Topic: Western Psychiatry, traditional cultures and alternative approaches to healing.

For this topic, I interviewed a Sangoma (African traditional healer) on the topic of mental illness from a traditional African perspective. I also included a case study of treating a schizophrenic patient using a combination of Shamanic and Jungian methods.

Niyati Evers

INTERVIEW WITH COLIN CAMPBELL – AFRICAN SANGOMA

Background: Collin was born in Botswana and has been a Sangoma for over 20 years. He is also familiar with Western psychologies and has had some experience of pw. During the personal session I had with him before the interview, he spoke for instance of Arny’s book ‘City Shadows’ and how the concepts in that book are so similar to the African perspective, especially regarding the ‘disturbance’ or ‘pathology’ being something that belongs to the entire community and not just to the individual.

In the session with me, he explained how different people are ‘made up’ of the four different elements: air, water, fire and earth. Each person has one element as their strongest. Air stands for the visionary, the dreamy, the spiritual. Water for the connectedness with everything and fire and earth are the more physical elements which are around connectedness with the earth and physical manifestation. The elements are located on different axis. The air-water axis is the horizontal axis, and the earth-fire axis is the vertical axis. He spoke about how Arny’s work is about creating a bridge between the horizontal axis and the vertical axis, as in: bringing the air element into the earth element and creating translations and bridges for people in the Western world, so that they can reconnect with that air-water axis.

I interviewed Collin straight after my session with him, so a lot of the themes and questions were influenced by the experiences I had just had with him. I have structured the interview according to the various themes we spoke about.

Theme: There seems to be a lack of pathologies in pre-industrial societies – how come?
It has to do with the fact that traditional societies are highly structured. Not just in Africa but across the pre-industrial spectrum. Structured not only in terms of the practicalities of daily life but also in terms of existential questions; who are we and why is this ‘thing called life’ happening to us.

Each individual goes through a series of processes to find context and meaning. Context gives a sense of belonging and being understood. Meaning gives a sense of purpose behind everything you do.

From birth there are a series of ceremonies and phases of learning. The first phase is on the mother’s back, confined to the compound. A later phase consists of herding goats. Goats stay close to the village so it’s relatively safe. Next, around the age of 13/14, comes the herding of cows. Cows wonder much further from the village into the wilderness, so this phase requires more independence and initiative. This continues until the time of coming of age, which consists of a process whereby you need to negotiate with death in order to be given life.

Until then, you have learnt a lot about life and you are now seen to be ready to find your function or purpose in life. This is something that death must give you. You can’t give it to yourself and no one can give it to you, only death can give you your ‘reason for being’. The negotiation with death means you need to bargain and ‘argue’ with death and state your case as in why you feel you should be given life. Death decided if your reason is good enough or not and death gives you ‘permission’ to live. If you do come through this process, you get given your ‘real’ name. Up until this point, you have a nickname that somehow fits your behaviour, e.g. ‘cries a lot’ or ‘difficult birth’ or ‘late comer’. When the child is born, it is not yet certain that being on this planet is the right place for the child. Therefore, the child only gets a nickname and not yet a ‘real’ name. It is only after the negotiation with death, and after you have found your function or purpose, that you get given your real name. E.g. ‘the rain maker’. Being a rain maker is not just a title, it involves a way of life; you have to live your life in a certain way in order for rain to fall.

**Theme: pathologies in Western societies from an African perspective**

The African perspective is similar to the City Shadows concept that pathologies have a function for the whole community. In African thinking, everything is animate, meaning that everything has a spirit.
For instance, the conversation Collin and I are having, has a spirit. So if we would want to negotiate with this conversation, we would need to negotiate with its spirit. Everything that comes out of this conversation is because of the spirit behind it.

Pathology is also a spirit. It is a spirit that may have many different sources. For instance, if I interact with nature, I need to follow a certain protocol. If I build a dam, I need to negotiate with the spirit of the river. If this protocol is not followed, the river may send a spirit into a person and start disturbing that person, resulting in ‘pathology’. A sangoma would ‘divine’ (go into an altered state and ‘tune in’ to the situation and get information from other realms) what’s going on and find that behind the pathology is a river spirit. The pathology now becomes a medium between the river and the community.

**Theme: Schizophrenia from an African perspective**

There is no such thing in African culture. What we see, is that a person is behaving in a certain way. A million things could be causing that behaviour. It could be because of many different types of spirits; nature spirits, ancestral spirits, etc.

The procedure would be to put a person in a different context and see how they behave. The process would be to ‘divine’ first; then develop a hypothesis (e.g. there is an ancestral spirit at play), then put the person through various tests to see if the hypothesis is correct and then prescribe medicine and check if the medicine reduces the symptoms.

The main issue is to find the spirit that is causing the behaviour.

**Theme: there is a popular belief that in certain cultures, hearing voices is seen as a ‘calling’ to become a Shaman. How do you see that?**

The ‘illness of calling’ is different in different cultures. In Southern Africa, if in your ancestry your great grandmother for instance had a sickness she could not resolve, she will find a living body to complete her ‘story’. If the person she is trying to contact is not receptive, she will go to the next person and will start disturbing. So what is needed is to develop a relationship with the spirit of the grandmother. And therefore you need to become a ‘sangoma’ in order to start a relationship with the spirit world. People with high ‘air prevalence’ will have a tendency to be connected to the spirit world and will therefore
be more receptive to various spirits trying to make contact.

We need to distinguish between when it is and when it isn’t a calling. Hearing voices does not necessarily mean you are being ‘called’ to be a Shaman. There are several dimensions of existence running parallel. If you as a person tend to be more fragmented and boundless (which is the case with high air prevalence), then it’s difficult to distinguish between different realities. Having high air makes you receptive to other realms and things will ‘bleep through’ from other realities. You can either use that trait consciously or you can reduce the air element by increasing focus on physical reality and increase for instance the fire element through certain medicines, rituals, etc.

If a person suffers from a possessing spirit, there is again a different scenario. In that case, the person needs to develop a relationship with the possessing spirit or go through an exorcism.

**Theme: hearing destructive voices that want you to harm yourself or others**

These would be seen as malevolent spirits. In Western psychology, you would say e.g. “you have internalized your abusive father”. In African thinking, there is a similar perspective but it is framed differently: “you are possessed by the spirit of your angry father and you need to develop a rapport with this spirit”. This is comparable to having a Gestalt dialogue with your ‘father’ in Western psychology terms.

From an African perspective, the symptoms aren’t seen as the problem and therefore the Western method of diagnosing and medicating the symptom, would not be seen as resolving the issue.

If someone is suicidal or anxious, a Sangoma may find that that person has the spirit of a fallen warrior in them who died in battle. An enactment of that person’s death then needs to happen. A negotiation with that spirit would take place after which a kind of psychodrama would follow that puts the spirit to rest. E.g. a ‘proper burial’ – according to the customs of that person’s culture. Or, in other instances, it may be a nature spirit which is disturbing because a law of nature was broken.

Whatever the symptoms are, or the Western diagnosis (e.g. schizophrenic or bipolar), a Sangoma would always go into ‘divination’ to find the cause of the symptom.
The process that is followed is a combination of divination, ritual, enactment and plant medications.
Theme: a comment from my side that it sounds as if issues are being externalized, as in: ‘There is a spirit that comes into you from the outside and makes you do things’.

In Western culture, we distinguish between internal and external. In traditional cultures, that distinction is not there. Everything is a part of me. Everything is both internal and external.

In Western psychology, you would for instance look for the reason why you are full of rage. A therapist may take you back into childhood and ask you to put your inner child of two years old on a chair and go into a process of talking to the inner child. So there is also a process of ‘externalization’ taking place in that we need to ‘objectify’ things in order to interact with the issue. In African culture, the ‘goat’ is a mechanism of the same principle as the ‘inner child’ in Western therapies, which also needs to be related to, held, nurtured, etc.

**Theme: the role/function of pathology in Western culture**

Just like individuals have to negotiate with death around their purpose or reason for existing, in order to ‘get permission’ to live, so do communities. Communities are also entities with a purpose or reason for living. In Western societies, the people with so called pathologies are often the carriers in the culture of this role; of the one who represents that existential quest of purpose or ‘raison d’etre’ for the entire community.

‘Pathologies’ are a symptom of the parts of us that are missing and that we have peripherized. These parts are trying to re-engage our attention. People hearing voices for instance or feeling certain things, are in touch with other realities, especially the whole mythic realm, that Western society does not have a time or place for. Who is going to give voice to those part of us? Often the people that may hear voices and write whacky books about alien abductors and space creatures, grey and with no emotionality. Because actually, we have become that.

Those who are more on the horizontal axis (air-water; the existential, non-physical axis), embody those parts of the culture that have become marginalized and will start acting out what is missing in our culture. The culture needs to listen instead of ‘shuff’ these people into institutions. They have a function to wake the culture up. The community should ask itself; what is this phenomenon saying about our culture as a whole?
"According to contemporary African shamans and healers, when we are separated from the ancestors and the spirits, the Mythological Contexts for what we experience, we fall pray to the “water-spirit disorder”... It is a general instability and dislocation caused by disconnection from the spirit world, personal and cultural."

**Theme: current African societies and pathologies**

In current African societies you do find a lot of pathology due to the breakdown of traditional culture. Industrial globalization entails a negation of anything pre-industrial and supplanting that with a mechanistic model. There is therefore much more pathology now in African cultures than there used to be. However, there is still a very strong sense of collective culture and problems get taken on collectively (rather than that a person is shunned out of society).
Context: The article below describes the relationship between Shamanism and Schizophrenia and gives a detailed account of a ‘shamanic treatment’ of schizophrenia.

Shamanism & Schizophrenia

What we call schizophrenic is, as Joseph Campbell has discussed, called (positively) visionary or mystical in shamanic cultures, hence is valued, not feared or sedated with chemicals. As he clarifies in the well-known [1988] TV series, "The Power of Myth", 'The shaman is the person, male or female, who . . . has an overwhelming psychological experience that turns him totally inward. It's a kind of schizophrenic crack-up. The whole unconscious opens up, and the shaman falls into it. This shaman experience has been described many, many times. It occurs all the way from Siberia right through the Americas down to Tierra del Fuego.'

Hence working with sufferers of schizophrenia from a shamanic angle can be helpful, since the shaman has in all likelihood experienced similar experiences to those of the schizophrenic. Mainstream reductionist psychiatrists, on the other hand, by and large presume that if an experience (such as chronic depression) is unpleasant, it must be stopped or band-aided, but because an experience is painful or difficult, it doesn't necessarily follow that's it's not valuable, or therapeutically worthwhile as a 'wound which heals'.

A Case Study

In one instance, John, a sufferer of schizophrenia had reached a phase in his dreaming and hallucinating that hinted at significant progress toward integration. His dreams had repeatedly featured a diffuse chaos of vague beings milling about in trapped fashion in a kind of Underworld cave from which there seemed to be no exit. Simultaneously, his conscious hallucinations were dominated in a compensatory way by a solitary, warrior-like primitive figure who stood atop a giant phallus, angrily shaking his fist and screaming in defiance at the sky in a kind of impotent rage. None of this primitive figure's potentially creative energy and strength had succeeded in breaking through into conscious expression, though, for John was continually bombarded and overwhelmed by voices and visions, fortunately none of them accusing or dangerous, and he was habitually shy, quiet, withdrawn and
reluctant to venture out socially. Instead, the warrior energy was imprisoned, bound in a tight knot that John felt as a painful stricture in his stomach region, the solar plexus level of unleashed emotional energy.

The unconscious, meanwhile, had an agenda of its own, for the milling dream figures later set about a cooperative task of building a giant, Buddha-like golden statue that, as John said, was an image of himself. Here a kind of divine Self image was in the making, but it was inert, passive, in one sense lifeless and helpless, since the unconscious energy was still diffused into its many splinter psyches. Still, the statue-building was a creative enterprise and one that as a gesture toward integration required a level of coordination and cooperation among the dissociated forms.

My decision at this point was to offer limited and purposive shamanic aid and for the most wait and see where the overall process would next lead, particularly as it was unfolding in the dreams. My intervention, after discussing the matter with John and with his consent, was directed solely at a relieving of the physical stress caused by the angry, lone figure, and involved a channelling of a great deal of its energy in the form of heat into an Underworld well of iced water. In a drum-induced 'ek-stasis' and journey, the energy, concretized as yellow-red fire, was drawn off from the solar plexus chakra via a bridge constructed by one of my shamanic deities, Aaivan. My totem serpent and foremost diagnostician Nathair helped me draw forth the heat in the form of a winding spiral that circled around the bridge like a kind of serpentine Caduceus, while my Wolf guide, Daynar, stood guard, and another powerful Underworld deity, Morddain, conversed with the warrior figure, whose anger seemed to eventually subside.

A second Underworld guide, Ainjanneth, drew forth from the well a grail full of water, now warmed by the channelled and redirected heat, and brought it to the warrior figure, to whom it was offered as a healing draught. The figure, after some initial resistance, accepted the drink and as he drank it, became transparent such that I saw and felt the water diffuse throughout his body as a warm flow of gold. John noted after this session that the painful stricture in his stomach had eased and that the warrior figure was now sitting in a more contemplative manner on the phallic structure.

As always, the question becomes: when is the wounded condition or
dissociated state, or loss of soul overridingl, or ultimately debilitating? Given the close correlation between schizophrenic breakdown and shamanic initiation, the shaman in dealing with schizophrenia is faced with a possible dilemma. As she knows from her own experience, it is the schizophrenic who can self-heal and reintegrate who has the makings of a shaman. If she intervenes prematurely, or unnecessarily, she may be robbing the schizophrenic of an authentic initiation experience. Here her ability as psychotherapist comes into play when she is called upon to to discern the significance of key developments in the schizophrenic's dreams, visions, voices, and degrees of adaptation to outer reality. One is reminded here also of the mandala drawings of some schizophrenics, which sometimes feature a fragmented centre, the chaos of which is spontaneously compensated by a symmetrically ordered circumference.)

As Stanislav Grof has discussed, shamanism involves fantastic inner journeys into the collective unconscious. 'Those individuals who successfully integrate their inner journeys,' Grof adds, 'become familiar with the territories of the psyche. Such individuals are also capable of transmitting this knowledge to others and of guiding them along their path . . . The dramatic initiation experiences of shamans that involve powerful death-rebirth sequences are interpreted by Western psychiatrists and anthropologists as indicative of mental disease. Usually referred to as "shamanic disease", they are discussed in relation to schizophrenia, hysteria, or epilepsy.

'This reflects the typical bias of Western mechanistic science and is clearly a culture-bound value judgment, rather than an objective scientific opinion. Cultures that acknowledge and venerate shamans do not apply the title shaman to just any individual with bizarre behavior, as Western scholars would like to believe. They distinguish very clearly between shamans and individuals who are sick and insane. Genuine shamans have had powerful, unusual experiences and have managed to integrate them in a creative and productive way. They have to be able to handle everyday reality as well as, or even better than, their fellow tribesmen. In addition, they have experiential access to other levels and realms of reality and can facilitate nonordinary states of consciousness in others for healing and transformative purposes. They this show superior functioning and "higher sanity", rather than maladjustment and insanity. It is simply not true that every bizarre and incomprehensible behavior would pass for sacred among uneducated aboriginal people.'(2)
The psychotic by definition differs from the 'normal' person in that the psychotic's ego, or conscious personality, is overwhelmed by the archetypal forces of the unconscious to the extent that s/he can no longer distinguish between inner and outer, and so can't function as a responsible citizen. Not all sufferers of schizophrenia are psychotic, but many experience similar difficulty in forming an effective barrier between their sense of personal identity (moderated by the ego) and the invasive or disruptive forces of the archetypal unconscious; hence, as Jung makes clear, the importance of having a stable ego if one is to contend with visions and voices and still be able to function in the outer world.

**Schizophrenia: The Shaman Sickness**

The path is always lonely and demanding for those called to shamanism, and doubly so for those who must contend with Western culture's refusal to accept the overwhelming reality of the disturbing realms of vision and torment in which these potential shamans dwell. Along with having to endure the loss of ego stability, hence the frightening blurring of outer and inner realites, sufferers of schizophrenia are often forced to contend with psychiatric notions, ruled by the Apollonian myth of reason, monotheism and normality, which demand that such "deviant" Dionysian states be subdued with medication, or punished with incarceration in mental institutions.

The schizophrenic's reason and senses, like those of the shaman during initiation, are assaulted by concrete revelations of the heights and depths of the vast Otherworlds of the collective unconscious. Simultaneously, the schizophrenic is forced to slot into the sometimes petty humdrum and routine of daily existence. The invasion of the ego by archetypal forces transforms the individual profoundly and irreversibly; no-one who has endured such a crisis can confine the expanded horizons of their consciousness to the tame boundaries of cultural norms. Yet instead of encouraging and bolstering the development of such transcendental levels of awareness, mainstream psychiatry seeks - out of fear of the unknown, the unconscious, the numinous, the irrational and the abnormal - to stifle it under the euphemistic and patronising guise of 'treatment'.

The schizophrenic, being intensely introverted is automatically poorly adapted in a society which narrowly defines personal identity in terms of appearance, behaviour and social status. S/he lives in a discontinuous
reality which can become a terrifying bombardment of overlapping realities, voices and chaotic perceptions. Everything takes on mythical overtones. The players in the archetypal dramas are often gods who are potentially both benevolent and destructive. Mainstream psychiatry deals with this overload by numbing the mind and trying to force the individual to readjust to cultural norms. At the same time, the "patient" is robbed of a unique mode of learning that many schizophrenics sense to be immensely valuable and worth pursuing. And unfortunately the law is in the psychiatrists' hands to take away what others treasure as an experience of the awesome power of the sacred.

**Soul Loss & the Land of the Dead**

If the schizophrenic is overwhelmed and debilitated by experiences on which the mystic thrives, the shaman treads, or rather hops along a multidirectional path between centred focus and woundedness, fragmentation and soul pathology. In shamanic ecstatic trance, the ego is not submerged but rather deliberately and temporarily displaced, destabilised or disempowered for the purpose of trance-journeying. The schizophrenic's loss of ego, however, does not parallel the mature and responsible shaman's subsequent healing vocation; it is rather akin to shamanic initiation, which can be quite traumatic or devastating,

As Jung notes, activation of the Land of the Dead is often associated with soul loss. In 1916, shortly before his uncanny experience of a band of spirits from ancient Jerusalem visiting his home and ringing the doorbell, Jung wrote down a fantasy of his soul having flown away from him. Since the soul as anima is mediatrix to the unconscious, in a sense she relates as well to the realm of the dead, since the unconscious corresponds to the ancestral, mythic land of the dead. Hence if one fantasises about the soul vanishing, it means that it has withdrawn into the unconscious as the land of the dead. Here, as Jung notes, it produces an animation which gives visible forms to the ancestral traces, this giving the dead a chance to manifest themselves. Soon after the disappearance of Jung's soul, the dead appeared to him and the result was his Seven Sermons to the Dead, written in the person of his (then) spirit guide, the Gnostic scholar Basilides. Jung considered this to be an instance of loss of soul, which, as he notes, is a phenomenon often found among primitives. (4)

Interestingly, one eulogy for Jung contained the remark that he was a schizophrenic who healed himself, precisely the definition of an initiated
shaman. Indeed, a discussion of the blatant shamanic elements of Jung's life forms a fascinating study in itself. Briefly and broadly, I'll mention here his converse with his spirit guides, which included a Wise Old Man figure, Philemon, and later his attendant, the blind girl Salome; his detailed and vivid familiarity with the landscapes of the collective unconscious, his shamanic ability to help others navigate this potentially dangerous terrain, his prophetic and sometimes disturbingly powerful dreams and visions, his early fear of madness and his double personality, his shamanic dream of becoming a woman, and his initiatory midlife crisis that began with his taking a courageous plunge alone into the Abyss.

Jung, although he does not denigrate shamanism, nonetheless views it early in his career as an expression of a primitive consciousness which views soul as external, or projected, while contemporary therapists tend to focus on psyche as an inner structure and dynamic. But these either-or perspectives are, I suggest, both inadequate spatial metaphors, or verbal conventions that say little about how we and the World actually experience soul. Jung's later experiences, for instance, betray his own externalization of soul, as is revealed when he recounts in his autobiography that he feels at times 'spread out over the landscape and inside things and am myself living in every tree, in the plashing of the waves, in the clouds and animals that come and go, in the procession of the seasons . . .' Further on, Jung ends his autobiography with the confession that 'plants, animals, clouds, day and night' fill him such that he feels a 'kinship with all things.'(5)

If, then, individuation does not shut one out from the world but rather gathers the world to itself, so soul-making gathers the individual to all-pervasive soul, anima mundi expanding into the even more inclusive sphere of unus mundus. Here, through the explosion of the isolated ego, soul's diffusive movement outward meets soul's infusive movement from outer to inner as the two merge in an imaginal Cosmos, whose Centre, as all shamans know (through 'gnosis'), is everywhere.

**Schizophrenia as Initiation**

Many diagnosed schizophrenics will deny that their condition is primarily an illness:

"It certainly feels more like an initiation of some kind," expands Chris.
"For all the pain it has brought me, I wouldn't be without it, as it has made me so much more aware of a lot of things."

Another example: Sadie had graduated from university not long before succumbing to schizophrenia at the age of 24.

"I could say that it happened overnight, that I suddenly found myself in an intensely strange, terrifying yet beautiful place; but it would also be true that it had been coming to a head for some time. I'd had a strange sense that it was going to happen for many years, and had read fairly widely on the subject, but as it turned out, nothing really could have prepared me for it when it did finally come. I was more lost than I ever would have thought it possible to be."

Friends and family were disturbed by the change that came over her, and within two months she was admitted to a psychiatric hospital.

"The last thing I wanted was to go there. The way I felt at the time, I felt it would destroy me to go in there, but I was powerless to resist. I'd lost the ability to express myself - words held too much meaning. I would listen to something as banal as a football match commentary, and to me it would be the story of the last battle of the gods. Everything was so vast, so deeply mythological. I'd see the arcane history of the world in everything, every little detail would hold another clue, and I was trying to hold all this information together, launched upon a mythic quest that terrified and excited me in ways far more real, far more vivid, than my life ever had up to that point."

Sadie later added:

"Yet as a direct result of my experiences, I've been able to pull my friends out of psychoses which otherwise would have held them fast. Shamans are able to make it through the confusion because there are older shamans who have been there themselves, and can help them. I have a few friends who are diagnosed with schizophrenia, and we all feel this way."

But if there are medications that will help the schizophrenic to function again, why don't they want to take them? Why are they so distrustful of the medical profession?

"To be honest, I don't think your average psychiatrist really has a clue,"
said Chris, a little guardedly. "My psychiatrist has never even read any Jung. It's impossible for me to respect that, and dangerous for me to allow him to administer drugs that affect my mind. It is, after all, my mind. My medication makes me very lethargic, but I'm bullied into taking it, and my appeals to reduce it, gradually, aren't considered. People are horrified at the thought of Medieval tooth-pullers, and I think as we learn more about the mind, in years to come people will feel much the same way about our psychiatrists. My doctor kept trying to make me believe that the things I was seeing and hearing and feeling were delusions, whatever he thought he meant by that. But what I was experiencing was real, in the truest sense of the word. The experiences of schizophrenics are incredibly similar to each other."

Sadie's thoughts ran along similar lines.

"The doctors are just on the look-out for symptoms that match what it says in their medication manuals . . . My medication made me sluggish. I wasn't myself. I was existing, but not living . . . . If I complained, or questioned the way I was being treated, my behaviour became, in the eyes of the doctors and nurses, symptomatic of the schizophrenia. There was no way I could win. I made a decision to gradually phase myself off the medication that had been forced on me, although I was very afraid to do so."

"I still see and hear things though. In fact, it is largely through characters I have met in my dreams that I have been able to work out how to help myself. In other words, by immersion in what I have been experiencing, rather than trying to block it out."

Drum healing is also helpful:

"I think it's the beat, the rhythm", adds Chris. It does wonderful things to your mind. Since I started dancing in this way, I haven't felt the need to take any kind of drug. I'd love to get a group of people together to visit schizophrenics and all sit round in a circle somewhere playing hand drums, bongos and whatever. Methods like this have been used for thousands of years to pull people out of psychoses. I think we need to try more ways of helping these people to get their lives back. I know it can work - I have my life back, better than ever. And it's all the more precious for having gone away."
