doctors, herbalists, mediators, musicians, poets, psychiatrists, priests, novelists — and psychotherapists.

The shaman, the ur-psychotherapist, had a unique position in society. He or she was simultaneously inside and outside: at the centre of society as keeper and defender of the myth which gave that society its meaning, and outside, as the one who mediated with spirits and ancestors. This liminal figure was therefore both feared and revered, inspiring both awe and disgust.

The same is arguably true of psychotherapy. It may be a normal human activity, but it is also one that sits uneasily with other aspects of everyday life. The therapist is not a welcome guest at social events, political gatherings or business meetings. The therapist is too ghostly, uncanny and undermining of social norms. When you need a psychotherapist nothing else will do,

but when life is smooth people prefer them to be invisible.

We can take the analogy further. Two key features of shamanic virtuosity are trance states and fetish objects. The shaman would enter into a trance to see the spirit world, to communicate with or to become possessed by a spirit. An essential part of the shaman's work was to return from trance with a cure, message, or vision to impart to the patient or community. The fetish object is one that contains the power of a spirit or god. By appealing to the power present in the fetish the patient can be cured or can find comfort, relief or inspiration.

If one could be a fly on the wall in a modern psychotherapist's consulting room, one might spot some intriguing parallels. The shaman's trance appears in psychotherapy as transference and countertransference. In the humanistic or integrative psychotherapies, the transference is usually observed as it appears in the client's relationship with images or people in his or her life.

### The modern fetish object

In the analytic psychotherapies descended from Freud and Jung, the transference is usually observed in the client's relationship with the analyst or therapist. By analysing the transference (the client's trance), the therapist names the spirits — envy, grief, hatred, longing, love, and so on — that possess the client. In countertransference

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Medicine man in A  
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**Once inside the ritual space, the therapeutic dance can begin**

entities are neither here nor there: they are betwixt and between the positions assigned and arrayed by law, custom, convention and ceremonial. As such, their ambiguous and indeterminate attributes are expressed by a rich variety of symbols in the many societies that ritualise social and cultural transitions. Thus, liminality is frequently likened to death, to being in the womb, to invisibility, to darkness, to bisexuality, to the wildness, and to an eclipse of the sun or moon."

**Loss of soul**

In traditional societies, one of the afflictions for which people consulted a shaman was "loss of soul". By entering into a trance the shaman, or his/her spirit familiar, would travel in the spirit world in search of the lost soul. Once found, the soul would be returned to the patient's body. This type of exchange happens in consulting rooms when clients recover important aspects of themselves which have been "lost" through trauma, grief, depression or deprivation. This work can involve an extended period of dependency on the therapist, who may through countertransference gain glimpses of the client's "lost" vitality.

An important element of the shaman's technique was ritual. Special places were set aside for healing, or a ritual space created through incantations and gestures. The arena thus created was a liminal place between the spirit world and this one. Once the trance had taken place, it was important to find an appropriate way to exit this space and return to the world. In the modern parallel, many therapy clients have pre-session rituals which recognise this shift: visiting a favourite cafe, sitting outside the therapist's house for a few minutes, entering the therapy room and settling down in a certain way. Sometimes the possible meanings of these opening moves in the therapy encounter are discussed together. Once inside the boundaries of the therapy space, the therapeutic dance begins. After immersion in the session, the client returns to the world. The maintenance of secure boundaries

the therapist scans his or her own expertise for clues about what spirits (feelings, anxieties, mental states) afflict the client. The shaman's fetish object reappears as well. One way to view the distinction between the analytic psychotherapies and the humanistic or integrative types is to identify the fetish object in each case. In the latter approach, there is usually a third presence besides the therapist and client. Typically this is a problem, exercise, image or some person or situation outside the room. This "issue" is the fetish object upon which client and therapist lavish their attention, concern and hopes.

In analytic therapy, which relies on the transference, the therapist is the fetish object. The centre of attention is the client's thoughts, feelings, behaviour in relation to the therapist. In current jargon, the therapist is the object of the client's projective identifications. What power or spirit is the client contending with in the shape of the therapist — mother, father, self? Will this power be benevolent or destructive?

The couch also resonates with associations of initiation. In his book *The ritual process*, Victor Turner observes: "Liminal



Medicine man in Africa: the job has been divided up and delegated in modern society

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North American Indian bear dance, in the western imagination

around this free space is the therapist's first duty and most potent tool.

Shamans usually came to their vocation through an illness or crisis: there are dramatic descriptions of accidents, near-death or otherwise shattering experiences, delirium and aimless wanderings. These "creative illnesses" opened the shaman to another world. Only after a lengthy period of recovery, training and development of the gifts thus received did the shaman start to practise. This is mirrored not only in the training and personal therapy that psychotherapists are expected to undertake, but in the stories of trauma, depression, restlessness and accidents that one hears about when talking with therapists about how they came to practice psychotherapy.

The comparison between shaman and psychotherapist is not currently a popular one in the profession, as it struggles to underline its respectability. This is because

the parallel is not usually intended to be flattering. But there is nothing of which to be ashamed: it is a role which needs to be filled in every society. Psychotherapists are the people nominated in our society to do battle with the modern demons of depression, anxiety, emptiness and unreality.

If anything, psychotherapists should draw courage from the comparison to ease their own professional anguish. They should understand that, while it is right to be vigilant about ethical and professional standards, there will always be social discomfort about the profession which fills this liminal role. The psychotherapist is simultaneously a figure of fun and a last resort, an odd figure who may banish troublesome thoughts, feelings, behaviour or dreams that are terrorising, confusing, humiliating or in some way beyond comprehension. If therapists become too respectable, too official, too secure, they might cease to fill this need. ■

Since Freud

Stephen A. Mitchell and Margaret Black, joint authors of *Freud and beyond*

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