

Shamanism and Heart-Centered Hypnotherapy

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Heart-Centered Hypnotherapy as taught by Diane Zimberoff and David Hartman bears striking resemblance to shamanic practices and appears to be one of the currently evolving modern-day shamanic practices. To understand this phenomena, let's first build an understanding of what a shaman is and what a shaman has traditionally done in his or her own community. Then we will look at Heart-Centered Hypnotherapy and how it is similar to shamanic practice. We will review some of the abundant literature in the areas of shamanism and hypnotherapy.

Though modern-day practitioners of Heart-Centered Therapies are not shamans as seen in non-western cultures, they are practicing some of the same skills as part of our own dynamically evolving mythology and paradigm of healing.

What is a shaman? "The term shaman has been widely adopted by anthropologists to refer to specific groups of healers in diverse cultures who have sometimes been called medicine men, witch doctors, sorcerers, wizards, magicians or seers" (Walsh, 1990, p. 8). A shaman is "a man or woman who enters an altered state of consciousness—at will—to contact and utilize an ordinarily hidden reality in order to acquire knowledge, power and help another person"(Walsh, 1990, p. 11).

The shaman journeys in non-ordinary reality to what are technically called the Upper worlds and the Lower Worlds—or, in some cases to parts of the Middle World—for the purpose of helping others. In these journeys the shaman collects valuable information, makes contact with and talks with teachers, works with power animals or guardians, helps the spirits of the dead, assists people to make the transition over to a land of the dead and generally has adventures that he or she consciously experiences and can later recall and interpret to members of the community . . . The shamanic journey is therefore really the centerpiece of shamanism (Harner, 1988, p. 8).

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Besides making journeys, seeing and changing states of consciousness, the shaman is a person who, in a sense is a public servant. Shamanism is not primarily a system for self-improvement—although that can be one of its uses. In a tribal society the main work of the shaman is for others. If one has shamanic powers and abilities, and if relatives and friends ask for help, the shaman cannot deny it to them. The shaman is not trying only or mainly to achieve self-enlightenment. Shamanism is people directly helping others. It is a kind of spiritual activism in which one works with the powers that connect human beings to the incredible power of the universe—a work that involves journeying and shifting back and forth between realities (Harner, 1988, p. 11).

Of course, shamans also do other things besides making journeys to non-ordinary reality. Some of these things may be thought to be rather strange to most people in our culture, such as talking with plants, animals and all of nature. A shaman does other things in the community. Going into altered states is intense and is usually done for a couple of hours at a time (Harner, 1988).

How does one become a shaman? A prospective shaman is either chosen because of some special quality or condition that catches the notice of community shaman or is called by an initiation. This initiation unheeded can become an initiation crisis and can be experienced as a debilitating disintegration of the former identity. In this disintegration there also is the inability to maintain the equilibrium of the old identity. The individual usually experiences unusual psychological experiences that can be of unusual, bizarre or even dangerous or life threatening behavior (Walsh, 1990).

This initiatory period sharpens sensitivity and insight. It could be a grave illness that brings the initiate very close to death. “At other times the healers-to-be may go on visionary quests, undergoing supreme deprivation until their minds are unhinged from conventional reality, allowing them to then touch the supernatural. Either way, the mission to heal and the tools for doing so are revealed”(Achterberg, 1988, p. 117).

In present psychological/medical model terms, this crisis is usually called a psychotic break or as psychopathology. This pathology is treated in our culture with pharmacology that subdues the symptoms. “In shamanic cultures this crisis is interpreted as proof the victim is destined to be a shaman . . . What is significant to note for now is that the ‘newly inspired’ is understood by the tribe to be undergoing a difficult but personally valuable developmental process. If handled appropriately this process is expected to resolve in ways that will benefit the whole tribe and provide them with new access to spiritual realms and powers. Such is usually the case” (Walsh, 1990, p. 41).

A magnificent personal story of a North American young man's journey and healing into a shamanic tradition is that of Martin Prechtel (1999). In the introduction to his second book he writes, ". . . this book is not just about the Maya, nor is it, in the final analysis, mostly about myself. It is about young people wanting to live past twenty. It is about old people being useful, about community, about hope, about being willing to fail. . . . It is about the capacity of the human spirit to retain its magic, dignity, love of folly, humor, and imagination in the face of imminent devastation from overwhelming, soul-crushing odds." Prechtel thanks the people of Santiago Atitlan ". . . who transformed a bitter, shy, North American boy into a human being. Into a jumping, crawling, walking, flying, swimming, singing, praying, drinker of liquids, eater of foods, day carrying, struggling man willing to defend the sacred Hole, the Bride of Life, the roots of the Flowering Mountain Jade Water Earth Navel kind of man who just couldn't let all we did together fade away into the dust of Death's Amnesia" (Prechtel, pp. 12-13).

How many youngsters or young adults in our own culture, had they the guidance, tradition and supportive community, could have developed into useful helpers in our community instead of being seen in psychiatric agencies across the country?

The difficult transformational processes that a prospective shaman experiences can be long and involve inner and outer teachers. The shaman must learn the mythology/belief system, the terrain of the inner cosmologies (worlds), and most importantly the spiritual inhabitants. "It is they, the spirits, who represent and embody the power at work in the cosmos; and it is his relationship with them that will determine his success" (Walsh, 1990, p. 43).

As well as altered states of consciousness and working with the spirits, the shaman uses step-by-step procedures that can be short or long and can be very involved depending on the severity of the problem.

A short healing may be similar to the following example of a *Tamang* shaman, Aama Bombo, who lives in Nepal, and, who, like all shamans, incorporates the local traditions and rich cultural mythology and religions into her healing process.

There are too many problems to mention—for which Aama will perform a minor healing *puija* (ritual). Symptoms of such problems may be minor or severe. In one case, Aama treated a patient seemingly paralyzed, who had to be carried into Aama's crowded living room. Ten minutes later, the woman walked out unaided. More typically, however, minor rituals are used to treat aches or pains, colds, stomach problems, loss of appetite, and crying

and crankiness in infants. They may also be employed to help solve domestic problems and marital stress, obtain passports and visas, attract customers, awaken hearts with love-magic, find lost objects, empower pens for school exams or amulets for protection, and much more (Peters, 2000, p. 19).

A long healing may involve using several healing tools such as projective uses, head lifting testing, group confession, “suggestion, expectation, and a variety of rituals that may elicit powerful placebo effects” (Walsh, 1990, p. 183). They use skillful psychotherapeutic techniques. The shaman prepares respectfully his/her location, equipment, objects and medicines, preparatory solitude, fasting, and prayer. All are laced in symbolism and ancient rituals, which inspire faith and awe. The family or the whole community is enlisted and becomes witness to the ceremony and healing. The client is the center of attention. Music or drumming is used and at times psychedelic substances are used with the client as well as the shaman during the ceremony.

The client pays for the ceremony and for the shaman. The client may additionally be required to make offerings to the spirits or may be instructed to follow rigid rituals of diet or taboos of behavior. Some of the treatments are arduous and time-consuming. All of these contribute to the preparation and the value of the treatment to the client.

The following is an example of such a prepared healing procedure.

A *Yao ts'ang wuen* session is much more elaborate than a simple diagnosis. It comprises no less than twenty-one scenes, from the gathering and departure of the shaman and his spirit troops to the safe reintegration of the patient's souls into his body while restoring his destiny. These scenes are followed by the remuneration of all the spirit helpers.

Recapturing the runaway souls is a very dramatic feat which involves resorting to the use of several bridges. The most important bridge is represented by a piece of white unbleached linen, about twenty feet long, which the shaman changes into a bridge to bring back the souls from the Beyond to this world. But he will need 7 more bridges for his task force to move across the space of non-ordinary reality. They are bridges across (1) the skies, (2) the earth, (3) the Beyond, (4) this World, (5) the Mountains, (6) the Waters, and (7) Men and Spirits. The shaman represents these bridges with sheets of paper placed on the ground. This layout is headed by the bridge of the Three Traces (or Three Crests), which opens on three directions and is used as a turntable by the shaman and his spirit troops (Lemoine, 1988, p. 67).

This *Yao ts'wuen* session continues on, involving trance, cataleptic fit and talking with spirits and resurfacing in this world for each one of the bridges enumerated above. It is long and elaborate.

One could say that all these elaborate procedures are designed to produce the placebo effect. The next idea may be that any cure effects will fail in the several days a placebo is expected to no longer work. However,

research is illuminating something more powerful than a temporary relief. There are times this placebo effect is lasting and astonishing. Walsh (1990) writes, “What is clear is that the process is little short of miraculous. Even the placebo healing of a simple wart is ‘absolutely astonishing’ . . . The intelligence that directs such a healing process must combine the skills of a world-class cell biologist, immunologist, surgeon, and executive officer. This, says Thomas, points to ‘a kind of super intelligence that exists in each of us, infinitely smarter and possessed of technical know-how far beyond our present understanding” (p. 190).

Anecdotes are accruing of lasting healing such as the following.

. . . In the 1950’s a man dying of advanced cancer learned of an experimental drug called krebiozen, which many people considered a miracle cure for cancer. The man desperately insisted he be given it. After a single dose his huge cancers ‘melted like snowballs on a hot stove’ and he was able to resume his normal activities.

Then disaster struck. Studies of krebiozen showed it to be ineffective, and when the man read this his cancer once again began spreading. At this stage his doctor tried an experiment. He announced that there was a new, ‘improved’ krebiozen and the patient would now receive it. Once again the man’s tumors shrank. Yet in fact the doctor had given him only water (Walsh, 1990, p. 188).

In addition to the plentiful anecdotes, careful, scientific research in the field of energetic healing now is documenting that the intent of observer beyond just the act of observing affects the outcomes of studies. “It turns out in the world of subtle energy research, the intent, desires and beliefs of the experimenter may be just as important as the intent, desire and beliefs of the healer” (Goldner, 1999, p. 28). Goldner further points out, quoting Marilyn Schlitz, Ph.D., medical anthropologist and researcher,

“Under well-controlled circumstances, we’re finding differences based on the intention and the expectations of the experimenter—differences in empirical outcomes.” . . . She then adds, “It deconstructs the whole assumption we make about objectivity in science.” . . . “Once you’re into this place where the mind and spirit exist, the thoughts of the person doing the experiment are an issue,” explains Willima Gough, M. S., president of the Foundation for Mind-Being Research in Los Altos, CA (p. 28-29).

We are looking intently at old assumptions such as the assumptions of objectivity in science and exploring healing paradigms that have been scorned and rejected out of hand by our medical model paradigm.

Shamans have not been taken seriously by most allopathic physicians despite the fact that many shamanic traditions have developed sophisticated models of healing over the centuries. Furthermore, the models have been flexible enough to survive their contact with allopathic medicine, and even to incorporate its practices. . . . There are shamanic healing

methods that closely parallel contemporary behavior therapy, chemotherapy, dream interpretation, family therapy, hypnotherapy, milieu therapy, and psychodrama. It is clear that shamans, psychotherapists and physicians have more in common than is generally suspected (Krippner, 1988, p. 101).

A survey of the social science literature, as well as my own observations in several traditional societies, indicates that there are frequent elements of native healing procedures that can be termed 'hypnotic-like.' This is due, in part, to the fact that alterations in consciousness (i.e., observed or experienced changes in people's patterns of perception, affect or cognition—especially awareness, attention, and memory—at a given point in time) are sanctioned and deliberately fostered by virtually all indigenous groups (Krippner, 1993, p. 692).

Let's look at Heart-Centered Hypnotherapy (HCH), one of those modalities that resembles shamanic healing methods, to see what elements HCH has in common with shamanic practice.

To begin, HCH fits within the general category of deep experiential psychotherapy, humanistic psychology, and transpersonal psychotherapy. It has evolved from the early hypnotic practices of authoritarian suggestion initiated by Freud and Jung, employing direct experiential techniques.

HCH holds the basic assumption about the essential inner core of a human being as ultimately good, and the healing model is to assist the individual to ultimately grow in the full expression of our ultimately good inner core (Zimberoff & Hartman, 1998). As in shamanic practices non-ordinary states of consciousness are induced to gain access to expanded realms of deeper individual consciousness, the conscious and unconscious, and beyond into transpersonal levels, the soul, individual and collective. Hypnosis as used in HCH is a wide-angle lens, which allows for simultaneous experience of both the conscious and unconscious awareness. It heightens responsiveness to suggestion (Zimberoff & Hartman, 1998).

HCH delineates non-ordinary consciousness into 12 different levels or Worlds which include prenatal and birth, sleep and dreams, meditation, trance or drug induced states, dissociation, coma, amnesia, psychosis, anesthesia, near-death or out-of-body, and death (Zimberoff & Hartman, 1998).

HCH holds an underlying assumption that humans are made up of energy, which begins as pure light. The structure of the human body is multi-layered. There are energetic transformers or chakras with different frequencies that are related to different developmental stages of our personal history. Our experiences and the conclusions we draw from our experiences shape the pure light into our own unique expression and

manifestation, our self. Self destructive or limiting conclusions result in blocked energy and lack of flow or body armor as described by Wilhelm Reich (1949). Resolving this blockage allows the individual to move forward in their spiritual growth and to attain higher states of consciousness (Zimberoff & Hartman, 1998).

As with shamanic practice, the stage is set with the client asking for help, describing the problem and with the therapist asking and answering questions, forming an alliance.

At the start of therapeutic treatment, the patient and the therapist must join together to begin the voyage into the soul. Neither one knows from the start what the trip will be like, what experiences await, or where they will journey. Joining together with the therapist strengthens the patient for his journey. But even if the therapist accompanies the patient as helper and advisor, it remains a trip through the realm of the patient's soul (Dethlefsen, 1993, p. 452).

The HCH process begins with a hypnotic induction into a light to medium trance similar to the depth of REM sleep. Mental activity is more perceptual than conceptual. Emotions are usually more intense and stark. The state can be conscious, unconscious and transpersonal. The energy centers involved are the lower and higher frequencies.

The individual is encouraged to bring to awareness a healthy adult as a model for ego-strengthening and resource for the healing. This resource is strengthened and anchored in a Neurolinguistic Programming (NLP) technique. With this resource in place the client is asked to identify a situation or experience similar to the presenting issue. A single stark emotional content is identified, expressed, evaluated and then used as an affect bridge to an earlier state to which the client is regressed. Gestalt techniques are used to facilitate expression and release of the feelings lowering the level of symptoms of the presenting issue.

With the emotional release, the consciousness generally converts to the wide angle lens which facilitates transpersonal insights on the life patterns allowing new decisions, extinguishing fear or shame with flooding and desensitizing, release of repressed anger, grief or sadness and forgiveness. Healing occurs through correctional experiences in the regressed state. If the individual regresses to a past life, conception, intra-uterine or birth memory, "the same corrective experience is created to affect healing" (Zimberoff & Hartman, 1998, p. 46).

The session always ends with self-acceptance, and identification with the most loving part of oneself. It is never left up in the air or ended in the middle of intense unresolved

emotions. Because the therapist learns effective trance management, the corrective experience for the client includes a Heart-Centered connection and at times a personal transformation experience of utter clarity (Zimberoff & Hartman, 1998, p. 46-47).

Having examined the nature of shamanic practice and of Heart-Centered Hypnotherapy, we begin to see their similarities emerge. First, altered states are used in both practices.

Hypnotic-like procedures are often apparent in the healing practices of native shamans. Shamans can be defined as socially sanctioned practitioners who purport to voluntarily regulate their attention and awareness so as to access information not ordinarily available, using it to facilitate appropriate behavior and healthy development—as well as to alleviate stress and sickness—among members of their community or for the community as a whole. . . . Shamanic healing procedures are highly scripted in a manner similar to the way that hypnotic procedures are carefully sequenced and structured. The expectations of the shaman's or hypnotist's clients can enable them to decipher task demands, interpret relevant communications appropriately, and translate the practitioner's suggestions into personalized perceptions and images [Kirsch, 1990] (Krippner, 1993).

In shamanic practices the shaman does the journeywork. In HCH the client is put in an altered state or trance, encouraged in finding an ally (a healthy adult) to have in reserve for use in the healing work and later to elicit in day-to-day activities. The client's own affect is used as a bridge or intent. The client is asked to allow that feeling to connect to another earlier time when the same feeling was present. The client reports what is perceived and experienced in the regression with affect, body language, expression of feeling, and verbal descriptors. Further regressions (or progressions) within that session or other sessions bring out a pattern or story and information about the pattern that will enable the client to use the healthy parent, another remembered healthy human or other spiritual helpers to assist in a corrective experience and unconditional healing.

This HCH process is similar to the process Michael Harner has developed, namely, shamanic counseling.

. . . the term shamanic counseling is used to describe the specific methods I have developed to help clients work on life problems. These methods are 'experiential' in contrast to the 'verbal' or analytical approaches of traditional Western methods of counseling, and they are based on the journey technique of classical shamanism. Shamanic counseling, specifically Harner Method R Shamanic Counseling, is a system for permitting clients to make their own shamanic journeys of divination to non-ordinary reality, where they personally obtain direct spiritual wisdom and guidance in answer to the questions most important in their lives. . . . Although it is based on the methods of classical shamanism, shamanic counseling has certain innovations that set it apart from traditional shamanic systems. For instance, the shaman on behalf of the client has traditionally made the divination or problem-solving journey to non-ordinary reality. One of the main features of shamanic counseling however is

to turn this procedure around so that the client is being counseled to become his or her own shaman for this type of journey. The object of this change is to restore spiritual power and authority to the client.

. . . The reason for turning the classical shamanic model around and introducing the concept that the client should become the shaman for the divinatory journey is that we are trying to go beyond the idea that people need to seek spiritual authority from someone in ordinary reality outside of themselves (Harner, 1988, pp. 179-181).

Another commonality of HCH with shamanic practice is the depossession and soul retrieval practices. Because HCH treats the whole person, including their spiritual aspects, strategies to deal with non-physical spiritual or energetic areas have evolved. These interventions, born of similar objectives of restoring spiritual power and authority to the client, emphasize the autonomy and strengthen and educate the client in use of their own intent and connection to spiritual guidance. The therapist is facilitator, guide and companion with skills to show the client the availability of spiritual assistance and to invoke such spiritual assistants' presence for the client to experience. The client can thereby learn to invoke this assistance him/herself.

The following quote is of *Man chinni* or an exorcism in Nepal.

The *Man chinni* ceremony starts with the shaman singing and drumming to the deities and spirits: the shaman's spirit guides, those that embody sacred objects, the *Sarma* gods of the four directions, who have control over the bad spirits, and more. Aama's songs seem to be partially improvised, changing slightly from ritual to ritual. Often they recall her recent pilgrimages to the shrines of specific deities. By remembering her experiences there, Aama Bombo soul journeys to these holy sites. By singing of the deity's potent powers and mythic miraculous deeds, she invokes the gods and asks them to bless her ritual with *shakti* and success. During her soul journeys from one shrine to another, Aama may briefly embody the deity of the shrine and shake. When this happens she releases the deity into her *asan* (sacred space), asking it to take a seat as a helper in order to witness and ensure that the bad spirits and sorcerers keep any promises elicited from them during the ceremony

. . . the first stage of a *man chinni* involves enticing the bad spirit or the sorcerer's spirit to take possession of the patient so that it can speak to the shaman and the others attending the ritual. . . . Once the patient shakes, indicating possession, Aama quickly encircles the patient with white rice, entrapping the spirit so it is unable to leave or hide. At this point, Aama's demeanor changes radically. She may begin to yell, speak angrily, and shake her finger, drumstick, or iron dagger crossly at the patient, demanding that the bad spirit talk. 'Speak now. Shame on you for spoiling this person' (Peters, 2000).

"If the spirit doesn't respond, the demands can escalate into threats" (Peters, 2000). If the spirit is unwilling to speak through the patient, Aama Bombo will transfer the spirit (*man sarnu*) into her own body and force it to speak through her. Sitting knee to knee with the patient facing her, Aama prods the spirit to speak: 'Who is your guru? Who sent you? Who

coerced you to spoil others? Who is causing you to confuse this child and make her run back and forth?’ (Peters, 2000).

The ceremony proceeds including the whole family in challenging the spirit and forcing it to leave the patient. After a patient’s or shaman’s possession ends, and a brief intermission ensues, the second major act in the Man chimmi drama unfolds. During the *man chinni*, the shaman must transfer the patient’s illnesses and the possessing spirits into a small mud and clay statue or *putla*. This *putla* has been made by the shaman and involved preparation is requested of the family prior to the ceremony and serves as a surrogate or scapegoat for the patient. The second part of the ceremony further establishes through elaborate bridges, connections and transfers of the bad spirit from the patient to the clay pot statue.

There are similarities to this shamanic de-possession in de-possession strategies used in HCH. After spiritual helpers are invoked (not as elaborately), namely the client’s own spiritual connection and ArchAngel Michael and his warriors, the intruding spirit is called forth. The client is reassured to allow this spirit to speak so the spirit can be dealt with. Once the intruder speaks, the therapist asks, “Who is your leader? Who sent you? What is your purpose?” Responding to whatever is spoken, the intruding spirit is identified and is shown that it has no real power now and its purpose, whether of good intent or bad is no longer useful or possible. The spirit is introduced to ArchAngel Michael. Once terrified of the light, the spirit learns experientially that the light is beneficial. The spirit is then shown the way and taken if necessary to the realm where it can again enter its own evolution.

The client is then facilitated in finding the corresponding soul fragment that had been displaced (usually connected to the traumatic material being worked on in the session). This fragment is cleansed with the assistance of the spiritual help and then the client is facilitated with re-assimilating it. At this point the consciousness of the client converts to the wide-angle lens described earlier. Deep levels of self-acceptance and identification with the client’s most loving part of him/herself allow the reintegration of the returned soul fragment, sealing it in with unconditional love.

Reviewing, then, we see major similarities between HCH and shamanic practices, and some differences born of culture and of the desire for the client or journeyer to experience self-empowerment. There is abundant literature which links shamanic practice with hypnosis. HCH appears to lean further into the spiritual realm than traditional hypnosis with its ability to interpret issues in a spiritual or therapeutic context, and

to address those issues in a language and symbolism acceptable within in our culture.

In conclusion, I suggest that therapists utilizing Heart-Centered Hypnotherapy access deep transpersonal levels of healing power within themselves and their clients, akin to those accessed by shamanic practitioners.

Western practitioners of hypnosis use the same human capacities that have been used by native practitioners in their hypnotic-like procedures. These include the capacity for imaginative suggestibility, the ability to shift attentional style, the potential for intention and motivation, and the capability for self-healing made possible by neurotransmitters, internal repair systems, and other components of mind-body interaction. Hypnosis and hypnotic-like activity are complex and interactive and hence take different forms in different cultures (Kakar, 1982, p. 278).

References

- Achterberg, J. (1988). The wounded healer: Transformational journeys in modern medicine. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 115-125. Boston, MA: Shambala Publications.
- Dethlefsen, T. (1993). Chapter XX. In W. B. Lucas (Ed.), *Regression Therapy: A Handbook for Professionals Vol. 1: Past-Life Therapy*, 444-479. Crest Park, CA: Deep Forest Press.
- Doore, G. (Ed.) (1988). *Shaman's Path: Healing, Personal Growth and Empowerment*. Boston, MA: Shambala Publications.
- Eliade, M. (1951). *Shamanism Archaic Techniques of Ecstasy*. Princeton: Bollington.
- Goldner, D. (1999). *Infinite Grace*. Charlottesville, VA: Hampton Roads Publishing Company Inc.
- Harner, M. (1988). Shamanic Counseling. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 179-187. Boston, MA: Shambala Publications.
- Harner, M. (1988). What Is a Shaman? In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 7-15. Boston, MA: Shambala Publications.
- Harner, M. (1980). *The Way of the Shaman*. San Francisco, CA: Harper Collins Publishers.
- Johnson, K. (1996). *North Star Road*. St. Paul, MN: Llewellyn Publications.
- Kakar, S. (1982). *Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Traditions*. New York: Knopf.
- Kirsch, I. (1990). *Changing Expectations: A Key to Effective Psychotherapy*. Pacific Grove, CA: Brooks/Cole.
- Krippner, S. (1988). Shamans: The first healers. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 101-114. Boston, MA: Shambala Publications.
- Krippner, S. (1993). Cross-cultural perspectives of hypnotic-like procedures used by native healing practitioners. In J. W. Rhue, S. J. Lynn, & I. Kirsch, (Eds.), *Handbook of Clinical Hypnosis*, 691-717. Washington, DC: American Psychological Association.

- Lemoine, J. (1988). The bridge, an essential implement of *Hmong* and *Yao* shamanism. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 63-72. Boston, MA: Shambala Publications.
- Medicine Eagle, B. (1988). To paint ourselves red. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 209-216. Boston, MA: Shambala Publications.
- Mehl, L. E. (1988). Modern shamanism: Integration of biomedicine with traditional world views. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 7-15. Boston, MA: Shambala Publications.
- Peters, L. G. (2000). The *Man Chinni* exorcism rite of *Tamang* shamans. *Shaman's Drum* 55, 17-25.
- Prechtel, M. (1999). *Long Life, Honey in the Heart*. New York: Jeremy P. Tarcher.
- Townsend, J. B. (1988). Neo-shamanism and the modern mystical movement. In G. Doore (Ed.), *Shaman's Path: Healing, Personal Growth and Empowerment*, 73-83. Boston, MA: Shambala Publications.
- Walsh, R. N. (1990). *The Spirit of Shamanism*. New York: Tarcher/Putnam Book.
- Zimberoff, D., & Hartman, D. (1999). The Heart-Centered Hypnotherapy modality defined. *Journal of Heart Centered Therapies*, 1(1), 1-49.