

The urban shaman

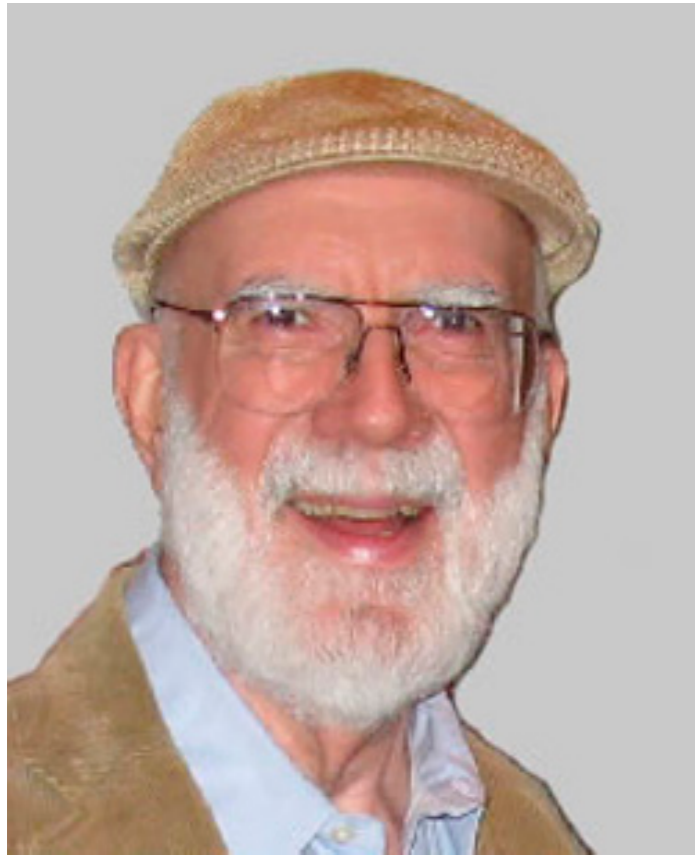
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Shaman



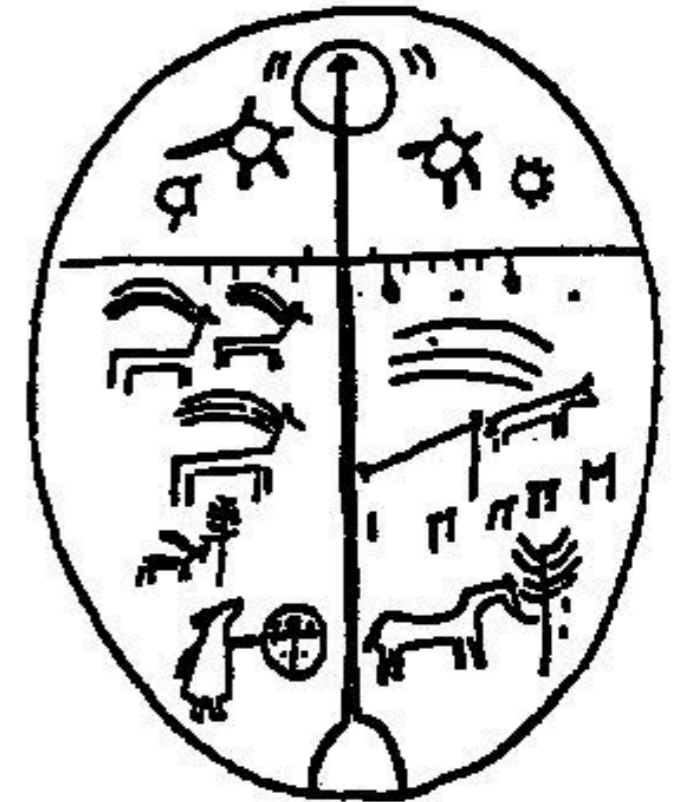
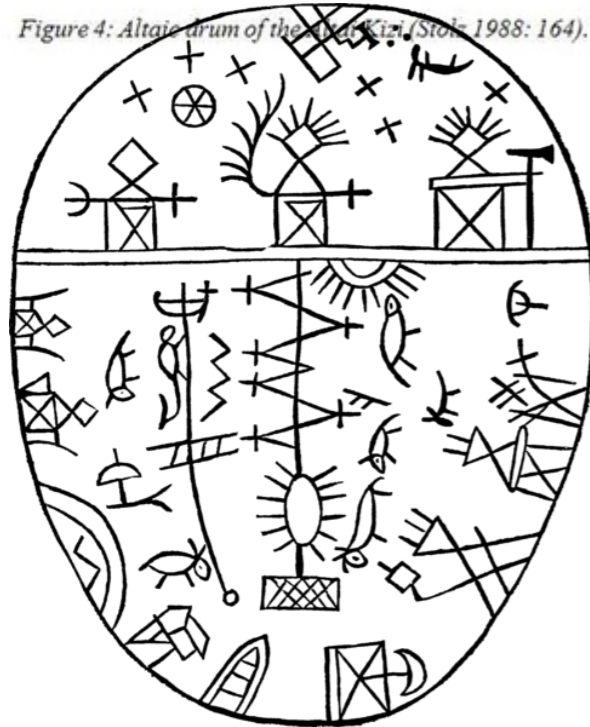
Shaman?



The shamanic universe



Figure 4: Altaic drum of the Great Kizil (Stoltz 1988: 164).



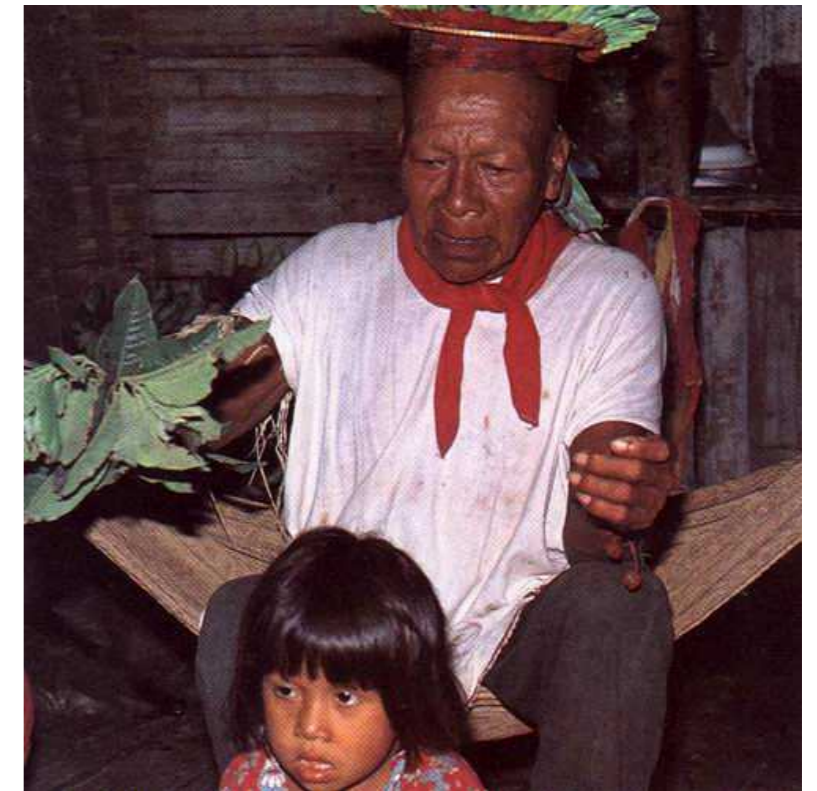
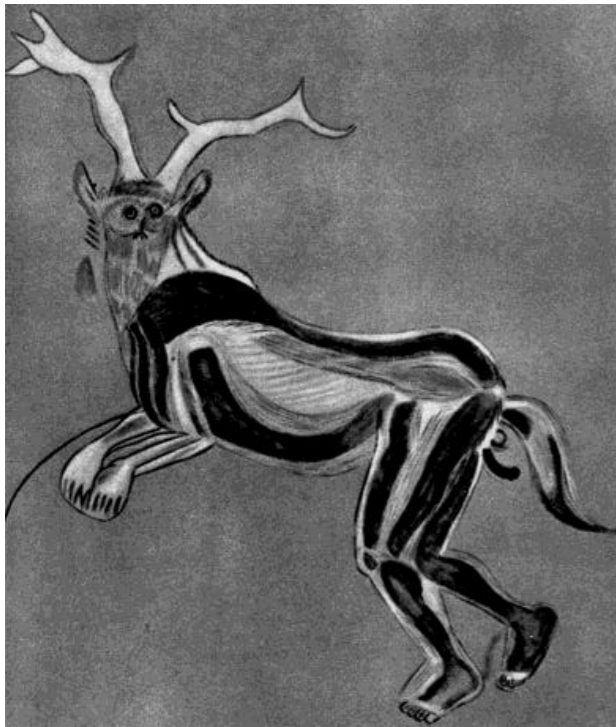
The shamanic journey – Sonic driving



<http://youtu.be/nQYvFvmkvvU>

http://youtu.be/27DCN0f_lfc

What is it that the shaman does?



Shamanic consciousness vs. ordinary reality

Ecstatic cosmic union

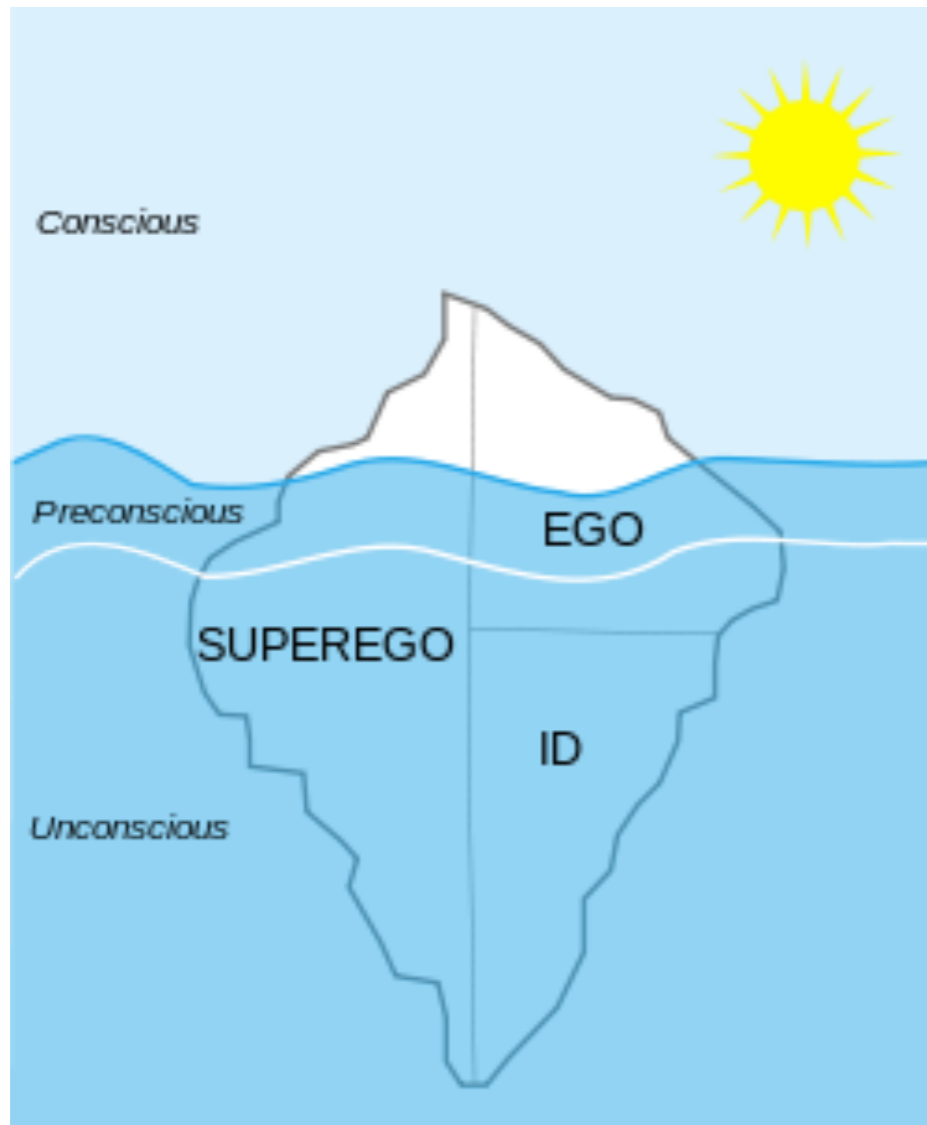
Simultaneous presence

Experience – knowledge – power – healing (relieve suffering)

Why go outside of time?

- Gain knowledge
- Get help for healing
- Get divination and answering questions
- “It’s all out there for us to get, shamans are just the intermediaries.” (Harner, 2011)

Shamans and therapy



Treatment for depression: psychotherapy

- Here defined as one-to-one ‘talking therapy’ of any modality, delivered by an accredited/qualified counsellor/psychotherapist
- Issue: definition of overall activity
- Issue: definition of specific techniques (‘black box’ problem)
- Issue: definition of control group (usually: GP/clinic waiting list – but that may involve some care)
- Issue: definition of improvement – ‘loyalty to therapist’ issue
- Standardisation of treatment: how long for? How many sessions? How often?
- Given all these constraints, how efficacious is psychotherapy?

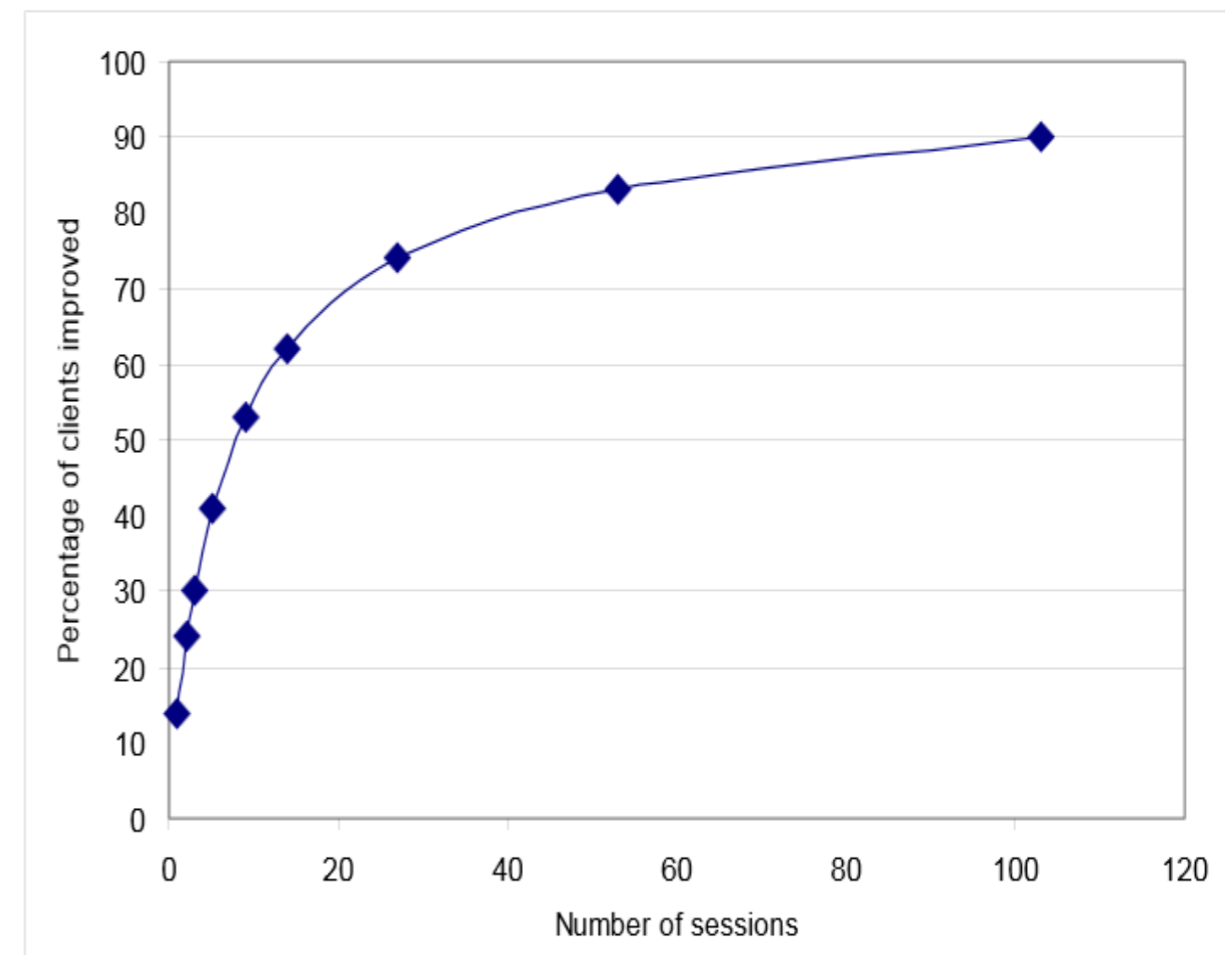
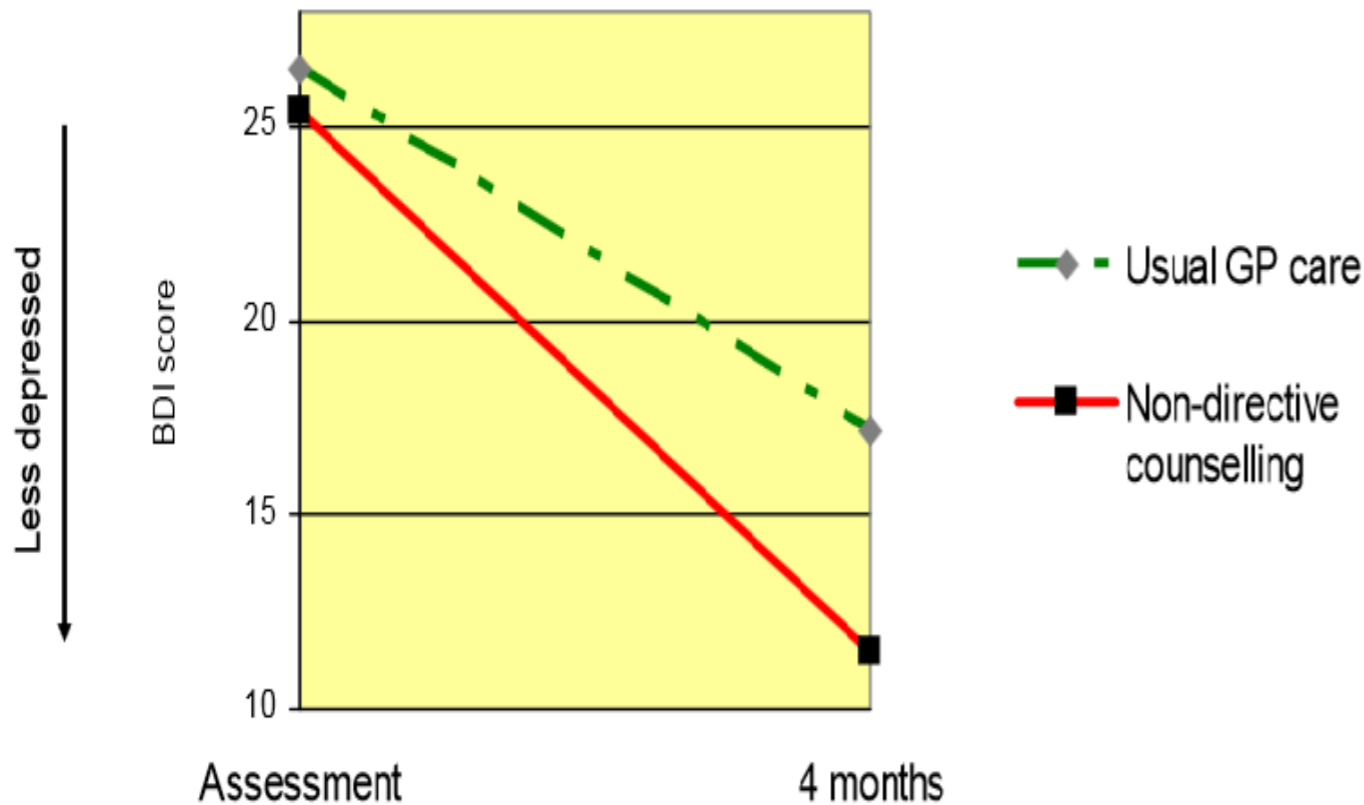
Efficacy of psychotherapy

- Considered as one activity, in studies with a well-defined control group, the effect size of 'n' sessions of any counselling and psychotherapy is **0.79**¹
- This means that people who receive counselling and therapy have a 79% greater improvement in psychological distress scores (NB not just depression) than people in control groups, usually those receiving just normal GP/clinical care (see next slide for diagram)
- Cf. overall effect size of medical procedures taken as a whole = c. **0.5**
- About 60% of patients/clients experience a clinically significant improvement from baseline in both controlled and population-level studies
- NB Between 5% and 10% of people get worse in psychotherapy, possibly as a 'side effect'
- *However* only 18% more people, compared with people given normal GP care, achieve a complete resolution, i.e. from high psychological distress to none.
- This is because of reversion to the mean, i.e. people refer themselves at times of peak distress and tend to get better naturally

Efficacy of psychotherapy contd

- Clients: depression & mixed anxiety/depression (n=464)

More therapy makes it more effective



From King M et al. Randomised controlled trial of non-directive counselling, cognitive-behavioural therapy and usual general practitioner care in the management of depression as well as mixed anxiety and depression in primary care. Health technology assessment 4(19), 2000.

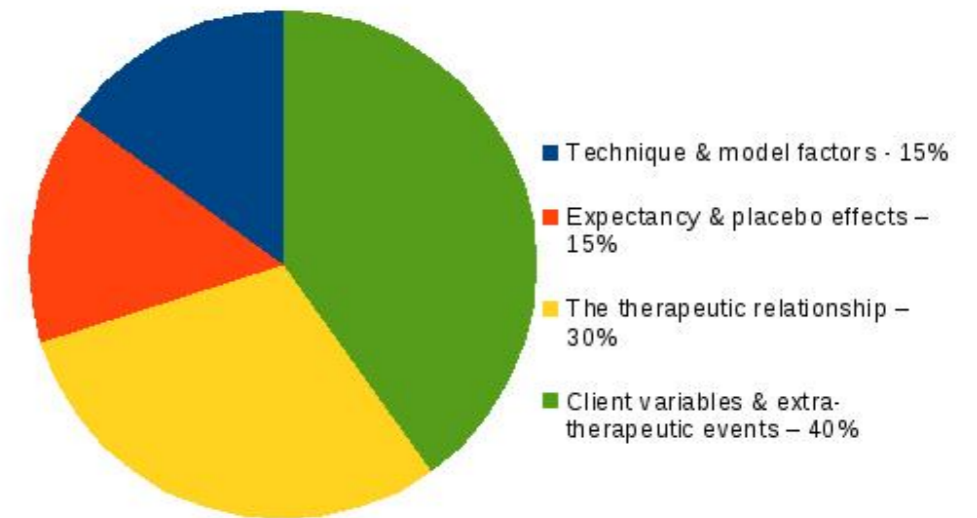
From Cooper M. Essential research findings in counselling and psychotherapy. London: Sage publications. 2008.

What works in psychotherapy?

- Countless schools and theoretical models of psychotherapy
- Three or four very broad schools: cognitive-behavioural, psychodynamic, humanistic & emerging now, holistic/somatic
- ‘Caucus race’ issue: “all have won and all must have prizes”: when individual orientations studied, they *all* tend to work
- CBT has most positive results: but probably only because it has been studied the most
- CBT definitely has an edge in anxiety disorders but somatic psychodynamic therapy may work better for severe trauma/PTSD
- In depression, at least eight different types have been shown to work in RCTs

What works in psychotherapy 2

- ‘Lambert’s pie’: what is the relative effect of different factors to the efficacy of psychotherapy?
- 1-3% of variance in outcomes due to therapists’ particular orientation/ techniques
- About 5-10% due to therapist factors such as similarity (or difference!) to client, age, gender, supervision, experience etc
- About 30% due to characteristics of the therapeutic relationship such as consensus/collaboration on goals, trust, empathy
- That leaves about 60-70% due to characteristics of client: whether they want to change, innate skills they can



- That leaves about 60-70% due to characteristics of client: whether they want to change, innate skills they can capitalise on, capacity to engage, realistic expectations
- Therapy that helps people build existing strengths usually works better than therapy that aims to change weaknesses
- “The lightbulb has to want to change”