AN INTERVIEW-BASED INQUIRY INTO CHALLENGES FACED BY LICENSED MENTAL HEALTH PROFESSIONALS WHO UTILIZE SHAMANIC HEALING PRACTICES

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Approval of the Dissertation

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This dissertation by Daniel Foor has been approved by the committee members below, who recommend it be accepted by the faculty of Saybrook Graduate School and Research Center in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Psychology

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Abstract

AN INTERVIEW-BASED INQUIRY INTO CHALLENGES FACED BY LICENSED MENTAL HEALTH PROFESSIONALS WHO UTILIZE SHAMANIC HEALING PRACTICES

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Increasing numbers of licensed mental health professionals in the United States utilize diverse indigenous and nonindigenous shamanic healing methods in their clinical practices; however, use of these methods in a psychotherapeutic setting can give rise to a variety of ethical and professional challenges. This research study sought to understand both the nature of these challenges and the ways that shamanic-oriented clinicians are currently addressing them in clinical practice. In-depth interviews were conducted with six licensed psychotherapists of diverse backgrounds throughout the United States, all of whom openly use shamanic healing methods in their clinical practices. Results detail diverse types of ethical and professional dilemmas pertaining to areas such as cultural appropriateness of shamanic work, informed consent, scope of practice, contraindications for shamanic healing work, and multiple-relationship tensions particular to shamanic-oriented clinicians. Conclusions underscored the diversity among contemporary practitioners of shamanism in the United States, the need for greater collegial dialogue, and the current lack of a professional organization to represent shamanic-oriented mental health professionals.

Dedication

I dedicate this project to all those individuals who have been hard at work these past decades trying to heal the rifts between traditional, indigenous, earth-honoring ways of healing and Western mental health practice. Thank you for your service and for clearing a path for younger clinicians like myself. May the professional practice of psychotherapy become a force for ecological healing, an institution publically and decisively rooted in deep love and care for all of our relations, human and otherwise.

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I am grateful to my doctoral research committee—Jurgen Kremer, Stanley Krippner, and Ruth Richards—for their consistent support and helpful feedback throughout my time at Saybrook. Thanks for reminding me that there is a place in Western psychology for shamanism, ceremony, and talking with spirits.

I honor the courage of the six research participants to speak openly about their efforts to harmonize shamanic healing arts with the practice of psychotherapy. May your sharing open the door for many others to share their gifts and talents as therapists and as practitioners of shamanic healing. Prayers for your success and happiness.

Big love and respect to my parents, who have consistently supported the circuitous path of my formal education over the last 3 decades. Thank you both for hanging in there and for being your generous and supportive selves. Gratitude to family, friends, teachers, and extended community too numerous to name here who saw less of me these last 4 years and whose support is the unseen mortar of this research project.

Finally, I want to thank my ancestors, the helpful guides, and the spirits of the land here in the San Francisco Bay Area. Thanks for your support of my life and for encouraging me to go ahead and get the doctorate. Thanks for hanging in there while we work to get our cultural house in order and remember our relatedness.

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Chapter 1
Introduction

Background

Increasing numbers of licensed mental health professionals in the United States openly incorporate diverse indigenous and nonindigenous shamanic healing methods into their clinical practices (e.g., Brockman, 2006; Drake, 2003; Duran, 2006; Gagan, 1998; Gray, 1995; Sandner & Wong, 1997; Smith, 1996; Society of Shamanic Practitioners [SSP], 2009). When licensed mental health professionals introduce shamanic healing methods in their clinical practices, areas of deeply rooted differences between diverse traditions of shamanic healing and modern Western culture and psychology may take the form of tangible ethical and professional dilemmas. National credentialing or state licensing bodies may, for example, object to clinicians who openly grapple with "possessing spirits" (e.g., Brockman, 2006; Drake, 2003); facilitate client dialogue with "non-corporeal spirit guides" (e.g., Gagan, 1998; Gray, 1995); or take drum-induced trance journeys into the "spirit world" to diagnose client conditions or "retrieve clients' souls" (e.g., Ingerman, 1991; Smith, 1997b). Elements of the mental health establishment may assert that shamanic healing practices fall outside the scope of psychotherapy, lack credible research as a healing method, or are culturally inappropriate for most clients. Although such objections may be energized at times by cultural bias, ostensibly they would also fueled by legitimate concerns for client welfare, an area of mutual interest to shamanic healing practitioners and the psychological establishment alike.

Research Questions

The two central research questions around which this study was carried out were as follows: *What are the ethical and professional challenges facing licensed mental health professionals in the United States who elect to use indigenous and nonindigenous shamanic healing methods in their clinical practices? In what ways are these clinicians currently navigating these challenges?* By emphasizing clinician conduct over personal belief or worldview, these research questions assume that in an increasingly multicultural society such as the United States, the delivery of effective and professional psychological services does not require clinician allegiance to any specific religious or philosophical viewpoint. Mental health professionals may be openly atheist, Catholic, Buddhist, Muslim, shamanic, Mormon, none of the above, or adamantly private about their personal beliefs. In the absence of a unifying worldview to which all clinicians must adhere, professional ethics play a critical role in establishing coherence, integrity, and common ground among mental health professionals. By conducting multiple in-depth interviews with diverse clinicians who openly utilize indigenous and nonindigenous shamanic healing methods in their mental health practices, I sought to better understand the challenges raised by their approaches to psychotherapy as well as the ways in which they are grappling with these challenges.

Definitions of Key Terms

This research focuses on men and women who are both licensed mental health professionals and practitioners of shamanic healing. In the professional context of the United States, and for the purposes of this research study, licensed mental health professionals include psychologists, marriage and family therapists, professional

counselors, and clinical social workers with a current license to offer psychotherapeutic services in one of the 50 states. Other mental health professionals such as psychiatrists, nurse practitioners, and some school counselors also provide a small but important percentage of professional psychotherapy; however, this study was limited, largely due to practical time and energy constraints, to clinicians with one of the four more common types of mental health licenses named above.

The terms *shamanic healing practitioner* and *shamanic healing practices* are meant to include both indigenous and nonindigenous types of shamanic healing methods or practices. Shamanic healing methods are found on all inhabited continents and are tremendously diverse; however, some recurrent elements include a belief in alleged noncorporeal beings or spirits that exert influence on living humans (Turner, 2003; Vitebsky, 2000); a tendency for the shamanic healing practitioner to work with alternate or nonordinary states of consciousness (Heinze, 1991; Krippner, 2000); and a conceptualization of health and illness that emphasizes living in harmonious relationship with many different types of beings and natural forces (Gray, 1995; Sue & Sue, 2003). I functionally define shamanic healing practitioners as individuals who claim to relate with diverse types of noncorporeal beings (e.g., human ancestors, deities, spirits of nature) in ways that result in benefit for the larger community as well as its members. This inter-being mediation is often, but not always, facilitated through intentionally shifting awareness and is often accompanied by claims to access knowledge that is otherwise difficult to obtain (Krippner, 1999).

Potential Benefits

As one focal point in the larger dialogues both among indigenous and nonindigenous shamanic healing practitioners, as well as between diverse shamanic healing practitioners and Western psychology and psychotherapy, this research rests first and foremost on the shared concern for client welfare. Therefore, in order of relative priority, this study sought to benefit (a) clients who knowingly or unknowingly seek mental health services from shamanic-oriented clinicians; (b) clinicians who endeavor to integrate shamanic healing methods into their clinical practices; and (c) more broadly, anyone interested in constructive cross-cultural exchange between indigenous and nonindigenous shamanic healing systems and Western psychology and psychotherapy. By clearly outlining the challenges these clinicians face and the ways in which they are responding to these challenges, it has been my intention to lay a foundation for future research into how clinicians who elect to incorporate shamanic healing methods into their practices can effect this integration in ways that are consistent with the ethical and professional standards of the mental health professions. By sharing the results of this research with shamanic-oriented clinicians, I have also sought to increase collegial dialogue about these areas of shared concern.

Chapter 2
Review of the Literature

In this literature review, I have briefly surveyed the historical relationship between indigenous and nonindigenous shamanic traditions and Western psychology, followed by a more focused consideration of shamanic healing methods. I have then reviewed the publications of mental health professionals who have integrated some form of shamanic healing methods into their clinical practices, considering this trend from a variety of perspectives including the degree of integration, frequency of occurrence, and types of shamanic healing practices integrated. Lastly, I have focused on ethics and shamanism and outlined concerns likely to be raised by this still uncommon trend in clinical mental health practice.

Indigenous Traditions and Shamanism

Indigenous Traditions and Western Psychology

Western psychology arose as a distinct discipline largely within the male-dominated academic cultures of Europe and the United States in the late 19th and early 20th centuries. During this same period of time, the United States, Canada, Australia, Russia and several other European states, and numerous Latin American countries were playing out colonizing and overtly racist modes of relating with diverse indigenous communities. Native American psychologist Eduardo Duran (2006) stated that "clinicians should be aware that most [Native American] tribes have gone through a horrendous holocaust" (p. 7) followed by a period of cultural genocide that was fueled in large part by the "racist ideology of the 19th and early 20th centuries" (p. 8). Sue and Sue (2003) spoke to this legacy in Western culture and psychology:

> For too long we have deceived ourselves into believing that the practice of counseling/therapy and the database that underlie the profession are morally, ethically, and politically neutral. The results have been (a) the subjugation of minority groups, (b) the perpetuation of the view that they are inherently pathological, (c) the perpetuation of racist practices in treatment, and (d) the provision of an excuse to the profession for not taking social action to rectify inequalities in the system. (p. 60)

Similarly, a multicultural task group from the American Psychological Association's Division of Counseling Psychology and the Society for the Psychological Study of Ethnic Minority Issues warned of an invisible veil that operates outside of conscious awareness and leads to the assumption that individuals of all races, cultures, ethnicities, and genders share the same worldview (Sue et al., 1998).

By reframing Western psychology as merely one way of understanding and engaging with the human psyche and the world, the possibility emerges for substantive dialogue between Western and diverse non-Western psychologies such as Buddhist psychology (Naropa University, 2009); East-West psychology (California Institute of Integral Studies, 2009); and the Native American psychologies (Duran & Duran, 1995). The use of indigenous and nonindigenous shamanic healing methods by some clinicians may be contextualized as one expression of this tentative openness in Western psychology to others' worldviews and healing systems. And the use of traditional healing methods in a clinical setting also raises legitimate ethical and professional concerns that, if not addressed, could lead to a backlash that over time jeopardizes the potential for this type of cross-cultural exchange. Giving care and attention to such concerns need not imply that the ethical and professional standards of Western psychology are static or free from cultural bias, only that pragmatic respect for the norms and culture of the mental health professions is conducive to a constructive and ongoing cross-cultural dialogue.

Shamans, Shamanism, and Western Psychology

Recurrent themes in the literature emphasize the shaman's role as mediator between the human and other-than-human worlds (Harvey, 2006); the shaman's proficiency in various types of trance or alternate states of consciousness (Heinze, 1991); the shaman's claim to access special or otherwise inaccessible knowledge (Krippner, 1999); the requirement that a shaman be called or chosen by the spirits (Sarangerel, 2001); and the shaman's need to derive authority and sanction from the community that he or she serves (Halifax, 1979). Although anyone may potentially enjoy meaningful relations with the nonhuman worlds; experience alternate states; access special knowledge (e.g., in dreams or waking visions); and even respond to perceived callings from the spirits or perform certain ceremonies on behalf of others, the shaman cultivates these qualities to a higher degree over an extended period of time and uses these skills for the well-being of others.

The term *shaman* first entered Western languages in the late 17th century from the Tungus or Evenk people of Central Asia (Vitebsky, 2000), where it referred to a certain type of religious or spiritual specialist. In the past two centuries, the term has been applied to similar types of specialists worldwide, especially among members of indigenous cultures; however, shamans are often referred to by their communities with terms derived from the local language (Heinze, 1991). Responding to the assertion that use of the word *shaman* should be restricted to the indigenous cultures of Central Asia (e.g., Circle of Tengerism, 2009), White (2004) stated that "shamanism is a transcultural human phenomenon that may manifest differently in different cultures" (p. 14). Echoing White's assertion, Buryat Mongol shaman Sarangerel (2001) wrote that techniques from

her tradition "can be used by shamans from any culture or nationality" and "most [techniques] have parallels in other types of shamanism" (p. x).

Despite an increase in constructive dialogue in recent decades, Western cultures have often perceived shamans and shamanism as devil worshippers, charlatans, schizophrenics, and practitioners of a crude and degenerative technology (Krippner, 2002). Narby and Huxley (2001) made reference to a "force field" that often prevents non-shamans from better understanding shamans, pointing to a "conflict of beliefs about the fundamental nature of reality" (p. 8). Unlike philosophical materialists and most Western-trained scientists, shamans believe in spirits and other noncorporeal beings, some of whom wield considerable human-like influence in the realm of corporeal beings. Although indigenous healers often do not identify with shamanism, and shamanic healing practitioners are not all indigenous, some indigenous healers do also self-identify as practitioners of shamanism, and the terms *indigenous* and *shamanism* are by no means mutually exclusive. In alignment with White and Sarangerel, I both acknowledge the historical origins of the term *shaman* in Evenk culture and recognize that the term has been abstracted from its original Central Asian indigenous context, therefore making it possible to assert that tremendous variety exists worldwide among diverse indigenous and nonindigenous practitioners of shamanism and shamanic healing.

Shamanic Healing Practices

Insofar as shamans serve their communities as mediators, shamanic healing sessions tend to involve the shaman and, at times, the client working in partnership with diverse types of beings, often noncorporeal spirit guides, to restore health and balance to the life of the client and his or her web of human and nonhuman relations. Shamanic

healing practitioners also tend in this process to utilize alternate states of consciousness, an aspect of shamanic healing practice that has catalyzed rich dialogue with Western psychology (e.g., Winkelman, 2000). Some (Rock & Krippner, 2007) have encouraged a shift from the conceptual framework of altered, alternate, or shamanic states of consciousness to shamanic patterns of phenomenal properties in order to address a perceived confusion between consciousness itself and phenomenological content.

Shamanic methods for accessing needed information vary cross culturally and may include dance; song; prayer; meditation; fasting; ingesting psychoactive plant medicines; sonic driving, often with a drum or rattle; extremes of temperature; or simply willing a shift in one's state of attention or awareness. Shamanic healing, especially when practiced in a traditional indigenous context, also tends to actively involve the extended family or community both during healing ceremonies and after to a higher degree than is common in the practice of Western psychotherapy (Sue & Sue, 2003). Finally, shamanic healing practitioners tend to conceive of sickness and health as a function of one's relationships both with living human family and community as well as with natural or unseen forces, beings, or spirits (Sue & Sue, 2003).

The increased interest in indigenous cultures and shamanism over the past several decades is reflected in the diverse types or lineages of shamanic healing methods currently practiced in the United States and, by extension, among mental health professionals. Some clinicians cite influence from the indigenous traditions of Africa (e.g., Kottler, Carlson, & Keeney, 2004); Latin America (e.g., Smith, 2009); Asia (e.g., Peters, 2004); and Native North America (e.g., Bernstein, 2005). Others claim no direct link to traditional indigenous cultures but rather align with revival forms of shamanism

such as the Harner-method core shamanism (e.g., Brockman, 2006) and Celtic shamanism (e.g., Karr, 2009). The assumptions and methods of Michael Harner, Sandra Ingerman, and the California-based Foundation for Shamanic Studies (FSS; 2009) have been particularly influential for many practitioners of shamanism in the United States, and they are the largest single influence among mental health professionals who integrate shamanic healing methods into their clinical practices. Harner and the FSS have been criticized, among other matters, for claiming that their methods constitute core (implied universal or essential) shamanism (Harner, 1990; Johnson, 2003). I am sympathetic to this criticism as reflected in my choice to refer to the work of Harner and the FSS as Harner-method core shamanism, merely one strand or lineage of revival shamanism, no more or less valid than other forms of shamanism and with no unique mandate or ability to represent shamanism or indigenous healing as a whole. Others (e.g., Drake, 2003) cite influence from both traditional indigenous and revival forms of shamanic healing practice, and, in recognition of pluralities inherent in shamanism, I favor specific and value-neutral language that clarifies whether the shamanic healing methods being utilized by any given clinician derive from traditional indigenous cultures, revival forms of shamanism, or a blend of both.

Shamanic Healing Practices in Clinical Mental Health

Type and Number of Integrative Practitioners

Mental health professionals may train in shamanic healing methods before, during, or after becoming licensed clinicians, and there is nothing prohibiting them from maintaining a clearly distinct practice in shamanic healing parallel to their work in mental health. There is also nothing from a shamanic perspective that precludes the

incorporation of psychological wisdom into shamanic healing sessions; however, some shamanic healing tools do fall clearly outside the scope of ordinary practices of clinical mental health work (e.g. psychoactive substances, physically intense practices such as sweat lodges, and vision fasts). For individuals trained in both shamanic and psychotherapeutic healing practices, the more restrictive nature of clinical licensure creates professional and ethical tensions that may be addressed in several ways. Individuals may train in psychology but forego clinical licensure to work only as a shamanic healing practitioner; they may maintain clearly distinct practices in shamanic healing and psychotherapy; or they may attempt some degree of integration of the two under a clinical license, even if they also maintain a distinct practice in either shamanic healing or mainstream psychotherapy concurrent with their integrative practice. My focus in this research is limited to shamanic healing practitioners who both maintain an active clinical license in one of the 50 states and openly integrate shamanic healing practices into their work with clients under their clinical license. In the context of this study, I use the terms *integrative* and *integrative practice* to refer to this intentional blending of shamanic and psychotherapeutic healing practices.

The frequency at which licensed mental health professionals in the United States are incorporating indigenous and shamanic healing methods into their clinical practices is difficult to estimate. A cursory internet search conducted by this author in early 2008 yielded links to 29 verifiably licensed clinicians in 14 states claiming to use some type of shamanic healing practice in a psychotherapy context (see Appendix A). These included psychologists, marriage and family therapists, professional counselors, and clinical social workers. Clinicians in the United States who incorporate shamanic healing practices into

their work with psychotherapy clients have published on their work through at least six full-length texts (Brockman, 2006; Drake, 2003; Duran, 2006; Gagan, 1998; Mindell, 1993; Smith, 1997) and numerous interviews, book chapters, and journal articles (e.g., Blessum, 1997; Gray, 1995; Raff, 1997; Sandner & Wong, 1997; White, 2002). Nona Bock's (2005) master's thesis focused on shamanic healing practices and included questionnaire responses from 24 licensed health professionals, mostly psychotherapists (p. 114). Similarly, the doctoral research of Sarah Sifers (1998) included interviews with 11 licensed mental health professionals, mostly clinical social workers, who incorporated shamanic methods into their practices.

If, hypothetically, for every verifiably licensed clinician who openly advertises shamanic services via the Internet there are two to three other clinicians working less visibly, this yields a conservative estimate of 100 licensed mental health professionals in the United States who utilize some type of shamanic healing methods in their clinical practices. This estimate does not include individuals who identify more with ecopsychology, paganism, or earth spirituality (i.e., orientations that share many similar values with indigenous and nonindigenous shamanic healing traditions). During interviews, C. Michael Smith, based on his previous work as publisher of the *Shamanic Applications Review,* believes there to be approximately 2,000 licensed clinicians currently incorporating shamanic healing methods in the United States. As I have no way to verify Smith's estimate, I have elected to maintain the estimate of 100, with the understanding that this may substantially underestimate the total number of shamanic-oriented clinicians.

Types of Shamanic Healing Practices Integrated

Shamanic healing practices may be conceived of on a spectrum from less to more divergent from Western psychological models and worldviews. Methods likely to be acceptable to many, if not most, nonshamanic clinicians include creative use of story and narrative, including work with dreams; helping clients to establish healthy relationships with the natural world; and teaching clients to use practices like meditation, prayer, and guided visualization for self-regulation, relaxation, and personal empowerment. Even facilitated dialogue with loving and wise spirit guides and some types of shamanic journeywork or similar practices may be readily adapted in many cases to a psychotherapy context. In the middle range of such a spectrum are proceed-with-caution methods that may require modification, specific circumstances, or very clear informed consent to be used in a psychotherapeutic setting. These may include techniques that involve the clinician directly seeking to alter the client's so-called subtle energy body in ways such as extracting "energetic intrusions," performing "soul retrievals" on behalf of a client, and directly "doctoring" or "balancing" a client's "subtle energy field." Examples of red-flag shamanic healing practices that are clearly incompatible with mainstream psychotherapy are those procedures that include induction of full possession states among either clients or practitioners, use of consciousness-altering substances such as ayahuasca or peyote during sessions, multiple-hour ceremonies, and work with extremes of physical discomfort in a ceremonial context.

Clinical Orientations That Support Integration of Shamanic Methods

The clinicians who publically integrate shamanic methods into their practices tend to align with one or more established orientations within Western psychology. The clinical orientation that has by far the most established dialogue with both indigenous and nonindigenous shamanic healing traditions is Jungian or depth psychology (e.g., Bernstein, 2005; Ryan, 2002; Sandner & Wong, 1997; Smith 1997). Other clinical orientations that have been used to suggest a theoretical bridge between shamanic healing and psychotherapeutic practices include ecopsychology (Gray, 1995); somatic psychology (Brockman, 2006); and energy psychology (Drake, 2003). Although indigenous cultures clearly have their own psychologies in the sense of a system by which to understand the human psyche and its manifestations, there is little evidence to suggest at this time the emergence of a distinct clinical orientation in Western psychology based on either indigenous or nonindigenous shamanic healing principles and practices.

Conclusions

Due to the more narrowly defined and regulated nature of clinical mental health work, clinicians who also practice shamanic healing are faced with professional choices about whether or not to integrate shamanic healing into their practices; this research focuses on those attempting such integration. To my knowledge, there is no research that has specifically sought to understand the ethical tensions and professional challenges that arise from this type of clinical integration. There are at least 29 licensed clinicians in the United States who draw on shamanic healing practices to some degree in their clinical practices and likely a much higher number who do not openly advertise. Shamanic

methods themselves are quite diverse, and the integrative work of these clinicians can be usefully conceived of on a spectrum from less to more divergent from models of mainstream Western psychotherapy. As there is little evidence at this time to suggest the emergence of a distinct shamanic clinical orientation, most, if not all, of these clinicians reference their inclusion of shamanic methods to an established clinical orientation such as Jungian, ecological, or somatic psychologies.

Ethical Concerns Raised by Shamanic Healing Practices in Clinical Mental Health

Ethics Among Mental Health Professionals

Each profession (e.g., psychologists, professional counselors, social workers) within the larger domain of mental health has both state laws governing practice and clearly articulated ethical guidelines. Although state laws often incorporate various elements from each respective profession's code of ethics, the various ethical guidelines extend well beyond legal requirements and include the affirmation of values such as integrity and a commitment to not abandon or exploit clients. The credentialing bodies responsible for articulating and upholding these ethical guidelines are also empowered to revoke professional licenses in cases of clinical conduct that violates ethical guidelines. For the sake of this research, a conservative definition of clinician misconduct is adopted that derives directly from state laws and ethical guidelines articulated by the establishment of various mental health professions.

This seemingly clear-cut definition of misconduct as anything that state boards and credentialing bodies agree deviates from professional laws and ethics is in some ways anything but straightforward. First, there is considerable debate among mental

health professionals regarding certain topics in the ethical codes. For example, Corey, Corey, and Callanan (2003), authors of a popular text on ethics in the helping professions, stated their position that "the professions have gone too far in the direction of discouraging practitioners from engaging in any form of dual relating" (p. 254). In addition to debates surrounding any given facet of professional ethics, some level of dissention and criticism has always existed within the mental health professions regarding topics such as licensure, credentialing, and accreditation. Also, as the United States and the mental health professions become increasingly diverse and multicultural, certain idiosyncratic, culturally narrow elements of existing laws and ethics become increasingly contentious. The presentation of various types of critiques of the laws and ethics governing the practice of mental health is well beyond the scope of this research except to note that the conservative, functional definitions used throughout this project when referring to professional ethics and misconduct rest on a latticework of cultural assumptions that are themselves subject to question.

Ethics Among Shamanic Healing Practitioners

There is no process by which a shamanic healing practitioner becomes licensed in the United States and no formal credentialing bodies that certify shamanic healing practitioners on either federal or state levels; from a legal point of view, the practice of shamanic healing is unregulated. For traditional indigenous healers and as well as nonindigenous shamanic healing practitioners, ethics are often rooted in interpersonal relationships (among both humans and other-than-human persons) and in values specific to the healer's culture of origin rather than in any explicitly articulated, widely agreed upon, or enforceable code of ethics. Reputation, especially in smaller communities,

serves to protect some potential clients from ineffective shamanic healing practitioners or those with ethical shortcomings. Also, at least in a traditional context, shamanic healing practitioners are expected to undergo a rigorous and often lengthy period of training or apprenticeship before serving their communities in a formal capacity as a healer; however, rigorous training alone is no guarantee that power will not be abused.

Aside from the ethical codes embedded within the matrix of any given indigenous community or lineage of shamanic practice, there have been few attempts to articulate a code of ethics likely to represent a majority of the diverse practitioners of indigenous and nonindigenous shamanic healing in the United States. One of the written ethical codes for shamanic practitioners spoke to some of the challenges inherent in such an endeavor:

> The shamanic practitioner's ability to generate a healing response in a patient is dependent on the practitioner's relationship with the spirits that actually perform the healing work. As such, no licensure or certification can be imposed on this discipline as a measure of quality assurance. (Knowlton & Rysdyk, 2001, no page or paragraph number)

Knowlton and Rysdyk (2001) went on to claim that in order to determine "the true quality of a shamanic practitioner's work, we must rely on reputation and referral which, is the primary way indigenous cultures have, for centuries, determined the effectiveness of a shaman" (2001, no page or paragraph number). Although Knowlton and Rysdyk seem to underemphasize the key role of the living shamanic practitioner, and they fail to reference certification systems already being used for traditional healers in other countries (Kale, 2005), the authors do highlight the strong aversion within networks of shamanic practitioners to any formal system of regulation.

Members of the Sacred Circle of the Great Mystery Society (2009), a shamanic community based largely out of England and Canada, have articulated 10 principles,

14 sacred laws, and 18 ethical guidelines to which all initiates and ordained members are asked to adhere. The ethical guidelines address concerns of competency in shamanic healing practice as well as ethical issues such as confidentiality, supervision, and commitment to one's own ongoing inner work. The guidelines themselves could apply to shamanic healing practitioners from diverse backgrounds; however, similar to Knowlton and Rysdyk's (2001) code of ethics, no attempt is made to speak for anyone beyond their community, and, unlike ethical codes in mental health, such guidelines are entirely nonbinding upon shamanic healing practitioners as a whole.

In addition to localized teachers and shamanic communities, there are a small handful of more broad networks that have emerged in recent years, some of which have also attempted to articulate ethic guidelines. One such network, the recently formed Society of Shamanic Practitioners (SSP; 2009), is a not-for-profit public benefit corporation based in the United States that claims over 700 members, most of whom practice revival forms of shamanism and many of whom are also licensed mental health professionals. The SSP has become the largest single organizational convergence point for shamanic healing practitioners in the United States, if not the world; however,

> The SSP does not credential practitioners in any way. Our mission is not to regulate, but to educate and build community. For this reason, membership in the Society does not imply an endorsement by the Society of any individual or group. Our circle is open to all. But we do provide members with a Code of Integrity, and we encourage a continued dialogue around subjects such as ethics, integrity, and the role of values. (2009, no page or paragraph number)

Rather than address specific behaviors, the SSP's Code of Integrity consists of 10 pledge statements such as "Be respectful of others, even in their differences"; "Do no harm and to avoid any exploitation or misconduct in my work with clients"; and "Keep my own life in balance, to the best of my ability, in service to others" (2009, no page or paragraph

number). The lack of widely accepted written ethical codes or regulations for shamanic healing practitioners does not indicate they are, in practice, any more or less ethical than regulated mental health professionals; however, the lack of explicit guidelines may increase the complexity of ethical decision-making processes for licensed mental health professionals who actively use shamanic healing methods in their clinical practices.

Ethical Challenges Likely to Be Faced by Integrative Practitioners

Aside from being an approach to healing that is new for the culture of Western psychotherapy, there are distinct characteristics of shamanic healing practices, such as relating with spirits, that are likely to give rise to particularly challenging ethical and professional dilemmas in clinical practice. To better understand these dilemmas I asked the following two research questions: *What are the ethical and professional challenges facing licensed mental health professionals in the United States who elect to use indigenous and nonindigenous shamanic healing methods in their clinical practices? In what ways are these clinicians currently navigating these challenges?* Based on my initial reflections on the challenges that may arise, I have suggested the following six categories: (a) cultural appropriateness, (b) informed consent, (c) efficacy of shamanic healing practices, (d) scope of practice, (e) contraindications, and (f) multiple relationships. These categories were reflected in the clinical vignettes (see Appendix C) that illustrated tangible ways in which each of these types of concerns could arise when shamanic methods are used in a clinical setting. The vignettes are given greater consideration in chapter 3. The types of challenges they suggest are at the heart of this

research and are the primary focus of the Results and Discussion chapters of this dissertation.

Chapter 3
Methodology

The structure of this research was an interview study that relied upon semistructured, in-depth interviews with licensed, shamanic-oriented clinicians as the primary data source. Interviews were supplemented with information from participants' professional websites and, when available, participants' publications. In order to enhance discussion, participants also were provided with a number of clinical vignettes (see Appendix C) prior to interviews; however, these vignettes did not play a large role in the interviews themselves. Below, after reviewing the guiding research questions and providing a rationale for the methods used, I then consider the instruments used, the ways in which I identified research participants, my process for carrying out interviews, and my methods for analyzing the data collected. I also address issues of research validity, reliability, and generalizability, as well as potential ethical issues inherent in this research. Delimitations and limitations of the study are reserved for consideration in the final portion of chapter 5.

Guiding Research Questions and Clarification of Terms

Again, the core questions that guided my research were as follows: *What are the ethical and professional challenges facing licensed mental health professionals in the United States who elect to use indigenous and nonindigenous shamanic healing methods in their clinical practices? In what ways are these clinicians currently navigating these challenges?* I chose to limit the scope of my study to the United States for the sake of simplicity because I am a U.S. citizen myself and out of the respect for the ways in which national and state regulatory cultures influence the practice of clinical mental health and

psychotherapy. As stated earlier, licensed mental health professionals include psychologists, marriage and family therapists, licensed professional counselors, licensed clinical social workers, and any others with a current license in one of the 50 states to provide mental health services; however, the scope of this study was limited to individuals with one of the four types of licenses named above. State licensing bodies typically require the maintenance of a public access database that allows for verification of clinical licenses, and this was the means by which licenses were verified in Appendix A. I also performed this simple cross check with all research participants to ensure that they were currently licensed at the time of their interviews and therefore subject to oversight by state licensing boards and national credentialing bodies such as the American Psychological Association or the American Association of Marriage and Family Therapists.

The second part of my first research question further narrowed my scope to clinicians who *elect to use indigenous and nonindigenous shamanic healing methods in their clinical practices.* As outlined in the literature review, there is a complex and, at times, tense relationship between traditional indigenous healers and practitioners of revival forms of shamanism, such as Harner-method core shamanism. I attempted to respect diverse communities of interest by (a) using the term *indigenous* only when referring to individuals or practices directly linked by blood ancestry or clear lineage to traditional, indigenous communities; (b) referring to shamanisms in the plural rather than risk implying there is one essential or universal expression of shamanic healing practice; and (c) attempting to be culturally specific when possible about any given practitioner's orientation and spiritual lineage (or lack thereof).

Although there are certain recurrent elements of shamanic healing practices that could be used as identifying criteria (e.g., relating with spirits, tendency to shift awareness, intent to serve larger community), I relied largely on the ways in which research participants self-identify through publications and professional websites to determine their status as shamanic healing practitioners. Furthermore, my choice to interview any given clinician was not intended as a validation of his or her shamanic credentials, as it was beyond the scope of this study to presume to assess research participants' legitimacy or efficacy in using shamanic healing practices. Also, in order to meet my criteria, research participants had to overtly and regularly include some type of shamanic healing practices in their clinical mental health practices, not merely in a parallel or distinct setting for shamanic healing practices.

Research Design and Data Sources

Interview Study

The initial methodology of choice for this research was multiple case study, and Creswell (1998) defined the case study method as "an exploration of a bounded system or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context" (p. 61). I later abandoned this approach in favor of a straightforward interview study because the criteria of using several sources of data was not met to a significant degree: Only one of the six participants had published, participants' direct experience was favored over vignettes during interviews, and participants' websites did not yield much additional data. With respect to this research, semistructured, in-depth interviews allowed for treatment of ethical challenges that required consideration of various cross-cultural, clinical, religious/spiritual, and

professional/legal variables in order to be fully appreciated. I considered multiple types of clinicians and clinical practices in order to diversify my interview data and increase my appreciation of the challenges that various types of mental health professionals face in their integrative practices.

In-Depth Interviews

Regarding the process of designing qualitative research studies that reply on interview data, Kvale (1996) stated, "The thematic questions of 'what' and 'why' have to be answered before the 'how' questions of design can be posed meaningfully" (p. 95). The content or the "what" of this study informed my choice to interview shamanic-oriented clinicians as they are in a position to have the most direct knowledge of the challenges of integrating shamanic healing practices into a Western psychological setting. In my preliminary research, I reviewed the minimal literature on these challenges and articulated, in the form of clinical vignettes, possible dilemmas that clinicians may face (see Appendix C). The speculative nature of these vignettes represented a functional limit to what could be known short of engaging directly with clinicians about their lived experiences. By providing these vignettes to clinicians for review before our initial interview, my intention was to stimulate dialogue; however, the vignettes did not surface to a significant degree during research interviews.

My motivation or "why" for this research was to make a positive contribution to this integrative and cross-cultural approach to psychotherapy for both shamanic-oriented clinicians and the clients they serve. This further supported my choice to interview licensed clinicians, as they not only have the best vantage point from which to experience this meeting of worlds but, as healers and cultural change agents, they would presumably

be sympathetic to my motivations. As for the logistics of "how" to address my guiding research questions, I arranged in-depth interviews with currently licensed clinicians in the United States who openly incorporate shamanic healing methods into their clinical practices.

Instruments

Aside from the initial interview protocol (see Appendix D), which was never directly shared with participants and which was based in part on the clinical vignettes, the primary instrument that entered into the process of conducting research interviews was the collection of clinical vignettes (see Appendix C) itself. This was initially shared with participants as an email attachment and as something to review before the interview itself as a way to generate discussion and possible topics for discussion. Shortly into the first interview, I realized that the participant with whom I was speaking already had an abundance of personal clinical experiences that also spoke to the concerns raised by the vignettes. In response to this, I shifted my strategy to focus more on the implicit questions raised by the vignettes and decided that I would only return to the vignettes if I felt that any given clinician did not have direct personal experience with the issues raised. Over the course of the interviews, the vignettes dropped even further from my awareness as I felt more drawn to the rich material participants shared from their direct experiences, and new issues not mentioned in the vignettes emerged. Upon reflection, I believe that the vignettes may have been helpful in setting the tone for the conversation, and they were certainly helpful for me in organizing my thoughts and questions for participants; however, participants did not seem particularly interested in referencing them during interviews, focusing instead on personal experiences and examples on any given topic.

Participants

Regarding the number of participants, Kvale (1996) counseled the obvious: "Interview as many subjects as necessary to find out what you need to know" (p. 101). Merriam (2001) likewise stated, "What is needed is an adequate number of participants, sites, or activities to answer the question posed at the beginning of the study" (p. 64). As I have been able to identify 29 licensed clinicians in the United States who openly incorporate some type of shamanic healing methods into their clinical practices (see Appendix A), six participants constituted over 20% of the total number identified. Interview data was complemented, especially in the presentation of participant biographies, with data from their professional websites.

The sample was purposive/purposeful or carefully selected based on the knowledge I sought to acquire (Creswell, 1998, p. 62). Interview participants were selected based on a variety of criteria, including degree of integration of shamanic methods, presence of publications, and years of clinical experience (more being favorable for these three criteria). Regarding their clinical licenses, I included two psychologists, one marriage and family therapist, two professional counselors, and one clinical social worker, and all participants were from different states.

With four female and two male participants, gender balance in this study roughly reflected the 29 females to 19 males ratio of clinicians in Appendix A, and I sought to be mindful with respect to the gender of research participants. I sought participants who were representative of diverse traditions or types of approaches to shamanism; some trained only in revival forms of shamanism, some only in traditional indigenous healing methods, and most drew on a blend of the two.

Data Collection and Analysis

Data Collection Procedures

I first contacted potential participants with a phone call describing the nature of my research and what participation would entail. If a potential participant expressed interest, I followed up this phone call with a written letter of introduction describing the nature of my research (see Appendix B), accompanied by a formal research consent form. When I received the signed consent form from the potential participant, I arranged for an in-person interview at a location of his or her choice when possible and by phone for the five of six participants who did not live in California.

Initial interviews were semistructured, roughly following the initial interview protocol (see Appendix D) and lasting approximately one and a half hours. All interviews were audio taped with participant consent and transcribed for subsequent analysis. After obtaining an overall feel for a research participant's manner of integrating shamanic methods into his or her psychotherapy practice, I initiated discussion of specific ethical challenges faced. I then transcribed the primary interviews. Approximately 1 to 2 months after each participant's primary interview, a follow-up interview of approximately one half hour was conducted. This follow-up conversation served as a time for each of us to ask any necessary questions. Also, before the second interview, each participant was provided a transcript of our first interview in the event that he or she wished to make any corrections or revisit certain topics after further reflection. For some participants, the second interview seemed like an especially helpful space in which to reflect upon our previous conversation. But for other participants, the follow-up interview was mostly driven by my own work of filling in gaps in the original interview. In either case, the

second interview felt helpful to this interviewer, allowed participants to refine earlier statements, and seemed to clearly enrich the data obtained.

Analysis of Interview Data

After my first round of interviews was nearly completed, I realized that I needed to devise a way to allow for the new categories of concern that were arising organically from interview conversations. When all six initial interviews were completed and the audio tapes transcribed, I excerpted from the transcriptions all of the questions that I asked during each interview. I then eliminated duplicate questions that were virtually identical in form and meaning and organized the remaining questions in a chart according to the topic that the question addressed. This reorganization resulted in approximately 30 distinct, key questions that I then arranged into 17 categories. This allowed me to easily identify which questions had been asked to which participants and to what larger topics the questions pertained. During the follow-up interviews, I used this chart to fill in the gaps to ensure that each participant had been asked each of the 30 or so key questions, and I have presented the content of this chart in modified format as Appendix E: Final, Data-Derived Interview Protocol.

After transcribing the second round of interviews, I reorganized the transcriptions of each clinician's first and second interviews to correspond to one of the key questions and categories identified. When interview material seemed to speak to more than one question, it was coded under both related questions. This resulted in six long documents, one for each participant, that contained 100% of both transcribed interviews with that participant and that were each organized according to both the larger topic (e.g., issues of informed consent, community leadership) and the specific questions that any given

portion of the transcribed interview data was addressing. At this point, I reread each document, making minor edits to reduce redundancy and to highlight relevant quotations that could prove useful in merging case findings. The presentation of results in chapter 4 was derived directly from these reorganized transcriptions and largely follows the progression of topics and questions found in the final, data-derived interview protocol.

This process may be articulated through the lens of a slightly different framework. Boyatzis (1998) distinguished between theory-driven, prior-research-driven, and data-driven codes. My earlier theoretical analysis of shamanic-oriented clinicians led to the development of the six-category theory-driven code in the form of the clinical vignettes (see Appendix C) and the initial interview protocol (see Appendix D) that was derived in part from the vignettes. I initially drew upon this framework when conducting interviews; however, rather than adhere rigidly to this six-category framework, I allowed for new questions to emerge and the categories to expand to accommodate relevant topics that my initial theory-driven vignettes and interview protocol failed to anticipate. The compilation of questions from the first round of interviews and reorganization of those questions into the final interview protocol (see Appendix E) yielded a code that could organize interview data in a way that accommodated new categories and concerns. I began with one theoretical template for organizing interview data, and, by staying responsive during the interviews, I arrived at a revised code for transcription data in the form of the final interview protocol that was partially data driven.

Possible Ethical Concerns

Overall, the risks to research participants were relatively low for this study, with the main concern being that publication, in any form, of research results may somehow

draw critical attention to clinicians' practices. I assumed that clinicians interviewed would abide by standards of practice with respect to confidentiality of any of their clients we discussed, and, for any examples that I cited in my discussion of results, I changed any names and identifying details to further ensure the protection of research participants' clients. With respect to the research participants themselves, I encouraged clinicians to forego confidentiality with the written agreement that for any quotations or specific reference to a clinician that appeared in my dissertation or subsequent publications, such as a journal article or book, I would seek explicit permission beforehand from the clinician being cited. In short, I would seek written permission at every stage at which identifiable interview data would be made accessible to the public.

All participants agreed to disclose their identities, and all had the chance to review quotations and statements attributed to them in the final draft of this research. In the small number of instances when one of the research participants asked that something be removed from the transcription or a particular quote not be used, I was not left with the impression that these modifications detracted to any significant degree from the usefulness of research results. This elective disclosure with the option to review transcriptions aimed to strike a balance between the advantages of clinicians disclosing their identities and the risk that clinicians could attract harmful types of attention to their clinical practices from state licensing agencies, national credentialing bodies, or clients. I saw the advantages of disclosure being an enhanced sense of context and specificity for the interview data and, ideally, an opportunity to convey a hopeful message that one can utilize shamanic healing practices without a professionally debilitating level of fear of repercussions from the mainstream psychological establishment.

Validity, Reliability, and Generalizability

Validity

Validity implies questions of truth and knowledge, and, rather than emphasizing religious, philosophical, or abstract discussions regarding truth or epistemology, I emphasized instead communicative and pragmatic understandings of validity. Kvale (1996) stated, "Communicative validity involves testing the validity of knowledge claims in a dialogue" (p. 244). In this research, the larger dialogue was between diverse shamanic methods of healing on the one hand and Western psychology and psychotherapy on the other. The test of communicative validity was finding a language of discourse that is mutually intelligible, if not entirely agreeable, to diverse indigenous and nonindigenous shamanic healing practitioners as well as to Western psychology and psychotherapists; no small task. If in my presentation of results I failed to find an appropriate voice for this cross-cultural dialogue, I have failed at establishing communicative validity.

Another way in which I increased the level of communicative validity was by inviting research participants to review transcriptions of their interviews after the first round of interviews. This allowed participants to validate that I had accurately rendered the interview and also provided a way for them to make any additional comments to further clarify their positions. As for the level of communicate validity between myself and the research participants, I was aware of sharing more of a common language with certain participants; however, I was left with the impression that I was able to effectively adapt to their internal vocabulary and to surface through directive questioning terms or areas of clinical practice in need of greater clarification. If some participants felt

misunderstood by me as the interviewer, they did not make this known to me, and several expressed gratitude toward the end of the interviews with respect to feeling understood and validated in their professional challenges.

Pragmatic validation "rests on observations and interpretations, with a commitment to act on the interpretations–'Actions speak louder than words'" (Kvale, 1996, p. 248). The pragmatic focus of this research was the well-being of the clients that both shamanic healing practitioners and psychotherapists aim to serve. The test of pragmatic validity is therefore whether or not research results prove to be useful to current and future clinicians and their clients, or whether they remain a mere academic exercise. My intention to share research results with interested parties aims to help establish, over time, a type of pragmatic validation of this research project. In the short term, any ways in which interviews enhanced participant awareness of professional and clinical issues they may be facing with their own clients would have also contributed to pragmatic validation of the research; however, clinicians did not share direct examples of this nature.

Another facet of validity included whether or not research participants were honest and effective reporters on their personal experiences. Participants sharing their clinical experiences in a supportive environment and having a stake in shamanic healing methods becoming more culturally understood and accepted increased the chances that their self-reports would be accurate indicators of their experiences. However, clinicians may have been reluctant to report incidents that reflected poor professional judgment or a lack of clinical competency, a factor that could have detracted somewhat from the trustworthiness of interview data.

One way to temper this potential source of bias in the interview data would have been to also interview clients of the clinicians interviewed; however, this alternative would have posed numerous logistical challenges as a research approach and would have required greater time and resources than were available for this study. I am hopeful that reminding participants of the option to have their interviews remain partly or entirely confidential and conducting interviews with multiple clinicians on similar topics minimized the degree to which positive bias in self-reporting may have compromised the validity of interview data.

Reliability

The primary reliability concern was whether or not I, as the researcher, was a consistent and dependable reporter and interpreter both during and after the interviews. Several factors reduced the possibility for this type of bias. First, I established through preliminary reflections and reviews of the literature six types of ethical challenges (see Appendix D) that helped shape the interview questions and subsequent data. These six categories were reviewed and discussed beforehand with my academic advisors—Jurgen Kremer, Ph.D.; Stanley Krippner, Ph.D.; and Ruth Richards, Ph.D.—prior to interviews, and their input in that capacity conferred a type of interrater reliability with respect to the categories themselves and the types of questions raised in interviews. Next, conducting follow-up interviews after inviting participants to review their own transcribed data provided a way for me to confirm or clarify impressions from the initial interviews and thereby reduced the possibility that my own misunderstandings were clouding the interpretive process. Of course, this also reduced the chances of an error in transcription. Finally, interview quotations from research participants further served to anchor my

interpretations to participants' direct experiences and thereby reduced the chances of straying too far from the interview data.

Generalizability

I sought to generalize in this study to licensed mental health practitioners in the United States who incorporate shamanic healing methods into their clinical practices, a relatively small group likely to number at least 100 individuals but theoretically as few as 29. I conducted in-depth interviews with over 20% of the 29 clinicians identified in Appendix A. When referring only to this group, the ability to generalize was relatively strong, as shamanic healing methods are relatively similar among clinicians who have integrated shamanic methods into their clinical practices, and the professional norms of clinical mental health are relatively consistent from state to state and from one type of license to another.

Two other groups for whom research results may have relevance are clinicians in other countries who are incorporating shamanic methods and clinicians in this country or others who work with practices similar to shamanic healing (e.g., pagan traditions, energy work, spiritual healing, wilderness therapies); however, the ability to generalize results to these groups was weaker than for shamanic-oriented clinicians in the United States. In the subsequent Results and Discussion chapters, I did not attempt to extend the implications of research findings beyond shamanic-oriented clinicians in the United States except perhaps when making suggestions to future clinicians and shamanic healing practitioners considering this type of integration.

Chapter 4
Results

This chapter presents the analysis of in-depth interviews conducted with the six participating clinicians. Interviews were conducted in two rounds with each clinician, and transcriptions were then coded for analysis in accordance with methods outlined in the previous chapter. Results of this analysis are presented here in narrative form with supporting quotations taken directly from interviews, and research participants have personally reviewed for accuracy and approval all statements in which their names appear. Again, the two core questions guiding this research are as follows: *What are the ethical and professional challenges facing licensed mental health professionals in the United States who elect to use indigenous and non-indigenous shamanic healing methods in their clinical practices? In what ways are these clinicians currently navigating these challenges?* Although these remain the two key questions of concern, at times participants, during interviews, voiced their personal perspectives and struggles in ways that are not easily classified under ethical and professional challenges. When relevant, this type of material has been included as a source of both valuable insight into the larger topic of shamanic-oriented psychotherapy and important supporting context for the primary research questions.

The progression of this chapter roughly reflects the final interview protocol (see Appendix E). The first section presents participants' biographies, with particular emphasis on the diverse ways in which participants integrate shamanic healing methods in their clinical practices. The second section highlights points of agreement and differences regarding the ways in which the participants conceptualize and navigate a

variety of ethical, professional, and personal challenges. Important themes and their implications are then given further consideration in chapter 5.

Clinician Biographies and Their Shamanic-Oriented Practices

In this section, I present, in turn, each of the six clinicians interviewed, with an emphasis on their professional biographies and backgrounds, the structure of their clinical practices, and their particular approaches to shamanic-oriented psychotherapy. As there is no one template for this integrative work, each clinician has structured his or her practice somewhat differently, and each utilizes shamanic healing methods in psychotherapy in distinct ways. In addition to providing a foundation and context for the subsequent themes presented, I hope to underscore the diversity among even this relatively small sample of shamanic-oriented clinicians.

C. Michael Smith

A psychologist in the state of Michigan, C. Michael Smith (2009), age 58, has been a licensed clinician for 31 years and has been overtly drawing on some form of shamanic healing methods in his psychotherapy practice for the last 25 years. He is the author of several books, including *Jung and Shamanism in Dialogue: Retrieving the Soul/Retrieving the Sacred* (1997), and, over the past 14 years, Smith has been active in training other psychotherapists to incorporate shamanic methods into their clinical practices. As his website stated, “Dr. Smith is in private practice in Niles, Michigan, provides shamanic-Jungian psychotherapy, and is a shamanic healer, doing soul retrievals and extractions [SR/E] with clientele on a world-wide basis” (Smith, 2009). During our interview, Smith referred to himself as a “shamanic psychotherapist,” which he defined

as “a species of transpersonal psychotherapy, an orientation to clinical practice that draws on and integrates implicit and explicit use of shamanic methods and integrates them with psychotherapeutic techniques that I find aligned with shamanism.” Regarding his orientation to shamanic practice, Smith has been initiated into two shamanic traditions—by the Ecuadoran Quechua curandero and Taita Iachak, don Alverto Taxo [8 years], and by the Cherokee-metis healer, Ai Gvhdi Waya [12 years]. He is also well versed in revival forms of shamanic practice such as those taught by the FSS.

At this point in his career, Smith’s primary clients are other psychotherapists who are learning shamanic healing methods and ceremonies for their own empowerment and for their clinical work with others. In past decades, Smith has worked with psychotherapy clients on the full spectrum, from little to no shamanic elements present in session to explicitly shamanic healing ceremonies during sessions, and at times he also sees clients only for shamanic healing sessions without the presumption of entering into a psychotherapist-client relationship. When seeing clients for stand-alone shamanic healing work, the fees and structure of these sessions are similar to those for psychotherapy clients in his part of the country. In addition to one-on-one work with both psychotherapy and shamanic clients, Smith offers apprenticeships in shamanic counseling, trainings in shamanic healing methods, community drum circles, and multiday ceremonies such as a summer vision quest. At times, psychotherapy clients attend these trainings and ceremonies, and Smith is clear that in addition to being a clinician, teacher, shamanic healing practitioner, and ceremonialist, one of his intentions is to be a catalyst for healthy community based on earth-honoring values. Information about all of Smith’s services is

on the same website, an integrative professional space for his clinical practice, shamanic trainings, and ceremonial offerings.

As with all six research participants, shamanic perspectives inform Smith's theoretical orientation as a clinician as well as the specific treatment methods he may utilize at any given time with psychotherapy clients. Speaking to the question of what percentage of a shamanic psychotherapist's work is actually shamanic and what percentage is psychotherapeutic, Smith had clearly done extensive reflection on these topics and suggested distinguishing between explicit shamanic techniques, implicit shamanic therapy techniques, and conventional therapy techniques that are aligned with shamanism. I quote Smith at length on these three categories, as he offered a useful framework with which to discuss how other clinicians navigate these theoretical and clinical issues:

> *Explicit use of shamanic techniques in a psychotherapy context* could include drumming journeys, teaching clients to do shamanic journeys, doing a shamanic journey for the client to retrieve a power animal, a classic soul retrieval or extraction, smudging and cleansing of the office, divination using the shamanic journey or I Ching or throwing bones or using soul cards, bringing in ceremonial elements like a peace pipe, inviting the clients to a sweat lodge, vision quest, talking around a campfire, use of altars and amulets; all these are communicating explicitly in a shamanic idiom.
>
> *Implicit shamanic therapy* includes, for example, the heart psychology I use that's based on the Iachak/Toltec paths. It could be framed as phenomenology or cognitive therapy; it's an orientation like Jungian theory would be, it's just there in the background, and there are explicit parts of it that come to the fore but there's no need to know any of it is shamanic. For example, one of the first questions I ask is, "What kind of life do you really want?" It's a heart question. You get that clarified and then you look at what's in the way of that. And then you set up a whole process of developing some practice or methodology or techniques for resolving what's in the way so that person can, with your support, being walking a heart path. Now that can be done without any reference to shamanism and it can be framed as cognitive therapy, as felt sense therapy, and so on. It can be compatible with Jungian, Gestalt, you name it.
>
> Then there are the *conventional therapeutic techniques* that the therapist-shamans perceive to be especially aligned with shamanism. For me these consist

> of dream analysis, focus on felt sense, some Ericksonian-style hypnotherapy, use of imagery and guided visualization, Jungian active imagination, Gestalt dialogues and psychodrama, neuro-linguistic programming (NLP) and reframing. Some other shamanic therapy practitioners would have a different set of techniques.

Smith shared that he currently uses explicitly shamanic techniques with about 40% of his psychotherapy clients and that he uses implicit shamanic theory and techniques 100% of the time. Smith, for himself and for those he trains to use shamanic healing methods in a psychotherapeutic context, stressed the importance of finding conventional techniques and theory that align with one's approach to shamanic healing, as these "provide you with the idiom with which to talk with your supervisor, to be accountable to insurance companies, to be accountable to a licensure board."

Miriam Lieberman

A licensed professional counselor in North Carolina with both a private practice and employment in an agency setting, Miriam Lieberman (2009), age 52, has been a licensed clinician for 11 years and has been incorporating shamanic methods into her work with clients for about the last 6 years. During our interview, she described her clinical background as being most influenced by Rogerian, family systems, and feminist theoretical orientations and on her website cited training in "Family Therapy, Play Therapy, Parent Child Interactive Therapy, Cognitive Behavioral Therapy, Somatic Therapies, Child Development, Parent Education, Crisis Intervention, Human Sexuality (in its full array), Trauma Recovery, Mindfulness Practices, Systems Theory and Indigenous Healing Ceremonies" (Lieberman, 2009, ¶ 4). Her training in traditional indigenous healing methods has been exclusively with Native North American teachers and traditions, specifically those with Cherokee and Arapaho lineages.

Lieberman was explicit in our interview that she does not necessarily identify with any larger shamanic movement or culture, and she declined to claim a specific title for her integrative work, instead emphasizing how, for her, questions of outer identity are more contextual and situational. “It depends what circles I’m travelling in. If I’m speaking at a conference, I just call myself a therapist or a healer. In Native way, shamans rarely refer to themselves as shamans. I never refer to myself as a shaman.”

Lieberman’s current practice is divided between employment at a pastoral counseling center and serving clients from a private practice setting adjacent to her home. She openly incorporates shamanic healing methods to varying degrees with psychotherapy clients in both settings and also sees clients at times for only shamanic healing work in the same setting as her private psychotherapy practice. When offering shamanic healing work alone, Lieberman stated,

> If someone just comes for a soul retrieval I don’t have them sign a consent to treatment, and I don’t get into any contractual stuff with them. It’s simply gifting baskets; I don’t set a fee for that. I tell them it’s between them and spirit. And that’s also true for therapy clients who may come to a fire ceremony or a sweat lodge or something; in that venue it’s ceremony, and I tell them the history about why we don’t charge for ceremony but we accept donations because the elders lived in communities that supported them and it was barter and people took care of them.

Similar to Smith, Lieberman provides one-on-one mentorship in shamanic practice; leads community ceremonies, shamanic trainings, and drum circles that psychotherapy clients may at times attend; and trains other clinicians to incorporate shamanic work into their clinical practices. In addition to her work as a clinician, teacher, shamanic healing practitioner, and ceremonialist, Lieberman is clear that part of her work includes being a community leader with all the responsibilities and complexities inherent in that role.

Lieberman distinguished easily between theory and technique with respect to the use of shamanic healing practices in her work with psychotherapy clients. For example, she recommended don Miguel Ruiz's texts *The Mastery of Love* and *The Four Agreements* because they establish a framework for further conversation and also function as "a screening tool that tells me who's interested in the shamanic work and to what degree depending on how they respond." She also shared an interaction with her teacher when she asked,

> "How do I stay in my Native mind?" And he said that's like asking a pine tree, how do you stay a pine tree. How do you not be who you are? From that perspective, I'm always viewing what's before me in both worlds; I'm never not doing it. The question is how and when do I communicate it.

Lieberman estimated that she includes explicit shamanic techniques with 70% of her clients but that even with these clients this focus would rarely occupy more than half of the average overall session time with any given client. Consistent with Smith's examples, some types of shamanic techniques that Lieberman uses with clients include soul retrievals using a drum, facilitating a shamanic journey for a client, and sharing practical tools for energetic protection and cleansing such as belting and saging.

Jan Edl Stein

A marriage and family therapist in the state of California, Jan Edl Stein (2009), age 56, has been a licensed clinician for 20 years and has also been overtly drawing on shamanic healing practices in her psychotherapy practice for the last 15 years. Regarding her clinical orientation, Stein stated on her website that her "psychotherapy practice is informed by many years of traditional study in self-psychology, family systems, and Jungian depth psychology" (Stein, 2009, ¶ 1). Her training in shamanic healing methods

began with core shamanic practices, has been augmented with studies with various indigenous teachers, and has also been influenced by a 35-year involvement with the yoga of Sri Aurobindo and his disciple known as The Mother. As for her professional identity as a clinician who incorporates shamanic techniques, Stein stated, "The shamanic piece would come up more in the stream of a longer conversation. If someone asked me, Who I am? or What I do?, I would just say that I'm a psychotherapist; I wouldn't tell them that I'm a shamanic psychotherapist." Similar to Lieberman, she also clearly stated, "I would not call myself a shaman or shamanic healer because I feel that would be a misappropriation."

Stein currently sees psychotherapy clients both with and without elements of shamanic healing included in sessions and also sees individuals who are not psychotherapy clients for shamanic healing sessions and mentorship. She has two physical practice settings—an urban office for psychotherapy clients and a circular yurt-like ceremonial structure adjacent to her private residence. Typically, she sees psychotherapy clients in her urban office and shamanic healing clients in her ceremonial working space; however, when shamanic healing work is indicated and agreed upon in the course of psychotherapy treatment, some therapy clients may come to the ceremonial space for shamanic-oriented sessions and then resume more traditional psychotherapy sessions in the urban office setting. When necessary, Stein also engages in shamanic practices in her urban office setting, and the fees and structure for all types of sessions that she offers in either location are basically identical. In addition to individual psychotherapy and shamanic healing sessions, Stein formally trains others to incorporate shamanic work into their psychotherapy practices, offers other public trainings in

shamanic practice, and leads shamanic-oriented retreats, all of which are open at times to active psychotherapy clients. Similar to Smith and Lieberman, Stein sees herself as encouraging the emergence of community in ways that may at times include current psychotherapy clients.

Regarding the ways in which Stein utilizes shamanic perspectives and healing methods in sessions with psychotherapy clients, she stated,

> I'm thought of as a Jungian or depth-oriented psychotherapist, and I would say that about half of my practice involves some kind of shamanic technique or element that may or may not have the overt language of shamanism. Maybe only a quarter of my overall client time is specifically or overtly shamanic work where we're using the language of shamanism.

With respect to her own perception of her clinical orientation, she was less explicit than Smith or Lieberman about always operating from a shamanic-oriented theoretical base and seemed just as settled in her identity as a Jungian or depth-oriented psychotherapist. Although Stein does utilize explicit shamanic techniques with clients, such as drum journeys, soul retrievals, and depossession ceremonies, she added, "I'm always cautious and don't advertise myself as doing soul retrievals or extractions or any of that. I think I'm pretty good at doing it, but I'm really careful about who I'll do that for." Like numerous other participants, she stressed the importance of being able to understand and discuss the explicitly shamanic methods in psychological terms and in ways that can be understandable to clients.

Karen Hutchins

A licensed professional counselor in the state of Texas, Karen Hutchins (2009), age 65, has been a licensed clinician for 27 years and has been overtly drawing on some form of explicitly shamanic healing practices in her psychotherapy practice for the last 8

years. Her decades of clinical experience have emphasized various types of trauma work, including treatment of ritual abuse survivors, DID clients, sex offenders and survivors, addicts in recovery, and PTSD-diagnosed veterans. Hutchins characterized her clinical orientation within mainstream psychotherapy as developmental. On her website, Hutchins described her practice as combining "extensive psychotherapeutic trainings and her shamanic practitioner techniques to integrate and facilitate the healing of the Mind, Body and Soul," often structured around "work with the four realms of healing: physical, emotional, intellectual and spiritual" (Hutchins, 2009, ¶ 2). Her formal training in shamanic healing practices has been with the FSS and then with Sandra Ingerman as a teacher independent from the Foundation. Hutchins believes that this training helped her to claim and integrate intuitive approaches to the clinical work that she had been using with clients for years prior. Hutchins described herself as a shamanic practitioner and added that the word *shaman* is a title conferred by the community and stated, "I'm not sure I want to call myself that. People do sometimes call me a shaman but I call myself a shamanic practitioner. That's what I have on my business card." She also expressed resonance with the term *shamanic psychotherapist* and thought that this may be a good descriptor to begin to use for her practice in the near future.

Hutchins has a single private practice setting where she sees clients both for psychotherapy and for shamanic healing sessions. Similar to the other clinicians presented, the degree to which she uses shamanic healing methods with any given psychotherapy client varies depending on the client's level of receptivity, the relevance of any given shamanic method to the presenting issue, and other factors. Fees, location, and other structural elements are identical for psychotherapy and shamanic healing clients. In

addition to individual sessions, Hutchins offers public trainings in shamanic practice, facilitates regular drum circles, teaches clinicians to incorporate shamanic healing practices into their work with clients, and leads or helps to lead various types of community-oriented ceremonies such as sweat lodges and multiple-day camping trips. All of these events are potentially open to current psychotherapy clients, and Hutchins is clear that one important element of her work includes catalyzing healthy community.

When asked about the ways in which she utilizes shamanic perspectives and healing methods in session with clients, Hutchins estimated that she incorporates some shamanic technique with 90% of her clients and went on to state that she presents every client with a treatment plan based on the four realms of the spiritual, the physical, the emotional, and the intellectual:

> I draw them a picture based on the wheel of life, on the medicine wheel, and I tell them that. So in a lot of ways I do it 100% because I present them with that treatment plan and approach and use that language. About the spiritual realm, I tell them that I don't care what their spirituality is, but they need to beef it up, whatever that looks like. If they don't know how to do that, I suggest journeying as a musical way to do meditation.

Hutchins was explicit during the interviews that if a client is not receptive for whatever reasons, she is not attached to using explicit shamanic techniques during sessions, and her extensive training in other types of clinical and subtle energy-based methods provides her with many other options with which to work. She does, however, encourage some expression of spirituality, irrespective of the tradition or form, as one element of her overall, holistic approach to treatment. The types of shamanic healing methods Hutchins includes are often those taught by Sandra Ingerman and/or the FSS, such as soul retrieval; extraction of unhelpful subtle energies; and various types of shamanic drum journeys

undertaken to relate with helpful spirits and natural forces for guidance, healing, and empowerment.

Elaine Axelrod

A psychologist in the state of Pennsylvania, Elaine Axelrod, age 58, has been a licensed clinician for 25 years and has been overtly drawing on some form of shamanic healing practice in her psychotherapy practice for the last 12 years. She is firmly rooted in a psychodynamic clinical orientation with additional trainings in areas such as Gestalt, cognitive therapies, and family systems. Unlike the other five research participants, Axelrod does not have a professional website to represent her clinical work; however, in an advertisement on the SSP (2009) website, she described her practice as one that "serves a variety of individuals, including those who seek a skillful shamanic practitioner, others who appreciate a psychologist who is spiritually attuned, and some who work best with an integrated approach" (¶ 4). Her shamanic training has been primarily with the FSS, Sandra Ingerman, and more recently with Ana Laramendi's Caretaker for the Earth Apprenticeship Program. Axelrod referred to herself as both a licensed psychologist and an urban shamanic practitioner, and she uses the term *Life Journey practice* for her clinical psychotherapy practice.

Axelrod sees all of her clients in a private practice setting and only integrates shamanic healing practices into treatment with psychotherapy clients who are receptive to such practices and with whom shamanic healing methods are clinically indicated. At times, she also sees clients for shamanic healing sessions with no presumption of entering into a psychotherapist-client relationship, and regarding these sessions Axelrod stated,

> The structure is very similar in terms of how I create the context of the session and what I explain to the client; all of that is the same. My fee is different. I charge a lesser fee for the shamanic work. My feeling is that I haven't been practicing that as long as I've been working as a psychologist, so the fee is reduced from my therapy fee, and the time that I allow is a little bit longer.

Axelrod has offered a limited number of public ceremonies that have been attended on a few of occasions by psychotherapy clients; however, when asked by clients to teach them shamanic practice, to date she has referred out to well-known organizations like the FSS and teachers like Sandra Ingerman. Although she has felt drawn to formal teaching at some point in the future, unlike the four clinicians considered above, at present Axelrod makes no intent to serve as a catalyst for shamanic events that would either include or exclude current clients, choosing instead to focus her professional efforts on tending to her busy private practice.

When asked about the degree to which she integrates shamanic healing work into her clinical practice, Axelrod took out her day planner and observed, "Next week, for example, I have 22 people scheduled, and there are 11 who know that I do shamanic work and not all are interested in it. I've done shamanic work with 5 of those 11 who know." She described her theoretical orientation as blended and shared the following:

> Even when I'm doing pure psychotherapy work and not trying to incorporate anything shamanic with someone, all of that [shamanic] training is still in me. I can't separate out how I see a person, and I can't eliminate my curiosity from a shamanic perspective either. I may not speak it but I still hold it.

Axelrod characterized her overall practice as more rooted in psychotherapy practice than shamanic practice, although the two have become more fluid and blended over the past 12 years. Like most other research participants, she at times incorporates shamanic techniques such as soul retrieval, extraction, subtle energy balancing, drum journeys for guidance and healing, and other types of direct work with spirit guides and helpers.

Joe Doherty

A licensed clinical social worker in the state of Oregon, Joe Doherty (2009), age 54, has been a psychotherapist for 32 years, the longest duration among the six participants, and has been overtly drawing on some form of shamanic healing practices in his clinical practice for the last 4 years, the shortest duration of the six clinicians interviewed. Doherty began with a psychoanalytic orientation, gradually shifted to a more relational stance, and over the past decade or so has brought the holistic, body/mind/spirit approach to the foreground of his practice of clinical social work. More than other clinicians interviewed, Doherty draws on multiple influences and described himself on his website as "an Ordained Venus Rising Minister" who "uses energy work, breathwork, shamanic rituals and divination tools (including the Crowley Tarot Deck, The Medicine Cards and the Scared Path Cards)" (¶ 4) as well as "combining hatha yoga/tantra/ Buddhism and mindfulness psychology" (¶ 5). His primary training in shamanic healing practices has been through the Venus Rising Institute for Shamanic Healing Arts, a nontraditional center in North Carolina offering trainings in shamanic breathwork and subtle energy healing such as Reiki (Venus Rising, 2009). When asked how he presents himself professionally, Doherty stated,

> Well, you just hit the million-dollar question; I've gone all over the map in terms of how to identify myself. The hard part is defining what you do because a lot of people who are therapists who have gone into the shamanic realm call themselves shamanic healers. I don't see that as my only identity so I call it psycho-spiritual healing.

After undergoing a major transformation of his practice and professional identity 4 years ago, Doherty, unlike the other five clinicians interviewed, now prefers to see only clients who wish to work with a shamanic-oriented approach to healing. During our first

interview, Doherty shared that he initially had former patients who wanted to return for traditional therapy but he had say, “Sorry, I don’t work that way anymore.” He had decided that he “didn’t want to work with people who didn’t want to work energetically and shamanically, so for me it was OK to lose some clients.” As his clinical practice is consistently shamanic-oriented, he does not maintain a distinct practice for shamanic healing sessions. Doherty has yet to offer public trainings, retreats, or other shamanism-related events, although he could imagine doing so in the future. He has, however, provided ministerial services such as weddings or memorial services for active clients.

Regarding the ways in which Doherty utilizes shamanic perspectives and healing methods in sessions with psychotherapy clients, he differs from other research participants in several regards. First, Doherty’s preference to see only clients who wish to work from his shamanic or energetic approach distinguishes him from the other five clinicians interviewed, each of whom expressed a willingness to work with psychotherapy clients who are not interested in shamanic healing practices. Second, his orientation of shamanic breathwork is somewhat unusual, even within the larger field of shamanic healing. In describing his practice, Doherty stated, “I have a massage table, and after we talk for a while I lay them down on the massage table, and I may use crystals, I may smudge, I may use energy, I may use breath, but a lot of the session now is not spent talking.” He went on to add,

> When I’m doing breathwork with people on the floor, you’re rebirthing them, you’re doing all sorts of stuff, and that’s so different from a traditional psychotherapy practice where you sit across the room and you may or may not shake hands when the session begins and ends. And God forbid in the old days that a patient hugged you. Now it’s very different; people are throwing up in my

> office, I'm holding a wastebasket for them, I'm stroking their heads, they're sweating, I'm mopping their brow.

The third distinction between Doherty and the other five participants is the degree of physical contact he employs in his approach to shamanic healing practice. Although two of the five other clinicians mentioned that physical touch plays a role in their style of shamanic healing practice, Doherty cited this as the greatest area of challenge in attempting to have an integrative practice and said, "One of the reasons I got ordained as a minister is so I could touch people, because in traditional psychotherapy you're not supposed to touch your clients, and in healing work you touch your clients all the time." Doherty still characterized his theoretical orientation as blended and stated, "The methods I'm using are much more shamanic at this point, but I think that the models I'm using are an equal blend of both."

Conclusions

Of the six clinicians interviewed, all have been licensed psychotherapists for at least 10 years, and the mean amount of clinical experience was 24.6 years. The average number of years the clinicians have been incorporating shamanic healing methods into their clinical psychotherapy practices was 11.5 years, with Smith having the most experience at 25 years and Doherty the least at 4 years. All but Axelrod have websites openly promoting their integrative practices, and all but Doherty also see clients in ways that do not utilize explicit shamanic healing methods. Four of the six offer public shamanic trainings and/or ceremonies, and each of these four allow active psychotherapy clients to attend under certain conditions. With the exception of Doherty, all participants continue to offer shamanic healing services to individuals who are not psychotherapy

clients, and they structured these sessions in more or less similar ways to psychotherapy sessions (e.g., location, fees, duration of sessions). Despite moderately diverse approaches to shamanic healing practice on the level of technique, all six clinicians characterized their theoretical orientations as blended or in some way harmonizing elements from both more established schools of psychology with diverse indigenous and/or shamanic worldviews. The following section details in greater depth the specific types of difficulties these clinicians reported facing in their integrative practices and the specific strategies they reported using to respond to these challenges.

Challenges Related to Using Shamanic Healing Methods in a Clinical Setting

Professional Identity

Public representation of practice. All participants had their own somewhat unique ways of representing their professional practice and identity, and their degree of comfort with these concerns tended to be directly proportional to the number of years spent doing integrative work. Although their ways of representing themselves differed, Smith and Stein had the most years of integrative experience and had the least anxiety or concern over questions of professional identity. Conversely, Doherty had the fewest years of integrative clinical experience and showed the greatest degree of uncertainty over how to refer to his shamanic-oriented psychotherapy work. As for descriptors, Smith readily claimed *shamanic psychotherapist*, and Hutchins and Axelrod, both of whom trained with the FSS or with Sandra Ingerman, seemed comfortable with some version of the referent *shamanic practitioner* common to that shamanic subculture. Stein, Lieberman,

and Doherty preferred not commit to a specific label or had not settled on a title that felt workable in all settings.

Five of the six participants have websites that make explicit their inclusion of shamanic methods in psychotherapy, and a cursory Internet search of Elaine Axelrod's name would lead a prospective or current psychotherapy client to her listing with the SSP. However, this transparency was a primary factor in my identification of them as potential participants and may not be indicative of all or even most clinicians who use shamanic methods with psychotherapy clients. Although most participants made distinctions between psychotherapy clients and clients who were only receiving shamanic-style healing, none of the participants attempted to maintain a separate website for these two types of services. For Lieberman, the only participant who has trained exclusively with Native North American teachers, made reference to internal conflict around the need to promote or market her clinical practice on the one hand and values within Native culture that discourage self-promotion as a healer on the other. The other five participants did not speak to a similar tension.

Clinician self-perceptions. When present, anxiety over outer or professional identity seemed to outweigh participants' internal identity or role conflict; however, several did comment on the intrapsychic aspects of doing integrative professional work. Smith used the metaphor of hats:

> I wear different hats. There's a scholar, researcher, writer hat. There's a teacher hat. There's a clinical psychologist hat. And there's a shamanic, path-of-the-heart practitioner hat, and that one is the biggest hat; you might say all the others fit inside it. Each domain has its own structure and laws that require tending and respect.

Stein indicated that she is probably more identified with the role of psychotherapist than that of shamanic practitioner, although from my observations she may utilize shamanic healing practices at a similar frequency to those who are more internally identified as shamanic healers. Stein shared that one reason she prefers not to stress an identity as a shamanic practitioner or shamanic healer is the subsequent psychological inflation that often occurs with that identification. Lieberman shared her challenges of having to constrain or limit the use of shamanic methods when working at a community mental health agency, and, when she eventually quit her job, she explained that to her employer. Lieberman stated,

> One of the reasons I was quitting my job was that I could no longer ethically work in a setting where I could not offer to my clients all the tools in my toolbox. I felt like I was being unethical by *not* doing this work.

Several other participants shared that they experienced a reduction of internal anxiety regarding their professional identity and practice when they made the choice to publically claim their professional inclusion of shamanic healing work, and each framed this shamanic "coming out" as a move toward greater congruency.

Structuring Sessions: Distinct vs. Blended vs. Integrative Practices

Participants' work with shamanic healing methods and psychotherapy occurs along what I conceive of as a spectrum from fully distinct to fully integrative practice, each of which brings its own challenges. This could be visually rendered as two overlapping circles with one representing shamanic healing sessions and the other more conventional psychotherapy sessions. For example, Stein has a separate location where she conducts the majority of her shamanic healing work, whether with psychotherapy

clients receptive to shamanic healing practices or with shamanism-only clients. In this way, the physical location of her sessions communicates a type of distinction between her psychotherapy practice and her shamanic healing practice. At the other end of the spectrum, Doherty only sees psychotherapy clients who are interested in a shamanic orientation to their healing. This does not indicate that Doherty's time in session is necessarily the most clinically integrated, but, on an outer, structural level, his shamanic orientation has subsumed or eclipsed his practice of nonshamanic psychotherapy, making it more structurally integrated. Each of the other five participants maintain what I would characterize as a blended practice, meaning that they see clients for shamanic healing sessions, for shamanic-oriented psychotherapy, and for psychotherapy that does not include shamanic healing techniques. In this study, Doherty was the only participant to express a challenge in having a full practice, and it could be worthwhile in further research to understand to what degree the composition of participants' practices is dictated by financial realities and to what degree any given clinician actually prefers to continue to offer a mixture of both psychotherapy and shamanic healing services.

Coherence of Psychotherapy Services in Theory and Practice

Theoretical orientation. The clinicians interviewed did not seem particularly anxious about the possibility that using shamanic healing methods might strain the theoretical coherence of their clinical services. All six participants in various ways characterized their theoretical orientations as a blend of indigenous or shamanic perspectives and elements of Western psychology. Smith and Stein, both of whom have the greatest number of years of experience incorporating shamanic work into their clinical practices, were the only two that hinted at the possibility of theoretical synthesis

or integration of shamanic and psychological models rather than merely a functional blending and coexistence. Smith and Stein were also the only two participants whose primary clinical orientation was Jungian or depth psychology, the most developed point of theoretical dialogue between Western psychology and indigenous/shamanic perspectives. Other participants did not discount the possible emergence of a distinct theoretical framework for shamanic-orientated psychotherapy; they simply seemed more focused on the pragmatic work of treatment while making note of points of convergence and alignment between the two broad approaches to healing.

Translating shamanism into a psychological idiom. Early on in my first interview with C. Michael Smith, he adamantly stated,

> If you're a shamanic therapist, explicitly or implicitly, and you can't understand what you're doing in your own psychological idiom, you ought not be practicing the shamanic stuff with those clients. You don't really have a hold on what you're doing until you can see it in a kind of multilingual way. You need two languages and ought to be able to account for anything you're doing to any significant degree in some psychological theory or practices or techniques that are empirically validated or known to work.

This prompted me to ask other participants if they agreed with this strong assertion by Smith about the importance of being able to bridge the gap between shamanic healing practices and Western psychological idioms, and each in their own way expressed agreement. Stein stated that much of her work of training other clinicians interested in shamanism emphasizes this process of cross-cultural translation and went on to give the example of seeing an energetic intrusion in Western psychological terms as an introject or psychological complex. When Hutchins was asked about this process of translating shamanic methods into psychological terms, she replied,

> I do that all the time. That's absolutely, absolutely, absolutely mandatory. You've got to speak the language that people can understand. I've been a bridgeworker for years; I did reports for the court as a psychotherapist; I did expert testimony, etc. I've been doing that for a long time, so that's not uncomfortable to me at all, but you absolutely have to be able to explain to somebody, "This is what this is," and I tell people, "This is psychobabble and this is shamanic." I have a lot of humor in my sessions.

Axelrod shared that although she does not engage in this translation process as explicitly as Smith seemed to advocate, she does want clients to "have an appropriate basis and an appropriate context for the work," and "since psychology is my background, it may well be that I'm using those kinds of terms but not exclusively." Doherty also echoed Smith's assertion:

> I think I probably could explain what I was doing and why I was doing it from both realms, probably less in the shamanic realm because it's more directive and intuitive, but I think I could still pin the two together. I think if you're going to do something that's somehow a combination of psychological and shamanic work, I think you have to be able to have both feet grounded, one in each camp, so that at any given point in time you can understand why you're doing what you're doing. That's different than people who identify themselves purely as shamanic healers.

Participants tended to underscore the importance of this referencing of shamanic healing practices to psychological perspectives as a way of honoring the therapeutic relationship; however, several also emphasized this skill as a point of professionalism and as a type of protection against backlash from more conservative elements within the field of psychology.

The intention to keep one foot grounded in each cultural approach to healing does not, however, mean that all aspects of shamanic healing practices lend themselves to being reframed in a psychological idiom. I asked participants if there were types of shamanic practices that they found difficult to translate into psychological terms and offered depossession as one possible example. On this topic, Smith replied, "I don't

traffic in the idiom of possession. I find it unnecessary when we can speak of introjection and identification with emotions, judgments, and attitudes of someone who may have harmed us psychologically." Although Smith recognized that some shamanic psychotherapists still prefer the older spiritistic idiom and said that he can make sense of that view, he believes that approach "is so culturally distant that it risks running a therapist into misunderstandings and possibly ethical problems. It risks coming across like magical thinking and incompetence to those so familiar with the Western healthcare system." Lieberman, Stein, Hutchins, and Axelrod noted similar ways of explaining depossession in psychological terms; however, they did not feel an accompanying need to distance from the worldview that sees harmful, discarnate spirits as one potential source of human suffering. Doherty expressed a desire to train in depossession work, but has not done so to date, and generally aligned with Smith in the sense of not framing his shamanic healing practices to include the possibility of possession from harmful spirits. In addition to possession, Stein added that "the more classic rituals such as power animal retrieval, soul retrievals, or extractions are pretty hard to translate" into a psychological idiom. None of the participants seemed particularly concerned that their shamanic work would involve practices that could not be somehow expressed in psychological language and concepts.

Adapting shamanic healing practices to a psychotherapeutic setting. In an email sent several years ago to the SSP, well-known shamanic teacher Sandra Ingerman expressed concerns that practicing shamanic healing in a psychotherapy context ran the risk of diluting or altering the techniques to a degree that could compromise the efficacy and spirit of the work. With this in mind, I asked participants if they have made

adaptations to the shamanic healing methods they learned from their teachers, and, if so, what concerns they may have about these changes. Most participants did not seem especially concerned about this issue and responded in a spirit similar to Axelrod's statement, "I've learned many things over the years, and I'm willing to apply whatever is appropriate to apply at any given time. I don't feel as though I dilute my shamanic skills or work in any way to adapt it."

In Lieberman's case, she has approached the Native elder with whom she trains about this question of adapting a soul-retrieval process using a drum for a session with a client. He counseled that all parts of a healing ceremony are to be included but that the exact form may allow for some adaptations. This allowed Lieberman to have her client rather than a shamanic assistant do the drumming while Lieberman herself did the necessary journeywork and healing. Smith has observed that soul retrievals done in the context of a more traditional community ceremony are often more immediately impactful but not necessarily more effective in the long term as a result. Doherty highlighted another potential downside to altering technique when sharing that his style of working "really is my own blend, which I think is what makes it work for me, but it also makes me feel a little bit disconnected from people who see themselves as traditional shamanic practitioners and who follow certain lineages and ways of working."

Stein and Hutchins both spoke directly to a type of innovation that seemed implicit in the work of other participants. Rather than diluting the techniques, Stein stated,

> Sometimes people go to shamanic practitioners and they get something done to them, a depossession or whatever, but they haven't done much themselves; they're just being worked on. And they have an experience and then they leave, but usually it comes back if they don't change something in their own psychology

> that's been inviting in the very thing that they've been bothered by. So I think when you do this in the context of psychotherapy, it can actually be more powerful and more effective over the long term.

Similar to this increased level of dialogue and personal reflection when practicing shamanic healing in a psychotherapeutic context, the shamanic-oriented therapists reported being more client-centered or nondirective in their approach than some of their more traditional shamanic healer counterparts. For example, Hutchins described her work with clients as a "collaborative process" that often includes holding a safe space for clients to ask their own allies and helping spirits for guidance and healing.

Concerns about shamanic healing practitioners who lack clinical training. As a complement to the question regarding adaptation of shamanic methods to a psychotherapy setting, participants were asked if they felt concern about the work of shamanic healing practitioners who lack any type of explicitly psychological training. Several participants did not have especially strong comments on this question; however, Stein shared her frustration with people who "put Ph.D. and shamanic practitioner together and it gives the client the impression that they're a licensed clinical psychologist" and those who teach shamanic techniques in psychotherapy when they are not even practicing clinicians. She added that her primary concern is "when people don't have sensitivity to transference or respect for that, because that's so powerful and you have to respect that relationship." Hutchins and Axelrod both expressed concerns about practitioners of any sort who have not worked through their own ego issues, shamanic healers included, but Hutchins was clear that everyone getting licensed in some way is not a solution either. Doherty highlighted an interesting distinction between ways that

some traditional healers may conceptualize the therapeutic relationship in contrast with the tendency in psychotherapy:

> All of the traditional shamans that I've worked with here who are not psychologically trained believe that if something comes through that it's meant to be there, otherwise it wouldn't be there. Or if someone comes to work with you, they must be ready whether you think they are or not because they wouldn't be coming to you if they weren't ready. As a therapist, I don't totally agree with that. There are times when I don't believe it's appropriate for me to be sharing information that I get from guides or from energetic downloads because it doesn't feel like the person is psychologically ready to handle it at that time. The therapist in me certainly believes that there's a right time and a right degree of work to be doing with people, and part of that is still about developing a therapeutic rapport.

Doherty went on to emphasize this issue of choice and timing he felt to be part of the discernment required of psychotherapists, both regarding whether or not to work with any given client and with respect to timing for any given intervention. None of the participants gave the impression that they believe that all shamanic healing practitioners should train as psychotherapists, but several did grumble about various types of inflated, presumptuous, or otherwise problematic behaviors they had observed in the occasional shamanic healer who lacked integrity or psychological skillfulness.

Legal and Licensure-Related Concerns

Perceptions of state boards and strategies for reducing risk. None of the participants reported having any type of difficulty with state licensure boards, national credentialing bodies, or any other type of legal entity regarding their inclusion of shamanic healing methods into their psychotherapy practices. Several did, however, report feeling vulnerable in various ways and shared secondhand accounts of other clinicians who experienced troubles. Hutchins and Axelrod both expressed that the step to be open about using shamanic approaches in psychotherapy was initially accompanied

by a sense of vulnerability; however, in retrospect, Hutchins felt like this was a move toward greater personal and professional congruency that ultimately reduced anxiety and stress. Stein shared how she needs to feel a certain sense of trust with a psychotherapy client before explicitly incorporating shamanic ritual into sessions because "you need to trust that the client is going to be comfortable with it and that they're not going to say later on 'that felt too weird.'" Doherty spoke of a fear in the back of his mind about "an axis two that ends up getting offended somehow and decides they're going to file a complaint either against your insurance company or your clinical board." The two main types of complaints that Doherty feared could carry weight with the board were as follows:

> One, the degree of physical contact with the people I work with during shamanic healing. And the other, based on best principles of practice, I don't think that shamanism would be seen as a theoretical framework that's used within a clinical practice. So I think they would question like the insurance companies would; am I still doing a clinical practice if I'm engaged in the shamanic work, because I don't think they would see that as falling within the scope of practice of a licensed clinical social worker.

As with the other participants, Doherty's fears of possible repercussions did not prevent him from continuing to openly offer shamanic-oriented psychotherapy services.

As for what participants felt has helped them to avoid legal or professional difficulties, strategies named by more than one participant included (a) transparency regarding use of shamanic methods, (b) assuming responsibility for bridging cultural gaps, (c) establishing trust before introducing shamanic work, (d) obtaining clear consent at every stage, (e) adhering closely to usual professional standards, and (f) reducing risk through no longer accepting health insurance claims. Transparency was cited as helpful with colleagues, clients, and licensing boards. Lieberman stated, "In my new job [at a

pastoral counseling center], if I feel like I'm walking on thin ice, I'll just go to the director and say, 'I want you to know what I just did or what I'm about to do.'" She also presents her work with clients at weekly conferences with a staff of 15 other clinicians. Several participants thought that their public website helped to reduce possible misunderstandings with clients. Regarding transparency with clients, Lieberman added, "The more I let people know up front, the more I screen out the people right off the bat who have a philosophical or other resistance." Regarding state boards, Stein has taught other clinicians how to incorporate shamanic methods into their practices through the California Board of Behavioral Sciences' Continuing Education Units (CEU's) program for over a decade. When sharing about her initial application for CEU-provider status, she said, "I was very clear with them. I didn't alter my language. I was honest about what I'm doing. I don't misrepresent myself." Clinicians who commented on the topic of transparency indicated that they believe being open about their shamanic work is actually a safer professional stance than doing the work in a compartmentalized or semi-secretive manner.

In addition to being transparent about the work itself, the other most cited strategy for avoiding difficulties was to assume responsibility for bridging any cultural gaps that may exist with the client. Smith was adamant about the need for this:

> One of the first things, and this is an APA ethical principle, is that you *must* bridge the cultural gap between you and your clients or not work with them. Find an appropriate fit. Any shamanic therapist practitioner that's just off the cuff talking about soul loss or soul retrieval, they're speaking in a shamanic idiom that the general public does not understand, and those clients must be prepared and come to know what that language means in their own terms. Probably the biggest ethical point here is that you must speak within the worldview of the client. If you want to open that up a bit, or explain the shamanic idiom in those terms, you're free to do that, but you must correlate what you're saying with the class, worldview, and language system—with their symbology.

Smith added that by utilizing this kind of translation of shamanic views and techniques into a psychological idiom the clinician is using "a language that even an insurance company or a licensing board could understand" and establishing "a way to correlate what you're doing with clinical research into what makes therapy work." He asserted that "a skillful therapist can articulate what they're doing in a psychological idiom, and, if they do so, it's very unlikely they're going to have problems with the licensure board or ethical inquiry, unless of course they really screwed up." Stein also cited this act of cultural bridging as a likely reason for her lack of difficulties with licensing agencies or clients: "I've been as clear as possible in explaining what I do to clients, what the limitations are, and also making them feel really safe in the psychotherapeutic container before introducing the shamanic work if it's a blended offering." This related consideration of establishing therapeutic trust before introducing shamanic techniques was also cited by Axelrod as a factor in avoiding professional difficulties. To varying degrees, all participants expressed in their interviews the importance of constructively engaging the worldview of the client and establishing mutual trust between client and therapist as foundations for the effective use of shamanic methods in the clinical setting.

All clinicians at some point during their interviews also underscored the importance of obtaining consent for the use of shamanic methods; however, several also cited this as an important reason they believe they have avoided any professional troubles. Speaking to his use of physical touch in the therapeutic relationship, Doherty said,

> I have a very clear release that says to people that you don't have to agree to this part of the work; if you don't agree to hands-on work, you can let me know, and, if you do agree to it and change your mind, you can let me know. It's been helpful

> to have that consent from the beginning because it sets the frame for people to know that it's something that they're choosing rather than something that's being done to them.

In a similar spirit, Axelrod is conscientious about obtaining an additional level of consent for shamanic work and stated, "Even though it's the same person that I'm doing the work with, if I'm doing shamanic work with people in my therapy practice I identify for them if it's going to be a shamanic session and make sure that we've agreed upon it." In addition to being extra careful regarding consent, several participants cited the importance of their particular attention to usual professional guidelines. For example, Lieberman shared the following:

> I keep current with all my paperwork with the board. I'm very cautious in my work in the sense that I really work on my relationship with my clients. That's probably the key way that people don't get charges brought up against them. I don't cross boundaries and don't break confidence, and I work very hard at that.

Finally, Axelrod spoke to the strategy of risk reduction in the form of her choice to not participate in managed care of any sort. She said the choice frees her up from some issues around using shamanic work in psychotherapy, and added,

> I've had people call me up because I'm a psychologist who does shamanic work, and they ask me if they can bill it under their insurance, and I say no. I don't think anyone has ever submitted a receipt for shamanic work; I keep it separate in that way.

Doherty revoked all of his contracts with insurance carriers when he began to emphasize shamanic healing in his practice because he did not want to have to "fit the work that I was doing into the context of a fee-for-service reimbursement, do prior authorizations, and fill out forms about the shamanic work in order to get it paid for." None of the other four participants regularly bill insurance for their psychotherapy services. To review, the six reasons cited by clinicians as helping to prevent possible legal or professional

backlash included (a) transparency regarding use of shamanic methods, (b) assuming responsibility for bridging the cultural gaps with clients, (c) establishing trust before introducing shamanic work, (d) obtaining clear consent at every stage, (e) adhering especially closely to usual professional standards, and (f) reducing risk through no longer accepting health insurance claims.

Verifying the efficacy of shamanic healing practices. Issues regarding the efficacy of shamanic healing practices and the use of therapeutic touch are included in this section focusing on legal and licensure-related concerns because they seem most likely to trigger legal or professional interventions based on factors that are intrinsic to at least some expressions of shamanic healing practice. The question of efficacy speaks to the legitimate question, How can any given client trust that these methods are effective? This question is often answered in the field of psychology through pointing to some form of research or body of supporting literature. When clinicians were asked if they ever were questioned about the efficacy of shamanic healing practices and, if so, how they handled these questions, the responses varied widely. No clinician cited these questions as commonplace or a major concern, and several expressed a disinterest in entering into such discussions, partly because of different cultural assumptions about what constitutes knowledge or evidence. For example, Lieberman said, “It’s one of my least preferable conversations to have with anybody,” and “Part of that is my own bias about what evidence based means, having gone to Goddard College where we learned how much politics influences every research study that’s ever been done and that there’s no such thing as truly unbiased research.” Smith was the only participant to reference directly or indirectly outside research, giving particular attention to Stanislav Grof and Charles Tart

on altered states, and Nona Bach, author of a 2005 study of shamanic-oriented clinicians in the United States. Both Axelrod and Smith underscored the importance when these types of questions arise to clarify that the methods do not work all the time or for everyone and as Axelrod stated, “It’s nothing magical. I explain to people that it’s a process like psychotherapy is a process.” Smith emphasized the need to meet various conditions for the techniques to be effective and the importance of dispelling magical thinking about the techniques or idealization of Smith as the shaman-clinician. All clinicians who commented on the topic seemed optimistic about the potential benefits of further research into the benefits and effects of shamanic healing practice.

Use of touch as a possible area of concern. Three of the six clinicians mentioned the use of physical touch as part of their personal approach to shamanic healing practice and, therefore, an area of possible professional concern. Stein characterized touch as “one of the big boundaries in psychotherapy” and that “in shamanism there’s some touch required,” adding that “shamans touch a lot, certainly all the indigenous ones I’ve studied with.” She shared of studying process acupressure and cranio-sacral therapy to learn more culturally accepted modalities for her use of therapeutic touch. Hutchins has also worried that her use of physical touch in some of the shamanic healing methods could be a source of professional vulnerability. Doherty cited “the degree of touch that’s involved” as “the biggest challenge within the psychotherapeutic framework and training that I have” and asserted that “in healing work you touch your clients all the time.” Although Doherty included mention of this in his formal consent form, he still worries this could be a source of professional tension. None of the other clinicians at any point mentioned touch as being intrinsic to the practice of their particular approach to shamanic healing

practice, and Stein, Hutchins, and Doherty have not experienced any professional backlash related to their use of touch in shamanic healing work.

Issues of Cross-Cultural Competency and Fit

Despite openly disclosing their shamanic orientation on their websites or in practice-related materials, all participant in some way have encountered, at least occasionally, clients who were not interested in shamanic healing practices or who had a tangible aversion to shamanic perspectives. Participants navigated these types of cross-cultural challenges in one or more ways based on three interrelated strategies: (a) fully disclosing their shamanic orientation from the start, (b) not being attached to working in a shamanic manner, and (c) making extra efforts to blend with the client's worldview. The strategy of disclosing a clinician's shamanic orientation could happen in a more or less subtle manner. For example, Doherty is clear with clients about his shamanic orientation from the outset and elects not to see clients who are not in alignment with that approach to healing, thereby reducing both his number of possible clients as well as the risk for later cultural or therapeutic breakdown due to a client's aversion to shamanism. Other participants demonstrated a range of choices about how much to disclose their shamanic orientation at the start of the therapeutic relationship, and those who did not disclose early on had to remain nonattached to working shamanically if they later assessed that their clients were not interested in shamanic approaches. For example, Lieberman invites her clients to read Don Miguel Ruiz's texts, partly to assess for openness to shamanic perspectives and healing methods. Many of Axelrod's clients have no interest in shamanism or even awareness of her skills in that capacity, and she shared,

> I might say to a client, "That's interesting, you might want to read about soul retrieval. It might be an interesting resource for you." Sometimes I might share something as a possible interpretation, not necessarily my own, to test whether the client is interested in talking about something or not. And I do that very, very gently. And if someone were to say, "That's ridiculous," I would say not one more word about it.

Stein illustrated this flexibility with her succinct response to questions about cross-cultural fit: "I've had some people who it just didn't take for them, it just didn't feel right, and I moved back off from it." Hutchins also echoed this nonattachment to working shamanically. If a clinician is committed to working in ways that draw upon explicit shamanic methods, as is the case with Doherty, it would seem especially important to disclose his or her shamanic orientation at the beginning of a possible therapeutic relationship.

A third and potentially complicated strategy for navigating cultural difference with clients who are not interested in shamanic healing practices involves making extra efforts to blend with the worldview of the client and translate the shamanic principles or techniques into the client's perspectives and internal frame of reference. As Smith stated,

> It's not the client's business what my spiritual path is, and if I draw on that in some way that affects the therapeutic process, I can express it in the client's symbology. For example, I saw a client last year that had an abortion that she wanted to come to terms with, including apologizing to the aborted fetus. She was Roman Catholic, so I had her bring in her votive candles and her Virgin Mary icon and her journal, and we lit candles and incense and everything was framed in the Roman Catholic idiom. No need to impose my tradition on her, that's irrelevant, but underneath there's a perennial philosophy connecting us, and I easily relate what she's doing to my own system and I can see what she needs to do in her own system. That's one way of proceeding.

Other clinicians made reference to this adaptation of the shamanic views and methods into a client's language, including, but not limited to, the idiom of Western psychology. Of course, this type of intentional blending requires the clinician to be especially

conscious of underlying power dynamics and not have a personal agenda regarding his or her shamanic views in ways that could leave a client feeling manipulated or deceived. Overall, the clinicians interviewed seemed to view this issue of cultural fit as a relevant concern but only a source of moderate or occasional challenge or distress in their clinical experiences.

Obtaining Informed Consent

In addition to being one strategy for navigating possible cultural gaps, giving careful attention to issues of informed consent is critical for clinicians who elect to integrate shamanic healing methods, a relatively underrepresented and underresearched approach that can at times sharply diverge from the culture of Western psychology. Clinicians were asked about informed consent as it functions at the start of the therapeutic relationship, as it relates to introducing shamanic methods, and its role in consulting with spirit helpers or shamanic guides on behalf of the client. Responses illustrated at times clear differences in the ways clinicians conceive of informed consent and choose to establish their own personal and professional ethics.

Smith, Stein, and Axelrod were clear that they do not feel the need to discuss the possible inclusion of shamanic healing methods at the start of therapeutic relationship, and Lieberman, Hutchins, and Doherty, to varying degrees, shared their preference for the opposite approach of disclosing their shamanic orientation or skill set at the outset of therapy. Speaking to some clinicians' choices to share gradually, if at all, about shamanic healing practices, Smith stated,

> Should, in the course of therapy, the therapist sees that the client could use some spiritual resources to help them get through their crisis, then the therapist needs to

> start bridging the cultural gap, which may take many months or more than a year to do.

Both Stein and Axelrod see clients who are never aware during their course of therapy that their therapist also practices shamanic healing, either because the topic is never surfaced or the clinicians have subtly assessed that the client is not receptive or not a good candidate for the shamanic work. Stein shared,

> With some people, I've never mentioned that I do shamanic work. I don't put it out there right away unless people ask about how I work. And even then I might not use the word *shamanism* because I want to see what their comfort level is, and I might say that I use light trance inductions or help people to contact inner mentors or guidance or work on a more psychospiritual level of things and that's all. Then later on when I'm working with them, I track their language and see if there's an opening to introduce it if it seems appropriate.

Regarding her choice to disclose about the possible use of shamanic healing practices at the start of therapy, Lieberman said, "Usually, I mention it right away these days because I prefer to screen people out myself that aren't going to be comfortable with that." She added that, for her, "it's more unethical to develop a bond, especially with a child, and have to break that bond than to not start seeing them." Lieberman said that she shares about shamanic healing practices "very casually and just say[s] that one of the things that I have specialty training in are Native American healing ceremonies, and for clients interested in that, it's available." Hutchins and Doherty also characterized their choice to share early on as both a reflection of their personal process of claiming their role as a shamanic healer and as a strategy for minimizing possible disconnect or mismatch deeper into the therapeutic relationship with clients. Highlighting one possible disadvantage of sharing about shamanic healing practices deeper into the therapeutic relationship, Axelrod relayed the following story:

> An EAP referral that I got, and Spirit was just driving me to tell her that shamanic work would be helpful. So I said to her, "There's another way to go to work on these issues," and I asked if I could tell her about shamanism. And she said yes, and then in the next session she said that she wished that I hadn't told her about it because she wasn't sure that she wanted to do it, and it made her feel as though there was an option there that could help her that she wasn't sure that she could feel comfortable with, so she was irritated with me. This is the only time I can think of where it [sharing deeper into the therapy] was problematic.

Their choice to not disclose to all clients at the outset of therapy does not, however, imply that Smith, Stein, or Axelrod are any less settled in their identity as practitioners of shamanic healing or that they experience a greater level of difficulty with their clients around issues of informed consent; both strategies seem viable and a product of considerable reflection.

Each participant was also asked if he or she took entering into psychotherapy to imply informed consent for asking their guides about a client, a common diagnostic practice for shamanic healing practitioners. This question was followed by asking if this implied consent further extended to include engaging in explicit shamanic healing methods such as soul retrieval, extraction, or energy work on behalf of the client. The questions highlight the layered and situational nature of informed consent and also raised a concern more rooted in a shamanic worldview, which recognizes spirit guides and helpers as one type of autonomous being or agent in the therapeutic process. Five of the six participants said that they take entering into psychotherapy as implied consent to consult their guides and intuition about the client; however, all but one participant said that entering into psychotherapy does not serve as informed consent for explicitly shamanic healing work which, they felt, requires an additional level of consent. Smith's response to the first question was resonant with other participants' replies:

> If they're coming to me as a psychotherapist, bringing all of me online in psychotherapy is fair game; we could just call it using my intuition or my imagination. They want the best of me, and so if I consult my guides about this client, the way I view it is that they're simply getting the best of me. Jung would say I'm just using my intuitive and feeling functions in tandem.

Lieberman has established her personal boundary around informed consent and work with the guiding spirits in a more cautious or conservative manner:

> We need to have permission before we do things, even something as simple as looking into the spirit world for a message. If a message comes to me spontaneously, I won't give it to them without asking them first if they really want to know.

Axelrod's response, by embracing intuitive information offered from the guides but not journeying to consult the guides without permission, highlighted the potentially murky middle ground between the two stances presented by Smith and Lieberman:

> Sometimes my guides offer me information unsolicited or you get an intuitive hit. What's an intuitive hit? To me, it's that my guides are giving me information. I don't ignore those; they're a resource. But I never journey for someone or specifically seek information for someone without their permission; I always ask permission.

As Smith, Axelrod, and others alluded to, the boundaries between engaging intuitive faculties, being receptive to messages from the guides, and actively engaging the guides are not always clear. In all probability some clients would also have different reactions if asked whether they were comfortable with their therapists engaging their intuition compared to consulting their helping spirits through drum-driven trance work on their behalf.

In most cases, participants' responses were clear regarding the need to obtain a second level of informed consent before doing explicit shamanic healing work. As Stein stated, "I would never do an intervention with someone without asking their permission,

that's for sure." Doherty's response varied somewhat and could be linked to the fact that he is most explicit at the start of therapy about his shamanic approach to the work:

> You know, I never thought of it that way. [laughter] I never formalized it quite to that degree. Yes, I assume that it [entering into therapy] does [serve as informed consent for both levels of the shamanic work], since I do it, but I never gave it that concrete of a way of thinking. Certainly there's that whole piece there when you think about the work that happens in the room between you and the client invoking other entities, energies, things like that. I never thought about that as a consent issue.

Also, Doherty has explicitly expanded his consent form at the start of therapy to include mention of his shamanic work. He underscored in our interview that "now I have a consent for treatment that specifically talks about healing work and energy work and touch and peoples' need to consent to that and peoples' ability to revoke that consent." Hutchins also reflected during our discussion of informed consent on the possibility of creating a second, distinct consent form for times when she includes explicitly shamanic techniques, especially as they can include elements of touch:

> One of the things that I've been careless about and I really need to look at it again is to have people sign an [second, distinct] informed consent. In both extraction and soul retrieval, you do touch the body, or at least I do, I was taught to. I always ask people if I can touch them. If I'm doing a soul retrieval, if I'm doing an extraction, I always ask that question. I probably ought to start doing a form; I haven't. I've been waffling on that.

Aside from Doherty, other participants did not indicate that they include mention of shamanic healing work in their initial written informed consent.

Contraindications for Shamanic Healing Practices

When participants were asked what they thought would constitute a contraindication for shamanic healing work, recurrent themes included (a) the importance of a foundation of trust in the therapy relationship; (b) an emphasis on clients accepting

responsibility for their own healing; and (c) the need to exercise caution with some types of psychosis, personality disorders, and active addictions. Regarding trust, Stein shared,

> I probably wouldn't go there with a borderline client; that's probably diagnostically the only type of person I wouldn't work with shamanically. I think they could get too triggered and wouldn't have the ego strength to contain the work, and it could definitely backfire in terms of the transference.

Stein went on to emphasize the core concern around trust with a client with borderline personality patterning by speaking to "the person, can I trust them? Will they walk down that road with me and not bolt?" Axelrod saw few blanket contraindications and even with respect to more severe psychopathology may be willing to work shamanically if there was a bond of mutual trust.

> I think for me a contraindication would be someone who I meet that has pretty severe psychopathology and who wants to come only for shamanic work and I don't have sense of who they are; I don't have a sense of a bond between us.

Speaking to a related concern of preparedness, Smith said that at the very least a psychotherapy client would need a number of sessions before being a possible candidate for explicit shamanic interventions. He stated, "The client must be prepared, set up with information, and understand the technique and what's required of them," partly to ensure that any magical thinking regarding shamanic healing practices had been dispelled. Smith also reiterated the need to bridge any cultural distance before shamanic work would be indicated.

Hutchins' immediate response when asked about contraindications was, "The things that go beyond my scope, Daniel, are the people that want an instant fix, what I call a spiritual bypass." She went on to share,

> After 30-plus years of being a trauma therapist, I have a real intuitive gut feeling when there are a lot of wounds. Also, one of my gifts is to see people's shadow stuff. So people will come to me and want to have all this shamanic work,

> depossession, blah blah blah, and they think they're going to be fixed, and I get that they're severely traumatized, they're severely needy, and many of them are multiple. What I do is to gently tell them that they need to do more than just shamanic work, that Spirit tells me that there's more to do.

Smith was similarly adamant when he stated, "The client must take responsibility for their own healing and integration process, and they must be self-motivated." He lamented that "lots of core-type modern shamanic practitioners are not doing that" and that "it could take a psychotherapist working with someone 3 years or more to get a client where it's appropriate to do a soul retrieval." Smith expressed his belief that every shamanic-oriented therapist should be actively working to undercut magical thinking in the form of the client hoping for an instant fix from the all-powerful shaman-therapist. In this way, heavy idealization of the therapist or an unwillingness to assume responsibility for one's personal healing can serve as contraindications for the use of explicit shamanic techniques, at least in a psychotherapy setting.

Although more squarely in the terrain of questions that pertain to clinical treatment and therefore beyond the scope of this research to fully address, clinicians also discussed the need to exercise caution with certain types of diagnostic considerations. Several named active addiction as a contraindication for explicit shamanic healing work, in particular intoxication in close proximity to soul retrieval work. Smith expressed concern about paranoid ideation "because they're going to incorporate you right into their delusional system," and, again, Stein shared reservations about working with clients with a diagnosis of borderline personality disorder. Smith's and Hutchins' responses provided an interesting counterpoint, as Smith advised "extreme caution with posttraumatic stress [PTSD] clients and multiple personality [DID]," and these individuals comprise the majority of Hutchins' clients. Speaking from his own experience working with

PTSD-diagnosed clients, Smith said, “A lot of solid progress in psychotherapy to stabilize symptoms like flashback memories is needed first before soul retrieval and extraction.” Not necessarily in conflict with Smith’s assertions, Hutchins shared her initial diagnostic process of clarifying trauma-induced psychosis from, in her perception, the more rare cases of actual schizophrenia:

> When someone is truly, truly schizophrenic, then I will just tell them that I can’t work with them. I don’t do that very often, but the Internet is bringing a lot more people like this, people who just sit at their computer and look for people like me. But sometimes when people look schizophrenic, they have PTSD, and when people talk about hallucinating, I’ll try to figure out if they’re having flashbacks from trauma. So I do a little assessment before I make that decision. And then I’ll say that they really need to focus on the trauma work and usually they run away screaming; people don’t want to do trauma work. [laughter] So, yes, there are people out of my scope.

Lieberman and Stein each shared in some depth about a successful case involving a client with a diagnosis of schizoaffective disorder. Lieberman’s case included an interesting example of harmonizing Western psychiatric and shamanic worldviews:

> She [the schizoaffective client] needs to be on medication because when she goes off she winds up in the hospital. And so the way we work with it is that that’s one of her allies and protectors, just like other ones. So what we work with is helping her to make the distinction between the type, the quality, the tone; how do you know where this message is coming from? Helping her to discern if it’s a helper talking to her or if it’s that thing they call psychosis, and so she’s learned to tell the difference because the messages that come from that place of so-called psychosis are always really negative and self-harming; they’re not real helpful. When she’s tapping into a guide or helper, they’re telling her really positive things, and so we’re really working on that and making nice headway on that.

Lieberman did express active psychosis as a contraindication for processes like shamanic journeywork but distinguished this from a client who struggles with intermittent psychotic or delusional states but is not in a psychotic episode at the time of the ceremonial process. Stein described her schizoaffective client as “pretty nonfunctional” at first but “highly intelligent, motivated, and someone that I sensed was not going to spin

off into anger or inappropriate emotions with me." As trust was established, Stein did engage in some shamanic depossession work with this client and observed that "some of what she had was delusional, some of it was not." From Stein's perspective, an important component in this client's successful healing over time was Stein's willingness to use the client's own language and to meet her on her own terms from the outset of therapy in ways that other mental health professionals had been unable or unwilling to do.

Expressing a similar openness to work with more troubled clients, Axelrod shared, "I have had some clients with a pretty severe level of psychopathology, some who have had some delusional aspects, who I have still done some level of shamanic work with," adding the qualifier that "the work with them has been mostly around gathering information." Like other participants, Doherty distinguished between clients in need of psychotherapy and clients who are good candidates for shamanic healing practices; however, his commitment to only working shamanically sets up interesting dynamics around referral that are not found with other participants:

> There are times that people will come to me with an intent because they've read about shamanic work and want an extraction or a depossession or a soul retrieval, and I'll say to them, "That doesn't feel to me like that's the most appropriate step right now; let's work together and see what comes up and we can decide where to go from there." And if they do want that kind of work and I'm not comfortable doing it, then I will refer them out to another shaman. Similarly, if I feel that someone really needs to be working in therapy, I won't be the person to do the therapy because I'm wanting to do more of the healing, energy, shamanic work. If I really feel like someone needs more traditional therapy, I will refer them out in conjunction with working with me.

Assuming a sufficient foundation of trust, a good cultural fit, preparedness on the part of the client, and willingness to take responsibility for his or her role in healing, there were few clinical conditions participants perceived to be categorical contraindications for at least some types of explicit shamanic techniques.

In summary, this topic of contraindications and how shamanic healing practices may or may not work well with various expressions of psychopathology is one that is beyond the scope of this research and warrants much greater consideration. First, the diagnostic categories that delineate psychopathology in Western mental health are themselves culturally determined. Numerous participants clearly grappled with how to work within DSM-IV diagnostic criteria while still honoring their respective indigenous and shamanic perspectives. In doing so, they highlighted the lack of a clinical language that recognizes wisdom inherent in both cultural frameworks; importation of traditional indigenous conceptualizations of mental illness into mainstream Western psychology does not offer a magical or simple solution. Second, there was no consistency among participants about what constituted a contraindication for shamanic healing work. They cited the importance of a foundation of trust in the therapy relationship and an emphasis on clients accepting responsibility for their own healing, but, beyond that, the only agreement was merely a generalized caution about doing shamanic work with some types of psychosis, severe personality disorders, and active addictions to illegal drugs. Some participants had clear personal guidelines, but the significance for this researcher was to note how these personal guidelines about the use of shamanic methods varied from participant to participant. Finally, shamanic healing practices is a much larger topic than shamanic healing practices that are being used in a clinical mental health setting. Most shamanic healing practitioners are not psychotherapists; are not bound by the same ethical, legal, and diagnostic guidelines; and therefore are likely to have perspectives on mental illness that place them in tension with clinicians who are attempting to adapt shamanic healing practices to a clinical mental health setting.

Scope of Practice

All participants were asked if they had encountered situations where they felt that what was indicated shamanically would fall outside the scope of practice for psychotherapy. Responses fell into the two general categories of multiple roles or relationships (e.g., leading a ceremony or shamanic workshop for a client) and phenomena that may arise during shamanic healing sessions (e.g., depossession, dialogue with discarnate spirits, and past life material). I have reserved the complex topic of multiple relationships for the subsequent section. Indigenous and nonindigenous shamanic healing practitioners tend to be consistent in their view that some type of human soul or souls continue after physical death, and both Lieberman and Axelrod noted the rare instance where a deceased individual wished to convey a message to the living and how this made for a somewhat awkward client interaction. Axelrod shared a striking example:

> I had, about 6 years ago, a very blue-collar, working-class woman who was working with me in psychotherapy and whose daughter had committed suicide. She knew that I did this other work and she asked about it, and I said, "We can do it if you like." And she said, "Yes." I asked her permission to any preparatory work that I needed to do because I had a sense that she was going to ask me about her daughter.
>
> I do what's called singing journeys, where a client asks a question and I sing what comes through, what I see, so that's what we were going to do. So I went and did a journey to locate her daughter to see if she had crossed over. And the daughter had not crossed, and I did a psychopomp [soul guidance] with her daughter and didn't tell the mother because I had asked if I could do preparatory work. So when we actually did the journey with the client and she asked about her daughter, the response came through that she was fine, settled in, and doing OK.
>
> After the singing journey, she said, "Are you shitting me? Am I supposed to believe all this?", and I explained that this is the work and that you can believe it or not believe it. She was both drawn in and alarmed by it; it was so culturally out of place for her. And then a few weeks later, she came in and said that she had seen a psychic and that the psychic said that there was a younger female that was very close to her that had died. And the psychic looked at her and said that she died a while ago but just crossed over a few weeks ago.

> Afterward, the client came in and told me this, and I shared with her about what happened. And although this client has completed her process with me, she has come back twice to do shamanic work, once regarding the death of her son.

Hutchins made note of the occasional session involving shamanic depossession work as something that, for her, felt more on edge regarding scope of practice. Similarly, Axelrod noted that in the occasional session of shamanic work she has encountered past life material; however, this type of material has never surfaced for her with a psychotherapy client with whom she is working shamanically. Lieberman and Doherty both expressed that on rare occasions they have been given information from their guides in the context of soul retrieval work or other types of energy healing and that this information seemed charged or difficult to know how to share with the client. For example, Doherty shared,

> I was working with a guy the other day doing some energy work around his solar plexus and throat. He's never disclosed any sexual abuse to me, and I got this very clear hit or download about a very specific experience that happened with him in a very specific place, but the timing just didn't feel right to share that.

When expressed in a psychotherapy setting, shamanic healing practitioners' views on discarnate spirits and a human capacity for direct, intuitive knowing seem to inevitably give rise to occasional situations that stretch the limits of psychotherapy; however, on the whole, this did not seem to be an area of major concern or tension for participants.

Navigating Multiple Relationships

Each of the six participants experienced at least moderate tension with regard to multiple relationships that were linked to his or her role as a practitioner of shamanism and ceremonial arts, and these challenges sometimes evoked passionate opinions and reactions during the interviews. I have organized the material on multiple relationships into the three additional roles of ceremonial leader, teacher of shamanism or shamanic

healing practices, and community leader. All six participants, in addition to their individual work in session with psychotherapy clients, have led public or semipublic ceremonies that at times included active psychotherapy clients. Smith, Lieberman, Stein, and Hutchins are each available in various ways as teachers of shamanism or shamanic healing practices (e.g., workshops, longer trainings, one-on-one mentorship), and these opportunities are sometimes extended to psychotherapy clients. These same four clinicians were also clear that they actively seek to be catalysts for spiritual community, a role that often overlaps with, but is not identical to, that of shamanic teacher. Axelrod and Doherty could envision stepping into the roles of shamanic teacher and community leader sometime in the future, although these two roles are not currently a major part of their work in the world.

Clinicians who are also ceremonial leaders. Insofar as all participants have offered at least the occasional shamanic-oriented ceremony or teaching event that was attended by an active psychotherapy client, this raised the question of how shamanic-oriented clinicians determine whether an active client may attend any given event. This question is really a series of questions that include the issues of how clients find out about events, how therapist and client determine that a client may attend, and how the therapist negotiates a limit when a client is not welcome at or otherwise not a good fit for events. Regarding the ways in which clients learn of outside, shamanic-oriented events that their therapists are offering, aside from the obvious option of viewing the clinician's website, several participants maintain mailing lists or email announcement lists that may include clients, and several also post flyers for events in

their office waiting rooms. Beyond this, Lieberman stated directly, "If I feel a client would really benefit from a ceremony I'll let them know." Conversely, Stein said,

> I don't advertise my retreats to all my clients; it's pretty low key and I'm pretty careful about who can come to them. In terms of my clientele, I don't have flyers out for all my clients. I have a few clients, just a handful, that I would suggest it to.

In general, clinicians seemed open but also discerning and judicious about when and how they might bring outside events to a client's attention, and there were clear examples on occasion of denying access to clients who wished to attend.

When asked what criteria needed to be in place for a client to attend a ceremony or teaching event, Smith gave a thorough and definitive answer that seemed drawn from years of personal experience:

> The criteria are basically the same as for a soul retrieval. So if they're not ready for a soul retrieval, they're not ready to attend an event. They must have done some inner work on themselves. They must have had continuity between their sessions—regular inner work. If they're in therapy, they do the homework the therapist suggests, they journal regularly. I need to see signs of continuity because if there's not continuity they're not going to use this stuff either. But when that's there and the person is taking responsibility for their suffering and their healing, then, yeah, they can come. And still I've learned by trial and error.

Smith went on to add that the client must also "either be at a place where they're ready to dissolve the idealizing transference or it needs to be gone," especially because seeing his or her therapist in the role of ceremonial leader or shamanic teacher may reignite tendencies to idealize and shift the client to an external frame of reference. Lieberman shared a story of a psychotherapy client who, through a series of synchronicities, sponsored a community sweat lodge ceremony with a healing intention. Lieberman, at one point, had relayed to the client, "Spirit's kinda talking in my ear that maybe it's an opportunity for you to request this healing for yourself," highlighting how less tangible

criteria may also play a role for clinicians in determining which clients may attend any given event.

The prospect of denying access to a psychotherapy client who wishes to attend a ceremony or teaching provoked interesting responses, some of which highlight important points of cultural difference and tension. At one end of the spectrum, Axelrod has chosen the less complicated route of not opening her occasional shamanic events to active clients. At the other end of the spectrum, Lieberman stated, "If there's a healing ceremony, I'm not going to deny you access; that's what you're here to do, is heal," and Doherty echoed this by saying, "People are there to do their work, and it should be that any opportunity to do their work should be open to people no matter how you're doing it." In our second interview, I asked Lieberman about her statement, and she qualified her initial position:

> You know, I'm glad you brought that up because I was questioning that comment. I'm not sure it's totally accurate. Let me restate that: If I thought a client was not ready for a particular ceremony and it would not be helpful to them, I would not tell them about the ceremony. If they already knew about it, I would just let them know that I didn't feel it was the right time for them. Ethically, I would have to say that.

Lieberman, whose training has been exclusively with Native North American healers, seemed to be negotiating her own stance in relation to the ethic in much of Native culture of not denying anyone access to ceremony. Stein also spoke to this cultural difference:

> I've been around some shamans who should have been more selective, like, "There are some people who don't belong here in the circle, at all." I've said at times to clients, "I think we have a really good process going here, a really good relationship, and I'm concerned that if you attended an event like that it would be a strain on our relationship to be seeing me in another context." And there are people that I know couldn't handle that. And I've also said at times that the event is full [even when it's not].

This case-by-case approach functions as an imperfect middle way between unquestioned access and categorical separation, and is also the strategy used by Smith and Hutchins for determining which clients may attend any given event.

Participants also shared the importance of preparing their clients for the change in role and setting after determining that it was appropriate for them to attend any given event, and this prompted me to ask if they had ever overestimated a client's ability to usefully attend. Smith reported this as rare but did share one example where a client became intoxicated after a group ceremony with a visiting teacher and was flirtatious with that teacher, causing Smith to feel regretful about inviting her. After pausing, Stein could not think of a particular example but underscored that she has erred on the side of caution and has given a lot of consideration in certain cases regarding whether or not a client may attend. Hutchins was clear that some clients have been triggered by attending events but had a relatively positive perspective on this, saying,

> I've had people rant and rave and say they didn't like it and didn't like how I was talking with other clients. What's been neat about it is that people have done it and they come back and we spend hours talking about it, and for a lot of these people who have been isolated and abused, these groups create a kind of family and so we create our own dysfunctional family in a lot of ways, [laughter] but we work it through. We talk about it, we work with it. I'll have different clients come and complain about the other person, and I'll just say that in a family you'd have to go back and work with it. So what it's turned out to be is a tremendous place for healing.

Hutchins added that on a personal and professional level, "It has been scary at times. There's a part of me that goes, 'Oh shit! What the hell am I doing?'" It may be that Hutchins' availability and willingness to "spend hours talking about it" makes the difference between the client having an opportunity for deep relational healing and

transformation as opposed to an emotionally wounding experience for the client or potentially unprofessional therapist conduct.

In light of the somewhat different expectations and job descriptions for a psychotherapist and ceremonial leader, I asked participants if the presence of current psychotherapy clients at their events affected the ways in which they showed up as ceremonial leaders. Participants appreciated the question and several expressed that although this had been a minor concern at first, they no longer felt awkward about it. For example, Hutchins said that several years ago she made a strong prayer that she wanted her life to be congruent and that "what that's done is pretty much forced me to be pretty much who I am wherever, and so what people see in group or in the camping trip is what they're going to see in session." Doherty spoke about performing a wedding ceremony for a client and that although he felt comfortable during the ceremony, there was "still that part of me that, as I'm standing around and socializing, that observing ego in the back of my head, that reminds me that I'm not just another one of the guests here." Stein shared that she had just returned from leading a retreat where she could "take off the therapist hat, even though I didn't do that completely because there were some clients there, but I allowed myself to go much deeper into my own trances as I was worked there." Lieberman shared this dynamic as both a ceremonial coleader and a participant. In the case of the client who sponsored a healing lodge, Lieberman elected to be the firekeeper for that lodge, expressing to her elder, "I have many opportunities to sweat and I need to not be in my stuff." She said that she

> . . . just put a boundary there because I'm not going to get into a sweat lodge and not pray. Instead, I just did my prayers with the fire silently and held that boundary with this client so she could have that lodge. We still put clients' needs first and hold a sacred space for them.

Lieberman was clear that she would be more discerning about what she shared as a ceremonial participant when clients were present. She also relayed an instance of being a participant at a local ceremonial dance where she went for personal healing and having a current client show up as a supporter of the dance. She said,

> I had no control over that; it's a small town. I thought, dang, I don't want to not do my dance because there's a client here, and I can't ask her not to be here, so what do I do? Well, I did my dance and let go of what I needed to, as I was there to do my own healing, and that client never came back to therapy. I have no idea if that had anything to do with her witnessing me in my own kind of state, but I have some suspicions that it might have.

Insofar as there are relatively few indigenous or shamanic circles in any given area, Lieberman's dilemma is likely a relatively common one for clinicians who attract clients that identify with various types of earth spirituality.

Client attendance at nonpsychotherapy events also raises concerns about protecting the confidentiality of the client-therapist relationship. Most participants responded by simply stating that it is up to the client to disclose or keep private the way in which they know the ceremonial leader. Lieberman summarized,

> I say to them, "You're welcome to come to ceremony, but I don't tell anybody how I know you. Just like anywhere else in town, if you want to tell people that you work with me, that's your business, but I will not acknowledge it." I don't open that door, and I'm very clear with people about that.

Stein shared an interesting evolution for her regarding this topic. Previously, in opening circles, she would invite event participants to share why they were attending the event, and occasionally someone would say, "I'm Jan's client" and "everybody, especially the other therapists in the group, would cringe." Stein now makes sure that clients attending events understand that they don't need to disclose this, and she has also restructured the

introductory questions to focus more on personal intention rather than how they know the facilitator or what brought them to the event.

Stein also raised an issue, that I then brought to other participants, about the impact of cofacilitating events with other ceremonialists or teachers. Both Stein and Hutchins reported that working with a cofacilitator has an overall positive effect and helps to minimize or disperse the potential for event participants to have highly charged reactions to a new setting or their therapist being in a new role. This also required a further level of disclosure, and Lieberman spoke of having the client who sponsored the lodge sign a release so that Lieberman could speak with the ceremonial leader about the client's situation before the ceremony. On a related note, two participants talked about hosting indigenous teachers from other cultures who were obviously not psychotherapists and how these clinicians had to be especially clear with the visiting teachers about the need to abide by local standards of ethical conduct. One clinician said, "I've had to tell one teacher, 'If you do a retreat here, you can't be touching anyone sexually'" and lamented the recurrent theme of traditional teachers expressing at times radically different ethics (or lack thereof) regarding their ways of relating with students.

Clinicians who are also teachers of shamanism. Not all ceremonial leaders also presume to formally train others in various aspects of shamanic healing practice or ceremonial ways; however, the four participants who do offer this type of training, including with some active psychotherapy clients, obviously had to navigate multiple concurrent relationships with their client-students. Smith stated,

> If you're shifting roles, the shift should be from a psychotherapy context to a sacred ceremonial context where you're an elder or shaman or something. You still have boundaries there; you're not slumping into the role of friend or lover or

> anything like that. The old transference should be resolved, and the shift into a new role as teacher should be processed in therapy before the shift. Of course, "teacher" brings its own kind of idealizations and risks. But the shift in roles needs to be processed in therapy, and thoroughly understood by the client, before the shift to a new context is made.

Lieberman has had at least one psychotherapy client enter into a formal student-teacher relationship with her and expressed that although such a transition is possible, "on some level I would always still be that student's therapist" and that "the power differential dynamics and boundary agreements remain critical." Lieberman was also clear when she stated, "[I] certainly wouldn't want all my therapy clients to become apprentices." Both Lieberman and Stein remarked on the tension between the empathic, nurturing role of the therapist and the occasional tough-love qualities required of an effective teacher and how this contrast could be jarring for clients and challenging to navigating as a former or current client's teacher. Similar to how she would handle a client who wished to attend a public ceremony, Hutchins said, "We talk about it if they want to come to workshops. I answer questions they have and try not to contaminate the process too much; I just say, 'We'll have to navigate stuff.'" In contrast, Axelrod has thus far chosen to refer clients interested in learning more about shamanic practice to the FSS, and she shared that with her psychotherapy clients she is willing to do some teaching but prefers "to be the mentor or the consultant, like, I want them to go get the skills elsewhere then come talk to me about the questions they have."

Although not unique to the teacher role, there is a particular intensity to the commitment implicit in a student-teacher relationship that may not necessarily be present when engaging in a noncommittal way with a ceremonial leader. With this in mind, I asked participants if they thought that serving clients in the role of shamanic healer in

general and shamanic teacher in particular increased the tendency for clients to see them in an idealized light. Participants found the question interesting, and responses ran the full gamut from a clear *yes* to *neutral* to a clear *no*. Smith stated,

> The potential for idealization, I feel, is greater for a shamanic healer than for a psychotherapist, especially if you're a good one. If you're able to help people transform their lives, they're going to tend to see you as a god. And if you're a man working with women, you can see the ethical risks there. Now make this a beautiful, shamanically inclined woman, and the risks abound.

Despite the fact that most of his clients and students are themselves psychotherapists, Smith said that "they too are going to idealize you, and they're going to be more sophisticated in their ability to violate boundaries." In contrast, Stein shared the perspective that using shamanic methods "has the opposite effect because it's empowering to the client and they're learning that they can access all this on their own." Hutchins agreed, saying,

> When I didn't work spiritually, I think is where people put me in an idealized situation. When they start saying how wonderful I am, I redirect that and say, "No, you're doing this work with Spirit, God, however you want to call it; you guys are doing this work. I'm just here facilitating it and holding space." So I'm constantly reframing that, and, particularly because I'm doing spiritual work, it's even more important to remind them.

Doherty echoed this sentiment:

> I think there's still the bias in Western culture that the professional knows best. One of the biggest differences in shamanism, especially the shamanism that I practice, is letting people know that they're really the ones that are doing the healing, that I'm just the conduit. That hopefully brings me into a place of less idealization rather than more.

Lieberman and Axelrod seemed ambivalent about whether using shamanic methods actually increases the risk of idealization. Axelrod was clear that some idealization does occur with clients and stated, "It's not clear to me that it's an increase over how a psychotherapy client sees me. So, I know that it's happened, clients have expressed it, but

I don't know that it increases it." Despite some participants' claims that the empowering nature of the shamanic work leads to less idealization, there was no evidence to suggest that Smith's approach to the work was somehow less empowering. Also, because Smith was the only heterosexual male participant, this was a topic where culturally conditioned gender dynamics may have informed participants' experiences of transference and idealization.

Clinicians who are also community leaders. Many indigenous cultures strongly emphasize the coherence of the extended community, tribe, or village; however, not all contemporary teachers of shamanism also seek to serve as catalysts for community. Smith, Lieberman, Stein, and Hutchins, each in their own way, currently serve in this capacity, and their spiritual circle or community at times includes active psychotherapy clients. As an entry into this topic, I asked these four participants if they found it challenging to not rely too heavily on their shamanic community to meet their own personal needs. Smith spoke of how he certainly benefits from the community but does not, for the most part, meet his personal needs there. Although there are two assistants that he feels are mature and seasoned enough to confide in as needed, he added that he does not "spend a lot of time venting or processing my personal stuff because quite frankly I walk a shamanic path, I work with my material and don't really need other people to validate me or support me or comfort me." He characterized himself as

> . . . putting a dream out there and I see it in a process of coming to fruition, and I want it to live after I'm gone. I'm not unique in that; a lot of people are doing that. To be able to live your dream and put it out there is very meaningful, very fulfilling. And to have that shared, to have other people helping to realize that dream in community, whether they are patients or students, is a wonderful thing. So, of course, I benefit from that; without the student, the teacher can't teach. I

> think any Zen master, any Vedanta master, they all know that; they teach because they love to teach. They enjoy students because they enjoy having them.

Although Stein noted that "sometimes you wish that you could be the participant and not the leader," overall she also seemed relatively settled in her relationship to community and emphasized her need for self-care and sufficient downtime when serving in the community leader role.

The questions around community had relatively more energy for both Lieberman and Hutchins. Regarding the constant process of gauging how much to reveal or hold back with community Lieberman said,

> I find that to be the trickiest part, absolutely. We're just people, we're all sacred human beings, and we all have healing to do. I've noticed when I go to some events that the healers don't share from their own process; they're not brave enough to put their own stuff out there; and often, for me personally, I actually trust them less. And also, I'm cognizant when I do have people present that I'm working with. If they're therapy clients, not necessarily students who didn't come through a therapy route (there's a distinction there for sure), I'm certainly more cautious. It doesn't mean I won't share some things or ask for a healing, but I really think it through beforehand.

Similar to Stein, part of Lieberman's strategy for self-care includes having plenty of events and ceremonial spaces that she can attend without clients present. Hutchins spoke of her experience regarding this balancing act:

> It's not a primary community because I have really strong family ties, but it is a real strong social community for me. And I think part of the thing I have to be careful of is that it doesn't become my primary community. That's actually a very good question, and it's an awareness I've been coming to in the past year, that I have to be careful that it doesn't become my primary community and fulfilling my needs, too.

Smith, Lieberman, and Hutchins all made explicit reference to the indigenous roots of shamanic practice when responding to this question and emphasized both the critical role

of community in everyday life and psychological health and the shaman or ceremonial leader's role in helping along this collective endeavor of healthy community.

Risks of Ego Inflation and Abuse of Power

Participants who have trained others in the practice of shamanic psychotherapy, primarily Smith and Stein, were asked if they had observed trends among those new to the work, and all six clinicians were asked if they noticed any trends among clients who reported negative experiences with other shamanic healing practitioners. For the most part, the recurrent trends in both cases were various manifestations of ego inflation and abuse of power. One exception that both Smith and Stein reported was the trend among those new to shamanic healing practice to get stuck in a type of shamanic dogma or fail to bridge the cultural gaps with clients. As Stein stated, "I've seen a lot of shamanic practitioners get overidentified with technique when what really heals is the relationship, so I want to establish that first, and I honor that above anything else with the client." Stein added that some students of shamanic-oriented psychotherapy have a disrespectful or devaluing attitude toward psychology and "really want the flashy smoke-and-feathers style shamanism," an approach that Stein does not particularly respect, at least when practiced out of an indigenous cultural context. Numerous participants spoke in the personal reflections portion of the interview to overcoming early in their careers as shamanic healing practitioners the tendencies toward an overidentification with technique and the impulse on some level to be an important, powerful healer.

Most, but not all, participants had the experience, at least occasionally, of working with clients who reported previous negative experiences with shamans or shamanic psychotherapists. Stein said,

> If there's a common denominator, it's with the clinician being overidentified with technique, or they thought of themselves as a shaman and took ownership of all the changes that were happening and there was a lot of ego in that, and eventually that bruised the client. If we do this work, we really can't be identified as the agent of change. We're the instruments. I facilitate change and that can happen a lot of different ways.

Hutchins echoed this saying, "If I had a theme, I'd say ego and abuse of power. There are some real horror stories out there." She went on to add, "I don't know that the very controlled situation with therapy regulations is necessarily any better because a lot of that stuff then goes underground." Smith agreed that various forms of egotism and abuse of power were the most common complaint, adding, "The most common one for women is that the teacher exploited them sexually. Some of the biggest figures in the field have done that, it's just amazing. Even very, very good shamans are liable to sexual exploitation of female students." Smith also critiqued other practitioners for not sufficiently preparing people for soul retrieval or making "broad sweeping claims about the power of this method without really honing in what the limitations are." Finally, Smith underscored the importance of the shamanic healer having "a full shamanic path, not just a handful of techniques, so that practice is grounded and supported solidly by a whole shamanic and earth-honoring way of life."

Professional Resources for Shamanic-Oriented Clinicians

Overall, with the exception of Smith and the possible exception of Stein, participants did not seem especially connected to or even necessarily aware of many other clinicians also offering shamanic-oriented services. Only Smith was able to estimate with any degree of confidence the number of shamanic-oriented clinicians in the United States, putting the number at about 2,000—20 times my conservative estimate of

100 practitioners. When asked what professional resources they wish were available, most seemed enthusiastic about increasing the level of collegial dialogue. Lamenting this lack, Stein said,

> Nobody is actually looking at what the nitty-gritty details are of what goes on between the client and the practitioner, and that's what I'm doing, and I wish there were more of that. I wish there was more dialogue, like when you mentioned some of those other people you interviewed; I would love to sit in a room with them in a nonhierarchical way, just to have a collegial dialogue that's not based on showmanship or "I have more shamanic superpowers than you have."

Stein went on to speculate that the seductive quality of the power present in shamanic work has likely been a source of division among practitioners and also that, because the work is not mainstream, "people are afraid to talk to each other and communicate in an honest way." Axelrod and Doherty also expressed a strong desire for collegial dialogue and said it would be very helpful for them. Axelrod stated, "I have a network of shamanic practitioner friends that I can talk with, but they're not also clinicians. So, yeah, I'd love it, but I don't have it." Doherty shared,

> The hardest part for me is to find peers, to be able to talk about this with, to process this with. I have people in the shamanic community that I do that with, but they're not therapists. They don't understand. And I've tried to get peer groups together here, and there aren't enough people.

Doherty expressed an interest in more trainings being available and added, "In terms of clinical supervision, the whole need to have that is to not get so isolated in our practice that the only way we're processing is internally because that sets us up for more likelihood to make poor judgments." Lieberman expressed an interest in seeing more psychological research on the effects of soul retrieval work, and Hutchins offered an interesting counterpoint to the clamor for greater dialogue by sharing her self-perception

as somewhat of a loner and how "even if there were resources and support systems, I don't know that I would avail them."

Future Trends for Shamanic Psychotherapy

As one of the final interview questions, participant were asked to speculate about future trends regarding the intersection of shamanic healing practices and psychotherapy, including whether or not they could envision some kind of certification process. The certification question brought forth perhaps the most divisive responses of the interviews, with Lieberman and Hutchins adamantly opposing such a move, Doherty speaking to both sides of the issue, Smith sharing about his current certification program, and Stein sharing her contemplation of starting such a program as well. Lieberman speculated, "It's going to be like any other group, that once you go in that direction, you open up for someone who is the biggest and loudest to harness it and corral it and claim it and say it's theirs," adding that, in her estimation, "Native people would be absolutely appalled at this." Hutchins spoke against certification "because I've watched the board here get more fear based and more rigid over time, and I honestly don't think it's enhanced the quality of therapists coming out." She said, "I've watched what certifications have done, and it's not necessarily a good thing. I just don't know that it's the answer. I don't know that more government intervention necessarily ensures quality control." Hutchins added, "You're going to get charlatans no matter what you do. What we've got going now with word-of-mouth, references, and referrals are actually in some ways the best we got." Similarly, Doherty worried that certification could entail a move toward "bureaucratic ways of thinking and practicing," and he worries that "we would be getting co-opted back into the Western medicine things-have-to-be-regulated mindset." To some degree, these

participants were responding to several embedded questions—one regarding a possible state-enforced licensure and regulation infrastructure, and the other involving the establishment of a credential or credentials that aim to ensure a sufficient level of training and professionalism regarding the practice of shamanic psychotherapy. The first is far from being established, at least in this country, and the second, as Smith indicated, already exists from several shamanic teachers.

Smith shared that he is "working toward a training society that certifies and that will have publication, a membership roster, that sort of thing for shamanic psychotherapy." Regarding the concern raised by Lieberman of control and ownership, Smith added, "Maybe somebody else will beat me to it, and that's great; I don't need to own the damn thing, but it's needed." About his current certification program in shamanic psychotherapy Smith said,

> There's a huge experiential component at the core of it, but there are also serious academic demands. You must have obtained your master's and be in the process of getting your license to practice, so I don't have to do groundwork in counseling skills and ethics and that sort of thing. By the time you're doing work with me, you will have mastered the Toltec or Iachak system; that's just your basic shamanic psychology and philosophy. You will know how to run a lot of ceremonies and a lot of chants. You will know how to do soul retrieval and extraction, both in a conventional psychotherapy context and in a classic shamanic context. You will know how to translate between the systems. And you will make an ethical commitment to the shamanic profession and be a member of the Society of Shamanic Practitioners, and so on.

The structure used by Smith seemed to speak to Stein's concern when she remarked, "We're far from coming up with a set of standards, and, personally, I would have issue with it, if it were certifying people who were not also psychotherapists." Having said that, she went on to add, "Right now, things are decentralized, but I think it would be good to have some sort of standardization."

Aside from the contentious question of certification or credentialing programs, let alone licensure or state-level regulation, participants showed a generally positive and optimistic attitude toward the future. Axelrod shared optimism about people "having greater consciousness, being more spiritually oriented, being more spiritually aware" and sees herself as "doing one little piece, little by little, and I know that there are so many talented people out there doing little by little, and it makes me optimistic and excited." Smith made reference to demographic studies when he stated,

> [Studies have shown that] we're now 30% minority populations, coming from Central America, Cuba, Mexico. By 2050 or earlier, over 50% of the population will have indigenous ancestral roots. To me, that's good news, and that means that shamanism's going to really live again in this culture, because indigenous peoples are hungry to reaffirm their own ancestral spiritual traditions. So we can only expect the demand for this to increase.

Lieberman shared her pleasant surprise at speaking recently at a licensed professional counselor's conference on integrating ceremony into the counseling setting and how the room was packed beyond capacity. Several participants also spoke about the changes they have sensed in the last decade or two regarding increased levels of awareness and acceptance of shamanic healing methods in the larger culture.

Personal Reflections and Advice to Those Entering the Field

As a completion question, participants were asked what advice they might give to themselves when they were first embarking on a path of integration in their clinical practice, or what suggestions they might have for others entering the field. The three themes that arose more than once were (a) to remain humble and open to new perspectives, (b) to be patient and trust in the journey, and (c) to stay true to yourself in the face of criticism and adversity. Suggestions offered by only one participant are also

included below. Regarding the counsel to stay humble and committed to lifelong learning, Smith said,

> A lot of what I see with problems is people attending workshops and there hasn't been much life change, but they've been through a program, a weekend or several, they have no solid clinical experience behind them, and they just jump in and start doing soul retrievals with people. I would just tell myself that it takes a long time to get good at this stuff.

Lieberman gave virtually the same advice:

> I think the advice would be that it's one step at a time, and if you think that you can go to a weekend workshop and come away with some life-changing skills and that will make you somebody important, that's completely delusional. It's more about consistent effort, continuing to do my own work, walking my talk; that's going to make the biggest difference in my ability to be present for others. Beware of the snake oil or almighty fix-it people, including the part of me that might have that fantasy at any time. And always get supervision in some way from competent people, and if you feel yourself hiding something or afraid to talk about it, that's exactly when you need to talk about it.

Stein shared that she was "all gung-ho" and overly enthusiastic when first starting out in her practice. She also shared that she has pulled back to work in a more subtle way now, including not being attached to working shamanically. Hutchins remarked on just how much vigilance is required to walk in both worlds and how she did not anticipate when first embarking on her integrative path just how intense that would be and the extent to which she would have to be constantly aware. Doherty also underscored the importance of a commitment to introspection and one's inner work, saying, "I've supervised grad students and clinicians, and one of the things I've said to everybody is that if you don't do your own work, you don't deserve to be in this field."

In addition to their admonitions to not become inflated or stagnant with respect to personal healing and transformation, participants encouraged trust in the process and staying true to oneself. Smith said that he would tell his younger self,

> This is a whole life commitment, a life process, that's bound up with individuating and becoming who I am. Like an acorn developing into a full-fledged oak, and it's going to take a lifetime. It's going to involve major life changes and realignments, and to just trust that and be with it and not get big-shot-itis.

Axelrod offered the suggestion to herself 15 years ago: "Just relax and enjoy the work. Trust the work and allow it to unfold. Listen to Spirit when I feel upset or nervous about how I might be judged." Doherty also counseled "trust the process" but added that in shamanism the process is a "much more nitty-gritty, blood, sweat, and tears kind of process." Speaking to a common experience for therapists who diverge in some ways from the professional culture of clinical mental health, Stein said,

> I think initially there was a judgment that's laid on one from the traditional psychotherapy community, so I had to just accept that I would be seen by colleagues as an oddball or weird or too far out or something. And I got over that and for the most part found a way to have recognition and respect by having a foot in both worlds.

Smith also advised honoring what you know about who you are and where you come from "because people will reject that, they'll criticize it, they'll judge it, and none of that's about you. Honor your history, your heritage, your inner experience." In addition to the themes mentioned by more than one participant, Lieberman's suggested,

> If there are Native elders that you can find and have access to, then work with them, honor them; they're coming forward and many of them are willing to share. I'm not saying these other paths aren't good and valid, but I would encourage people to go to the elders as much as they can because these teachings are disappearing.

Stein was moved to reiterate relationship as the most important aspect of the work. She said, "It doesn't matter so much what technique or avenue of change we bring in; it's really in the relationship, and I honor that above everything else and try to preserve that connection above anything else."

Overall, participants seemed to genuinely enjoy the opportunity to share their experiences and perspectives. They were enthusiastic and generally optimistic about the state of the shamanic work and various types of integration into psychotherapy. Most of the participants expressed a sincere interest in greater dialogue and discussion about the types of questions raised, and several reported that some of the questions helped them to think about aspects of their practices in new ways. Several participants were also curious about other clinicians interviewed, and all reported being interested in the final research product.

In the subsequent and final chapter of this dissertation, research results are discussed in light of the guiding research questions, reflections are made on the overall study, and suggestions are offered for future research.

Chapter 5
Discussion and Conclusions

To focus this final discussion, the two guiding research questions were: *What are the ethical and professional challenges facing licensed mental health professionals in the United States who elect to use indigenous and nonindigenous shamanic healing methods in their clinical practices? In what ways are these clinicians currently navigating these challenges?* And, in order of relative priority, this study sought to benefit (a) clients who knowingly or unknowingly seek mental health services from shamanic-oriented clinicians; (b) clinicians who endeavor to integrate shamanic methods into their clinical practices; and (c), more broadly, anyone interested in constructive cross-cultural exchange between indigenous and nonindigenous shamanic healing traditions and Western psychology and psychotherapy. In the first section of this chapter, I discuss research results in a similar order as they were presented, highlighting particular areas of strong agreement or disagreement and embedded issues that seem to warrant greater consideration. In the second section, I explore some implications of this research study for shamanic-oriented psychotherapists as a subculture within the larger domain of clinical mental health, interweaving a handful of personal suggestions. In the third section, I address the delimitations and limitations of the study. And the last section of this chapter concludes with a personal reflection on my experience as the researcher. Unlike chapter 4, any opinions expressed in this section are mine alone as none of the research participants had the opportunity to review this chapter prior to publication.

Discussion of Research Interviews

Diversity of Training, Structure of Practice, and Clinical Style

Diversity of training. The single most represented source of shamanic training among participants was the FSS and its associated independent teacher, Sandra Ingerman; however, half of the six participants in this study had not trained with either. Of the three participants who did some or all of their training with indigenous elders, these Native teachers were from three different continents and obviously represented considerable diversity with respect to their approach to shamanic healing practices. Lieberman and several others whose training was not primarily with the FSS found this organization and the recently formed SSP to be off-putting to the degree that they presumed to represent all practitioners of shamanic healing.

As a personal member of the SSP and someone who has done basic training with both the FSS and Sandra Ingerman, I share Lieberman's concern regarding the formidable cultural gap between practitioners of revival forms of shamanism such as Harner-method shamanic practice and those engaged in the ceremonies and healing ways of traditional indigenous lineages. Insofar as there is any nascent potential toward agreement and cooperation among shamanic psychotherapists of diverse backgrounds, and insofar as the FSS and Sandra Ingerman represent the single largest source of teaching among shamanic psychotherapists in the United States, the ways that the FSS, the SSP, and to some degree Sandra Ingerman herself choose to relate with indigenous expressions of shamanism and traditional healing are likely to have a substantial impact on the emergence of anything like a unified voice or widespread agreement among contemporary practitioners of shamanic healing.

During interviews, this tension among shamanic healing practitioners was roiling beneath the surface during moments in which participants requested comments be off the record or removed upon later review. This particular expression of cultural tension manifested in relation to issues like terminology among shamanic healing practitioners, clinical ethics and treatment, and policies regarding fees and practice. For example, some seemed to attempt to sidestep thorny cultural issues regarding the history of shamanism or to minimize the risk of ego inflation by eschewing the term *shaman* and identifying instead as shamanic practitioners. This choice was sometimes accompanied by a note of caution regarding those who do choose to identify as shamans. Although none of the six participants self-identified as shamans, some practitioners do claim the title shaman and accept the storm of criticism that entails. Still others seek less charged terms, like Doherty's public listing as a *psychospiritual healer* despite his clear personal identification as someone who practices shamanic healing methods. Without a common language, dialogue can become quickly mired in conflict, and yet one group establishing the presumed common language without dialogue can also engender resentment and division. Interviews revealed how cooperation among shamanic-oriented psychotherapists is hampered in part by the sometimes highly charged and unresolved issues of how to discuss the work itself.

Further illustrating the potentially paralyzing degree of cultural diversity within contemporary shamanism in the United States, Lieberman's views on receiving payment for conducting shamanic healing sessions highlighted a strong "money-and-ceremony-don't-mix" ethic found in many Native North American circles. And yet, Lieberman, like all other research participants, is paid in cash and with checks for doing shamanic healing

work when it occurs in the context of a psychotherapy session. More than any other participant, her internal tensions regarding practical issues like how to talk about the work, payment for sessions, and how to advertise her practice highlighted cross-cultural tensions *within* contemporary shamanic circles—tensions that seem to require acknowledgement by all camps and constructive engagement if substantial and inclusive dialogue is to emerge. Based on interview data, as well as personal experience, I was convinced that the single biggest obstacle to greater dialogue and professional collaboration among shamanic psychotherapists is the largely unhealed and unaddressed rift between practitioners of revival forms of shamanism, often represented on the one hand by the influential FSS and now to some degree by the SSP, and on the other hand by diverse practitioners of traditional, indigenous forms of shamanic healing. In another light, this opportunity represented by this rift points directly to the healing still needed between mainstream Western cultures and traditional, indigenous communities—no small task but a clear undercurrent throughout this research study and larger topic of inquiry.

Diverse structures of practice. The diverse structures of participants' psychotherapeutic and shamanic practices were informed not only by the values of their respective traditions of shamanism but also by factors such as their commitment to professionalism as psychotherapists, practical realities like maintaining a full practice, and personal preferences regarding public identity and the nature of the services they wish to offer. These diverse structures of practice gave rise to distinct types of challenges that make it difficult to generalize about which challenges are most salient for shamanic psychotherapists as a whole. For example, in light of his more frequent use of physical

touch and choice to only work in a shamanic-oriented manner, Doherty in some ways seemed the most professionally vulnerable of the six participants. At the same time, he had relatively few concerns regarding the navigation of multiple relationships, and, by disclosing to all clients his shamanic orientation from the outset, he also minimized potential awkwardness around informed consent later in the course of therapy. Smith, on the other hand, uses little, if any, therapeutic touch in his practice of shamanic healing; has been willing to see clients with no interest in shamanism; and finds some of the more challenging aspects of his work to be navigating complex relationships that emerge when psychotherapy clients are also students and community members. As the researcher, I was not left with the impression that one type of structure for one's practice necessarily led to fewer complications or was somehow more desirable, although I do acknowledge that those willing to serve as catalysts for healthy community are challenging in a deep way certain assumptions in Western culture about the appropriate role of the psychotherapist.

Diverse clinical styles. In addition to the cultural diversity within shamanism and the varied ways that psychotherapists structure their shamanic services relative to their clinical practices, there were also indicators among participants of substantial diversity regarding the healing practices themselves. For example, Smith "does not traffic in the idiom of possession," yet other clinicians reported doing depossession work for their clients. Doherty uses a massage table, crystals, and breathwork with clients; Axelrod does singing journeys; and Lieberman teaches her clients "belting," a form of practical energetic protection not mentioned by other participants. This is consistent with the trend of shamanic healing practitioners to be idiosyncratic; however, this also poses

complications when approaching anything like a generalization about what shamanic healing practitioners or shamanic psychotherapists do or don't do as a collective.

At worst, generalizations about shamanic healing practices or shamanic psychotherapy can easily recreate subtle colonial tendencies of representing indigenous cultures without their involvement by characterizing contemporary shamanism as a monolithic phenomenon primarily defined by the culture of the FSS and the SSP. This need not imply the other problematic extreme that revival forms of shamanism represented in these organizations are somehow less valid than traditional indigenous expressions, merely that the degree of diversity in contemporary shamanism and the cultural rifts underlying this diversity function as a minefield for anyone seeking an inclusive or even unifying voice for the nascent field of shamanic psychotherapy. Witnessing this diversity in action helped me as the researcher to understand some of the likely reasons there have not been more collaborative efforts among shamanic psychotherapists to date.

Current Lack of Theoretical Basis for Shamanism in Western Psychology

Presumably, the minimal collaboration among shamanic psychotherapists arises from the dearth of unifying psychological theories on shamanic healing practice and at the same time slows the potential emergence of such theories and models. In the few cases where researchers and clinicians have attempted to articulate distinct psychological maps and models for shamanic healing practices (e.g., Winkelman, 2000), there is minimal evidence of collaboration with other shamanic-oriented researchers and practitioners, and the dominant tendency has been to anchor shamanic healing practices

to existing psychological orientations (e.g., Bernstein, 2005; Gagan, 1998; Smith, 1997). In the title of this section's subheading, the word *current* implies that a distinct theoretical basis for shamanic healing practice is within the realm of possibility but has not been established to date. The word *Western* implies that Western psychology is merely one cultural mode for studying the human psyche, only one form of psychology, itself a generalization, as there are diverse orientations within Western psychology with varying levels of receptivity to indigenous and shamanic perspectives.

Indigenous psychologies are often quite well established in the vernacular of the indigenous cultures themselves; however, the bridgework needed between indigenous worldviews and Western psychology is relatively underdeveloped. Insofar as each clinician in varying degrees referenced their shamanic work to more established clinical orientations (e.g., Jungian psychology, object relations) and advocated the importance of being able to do so, interviews suggested that a stable shamanic orientation with Western psychological theory has not yet emerged. At the same time, clinicians clearly conceptualized their work with clients based in part on the assumptions of their respective shamanic traditions, suggesting the possibility of greater theoretical dialogue between shamanic and Western psychologies. Smith has invested more than any other participant on this topic and seemed to appreciate both the enormity of the cultural rift and the practical need as a shamanic psychotherapist to develop a latticework of common cross-cultural understandings whereby one can toggle between shamanic and psychological idioms in any given moment. I address below the question of how a theory of shamanic healing could emerge within the vernacular of Western psychology;

however, my conclusion from interviews is that, to date, such a theory has not yet emerged.

Clinical Promise and Risk

Each participant shared at least one story of his or her use of shamanic healing methods genuinely helping a client, often in a case where that client felt that the medical establishment, including mainstream approaches within clinical mental health, had not been effective. Aside from the difficulty of verifying the claim that shamanic methods may address an underlying level of subtle energy more effectively than most mainstream therapies, other causative factors could include shamanic healing practitioners' ability to mobilize the client's inner psychospiritual resources, the ability of some shamanic healing practitioners to work skillfully with delusions and psychosis, and the improved treatment outcomes when clients feel spiritually and culturally accepted and understood by their psychotherapists. Irrespective of my speculation on possible reasons that shamanic healing practices may yield positive outcomes, if shamanic psychotherapists are in fact getting good results with clients, this points to the promising nature of shamanic healing practices to treat various types of psychological suffering. If the aim of psychotherapy is to assist clients in transforming their pain and dysfunction and certain shamanic methods are getting consistent results, these methods warrant further inquiry, as the questions most clients most want answered are as follows: Does it work? Will it help me? Although not the focus of this study, interview results suggest benefit in more research on the efficacy of the healing methods themselves.

At the same time, the lack of internal guidelines among shamanic psychotherapists and the current shortage of psychological research on shamanic healing

methods imply that shamanic-oriented psychotherapists may also be putting clients at risk when using techniques such as soul retrieval, energy work, and depossession, especially when treating more severe conditions like personality disorders, psychosis, and PTSD.

As presented in the chapter 4 section on contraindications, most participants under certain conditions would be willing to use shamanic healing methods with virtually any type of diagnostic presentation, while at the same time senior shamanic psychotherapist Smith advised "extreme caution" with conditions such as PTSD and DID clients. He went on to observe how some shamanic healing practitioners, often without psychological training themselves, mistakenly regard soul retrieval as a panacea for all types of trauma. Smith's concerns illustrate how the clinical promise of such techniques are counterbalanced by genuine clinical risks, at least until standards of care, supported by psychological research, are articulated that can inform shamanic psychotherapists' use of traditional healing methods.

Multiple Relationships: Challenges, Opportunities, and Cultural Differences

Especially among participants who actively teach and offer public ceremony, navigating multiple roles and relationships easily constituted the area of greatest professional challenge. Clinicians were challenged to maintain their professional boundaries while still allowing for changing roles and relationships with clients, often in the context of communal ceremonies. And, as with any type of community leadership role, participants sought to nurture these healthy communal spaces and ceremonies without expecting too many of their personal relational needs to be met from these same communities. Often clinicians' willingness to discuss these changes and the intrapsychic

material they evoked with clients seemed sufficient to minimize possible fallout; however, participants were also clear that a certain amount of risk is inherent in the complexity of navigating multiple relationships.

In contrast to the admonition in much of Western psychotherapy to reduce various types of relational risks for both client and clinician by avoiding dual relationships, some participants characterized their willingness to more or less overtly challenge these norms as a source of opportunity. Hutchins in particular underscored how working through clients' difficulties with community or with knowing her in multiple roles became a source of insight, emotional healing, and transformation for clients in ways that would be difficult to realize in other ways. As Lieberman remarked, ceremony shares many of the same promises and pitfalls of group psychotherapy, and other clinicians also noted the opportunity for shamanic events and community to be a vessel for relational healing. By framing some shamanic psychotherapists' willingness to navigate multiple relationships with their clients as an opportunity, at least some of the responsibility is shifted to those clinicians to effectively discern what constitutes good timing for entering into multiple modes of relating. In every case, clinicians were clear that they reserve the right to close certain trainings or ceremonies to clients if their attendance does not seem indicated—a clear rejection of a policy that welcomes anyone, clients included, to any training or ceremony.

One interesting cultural difference on the subject of multiple relationships that was noted by Smith, Lieberman, Hutchins, and Doherty pertains to the way that traditional healers often serve their communities openly and in a variety of capacities. Smith noted the cross-cultural tendency for shamans to be a hub for community, often

with their own ceremonial compounds or shrines. Lieberman and Hutchins both suggested that ceremonialists and traditional healers may be asked to make sacrifices beyond the professional requirements of a psychotherapist to be available for the communities they serve. Interestingly, Hutchins also characterized the traditional shaman figure at another point in our conversation as somewhat of a loner or eccentric as a way of speculating about her own ambivalence toward participation in a theoretical network of shamanic psychotherapists. This highlights the potential differences between the historical and cultural realities of indigenous shamans, the cultural images of shamans as they are present in the lives of shamanic-oriented psychotherapists, and the function of those images in any given moment for clinicians seeking to make sense of their experience and situate themselves in a greater cultural context. Setting aside the possible sacrificing of historical accuracy for psychological function, participants were absolutely correct that values regarding community, boundaries, and privacy in traditional, indigenous communities tend, as a generalization, to be radically more relational than the culture of Western psychology and psychotherapy. And of anyone within the mental health professions, shamanic psychotherapists, by virtue of how they choose to conduct sessions and structure their practices, are perhaps the most likely to raise such cross-cultural concerns.

Heightened Risks of Ego Inflation and Abuse of Power

If, as Smith claimed, combining shamanic healing practices with psychotherapy increases clients' tendencies to idealize their therapist, and if being seen in an idealized manner heightens risks of ego inflation and abuses of power, then this tendency to provoke idealization is a legitimate occupational hazard worthy of attention for the sake

of both clients and therapists. In light of these concerns, I was interested to note in the chapter 4 section titled “Clinicians Who Are Also Teachers of Shamanism” that participants responded completely different to the suggestion that working as a shamanic healer may increase clients’ tendencies toward idealization of the therapist-shaman. In somewhat of a dialogue format, Smith first raised the concern about idealization that I then passed along as a question to other participants. Lieberman and Axelrod did not express strong opinions on the issue; however, Stein, Hutchins, and Doherty claimed that using shamanic methods tends to have an empowering effect that contributes to a reduction in clients’ tendencies to idealize the therapist. Smith, upon reading his colleagues’ replies when reviewing the Results chapter, clarified his position relative to others’ responses:

> Seeking to empower people, which is the crux of what I do, increases the risk of idealization . . . humility, hollow boning elevates stature . . . which is why Old Fools Crow is the pinnacle of esteem in Lakota culture. I felt this more subtle idealization process was missed by my colleagues who felt they were undercutting idealization by working to empower their clients. It is precisely this kind of empowering function that runs the greatest risk as an idealization target, and is exactly where I have seen sexual exploitation take place.

Upon reflection, some participants may have also been reading into my question on idealization an implication that if a client were idealizing them, it must imply that the client had somehow elicited that idealization by relating in a nonempowering manner. Or they may have translated the question to something like, Have you noticed that you struggle with ego inflation now that you use shamanic methods in your psychotherapy practice? Tendency toward idealization or not, combining the role of spiritual healer or teacher with psychotherapist increases the overall level of influence in clients’ lives and therefore invariably increases the risks for clients if any given shamanic psychotherapist

were to act in an imbalanced manner. This heightened level of influence alone seems sufficient to suggest a greater degree of client vulnerability to shamanic psychotherapists who serve in multiple roles, which arguably may include all shamanic psychotherapists. In light of the diversity of perspectives and the clear connection to client well-being, this is clearly a topic that could be a source of rich collegial dialogue.

Current Lack of Dialogue, Trainings, and Professional Infrastructure

Although the reasons are not entirely clear, interviews strengthened preliminary conclusions that at present there is virtually no substantial dialogue among shamanic psychotherapists, very few trainings available for shamanic psychotherapists, and little to no supportive professional infrastructure. Participants speculated that this could be a function of ego leading to division or of practitioners operating in a climate of fear arising from perceived professional vulnerability. Furthermore, with the exception of Smith, most participants were not able to estimate with any confidence the number of other shamanic psychotherapists, and several shared a belief that trainings in shamanic psychotherapy do not exist, when in fact several individuals in the United States and Canada have openly offered such trainings for years. These trainings and the work of at least 29 other shamanic psychotherapists is readily available with a basic internet search, and the lack of intercollegial awareness raised questions for me about how much effort had been expended toward making connection with the underdeveloped but nonetheless available training opportunities. To my knowledge, none of the participants actually trained in shamanic psychotherapy themselves but rather trained in both psychotherapy and shamanic healing practices on their own terms and learned shamanic psychotherapy

primarily through their own personal processes of determining what seemed to work well for clients and themselves as practitioners.

Despite minimal training opportunities specifically for shamanic-oriented mental health professionals, there is a much greater number of training opportunities in shamanism and shamanic healing practices on their own terms. In addition to popular trainings with the FSS, one can train with shamanic teachers who are also licensed clinicians, such as Leslie Gray, Larry Peters, and Sandra Ingerman, and with many other shamanic teachers who are not also mental health professionals. Some journals such as *Shaman's Drum* or the recently initiated *Journal of Shamanic Practice* published by the SSP occasionally include articles focusing on the intersection of shamanic healing practices and mental health. These spaces also encourage greater awareness within shamanic networks of other individuals bridging traditional healing ways with psychotherapy. The SSP also hosts an annual conference that has at times explicitly included sessions for dialogue among the mental health professionals in attendance.

In addition to the shortage of collegial dialogue and training opportunities specifically for shamanic-oriented clinicians, there is no professional organization to represent those bridging shamanic healing practices with Western psychology and psychotherapy. Although the SSP provides invaluable services with their annual conferences, new journal, and other forms of networking and continuing education, this organization is still associated, fairly or unfairly, by some in the larger shamanic circles with the FSS and Harner-method shamanism in a way that could hinder it from effectively fulfilling the role of a professional organization. The lack of such a professional organization for shamanic psychotherapists means, among other things, that

practitioners are relatively isolated and ironically probably more professionally vulnerable as a result. If participants are any indicator, shamanic psychotherapists are also not particularly aware of training opportunities or psychological research in the field, as there is no network for sharing this type of information. This lack of professional infrastructure also makes professional dialogue less apt to occur and the articulation of agreed-upon standards of care or professional codes of conduct for shamanic psychotherapists far less likely. Some implications of these conclusions are presented in the following section.

Some Implications for Shamanic-Oriented Psychotherapists

Depending on the reader and his or her domain of interest, results presented in chapter 4 may raise as many questions as they answer. There are fruitful directions of inquiry regarding the clinical and treatment aspects of shamanic psychotherapy and important questions of cross-cultural dialogue between both indigenous and Western worldviews as well as among diverse shamanic communities. My focus in this research has, however, been the ethical and professional questions raised by introducing indigenous and/or shamanic views and healing methods into clinical mental health practice. Aside from being important concerns for shamanic psychotherapists and, by extension, their clients, some of the ethical and professional concerns explored in the interviews constitute the foundation upon which more clinically oriented questions can be asked or potentially valuable cross-cultural exchange can occur. If there is no viable professional space established for shamanic-oriented psychotherapists within the overall field, many of the other questions of particular interest to practicing therapists and healers become merely academic and no longer rooted in the clinical reality of helping clients.

After conducting this research, I am both hopeful that such a professional foundation for shamanic psychotherapists can and likely will emerge over time, and I am also more acutely aware that, for the most part, such a foundation does not currently exist. In this section, I present four interrelated conclusions that arise from my reading of the research results as well as from my experience as a licensed marriage and family therapist and practitioner of shamanic healing. These conclusions are largely directed toward shamanic-oriented psychotherapists with whom I will soon share these research results, and what follows is my condensed statement of what, after conducting this research, I perceive to be currently lacking in the emergent discipline of shamanic psychotherapy and what broad steps might be taken to remedy this lack.

Need for Dialogue and Skills-Sharing Among Shamanic Psychotherapists

Aside from regulations; licensure; credentialing; or anything resembling consensus, agreement, or even group decision-making, at present, shamanic psychotherapists, on the whole, are not even communicating with one another. From the interview process, the disadvantages of this professional division and isolation were apparent. Some clinicians found topics new and surprising that others have been reflecting on for years, and some participants had dramatically different strategies for addressing the same challenge without seeming to even be aware of other viable options. Although there are currently a small handful of individuals offering training in shamanic psychotherapy, as of March of 2009 the only space for dialogue I am aware of is a newly created email discussion list for members of the SSP. There is no active publication exclusively for shamanic psychotherapists, no conferences specifically for shamanism

and mental health, and nothing resembling a space for in-person professional dialogue and skills-sharing. In theory, these types of spaces should not be that difficult to establish; however, the community as a whole would need to take responsibility for supporting such undertakings, being careful not to make community leaders and organizers into targets for the deeply rooted divisiveness that plagues some contemporary shamanic communities.

My primary suggestion is, therefore, to begin with a space for dialogue free from any agenda of achieving agreement about anything. Perhaps there are rules of engagement that would be beneficial, but, beyond such procedural agreements, I believe that shamanic psychotherapists on the whole would benefit tremendously from a space to just engage in collegial dialogue free from any presumption of teaching one another, coming to agreements, or doing any kind of culturally agreed-upon ceremony. Until shamanic psychotherapists are aware of and engaging one another in some fashion, more complicated levels of sharing or even agreement are presumptuous.

A second and slightly more charged proposition is to establish some type of interactive space, whether online or ideally in person, that allows for skills-sharing among shamanic psychotherapists. Such an endeavor could prove to be unsuccessful insofar as some shamanic psychotherapists, possibly due to feeling professionally marginalized and vulnerable, seem to have assumed a “full-cup” stance in that they are more self-identified as teachers and shamanic healers than as learners. However, there also seem to be many clinicians who are genuinely open and secure enough in themselves to tolerate the existence of colleagues, some from other shamanic traditions, who are worthy of learning from. The primary concern with establishing some type of collegial

skills-share endeavor would be that individuals who are not receptive to actually learning from others would dominate the space in a way that is off-putting and which would have a counterproductive effect on the emergence of something like a network of fellow professionals. Having said that, I believe that shamanic psychotherapists currently in practice already have a wealth of experience, and, if properly structured and moderated, some forum for sharing clinical and professional skills could have a clinically useful and professionally inspiring effect for clinicians and, by extension, the clients they serve.

The steps of engaging in collegial dialogue and possible skills-sharing could serve as preliminary steps toward the establishment of some type of professional infrastructure for shamanic psychotherapy as a clinical orientation or grouping of orientations. They would also serve as preliminary tests insofar as clinicians who prove unable to simply talk constructively and professionally with one another are highly unlikely to arrive at agreement about more contentious topics like professional terminology, credentialing, standards of care, or possible forms of licensure. Even though the publication is no longer active and nothing has arisen to fill the gap, an argument could be made that the *Shamanic Applications Review*, founded by C. Michael Smith, functioned as a successful test of clinicians' capacity for constructive dialogue, especially if Smith's current focus is any indicator. As quoted in chapter 4, Smith stated,

> I am working toward a training society that certifies and that will have publication, membership roster, that sort of thing for shamanic psychotherapy. I've also got a slot for coaching. And maybe somebody else will beat me to that, and that's great; I don't need to own the damn thing, but it's needed.

Although I personally am in agreement with Smith about the need for this type of infrastructure, I would underscore to those in the field that just establishing spaces for

collegial dialogue and skills-sharing at this point would also be of considerable benefit and help to lay a foundation for more challenging types of decision-making.

Need for Expanded Psychological Research on Shamanic Practice

As is to be expected of any type of treatment new to the field of clinical mental health, the state licensing boards, national credentialing bodies, clinicians, and clients themselves will increasingly wish to know if and how the methods help people. These questions in the most basic form would also be asked by traditional shamans assessing new healing methods taught to them by other healers or by their helping spirits. Asking if and how shamanic healing practices help people is not problematic; however, mainstream Western psychology's heavy emphasis on a certain interpretation of science and by extension of truth and evidence often puts the means for answering those questions at odds with indigenous and shamanic epistemologies, most of which allow for forms of direct knowing that are difficult to validate through the physical senses or quantitative research.

This cultural difference requires creativity and the utilization of psychological research methods that emphasize common ground between diverse ways of knowing and that can produce research results that are useful and intelligible to all parties involved. Not only is this type of research possible, some studies on shamanic healing practices are already available in journal articles, master theses, dissertations, and cases studies embedded in full-length books by shamanic psychotherapists. If conducted in a manner that is culturally sensitive, research on shamanic psychotherapy can be not only useful on its own terms but can also have a bridging effect between two relatively diverse

epistemologies and sets of cultural and clinical assumptions. Especially if trends continue and the number of shamanic psychotherapists increases in the coming years, the history of conflict between indigenous and Western cultures and worldviews will become an even less viable excuse for the current lack of quality psychological research into questions of if and how shamanic methods are truly helping clients to heal.

When conducting research on shamanic healing practices, ideally the particular topics of inquiry are relevant to most shamanic healing practitioners and are treated in ways that do not exacerbate already-existing rifts in contemporary shamanic circles. Topics of study that could be of broader relevance include soul retrieval as practiced in diverse traditional and revival forms or the approach of working with helping guides and spirits in general. An example of a research topic that is narrow to the point of being less useful would be shamanic breathwork, a perfectly legitimate method not practiced by most shamanic healers. Similarly, if one aimed to study "power animal retrieval" by that name without seeing the larger underlying phenomenon of relating with diverse types of helping spirit guides, he or she would run the risk of exacerbating the tension between those trained within more indigenous traditions and those aligned with the FSS and Harner-method shamanism. From a research perspective, this could be construed as an issue of validity in that they would be constructing contemporary shamanism in a problematically narrow manner. Again, I am not suggesting one approach to shamanism is better or more legitimate, merely that tensions exist in the larger community and that when initiating new psychological studies, researchers would do well to proactively seek to bridge these gaps with value-neutral language and carefully chosen, actively inclusive topics.

When individuals do make the effort to contribute to the growing body of research on shamanic healing practices in general and shamanic methods in psychotherapy in particular, they would do well to share the research results with shamanic psychotherapists themselves. Granted, there is no way to locate these individuals as a collective aside from perhaps the SSP; however, if the interviews conducted in this study are any indicator, many shamanic-oriented clinicians are not acquainted with the existing research on shamanic healing practices. Theoretically, this compilation of research would be part of the charge of a professional organization of shamanic psychotherapists, but, until such an organization exists, shamanic psychotherapists themselves will be well served by receiving the results of any studies that they are a party to or which pertain to shamanic healing practices. Aside from being good research practice in most situations, this extra step of widely sharing results fills a significant need in the larger shamanic community, helps clinicians to be more informed and less isolated, and supports the gradual emergence of a distinct shamanic orientation within the clinical mental health professions.

Need for Professional Organizations and Infrastructure

In this section, I outline some of the potential benefits of establishing various types of professional organizations or other types of infrastructure that encourage collegial dialogue. I also speculate briefly on likely obstacles for anyone seeking to establish such organizations as well as the costs to clinicians and clients of failing to establish a professional infrastructure. The formation of professional organizations is not equivalent to supporting licensure or even credentialing for shamanic psychotherapists, although both are possible developments. The existence of professional organizations

also need not imply the existence of one monolithic, univocal form of shamanism. To the contrary, the viability of any such endeavor hinges upon active inclusion of diverse traditional and revival forms of indigenous religion, shamanism, and shamanic healing practice.

Benefits to clinicians. The first, obvious benefit of a professional organization to shamanic psychotherapists would be a heightened awareness of their shamanic-oriented colleagues and a reduction of the sense of professional isolation. Such an organization taking as one of its goals the enhancement of training opportunities for shamanic-oriented clinicians would enhance the level of clinical competency among members and encourage the development of new and enhanced means for training future shamanic psychotherapists. Also, members would presumably become more aware of existing psychological research on shamanic healing methods and opportunities to participate in future studies, making them more professionally informed and engaged practitioners. On a basic level, some type of organization would inevitably become a convergence point for much-needed collegial dialogue.

Beyond the short-term benefits, possible goals of a professional organization could include the establishment of standards of care and guidelines for professional practice among shamanic psychotherapists as a whole. These are common developments for other subcultures within mental health, such as somatic psychologists, practitioners of Buddhist psychotherapy, or those who practice various types of wilderness therapy. In addition to internal guidelines, a professional organization could serve as a liaison with national credentialing bodies like the American Psychological Association, helping to understand what the primary ethical and legal concerns may be from their perspectives

and what steps can be taken to resolve them. Although challenging, this type of engagement ultimately would function as a form of protection for shamanic psychotherapists themselves. Finally, a professional organization could help to educate contemporary teachers of shamanism and indigenous spirituality, many of whom are suspicious of the role shamanic psychotherapy can play in providing culturally sensitive mental healthcare services to their students and community members.

Benefits to clients. Generally speaking, what is good for therapists is likely to be good for their clients. More dialogue with colleagues, more professional training, and greater awareness of the ethical challenges inherent in shamanic psychotherapy are all likely to increase the quality of client care. In addition to these benefits, clients may be served from the existence of a database of practitioners, as is often provided by such professional organizations. The professional organization could, over time, be prepared to receive complaints from clients regarding professional members; however, this level of organizational complexity is unlikely to be present at the outset. Perhaps most importantly, potential clients who identify with indigenous and/or shamanic worldviews may realize that there are trained mental health professionals who are sympathetic to their culturally different perspectives and who are perhaps even clinically able to assist them in their healing. Considering the ways in which indigenous peoples and other adherents to various forms of earth spirituality have been judged or marginalized by mainstream culture and healthcare systems, the simple fact that culturally similar perspectives exist within the establishment of clinical mental health can be healing and helpful.

Potential for cross-cultural contributions and obstacles. Despite what I believe to be a clear need for the emergence of one or more professional organizations to represent shamanic-oriented psychotherapists, I have joked with several participants and colleagues that this is not a project I will be undertaking anytime soon, largely because of the amount of backlash the leadership of any given organization is likely to receive. As stated earlier, this backlash is in direct proportion to the genuine potential for healing represented by such an organization. Contemporary shamanic healing practice in the United States is just not separable from indigenous cultures in general and the conflicted relationship of Native American cultures with the United States government in particular. If managed in an inclusive and culturally sensitive manner, such an organization would be proactive about advocating for the well-being of indigenous peoples and communities while still maintaining an inclusive and multicultural approach—not an easy balance to strike.

In this sense, the founder or founders of any such organization, if it is to truly represent diverse practitioners, would do well to structure in from the start a way to allow for heated discussions and disagreements about shamanic healing practice and the underlying cultural questions of rights and identity. Without the voices of Native Americans in particular among the organization's leadership, the endeavor risks exacerbating existing tensions and being doomed from the outset by criticisms of cultural insensitivity, including from within the psychological establishment. Perhaps the language of shamanism itself would be assessed to be too cumbersome, and the umbrella organization would identify as earth spirituality or eco-spirituality, thereby seeking to

include diverse pagan practitioners, shamanic practitioners, and interested indigenous individuals and communities.

Aside from the importance of including indigenous voices and perspectives, one of my primary suggestions to any individual or group willing to initiate the formation of a professional organization would be to study the ways in which governments and mental healthcare professionals in other nations and tribal areas are managing the interface of Western psychology and traditional shamanic healing practices. Lieberman suggested that "Native people would be appalled" at the notion of licensing traditional healers, but we can ask how the Native people running Native hospitals in Alaska or Native clinics on reservations are making the determination about which traditional healers are welcome in their clinics. Similarly, traditional healers have been incorporated into the national healthcare system in parts of South Africa and openly provided complementary services in places with well-represented indigenous populations like Mongolia, Bolivia, and other parts of sub-Saharan Africa. The ways in which these nations and international organizations like the United Nations address the relationship of traditional medicine to Western healthcare has direct bearing on the future of shamanic psychotherapists insofar as the link of shamanic healing practice with indigenous cultures is fully respected. Although sure to involve a slower process of reaching agreement, an organization that includes indigenous and international voices is also more likely to earn the respect of the increasingly multicultural psychological establishment.

Costs of inaction. Although an easy alternative, continuing along the current trajectory with no form of representation and minimal collegial dialogue also comes at a cost. Aside from the risks to clinicians already explored above, the first and most obvious

cost of inaction is the suffering experienced by clients due to inconsistent quality of care. In addition to their potentially wounding personal experiences, individuals who, for whatever reasons, have negative experiences with shamanic psychotherapists also are likely to feel averse to shamanism as a whole. Of course, the establishment of a professional organization would not end harmful behavior by shamanic psychotherapists, but it could promote standards of care, raise awareness, and improve in various ways the quality of care clients are receiving.

In addition to the direct risks for clients, the lack of a professional infrastructure for shamanic psychotherapists would contribute to the mental health professions' failure to reach culturally diverse individuals who are reluctant to trust that their worldviews will be respected by clinicians. There are many such individuals today who are not receiving much needed services due to this unhealed cultural rift, and the lack of cross-cultural healing directly impacts them and their families. Finally, the lack of a professional space for shamanic-oriented clinicians contributes to a "brain drain," whereby gifted healers forego licensure or opt out of training in mental health due to the perception that mainstream psychology is hostile toward spiritual healing and there is no space for them to share their gifts in the field. This represents a loss for the mental health professions and further polarizes the rift between shamanic healing practitioners and mental health professionals. Regarding the ultimate outcome of moving in such a direction, it is my belief after conducting this research that at the very least dialogue and skills-sharing among shamanic psychotherapists would be of considerable benefit and that there is also a niche waiting to be filled for a professional organization to represent shamanic healing practitioners and those like them who are working as mental health professionals.

Delimitations and Limitations

Delimitations

The three broad delimitations that gave focus to this research topic pertain to mental health practice, shamanic healing practices, and ethical challenges. Specifically, I included only mental health professionals who have a current clinical license in the United States to practice psychotherapy, with a particular emphasis on psychologists, marriage and family therapists, professional counselors, and clinical social workers. Shamanic practice was defined to include indigenous healing methods, revival forms of shamanic healing practice, and the overlap of practitioners of indigenous healing who also identify as shamanic healing practitioners. Research participants' status as practitioners of indigenous and/or nonindigenous shamanic healing was determined by how they self-identify and by their websites and publications.

I only sought to interview participants who, in addition to being clinically licensed in the United States and openly practice as shamanic healers, incorporated shamanic healing methods into their clinical psychotherapy practices. The final important delimitation was to focus my research on the ethical and professional challenges faced by clinicians who engage in this type of integration. There were an abundance of other potential questions for these types of clinicians that pertain to topics such as treatment methods or other cross-cultural issues; however, I intentionally attempted to stay focused on ethical and professional challenges.

Limitations

A major limitation was the relatively small number of participants. Although they represented a significant proportion of the clinicians identified in Appendix A, the six

participants were still few in number, and this reduced the degree to which results could be safely generalized to other shamanic psychotherapists. I was also aware, with the exception of Doherty, of speaking with individuals who were relatively established as shamanic psychotherapists in terms of years of experience. This selectivity on my part likely excluded certain types of questions and considerations more pressing for individuals who are new to integrated practice. If I had been seeking a conclusive summary of the types of challenges clinicians face, the relatively small number of participants may have been of greater concern, but insofar as I was seeking more to surface than answer questions, there was less of a need to generalize about all shamanic psychotherapists in the United States.

As noted above, the ability to generalize research results diminished substantially when considering shamanic-oriented clinicians in other countries or clinicians in the United States who integrate approaches to psychotherapy that may be congruent with or similar to shamanic healing practices such as pagan spirituality, energy healing, wilderness therapy, or some forms of ecopsychology. Another limitation to research data was the possibility that research participants may have avoided or distorted their presentations of ethically and professionally sensitive material that would have reflected negatively upon their practice and reputation. This could include a reluctance to report on difficulties with their own clients or other aspects of their practice; however, all participants knew from the outset of the research that they would have the option to remove from the interview transcript anything that felt too revealing or professionally vulnerable to be published in the final dissertation. Although it would be difficult for me to know when or if a participant were misrepresenting his or her experience, I had the

impression as the interviewer that participants were genuinely interested in seeing the research be a success and did exhibit a willingness to share about professionally vulnerable or challenging situations.

As the researcher, I also attempted to stay mindful of my own filters and potential biases as someone with training in both shamanic healing methods and clinical mental health and who is sympathetic to the possibility for various types of clinical integration. I tried through the extensive quotations in chapter 4 to allow participants to speak for themselves, and I had the impression that by inviting them to review chapter 4 before publication, I was representing them in ways that were acceptable to them and basically accurate. I am aware that some of the conclusions in chapter 5 are voiced in a relatively strong and opinionated tone, and yet I am willing as a licensed clinician and student of shamanism to own that I, too, have a stake in the future of the field and would like to see things develop in a constructive way. Again, I take full responsibility for all the contents of chapter 5 and my advocacy for the emergence of a professional organization, as none of my research participants reviewed that chapter before publication.

Overall, I am left with the impression that I have generated a relatively useful and well-crafted research study on the challenges faced by shamanic psychotherapists in the United States. To some degree, that impression will be impossible to confirm until after this dissertation has been published and I begin to receive feedback from the individuals that the research is intended to benefit. In retrospect, I wish that I would have further explored clinicians' feelings and opinions about the possible emergence of a professional organization to represent shamanic-oriented psychotherapists, insofar as this topic seemed to surface for me so strongly when making final conclusions. If I had

inexhaustible time and energy, I would have enjoyed finding some way, be it a conference call or in-person gathering, to facilitate direct dialogue among participants. For example, a weekend conference of 20 to 30 shamanic psychotherapists with various types of facilitated discussions and encounters would be the format that would take this particular study to its full possible expression. In nearly every interview, there were times when I felt acutely aware of being positioned between participants because the clinician with whom I was speaking would express curiosity about the responses or practices of other participants.

Final Comments and Personal Reflections

Over the past 2 years, as this doctoral research project has gradually been realized, I have also been affected by the research material and by the process of conducting interviews. For one thing, I have come to a greater appreciation of the professional culture and ethics found in clinical mental health in light of the lack of an analogous set of ethics among shamanic healing practitioners. This does not mean that shamanic healing practitioners are necessarily less ethical, but I have come to believe more in the value of having professional organizations, widely agreed-upon codes of conduct, and clear consequences for violating those codes. Also, I have come to feel somewhat more hopeful about the possibility of actually using the clinical license that I have now earned as a marriage and family therapist in the state of California. When I referred above to the risk of "brain drain," this was also a personal reference to my own process of discerning whether or not I could practice as a mental health professional and still be true to the ways I see the world as an adherent of indigenous wisdom ways and shamanic ceremonial arts. I am glad to report that I am feeling more hopeful than ever

about the possibility of striking such a balance and finding a niche "between the worlds," to use an oft-cited shamanic expression.

Finally, I am hopeful about the possibility of the diverse, often contentious contemporary shamanic community rising to the challenge of healing some of the rifts between indigenous ways of seeing the world and modern Western culture. I am hopeful that the splits that have been perpetuated, often unconsciously and unintentionally, by elements within revival forms of shamanism are ripe for healing and that diverse types of practitioners can come together with a new spirit of cooperation and responsibility to the growing number of people hungry for a spirituality that includes the ecological and teaches relational ways of being with the Earth. It is in this spirit that I offer this research in hope that it contributes in some tangible and useful way to healing these rifts and helping shamanic-oriented psychotherapists do what they do with great effectiveness and gusto in the coming decades here in the United States and elsewhere.

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APENDIXES

Appendix A
Directory of Shamanic-Oriented* Licensed Mental Health Professionals**
in the United States

	Name	License Type, Number , and State	Link to Practice
1	Elaine Axelrod	Psychologist #PS004751L Pennsylvania	http://www.shamansociety.org/shamanic%20services/penn.html
2	Pamela Albee	Registered Counselor #RC00049441 Washington	http://www.sharedtransitions.net
3	Howard Brockman	LCSW #1808 Oregon	http://www.dynamicenergetichealing.com
4	Colleen Deatsman	LPC #6401000311 Michigan	http://www.colleendeatsman.com/
5	Joe Doherty	LCSW #2021 Oregon	http://www.joega.com/
6	Ann Drake	Psychologist #4997 Massachusetts	http://www.anndrakesoulwork.com
7	Kathleen Dunbar	MFT #39880 California	http://www.kathleendunbar.net
8	Eduardo Duran	Psychologist #10081 California	No internet link available. See text: *Healing the soul wound: Counseling with American Indians and other native peoples.* (2006)
9	Elaine M. Egidio	LPC #37PC00179700 New Jersey	http://www.dancingwindstherapy.com/
10	Jeanette Gagan	Psychologist #355 New Mexico	No internet link available. See text: *Journeying: Where shamanism and psychology meet.* (1998)
11	Robert Gerzon	LMHC #1681 New York	http://www.gerzon.com
12	Leslie Gray	Psychologist #12630 California	http://www.woodfish.org
13	Jeanie Griffin	MFT #42246 California	http://freshouttaplans.com/
14	Lee Hilfiker	LPC #1343-125 Wisconsin	http://www.sacredway.net/
15	Allen Holmquist	MFT #7718 California	http://www.lifecounselinggroup.org/Allen2.html
16	Karen Hutchins	LPC #2301 Texas	http://www.cicada-recovery-services.com/
17	Sandra Ingerman	MFT #0380 New Mexico	http://www.sandraingerman.com/

18	Luisa Kolker	LMHC #005807 New Mexico	http://www.luisakolker.com/
19	Miriam Lieberman	LPC #3203 North Carolina	http://www.drumsongsanctuary.com/
20	Larry Peters	MFT #18517 California	http://www.tibetanshaman.com
21	Delphyne Platner	MFT #37277 California	http://drplatner.com/drplatner/ Psychotherapy.html
22	Thomas Portney	LCSW #4379 South Carolina	http://www.shamansociety.org/shamanicservices/southcarolina.html
23	Carlene Shultz	Psychologist #1510 Oregon	http://www.shamansociety.org/shamanicservices/oregon.html
24	C. Michael Smith	Psychologist #6301008141 Michigan	http://www.cmichaelsmith.com/bio.html
25	Jan Edl Stein	MFT #25863 California	http://www.holosinstitute.net/people/ Jan.htm rg
26	Jose Stevens	LCSW #I-2086	http://www.thepowerpath.org
27	Laurie Stolmaker	MFT #33046 California	http://www.stolmaker.com/
28	Edith Stone	LPC #3939 Colorado	http://www.ediestone.com
29	Ed Tick	LHMC #000786 New York	http://www.mentorthesoul.com/

* Anyone who claims to use indigenous or shamanic healing methods in their clinical practice has been included. No further claim is made here to speak to their level of training or practices used, only that they claim to use indigenous or shamanic methods.

** This includes psychologists, marriage and family therapists, professional counselors, and clinical social workers with an active state license. Individuals who claimed on their websites to be licensed clinicians but whose licenses could not be verified with state boards as of January 2008 were not included.

Distribution by license:
Psychologists: 7
Marriage and family therapists: 8
Licensed counselors (LMHC & LPC): 10
Clinical social workers: 4

Appendix B
Recruitment Letter Sent to Potential Research Participants

Study of Shamanic Healing Practices in Clinical Mental Health:
A Call for Research Participants

I, Daniel Foor, am conducting my doctoral research in psychology at Saybrook Graduate School and Research Center on the use of shamanic healing methods in clinical mental health settings. Specifically, I am seeking to better understand what types of ethical and professional challenges face licensed mental health professionals who integrate shamanic healing methods into their practices and how these clinicians are responding to these challenges.

My motivation for this research is to establish greater professional credibility for clinicians who are taking the innovative and courageous step to incorporate shamanic methods into their clinical practices. My hope is that this research will raise awareness about this type of integration and be of benefit to both clinicians and clients. I would be honored and excited for you to be a part of this endeavor.

You have been sent this invitation because I believe you to meet my dual criteria, which are: (1) having a current clinical mental health license (Psychology, MFT, LCSW, Professional Counselor) in 1 of the 50 states, and (2) openly and actively incorporating shamanic healing methods into your work with clients under your clinical license.

Participation, should you choose to volunteer your time for this study, consists of one in-depth interview (possibly as long as 2 hours in duration) and one follow-up conversation in the subsequent weeks (½ to 1 full hour). All interviews will be conducted in-person when possible and by phone when not.

Before the initial interview, all participants will also be asked to read over a four-page document with clinical vignettes pertaining to the use of shamanic methods in a psychotherapy setting. Then, before the second interview, participants will be asked to review transcribed portions of the first interview for accuracy and to identify anything in need of clarification. The total amount of time required of participants is therefore approximately 3 to 4 hours.

Please be in contact with any questions or if you wish to decline participation. If you wish to confirm participation, please complete the consent to participate form and return it to me (email attachment is fine). Upon receipt of your consent form, I will be in contact to arrange our first interview. Thank you!

Sincerely,

Daniel Foor
Mountain View, CA
(xxx) 248-xxxx
danielfoor@xxxxx.com

Appendix C
Clinical Vignettes Illustrating Potential Challenges of Integrating Shamanic Methods Into Clinical Mental Health Practice

Cultural Appropriateness

Vignette 1: Susan, a 58-year-old woman of Euro-American ancestry, is a psychologist in private practice in Miami, Florida, who has done extensive training in shamanic healing practices over the past decade. David, a 23-year-old man of Native American ancestry, contacted Susan from a large professional directory and has no knowledge of her shamanic training. In a phone consultation, he described feeling anxious and unable to sleep but otherwise functional. In the initial session, he shared that his ongoing sleep disturbance is accompanied by vivid dreams of his now deceased father and paternal grandfather, both of whom are Seminole, and that he believes they are trying to tell him something that he can't quite hear. He is also worried that he will be judged for sharing this but is not sure where else to turn for help. David was adopted at age 8 by non-Native foster parents and is interested in but knows little of Native traditions. David does not present with any other symptoms of concern; however, the sleep disturbance is worsening and the dreams are becoming more vivid.

Vignette 2: Michael is a 32-year-old LCSW of mixed Latino and Northern European ancestry in private practice in Tempe, Arizona. The website for his practice mentions shamanic healing, and he also maintains listings in various professional registries and the Yellow Pages. Joan, a 43-year-old woman of mixed early Irish and Russian Jewish immigrant ancestry, got Michael's name from a directory of counselors and is several sessions into individual therapy. She has years of previous experience in therapy; is stable; and is now sorting through a divorce, dissatisfaction with her job, and the departure of her youngest child for college. Joan describes a sense that something is missing in her life, steers the discussion toward the topic of spirituality, and reports feeling estranged from both Judaism and Catholicism. She surprises Michael by referencing his website and shamanism, and she proceeds to ask what it is and how it is done.

Informed Consent

Vignette 3. Louise is a 48-year-old marriage and family therapist in private practice in Southern California specializing in treating adult survivors of early childhood trauma. She has done extensive training in shamanic healing methods and has a website promoting her practice, including her shamanic background; however, most of her clients now come through referral. Janet is a 29-year-old survivor of extensive early childhood abuse from her father, a minister who would also distort religious teachings to justify his abuse. Janet arrived in Louise's office in crisis via referral, and, after four months of twice-a-week counseling, she is stabilizing other areas of her life and developing a trusting connection with Louise.

During a recent session, Louise gently suggested the possibility of doing shamanic-style soul retrieval work for Janet and shared in a nonintrusive way about the

principles behind this. Janet felt uncomfortable but was afraid to speak up. She left the session feeling shaken and later looked up Louise's name on the internet only to read about her shamanic orientation and about shamanism in general. Janet has privately been in a process of reclaiming her Christian faith and does not believe in spirits or shamans. She feels angry and betrayed by Louise, despairing about the possibility of ending with another therapist and in a bind about whether or not to continue with counseling.

Vignette 4. Thomas is a 50-year-old MFT in Minneapolis, Minnesota, specializing in men's work, work with teens, and family counseling. Jonathon "Junior," age 16, and his father, John, schedule a session at Junior's initiation to try to improve their relationship. Junior has read a little about shamanism, thinks that it's "cool," and has sought out Thomas as a counselor because of his background with shamanism. John Sr. is receptive to whatever can help and is impressed that his son wanted to come to counseling at all. They both report a good relationship with "Mom" and say that she is supportive of the counseling.

After several sessions, both John and Junior have successfully used shamanic methods to connect with animal guides, and this shared process has brought insight, laughter, and a good rapport with Thomas. Before the fourth session, John and Junior agree to ask Thomas to do a drum journey on their behalf to ask his guides what might be at the root of the tension between them. Thomas agrees, and, to his surprise, his guides tell him that "Mom" is actually quite sick, that it is breast cancer, and that she needs medical care at once. He tries to get information on the relationship between John and Junior, but the guides keep showing him the sickness and the need to act on it. Shaken, he stops drumming and opens his eyes to John and Junior's expectant expressions.

Efficacy of Shamanic Healing Practices

Vignette 5. Joseph is a 34-year-old Euro-American who arrives in counseling for the first time after a painful divorce. He is having some trouble sleeping, is irritable, and is worried he may return to drinking. He is also mistrustful of the counseling process but is sincerely worried and willing to give it a try. Jeanie is a 37-year-old Euro-American psychologist in private practice in Arlington, Virginia, who has trained in various forms of shamanic healing practice. Despite mentioning psychotropic medicines as an option, Jeanie encourages Joseph to first try shamanic methods, including drum-style shamanic journeywork. Joseph has little context for psychotherapy and even less for shamanism, but he agrees to give it a try.

After three sessions without improvement, Joseph drops out of therapy without returning phone calls, feeling angry and disappointed. He looks into shamanic healing on the Internet and learns that shamans believe in spirits and that they use altered states of consciousness. He notices that Jeanie seems to be the only psychologist in Virginia "doing shamanism" with her clients, and he is unable to locate any research that suggests shamanic healing practices work. Angry at the $375 he feels he has wasted, he calls the Virginia Board of Psychology to report Jeanie. An inquiry process is initiated whereby Jeanie is eventually asked by the Board to provide some kind of evidence that shamanic methods have been proven to be clinically effective.

Contraindications

Vignette 6. Ann Drake is a psychologist in private practice in Gloucester, Massachusetts, and author of *Healing of the Soul: Shamanism and Psyche* (2003). With her client's consent, Drake brought her Indonesian shaman teacher an image of a psychotherapy client who had an extensive trauma history and was suffering from multiple personality or dissociative identity disorder. Drake's teacher provided a specific prayer and ceremony to be conducted for this client upon Drake's return. The client again agreed to participate in the ceremony that Drake returned with. On the effects of this ceremony Drake wrote:

> Judy cried out, "make it stop, make it stop" and began to tremble. Until this moment, Judy did not have co-consciousness with her 13 personalities. This meant that she neither had been aware of what any of the personalities were thinking or feeling, nor did she have any access to any of the memories of the other personalities. All communication between the personalities was either through writing, drawing, or direct communication with me, which I shared with Judy. All of a sudden, she had 13 different voices of a variety of ages talking in her head at once. Those familiar with the integration of personalities into the core ego structure know that it is done very slowly and carefully, one personality at a time, so that the client is not flooded with too many memories at once. It took 3 months of intense work to help Judy find a sense of equilibrium and relative quiet within her mind. In retrospect, Judy is relieved to have co-consciousness and not to worry if a personality was "out" at the wrong place and time, saying or doing something inappropriate. Judy claims she would do it again. I'm not so sure I would. (p. 173)

Scope of Practice

Vignette 7. Jonathan is a 50-year-old clinical social worker in Chattanooga, Tennessee, who has decades of training in shamanic healing practice and ceremonial work. David is a professionally successful and psychologically stable 44-year-old male who entered psychotherapy due to a recent rise in anxiety levels. His progressive insurance plan is covering treatments, and, after 10 sessions, including work with shamanic methods, his anxiety has dropped significantly. David reports feeling that the shamanic practices speak to him on a deep level. He explains to Jonathan that his insurance plan does not require a specific diagnosis to treat and that he would like to continue with sessions to learn shamanic practices for personal empowerment and spiritual growth. There are no other available teachers of shamanism in Chattanooga, and Jonathan is not currently offering any public training or conducting individual sessions in shamanic practice in the area.

Multiple Relationships

Vignette 8. Over the course of 20 initial sessions and three follow-up sessions several months later, Sam and Susan have formed a very positive connection with their couples' counselor, Leslie. During the most recent session, they mention the information on Leslie's website about shamanic practice. They share that they have done a little work within shamanic and pagan traditions, would like to engage further, and are looking for a community with whom to do so. They ask if they can attend a monthly, drop-in shamanic circle that Leslie leads in the area.

After discussing potential risks and complications with Sam and Susan, Leslie agrees. After attending Leslie's circle, Sam and Susan report feeling grateful for the connection and community. They then ask Leslie if they can attend a weekend shamanic training Leslie is offering and express interest in a week-long vision quest ceremony that Leslie leads. They also share that things are going really well for them as a couple and that they are grateful for Leslie's support.

Appendix D
Initial Interview Protocol

Demographic and Background Information

What is your age, ethnicity, any other important cultural/religious identifiers? How many years have you been a licensed clinician? What has your practice looked like over the years? Currently? Do you specialize your work with certain populations?

Please describe your training in shamanic healing practice and your orientation to the practice. Is there currently a tradition or traditions that you are studying? Teachers? How do you refer to yourself as a practitioner (e.g., shaman, shamanic healer, shamanic practitioner)?

Nature/Degree of Incorporation of Shamanic Methods in Clinical Methods

Please describe some of the ways in which you incorporate shamanic healing practices into your clinical practice. Are there some clients with whom you use more shamanic methods? If so, what determines this? Do you tend to incorporate more or less shamanic methods over time? What have been some of your most important lessons as a clinician who integrates shamanic healing methods into your practice?

Challenges Faced in Integrative Work

Please describe some of the ethical or professional challenges that have arisen from your process of integrating shamanic healing methods into your practice. Do you have other clinicians who are doing similar integration that you can talk with about these challenges?

Cultural Appropriateness [Corresponds to vignettes 1 and 2]

Have you ever worked with a client whose value system was not compatible with shamanic healing practices? If so, how did you navigate this? Have you worked with Native American clients or others who have a more recent connection to indigenous healing systems? If so, how did this inform your choices around using shamanic healing methods?

Informed Consent [Corresponds to vignettes 3 and 4]

At what point in your contact with prospective or current clients do you disclose that you also use shamanic healing methods? Do you have any internal guidelines that you consistent follow around this? Have you ever encountered a situation where a client felt hurt, confused, or angry because you waited too long to inform him or her about your background with

shamanism? Have you ever worried that your disclosure of using shamanic methods was off-putting or discouraging to prospective clients?

Do you consult with your guides/ancestors/spirit helpers on behalf of your client? If so, do you always ask permission from your client before doing this? If so, have you ever experienced your guides giving you information without first obtaining client permission? If so, has this ever put you in a bind around how much to share or disclose? Are there other challenges you can think of where your guidance from the spirits can into tension with the norms or guidelines of clinical practice?

Efficacy of Shamanic Healing Practices [Corresponds to vignette 5]

Have you ever encountered a situation where you doubted the effectiveness of the shamanic methods you use to help a particular client? If so, how did you handle this? Have your clients ever questioned you about the efficacy of shamanic methods? If so, how do you handle these questions? Have you ever been questioned by a state licensing board or national regulatory agency about your work with shamanic methods? Are you acquainted with psychological or other types of research on shamanic methods? If so, which studies do you find most informative or helpful? Do you feel this type of research is important?

Contraindications [Corresponds to vignette 6]

In your perception, are there contraindications for shamanic healing practices? Please elaborate. Can you think of a time when you declined to use shamanic methods based on such a contraindication? Have you ever felt a tension between shamanic perspectives on what would constitute a contraindication and Western psychological perspectives? Do you believe it worthwhile to try to articulate contraindications for shamanic healing practices that healers could agree upon or do you feel it depends more on practitioners' skill level and expertise?

Scope of Practice [Corresponds to vignette 7]

Are there any ways in which using shamanic methods in mental health sessions can fall outside the scope of practice for a clinician trained in shamanic healing practices? Have you ever been confronted with a crisis situation where you feel you had to choose between a Western and a shamanic approach to treatment? Have you ever done ongoing mentorship work in shamanic practice under a clinical license? How about depossessions, house blessings, or psychopomp work? Have you ever made a referral to another shamanic practitioner or traditional healer?

Multiple Relationships [Corresponds to vignette 8]

Have any of your clients ever expressed an interest in studying shamanism with you? If so, how did you navigate this change of relationship? If you offer public teaching or ceremony, have any participants ever sought to become clients? Do you have guidelines when navigating these boundaries? Are there examples that illustrate lessons learned around the question of multiple relationships?

Appendix E
Final, Data-Derived Interview Protocol

Orientation to clinical and shamanic work and identity as a practitioner

Describe your clinical orientation, including number of years of clinical experience.

Describe your shamanic orientation and training. For how long have you been incorporating shamanic techniques into your clinical practice?

How do you refer to yourself as a practitioner?

How do you personally navigate identity between roles of psychotherapist, shamanic healer, ceremonialist, etc.?

Structure of current practice, including distinct vs. blended vs. integrated practices

Describe your current clinical practice (e.g., structure, demographics).

If you also see clients for purely shamanic work, is this set up the same as your psychotherapy practice?

Have you ever attempted to maintain a separate practice? If so, how did this go?

History of professional problems and strategies for avoiding such problems

Have you ever felt professionally vulnerable in the work you're doing? How so?

Have you ever had problems with the state licensing board or other legal entities related to your practice? If so, was this related to shamanism, and, if not, what do you feel has helped you avoid these types of problems?

Awareness of overall field of shamanic-oriented psychotherapy

If you feel able to guess, how many licensed clinicians (e.g., LPC, MFT, LCSW, psychologists) do you estimate there are in the United States who incorporate shamanic methods into their practices?

Clinical use of shamanic methods in theory and practice

Describe your use of shamanic methods in therapy (e.g., degree, frequency).

Does shamanism serve as your clinical orientation as well as a type of psychotherapeutic technique?

How, if at all, have you adapted the shamanic work to be used in psychotherapy? Do you have any concerns about making these adaptations?

On being able to translate from a shamanic to a psychological idiom

Some have suggested that when using shamanic methods that it's key to be able to translate at any given moment what is happening into a psychological idiom. Do you agree?

Are there aspects of shamanic work that you find especially difficult to translate into a psychological idiom? For example, depossession work?

Do you have concern from what you've seen about people doing shamanic healing work who don't have clinical training?

Issue of cultural appropriateness of shamanic methods

Have you had clients who were not a good cultural fit for shamanic work? Please elaborate.

Issues of informed consent

Do you let all of your clients know at the start of therapy that you may incorporate shamanic methods? Please elaborate.

Do you take entering into psychotherapy to serve as informed consent for asking your guides about a client? How about for doing energy work (e.g., soul retrieval, extraction) for the client?

Issues regarding the efficacy of shamanic healing methods

Have you ever been questioned by clients or others on the efficacy of shamanic healing work? Please elaborate.

Contraindications for shamanic healing practices

What for you or in general do you see as contraindications for shamanic methods?

Scope of practice

Have you encountered situations where you felt that what was called for shamanically may fall outside the scope of practice for psychotherapy? Please elaborate.

Multiple relationships, public events, and related concerns

Do you also offer public retreats, workshops, trainings, ceremonies, etc.? If so, how do you determine if/when psychotherapy clients may attend various events?

Have there been times when you overestimated a client's ability to usefully attend events?

When your clients have attended, has this influenced how *you* show up?

How do you protect the confidentiality of psychotherapy clients who attend your events?

Do you ever co-facilitate events with others? If so, do you notice a significant difference?

Community leadership

Do you seek to be a catalyst for community in addition to offering public trainings or circles? If so, do you find it challenging to not rely on this community for your personal needs?

Student-teacher dynamics and idealization risks

Have you worked with clients where the relationship became more student/teacher than client/therapist, and, if so, how did you navigate that change?

Do you feel like doing shamanic healing work increases the tendency for clients to see you in an idealized way?

Common pitfalls in practicing shamanic-oriented psychotherapy

Have you trained others to integrate shamanic methods into their clinical practices, and, if so, what trends to do you notice for those just starting out?

Have you worked with clients coming off of negative experiences with other shamanic healing practitioners or shamanic-oriented clinicians? If so, have you observed recurrent themes?

Future trends and resources for clinicians

Are there trends you see for this intersection of shamanic healing practice and psychotherapy in the coming years? Can you envision some kind of certification process?

Are there resources you wish were more available (e.g., trainings, professional organizations)?

Personal reflections and open-ended questions

What advice you would to give to yourself X years ago when you were just starting out?