INDIGENOUS HEALING PRACTITIONERS AND THEIR USE OF HYPNOTIC-LIKE PROCEDURES

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Abstract

According to Division 30 of the American Psychological Association, "hypnosis" typically involves an introduction to the procedure during which a subject, client, or research participant is told that suggestions for imaginative experiences will be presented. The so-called "hypnotic induction" is an extended initial suggestion for using one's imagination, and may contain further elaboration of the introduction. The subsequent "hypnotic procedure" is used to encourage and evaluate the subject's responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions involving changes in subjective experience, as well as alterations in perception, sensation, emotion, thought or behavior. In addition, persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one's own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many practitioners, but not all practitioners, believe that hypnotic responses and experiences are characteristic of a so-called "hypnotic state." While some practitioners think that it is not necessary to use the word "hypnosis" as part of the hypnotic induction, others view it as essential. In other words, there are agreements and disagreements concerning the definition and description of hypnosis even by researchers, theoreticians, and practitioners who have given considerable thought to this topic.

In addition, the details of hypnotic procedures and suggestions will differ depending on the goals of the practitioner and the purposes of the clinical or research endeavor. Procedures traditionally involve suggestions to relax, although relaxation is not necessary for hypnosis and a wide variety of suggestions can be used including those to become more alert. Suggestions that permit the extent of hypnosis to be assessed by comparing responses to standardized scales can be used in both clinical and research settings. While the majority of individuals are responsive to at least some suggestions, scores on standardized scales range from high to negligible. Traditionally, scores are grouped into low, medium, and high categories. As is the case with other positively scaled measures of psychological constructs such as attention and awareness, the salience of evidence for having achieved hypnosis increases with the individual's score.

The term "hypnosis" was coined by James Braid (1795-1860), an English physician. Braid disliked the term "mesmerism," which had been named after its originator, Franz Anton Mesmer (1734-1815), an Austrian physician. Braid concluded that Mesmer's purported cures were not due to "animal magnetism" as Mesmer had insisted, but to suggestion. He developed the eye-fixation technique (also known as "Braidism") of inducing relaxation and called the process "hypnosis" (after Hypnos, the Greek god of sleep) because he thought that hypnotic phenomena were a form of sleep. Later, realizing his error, he tried to change the name to "monoeidism" (meaning influence of a single idea) however, the original name stuck. In other words, semantics played an important role in the history of hypnosis and actually directed the way that this modality was practiced.

Key words: Alterations of Consciousness; Hypnosis; Hypnotic-like Procedures

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INTRODUCTION

Consciousness and Spirituality

Like the term "hypnosis," the word "consciousness" is a social construct. It is defined and described differently by various groups and writers. When it is translated into

a non-English language, the problem intensifies, as some languages have no exact counterpart to the term. For me, "consciousness" can be defined as the pattern of perception, cognition, and affect characterizing an organism at a particular period of time. However, I would

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prefer to use the various aspects of consciousness when I write or speak about the topic. For example, referring to "awareness," "attention," and "memory" convey more exact and understandable meanings than using the more abstract term "consciousness."

So-called "alterations" in consciousness or "alternative states" of consciousness have been of great interest both to practitioners of hypnosis and to anthropologists. Many indigenous people engage in practices that they claim facilitate encounters with "divine entities," contact with the "spirit world," and insights into "spirituality." I use this latter term to refer to the wider, broader, higher, and/or deeper aspects of existence that the experient claims to gain access to either spontaneously or during silent contemplation, shamanic drumming, group dancing, meditation, prayer, and various conditions brought about by such plants as peyote and mind-altering cacti or mushrooms. Many Western observers have been reminded of hypnosis by some of these conditions, especially those in which individuals have seemed highly suggestible to the practitioner's directions, and strongly motivated to engage in prescribed activities.

There is considerable research data that indicate that these behaviors and experiences reflect expectations and role-enactments on the part of the individuals or a group. The practitioner invites these individuals to attend to their own personal needs while attending to the interpersonal or situational cues that shape their responses. Other research data emphasize the part that attention (whether it is diffuse or concentrated) plays in enhancing the salience of the suggested task or experience. However, it is an oversimplification of a very complicated set of variables to refer to the practices of shamans and other indigenous practitioners as "hypnosis." This term originated in the 19th century and it is simply not appropriate to apply it to earlier practices, no matter how similar they might seem to contemporary hypnotic inductions and suggestions.

Historical and Cross-Cultural Issues

The historical roots of hypnosis reach back to tribal rituals and the practices of native shamans. Agogino (1965) states, "The history of hypnotism may be as old as the practice of shamanism" (p. 31), and describes hypnotic-like procedures used in the court of the Pharaoh Khufu in 3766 B.C. Agogino adds that priests in the healing temples of Asclepius (commencing in the 4th century, B.C.) induced their clients into "temple sleep" by "hypnosis and auto-suggestion," while the ancient Druids chanted over their clients until the desired effect was obtained (p. 32). Vogel (1990) points out that herbs were used to enhance verbal suggestion by native healers in pre-Columbian Central and South America (p. 177).

Gergen (1985) observed that the words by which the world is discussed and understood are social artifacts, "products of historically situated interchanges among people" (p. 267). Therefore, unlike Agogino (1965), I use the description "hypnotic-like procedures" because native (i.e., indigenous or traditional) practitioners and their societies have constructed an assortment of terms to describe activities that resemble what Western practitioners refer to as "hypnosis." To indiscriminately use this term to describe exorcisms, the laying-on of hands, dream incubation, and similar procedures does an injustice to the varieties of cultural experience and their historic roots.

"Hypnosis," "the hypnotic trance," and "the hypnotic state" have been reified too often, distracting the serious investigator from the ingenious uses of human imagination and motivation reported from many cultures that are worthy of study using their own terms (Krippner, 1993).

A survey of the social science literature as well as my own observations in several traditional societies indicate that there are frequent elements of native healing procedures that can be termed "hypnotic-like." This is due, in part, to the fact that alterations in consciousness (i.e., observed or experienced changes in people's patterns of perception, cognition, and/or affect at a given point in time) are not only sanctioned but are also deliberately fostered by virtually all indigenous groups. For example, Bourguignon and Evascu (1977) read ethnographic descriptions of 488 different societies, finding that 89% were characterized by socially approved alterations of consciousness.

The ubiquitous nature of hypnotic-like procedures in native healing (e.g., Bowers, 1961) is also the result of the ways in which human capacities -- such as the capability to strive toward a goal and the ability to imagine a suggested experience -- can be channeled and shaped, albeit differentially, by social interactions (Murphy, 1947, chap. 8). Concepts of sickness and of healing can be socially constructed and modeled in a number of ways. The models found in traditional (e.g., native) cultures frequently identify such etiological factors in sickness as "soul loss" and spirit "possession," "intrusion," or "invasion" -- all of which are diagnosed (at least in part) by observable changes in the victims' behavior as related to their mentation or mood (Frank & Frank, 1991, chap. 5). Unlike infectious diseases and disabilities resulting from physical trauma, these conditions -- including many of those with a physiological predisposition -- are socially constructed, just as the changed states of consciousness identified by Bourguignon and Evascu are shaped by historical and social forces within a culture.

For example, there is no Western equivalent for *wagama*, a Japanese emotional disorder characterized by childish behavior, emotional outbursts, apathy, and ne-

gativity. Nor is there a counterpart to *kami*, a condition common in some Japanese communities that is thought to be caused by spirit possession. *Susto* is a malaise commonly referred to in Peru and several other parts of Latin America and thought to be caused by a shock or fright, often connected with breaking a spiritual taboo. It can lead to dire consequences such as the "loss," "injury," or "wounding" of one's "soul," but there is no equivalent concept in Western psychotherapy manuals. Cross-cultural studies of native healing have only started to take seriously the importance of understanding indigenous models of sickness and treatment, perhaps because of the prevalence of behavioral, psychoanalytic, and medical models. None of these have been overly sympathetic to the explanations offered by traditional practitioners or to the proposition that Western knowledge is only one of several viable representations of nature (Gergen, 1985). Kleinman (1980) comments, The habitual (and frequently unproductive) way researchers try to make sense of healing, especially indigenous healing, is by speculating about psychological and physiological mechanisms of therapeutic action, which then are applied to case material in truly Procrustean fashion that fits the particular instance to putative universal principles. The latter are primarily derived from the concepts of biomedicine and individual psychology....By reducing healing to the language of biology, the human aspects (i.e., psychosocial and cultural significance) are removed, leaving behind something that can be expressed in biomedical terms, but that can hardly be called healing. Even reducing healing to the language of behavior...leaves out the language of experience, which...is a major aspect of healing. (pp. 363-364)

The value of a cross-cultural approach is to extend the range of individual and social variation in the scientific search for an understanding of human capacities (Price-Williams, 1975). Therefore, in this presentation I will concentrate on describing the use of hypnotic-like procedures for developmental and healing purposes. Most illnesses in a society are socially constructed, at least in part, and alleged changes in consciousness also reflect social construction. Because native models of healing generally assume that practitioners, to be effective, must shift their attention and awareness (e.g., "journeying to the upper world," "traveling to the lower world," "incorporating spirit guides," "conversing with power animals," "retrieving lost souls"), the hypnosis literature can be instructive.

Western hypnotic models are often assumed to represent universal processes; however, this assumption is only partially correct. In the meantime, native healing procedures are worthy of appreciation from the perspective of their own social framework and need not be Westernized with the "hypnosis" label.

Hypnotic-Like Procedures in Shamanism

Winkelman (1984) conducted an archival study of 47 traditional societies, identifying four groups of spiritual practitioners: shamans and shamanic healers, priests and priestesses, mediums and diviners, and malevolent practitioners. With the exception of priests and priestesses, these practitioners purportedly cultivated the ability to regulate and/or shift their patterns of perception, affect, and cognition for benevolent (e.g., healing, divining) or malevolent (e.g., casting spells, hexing) purposes. In addition, priests and priestesses presided over rituals and ceremonies that often had, as their intent, the elicitation of changes in the behavior and experiences of their supplicants for religious purposes.

Hypnotic-like procedures are often apparent in the healing practices of native shamans. Shamans can be defined as socially sanctioned practitioners who purport to voluntarily regulate their attention and awareness so as to access information not ordinarily available, using it to facilitate appropriate behavior and healthy development -- as well as to alleviate stress and sickness -- among members of their community and/or for the community as a whole. Among the shaman's many roles that of healer is the most common. The functions of shamans may differ in various locations, but all of them have been called upon to predict and prevent afflictions, or to diagnose and treat them when they occur. Shamanic healing procedures are highly scripted in a manner similar to the way that hypnotic procedures are carefully sequenced and structured. The expectations of the shaman's or hypnotist's clients can enable them to decipher task demands, interpret relevant communications appropriately, and translate the practitioner's suggestions into personalized perceptions and images. Just as expectancy plays a major role in hypnotic responsiveness (Kirsch, 1990), it facilitates the responsiveness of shamans' clients as well as expediting shamanic "journeying." Shamans themselves display what Kirsch (1990), in discussing the hypnosis literature, calls "learned skills"; the shamans' introduction to hypnotic-like experiences during their initiation and training generalizes to later sessions, and they can ultimately engage in "journeying" virtually at will. For this reason, it is debatable whether shamanic "journeying" is a form of dissociation; there is no shift of the shaman's personal identity, and the shaman appears to be in control of the "journeying" process and does not incorporate the "entities" encountered along the way.

Japanese shamans of the Tohoku region believe that they can contact the Buddhist goddess Kannon who assists with their diagnoses, producing visual or auditory imagery that the shaman experiences and reports. This is an example of the "translation" that characterizes both hypnotic sessions and shamanic imagination. These shamanic "translations" have been studied by Achterberg (1985) who considers dreams, visions, and

similar processes a venerable source of vital information on human health and sickness. So ubiquitous is their process of gleaning pertinent information from fantasy-based symbols and metaphors that I (Krippner, 1987) have suggested that shamans, as a group, might be considered "fantasy prone" (p. 130). Indeed, they frequently resemble the highly hypnotizable individuals who, on the basis of interviews and personality tests, have been designated "fantasy prone" (Lynn & Rhue, 1988). However, to engage in fantasy is simply to exercise one's imagination, and this can be done without transcending one's sense of identity. Thus, most "fantasy prone" individuals do not have frequent experiences that can be labeled either "dissociative" or "transpersonal" each time they utilize their imagination. In fact, the term "dissociative" only goes back to the end of the 18th century, while "transpersonal" is a 20th century term; neither are appropriate labels for phenomena that occurred many centuries ago.

Furst (1977) has described procedures by which North American Indians once sought (and still seek) alternative states of consciousness with spiritual components: "psychoactive plants, animal secretions, fasting, thirsting, self-mutilation, exposure to the elements, sweat lodges, sleeplessness, incessant dancing, bleeding, plunging into ice-cold pools, and different kinds of rhythmic activity, self-hypnosis, meditation, chanting, and drumming" (p. 70). Furst uses Western, non-Indian concepts (e.g., "self-hypnosis," "trance," "meditation") that may not be directly comparable to the original experiences. Nevertheless, he goes on to describe the freedom that was typically given by North American Indian shamans to their clients to use "ecstatic trance" in order to determine their own relationship with the unseen forces of the universe. The analogous hypnotic practices here would be the various non-directive, permissive procedures in which hypnotized clients utilize their own fantasy and imagery to work toward the desired goals (e.g., Kroger, 1977, chap. 14).

Jilek (1982, p. 30) wrote that the Nanaimo Indians of Vancouver Island "fall unconscious" in order to incorporate the tutelary spirits necessary for healing to occur (Jilek, 1982, p. 30). Rogers (1982) claims that the Alaskan Eskimo shaman's use of rhythmic drumming and monophonic chanting induces "self-hypnosis" (apparently because of their goal-directed nature) as well as placing the client "in a hypnotic trance in which the suggestions of recovery and cure are given" (p. 143). In discussing the Ammassalik Eskimos of Eastern Greenland, Kalweit (1988) observes that their "continuous rubbing of stones against each other may be seen as a simple way of inducing a trance....The monotony, loneliness, and repetitive rhythmic movement join with the desire to encounter a helping spirit. This combination is so powerful that it erases all mundane thoughts and distracting associations" (p. 100). Again, the use of West-

ern concepts may be flawed descriptors for what actually occurs in these instances of remarkable behavior.

Belo (1960) claimed to have observed similarities between the behavior of Balinese healers and that of hypnotized subjects. Although there was no trained observer of hypnosis on Belo's field trips, a hypnotic practitioner observed several of her films and claimed to notice similarities between "hypnotic trance" and "mediumistic trance." In these otherwise useful descriptions, we can observe the proclivity of Western observers to use such terms as "hypnosis" and "trance" in describing shamanic procedures rather than simply making direct behavioral comparisons or utilizing the tribe's own explanations and phenomenological descriptions.

Kirsch's (1990) discussion of the role of expectancies in hypnosis and psychotherapy is relevant to each of these cases. Hypnosis, like many culturally based rituals, serves to shape and bolster relevant expectancies that reorganize consciousness and produce behavioral changes relevant to the goals of hypnotic subjects and shamanic clients. For example, the ideomotor behavior that often characterizes hypnosis (e.g., arms becoming heavier or lighter, fingers moving to denote positive or negative responses) resembles the postures, gestures, collapsing motions, and rhythmic movements that occur during many native rituals. In both instances, the participants claim that the movements occur involuntarily. Kirsch suspects that expectancy plays a major role, but admits that these responses are experienced as occurring automatically, without volition (p. 198).

The absence of a formal "induction" does not prevent the client from becoming receptive to a suggestion and motivated to follow it, just as most, if not all, hypnotic phenomena can be evoked without hypnotic induction (Kirsch, 1990, p. 129). Contributing to this procedure is the multi-modal approach that characterizes Navajo chants, as well as their repetitive nature and the mythic content of the words, which are easily deciphered by those clients well-versed in tribal mythology. Sandner (1979) describes how the visual images of the sand paintings and the body paintings, the audible recitation of prayers and songs, the touch of the prayer sticks and the hands of the medicine man, the taste of the ceremonial musk and herbal medicines, and the smell of the incense "all combine to convey the power of the chant to the patient" (p. 215). A hataalii (i.e., Navajo shaman) usually displays a highly developed dramatic sense in carrying out the chant but generally avoids the clever sleight of hand effects used by many other cultural healing practitioners to demonstrate their abilities to the community (p. 241).

The Navajo chants are considered by Sandner (1979) to facilitate suggestibility and shifts in attention through repetitive singing and the use of culture-specific mythic themes (p. 245). These activities prepare participants and their community for healing sessions. These healing

sessions may involve symbols and metaphors acted out by performers, enacted in purification rites, or executed in "sand paintings" composed of sand, corn meal, charcoal, and flowers -- but destroyed once the healing session is over. Some paintings, such as those used in the "Blessing Way" chant are crafted from ingredients that have not touched the ground, e.g., corn meal, flower petals, charcoal. Once again, the client "translates" the symbols and metaphors, but usually not with full awareness of the ongoing process.

Hypnotic-like procedures affect the mentation of both the hataalii and the client during the chant. Sandner (1979) pointed out that the hataalii's performance empowers the client by creating a "mythic reality" through the use of chants, dances, and songs (often accompanied by drums and rattles), masked dancers, purifications (e.g., sweats, emetics, herbal infusions, ritual bathings, sexual abstinence), and sand paintings. Joseph Campbell (1990) described the colors of the typical sand painting as those "associated with each of the four directions" and a dark center -- "the abysmal dark out of which all things come and back to which they go." When appearances emerge in the painting, "they break into pairs of opposites" (p. 30).

In addition to the chants, there are other hypnotic-like healing procedures used by the Navajo hataalii, one of which is a prayer session. For example, sacred corn pollen may be sacrificed during a time of prayer in an attempt to foster the influence of the spirits needed to heal the client; this ritual must be performed perfectly and behind locked doors, often at the home of the client. The door to the darkened hogan is fastened "to prevent the prayer from escaping." Sharpened flints are used to expel the evil from both the client and the hogan. Topper (1987) held that these procedures reduce the client's symptoms at the same time as they stabilize the social and emotional condition of the community.

Topper's (1987) study of Navajo hataalii indicates that they raise their clients' expectations through the example they set of stability and competence. Politically, they are authoritative and powerful; this embellishes their symbolic value as "transference figures" in the psychoanalytic sense, representing "a nearly omniscient and omnipotent nurturative grandparental object" (p. 221). Frank and Frank (1991) put it more directly: "The personal qualities that predispose patients to a favorable therapeutic response are similar to those that heighten susceptibility to methods of healing in nonindustrialized societies, religious revivals, experimental manipulations of attitudes, and administration of a placebo" (p. 184).

When treating Navajo clients, suggestion and expectancy are bolstered through reinforcing the client's belief in the power of the chant and its symbols, a tight structuring of the ceremonial performance, repetition (especially in chants, songs, and prayers), physical exhaustion of

the client, dramatization of a significant event in Navajo mythology, and on rare occasions the use of mind-altering herbal substances (e.g., datura) to evoke a physical effect that convinces the client that power is at work. The hypnotic-like procedures strengthen the support by family and community members as well as the client's identification with figures and activities in Navajo cultural myths, both of which are powerful elements in the attempted healing. But do these procedures deserve a description that indicates a major shift in conscious functioning? Sandner (1979) found that his informants were insulted when it was suggested that Navajo hataalii change their state of consciousness to such an extent that their sense of identity is lost; such a shift would distract the practitioners from the attention to detail and the precise memory needed for a successful performance.

At best, the hataali appear to modify their attentional states rather than to "alter" all of their subsystems of consciousness, or their consciousness as a totality. Attention determines what enters someone's awareness. When attention is selective, there is an aroused internal state that makes some stimuli more relevant than others and thus more likely to attract one's attention. A trait that is more characteristic of shamans than an "alternative state of consciousness" might be the unique attention that shamans give to the relations among human beings, their own bodies, and the natural world -- and their willingness to share the resulting knowledge with others (Krippner 2002, p. 967).

Hypnotic-Like Procedures in Bali

In contrast, on the island of Bali, Indonesia, there are many rituals and ceremonies that utilize hypnotic-like procedures. In traditional Balinese practice, the name of the main temple ceremony is nyimpen and the dance of calon arang often is performed during nyimpen. The story of Calon Arang concerns an evil widow and her only daughter who were banned to the forest for allegedly practicing black magic. There are several variations of this story but all center on her revenge against the people of the ancient Hindu Javanese kingdom of Daha after its Raja insults her by retracting an offer to marry her beautiful daughter. Calling up her demon legions, she transforms herself into a frightening figure with ponderous hanging breasts, bulging eyes, a long flaming tongue, and a mass of unruly flowing hair. Waving her magic cloth, she has become Rangda, the queen of the witches, and wreaks havoc with her powers. Understandably, this is one of the most powerful plays in sacred Balinese drama and its performance is typically charged with energy and emotion.

When I saw this dance performed, the dancers seemed oblivious to the outside world as they enacted the great battle between the forces of the witch and those of humankind. It started with the lesser characters whom,

when faced with defeat, called upon the aid of higher forces, which transformed them into more powerful beings. Each of the succeeding transformations was met with mounting tension on the faces of the crowd and was supported by the growing crescendo of the gamelan orchestra. Children who were dozing suddenly woke up. The climax finally came when the Barong, a mythical creature who frequently comes to the aid of human beings, at last faces his arch-adversary, the malevolent witch Rangda, and the dancers shift from their usual sense of identity to become players in this cosmic drama.

Thong (1994), a psychiatrist who organized the first mental hospital on Bali, describes what occurred during a performance of this dance that he witnessed:

At that very moment, one of my staff was bringing to me another glass of the thick Balinese coffee that I had been using to keep from falling asleep at that late hour. Suddenly, without warning, he threw the glass over his shoulder, stood upright as if in anger, and quivered with wide-open eyes. Abruptly he proceeded to turn and walk to a nearby papaya tree which he pulled out of the ground. That seems to have been some sort of signal because afterwards many others in the crowd, including a member of the orchestra, experienced the same radical transformation. My first frightening impression was that utter chaos had broken out. (p. 79)

Overwhelmed by this sudden and unexpected turn of events, Thong sat confused and bewildered with no idea of where to look or what to do. Fortunately, the Balinese themselves had no such problem. Restraining the disorderly behavior of the more violent "trancers," their attention focused once more on the stage and its surroundings. The players still were dancing, still in what seemed to be an alternative state of consciousness, but one that was less intense. The gamelan played on but only with the mesmerizing continuous deep rhythm of the large gongs. Thong's most striking observation was that despite all the wailing and untamed antics, nobody was hurt. He continues,

This led me to the conclusion that this was no true chaos; instead it was a wild but nonetheless orderly form of behavior. It was only at this point that I turned around to ask my Western companion, Christopher, a question about his feelings concerning this primal scene. The result was my second shock of the night when I saw Christopher sitting upright with the same dazed look in his eyes as the dancers. At that moment...all the trancers gathered before the Barong who began to lead a procession around the temple. Dear Christopher joined in as well. (p. 80)

It took the efforts of a pemangku (village priest) to gently bring Christopher and the other people back to their ordinary mode of functioning. With the help of his assistants, and armed only with holy water, the pemangku wandered through the crowd sprinkling the entranced

revelers; the sacred water quickly revived them. Could this phenomenon be categorized as "mass hypnosis"? Such a label would be less than accurate because there was no direct goal-orientation of the affected individuals.

Some of the most dramatic changes in conscious functioning among children I have seen were in Bali. One evening, I watched the sanghyang dedari, a form of le-gong, the "dance of revered angels" performed by two young girls after they supposedly had incorporated "benevolent spirits." Enveloped by the smell of sweet incense and accompanied by the music of both an all-male chorus and an all-female chorus chanting sacred songs, the two girls moved rhythmically with their eyes closed, thus protecting their beloved temple from malevolent entities. The girls danced in flawless tandem, never opening their eyes but -- perhaps -- carefully responding to the music, to kinesthetic cues, and to memory. Once the chanting ended, the girls fell to the ground and were attended to by the pemangku.

I have also witnessed the sanghyang jaran, during which adolescent boys dance on a bamboo hobbyhorse or simply on a tree branch. Initially, they dance around a bonfire made from coconut husks, but if the spirit so dictates, they dance through the fire, often stepping on the burning husks and the coals. It is claimed that neither type of dancer has had any formal dance training; the participants insist that they can not recall the dance steps once the priest brings them back to their ordinary functioning.

Another traditional performance, the Balinese kecak dance, tells a story from the Hindu Ramayana collection. Sita is captured by the abhorrent Rawana but is rescued by Hanuman and his indomitable monkey army. At one point a circle of some 150 men provide incredibly coordinated movements, and their vocalizations, "Chak-Chak-Chak," are remarkable imitations of monkey chatter. The purpose of the kecak dance is to drive away Rawana and his "evil spirits"; in so doing, individual awareness gives way to more of a group awareness, aided by the orchestration of the gamelan, a traditional percussion band and the legendary story that has been enacted for centuries. Gamelan musicians in Bali are described as entering "trance" through "self-hypnosis" (Suryani & Jensen, 1993), but I feel this is a reductive appellation that ignores the complexity and cohesion of this unique musical group.

In Thong's (1994) opinion, the Balinese people's repressed emotions find an outlet in the dance and drama -- an outlet the culture has provided for them to abreast, either vicariously or directly. Classical dance and drama in Bali, based on legends and myths, are well attended and the more contemporary dramatic presentations are even more widely attended. In both the classical and contemporary performing arts one can encounter every possible Balinese emotion -- love, joy, anger, reverence.

One can observe intrigue, sexual passion, jealousy, and the violation of all the cultural taboos. Not only do the players benefit from expressing these emotions and breaking the taboos, but the audience attains catharsis as well. From Thong's perspective, the other Balinese arts -- painting, sculpture, the creation of festival offerings -- help the Balinese to maintain a healthy frame of mind. They have retained their vitality; without them, and the related cultural manifestations, the uniqueness of Bali would have crumbled long ago.

In addition, I have seen baliens (i.e., Balinese shamans) enter what might be called alternative states of consciousness during healing and exorcism ceremonies. The balian taksu is a healer with mediumship talent who alters consciousness to assist in the diagnosis of the ill and unfortunate. Sometimes, the diagnosis is *bebai* in which an evil spirit has been sent by a sorcerer. The victim's rival has paid the sorcerer to practice *bebainan*, or black magic, for purposes of revenge or jealousy (Belo, 1960). Thong concluded that in the "altruistic trance states," a dancer responds to the needs of another person or a group of people. This state is usually reached during or after the performance of a ritual and, in Bali, would encompass all hypnotic-like phenomena during religious or healing ceremonies as practiced by the balian. The practitioners in this group rarely show signs of psychopathology. "Egoistic trance states," on the other hand, are entered in response to an individual's personal needs. They are not preceded by a ritual and tend to occur spontaneously. In Bali, this state is believed to be brought about by the possession of an individual by a *bebai* or evil spirit. Members of this group usually have emotional problems that typically fall into the psychiatric category of "hysterical reaction." In other words, Thong's altruistic trance state is likely to be benevolent in nature while what he refers to as the egoistic trance state is not necessarily concerned with the benefit of community members.

Thong concluded that in Balinese ritualistic dancing, the "I" gives way to a loss of ego boundaries and a change in the body image. It was his hunch that some of the dances, such as the dreamy *sanghyang* dances, were states of hypoarousal, while others, such as the *calon arang*, were states of hyperarousal. Indeed, the *barong* dance, in both its original and tourist version, ends with the dancers pressing kris knives against their chests as the malevolent *Rangda* attempts to influence the dancers to harm themselves. The *Barong*, however, offers them protection. Thong determined that these hypnotic-like experiences could be divided into three stages. During the first stage, dancers are consciously or unconsciously preparing themselves; they have not yet lost reflective consciousness and still retain voluntary control and decision-making capabilities. The second stage brings intensification at which time control is lost and consciousness is altered. During the third stage, the

dancer falls into a state of exhaustion but may be capable of returning to the second stage if sufficiently aroused. The change from one stage to another can usually be recognized by distinct somatic clues such as sighs, sobs, hisses, shouts, or body movements.

Incense and scents are a common means of altering consciousness, but they seem to be incidental in Bali. Mind-altering substances such as psychedelic plants, alcohol, and even betel nut and tobacco play little or no role in Bali, despite the presence of psychedelic mushrooms (*jamur tahi sapi* in Balinese) on the island. The effects of the mushrooms are referred to as *lengen-hin* or dizziness; they are shunned by most Balinese who have a cultural dislike of anything that disorients them and threatens their sense of balance. In Thong's opinion, the most important factor is the charged and expectant atmosphere that surrounds altering consciousness. In other words, the social setting and expectancy seem to be more critical than any physiological maneuver. The leaders of the community play an important role because it is often the head of the village, the *sadeg*, or some other important personage who first goes into an altered state, serving as a role model for the others.

Perhaps the occurrence of hypnotic-like procedures cross-culturally is so frequent because it plays an important cultural role. In Bali, so-called "trance dancing" serves as a useful emotional outlet both for the dancer and the observer. What Thong calls "altruistic trance states" are preceded by a ritual or ceremony in which a shift is expected and accepted as an integral element. The "trancers" in these dances are usually ordinary members of the community with no more than the average number of psychological or physical problems. These ceremonies facilitate social cohesion because they are performed on behalf of the entire community. What Thong calls "egoistic trance states" occur outside of the ordinary cultural context. They may involve malicious magical practices, in which attempts are made (or are perceived to have been made) to influence, coerce, or harm community members. These "trancers" show a tendency for attacks of hysteria, acute psychotic reactions, and schizophrenic episodes. The Balinese themselves recognize these two types of "trancers" and react differently toward each of them.

Afro-Brazilian Healing Procedures

Unusual experiences were common in early West African cultures where individuals were considered to be closely connected with nature, the community, and their communal group. Each person was expected to play his or her part in a web of kinship relations and community networks. Strained or broken social ties were held to be the major cause of sickness. A harmonious relationship with one's community, as well as with one's ancestors, was important for health. At the same time, an ordered

relationship with the forces of nature, as personified by the orixás or deities, was essential for maintaining the well-being of the individual, the family, and the community. West Africans knew that disease often had natural causes, but believed that these factors were exacerbated by discordant relationships between people and their social and natural milieu. Long before Western medicine recognized the fact, Africa's traditional healers took the position that ecology and interpersonal relations affected people's health (Raboteau, 1986).

West African healing practitioners felt that they gained access to unusual powers in three ways: by making offerings to the orixás, by foretelling the future with the help of an orixá, and by incorporating an orixá (or even an ancestor) who then diagnosed illnesses, prescribed cures, and provided the community with warnings or blessings. The person through whom the spirits spoke and moved performed this task voluntarily, claiming that such procedures as dancing, singing, or drumming were needed to surrender their minds and bodies to the discarnate entities (Krippner, 1989, p. 188). The slaves brought these practices to Brazil with them; despite colonial and ecclesiastical repression, the customs survived over the centuries and eventually formed the basis for a number of robust Afro-Brazilian spiritual movements. Books by a French writer, Alan Kardec, were brought to Brazil, translated into Portuguese, and became the basis for a related movement (i.e., Kardecism). There were followers of Mesmer in this group, but Kardec proposed that spirits, rather than Mesmer's invisible fluids, were the active agent in altering consciousness, removing symptoms, and restoring equilibrium (Richeport, 1992, p. 170).

Contemporary *iyalorixás* or *mães dos santos* ("mothers of the spirits") and *babalawos* or *pais dos santos* ("fathers of the spirits") still teach apprentices how to sing, drum, and dance in order to incorporate the various deities, ancestors, and spirit guides. They also teach the *iaôs* ("children of the orixás") about the special herbs, teas, and lotions needed to restore health, and about the charms and rituals needed to prevent illness. The ceremonies of the various Afro-Brazilian groups (e.g., Candomblé, Umbanda, Batuque, Quimbanda, Xango) differ, but all share three beliefs: humans have a spiritual body (that generally reincarnates after physical death); discarnate spirits are in constant contact with the physical world; humans can learn how to incorporate spirits for the purpose of healing (Krippner, 2000).

After interviewing 40 spiritistic healing practitioners in Brazil, I (Krippner, 1989) identified five methods of receiving the "call" to become a healer: (1) coming from a family having a history of "mediumship"; (2) being "called" by spirits in one's visions and dreams; (3) succumbing to a malady or "spiritual crisis" from which one recovers in order to serve others; (4) having a revelation while reading Afro-Brazilian spiritistic literature

or attending spiritistic worship services; (5) working as a volunteer in a spiritistic healing center and becoming inspired by the daily examples of compassion. If the call is rejected, severe illness or misfortune may result; as one Candomblé medium told me, "Once the orixá calls, there is no other path to take" (p. 193). In this case, the spiritual dimension of human existence is recognized as so sacred and inviolate that one dare not reject its summons.

Once the apprentices begin to receive instruction in mediumship, such experiences as spirit incorporation, automatic writing, "out-of-body" travel, and recall of "past lives" lose their bizarre quality and seem to occur quite naturally. Socialization processes provide role models and the support of peers. A number of cues (songs, chants, music, etc.) facilitate "spirit incorporation," and a process of social construction teaches control, appropriate role-taking, and communal support. Richeport (1992) observes several similarities between these mediumistic behaviors and those of hypnotized subjects, e.g., motivation, the positive use of imagination, frequent amnesia for the experience.

It should be noted that mediums resemble shamans in many ways but lack the control of their attention and awareness that characterizes shamans. For example, shamans are usually aware of everything that occurs while they converse with the spirits, even when a spirit "speaks through" them. Mediums claim to lose awareness once they incorporate a spirit, and purport to remember little about the experience once the spirit leaves. Both shamans and mediums engage in altered states of consciousness, but the shaman's attention, memory, and awareness seem to be enhanced, not restricted. These same facets of mentation appear to be dampened or diffused in mediumship; if there is a shift toward greater focus, it is attributed to the guiding spirit rather than to the practitioner himself or herself.

The traits most admired in mediums resemble those traits that facilitate ordinary social interactions. During more than two dozen exploratory trips to Brazilian healing centers, I have observed few instances of bizarre behavior during spiritistic ceremonies. Indeed, if a spirit seems to be taking control of the medium too quickly, the other mediums may sing a song that will slow down the process of incorporation. Leacock and Leacock (1972) observed that the Brazilian mediums in their study usually behaved in ways that were "basically rational," communicated effectively with other people, and demonstrated few symptoms of hysteria or psychosis. They engaged in intensive training and, as mediums, pursued hard work that often put them at risk with seriously ill individuals (p. 212). These are not likely to be the favorite pastimes of fragile personalities or malingerers.

In 1973, a colleague and I attended an Umbanda ceremony in Sao Paulo, Brazil. Drums were beating, can-

dles were flickering, and the smell of incense was wafting through the room. We took our seats with the other spectators, and noticed the gargantuan altar containing dozens of statues of orixás, ancestors, and Christian saints -- Umbanda being the Afro-American spiritistic movement that has borrowed most heavily from Christianity. A babalawo appeared to be in charge of the ceremony, but four other babalawo and five ialorixás were playing prominent roles.

As the ceremony continued, a medium began to shake violently, then appeared to demonstrate equanimity as she "incorporated" the spirit of a preto velho, a black slave from Brazil's colonial past. Looked upon as powerful healing spirits, the preto velhos are incorporated at least once a month in most Afro-Brazilian spiritistic centers, rotating with such other healing entities as the caboclos, or Indians of mixed blood, and the crianças, or children who died at young ages.

Other mediums began to engage in automatism -- twitching, writhing, screaming, flailing, and falling to the floor. Once they maintained their composure, they claimed to have incorporated preto velhos, and were able to engage in healing through the laying-on of hands. My colleague and I entered the healing circle where mediums prayed, sang, and gave us quick massages that were pleasant and pleasurable. (Some spiritistic healers, especially the followers of Alan Kardec, only work with the spiritual body and refrain from touching the client's physical body.) It was not long before many recipients of the healing procedures began to display hypnotic-like behavior including automatism, conversations with the spirits, and spontaneous chanting and singing.

As the ceremony ended, obeisance was paid to the exus, or messengers of the orixás; these entities can be mischievous and so must be placated before the session, after the session, or both if the maximum results are to be obtained. Songs, prayers, and offerings of food and drink are sent their way to cajole them and insure their cooperation. Soon the mediums left the room, doffed their white robes and crucifixes, and joined us for refreshments. They alleged not to have recalled the events of the evening, claiming that as the pretos velhos had worked through them, they lost their awareness of the ongoing activities.

In 1991, with several colleagues, I attended a Candomblé ceremony in the Centro Espirita of Recife, finding ourselves immersed in candlelight, incense, and drumming. Pai Ely, the founder of the Center and a "father of the spirits," had invited us to witness an initiation: A "daughter of the temple" was about to become an iaô -- a filha dos santos or "daughter of the spirits." This followed a three-week period of solitude in an isolated room (the ronco) where her only visitor had been Pai Ely who had brought food, water, and counsel. As she emerged from the ronco, we noticed that her head

had been shaved (the raspagem da cabeça) by Pai Ely, except for a thin tuft of hair in the middle of her head. We were told that this represented a modification of the original ceremony where the skin on top of the head was cut so that the orixás could receive a blood offering.

For several hours, we observed the initiate dance around the central open space of the Centro Espirita, accompanied by other mediums who were letting various entities "inhabit" their bodies. Some of them had been initiated years earlier, and continued to venerate the orixás who had originally guided them. For some it had been Oxum, the orixá of the fresh water lakes and rivers; for others, it had been Oxossi, the orixá of the forests. Having been silent for so long, the initiate's first words would be her proclamação de nome, the proclamation that would confirm the orixá who had served as her benefactor. Later that evening, the young woman gave us the name, "Oxumaré," the "rainbow orixá" who presided over life's transitions. The initiate was then welcomed as the temple's newest "daughter of the spirits."

Later I discovered that Oxumaré is a man for six months, a woman for six months, and links the earth to the sky. We were told that what we had witnessed was a saída de iaô ceremony in which the "daughter of the temple" finally "comes out" of her seclusion. It cumulates when the orixá whispers a special name (i.e., dar o nome). It was my understanding that the iaô we observed already knew that she was a member of the Oxumaré lineage. However, there are many Oxumarés; old ones, young ones, female versions, male versions, Northern Brazil Oxumarés, Southern Brazil Oxumarés; in other words, Oxumarés come in all the colors of the rainbow. The particular identity of this initiate's Oxumaré was a vital part of the ceremony and of the social construction of the new iaô. Further, the entire process exemplifies three phrases quite common to initiation ceremonies, namely separation (the initiate's selection), immersion (her 3-week period of solitude), and her return (her public dance and the giving of her name).

In both of these ceremonies, and in dozens of others that I have witnessed or in which I have participated, a "trance" was supposedly induced by the rhythmic drumming and movement as well as by the assault on the senses produced by the music, incense, flickering candles, and -- in some temples -- pungent cigar smoke. But it was apparent to me that powerful demand characteristics were also at work. The very reason for the mediums' presence was the incorporation of spirits; as Kleinman (1980) argues, "providing effective treatment for disease is not the chief reason why indigenous practitioners heal. To the extent that they provide culturally legitimated treatment of illness, they must heal" (p. 362).

In addition, the community of believers depended on the mothers, fathers, and children of the orixás to pro-

vide a connection to the spirit world that would ensure the well-being of the temple, prevent illness among those who were well, and bestow healing upon those who were indisposed. When one medium incorporated an (orixá), preto velho, caboclo, or criança, an entire series of incorporations soon followed, domino-like. Just as many participants in hypnotic sessions seem eager to present themselves as "good subjects" (Spanos, 1989), the mediums in Afro-Brazilian healing sessions may be eager to present themselves as "good mediums," and to enact behaviors consistent with this interpretation. I have also noticed that the presence of visitors appears to increase both the speed and the dramatic qualities of spirit incorporation.

A fairly consistent similarity among mediums is their supposed inability to recall the events of the incorporation after the spirits have departed. However, Spanos (1989) has pointed out that this amnesic quality could just as easily be explained as an "achievement"; each failure to remember "adds legitimacy to a subject's self-presentation as 'truly unable to remember'," hence as deeply in "trance" (p. 101). In other words, the interpretation of hypnotic phenomena as goal-directed action is helpful in understanding mediumship as an activity that meets role demands, as mediums guide and report their behavior and experience in conformance with these demands. It may not be that they lose control over the behavior as they incorporate a spirit, but rather that they engage in an efficacious enactment of a role that they are eager to maintain.

An alternative point of view would hold that the mediums actually do lose control over their behavior, entering a "trance" state that allows "hidden parts" of themselves to manifest as secondary personalities or, in the case of the Brazilian mediums, as spirits. But some Brazilian practitioners with whom I have discussed these issues suggest that both the "role-playing" and "dissociative" paradigms merely describe the mechanisms by which a medium actually incorporates the orixá, discarnate entity, or spirit. It is the incorporation itself, and the subsequent behavior of the spirit, that represent the crux of mediumship. Because the possibility of spirit incorporation can hardly be demonstrated at the present time, one can simply acknowledge this argument (albeit skeptically) and focus on other aspects of these phenomena.

For example, Afro-Brazilian spiritistic ceremonies enable clients and mediums to arrive at a shared worldview in which an ailment can be discussed and treated (Torrey, 1986). In some spiritistic traditions, there are mediums who specialize in diagnosis, mediums who specialize in healing by a laying-on of hands, mediums who specialize in distant healing, and mediums who specialize in intercessory prayer. Treatment may also consist of removing a "low spirit" from a client's "energy field," integrating one's "past lives" with the present

"incarnation," the assignment of prayers or service-oriented projects, or referral to a homeopathic physician. All of these procedures contain the possibility of enhancing clients' sense of mastery, increasing their self-healing capacities, and replacing their demoralization with empowerment (Frank & Frank, 1991; Torrey, 1986).

The mediums are not the only ones who appear to manifest hypnotic-like effects. Their clients also demonstrate apparent shifts in consciousness, especially while undergoing crude surgeries without the benefit of anesthetics; however, Greenfield (1992) has observed that the Brazilian mediums make no direct effort to alter their clients' awareness. Greenfield, who attributes the benefits of these sessions to the clients' alterations of consciousness, has observed that "no one is consciously aware of hypnotizing...patients..., and unlike the mediums, patients participate in no ritual during which they may be seen to enter a trance state" (p. 23). However, there are a number of cultural procedures that Greenfield found to be hypnotic-like in nature. One of them is the relationship of client and healer, characterized by trust, and resembling "that between hypnotist and client" (p. 23) in that these clients act positively in response to what the medium tells them. Another procedure is the provision of a context that allows the client to become totally absorbed in the intervention, a healing ritual that galvanizes the client's attention and distracts him or her from feeling pain. Greenfield added that the spiritistic aspects of Brazilian culture foster "fantasy proneness" because large numbers of people believe that supernatural entities are helping (or hindering) them in their daily lives (p. 24).

Rogers (1982) has divided native healing procedures into several categories (p. 112): nullification of sorcery (e.g., charms, dances, songs); removal of objects (e.g., sucking, brushing, shamanic "surgery"); "expulsion" of harmful entities (e.g., fighting the entity, sending a spirit to fight the entity, making the entity uncomfortable); retrieval of "lost souls" (e.g., by "soul catchers," by shamanic journeying); eliciting confession and penance (e.g., to the shaman, to the community); transfer of illness (e.g., to an object, to a "scapegoat"); suggestion and persuasion (e.g., reasoning, use of ritual, use of herbs); shock (e.g., sudden change of temperature, precipitous physical assault). There are hypnotic-like segments of these procedures that utilize symbols, metaphors, stories, and rituals -- especially those involving group participation.

Discussion

In 2003, I gave a seminar at the University of Sochi in southwestern Russia during their annual "psychology week." On the final day of the program, a local folk healer presented a series of impressive demonstrations of self-regulation feats. For his final demonstration, he

brought a wooden trough to the stage, one that measured about 10 feet long by 3 feet wide. He filled the trough with the contents of a large burlap bag, specifically, large pieces of broken glass bottles. After taking off his shoes and sox, he paused for a short period of time, then proceeded to walk on the glass, pausing now and then to jump up and down on the bottle's jagged edges. When he reached the end of the trough, he lifted up his feet to demonstrate the absence of cuts or abrasions.

The folk healer told the audience that any of them could do the same thing if they first gazed into his eyes, allowing him to transmit enough "biological energy" so that they could withstand the rigors of the task. The only volunteer was one of the university's star athletes. He removed his shoes and sox, slowly slouched toward the trough of glass, and stared into the healer's eyes. Abruptly, the athlete decided not to take the first step, picked up his shoes and sox, and left the stage. The healer asked for other volunteers but nobody accepted his invitation. Suddenly, a student shouted, "Dr. Krippner, can you do it?" I replied, "Of course!"

I walked up on to the stage, removed my shoes and sox, and looked into the healer's eyes. I put one foot firmly upon the glass, then the other foot, and began to walk. Halfway through, I jumped up and down on the glass, just as the healer had done. The applause was immediate and, out of courtesy, I thanked the folk healer for his many interesting demonstrations and suggested that he write about his abilities. However, I suspected that the purported "biological energy" was a metaphor for "self-confidence." I had observed that the broken glass consisted of shattered beer bottles that I knew consisted of thick glass that was not razor-sharp. I also assumed that the same glass had been used numerous times; hence, the burlap bag would not contain small splinters of sharp glass. In any event, a dozen students lined up to volunteer, looked into the healer's eyes, proceeded to walk barefoot on the glass, and emerged without so much as a scratch.

The most common explanation of their success by on-lookers was that they had been "hypnotized," but I took a less complex view of the phenomena. What seemed to be a mysterious rite of passage involving hypnosis and "biological energy" was explainable by a simple knowledge of the composition of basic materials, in this case glass and its qualities.

"Hypnosis" is a noun while "hypnotic-like" is an adjective, hence the use of the former term lends itself to abuse more easily than utilization of the latter term. This distinction is important when one reads such accounts as that by Torrey (1986) who surveyed indigenous psychotherapists, concluding -- on the basis of anecdotal reports -- that "many of them are effective psychotherapists and produce therapeutic change in their clients" (p. 205). Torrey observed that when the

effectiveness of psychotherapy paraprofessionals has been studied, professionals have not always been found to demonstrate superior therapeutic skills. The sources of the effectiveness of both groups are the four basic components of psychotherapy -- a shared worldview, impressive personal qualities of the healer, positive client expectations, and a process that enhances the client's learning and mastery (p. 207). I would suggest that an adjective such as "psychotherapist-like" would be a more accurate term than Torrey's use of the noun "psychotherapist" in describing native practitioners. I am quite comfortable with Strupp's (1972) description: "The modern psychotherapist...relies to a large extent on the same psychological mechanisms used by the faith healer, shaman, physician, priest, and others, and the results, as reflected by the evidence of therapeutic outcomes, appear to be substantially similar" (p. 277).

Especially valuable are qualitative analyses of the experiences of both practitioners and their clients. I (Krippner, 1990) have used questionnaires to study perceived long-term effects following visits to Filipino and Brazilian folk healers, finding such variables as "willingness to change one's behavior" to significantly correlate with reported beneficial modifications in health. Cooperstein (1992) interviewed 10 prominent alternative healers in the United States, finding that their procedures involved the self-regulation of their "attention, physiology, and cognition, thus inducing altered awareness and reorganizing the healer's construction of cultural and personal realities" (p. 99). Cooperstein concluded that the concept that most closely represented his data was "the shamanic capacity to transcend the personal self, to enter into multiform identifications, to access and synthesize alternative perspectives and realities, and to find solutions and acquire extraordinary abilities used to aid the community" (p. 121). Indeed, the shaman's role and that of the alternative healer are both socially constructed, as are their operating procedures and their patients' predispositions to respond to the treatment. It is not only important to study the effects of the hypnotic-like procedures found in native healing, but to accurately describe them, and understand them within their own framework.

The professionalization of shamanic and other traditional healers demonstrates their similarity to practitioners of Western medicine (Feinstein & Krippner, 1997). Nevertheless, the differences can not be ignored. Rogers (1982) has contrasted the Western and native models of healing, noting that in Western medicine, "Healing procedures are usually private, often secretive. Social reinforcement is rare....The cause and treatment of illness are usually regarded as secular....Treatment may extend over a period of months or years." In native healing, however, "Healing procedures are often public: many relatives and friends may attend the rite. Social reinforcement is normally an important element. The

shaman speaks for the spirits or the spirits speak through him [or her]. Symbolism and symbolic manipulation are vital elements. Healing is of limited duration, often lasting but a few hours, rarely more than a few days" (p. 169).

Rogers (1982) has also presented three basic principles that underlie the native approach to healing: The essence of power is such that it can be controlled through incantations, formulas, and rituals; the universe is controlled by a mysterious power that can be directed through the meticulous avoidance of certain acts and through the zealous observance of strict obligations toward persons, places, and objects; the affairs of humankind are influenced by spirits, ghosts, and other entities whose actions, nonetheless, can be influenced to some degree by human effort (p. 43). This worldview -- which fosters the efficacy of hypnotic-like procedures -- varies from locale to locale but is remarkably consistent across indigenous cultures. The ceremonial activities produce shifts of attention for both the healer and the client. The culture's rules and regulations produce a structure in which the clients' motivation can operate to empower them and stimulate their self-healing aptitudes.

Western practitioners of hypnosis utilize the same human capacities that have been used by native practitioners in their hypnotic-like procedures. These include the capacity for imaginative suggestibility, the ability to shift attentional style, the potential for intention and motivation, and the capability for self-healing made possible by neurotransmitters, internal repair systems, and other components of mind/body interaction. These capacities often are evoked in ways that resemble Ericksonian hypnosis (Erickson, Rossi, & Rossi, 1976) because of their emphasis on narrative accounts. Hypnosis and hypnotic-like activities are complex and interactive, and hence take different forms in different cultures. Yet, as with other forms of therapy, "the mask...crafted by the group's culture will also fit a majority of its members" (Kakar, 1982, p. 278).

It is becoming increasingly apparent to cross-cultural psychologists that the human psyche cannot be extricated from the historically variable and diverse "intentional worlds" in which it plays a co-constituting part. Supposedly, writing makes reality accessible by representing consensual reality, but far too often it becomes a substitute for the reality it purports to represent (Krippner, 1994). Therefore, I am dismayed when I see Western terms haphazardly applied to indigenous practices; for example, amok in Indonesia has been called "a trance-like state" and latah "a condition akin to hysteria" (Suryani & Jensen, 1993). By investigating ways in which different societies have constructed diagnostic categories and remedial procedures, therapists and physicians can explore novel and vital changes in their own procedures -- hypnotic and otherwise -- that have become

obdurate and rigid. Western medicine and psychotherapy have their roots in traditional practices, and need to explore avenues of potential cooperation with native practitioners of those healing methods that may still contain wise insights and practical applications.

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