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shamanism and schizophrenia: a state-specific approach to the "schizophrenia metaphor" of shamanic states

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The study of shamanism in the context of *altered states of consciousness* has aroused scholarly interest in recent years. Oesterreich (1935:295) was among the first to emphasize the altered states in shamanic practice, concluding from his examination of rare 19th-century ethnographic accounts of North Asiatic shamanism, "Today the *bona fides* and psychological genuineness of a considerable portion of shamanistic states is generally recognized." Eliade (1964:4-5) asserts that the unique shamanic "ecstasy" is ubiquitous but stresses that "any ecstatic cannot be a shaman." Peters and Price-Williams (1980:397) conducted an experiential analysis of shamanic states across 42 cultures in taking the first quantitative step toward phenomenologically delineating "shamanic ecstasy... as a specific class of [altered states of consciousness]." The recognition of shamanic altered states as specific phenomena has been acknowledged by Pelletier and Garfield (1976:22-27) and by Parker (1975:118-121), but further explication by these authors has not been forthcoming.

The term *shamanic state of consciousness*, as qualitatively described by Harner (1980:20-30, 46-56), may be definitive in "teasing out" the shamanic experiences as a separate *altered state of consciousness* (hereafter ASC) phenomenologically distinct from other known ASCs such as the rapid eye movement (REM) sleep state, meditative states, and certain drug-induced states. All ASCs contrast phenomenologically with ordinary waking consciousness. The trope *shamanic state of consciousness* (hereafter SSC) is used here to encompass what was previously dubbed by anthropologists as the shaman's "seance," "trance," or "ecstasy."

The SSC, defined as a specific psychological state, is what Tart (1975a:208) calls a "discrete altered state of consciousness." He defines this as a "qualitative alteration in the overall patterning of mental functioning, such that the experiencer feels his consciousness is radically different from the way it functions ordinarily." He goes on to say that a discrete

Shamanism and schizophrenia are examined as altered states of consciousness. A state-specific approach to the phenomenology of these altered states is employed to demonstrate that the existence in the anthropological literature of the "schizophrenia metaphor" of shamanism and its altered states is untenable. A current psychiatric diagnostic manual is utilized to show that significant phenomenological differences exist between the shamanic and schizophrenic states of consciousness. [shamanism, schizophrenia, altered states of consciousness, spirit possession, ethnopsychiatry, psychological anthropology]

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altered state of consciousness is "defined not in terms of any particular content of consciousness or specific behavior or physiological change, but in terms of the overall patterning of psychological functioning" (Tart 1975a:208). His definition has an advantage over Ludwig's (1972) more commonly cited definition in that Tart emphasizes the tacit awareness of the experimenter that he is in an altered state.

The primary intent of this paper is to add support to the body of literature that argues against the necessity of psychopathological interpretations of shamans and, in particular, of the SSC. The position that shamans are not necessarily borderline psychotics or schizophrenics has been supported by the work of Boyer, Klopfer, Brawer, and Kawai (1964) and Boyer, Boyer, and Basehart (1973) among the Mescalero Apaches; by Handelman (1967) in his study of the life of the Washo shaman Henry Rupert; by Murphy (1964) in her study of the St. Lawrence Eskimos; and by Peters (1982) in his work among the Tamang of Nepal. The latter two emphasize the psychotherapeutic aspects of shamanic techniques. Opler (1961:1092) charges that "anthropologists sometimes fail to distinguish clinic and culture," and this problem is similarly recognized by Landy (1977:417-418). I demonstrate here that the schizophrenia metaphor of shamanic states (see, e.g., Kroeber 1940; Devereux 1956, 1961; Silverman 1967; La Barre 1970, 1972) is unfounded and that it falsely evokes a medical model, which, in turn, clouds our understanding of shamanic experience.

definitions: shamanism and the SSC

Shamanism is viewed as a healing system concerned with the techniques for inducing, maintaining, and interpreting the SSC (see, e.g., Eliade 1964:4). Harner (1980:20) defines a shaman as: "a man or a woman who enters an altered state of consciousness—at will—to contact and utilize an ordinarily hidden reality in order to acquire knowledge, power, and to help other persons. The shaman has at least one and usually more 'spirits' in his possession." This definition incorporates the social-role aspect of the shaman as stressed by Peters and Price-Williams (1980), whose only criterion is that "the specialist enter into a controlled ASC on behalf of his community." However, the possibility of privately solicited SSCs (e.g., vision quests) is maintained in the above definition. It is also in accord with Shirokogoroff's (1935:271) positing of the shaman as a "master of spirits" and with similar definitions involving the contact and manipulation of spirits (Firth 1967:296; Landy 1977:417).¹

The SSC is the type of altered state that has been previously termed "magical flight" (Eliade 1964) or "trance type" (Bourguignon 1973:12). The visionary state is considered to be the essence of the shamanic complex, and shamanism is therefore restricted here to those healing systems in which the specialist, of his own volition, enters into a visionary state at some time during either public or private ritual. The SSC consists of the psychobiological configuration of the shaman's altered state and its "learned awareness of shamanic methods and assumptions while in such an altered state" (Harner 1980:21). The inherent psychobiological predisposition to achieve the SSC is not culture bound and is perhaps universal in the species. However, "its utilization, institutionalization and patterning are, indeed, features of culture and thus variable" (Bourguignon 1973:12).

While controlled visionary states are at the core of both Eastern (Tantric yoga) and Western traditions (ritual magic and, to a lesser extent, alchemy and witchcraft), the SSC differs from these in both its intrapersonal and interpersonal aspects. It is a visionary state marked by sharp lucidity and spontaneous imagery," a visionary state in which he [the shaman] is participant, observer, and controller" (Peters 1982:35). The active engagement

of the shaman with his autonomous or semiautonomous visionary contents, to which he grants absolute ontological validity, is a crucial difference between the SSC and the controlled visionary states of other traditions in which the visionary is less engaged. Another difference is the intrapersonal and interpersonal goals of the shaman's visionary states—specifically, the healing of others or self and divination through the shaman's "*taking possession of his helping spirits*" (Eliade 1964:93) while in the SSC.

That the mastery and control of visionary states are necessary components of all shamanic complexes does not deny that the repertoire of the shaman might include other ASCs, such as revelatory dreams or those states interpreted as "spirit possession" or "possession trance" (Bourguignon 1973:12-13). Oesterreich (1935:308) tells us, "Even if to all appearance it is visionary states which preponderate, there is naturally no reason why the phenomena of possession should not also be produced on occasion." However, the SSC cannot be assumed to be involved in "voluntary" (Oesterreich 1935) or "desired possession" (Bourguignon 1973) behaviors unless accompanied by visual mental imagery.

"Magical flight" and "possession trance" are lumped together by Peters and Price-Williams (1980) as merely different interpretations of the same class of ASC, but I argue here that the two must be separated as distinct classes. Bourguignon (1968, 1973) provides evidence for the latter approach. Not looking at shamanism specifically, but rather basing her conclusions on a broad view of "altered states of consciousness," she finds clusters of "trance" and "possession trance" to be two separate types of altered states. The distinction is an important one for studies of shamanism because "spirit possession" has been a convenient, all-purpose term for a myriad of behaviors, most of which are not related to shamanism.

Much of what is summarily labeled as "possession" by trained observers may be a willful visionary experience for the shaman. Hultkrantz (1973:28) notes that "a shaman may seem to act in a lucid state when, in actual fact, his mind is occupied with interior visions." In her study of the St. Lawrence Eskimos, Murphy (1964:58) states in an early passage, "In a vision the would-be shaman acquired a 'spirit familiar' with which he would later become possessed during the curing rites," but she does not state whether these "possession trances" also involved the mediation of mental imagery. Similar ambiguities are pointed out by Eliade (1964:202-203) in his description of the Altaic shaman's very active ritual ascent to the upperworld.

Schizophrenia, I contend, is a facile metaphor employed inappropriately by some observers to conceptualize the SSC. The visionary experiences of shamans, as Peters and Price-Williams (1980:404) note, "so readily may, but too easily can, lead to an interpretation of schizophrenia or some other form of a more serious disorder" primarily because they have traditionally been referred to in the ethnographic literature as "hallucinations" or "pseudoperceptions" (Wallace 1959) without any further explication. "Hallucination" almost invariably carries with it the frightening connotation of "psychosis," especially if it occurs repeatedly. Possession trance, which Bourguignon (1973:12) states "does not involve hallucinations," can be more easily dismissed as role playing or some sort of dissociated state. The fact that shamans and schizophrenics can hallucinate in private, without any connection to public ritual, also adds to the notion of a "schizophrenia metaphor" of shamanism.

Another factor in the interpretation of shamanism as a socially nurtured form of schizophrenia is the famous, and generally involuntary, "initial call" of some shamans. It must be stressed here that, as Landy (1977:416-418) points out, the "profound emotional experiences" or "miraculous self-recoveries from a serious condition" that characterize the initial call are not by any means the only ways to become a shaman. Perhaps what these ex-

periences indicate is simply an individual's greater lability to easily experience ASCs in whatever form, thus marking him or her as a prospective candidate for shamanic training. Lowie (1925:12) noted that there were individual differences that allowed some Crow to experience visions more easily than others, concluding that "we must assume that some people experience visions because of temperamental predisposition, which their envious copyists lack." Lowie fails to make clear, however, that unlike the schizophrenic, whose experiences of ASCs are beyond his volition, the shaman can learn to master his inductions of ASCs.

some issues concerning the state-specific approach

Before discussing the differences between the SSC and schizophrenic states, two issues pertaining to the concept of a "psychological state" require some comment. The "state versus personality trait" controversy has generated much debate among academic psychologists. Allport (1937, 1966) first introduced personality-trait psychology, which led to the proposition that behavior could best be understood and to some extent predicted through the measurement of certain relatively constant traits derived from genetic, constitutional, and environmental factors. The personality-trait paradigm pervades psychological thought, building psychometric construct validation through the generation of its own "nomological net" (Meehl 1973). Such notions as the genetic base of "chronic" or "process" schizophrenia, the traits of the schizophrenogenic mother, and the seasonality of the births of people who become schizophrenic (Torrey 1979:36-41) all, to some extent, owe their existence to the personality-trait approach.

More often than not, the shaman has been treated as a constant, a specific personality "structure" constituted of personality traits "relatively unchanging through time, unaffected by cross-cultural contacts and interaction and transcultural cosmology and philosophy" (Handelman 1968:353). Despite the fact that no predictive personality-trait model has ever proven to be consistently reliable (Mischel 1968), Silverman (1967) essentially argues that one set of constant pathogenic personality traits generates both shamanic and acute schizophrenic behavior in the form of a five-stage cognitive model that is both etiological and predictive.

The opposing notion that behaviors are best understood within the context of psychological states originated with the work of William James (1890). More recently, Thorne (1961, 1974:420) argues that "the concepts of 'traits' and 'personality structures' were semantic abstractions based on methodological preoccupation with attempts to measure behavior constancies." The interaction of the person and the situation is considered to account for more variance in behavior than the person or situation alone, despite the fact that certain cross-situational variables such as age, sex, and IQ still influence behavior (Bowers 1973). The "state" approach is not a predictive one. Although some consistency in behavior cannot be denied, neither can it be assumed. In the psychological state the "state (condition) of affairs in the global unit of the person interacting with the environment is constantly changing, both as to intrapersonal and situational components" (Thorne 1974:420). Mischel (1973) stresses man's "discriminative faculty," the highly adaptive ability to discriminate behavior according to the situation. The important role of ASCs in primitive cultures is an extension of this adaptive, discriminative faculty, and the SSC in particular must be examined in this light.

The phenomenological "state" approach seems fruitful for shamanism and schizophrenia studies. It certainly merits consideration as a valid methodology for the phenomenological study of behavior, particularly psychopathology (Blankenburg 1980). No

single personality trait or constellation of traits has proven to be a good predictive measure for nascent psychopathology or for the shamanic life, despite Silverman's (1967:21) bold attempt to analyze "the behaviors of shamans with certain personality traits in primitive cultures and of certain schizophrenic individuals in our own." The interest in personality traits and structures has unfortunately shifted attention away from situational conditions. The emphasis is on the critical trait or the critical environmental contingency rather than the critical event. The problem, according to Thorne (1974), is one of shifting from structural concepts to dynamic ones. The study of shamanism in the context of ASCs provides an excellent opportunity to increase our understanding of this highly "situation-specific" behavior without reducing it to a set of unreliable pathogenic personality "traits."

shamanic and disturbed states of consciousness

Extensive research on ASCs suggests that abnormal and maladaptive behaviors may best be understood in the theoretical context of state psychology. Thorne (1974) insists that "most clinically important behaviors occur as state phenomena." Aggernaes (1975) examines "disturbed states of consciousness" and emphasizes two points: first, that one of the premises for classifying a state as disturbed is an evaluation of the person's ability to change the state voluntarily; and second, that a disturbed state of consciousness being present at the time interval t_1-t_2 implies that all experiences are abnormal and maladaptive in some way during the interval.

Discrete states of consciousness that are altered in some fashion are traditionally viewed as pathological merely because they deviate from "ordinary reality" or the referential state that Tart (1975a:5) terms the "baseline state of consciousness," the "ordinary state" against which all other altered states are contrasted. Harner (1980:xiv) coins the term "cognicentrism" for "the analogue in consciousness of ethnocentrism."

The study of schizophrenia in the context of ASCs is a fairly recent development. Schizophrenia is the generic term for a group of highly unstable states of a related nature which are generally considered to be pathological in that they are abnormal and maladaptive for the individual, deviating sharply and in an unsolicited manner from the baseline state of consciousness. Several different disorders are believed to constitute what we now call schizophrenia; thus, a "schizophrenic state" is more accurately considered as "states." The most widely accepted diagnostic manual in the United States and Canada, the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (APA 1980), or *DSM-III*, labels these states as displaying certain "characteristic symptoms involving multiple psychological processes" (APA 1980:186).³

Unfortunately, both psychological and anthropological studies tend to arbitrarily link together the SSC and schizophrenia as transcultural versions of the same psychological state. Only very recently has the SSC been studied as a specific type of altered state with its own cross-cultural, experiential characteristics. More often than not, the SSC has been and is considered to be a disturbed state, analogous to schizophrenic states.⁴

the abnormal/normal dichotomy

Historically, the psychological states involved in shamanism and schizophrenia have been imprisoned in the limiting context of the abnormal/normal or pathological/non-pathological dichotomy, the familiar either/or criterion of cognicentrist thought. Underlying this abnormal/normal dichotomy are two pervasive assumptions as to the nature of ordinary reality. The first is that the current scientific world view, which provides the most

widely accepted structure for experience in the ordinary state of consciousness, is founded on a cognicentrist interpretation of experience. This world view is an approximation of the principles and laws that are believed to govern "reality" in this discrete state of consciousness. La Barre (1972:263) notes that "science is the cognitive state of mind we strive most strenuously to base on our secular experience of objects and to divest of the subjective and the wished-for." Therefore, an experience within an ASC cannot be easily regarded as "legitimate" or "real." "All gods are at least as real as the shaman's visions," continues La Barre (1972:270), "although perhaps not probably any more so." Tart (1975a:209; 1975b) recognizes the great similarities between the concepts of a paradigm and a discrete state of consciousness, and he spells out the unfounded assumptions guiding orthodox Western psychology. He argues that a paradigmatic struggle is now underway between those scientists who have experienced ASCs and those who have not (Tart 1975a:210). Elsewhere he cites the need for the proper study of "state-specific sciences," a primary example perhaps being the techniques of shamanism (see Tart 1973).

The second assumption as to the nature of ordinary reality is expressed through clinical psychology, which still adheres to a "medical model." This model views behavioral disorders as displays of symptoms of underlying psychological "disease entities." Perhaps the most highly touted argument against the medical model is that it leads to an overemphasis on diagnosis and classification (Szaz 1961). Diagnostic reliability for these discrete "disease entities" is extremely poor, as is a serious lack of reliability in the diagnosis of schizophrenia by clinicians (Chodoff and Carpenter 1975). Diagnostic classification, or labeling, is often criticized as a confusion of the map with the terrain in its application to certain behaviors. According to Laing (1967:120), for example, schizophrenia is merely "a diagnosis, a label applied by some people to others." Labeling someone as "ill" places him in a dependent and therefore inferior role in our society (Szaz 1961); such labeling may have dire consequences for the person stigmatized by the disease syndrome tag.

The ASC experience, by orthodox Western psychological standards, is "sick," "inferior," or "pathological." Tart (1975b:81) notes that an implicit assumption in Western cultures is that deliberately "cultivating altered states of consciousness is also a sign of psychopathology." This bias is reflected as early as 1798 in Immanuel Kant's published lectures on "anthropology" (what we would now call empirical psychology), which contain perhaps the first known references to scientific experimentation with ASCs at the time of the widespread development in academic circles of Francis Bacon's "new philosophy."

On the other hand, attempts to observe oneself in a condition which approaches derangement, produced in oneself voluntarily and by physical means, in order to better understand the involuntary through such observations, indicate that one has understanding enough to investigate the sources of the phenomenon. But it is dangerous to perform experiments with the mind, and to make it disordered to a certain extent, for the sake of observing it and investigating its nature by means of the features which may be discovered in such experiments. Thus Helmont reports, after consuming a certain dose of *napeil* (a poisonous root), having an unmistakable feeling as if he thought in his stomach. Another doctor increased his consumption of camphor, little by little, until it appeared to him as if everything along the street were in a great tumult. Still others have experimented on themselves with opium so long that they felt a weakening of the mind whenever they stopped using more of this brain-stimulant. An artificial insanity can easily become a real one (Kant 1964[1798]:17).⁵

Thus, it is not hard to imagine that attitude implicitly held in Western societies toward cultures that promote the induction of ASCs, or especially toward figures such as shamans who are inextricably associated with the repeated induction of such "artificial insanity."

similarities in the treatment of the two behaviors

An affinity for labeling shamanism and its altered states as psychopathology emerged in the last several decades. Eliade (1964:23-32) reviews the early literature in the controversy,

paying particular attention to reports of Siberian shamanism as "nervous disorders, especially the various forms of arctic hysteria." Kroeber (1940) compares the shamanic state of consciousness with psychosis, and La Barre (1970:319) contends that "the shaman is one who has suffered an authentic nervous ailment or mental illness." Devereux (1961) frankly expresses his opinion in his note on "shamans as neurotics." Both Loeb (1924) and Radin (1937:108) equate shamans with epileptics and hysterics. Shamanism as a form of acute schizophrenia is postulated by Silverman (1967), but his hypothesis and methodology are roundly criticized by Handelman (1968), Weakland (1968), and Boyer (1969).

When the psychopathology argument is invoked, shamanism and schizophrenia are labeled as "reactive syndromes." Schizophrenia is now usually distinguished as "reactive" or "acute" versus "process" or "chronic," within the schema suggested by Sullivan (1953). Current research tends to attribute the "reactive" variety primarily to environmental factors since its prognosis is often more favorable than that of the "process" variety, which is linked more to genetic factors. Silverman (1967) argues that the onset of acute schizophrenia in our culture is analogous to the "initial call" of the shaman, as described by Eliade (1964) and others, and attributes the decision to become a shaman to the inability "to solve the culturally defined basic problems of existence." Interestingly enough, Feifel (1961:69) attributes the same existential fears to physicians in our own culture, claiming that "one of the major reasons certain physicians enter medicine is to master their own above-average anxieties about death."

In a more positive light, both shamanism and schizophrenia have been viewed as normal "regenerative" processes. Pelletier and Garfield (1976:85-86) stress the distinction between "potentially regenerative versus necessarily degenerative" states, regarding schizophrenia as an "ongoing, constructive process." Laing (1967:127) claims that "no age in the history of humanity has perhaps so lost touch with this natural healing process that implicates some of the people we label schizophrenic." Of a related nature is Ellenberger's (1970:889-897) "creative illness," which he asserts may be found among "Siberian and Alaskan shamans, among mystics of all religions, and among certain creative writers and philosophers"; Nietzsche, Freud, and Jung are given as his prime examples.

Shamanism as a regenerative process corresponds closely with the incidence of "initial calls" or "divine illnesses" of particular shamans. Eliade's (1964:33-36) chapter on initiatory sicknesses and dreams centers on their importance in Siberia and elsewhere as a transformation process: "They transform the profane, pre-choice individual into a technician of the sacred." A similar conclusion about nonpathological, transformative activity is reached by Lewis (1971:178) in his review of the controversy. Ackerknecht (1943:53) describes the behavior of the shaman as "autonormal." Both Honigmann (1960) and Opler (1959) consider the relation of shamans with neurotics or psychotics to be inconclusive. Coming full circle, shamanic techniques are described as closely resembling certain psychotherapeutic techniques in our own culture by Murphy (1964:78), who sees "the process of shamanism as 'whole man' therapy," and by Peters and Price-Williams (1980:407), who compare it with the various types of "waking dream" therapies, especially with the process of "active imagination" in Jungian psychotherapy.

Shamanism and schizophrenia share another biased characteristic in that they are both subject to colorful romanticization. For Laing (1967:129), history will record what we now call schizophrenia as "one of the forms in which . . . the light began to break through the cracks in our all-too-closed minds." Ackerknecht (1943:53) calls the shaman an Asclepian "healed madman." The shaman is a mystical, "priestly and political figure" according to Halifax (1979:3), as well as a "specialist in the human soul," encompassing the roles of poet, singer, dancer, judge, politician, and artist. Westcott (1977:340), in an essay on "paranthropology," labels shamans "psi masters . . . veritable early warning systems for their peoples."

Through the limiting context of the abnormal/normal dichotomy, the mysterious states we refer to as shamanic and schizophrenic seem to be approached in exactly the same fashion. Indeed, this had led to their interpretation as being the same psychological state. By such an interpretation, these distinct altered states are subject to obfuscation, projection, and confusion simply because they continue to be misunderstood from the cognicentrist point of view. It is the vivid "otherness" of these frighteningly alien perceptions and behaviors that immediately places them within the pathological compartment of our cognitive dichotomy. Along these lines, E. B. Tylor (1958[1871]:62) warns,

Everyone who has seen visions while light-headed in fever, everyone who has ever dreamt a dream, has seen the phantoms of objects as well as of persons. How then can we charge the savage with far-fetched absurdity for taking into his philosophy and religion an opinion which rests on the very evidence of his senses?

The state-specific approach to shamanism and schizophrenia introduces a neutral third factor—the phenomenology of ASCs—and thus breaks the bonds of the either/or contextual dichotomy. Despite attempts by Silverman (1967) and others (e.g., Watson and Guthrie 1972) to link together the SSC and schizophrenia as the same ASC, the phenomenology of the overall psychological patterning of these states suggests that they represent two very distinct groups that constitute more than the simple products of their "mazeways" (Wallace 1961:182–192). Confusion is largely due to the cognicentrist preoccupation with pigeonholing unusual behaviors as psychopathological.

Salient differences between shamanism and schizophrenia are demonstrated in the following explication of the SSC and the schizophrenic states, based on the schema provided in *DSM-III* (APA 1980:182–184) for the multiple psychological processes in schizophrenia. I adhere closely to *DSM-III* because it is the guide most often followed by American and Canadian clinicians and therefore provides a good phenomenological description of schizophrenic states. It serves here as a model of the Western cognicentrist point of view and the system against which the SSC may be compared and contrasted.

the SSC and schizophrenia: psychological processes

volition By far, the most important distinction between the shamanic state of consciousness (SSC) and schizophrenic states is that the shaman voluntarily enters and leaves his altered states of consciousness (ASCs) while the schizophrenic is the helpless victim of his. Using Aggernaes's (1975) criteria for a "disturbed state of consciousness," the schizophrenic states are clearly beyond the control of the experiencer. In schizophrenia, "nearly always there is some disturbance in self-initiated, goal-directed activity, which may grossly impair work or other role functioning. . . . Pronounced ambivalence regarding alternative courses of action can lead to near cessation of goal-directed activity" (APA 1980:183). The inception of a schizophrenic state occurs without purposeful induction by the schizophrenic, and continuous signs of the disorder may last anywhere from six months to a lifetime. As a result of the involuntary waxing and waning of the psychosis between lucid and distorted functioning, schizophrenia always involves a deterioration from a previous level of social and occupational functioning.

The shaman willfully induces his ASCs, and the evidence suggests that except in the case of the ingestion of certain hallucinogens, the shaman can also willfully return from his altered states. The shaman has a conscious, purposive, social function for entering the SSC. The control or mastery of the shaman's ASCs is the most important criterion Peters and Price-Williams (1980) use in their comparison of shamanism in 42 different cultures. They find that the controlled altered state experience of the specialist was present in all of them.

The shaman is repeatedly referred to as a "master of ecstasy" by Eliade (1964), and Harner (1980:46) notes that "the shaman operates in non-ordinary reality only a small portion of his time, and then only as needed to perform shamanic tasks, for shamanism is a part-time activity." Harner adds, "Indeed, the ability of the master shaman to operate successfully in two different realities is seen as evidence of power." This "shamanic balance" has been lauded by others (e.g., Halifax 1979; Myerhoff 1976) and is a sign of the high adaptability of shamans in maintaining their levels of social and occupational functioning despite repeated ecstatic experiences in altered states.

form and content of thought The concept of balance is also particularly applicable to the form and content of thought of shamanic and schizophrenic states. In schizophrenia "delusions" abound; but what is false in one culture may be consensually accepted in another. The temporal extension of this point is that "reality" in one era may be vastly different, indeed contradictory, in subsequent ones. The "hidden world" (see Harner 1972:134-169), or "hallucinatory sphere" (Reichel-Dolmatoff 1975:xvii), of shamanic societies would be considered highly delusional, if believed at all, by individuals in many sectors of North American society.

What is important, however, is the discriminative faculty of an individual in distinguishing between statements based on perceptions of a reality that is consensually acceptable from one that is not. "What is real for me is not real for you," says a Washo shaman to Handelman (1967:457). In their assessment of the psychological test protocols of Mescalero Apache shamans, Boyer et al. (1964) find evidence of such an adaptive discriminative faculty, and Kant (1964:19) distinguishes between a "common sense" (*sensus communis*) and an autistic "unique sense" (*sensus privatus*), with the discriminative faculty essentially represented by the former.

DSM-III identifies the thought content of schizophrenics as being overtly negative in tone, with "paranoia" present in about half of all schizophrenics. This involves

delusions that are often multiple, fragmented, or bizarre (i.e., patently absurd, with no possible basis in fact). Simple persecutory delusions involving the belief that others are spying on, spreading false rumors about, or planning harm to the individual are quite common. Delusions of reference, in which events, objects or other people are given particular and unusual significance, usually of a negative or perjorative are quite common (APA 1980:182).

Particular delusions are much more common in schizophrenia than in other psychotic disorders:

the belief or experience that one's thoughts, as they occur, are broadcast from one's mind to the external world so that others can hear them (thought broadcasting); that thoughts that are not one's own are inserted into one's mind (thought insertion); that thoughts have been removed from one's head (thought withdrawal) or that one's feelings, impulses, thoughts or actions are not one's own but are imposed by some external force (delusions of being controlled) (APA 1980:182).

Even the most cursory examination of the shamanic accounts that appear in the ethnographic literature shows that these negative, involuntary themes of intrusion are absent in shamanism. However, similar themes are found in states of involuntary or unsolicited "possession trance" or "spirit possession" described by Lewis (1971) and in some of Crapanzano's (1977) accounts. Again, mastery and control exemplify the SSC.

The distinction between the baseline, or ordinary state of consciousness, and non-ordinary states, between the outer and the inner, is a distinction that the schizophrenic simply cannot always make. This does not appear to be true of most shamans studied by ethnographers. Harner (1980:48) reports that among peoples in shamanic cultures there is an implicit understanding in everyday conversation of the types of experiences that can occur in the ordinary state of consciousness and those that can occur in the volitional SSC. I

propose here that when taken literally, a misunderstanding of this "given" by Western interpreters often forces conclusions that make shamanic accounts appear similar to the bizarre thought ideation and delusions of schizophrenics. The Gestalt psychology maxim that a given item is perceived differently in different contexts is particularly applicable here. Devoid of the personal experiences of ASCs, yet quite familiar with the altered states of the diagnostic manual, the incredible sagas of shamans must indeed seem psychotic to an interpreter who only considers experiences in an ordinary state of consciousness to be valid, mentally healthy phenomena. Hultkrantz (1973:31) says that the shaman "exists in 2 worlds." The validity of both realms is acknowledged by the shaman, whose mastery derives from his ability to not confuse the two.

"Magical thinking" is another symptom primarily linked to schizophrenia and related disorders. *DSM-III* (APA 1980:363) applies this term to a person's behavior when "the individual believes that his or her thoughts, words or actions might, or will in some manner cause or prevent a specific outcome in some way that defies normal laws of cause and effect." "Magical thinking" occurs only in "children, in people in primitive cultures, and in Schizotypal Personality Disorder, Schizophrenia, and Obsessive-Compulsive Disorder" (APA 1980:363); that is, everyone except rational, civilized, mentally healthy adults. While denying the inference of any sort of intellectual inferiority, Arieti (1974:290-291) nonetheless adds to this inference by his comparison of the "paleologic thought" of primitive peoples with behavior that he perceives to be characteristic of schizophrenics.

"Magical flight," or the shamanic journey to the upper or lower realms, is associated with the SSC. "Healer and psychopomp, the shaman is there because his soul can safely abandon his body and roam at vast distances, can penetrate the underworld and rise to the sky" (Eliade 1964:182). The archetypal flight of the soul of the shaman (i.e., dreams of flying) was thought by Freud (cited in Federn 1973 [1914]:123) to be derived from dreams of penile erections, "since the remarkable phenomenon of erection, which constantly occupies the human fantasy, cannot fail to be impressive as an apparent suspension of the laws of gravity." Laing (1967:147) later borrows the theme of the "inner voyager" and applies it to his reconstitutive model of schizophrenia, as does Perry (1962). However, this theme simply does not reflect the findings of phenomenological analyses of the autobiographical accounts of schizophrenics (Kleinman, Gillin, and Wyatt 1977; Freedman 1974), except in the most extreme metaphorical sense, that schizophrenia is a departure from the baseline state of consciousness. The romanticization has been criticized by many authors since "it would be closer to the truth to see most of them as voyagers who have been shanghied, for unknown reasons, on a ship which never reaches port" (Siegler, Osmond, and Mann 1971:142). Bateson (1961:xiv) remarks, "What needs to be explained is the failure of many who embark upon this voyage to return from it."

perception In attributing psychotic symptoms to shamans, bizarre delusions and hallucinations are most frequently cited as evidence (e.g., La Barre 1970:316-321). Hallucinations differ from delusions in that a hallucination is a "false sensory perception (although a hallucination may give rise to the delusion that the perception is true)" (APA 1980:356). Wallace (1959) theorizes that responses to "hallucinatory" experiences are in fact modified by cultural influence, i.e., the "mazeway." All experiences in ASCs are ultimately hallucinatory from the cognicentrist point of view. Delusions arise from these perceptions and thus psychosis (and/or religion, as La Barre 1972 would have it) is born. What is grossly overlooked in comparing the perceptions of the SSC with those of the schizophrenic states is the nature and mode of these perceptions/hallucinations.

Overwhelmingly, experiences in the SSC are primarily *visual*, as I have already estab-

lished, while the hallucinations of the typical schizophrenic are predominantly *auditory*. Arieti (1974:277) notes the differences between “religious hallucinations” and schizophrenic hallucinations: “They [religious hallucinations] are predominantly visual . . . they have mostly the aspect of apparitions. If there is an auditory component, it is as a rule secondary to the visual.” Kroll and Bachrach (1982) analyze descriptions from written medieval sources of visionary experiences (hagiographies, histories, letters), finding only 4 of 134 visions related ostensibly to mental illness. They conclude that “since there was a recognition of mental illness in the Middle Ages, it would appear that such recognition was based on symptoms other than visions or hallucinations” (Kroll and Bachrach 1982:41).

In describing schizophrenic hallucinations, *DSM-III* (APA 1980:183) states:

By far the most common are auditory, frequently involving voices the individual perceives as coming from outside his head. The voices may be familiar, and often make insulting statements. The voices may be single or multiple. Voices speaking directly to the individual or commenting on his or her behavior are particularly characteristic. Command hallucinations may be obeyed, at times creating danger for the individual or others.

The schizophrenic is victimized by these voices, mercilessly criticized and mocked by them, and has no control over these auditory hallucinations—the voices cannot be made to step through the volition of the schizophrenic.

There is an auditory component to visual experiences in the SSC, but it is usually of a positive, helpful, healing nature, and the advice given by “spirits” is willfully sought out by the shaman. For example, of 36 shamanic narratives from one popular source (Halifax 1979), none of the auditory “hallucinations” even remotely resemble the nagging, accusatory, and intrusive “voices” that plague the schizophrenic. All are indeed “visionary narratives”; none are concerned with mere “voices.” The importance of the “vision quest” for obtaining power in North America is noted by Eliade (1964:99–109). He says that “seeing spirits, in dream or awake, is the determining sign of shamanic vocation, whether spontaneous or voluntary” (1964:84). The “helping” or “tutelary” spirits that the shaman controls often take on animal forms. Although it is quite common for shamans in an ASC to enter into a dialogue with these entities, this is quite dissimilar from the less common visual hallucinations of the schizophrenic (Freedman 1974; Kleinman et al. 1977).

An important distinction to make is that schizophrenic visual hallucinations occur less frequently. If, however, they occur *without* auditory hallucinations (as in many shamanic accounts), more often than not the affliction indicates an organic mental disorder (APA 1980:183). Thus, the schizophrenic states that are most similar to the SSC include both the visual and auditory hallucinations/perceptions. These are rare and their content, tone, and autonomy vastly differ from shamanic accounts. Schizophrenic states that include no auditory hallucinations but are purely visual are most often the result of encephalopathy. Again, it must be emphasized that unlike the shamanic experiences in altered states, the visual and auditory experiences of the hallucinating schizophrenic cannot be controlled by him.

The incidence and prevalence of schizophrenia in non-Western societies is questioned by Torrey (1973) because no data exist to distinguish which cases of “schizophrenia” reported in primitive societies may be due to organic brain disease such as tumors, strokes, infections, or lesions caused by trauma. Furthermore, it is not clear if “schizophrenia” exists in cultures that have not undergone some degree of Western acculturation (Torrey 1973; Demereth 1942). Opler (1961:1092) states: “My own epidemiological findings have been that the prevalence of neurotic and psychotic behavior is generally greater among ‘modern’ city dwellers than it ever was among functioning primitive cultures.”

The genetic “process” or “chronic” variety of schizophrenia is often cited, logically

enough, as the type most often reported in non-Western societies. Yet, paradoxically, shamanism is most often equated with the "reactive" or "acute" type of schizophrenia (e.g., Silverman 1967), which Torrey (1973) claims seems hardly to exist outside the Western world without a complete remission. A closer look at the evidence shows that unless all shamans are suffering from a mysterious organic brain disease the symptoms of which they can willfully control, or until a better case can be made for a type of schizophrenia in primitive societies the symptoms of which are also willfully controlled over a lifetime, the schizophrenia metaphor for shamanism presents a false and misleading analogy.

affect, sense of self, and relation to the external world Schizophrenia is characterized by a flattening, blunting, or a contextually inappropriate expression of affect.

In blunted affect there is severe reduction in the intensity of affective expression. In flat affect there are virtually no signs of affective expression, the voice is usually monotonous and the face, immobile. The individual may complain that he or she no longer responds with normal emotional intensity or, in extreme cases, no longer has feelings (APA 1980:183).

Shamans, however, employ deliberate techniques of inducing ecstatic experiences (Eliade 1964; Lewis 1971) that suggest not only an intensification of affect within the SSC but also contextually appropriate expressions of this affect for public display. Murphy (1964:77) notes among the St. Lawrence Eskimos that "for a shaman to become a successful healer he had often to display an exceptional ability in emotional control and in taking responsibility," and that the shaman's efficacy as a healer comes from his ability to "focus awe" in his interpersonal relations (1964:80). Butt (1966:40) says that among the Akawio, any shaman who manifested psychopathy (such as loss of emotional control and the inappropriate expression of affect) "would be regarded as inappropriate and likely to scare away patients rather than encourage them to apply for aid."

The vibrant accounts of shamanic journeys and their archetypal themes have led researchers to explore the relationship of these experiences to those reported on the ingestion of hallucinogens (e.g., Harner 1973; Furst 1972). The relationship between schizophrenia and hallucinogens has also long been a matter of interest. Psychedelics were at one time called *psychotomimetics*, or "psychosis-mimicking" drugs. Some schizophrenics are reported to have "psychedelic experiences" at the onset of their psychosis (Bowers and Freedman 1966), but a major study reports a rather weak correspondence between the phenomenology of five hallucinogens (mescaline, psilocybin, LSD, dimethyltryptamine, and amphetamines) and schizophrenia in autobiographical accounts (Kleinman et al. 1977). In criticizing Laing's "psychedelic model" of schizophrenia, Siegler et al. (1971:144-145) find the same confusion between schizophrenic and psychedelic states that is found in the schizophrenia metaphor of shamanic states. It is this "psychosis-mimicking" judgment of shamans and the SSC that is strongly disputed here.

The shaman volitionally enters into and terminates his ASC as an integral part of his social and occupational functioning, often maintaining a family and serving a vital leadership role in the community, as well. The shaman's "balance" necessitates a strong sense of self so as to function in his role as healer and psychopomp, as well as to successfully and repeatedly subject himself to austerities and hallucinogenic substances as a method of inducing the SSC. Balikci (1967:198) illustrates this concept of "shamanistic control" among the Netsilik Eskimos, which he defines as "an effort to enforce norms or reestablish harmonious relations between environment, people, and supernaturals." He refers to the shaman as "an integrator" (Balikci 1967:209). Others emphasize the adaptive ability of shamans to be an "innovator" or "culture broker" (e.g., Murphy 1964; Handelman 1967).

Eliade (1964:293) remarks that "the Eskimo shaman feels the need for these ecstatic journeys because it is above all during trance that he truly becomes himself." This is simply

not true of the schizophrenic whose "sense of self that gives the normal person a feeling of individuality, uniqueness, and self-direction is frequently disturbed" (APA 1980:183). By contrast with shamans, autobiographical accounts of schizophrenics stress personal "depressions, suicide attempts, self-destructive acts, muteness and fighting" (Kleinman et al. 1977). Siegler et al. (1971:145) add to the list the "feeling of disgust with oneself," leading to the seriously high rate of suicide among schizophrenics (Osmond and Hoffer 1967). No hard data exist for the incidence and prevalence of suicide in shamans, and neither Eliade (1964:23-32) nor Lewis (1971:178-205) mention suicide in connection with shamans in their reviews of the literature on psychopathology.

To summarize, then, the phenomenology of schizophrenia described in *DSM-III* (APA 1980) indicates clearly that the shamanic state of consciousness (SSC) cannot be mistaken for schizophrenic states if the current diagnostic criteria of the latter are assumed to be reliable and the experiential descriptions of the former are accurate. The evidence demonstrates explicitly that the psychological states involved in shamanism and those involved in schizophrenia are not the same.

notes

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¹ The use of "spirits" or "hidden reality" is in no way to be construed as a metaphysical assertion but instead is assumed to illustrate key components of shamanic phenomenology. While it has been noted by Peters and Price-Williams (1980:399) that there are shamans "who do not associate their states with beliefs about spirits," the vast majority of them do. The shaman is a specialist whose expertise derives from the unique contact and manipulation of forces or agencies, experienced as autonomous or semiautonomous, which generally cannot be contacted and manipulated in his ordinary state of consciousness. Culturally, whether these are interpreted as exogenous forces, or agencies exhibiting a certain "intentionality" (such as spirits or gods), or as endogenous ones, such as nonanthropomorphized sources of occult power that reside within the shaman's body (e.g., the *n/um* of the !Kung bushman; Lee 1968), they are all experienced from the perspective of the phenomenal ego of the shaman as originating from outside its familiar bounds.

² Oesterreich (1935:309) clearly understood the difficulty:

In spite of their wide divergence the genuine states of possession of other peoples are generally included under the name of Shamanism, this is at bottom a misuse of words, an application of the term to states which are entirely distinct from true Shamanism. . . . Once the word Shamanism has been adopted into the language as embracing possession . . . it is very difficult to divorce it from this association again.

³ For a review of the nosological history of schizophrenia see Carpenter and Strauss (1979); and for the current detailed criteria for diagnosing schizophrenia consult *DSM-III* (APA 1980:181-193). Rappaport's (1951) theoretical work places schizophrenic states in his class "pathological states of consciousness," while Krippner (1975:42) groups them under his category "states of fragmentation," which are marked by "lack of integration among important segments, aspects, or themes of the total personality." Parker (1975:116) takes the position that "schizophrenia can be better understood when treated as an ASC rather than a medical pathology," as does Silverman (1975), who proposes that schizophrenia is an ASC characterized by its "negative outcomes." Pelletier and Garfield (1976:46-72) devote an entire chapter to "schizophrenic states of consciousness" and contrast them with other altered states such as psychedelic and mystical states.

⁴ "A disturbed state of consciousness (DSC) is a state in a person in which he has no experience at all, or in which all of his experiences are deviant . . . from those he would have under similar stimulus conditions in his waking state. The state is a DSC only if the individual cannot return to, and remain in, his habitual state by deciding to do so himself, and if others cannot bring about a lasting return to his habitual state by the application of a simple social procedure" (Aggernaes 1975:120).

⁵ The reference here is to the Paracelsian iatrochemist Jan Baptista van Helmont (1577–1644), who was instrumental in fashioning the metaphysical notion of “magnetism” into a system that later influenced Anton Mesmer, among others. Another translation by Gregor (see Kant 1974[1798]:86) identifies the poisonous root *napell* as “Wolf’s bane” (*Aconitum napellus*).

references cited

- Ackerknecht, E. H.
1943 Psychopathology, Primitive Medicine, and Primitive Culture. *Bulletin of the History of Medicine* 14:30–67.
- Aggernaes, A.
1975 The Concepts of “Disturbed State of Consciousness” and “Psychosis.” *Acta Psychiatrica Scandinavica* 51:119–133.
- Allport, G. W.
1937 *Personality: A Psychological Interpretation*. New York: Holt.
1966 Traits Revisited. *American Psychologist* 21:1–10.
- American Psychiatric Association (APA)
1980 *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. American Psychiatric Association.
- Arieti, S.
1974 *Interpretation of Schizophrenia*. New York: Basic Books.
- Balikci, A.
1967 Shamanistic Behavior among the Netsilik Eskimos. In *Magic, Witchcraft, Curing*. J. Middleton, ed. pp. 191–209. Garden City, NY: Natural History Press.
- Bateson, G., ed.
1961 *Perceval’s Narrative: A Patient’s Account of His Psychosis 1830–1832*. Stanford: Stanford University Press.
- Blankenburg, W.
1980 Phenomenology and Psychopathology. *Journal of Phenomenological Psychology* 11:50–78.
- Bourguignon, E.
1968 World Distribution and Pattern of Possession States. In *Trance and Possession States*. R. Prince, ed. pp. 3–34. Montreal: R. M. Bucke Memorial Society.
1973 Introduction: A Framework for the Comparative Study of Altered States of Consciousness. In *Religion, Altered States of Consciousness, and Social Change*. E. Bourguignon, ed. pp. 3–38. Columbus: Ohio State University Press.
- Bowers, K. M.
1973 Situationism in Psychology: An Analysis and Critique. *Psychological Review* 80:307–336.
- Bowers, M., and D. X. Freedman
1966 Psychedelic Experiences in Acute Psychosis. *Archives of General Psychiatry* 15:240–248.
- Boyer, L. B.
1969 Shamans: To Set the Record Straight. *American Anthropologist* 71:307–309.
- Boyer, L. B., R. M. Boyer, and H. W. Basehart
1973 Shamanism and Peyote Use among the Apaches of the Mescalero Indian Reservation. In *Hallucinogens and Shamanism*. M. Harner, ed. pp. 53–66. New York: Oxford University Press.
- Boyer, L. B., B. Klopfer, F. B. Brawer, and H. Kawai
1964 Comparisons of the Shamans and Pseudoshamans of the Mescalero Indian Reservation: A Rorschach Study. *Journal of Projective Techniques and Personality Assessment* 28:173–180.
- Butt, A.
1966 Training to Be a Shaman. In *Trances*. S. Wavell, A. Butt, and N. Epton. pp. 38–42. London: Allen and Unwin.
- Carpenter, W. T., and J. S. Strauss
1979 Diagnostic Issues in Schizophrenia. In *Disorders of the Schizophrenic Syndrome*. L. Bellak, ed. pp. 291–319. New York: Basic Books.
- Chodoff, P., and W. T. Carpenter
1975 Psychogenic Theories of Schizophrenia. In *Schizophrenia: Biological and Psychological Perspectives*. G. Usdin, ed. pp. 56–79. New York: Brunner/Mazel.
- Crapanzano, V.
1977 Introduction. In *Case Studies in Spirit Possession*. V. Crapanzano and V. Garrison, eds. pp. 1–40. New York: Wiley.
- Demereth, N. J.
1942 Schizophrenia among Primitives. *American Journal of Psychiatry* 98:703–707.
- Devereux, G.
1956 Normal and Abnormal: The Key Problem of Psychiatric Anthropology. In *Some Uses of An-*

- thropology: Theoretical and Applied. J. B. Casagrande and T. Gladwin, eds. pp. 23–48. Washington, DC: Anthropological Society of Washington.
- 1961 Shamans as Neurotics. *American Anthropologist* 63:1088–1090.
- Eliade, M.
1964 *Shamanism: Archaic Techniques of Ecstasy*. Princeton: Princeton University Press.
- Ellenberger, H.
1970 *The Discovery of the Unconscious*. New York: Basic Books.
- Federn, P.
1973[1914] On Dreams of Flying. *In The First Freudians*. H. M. Ruitenbeck, ed. pp. 121–127. New York: Jason Aranson.
- Feifel, H.
1961 Death: Relevant Variable in Psychology. *In Existential Psychology*. R. May, ed. pp. 61–74. New York: Random House.
- Firth, R.
1967 Individual Fantasy and Social Norms: Seances with Spirit Mediums. *In Tikopia Ritual and Belief*. R. Firth, ed. pp. 293–329. Boston: Beacon Press.
- Freedman, B. J.
1974 The Subjective Experience of Perceptual and Cognitive Disturbances in Schizophrenia: A Review of the Autobiographical Accounts. *Archives of General Psychiatry* 30:333–340.
- Furst, P. T., ed.
1972 *Flesh of the Gods: The Ritual Use of Hallucinogens*. New York: Praeger.
- Halifax, J., ed.
1979 *Shamanic Voices: A Survey of Visionary Narratives*. New York: E. P. Dutton.
- Handelman, D.
1967 The Development of a Washo Shaman. *Ethnology* 6:444–464.
1968 Shamanizing on an Empty Stomach. *American Anthropologist* 70:353–356.
- Harner, M. J.
1972 *The Jivaro: People of the Sacred Waterfalls*. New York: Anchor.
1973 (ed.) *Hallucinogens and Shamanism*. New York: Oxford University Press.
1980 *The Way of the Shaman*. New York: Harper & Row.
- Honigmann, J. J.
1960 Review of Culture and Mental Health: Cross-Cultural Studies, M. K. Opler, ed. *American Anthropologist* 62:920–923.
- Hultkrantz, A.
1973 A Definition of Shamanism. *Temenos* 9:25–37.
- James, W.
1890 *Principles of Psychology*. 2 vols. New York: Henry Holt.
- Kant, I.
1964[1798] The Classification of Mental Disorders. C. T. Sullivan, transl. Doylestown, PA: Doylestown Foundation.
1974[1798] Anthropology from a Pragmatic Point of View. M. J. Gregor, transl. The Hague: Martinus Nijhoff.
- Kleinman, J. E., J. C. Gillin, and R. J. Wyatt
1977 A Comparison of the Phenomenology of Hallucinogens and Schizophrenia from Autobiographical Accounts. *Schizophrenia Bulletin* 3:560–586.
- Krippner, S.
1975 *Song of the Siren: A Parapsychological Odyssey*. New York: Harper & Row.
- Kroeber, A. L.
1940 Psychotic Factors in Shamanism. *Character and Personality* 8:204–215.
- Kroll, J., and B. Bachrach
1982 Visions and Psychopathology in the Middle Ages. *Journal of Nervous and Mental Disease* 170:41–49.
- La Barre, W.
1970 *The Ghost Dance: Origins of Religion*. New York: Delta.
1972 Hallucinogens and the Shamanic Origins of Religion. *In The Flesh of the Gods*. P. T. Furst, ed. pp. 261–278. New York: Praeger.
- Laing, R. D.
1967 *The Politics of Experience*. New York: Ballantine.
- Landy, D., ed.
1977 *Culture, Disease and Healing: Studies in Medical Anthropology*. New York: Macmillan.
- Lee, R. B.
1968 The Sociology of the !Kung Bushman Trance Performance. *In Trance and Possession States*. R. Prince, ed. pp. 35–56. Montreal: R. M. Bucke Memorial Society.
- Lewis, I. M.
1971 *Ecstatic Religions: An Anthropological Study of Spirit Possession and Shamanism*. Middlesex, UK: Penguin Books.

- Loeb, E. M.
1924 The Shaman of Niue. *American Anthropologist* 26:393-402.
- Lowie, R. H.
1925 *Primitive Religion*. London: Routledge and Sons.
- Ludwig, A. M.
1972 Altered States of Consciousness. In *Altered States of Consciousness*. C. T. Tart, ed. pp. 11-24. New York: Anchor-Doubleday.
- Meehl, P. E.
1973 Construct Validation in Psychological Tests. In *Psychodiagnosis: Selected Papers*. P. E. Meehl, ed. pp. 3-31. New York: Norton.
- Mischel, W.
1968 *Personality and Assessment*. New York: Wiley.
1973 Toward a Cognitive Social Learning Reconceptualization of Personality. *Psychological Review* 80:252-283.
- Murphy, J. M.
1964 Psychotherapeutic Aspects of Shamanism on St. Lawrence Island, Alaska. In *Magic, Faith and Healing*. A. Kiev, ed. pp. 53-83. New York: The Free Press.
- Myerhoff, B. G.
1976 Shamanic Equilibrium: Balance and Mediation in Known and Unknown Worlds. In *American Folk Medicine: A Symposium*. W. D. Hand, ed. pp. 99-108. Berkeley: University of California Press.
- Oesterreich, T. K.
1935 Obsession and Possession by Spirits Both Good and Evil. D. Ibberson, transl. Chicago: De Laurence.
- Opler, M. K.
1959 Dream Analysis in Ute Indian Therapy. In *Culture and Mental Health: Cross-Cultural Studies*. M. K. Opler, ed. pp. 97-117. New York: Macmillan.
1961 On Devereux's Discussion of Ute Shamanism. *American Anthropologist* 63:1091-1093.
- Osmond, H., and A. Hoffer
1967 Schizophrenia and Suicide. *Journal of Schizophrenia* 1:54-64.
- Parker, A.
1975 *States of Mind: ESP and Altered States of Consciousness*. New York: Taplinger.
- Pelletier, K. R., and C. Garfield
1976 *Consciousness: East and West*. New York: Harper & Row.
- Perry, J. W.
1962 Reconstitutive Process in the Psychopathology of the Self. *Annals of the New York Academy of Sciences* 96:853-876.
- Peters, L. G.
1982 Trance, Initiation, and Psychotherapy in Tamang Shamanism. *American Ethnologist* 9:21-46.
- Peters, L. G., and D. Price-Williams
1980 Towards an Experiential Analysis of Shamanism. *American Ethnologist* 7:398-418.
- Radin, P.
1937 *Primitive Religion*. New York: Viking.
- Rappaport, D., ed.
1951 *Organization and Pathology of Thought*. New York: Columbia University Press.
- Reichel-Dolmatoff, G.
1975 *The Shaman and the Jaguar*. Philadelphia: Temple University Press.
- Shirokogoroff, S.
1935 *Psychomental Complex of the Tungus*. London: Routledge & Kegan Paul.
- Siegler, M., H. Osmond, and H. Mann
1971 Laing's Models of Madness. In *R. D. Laing and Anti-Psychiatry*. R. Boyers and R. Orrill, eds. pp. 119-150. New York: Harper & Row.
- Silverman, J.
1967 Shamanism and Acute Schizophrenia. *American Anthropologist* 69:21-31.
1975 ASCs: Positive and Negative Outcomes. *Journal of Altered States of Consciousness* 2:295-317.
- Sullivan, H. S.
1953 *Conceptions of Modern Psychiatry*. New York: Norton.
- Szasz, T.
1961 *The Myth of Mental Illness*. New York: Harper-Hoeber.
- Tart, C. T.
1973 State-Specific Sciences. *Science* 180:1006-1008.
1975a *States of Consciousness*. New York: E. P. Dutton.
1975b Some Assumptions of Orthodox Western Psychology. In *Transpersonal Psychologies*. C. T. Tart, ed. pp. 59-111. New York: Harper & Row.

- Thorne, F. C.
1961 Personality. Brandon, VT: Journal of Clinical Psychology.
1974 Some Basic Postulates of "State" Psychology. *Journal of Clinical Psychology* 30:420-427.
- Torrey, E. F.
1973 Is Schizophrenia Universal? An Open Question. *Schizophrenia Bulletin* 7:53-59.
1979 Epidemiology. *In Disorders of the Schizophrenic Syndrome*. L. Bellak, ed. pp. 25-44. New York: Basic Books.
- Tylor, E. B.
1958[1871] *Religion in Primitive Culture*, Vol. 2. New York: Harper & Row.
- Wallace, A. F. C.
1959 Cultural Determinants of Response to Hallucinatory Experiences. *Archives of General Psychiatry* 1:58-59.
1961 *Culture and Personality*. New York: Basic Books.
- Watson, L., and D. Guthrie
1972 A New Approach to Psychopathology: The Influence of Cultural Meanings on Altered States of Consciousness. *Journal for the Study of Consciousness* 5:110-121.
- Weakland, J. H.
1968 Shamanism, Schizophrenia and Scientific Unity. *American Anthropologist* 70:356.
- Wescott, R. N.
1977 Paranthropology: A Nativity Celebration and Communion Commentary. *In Extrasensory Ecology: Parapsychology and Anthropology*. J. K. Long, ed. Metuchen, NJ: Scarecrow Press.

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