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Indigenous Healing Practice: *Ayahuasca*. Opening a Discussion.

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This essay frames an invitation to pastoral counselors and pastoral theologians to examine connections and perhaps interactions between themselves and traditional shamanic healers who use *ayahuasca* in their healing ceremonies. Indigenous people in South America have used *ayahuasca* for centuries, and the ritual has become common among the mestizo populations in urban areas of the Amazon, particularly as a curing ritual for drug addiction (Dobkin de Rios, 1970; Moir, 1998). Like peyote in the United States (Calabrese, 1997) *ayahuasca* use amongst the indigenous people of the Amazon is a form of cultural psychiatry. A review of the literature reveals very little commentary or discussion of shamanic practice in Pastoral Counseling (Pastoral Theology). The scant literature identifies an antithetical relationship at best. The current authors wonder about the possibility of including shamanic practices in the context of pastoral counseling? This essay seeks to provide some basic information about the ritual use of *ayahuasca* and to offer a rationale for pastoral counselors to engage in a dialogue about its utility.

Key words: Pastoral Counseling, Shamanic Healing, *Ayahuasca*, Indigenous Healing

Indigenous Healing Practice: Opening a Dialogue

This essay frames an invitation to pastoral counselors and pastoral theologians to examine the possible connections and commonalities between themselves and traditional shamanic healers who use *ayahuasca* in their healing ceremonies. Indigenous people in South America have used *ayahuasca* for centuries, and the ritual has become common among the mestizo populations in urban areas of the Amazon, particularly as a curing ritual for drug addiction (Dobkin de Rios, 1970; Moir, 1998). Like peyote in the United States (Calabrese, 1997), *ayahuasca* use amongst the indigenous people of the Amazon is a form of cultural psychiatry. Review of Pastoral Counseling and Pastoral Theology literature yielded very little commentary or discussion of shamanic practice. Scant literary reference suggests an antithetical relationship between the two models (Poling, 2009; How to Counter the Rise of Shamanism, retrieved 2012; Voss, 2010, 2009; Voss & Prue, 2010). Might there be any potential for pastoral counseling to include shamanic practices? A number of questions arise when considering the possibility of such potentials. The authors invite a discussion on the indigenous healing practices and shamanic use of *Ayahuasca* as it might relate to the current Judeo-Christian or Eurocentric theology(ies) undergirding current pastoral/spiritual counseling. Might dialogue between the two be possible? This essay

provides some basic information about the ritual use of *ayahuasca* and a rationale why pastoral counselors should consider engaging in such a dialogue.

Challenging a Eurocentric Lens on Shamanism

In his book, *Jung and Shamanism in Dialogue: Retrieving the Soul/Retrieving the Sacred*, C. Michael Smith noted the following about shamans: [they] developed the first technologies of the sacred and learned how to use it (*sic*) for healing and healthful living” (1997, p. 1). Accordingly, in some ways, shamanism can be viewed as the most ancient form of “pastoral” care. Krippner described shamanism “as a body of techniques and activities that supposedly enables its practitioners to access information that is not ordinarily attainable by members of the social group that gave them privileged status. These practitioners use this information in attempts to meet the needs of this group and its members”. (2002, p. 963) Winkelman (1992) completed a statistical analysis of the types of magical or religious activity “performed by *magico-religious practitioners* who claim to interact with *non-ordinary dimensions* of human existence.” Winkelman’s analysis identified four practitioner groups which included: 1) the shaman complex (shamans, shaman-healers, and healers), 2) priests and priestesses, 3) diviners, seers, and mediums, and 4) malevolent practitioners (witches and sorcerers).

When attempting to understand concepts from one culture and make applications to another culture, some precautions are worth noting. It is important to recognize how powerfully culture creates and maintains ways that support individual efforts to make sense out of the world. Looking at the ways other culture create and maintain a sense of meaning may stretch the outside observers sense of credulity, possibly even appearing as superstitious, offensive, or, at best, naïve or ill-informed. Such dynamic conclusions can be powerful and lasting.

An important question to consider is how did the first Europeans who encountered indigenous shamanism view what they witnessed? Of course, what they “saw” and thus came to “believe” about shamanistic practice was mediated through the lens of their European cultural context. The Spanish Conquistadors in the 1500s were so abhorred by the religious use of peyote among the Indigenous people they colonized that they ascribed its use the death penalty (Anderson, 1996). Testimony about these encounters is accessible largely through the lenses of the Christian clergy who accompanied these expeditions. During this same period, European states were at the same time executing tens of thousands of putative witches and sorcerers. Within such a context, it is understandable how these chroniclers would view the indigenous practices within a cultural lens which would demonize the shamanic practices, and view such practices as devil worship, “of Satan,” and consorting with spirits (Narby & Huxley, 2001). Many of these perspectives persist today.

Christianity was used as a method to “civilize” the heathen. In America, early evangelization was informed by assimilation theory; it attempted to extinguish what was perceived as uncivilized and untamed in Indian children in order to instill in them Christian values and work ethic considered to be indispensable for productive citizenship. Many Indian children were removed from their families and routinely introduced to Christianity in church-sponsored boarding schools (Douville, personal communication, 1997, Little Soldier, personal communication, 1997, and White Hat, personal communication, 1997; Standing Bear, 1975). These children were prohibited from speaking their native languages and practicing their native spiritual practices. Collectively these culturally suppressive experiences have been described as cultural genocide and historical trauma by many Native American scholars (Duran & Duran, (1995; Yellow Horse Brave Heart, 2003). Such trauma is not solely historical. It continues today and has been described as the cumulative cultural wounding across

generations that must be assessed as present-day effects on one's current life circumstances (Weaver & Yellow Horse Brave Heart, 1999, p. 22).

The legacy of such historical trauma is well illustrated in the writings of Zitkala Ša, a turn of the century Yanktoni Dakota Sioux woman (aka Gertrude Bonnin, see Fisher, 1979) who became an Indian teacher at the Carlisle Indian School. Zitkala Ša wrote a heart-rending critique of the cultural and spiritual annihilation that was incorporated into the curriculum of the Carlisle Indian School which became the model for all Indian Schools across the country. She wrote:

For the white man's [news]papers I had given up my faith in the Great Spirit. For these same papers I had forgotten the healing in trees and brooks. On account of my mother's simple view of life, and my lack of any, I gave her up, also. I made no friends among the race of people I loathed. Like a slender tree, I had been uprooted from my mother, nature, and God. (Zitkala Ša, cited in Enoch, 2001, p. 127)

It is important to note that the suppression of Native spiritual practices was so severe that it included the prohibition of certain religious ceremonies. Archie Fire Lame Deer noted that "between 1890 and 1940, the Sundance, as well as other cultural practices, were forbidden under the Indian Offenses Act" (1992, p. 230). Holler identifies these prohibitions under the "Rules for Indian Courts" that were in effect from April 10, 1883 to 1934 (1995).

Lame Deer wrote,

One could be jailed for just having an Inipi [a sweatlodge ceremony] or praying in the Lakota way, as the government and the missionaries tried to stamp out our old beliefs in order to make us into slightly darker, 'civilized' Christians. Many historians believe that during those fifty years no Sundances were performed, but they are wrong. The Sundance was held every year. . . but it had to be done in secret, in lonely places where no white man could spy on us. (Holler, 1992, p. 230)

The National Conference of Catholic Bishops addressed this issue in its pastoral letter *Heritage and Hope: Evangelization in the United States*, written to contextualize the Fifth Centenary of the arrival of Europeans to the Americas (1991). In this historic document, the Bishops state the following:

As Church, we often have been unconscious and insensitive to the mistreatment of our Native American brothers and sisters and have at times reflected the racism of the dominant culture of which we have been a part. In this quincentennial year, we extend our apology to our native peoples and pledge ourselves to work with them to ensure their rights, their religious freedom, and the preservation of their cultural heritage. (p.2)

The authors respond to the Bishops challenge against this background. In our literature review we found no studies or articles published in the *Journal of Pastoral Care and Counseling* that consider the relationship or even the need for dialogue between pastoral counselors and native shamanic practitioners. Thus we invite our current readers to consider an approach to help and healing that may seem unusual or at least non-conventional, but one that we believe is worthy of consideration.

To be clear, this essay is designed to open a conversation between the pastoral care and counseling community and traditional native practitioners with the awareness that some might view the very idea of such discourse highly sensitive or even offensive. Our purpose is to enlighten and to engage pastoral counselors and other caregivers in an empathic and mutual dialogue among equals. We do not present a comprehensive discussion of this topic. Rather, we seek to generate a conversation about an approach to healing that is becoming widespread among traditional indigenous people and others, and pastoral caregivers. At the very least, we wish to inform pastoral caregivers about these practices, particularly if they are working with or ministering to native peoples.

Such discussions are already occurring among other caregiving professionals in the medical professions (Voss, 2009, 2010; Voss & Prue, 2010).

Ayahuasca: Master Healer of the Forest

The first time I drank ayahuasca I went into complete catharsis. I lost track of all time and I lost all control over my thoughts. Visions began to appear. I was suddenly about five years old experiencing very real traumatic childhood memories. Ayahuasca is said to completely shut down your conscious mind and take you directly to whatever issues may lurk in your subconscious mind. Ayahuasca took me straight to the deepest darkest most painful corners of my subconscious mind. All the dull, aching, childhood memories that have shaped my life and I've carried with me for so many years came back alive and came to pass.

My experience was extremely painful. I cried and screamed as I relived my past. As time seemed so altered, years and years of my childhood and young adult life passed in those few hours of the ceremony. . . I definitely died on some level during my experience. I released so much pain until I was empty. I cried out, "I don't want to live." "There's nothing left for me." "Life is too hard." With the release of the past I felt empty and lost. Physically, I became uncomfortable.

Ayahuasca is said to be a purging experience. It is almost inevitable for people to either vomit or have diarrhea. I had the later. However, after I physically purged, my experience became easier. My purge on the physical level mirrored my purge on the spiritual level. I suppose it was my higher self that kicked in right after my purge. Suddenly there was a voice in the back of my head telling me "you can do this," "you have the power now," "you can live your life and find your happiness." All of the horror had passed and I was free. A burden had been lifted. At four or five in the morning the day after the ceremony, when the sun was beginning to come up, I finally snapped out of my trance. I was back to reality, feeling quite empty and lost. The next day and the next few weeks for that matter would be about processing my experience. I think the ayahuasca brought my life into perspective, helped me release old wounds, gain my power and lead me closer to my life's purpose.

Writing about my ayahuasca experience is difficult. It is hard to explain how a little bit of tree bark can liberate a person from so much pain. As far as my journey goes, ayahuasca was a positive healing experience, but only the tip of the iceberg. . . Shamanism and ayahuasca, I believe are incredible healing mechanisms. My trip to Peru opened my eyes. There is so much wisdom in the trees and plants of the earth.

(personal communication, Ayahuasca patient, December, 2008).

This personal account with an ayahuasca ceremony told by the second author is very similar to one reported by Kira Salak whose experience with an Ayahuasca Ceremony in Peru was videotaped and recorded by a National Geographic Channel film crew and published as a video exclusive in National Geographic Adventure Magazine (retrieved 12/10/08). (www.nationalgeographic.com/adventure/0603/features/peru.html).

Field Research with Indigenous People on the Tambopata River, Peru

The second author learned about the Ayahuasca Ceremony from a number of sources, including first person interviews with shamans who were active practitioners,

patients who had positive experience with the healing experience, as well as a patient who went to a “bad shaman” and “got lost” in the healing experience, an unpublished article, *Ayahuasca-Wasi: Proyecto de Investigacion Shamanico Transpersonal*, retrieved on 4-29-2005 from <http://www.ayahuasca-wasi.com/espanol/libro/ayahuasca.htm>, and Professor Mustalish, Director of the Amazon Center for Environmental Education & Research (ACEER).

It quickly became clear that the “master healer” was the “vegetation,” the actual forest plants (including woody vines, tree bark, and herbals) which are boiled together to produce the *ayahuasca* which is taken by both shaman and patient. The *ayahuasca* forms the spiritual pathway or the connection (*la conexion magico-espiritual*) between the patient and the shaman enabling the healing to take place. In addition to its psychoactive properties, *ayahuasca* often acts as a purgative and may cause vomiting and/or diarrhea; it is regarded as both a medicine and a cleansing agent. In some cases the combination of plant medicines and a dramatic spiritual ritual produces powerful visions that channel the power of the healing.

The *Ayahuasca* Ceremony takes place at the shaman’s house often located in the middle of the forest. The use of the *Sha’capa* (a leafy rattle made from the leaves from certain forest plants and tied at the base which forms the handle) is significant in this ceremony. According to a shaman, the shaking of the *sha’capa* awakens the spirit of the leaves and the sound (the songs) of the movement of the leaves makes both the shaman and patient dizzy. The shaman then begins to dance with the shaking of the leaves. The sound of the *sha’capa* also helps the patient from getting lost while experiencing the effects of the *ayahuasca*. It is the sound of the shaking leaves that helps the patient stay connected to the shaman during the *Ayahuasca* Ceremony. If one takes the *ayahuasca* medicine alone (without a shaman present) one can get lost or lose personal control. The real shaman provides control during the ceremony while the *ayahuasca* helps the patient to see their dreams. When asked “how does the patient know a real shaman from a fake shaman”, the answer was that the *ayahuasca* validates it, “you see who the shaman really is”. The outcomes can be either assuring or devastating depending upon the findings of the patient.

Clinical Applications

Clinical applications of the use of *ayahuasca* are currently being studied by Jacques Mabit, Director del Centro de Rehabilitacion de Toxicomanos (Rehabilitation and Detoxification Center) at Takiwasi Center, Peru. Mabit combines the traditional use of *ayahuasca* and psychotherapy techniques along with holistic methods (consciousness expansion methods such as fasting, hyperventilation, and non-addictive plants, largely in treatment of coca paste addictions. The center is funded by the French government. Conventional allopathic medicines are not used (except in unusual circumstances). Physical detoxification is accomplished through the use of medicinal plants. Conventional Peruvian approaches to addiction treatment are based upon prison or military models which have raised human rights concerns among healthcare workers. All studies on the clinical use of *ayahuasca* have European or South American sponsorship and most are published in Spanish. (Jacques Mabit, 1995)

Healing Ceremony

Even though the second author did not participate in an *Ayahuasca* Ceremony, when he asked one of the shamans interviewed to demonstrate a typical song used in the ceremony, the author was invited back to the shaman’s one room house later that evening. After a friendly conversation, the author was invited to sit on the edge of the bed as the shaman actually performed a healing ceremony on the author. The author

was sprinkled with rose water as the shaman began to sing—the song itself sounded more like a bird’s whistle. Smoke from a hand-rolled tobacco cigarette was also blown on the author at various times during the ceremony. The *sha’capa* (leaf rattle) was used and proved to be a very significant part of the ceremony. At one point, the author recalled the *sha’capa* being shaken over his entire body and then focused on his head. As the rattle continued, the author had an overwhelming sensation that the entire forest was dancing around him, and that the small *sha’capa* felt like the entire vegetation of the forest was singing and dancing in a much larger cosmic ceremony. This experience was surprising since the *ayahuasca* was not used during this ceremony, yet the effect of the ceremony still proved magical.

Songs Used in the *Ayahuasca* Ceremony

Since the circumstances precluded the second author from taping the healing songs being sung during his own healing experience with the shaman, the author did find a collection of songs used in the *Ayahuasca* Ceremony. The first author reviewed Senen Pani Antonio Munoz’ collection of *Ayahuasca* songs recorded on the music CD entitled *Bewa Icaro*, songs of preparation (2005). Similar to the Peyote Ceremony used by the Native American Church (NAC), there are songs used while the *ayahuasca* is being prepared for the ceremony followed by the actual healing songs (elevation songs) which are used during the central action of the ceremony. Two songs from the Munoz collection are included here

I am the son of old Metsarawa. My name is Senen Pani, and my wife is Raipena. Tonight I will take ayahuasca so that I can see the body of each one of you; with flower water I will blow on you.

I will control the fine ray of powerful light straightening it to guide your medicine well. I will sing my song of luminous patterns for every woman, every man. I will call up the power of light to heal my family. As I sing, thus sang the ancients when they still lived on this earth. Ayahuasca made them wise raised them up with its strength, my powers have connected with that same energy and from that position I light up and am guiding each and every one of you to heal your spirit from the space of this light. With each being, man and woman, I am connecting in the deepest of ways. I am not important in this world but cloaked in my power I have become a king to bring solace to my brothers; on Mother Earth my throne is raised.

I have taken my ayahuasca. With my beautiful song I envelope the men and women, I adorn them with my luminous patterns. Connecting with the spirits of the air I unite with other beings with healing powers. Men and women from different places have admired them. Now that we have prepared both men and women, now that we have cleansed them, now that I am ready with my beautiful words, we begin the icaros we sing for healing.

Senen Pani Antonio Munoz. (2005).

Ayahuasca song of elevation: I am cloaked in the power of the air, with my song of luminous patterns, with sufficient strength to enter each one of you. My magical drum is beating to bring relief, with my crown of air with my protection. My crown of air bears the sun at its front to blind the enemy.

My crown of air has the moon at its back for heightened awareness. My crown is covered with stars. I come with my crown of air I come playing my flute, my drum. I come by a serpent bridge. As I pass, water and space thunder. I bring, too, my serpent maraca. It brings happiness, awakening the spirits. On a golden table I carefully place those who are here. Adding strength to my song. I look down from on high, I guide my song like a magnet. We the kings to the Creator god accept that our light is divine. Two serpent princesses sing at my side; from each medicinal plant comes the healing light. I am not alone here; from the heights of the world come many merayas¹, men and

¹ Shamans of the highest level.

women, they come rotating. Whilst I remain alive I will conduct the energy, ancient knowledge of the old healers, with my crown of light.

Rising through space I beautify with the wondrous songs I am singing carefully placing women and men on my table of gold, enveloping them in luminous patterns to bring them solace. The serpent's power issues forth from the tip of my tongue. I raise them up with my words, and even higher with my medicinal words have I raised myself to bring them relief.

Senen Pani Antonio Munoz. (2005).

Healing as a Deeply Personal Connection

The interactions between the healer and the participants are vital in the *Ayahuasca* Ceremony. Important contextual meaning is lost when cultural and linguistic barriers are encountered. With words, music, and phrases being an important part of the ceremony, *ayahuasca* shamans collaborate with their participants' consciousness using ceremonial songs and sayings (Dobkin de Rios & Katz, 1975). However, as it is with the case of the peyote ceremony (see Voss & Prue, 2009), the effects of *ayahuasca* in the context of the ritual environment produces a heightened sense of empathy between the shaman and the patient, and with other participants. The first author experienced a poignant example of this empathic connection with fellow participants. This experience came at the end of the ceremony and people were asked to share their experiences between each other and with the shaman. Many shared experiences of psychedelic ecstasy, or deep soul-searching journeys; in my case it was a sense of super connection, not so much with the group, but through the shaman and to the collective indigenous experience. To honor this experience, I expressed my gratitude to the shaman in my best attempts at the Lakota language. The translator was baffled, but I understood her Spanish sufficiently to know she told him that I was speaking in some indigenous language; his response was that he understood what I had said, and proceeded to translate (rather accurately) to her what I had said and then gave the response he wanted for me.

A second example came the morning after that ritual. I (First Author) had accompanied a friend who was in need of a healing. Since this was a healing of a serious physical problem (a tumor), the shaman took special note of the case. During and after the ceremony doctoring session, I was asked to assist the shaman in the herbal preparations. Since I understood very little Spanish, the interpreter joined us. As the shaman and I worked together for a while, the sense of being empathically connected heightened, and, at one point, I felt sufficiently connected to him that when the translator ran into words she did not know, I found myself able to tell her the meaning.

Biological Mechanisms

Ayahuasca sometimes called *hoasca*, contains N-Dimethyltryptamine or DMT, a naturally occurring psychedelic substance that has been placed on the DEA's list of Schedule 1 Drugs as a hallucinogen (Strassman, 2001). In the 2005 *Gonzales v. O Centro Espirita Beneficente Uniao do Vegetal* Supreme Court decision, members of the Brazilian church, O Centro Espiritia Beneficente Uniao Do Vegetal, whose members use *Ayahuasca*, was granted an exception to federal drug laws to use the entheogen as a sacrament in their services (Mauro, 2005). Similarly in a U.S. case, the spiritualist Christian church won a unanimous decision in favor of their ceremonial use of DMT because the government could not prove that *hoasca* posed a "serious health risk" to church members. (Gable, 2007). However, there are health considerations related to *hoasca* and DMT worth noting, such as increased heart rate, impaired judgment, and flashbacks, but Gable notes that the data show that the risks of acute lethal toxicity of *hoasca* are substantially less than that of alcohol (2007, 31). Furthermore, Gable notes that "No acute health hazards, excluding potential serotonergic reactions, have been

documented as a routine, serious threat from *ayahuasca* when ingested with the range of customary [ceremonial] dosages.” (31). However, there is much that is not known about the long-term effects of the use of *ayahuasca* nor the potential for chronic, long-term problems.

The religious use of psychoactive substances may seem entirely foreign and novel to Western readers, but the spiritual and medicinal uses of *ayahuasca* by Indigenous Peoples has continued unabated for centuries. Its use is now spreading to Western practitioners. A recent double-blind brain imaging study suggests “that *ayahuasca* interacts with neural systems that are central to interoception and emotional processing and point to a modulatory role of serotonergic neurotransmission in these processes” (Riba, Romero, Graza, Mena, Carrió, & Barbanoj, 2006, p. 93). Other types of psychedelics cause elevated blood levels of oxytocin and vasopressin (O&V) (Jerome & Baggott, 2003), which have been linked to inhibited development of tolerance to opiates in studies with rats (Sarnyai & Kovacs, 1994). Tolerance to drugs is a necessary part of drug addiction. O&V also have social and emotional dynamics to them. Neurobiology research has highlighted their importance to the dynamics of falling in love (Marazziti, 2005) and to commitment making behaviors in primates, particularly playing a role in monogamy (Young, Wang, & Insel, 1998). Social interactions are also known to produce increased levels of oxytocin. In a study of stress adaptation in humans, social interactions alone provided better relief from stress than did the administration of oxytocin alone, however, the combination of the two provided the highest relief in that study group (Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003). The administration of an O&V producing substance, during a culturally meaningful and often highly intimate social setting, is but one element of the practice and setting necessary to produce change in entheogenic rituals.⁶

Critical Lens on Conventional Methods: Questioning Our Basic Assumptions

Even though there is widespread support for AA groups as part of the treatment protocol for alcoholism, there are growing concerns about its effectiveness for certain groups. Kownacki and Shadish (1999) conducted a meta-analysis of 21 controlled studies of AA that tested the outcomes of alcoholic clients, based on random assignment to one of three scenarios: AA, some alternative treatment, or no treatment. Those who received AA treatment fared worse than either the alternative or no treatment group, suggesting AA did harm. They also reported that studies to include in the meta-analysis of AA were problematic, due to self-selection biases. The question becomes “Is AA a cause or the result of sobriety?” While the effectiveness of AA may be difficult to demonstrate, it is evident that it provides some value to ex-alcoholics. However, this value may not be generalized to an entire population. By combining the US (U. S. Census Bureau, 2008) and Canadian (Government of Canada, 2010) census data and comparing the ratio to AA’s membership survey (A.A. World Services, 2005) one sees an over representation of Whites, who are 8.5% over-represented in AA, Black 8.6% under-represented, Asians 3.3% under-represented, Hispanics are 8.6% under-represented, and Native Americans/First Nations people are 1/2 of 1% over-represented. Clearly there is a difference between Whites and Blacks, Hispanics, and Asians, At first glance these statistics could be assumed applicable to Native people as well. However, doing so could be misleading.

The Native Americans population experiences a much higher rate of both alcohol and drug problems among its youth *and* a much higher rate of abstinence rates as they age when compared to the general populations (Beals, et al., 2003; May & Gossage, 2001). Many Native Americans utilize AA, the full picture of their pathway to abstinence is not accounted for by participation in AA and like models. Practitioners among Native

Americans point to traditional healing as the preferred mechanism for substance abuse recovery, stating, “active participation in the NAC [Native American Church] is considered to be more effective than the standard 12-step treatment or medical treatment protocol” (Kelly, 2005, ¶16). Such a critical lens not only underscores the importance of cultural competence, but also employing interventions that spring from the culture of those being provided behavioral health treatments. (Hazel & Mohatt, 2001; Mohatt, et al., 2008)

Project MATCH, the largest clinical trial of substance abuse treatments, matched treatment type to patient characteristics broadly confirmed that substance abuse treatments are effective. (Project MATCH Research Group, 1997) However, reanalysis of the Project MATCH data suggested that patient characteristics are a more important treatment modality, going to far as to say that “the results suggest that treatment was not particularly effective” and recommended practitioners “shift focus away from treatment components and toward patient characteristics and beliefs.” (Cutler & Fishbain, 2005, p. 81)

The Strengths Perspective: Implications for Pastoral Counselors

Saleebey’s landmark work *The Strengths Perspective in Social Work Practice*, (1992) challenged the (mental health) professions’ excessive emphasis on psychopathology to the relative neglect of the capacity of individuals to overcome great obstacles and challenges. In order to access these capacities, Saleebey noted, “To find the strengths in people and their situations requires that we give credence to the way clients experience and construct social realities. We cannot impose from without our versions . . . of the world.” (p. 42). As a guide to assist the clinician incorporate client strengths into their practice, Saleebey and Weick proposed eight principles of the strengths-based practice:

- “Every individual, group, family, and community has strengths.” (Saleebey, 1997, p. 12, as cited by Van Breda, 2001, p. 202)
- “Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity.” (Saleebey, 1997, p. 13, as cited by Van Breda, 2001, p. 203)
- “By placing an emphasis on the already realized positive capacities of an individual, the individual will be more likely to continue development along the lines of those strengths.” (Weick, et al., 1989, p. 353, as cited by Van Breda, 2001, p. 203)
- “Assume that you do not know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously,” (Saleebey, 1997, p. 13, as cited by Van Breda, 2001, p. 204)
- “We best serve clients by collaborating with them.” (Saleebey, 1997, p. 14, as cited by Van Breda, 2001, p. 204)
- “Every environment is full of resources.” (Saleebey, 1997, p. 15, as cited by Van Breda, 2001, p. 204)
- “People have the capacity to determine what is best for them.” (Weick, et al., 1989, 353, as cited by Van Breda, 2001, p. 204)
- “People do the best they can.” (Weick, et al., 1989, p. 353, as cited by Van Breda, 2001, p. 205).

As pastoral/spiritual counselors and other helping professionals learn more about Native American ways of healing and health, increased cultural understanding can occur. Such understanding ought not to occur in a vacuum. A client’s cultural context

must be considered in both assessment and treatment. Doing so becomes particularly challenging for the pastoral/spiritual counselor or other mental health professional in the case of cross cultural intervention where the “world views” of clinician and client may be literally “worlds apart.”

Many shaman are open and interested in working in tandem with healthcare professionals; most shaman the authors have met are very aware of their limitations and refer to and receive referrals from healthcare professionals. One hospital program serving an American Indian population introduces student interns to the local shaman (medicine man) during which time they spend an evening observing a healing ceremony. Students observe the way the ceremony takes place and the interactive role of the shaman with the patient in the healing process. In years past such student interns would have been cautioned about such practices and encouraged to discourage them, as the second author vividly recalls the admonitions of pastoral care and counseling supervisors cautioned him about *espiritismo* in Puerto Rico during his practicum there. So part of this journey for the pastoral care and counselor is to suspend judgment about shamanism in order to observe and better understand what it is about. So equipped, pastoral care and other mental health providers may be able to collaborate in the healing and helping process, determining whether and how such collaboration might be indicated and actualized.

Conclusion

This cross-cultural project was enlightening. Appreciating new avenues for caring for people utilizing both the knowledge and practices of their indigenous cultures amplifies holistic practice. Integrating variant models of health and spiritual wellness, including some non-conventional methods enhances assessments and treatments. By identifying both the physiological and the spiritual causes of disease and sickness along with an openness to the potential efficacy of both pharmaceutical (entheogenetic) and spiritual remedies may generate better care. This project proved useful in increasing cooperative relations between medical and health care and pastoral care service personnel and traditional Indian medicine practitioners providing ground for encouragement that a multicultural approach is not only possible, but is also actually taking root in Native American territories today.

As we began this report, the purpose of this discussion is not to advocate nor suggest that pastoral counselors introduce the use of *ayahuasca* in the practice of conventional pastoral counseling. It is designed to inform pastoral counselors, particularly those serving indigenous peoples, of the range and scope of non-conventional practices that clients may seek and thus broaden professional understanding of such cultural variations in treatment and care.

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Dedication: This article is dedicated to the memory of Alex Lunderman, Jr. who worked tirelessly to bring understanding across the cultural divide, opening up discussions between traditional Lakota spirituality and Christian (Catholic) beliefs.

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