

Ancient and Indigenous Roots of Psychoanalysis:

A Psycho-Anthropological-Shamanic Treatise

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In the cave of the *Trois Frères* in southwestern France, there is a painting of a shamanic healer that dates back to approximately 13,000 B.C. (about 15,000 years before Sigmund Freud and Josef Breuer published their 1895 *Studies in Hysteria*). As psychoanalysts, we are accustomed to dating our legacy back to Freud, or to the important psychoanalysts who followed in the ensuing century. But this may be a bit short-sighted since we hold much in common with our prehistoric forbears, medicine men and women, and subscribe to theories and methods that are consistent with ancient wisdom. Rather than a relatively recent arrival on the healing scene, psychoanalysis may have roots that stretch back tens of thousand years or more.

In 1939 Freud's ashes were placed in an urn at Golders Green Crematorium in London. Around 12,000 years earlier, at a burial site in Israel, an elderly woman, thought to be a shaman, had been laid to rest on her side, her legs folded at the knee with ten large stones placed on her body (Grosman, Munro & Belfer-Cohen, p. 105). The grave was located in a cave in Galilee and contained 50 tortoise shells, a human foot, body parts from animals such as a cow tails, eagle wings and parts from a boar,

leopard, and two martens. These animal parts indicated that the woman was seen as being in a close relationship with the animal spirits (Grossman et al., 2008, p. 105).

Upon first glance, indigenous healers and psychoanalysts may seem as far apart as the 12,000-year interval between the two graves I just mentioned. **However, psychoanalysts and indigenous healers share the very important common belief that forces beyond our control and phenomena that are not generally observed, or observable, in our ordinary daily awareness affect our health.** These forces have been identified by a variety of names depending upon the metaphor that one employs: factors in our unconscious minds, the Tao, transpersonal fields, the effects of our core energies, the life force, our chakras, God's will, grace, Buddha-nature, the interconnectedness-of-all-things, synchronicity, the collective unconscious, fate, the remnants of past lives, or, as healers in indigenous cultures view it, the spirit world. Whatever label is put on these unseen phenomena, most practitioners of a healing art acknowledge that matters of sickness and healing always involve more than meets the eye.

A key contribution of indigenous medical thinking is the conviction that not only is the etiology of a patient's illness caused by happenings in non-ordinary reality but that, in order to cure the patient, the practitioner must gain access to that dimension of reality to help free the patient of the adverse effects resulting from happenings therein.

This treatment philosophy may sound familiar to us as psychoanalysts since psychoanalysts also hold that emotional and relationship health is indeed mediated in another dimension: the non-ordinary reality of the unconscious mind with its psychodynamics. This extremely important similarity with indigenous medicine is often missed in our profession, since the commonality tends to be overshadowed by the metaphors that are used by traditional shamans – these metaphors distract us from noticing the shamanic roots of our work.

Roots of Illness in Another Dimension

Indigenous medicine and psychoanalysis share the key perspective that, in order to obtain a cure for certain maladies, something within non-ordinary reality (a realm of experience inaccessible in daily life) be adjusted. Since non-ordinary reality is not readily available for direct observation and medical manipulation, such elements must be understood through metaphor. And, in each of these metaphors for non-ordinary reality, there are theories about how things operate and systems of rules for this other dimension.

In the Pima culture of Northern Mexico, for instance, trespassing against the “way” (or rules) of a powerful object in the spirit world will lead the lingering “strengths” of that object to cause problems within the patient (Bahr, Gregorio, Lopez, & Alvarez, 1974, p. 21). The object is usually an animal spirit, and each class of animal spirit has rules. For instance, according to Donald Bahr, Juan Gregorio, David Lopez, and Albert Alvarez (1974), violating the “jackrabbit way” might make a patient suffer impulsive and out-of-control behavior while violating the “owl way” might make the patient become lethargic (p. 28). Such afflictions, with roots in non-ordinary reality, cannot be reversed without taking the world of spirits and strengths into account.

Likewise, in the culture of psychoanalytic psychotherapy, afflictions that have their roots in the “unconscious mind”—cannot be understood or remedied without taking into account the theories or rules of that realm. In our metaphor, powerful objects and forces in the unconscious realm come about by introjecting or moving certain reactions and energies into this non-ordinary realm. Once relocated, introjected objects create an internal parallel universe in that typically invisible realm—which, if you step outside of the psychoanalytic worldview for a moment and think about what our theories portend, is a rather mystical sounding process.

Of course we have our own rationales for the development of the non-ordinary world of the unconscious mind, such as our motive for introjection that is based, according to Otto Weininger (1992) on the fantasy that: “If I have it inside me, I can control it effectively, it will not be on the outside where it can threaten me and destroy

me” (p. 27). It is a false fantasy, however, because these powerful internalized objects could, when trespassed against, cause toxic effects in the unconscious, thereby sickening the patient with emotional illness—and even cause such extreme effects as suicide.

In both metaphors, the shamanic and the psychoanalytic, it is thought that the patient’s transgression or the patient’s parents’ transgression (albeit usually unwitting and accidental in either case) have effects in non-ordinary reality that lead to the patient’s illness. In both the explanatory stories told by shamans and in the case of historical stories told by psychoanalysts, the interactions responsible for the current symptoms are thought to have occurred long before the patient developed the illness. Among the Pima, such interactions took place, “so long before that the patient has forgotten what he [or she] did and, therefore, he [or she] required the services of a shaman to diagnose the sickness” (Bahr et al., 1974, p. 21). Bahr et al. also point out that, in the shaman’s system of medicine, “Sickness comes from failure to follow the commandments of the way: failure to be careful, to remember, to believe, or to defer to things” (pg. 42).

According to Mariko Walter and Jane Neumann-Fridman (2004), shamans of the Numic culture (including the Native American Shoshone, Comanche and Ute tribes) are called in when an unremembered dream is thought to be causing an illness in the patient:

In the curing ceremony, the shaman discovers the dream and the person who dreamed it. The dreamer must confess the dream and relate its content publicly. Not until the dreamer confesses the content of the dream to the shaman can a cure be made (p. 293).

Sharing the indigenous medical idea, psychoanalysts also believe that the etiology of an illness often occurred so far in the past that the patient has forgotten, potentially in the patient’s formative childhood years – and that the etiology may reveal

itself to people through their access to the unconscious realm in dreams. So, we can note that both in psychoanalytic psychology and in indigenous medicine, dreams are a “royal road” (Freud, 1980, p. 647) to non-ordinary knowledge. In the indigenous medicine practiced in Borneo, “Dreams are believed to be what the soul sees when it travels outside the body during sleep. Dreams are the only way in which normal people [as opposed to shamans]... have contact with the spirit world” (Bernstein, 1977, p. 59).

In the Piman system of diagnosis, taboo events such as having stepped on a bear track, may have brought about symptoms. In this case, symptoms are thought to be due to the infiltrating and lingering punitiveness of the *bear strength*. In psychoanalysis, violating the tacit rules of one’s family of origin, and the introjects that are reflective thereof, that operate in the unconscious realm, can lead to similar infiltration and lingering punitive symptoms.

For example, I have a patient who was raised to have a very undignified existence. Most of her family members live victimized and self-destructive lives, including drug and alcohol abuse, brushes with the law and promiscuity. Whenever this patient violates that family legacy (e.g., chooses not to get drunk and refuses to have a one night stand with a stranger) she feels the compelling urge to, and often carries out, self-mutilating behavior such as cutting her legs with a razor knife. In other words, it could be said that these symptoms came from a violation of the family “way” and the punishment for this trespass is the family “strength” in her body or mind that makes her cut herself.

In the case of the emotional suffering of babies and young children, shamans and psychoanalysts both agree that the patient is innocent of committing any violation, but suffers nonetheless. Another similarity between the two metaphors of etiology, is that there is often, a separation in time between the causative factors and the appearance of symptoms. For instance, if the patient has a symptom picture known to the Pima as “whirlwind sickness,” the shaman assumes that as a child, the patient ran inside of a whirlwind and the consequences of that trespass took several years to “reach” and sicken the victim (Bahr et al., 1974, p. 74). Likewise in psychology

traumatizing events in childhood (being caught in a different kind of whirlwind, an emotional one, so to speak) may take years to “reach” and sicken the patient. And just as in the uncovering work of psychoanalysis, in shamanic healing work the wrongful past transgressions of a parent are sometimes only discovered through the analysis of the symptoms and history of the child (Bahr et al., 1974, p.76).

Shamanic Trances and Ogden’s Reverie

Shamans may access non-ordinary reality through the use of plant-based mind-altering substances and/or through a spiritual practice that allows them to enter into a trance-like state of consciousness. In the shamanic metaphor, the altered consciousness allows the healer to journey into the “spirit world” associated with the patient; wherein the contents affect the patient’s inner balance and health. Having experientially “walked in the patient’s shoes,” and even having transacted with non-ordinary reality entities and spirits affecting the patient, the shaman returns to ordinary reality with important knowledge. As psychoanalysts we glean similar experiential knowledge when our countertransferences transact with the patient’s transferences and introjects -- all of which originate in the non-ordinary reality we call “the unconscious mind.”

According to Barbara Tedlock (2005), Essie Parish (a California Kashaya Pomo indigenous healer) describes her experience of the shamanic trance as follows:

“While the disease is coming to me, I’m in a trance. It speaks to me firmly saying, ‘This is the way it is. It is such and such kind of disease. This is why the person is sick.’ But when I come out of the trance I no longer remember what the disease told me” (p. 19).

In indigenous cultures, such trances are not considered autistic or out of touch with the person who is ill, but are viewed as a method that allows the shaman to immerse himself or herself more deeply into an understanding the patient's illness.

When a psychotherapist engages in a close empathic connection with a patient to the point of exchanging his or her own reality for the patient's unconscious-realm reality, a similar curative element is added to the treatment. This is not an uncommon occurrence in forms of psychoanalysis wherein the therapist is trained to cultivate the ability to become open to experiencing a many-textured countertransference and therapeutic relation in order to experience a better empathic "grasp" (Kohut, 1984, p. 210).

According to Indian psychoanalyst Sudhir Kakar (2003), "Empathy, and the meditative state that underlies it, may well be the sluice through which the spiritual enters the consulting room and where it flows together with the art and science of psychoanalysis in the practice of psychotherapy" (p. 674). In our psychoanalytic shaman's shift, rather than subscribing to mind altering drugs, we employ free-floating attention, or what Thomas Ogden (1997) describes as a "reverie" within the analyst's mind during the session---a process that could be viewed as a form of healing trance (p. 719-732).

It is particularly hard to deny the similarity between our work and that of indigenous medicine when noting a shamanic technique among the Navajo medicine men and women called "listening." According to Walter and Neumann-Fridman (2004), such listening has similarities to the kind of open attention many of us practice during our psychoanalytic work and was carried out:

...in a similar way to stargazing. The listener would bless his ears and those of his patient with powder made from dried badger eardrums: he would then go outside away from the patient and chant and the listen for telltale sounds in the environment. Based upon the pattern of what he heard (lightning, a rattlesnake, a coyote howling, whatever it might be), he would render a diagnosis (p. 322).

Becoming the Patient: A Common Thread

Michael Harner (1990) describes an indigenous healing ritual that is striking in its similarity with the experience we have as psychotherapists when understanding our patients through our empathy and compassion for their history and suffering. In the “becoming the patient” technique used by Coast Salish shamans of British Columbia, the shaman takes upon himself the harmful effects of the spirit world that are making the patient ill (p. 132). The shaman interviews the afflicted person to learn about the experience of the patient and about what it is like to be the patient. This interview process is similar to the process of interview in psychoanalytic psychotherapy except that it lasts only a few days while the psychoanalytic version takes more time.

When the Salish shaman knows enough about the patient that he or she feels capable of identifying with the inner experience of the patient they both go to the wilderness to perform the ritual. During this ritual the shaman and the patient slowly exchange clothes, and with each article of clothing borrowed and put on, the shaman contemplates taking upon himself more of the patient’s hurts and symptoms. Then the patient and shaman perform a dance in which the patient moves and the shaman imitates each movement and gesture of the patient. At first the movements are just empty imitation but eventually, the shaman feels his consciousness changing and would feel “waves of sickness, or pain, passing over him” (Harner, 1990, p. 133)

Like the shaman, the psychotherapist who is open to non-ordinary elements welcomes, even cultivates, the transfer of psychological toxins such as despair, helplessness, aggression and self-punitiveness. If the therapist has discovered what it may be like to be the patient through touching the non-ordinary realm of the unconscious, a small trace of that knowledge inhabiting the tone of voice or infusing the

supportive words being spoken reinforces that the patient is being understood and makes intervention more meaningful. As I've stated in a recent paper:

Without the analyst's sustained ability to experience the resonant empathic connection as the ground from which the hope is expressed, and to calmly abide the concomitant tension, there is more risk of the empathic breach about which Kohut warned us (Silverberg, 2011).

Shamanism Without Drama

Psychoanalysts and psychotherapists need not carry a rattle, beat a drum, chant, lay hands upon, lie down on the floor beside the patient, take mind-altering botanical formulae, or enter into a trance in order to access a patient's unconscious realm and affect elements therein for the sake of helping that person. These are the rituals of indigenous healers and although they bring the shaman into the limelight, such drama is not the only way to have access to the patient's deeper world. In our work with non-ordinary reality as psychoanalysts, our lack of these overt displays does not vitiate the fact that we may be accessing a hidden dimension in our work. In our version of the healing rituals, we are more subtle in our empathic pyrotechnics than our shamanic forebears, who might, for instance, enhance the impact of the encounter by rubbing an egg over the patient to absorb all the toxins and then throwing that egg at the door of one of the patient's enemies..

But, despite the reputation of shamans for chants and rituals, drama was not always a required element of healing. According to Walter and Neumann-Fridman (2004), in some indigenous cultures, shamanic healings were often performed simply through "a conversation between the sick person and the shaman in which the shaman would induce hope of recovery in the patient by referring to similar cases where the ill person became well again or by narrating the happiness in the Otherworld" (p. 301).

As a matter of fact, a smooth and non-jarring accessing of non-ordinary reality of the unconscious and the hidden dimension of the intersubjective without disrupting

normal discourse and without entering a trance state, and in the absence of elaborate rituals, is key to our work. Our psychoanalytic empathic in-touchness via a non-ordinary connection can also be seen as a form of shamanism without the drama of the rituals. Non-ordinary reality can be integrated quietly, and with a smooth interface into psychoanalysis, psychotherapy or other healing procedures. In our work we prove that, extraordinary levels of experience can be accessed without telegraphing to the patient or anyone else who might see the transaction that an extraordinary experience is occurring – although the outcomes of treatment and the profound experiences that occur on the way will give testimony to this fact.

In Conclusion: Sharing the Tradition of Eyes that See in the Dark

According to Tedlock (2005), the Inuit and Innu peoples who reside close to the Arctic Circle refer to shamans as “those with eyes that see in the dark” (p. 25). Clearly the metaphors used by indigenous shamans and those used by psychoanalysts differ, but if one takes an overview that encompasses both, indigenous medicine and psychoanalysis, it is also clear that the two metaphors share common underlying assumptions about what can be seen in the dark.

According to James Grotstein (1981), Wilfred Bion (in poetically confabulating a line from one of Freud’s letters to Lou Andreas Salome with a line from the Nobel prize acceptance speech from the inventor of the CAT scan) stated that analysts need to send “a beam of intense darkness” (p. 507) in order to obscure the distractions of ordinary reality. Sending such a beam allows one to become more receptive to messages from the unconscious world, which in contrast to the darkness, would be illuminated. This idea is not at all dissimilar from the idea expressed in the Inuit expression about a shaman’s eyes.

The two metaphors that have been discussed in this paper (that of shamanic healing and that of psychoanalysis) may ultimately be pointing to the same notion—the concept that health is mediated in a non-ordinary reality. Through conjecturing this

common thread, we can say that the legacy of psychoanalysis extends thousands of years into the past, and could well be a continuation of ancient and indigenous healing practices. Just as the indigenous healers had methods of facilitating a shaman's trance or healing interaction, we have been seeing a shamanic lineage within psychoanalysis without having realized how far back the association goes. By such standards, our lineage of psychoanalytic shamans includes Bion, Ogden, Kohut and Mitchell, to name just a few whose work entailed cultivating a state of being wherein the analyst can more easily access the non-ordinary/unconscious dimension in the service of helping another person. The extraordinary knowledge gleaned from the elusive, and for the most part invisible, non-ordinary reality, whether considered the stuff of the spirit world or of the unconscious and intersubjective word, is never far from us when we are working with "eyes that can see in the dark."

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Farrell Silverberg, PhD, NCPsyA, is a clinical psychologist, a certified psychoanalyst, a member of the Society for Shamanic Practitioners and the first Western student of Taopsychotherapy master Rhee Dong Shik in Seoul, Korea. Silverberg has lectured internationally and has published in journals in the United States and in Asia. He began integrating psychoanalysis, Buddhist-Taoist philosophy and Shamanic thought thirty years ago, and his papers on the combined technique include *Therapeutic Resonance* (1988), *Resonance and Exchange in Contemplative Psychotherapy* (2008), and, recently, *The Tao of Self Psychology: Was Heinz Kohut a Taoist Sage?* (2011). Having served in hospitals and clinics over the years, Silverberg is currently a Supervising and Training psychoanalyst at the Philadelphia School of Psychoanalysis. His 2005 book, entitled *Make the Leap*, distills professional concepts into accessible language, is currently being used as a treatment manual in randomized and controlled design research to prove the efficacy of psychoanalytic psychotherapy.

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