

## **Universal Aspects of Symbolic Healing: A Theoretical Synthesis**

*In this article I propose that symbolic healing has a universal structure in which the healer helps the patient particularize a general cultural mythic world and manipulate healing symbols in it. Problems currently existing in the explanation of symbolic healing are examined. The relationship between Western psychotherapy and magical healing is explained, the function of shamanic ecstasy is discussed, and symbolic healing is explained in terms of a theory of living systems.*

IT IS WIDELY ACCEPTED THAT RELIGIOUS HEALING, SHAMANISM, AND WESTERN psychotherapy invoke similar psychological processes (Opler 1936; Lederer 1959; Frank 1961; Tseng and McDermott 1981). They seem to be versions of the same thing, but what is that thing of which they are all versions? Moerman (1979) has called it "symbolic healing," and that is what it will be called here. Labeling, however, leaves unanswered the question of its universal structure. What is the common structure that can describe and explain the organization of all forms of symbolic healing regardless of the culture in which they occur? The goal of this article is to develop an outline for the universal structure of symbolic healing.

The structure proposed is as follows:

1. The experiences of healers and healed are generalized with culture-specific symbols in cultural myth.
2. A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of the myth.
3. The healer attaches the patient's emotions to transactional symbols particularized from the general myth.
4. The healer manipulates the transactional symbols to help the patient transact his or her own emotions.

Variations in the structure are due to the speed at which therapeutic paradox is resolved and to culturally specific symbol imagery. Additionally, I argue that this structure exists because of the way evolution has organized control in a hierarchy of living systems.

Many systems of healing with obvious symbolic components also apply effective physical and pharmacologic therapies (Uohannes 1980:44). I do not argue that the major therapeutic component of healing is always symbolic, although the symbolic aspect of illness is always present (Press 1982).

I begin by taking a position similar to that taken by Chomsky (1965:1 5--18) on language. If there is a universal structure to symbolic healing, then we can regard it as due to a deep structure. The different cultural forms of symbolic healing can then be regarded as surface structures manifesting the rules set by the deep structure.

Before looking at some of the efforts to describe the universal structure of symbolic healing, I would like to discuss two problems that have made these efforts more difficult: the overenthusiastic use of psychoanalytic theory and the confusion of the healer's therapy with the patient's therapy.

### **Psychoanalytic Theory**

Psychoanalysis is probably the most significant psychotherapy in Western culture. Devereux (1978:68) argues that psychoanalytic theory gives rise to universally valid laws. Is this true? Can psychoanalytic theory explain all symbolic healing? An important distinction must be made between psychoanalytic theory as a theory of human personality and as a structural model of psychotherapy. As a theory of personality it offers acceptable explanations for behavior in a wide range of settings; however, as a model of psychotherapy, it must acknowledge the existence of effective psychotherapies that do not follow traditional psychoanalytic principles.

Can we really accept the idea that a shaman, chanting and singing over a prostrate patient, is analogous to Sigmund Freud sitting back in his chair and musing over a patient recounting her dreams? There is a similarity, but the structure common to both situations, the structure of symbolic healing for which we are searching, must be derived from both the shaman's and Freud's situations. Shamanism **and faith healing** are types of magical healing, a type of symbolic healing that involves the ritual manipulation of superhuman forces. Its contrasts with psychoanalysis are dramatic enough to illustrate that psychoanalysis does not provide a universal model. For example, people healed in revival meetings do not have years of intimate conversation with the preacher. Psychoanalysts do not touch and massage their patients. Psychoanalysts do not go into dramatic trances nor conduct rituals to neutralize sorcery; they do not heal people in crowds simultaneously, and so forth. Many elements of psychoanalysis are also found in other forms of symbolic healing, but psychoanalysis does not offer the universal model of therapy.

### **The Healer's and Patient's Therapies**

In many systems of symbolic healing the healer must first be healed. However, some investigators' confuse the therapy of the healer with the therapy of the patient during a healing session. For example, Nichols and Zax, who regard catharsis as the main mechanism in all magical healing (1977:13-28), write: "The magician serves as a model b- behaving as though he is overcome by fear himself, and in an atmosphere of mystery and ritual, his expression of these feelings may well prove to be contagious" (1977:15). The catharsis in this case is all by the magician. Peters and Price-Williams have noted a similarity between shamanic ecstasy and waking dream therapy (1980:405), an offshoot of psychoanalysis pioneered by Carl Happich and Robert Desoille in the 1930s (Epstein 1978:138). However the waking dreams are the shaman's, not the patient's (Peters and Price-Williams 1980:405=406). Prince (1976:123) correctly notes that dissociation for the healer may lead to a different sort of therapy than dissociation for the patient. When referring to a symbolic healing encounter between a healer and patient, one cannot explain the patient's therapy by explaining that of the healer.

Possibly, the mechanism of therapy for the healer in the past was the same as it is for the patient in the present: however careful analogies have to be drawn. The healer and the patient play distinct and separate roles in practically all known therapeutic encounters. In an effort to find the mechanism of symbolic healing, the experiences of the healer should not be confused with those of the patient.

### **Partial :Models and Explanations**

There have been many efforts to uncover the underlying mechanisms of symbolic healing in other cultures. Prince (1976) has discussed a number of common practices that seem to be amplifications of naturally occurring self-healing mechanisms: dream enactment, mystical states, trance, and shamanic-ecstasy. Western psychotherapy has also developed an understanding of techniques that have a wider applicability. A few of these will be discussed here.

*Suggestion and Related Ideas*

Suggestion is the therapist's influence on the cognition or behavior of the patient. Suggestion is therapeutic because it can relieve anxiety, offer the patient new ways of coping, and change maladaptive to adaptive behavior (Frank 1961:96; Kiev 1964:7-8). Calestro (1977:96-97) refers to "therapeutic suggestibility," which is similar to "persuasibility" and differs from "hypnotic suggestibility," as he defines these terms. The essential element in all suggestive techniques is the healer's ability to develop new patterns of thought and behavior in a patient in a way that the patient would not be able to develop them in a normal environment.

Frank (1961:94) calls this "persuasion," a concept that goes beyond suggestion to imply a preexisting condition of suffering and heightened dependence on the healer. Persuasion also implies that a group friendly to the patient will help the patient to respond to the healing rituals. However, the patient does not always feel dependent, as in the case of vengeance sorcery, which assists an angry patient.

Malinowski's (1948:69-90) theory of the "virtue" of magic is a historically important theory of suggestion. He attributes the suggestive power of magic to the performer's adherence to standard formulae. Thus for Malinowski, magic has the character of a science or technology (1948:86). He states that the primary suggestion made by magic is that faith and hope will succeed when people are overcome by doubt and fear. Thus magic aids culture by supplying "a number of ready-made ritual acts and beliefs, with a definite mental and practical technique which serves to bridge over the dangerous gaps in every important pursuit or critical situation" (1948:90).

*Catharsis*

Girard (1977:287) writes that catharsis is at the base of all religious healing. La Barre (1961:45) sees confession as cathartic therapy among American Indian groups. Yet, in this century began, Freud (1937[1890]) questioned the value of catharsis as a means of effecting permanent therapy. Recently Scheff (1979) reinstated it and presented evidence that Freud was wrong in his belief that insight must always be present for cathartic therapy to be permanent. However, Scheff's concept of catharsis is not derived from the simple "hydraulic" theory that mental illness is caused by the damming up of emotions and can be cured by letting them flow. The hydraulic theory has little to recommend it (Bohart 1980). Catharsis is a name for what may be several different types of emotional transactions (Feshbach 1984:96) and needs much more investigation (Scheff 1979:214-226).

*Social Restructuring*

On close examination, symbolic healers often appear to deal with family and other social problems. Healing may be carried out in a group setting. Among the Inuit, Murphy (1964:80) thinks the social setting contributes to the effectiveness of shamanic therapy. Many illness beliefs in different cultures hold that illness results from a disorder in social relations. For example, the Ainu believe illness is caused by disarticulations in the social network between humans and other beings (Ohnuki-Tierney 1980:1-16), and the Chinese see illness as a result of a social impropriety (Bahr et al. 1974:21). In an intensive study of shamanic healing, Peters (1981:141) notes that the goal of Tamang shamanism is to reintegrate the patient into the family unit.

Turner (1967:392) sees symbolic curing among the Ndembu as an action on the society rather than on the patient. He writes: "The sickness of the patient is mainly a sign that some thing is rotten in the corporate body. The patient will not get better until all the tensions and aggressions in the group's interrelations have been brought to light and exposed to ritual treatment." Munn (1973:595-597) also takes this Durkheimian point of view. Turner and Munn's observations reflect the importance of social relations as a

cause of psychological problems. Restructuring of social relations seems to be one of many patterns in symbolic healing.

#### Psychochemical Actions

Prince (1982a) and others have explored the relationship between symbolic healing and neurochemical endorphins. They have opened up some new ground that requires much further study. Countless other neurochemicals could produce the psychological states created by ritual cures. Broadly speaking, chemical equilibria govern emotional states, and it is possible to explain ritual as the production of stimuli that alter the equilibria.

Because endorphins are potent pain reducers, ritual behavior that releases them would be effective against pain. However pain-reducing endorphins are released during periods of stress and fear, so the question arises of how a healer can treat excessive fear and anxiety by causing further fear and anxiety. Prince's (1982b:416) mock hyperstress theory of psychological curing explains the part of symbolic healing that creates stressful situations so that patients can be healed by consequent euphoria. However, the symbolic analogs with which ritual healing plays are far more varied than this, and Prince (1982b:422) notes. "It should be emphasized that these suggestions have to do with biological aspects of shamanistic trances and are intended to supplement rather than replace other highly significant psychological and cultural dimensions in their interpretation." Although introducing a much needed relation with neurobiology, the endorphin approach does not explain the effectiveness of all healing rituals. Even if, as it may be in the distant future, it is possible to explain the effectiveness of healing rituals by referring to the chemical substances that the ritual behavior causes to be released, a psychological theory describing the common structure of symbolic healing will still be needed.

### The Mythic World

We assume that there are psychological processes in which symbols affect the "mind," which in turn affects the body. This is the rough manner in which symbolic healing works. Various terms are used to discuss the processes in each culture. In Western culture we have terms such as "ego," "libido," "soul," "love," "sin," "defense," "release," and "salvation." Because these terms label constructs that describe psychological processes whose physical and even behavioral manifestations are unclear, they have often been disregarded by science. We can call such constructs experiential, not empirical, since they are based on how the mind, including both affective and cognitive functions, responds to experience.

Every system of symbolic healing is based on a model of experiential reality that can be called its mythic world. I use the word "mythic" to imply that there are cultural experiential truths contained in this model. That myth is experientially true has been eloquently stated by Lambo (1982:168) as follows: "But to the African, the religious-magical system is a great poem, allegorical of human experience, wise in its portrayal of the world and its creatures. There is more method, more reason, in such madness than in the sanity of most people today." These truths may be more salient than scientific truths because they represent solutions to personal human problems. The place of myth in symbolic healing was recognized by Levi-Strauss (1961:194), who saw how it appeared in psychoanalysis as well as in shamanism. The ideas of "clinical reality" and "explanatory model" (Kleinman 1980:42) also describe the mythical basis of symbolic healing.

Curing is often based on restructuring a disorder modeled in a mythic world (Munn 1973:595-597). For example, the Burmese use different combinations of propitiation, magic, and exorcism depending on how a shaman has modeled the cause of an illness (Spiro 1967: 151-156). Whereas the function of mythic worlds can be the same, their forms can be different. For instance, the persistent crying of children is dealt with as a problem with ghosts in Burma (Spiro 1967:152) and as a problem with night witches in

Mesoamerica (Dow 1975:37; Galinier 1979:433). The connection between spirit beliefs in one culture and psychological constructs in another is not always easy to see (Calestro 1972:83). Couched in ideas about supernatural beings and forces, the myths of most religions are difficult to recognize as psychological knowledge. Western psychiatrists sometimes believe that psychiatric techniques should be validated by scientific methods, and they ignore other ethnopsychiatric systems that do not use scientific methods. For example, Devereux (1961:198-504) discusses whether to admit Mohave folk psychiatry as "real" psychiatry.

Psychologists, however, have already identified the mythic foundations of Western psychotherapy (Ehrenwald 1966; Calestro 1972:97). Calestro (1972:97) describes the Western therapist's myth as follows.

The therapist's beliefs regarding his efficacy as a curing agent generally derive from his training in and adoption of a particular school of psychotherapy. He is taught to believe that emotional distress or behavioral anomalies develop as a function of certain systematic and scientific principles. He is also taught that similar principles can be used in correcting psychological abnormalities. These beliefs, which are consistent with his assumptive world, make up the substance of his personal myth.

He goes on to point out how the patient responds to the therapist's myth. Ehrenwald calls this the existential shift. As the patient believes in the therapist's power to help, he is able to change and find new opportunities for adaptation.

In general, in curing there can be a parallel between events in a mythic world and the somatic condition of a patient. For example, Levi-Strauss (1967:181) describes a Cuna curing myth, recorded and analyzed by Holmer and Wassen, in which there is such a parallel. Used by a shaman to deal with difficult childbirth, the myth describes the adventures of some heroic characters on a difficult journey and return. There is an analog between the places described in the myth and the real birth canal of the patient. The myth is chanted and has a repetitive introduction and seems to be a hypnotic treatment of a woman in difficult labor.

The first requirement for symbolic healing is that the culture establish a general model of the mythic world believed in by healers and potential patients. In the curing process the healer particularizes part of the general cultural mythic world for the patient and interprets the patient's problem in terms of disorders in this particularized segment. In particularizing the cultural mythic world, the healer forms transactional symbols to which the patient attaches emotions. Some descriptions of psychological healing suggest that people are sometimes able to particularize myths, form the transactional symbols, and heal themselves (Foulks and Schwartz 1982:260).

Being empirically correct, Western psychotherapy places the particularized mythic world in its proper scientific place, in the mind of the patient. Thus, the Western psychotherapist usually asks the patient to dramatize and project his or her own mythic world. However, in most magical healing, it is the healer who dramatizes and projects the particularized mythic world. The patient remains passive. Some modern forms of psychotherapy now allow the therapist more dramatic license. However, the magical healer is the healer who most actively projects the mythic world.

In traditional Freudian psychoanalysis, transactional symbols are developed by the analyst from the content of the mythic world constructed by the patient. On the other hand, in magical healing, the curer creates the mythic world and transactional symbols, often through trances or dreams. Among Mesoamerican shamans a common method is to dream about the patient (Signorini 1982:316). In psychoanalysis, the healer subtly guides the patient in transacting, a solution to the patient's problem, but tries, usually in vain, not to participate actively in directing it. The analyst empirically relates the mythic world constructed by the patient to a "reality," made up of the history of the patient's "real" personal relationships. The analyst makes the mythic world more controllable by making it more "regal" to the patient. On the other hand, the magical healer makes the

mythic world more real and controllable by dramatizing it for the patient with words and actions. Western psychotherapy and magical healing differ in their ontological relationship to the mythic world. The successes of magical healing amply show that the empirical attitude of medical science is not necessary for symbolic healing to work, however necessary the foundation may be for scientific advances in treatment.

The creation and maintenance of general mythic worlds by the culture is an important part of symbolic healing. One means of doing this is by dramatizing the experiences of healers. Healers often create myths. A great healer may become a supernatural figure after death. The mumblings of a shaman in trance may be translated into a dramatic story for the audience (Balzer 1983:58). Such dramatizations make the particular experiences of one person part of a larger cultural mythic world of many people. Wallace (1966:126-138) notes that there are myth-generating rituals in many cultures. Where do the myths for Western psychotherapy come from? Aside from those schools that draw them from Eastern religions, by and large they come from scholastic traditions, as Ehrenwald notes (1966).

All systems of symbolic healing refer to a culturally established mythic world. The systems differ in where they place it. Some may place it in a supernatural realm. Others may see it as part of everyday reality or as scientific knowledge. The cultural mythic world contains knowledge that is experientially, but not necessarily empirically, true. The healer and the patient create a particularized segment of the cultural mythic world for use in a particular case of symbolic healing.

### **The Therapeutic Relationship**

The particularization of the mythic world usually occurs in the context of a therapeutic encounter between a healer and a patient. In the encounter the healer gets the patient to accept a particularization of the general mythic world as a valid model of the patient's experiences.

Jay Haley (1963) notes that paradox is one of the most important devices used by psychotherapists in getting patients to accept a particularized mythic world. As Haley sees it, the healer's goal is to establish a "complementary" (1963:27) relationship with the patient that the healer can define. Trance, magical flight, ecstasy, and other therapeutic preludes are the means by which magical healers establish complementary relationships with their patients. In the complementary relationship, the patient accepts the healer's definition of the patient's relationship to the mythic world. Trickery is inherently paradoxical. When the healer does the "impossible" or the improbable, the patient is faced with a choice of withdrawing or accepting the healer's power to define the patient's relationship to a particular mythic world. The following examples of shamanic paradox from the Inuit of St. Lawrence Island illustrate its use.

One shaman, described as "very aliginale" by Eskimo informants, was reputed to wrap a walrus skin rope around his neck and to direct two men standing on either side of him to pull it as hard as possible until it cut off his head. He would then wrap the head in a raincoat and have someone carry it down to the edge of the ice and throw it into the sea. When their errand was accomplished and the group reassembled, they would find that his head was fastened on again. A certain shamaness was said to gnaw her hands until they were bleeding and then, with her tongue, to lick them back in wholeness. Another reported trick was for a shaman to crush a stone between his hands, grinding it away until there was only a pile of sand at his feet, and then to pick up the sand and reform it into a stone. One shaman could make the parka of his patient rise from the ground and stand up with nobody in it and nothing for support. (Murphy 1964:60)

In Western psychotherapy the paradoxes are not as obvious. Although some Western psychotherapists believe that the patient should receive insight without suggestion from the healer, the paradoxes of therapy insinuate themselves. What often happens, as Haley (1963:181; describes it, is

The psychotherapist sets up a benevolent framework defined as one where the change is

to take place. (b) lie permits or encourages the patient to continue with unchanged behavior, and c) lie provides an ordeal which will continue as long as the patient continues with unchanged behavior.

This clearly poses a paradox for the patient. In magical healing paradoxes are often only preludes but in Western psychotherapy they can be enduring ordeals.

Another way of looking at this is that symbolic healing techniques differ in the speed at which they resolve their therapeutic paradoxes. Some types of faith healing require a rapid resolution of paradox and a rapid acceptance of a particularized mythic world. At the other extreme, Western psychoanalytic psychotherapy can involve long benevolent contact with the healer and a gradual acceptance of a mythic world. In general, shamanic healing lies between faith healing and Western psychotherapy in the speed of resolution of its therapeutic paradoxes.

**The Hierarchy of Systems**

The next step in symbolic healing, manipulating the symbols in a particularized mythic world, involves what Talcott Parsons (1963) calls generalized media of social interaction. These media are communication devices between different levels of a hierarchy of living systems (Parsons 196-1) that must be described first.

Society and the personality can be seen as part of a hierarchy of adaptive living systems, beginning with the molecules of life at the lowest level and then extending upward to the somatic systems of the body, the self system, the social system, and the ecosystem. Complete systems operate at each level, taking some of their control parameters from other systems above them. This control makes the entire hierarchy more adaptive and has evolved by natural selection, a response of the molecular system to energy flows in the ecosystem over long periods of time. The model hierarchy is shown in Table 1.

Spradlin and Porterfield (1979) use a somewhat similar integrated systems model in developing a method of psychotherapy. They see a web of increasing complexity as one includes more and more of the cells that make up living organisms. In their model, the nervous system concentrates information flows and has a controlling function in the human organism. The nervous system is organized by a subsystem they call the "self."

Lumsden and Wilson's sociobiological model of behavior (1981:238-244) also postulates almost the same hierarchy of systems. In their gene-culture coevolutionary theory they are concerned mainly with the origin of the hierarchy, the genes, and with the ontogenesis of the higher systems as they develop from the original gene codes. They isolate molecular, cellular, organismic, and, populational levels (1981:250), in which they see upward links in ontogenetic rather than in communicational terms. Lumsden and Wilson propose that the main regulating signal is the feedback of natural selection from the ecological level to the molecular level; however many other forms of adaptive communication between other systems in the hierarchy can be found.

Table 1  
The hierarchy of living systems.

Environment	System	Units
Natural Environment	Ecological	Populations
Social Environment	Social	Units Individuals
Individuals Environment	Self	Somatic systems
Body	Somatic	Cells, etc.
Cells	Molecular	Molecules (genes)

The systems hierarchy proposed in Table 1 can explain how symbolic actions affect psychological and physiological processes in an individual. In general, a system of interacting components may be self-regulating with several stable equilibria. Take for example systems involving a thermostat, or human blood pressure. External parameters affecting the equilibria may be imposed on the first system by another system controlling it. For example, humans may alter the setting of the thermostat or bodily threats may alter blood pressure. It is possible to affect processes in the self and unconscious-somatic systems through the manipulation of symbolic parameters at the social level. For such processes to work there must be codes in which messages can be sent (Parsons 1964:114). *The mythic world contains the symbols that couple the social system to the self system of the patient.*

In the proposed model, the neural processes that result in consciousness and selfawareness have been assigned to a self system, following Spradlin and Porterfield (1979), rather than to a "personality system," following Parsons (1964). The Freudian tradition has assigned both conscious and unconscious thought to the personality. The self system is better integrated than the personality and processes symbolic communication in a far more clear and understandable fashion. The self system is something more than biological. There seems to be no reason to separate at this point unconscious thought processing from the somatic system, the system of biological interactions in the body.

Moerman's (1983) observation that medical therapy treats both the physical predicates of persons (specific therapy) and the mental predicates of persons (general therapy) is a clear recognition that medicine in most cultures acts on the self system as well as on the somatic system. He notes that one of the reasons that biomedicine is unable to explain the undeniable positive results of placebo treatment is that it has slipped into an ethnometaphysics of Cartesian dualism (1983:162) in which the body (somatic system) is uncoupled from the mind (self system). The control hierarchy of the living systems model explains the connection between the self and somatic systems.

It is also important to separate the notion of cognition from communication. Cognition as seen by Plutchik (1977) takes place unconsciously. Thus the interpretation of symbols can be mediated by the somatic system before they are processed in the self system. This limitation on communication to the self system seems to have adaptive advantages. In one sense, gene evolution is only making a tentative experiment with human consciousness. It still holds onto the power to change conscious symbol processing by coloring those symbols in the unconscious before they are perceived by the self system. The adaptive wisdom of millions of years of evolution coded in neurons allows a wide variety of memory-related and instinctual processing to occur before a symbol resulting from an event in the social system is transacted by the self system.

According to Parsons (1963), symbolic control is facilitated by symbolic media that are generalized to signify value in a variety of contexts. Money is a prime example of a generalized medium, for money symbolizes the value people place on objects they wish to exchange. In anthropology, Munn (1973) has applied the concept of generalized symbolic media to ritual symbols and Turner (1968), to gift exchange. In the context of healing, symbols are often particularized from generalized symbolic media in the general cultural mythic world to serve as the communication links between the social and the self systems. Jesus is a generalized symbol particularized by many faith healers. Sacred ideas, beings and objects of a cultural mythic world are usually generalized symbolic media. I call the symbols particularized from generalized symbolic media for use in symbolic heal- transactional symbols.

The ways in which transactional symbols are particularized from general myth are numerous. Yoruba people who become sick are advised by diviners to put themselves in ritual contact with any of several supernatural agents (witches, doubles, ancestors, or Orisas) (Prince 1964). Christian faith healers encourage sufferers to let Jesus, a mythological being and a generalized symbol, enter their lives as a living presence. The Sharanahua shamans mix the dreams of the patient with their own traditional visions to create symbols used in healing (Siskind 1973). -any diagnosis of illness in terms of general myth

begins a particularization process. Otomi shamans I studied (Dow 1982, 1984, 1986) cut magical paper figures that represent the life force of different beings. The belief in life force is the cultural myth, and the figures particularize the myth for each individual case. Manipulation of the figures by the shaman, sometimes in creative ways, suggests the changes. Likewise a biblical passage might be interpreted as relevant to a personal problem of a parishioner who will be counseled to respond to the biblical injunctions. Based on the myth that medicines are effective, a doctor might give a patient a placebo. The Ndembu myth that circumcision protection "medicine" has the power to control leprosy may be particularized for a woman with leprosy by collecting substances that exhibit sympathetic associations with boys' circumcision, burning them, and making a paste that is rubbed into incisions on the patient (Turner 1967:308-309). In Western society, a gestalt therapist might form an understanding of a patient based on a body of theory and experience, and choose a way of intervening (Fagan 1970:88-91).

Communication occurs between all systems. *Emotions are the generalized media that link the self and the somatic systems.* For example, pain can be the body's way of telling the conscious self that something is wrong at a biological level; however, in the case of shame, anxiety, or Guilt, the thing that is wrong cannot yet be specified in a physiological sense. Like other generalized symbolic media, emotions have an integrative control function. They summarize complex processes at a lower level in a single message to a higher level. Emotion can be transacted by the individual internally to gain value, as money and religious symbols can be transacted between individuals in the social system. Parsons (1964:116) felt that pleasure was the most significant generalized medium in the self system; so did Freud (1938:830), who saw the origins of compulsion neuroses in the unsuccessful self-transactions of pleasure.'

The degree to which emotion is a product of culture is argued by social scientists. Following Geertz (1980) and others, Levy (1983:129) is at a culturalistic extreme, where passions are regarded as locally shaped by culture. Kleinman (1980), on the other hand, regards emotions as biologically based but cognized in a cultural system of meanings. Since the time of William James there has also been a school of thought that has interpreted emotions as physiological states (Candland 1977). The question of whether emotions are cultural or biological needs much rethinking.

Generalized symbolic media are communication devices that allow processes at a lower level in the control hierarchy to be transacted in a higher-level system. Effective symbolic healing starts with a generalized symbolic medium in the social system particularized in such a way that it is able to affect the transaction of emotion in the self system. Thus, symbolic healing allows unconscious and somatic processes to be controlled by symbolic communication occurring two levels higher in the social system.

The two-level linking process is possibly aided by certain types of altered states of consciousness in which the patient tries to abandon the self-transaction of emotion and allows emotions to be transacted directly by the linked transactional symbols. Obviously the social setting for such altered states is critical, for it is there that the linking with the transactional symbols in the social system is set up. Self-transaction of emotion can be described as ego defense (Plutchik 1980:24; Kellerman 1980), and so abandoning self-lowers defenses.

### **Symbolic Transactions**

If a transactional symbol used in healing is a particular version of a generalized symbolic medium, then it will more likely evoke emotion; as pleasure and pain represent the value (of some personal experience) to the individual, generalized symbolic media represent the value of general cultural experiences. The cultural mythic world contains the symbols that express the emotional value of experience. An attack on cultural myth is therefore an attack on people's therapeutic lifeline to society and is likely to be resisted. A generalized symbolic medium is an excellent starting point for a transactional healing symbol because it already contains the culturally established aspect of value.

Once particularized by the healer, the manipulation of a transactional symbol in a particularized mythic world can suggest a change in the way that the patient evaluates personal experiences. To a culturally uninitiated observer or even to one outside the complementary relationship, the manipulation of transactional symbols may seem ridiculous. Nails may be pulled out of the body; "demons" may be cast into the darkness; "souls" may be found; sorcerers may be identified; and so on. However, if the healer has done the job well, the symbolic healing will be a significant experience for the patient.

The effective transactional symbol is one that can help the patient transact emotions. Attachment of emotion to transactional symbols is difficult to study. Although psychoanalytic concepts have been used to describe the process, one must remember that these were developed primarily for understanding one type of psychotherapy. Lévi-Strauss (1967:177) uses the psychoanalytic concepts of abreaction and transference to describe the attachment in shamanic healing, and recognizes that the concepts are taken well out of their original context. He suggests that the shaman abreacts for the patient to get the patient to become conscious of inner feelings. This is of course a complete reversal of psychoanalysis in which the patient does the abreacting to personal memories. This twist of logic invalidates a direct psychoanalytic analog.

Levi-Strauss's use of the concept of "transference," on the other hand, does not violate the psychoanalytic analogy nearly as much. He suggests that the shaman himself is a symbol onto which the patient transfers emotion. The shaman then aids the transaction by acting out a mythical drama. Inasmuch as transference refers to the attachment of emotion to the therapist, who becomes a living transactional symbol, this concept is a valid description of this process. However, one should note that magical healing does not carry out the analysis of transference as does traditional psychoanalysis. In psychoanalysis transference makes the emotion available. It is then reattached to another transactional symbol, a memory of the original person toward which the emotion was felt. If the transference remains "unanalyzed," not attached to memory, then traditional Freudian psychoanalysis has not achieved the correct therapeutic manipulation. Although transference is an important attachment technique, symbolic manipulations can differ from psychoanalytic ones after the original transference of emotion to the therapist has taken place.

Insight is another psychoanalytic concept that has been used to describe the attachment process in other therapies. Peters (1982:33) characterizes possession of the shaman as producing insight for him. The possession experience is remembered and later discussed with the guru. This is of course part of the shaman's therapy, which may or may not be repeated later for patients. "Insight" may describe almost any attachment experience.

One of the most transculturally fruitful models of symbolic transaction is Scheff's (1977, 1979) emotional distancing. Therapists in many cultures seem to follow the emotional distancing principle in manipulating transactional symbols. The goal of therapy is to model the patient's emotions at an "aesthetic" distance that is not too close (underdistanced) nor too far (overdistanced). The patient may be overwhelmed if the emotions are underdistanced. The manipulation may be ineffective if they are overdistanced. Modeling at the correct distance results in the therapeutic reintegration of affective and cog- process. catharsis as Scheff defines it. Symbolic media can be manipulated by the therapist so that they are attached to the patient's emotion at the optimal "aesthetic" distance. One of the useful features of this model is that it explains the therapeutic functions of religious ritual.

### **Symbolic Healing and Biology**

Why do %% c humans hang on to our mythic worlds and other religious beliefs' Different answers to this question focus on different levels of the hierarchy of living systems. For example, those mho follow the lead of Durkheim focus on the social system: religion holds

the society together, reinforces primary social values, and provides a charter for social organization. Rappaport (1979) focuses on the ecological system: sacred beliefs act as governing principles for human ecology. There are other answers, including psychological ones, focusing on the self or somatic system. However, there is also a general evolutionary answer. I suggest that symbolic healing exists, in part, because humans developed their capacity to communicate with each other from an earlier capacity to communicate within themselves through emotions. Awareness of personal biological survival at the level of emotional thinking is primarily adaptive; as culture and language have developed, the capacity to communicate has been extended into symbols accessible within social systems. Symbolic healing exists, therefore, because of the way in which social communication has drawn with it the structure of emotional communication.

### Conclusion

I have proposed a tentative outline of the structure of all symbolic healing, including magical healing and Western psychotherapy. The stages of symbolic healing in the outline are as follows. (1) A generalized cultural mythic world is established by universalizing the experiences of healers, initiates, or prophets, or by otherwise generalizing emotional experiences. (2) A healer persuades the patient that it is possible to define the patient's relationship to a particularized part of the mythic world, and makes the definition. (3) The healer attaches the patient's emotions to transactional symbols in this particularized mythic world. (4) The healer manipulates the transactional symbols to assist the transaction of emotion.

Cultural and subcultural variations occur in (1) the rate at which paradox is resolved when establishing the healer's power to define the patient's relationship to the mythic world; (2) the symbols that make up the cultural mythic world and its structure; (3) the social role of the person who creates the personalized transactional symbols for the therapy.

All symbolic healing methods involve an ontological shift for the patient into a particularized mythic world. Symbolic healing becomes possible when a particularized mythic world exists for both the therapist and the patient and when the patient accepts the power of the therapist to define the patient's relationship to it. The therapist then attaches the patient's emotions to transactional symbols and manipulates these symbols. The mechanisms of symbolic healing appear to depend on control signals in a hierarchy of living systems. I suggest that the universal structure of symbolic healing is a result of the way that human communication has been biologically organized by evolution.

### Notes

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Warner (1980:43) also recognizes the power of paradox to reinforce suggestion. However, instead of looking for the mechanism by which the paradox acts on the patient, he examines the problem of the healer who feels he or she is engaged in "trickery." Warner finds therapy for the self-doubting healer in the ecstatic experience, reconfirming the healer's faith in the existence of his healing power. Ecstasy does have a double benefit: while setting the stage for suggestion, it also may reconfirm the healer's faith in himself, but this is the healer's therapy not the patient's.

Spradlin and Porterfield (1979:25) regard emotion as analog communication, which is a continuous Gestalt-like signal, opposed to digital communication, which is divided into individual symbolic units. However, they do not use the idea of emotions as generalized media linking the self with the unconscious system.

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