

# JOURNEY INTO HEALING: THE TRANSFORMATIVE EXPERIENCE OF SHAMANIC HEALING ON WOMEN WITH TEMPOROMANDIBULAR JOINT DISORDERS

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**Objective:** To evaluate participants' perceptions of illness, healing process, and experience of effects from shamanic treatment as reported from in-depth interviews.

**Theoretical Framework:** Consistent with a whole systems research model, qualitative methods were used to evaluate the outcomes and experiences of clinical trial participants. Quantitative results are reported elsewhere.

**Method:** Twenty participants completed five visits with a randomly assigned shamanic practitioner and completed pretreatment and posttreatment in-depth interviews conducted by trained, qualitative researchers.

**Context:** Some physical and psychological symptoms associated with temporomandibular joint disorders (TMD) may be indicative of the shamanic definition of soul loss. Because this was the first clinical trial of shamanic healing for TMD pain, a mixed-methods approach enabled researchers to capture a wide range of participants' experiences.

**Participants:** Eligible volunteers were women aged between 25 to 55 years, naive to shamanic healing, with a confirmed diag-

nosis of TMD and a pain level of three or higher on the Research Diagnostic Criteria Axis II questionnaire.

**Data Collection:** For consistency, interviewers followed a guide that allowed individual experiences to emerge. Interviews lasted about one hour, were recorded, and professionally transcribed.

**Analysis and Interpretation:** Following standard qualitative analysis procedures, researchers developed and applied thematic codes to transcribed text of interviews. Coded text was reviewed to generate summaries of thematic content.

**Main Results:** Although participants described physical changes, three times as much text was devoted to changes in self-awareness, capacity for coping, improvement in relationships, and taking better care of themselves. Their experience describes a process of transformation.

**Key words:** Shamanism, TMD, chronic pain, spiritual healing, transformational experience, qualitative research

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## INTRODUCTION

Temporomandibular joint disorders (TMDs) are chronic, nonprogressive pain conditions affecting the temporomandibular (TM) joint and surrounding tissues.<sup>1-4</sup> Temporomandibular joint disorders are primarily found in young and middle-aged adults and are nearly twice as common in women.<sup>5,6</sup> About one third of adults are affected at some time in their life<sup>7</sup>; about 5% of affected people will seek care. Individuals with TMD may experience a range of symptoms, including facial pain, jaw-joint pain, headaches, earaches, dizziness, limited mouth opening, and clicking or popping sounds in the jaw joint. In addition to physical pathology, stress, depression, disability, and dysfunctional illness behaviors are characteristic of many patients with TMD.<sup>8,9</sup> Patients least likely to respond to allopathic treatment are those with

the most marked biological responsiveness to external stressors and concomitant emotional and psychosocial difficulties.<sup>9-14</sup>

While interviewing women with TMD for a previous study,<sup>15</sup> we noticed that, in addition to having physical symptoms of TMD, study participants also shared other characteristics. They had a great deal of stress in their lives and often indicated a sense of being dispirited—commonly described as not feeling “present in their bodies”—or that something was missing. These symptoms are consistent with soul loss, a condition treatable within the paradigm of shamanic healing.<sup>16-19</sup>

In the shamanic worldview, poor health or illnesses may be due to both spiritual and nonspiritual factors.<sup>16,17,19-22</sup> Shamans worldwide believe all living beings have a soul—the vital essence required for life.<sup>16,19,22,23</sup> The soul is the spiritual, nonphysical part of us that is the center of our emotions, feelings, and spirit. Part of this vital essence can “split away” when there is trauma (eg, an accident or loss of a loved one). A person suffering from soul loss may feel such things as feeling dead inside, suffering memory gaps, feeling out of body or listless, or experiencing frequent physical illnesses. For a shamanic practitioner, it is important to find those essences, help them to heal, and bring them back into the person to help make him/her “whole” again.<sup>16</sup> In contrast, contemporary psychology recognizes “dissociation,” where people “split off from their body” at times of

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stress. In this context, the patient is helped to regain or describe the lost experience and can be healed.<sup>16</sup>

Shamans recognize two realities reflecting an individual's state of consciousness. People in the "ordinary state of consciousness" perceive "ordinary reality"; those in the "shamanic state of consciousness" enter into and perceive "nonordinary reality" (NOR). Shamanic practitioners in contemporary Western practice enter the shamanic state of consciousness through the use of sonic driving (drumming or rattling).<sup>24-28</sup> Entering into NOR, and the experiences while in this state, comprise a shamanic "journey." *Shamans*, by definition, are individuals who journey with discipline in NOR with the specific intent of helping others.<sup>16,19,23,29</sup>

The primary task of the shamanic practitioner (SP) is to help restore wholeness to the individual or community. Shamanic practitioners use their connection with helping spirits to clear out blocking or "negative" intrusive energy (extraction), bring back soul essences lost during trauma or illness (soul retrieval), and engage in spiritual healing (guided visualization, ritual, etc).<sup>16,17,22,23</sup>

The shaman's "preverbal imagery" for treating health problems may permit imagination to act directly upon the physical substrate of tissues, organs, and cells through a system of biological communication that evolved prior to language.<sup>22,30-32</sup> This healing information and energy is transmitted to the participant through verbal and nonverbal communication.

Shamanic healing is interactive, enabling individuals to regain their "power" and participate in their own healing. Treatment may also involve helping the patient to integrate spiritual healing by modifying behavior, diet, or lifestyle, engaging in counseling, or incorporating ritual or spiritual practice (eg, learning to journey) into their lives.

Working in cooperation with SPs who practice in the Portland, Oregon, community, the authors developed a shamanic healing intervention for women with TMD. The intervention was standardized to five visits with an SP, during which a preestablished set of shamanic treatments (soul retrieval, etc) could be done. We structured the protocol as a whole systems intervention,<sup>33</sup> allowing SPs to follow the instruction of their spirit guides and tailor treatments to individual needs of participants. We used both qualitative and quantitative methods to study treatment outcomes, since shamanic healing had not previously been evaluated in a clinical trial. Our strategic purpose for including qualitative methods was to explore in-depth the experiences of participants expressed in their individual narratives.

We expected discussions in interviews to focus on treatment-related changes in TMD, given the significant changes in pain participants reported in the standard pain assessments during the study and in follow-up.<sup>34</sup> At the final treatment visit we found significant decreases from baseline in three primary outcomes: usual pain ratings declined from 4.96 to 2.70 ( $P < .0001$ ), worst pain from 7.48 to 3.60 ( $P < .0001$ ), and functional impact of TMD from 3.74 to 1.15 ( $P < .0052$ ). Levels of pain and functional impact continued to show slight, though nonsignificant, declines from end of treatment to nine months after treatment ended. This suggests that gains experienced during treatment persisted for at least nine months following treatment.

Because of our own and others' complementary and alternative medicine (CAM) research experience, we expected some discussion of the other effects of treatment, such as sleeping better.<sup>35-40</sup> When we reviewed the qualitative data, however, we realized that participants had much less to say about the effects of treatment on TMD symptoms (approximately 108 passages of text) than they did about all the other effects of treatment (approximately 321 passages of text).

As we read our participants' words, the reasons for this discrepancy became clear. Participants described changes in their emotional, spiritual, and physical selves as well as greater awareness of self and environment. They also reported being able to change aspects of their lives, including their relationship to TMD pain. These changes, which we have characterized as transformation, were generally so profound that the physical changes they experienced were dwarfed in comparison.

One way to understand transformation is to ground the analysis in the patient's phenomenological experience of healing.<sup>41,42</sup> This approach has been taken by other CAM researchers to explore transformations resulting from CAM therapies that may elude conventional methods of determining efficacy. Attending to the narrative accounts of participants provides at least partial access to this phenomenological world,<sup>41-43</sup> and can provide insights into the process by which it occurs. In this paper, we draw upon participants' descriptions of the multiple dimensions of change to characterize and define the transformative experience.

## METHODS

### Study Overview

As shamanic healing had not previously been evaluated in a clinical trial, we conducted this study as a phase I trial in which we tested the feasibility of participant recruitment, and protocol development and implementation. A phase I clinical trial design tests the feasibility of an intervention not previously evaluated and does not require a control or comparison group.

We recruited participants from the general population in Portland, Oregon, using descriptive flyers and newspaper advertisements. To be eligible, women needed to be aged between 25 and 55 years, be naive to shamanic healing, have an existing diagnosis of TMD confirmed by a trained and calibrated dental examiner at initial screening, and score a pain level of three or higher on the Research Diagnostic Criteria Axis II questionnaire (a calibrated dental examiner has received training in how to conduct a particular procedure—in this case, the TMD research diagnostic exam—and has been tested, or calibrated, against a "gold standard" examiner).<sup>44</sup> Of the 23 participants who entered the trial, 20 completed treatment (Figure 1).

As described in Vuckovic et al,<sup>34</sup> the intervention consisted of five visits with a randomly assigned shamanic practitioner. Each of the 20 participants who completed treatment received at least one soul retrieval. During a soul retrieval, an SP journeys into NOR to find the essences that have split away, asks them if they are ready to return, and brings back the gift that was lost when that part of the person's vital essence left. The SP brings that essence into ordinary reality and gently blows it into the heart of the participant, then tells the participant what gift has returned.

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