

# McCLENON'S RITUAL HEALING THEORY: AN EXPLORATORY STUDY

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**ABSTRACT:** This article concerns the variables antecedent to the beliefs surrounding, and experience of, shamanism. McClenon has devised a model—Ritual Healing Theory—in which a chain of variables leads to shamanic belief and experience and thence to healing of various sorts. The present study examined a number of variables in order to ascertain in a preliminary way the viability of McClenon's model: childhood trauma, hypnotizability, anomalous experience, and shamanic belief and experience. Childhood trauma was positively but nonsignificantly correlated with hypnotizability, hypnotizability was positively and significantly correlated with anomalous experience, and anomalous experience was positively and significantly correlated with shamanic belief/experience. Thus there was some evidence that the various variables postulated by McClenon in the chain of causation are related to each other in the way that he posits. Finally, transliminality correlated with all the variables in the model except childhood trauma. It is suggested that transliminality may be located between hypnotizability and anomalous experience or conceivably could be a factor underlying all the variables.

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The practice of shamanism still remains a vital tradition in many countries. McClenon (2002) defined the "shaman" as the person who links the world of people and the world of the "spirit(s)" and uses ecstatic trance states to "travel to other dimensions." The shaman's primary objective, however, is healing of others, and ritual hypnotic processes are the central element within these shamanistic therapies (Krippner, 2000). It is through rituals that the shaman is able to perform curing/healing functions (Walsh, 2001), and the majority of the rituals performed are carried out with the fundamental motive to heal. Unlike "Western" culture, in which sickness tends to be viewed as "bad" and the fault or weakness as belonging to the physical body, in shamanism illness or bad health are believed to be caused by harmful spirits. A shaman who follows the correct procedures and imprisons these spirits becomes a friend of the community and helps treat and fight off sickness (Lewis, 1985). Spiritual healing thus aims to remove the evil spirit/demon/sickness.

Shamanic hypnosis of the afflicted person is the most commonly employed technique used to aid in healing both psychological and physical disorders. Hypnosis, stimulated for the benefit of shamanic rituals, can include the following activities: sensory restriction or overload, fasting, ingesting drugs, repetitive movements, dancing, drumming, and chanting (Lewis, 1985). These are all features that can induce altered states of consciousness (Winkelman, 1990). Clottes and Lewis-Williams (1998, cited by Krippner, 2000) suggested

that there are three stages of altered consciousness used predominantly in shamanic ceremonies:

In Stage One, people move from alert consciousness to a "light" alteration, beginning to experience geometric forms, meandering lines ... Stage Two, people begin to attribute complex meaning to these "constants"... Stage Three, these constants are combined with images of people, animals and mythical beings ... [and people] begin to interact with these images. (Krippner, 2000, p. 107)

Paranormal experiences and belief—part of many shamanic societies—have been reported since early human history, and Bower (2001) contended that mystical or paranormal experiences may extend into prehistory. Besides healing, psychic phenomena (or at least the *appearance* of them) are another of the shaman's ritual functions and include telepathy and clairvoyance. This display of control and power over the "spirit world" strengthens the "suggestive effect on the audience" (Lommel, 1967, p. 10), and observing the display at a group level may increase individual anomalous belief and experience.

Many legends and accounts of shamans' ostensibly paranormal powers have filtered into Western society. For example, individual shamans have been reported as altering the weather from a cloudless sky to rain. Another account is by Speck (1919, cited by Kalweit, 1987), who wrote that the North American shamans of the Penebscot possessed the powers of levitation, precognition, telepathy, and clairvoyance.

A recurring theme within the anthropological literature is that shamans are "wounded healers"—individuals who suffer from stress-related disorders but who have gained mental stability through indigenous therapeutic processes. Lewis (1985) described the basic patterns surrounding this process, and the anthropological literature is filled with example cases. People, particularly women, exposed to stressful environments are most likely to suffer "shamanic sickness" and as a result of shamanic healing to become shamans. Broddy (1988) provided examples of this process in Sudan. Women, who must endure oppressive conditions, often experience dissociative states labeled as "spirit possession." They recover mental stability through ritual practices that lead them to becoming shamanic practitioners themselves. Child abuse is "merely" an extreme form of social stress.

McClenon's (1997) Ritual Healing Theory (RHT) suggests that childhood trauma may lead to dissociation that can help to alleviate the stress during repeated trauma. Dissociative/hypnotic experiences allow the person to experience anomalous experiences (including paranormal events), which in turn convinces them of the reality of shamanism as a viable practice to help healing. A diagram illustrating these processes may be found in Figure 1, which was kindly provided to us by McClenon.

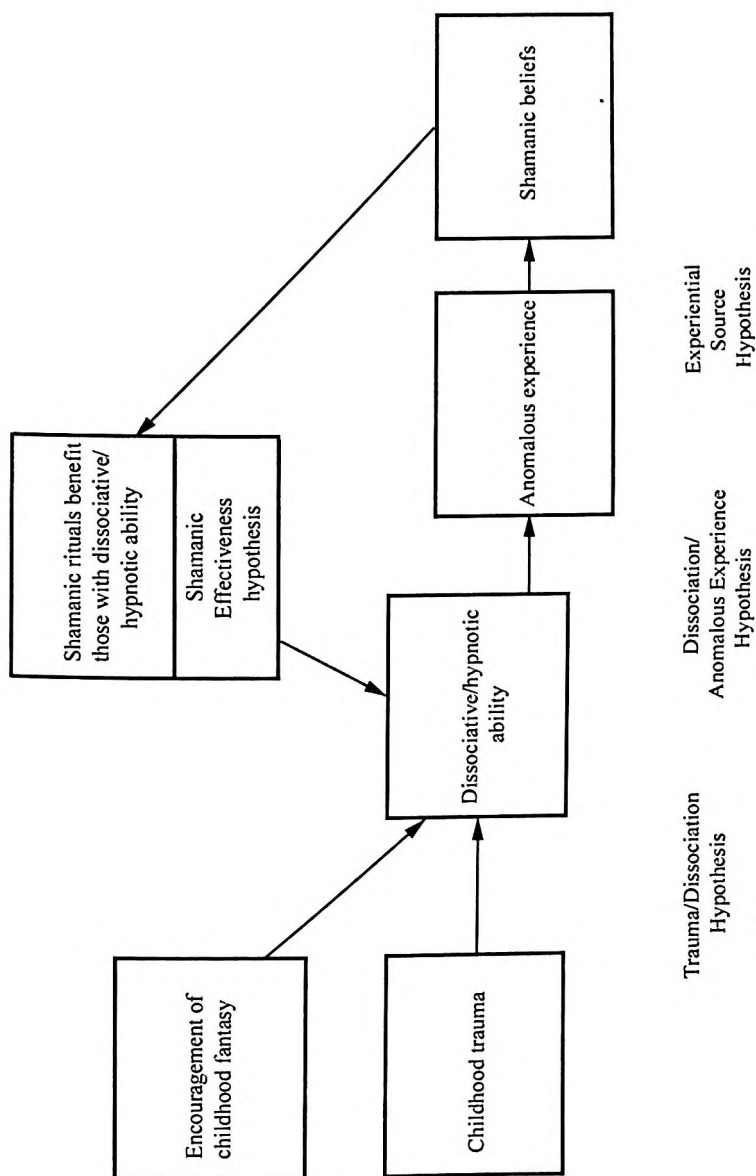


Figure 1. Ritual Healing Theory

It is relevant at this juncture to note that Lawrence, Edwards, Barraclough, Church, and Hetherington (1995) took a Structural Equation Modeling approach to the relationship between several variables, including childhood trauma and fantasy proneness (which has been considered to be a strong correlate of hypnotizability), and paranormal experience and paranormal belief. This research revealed two routes to paranormal experience, one via trauma directly and one via fantasy proneness.

The present study examined the chain of variables, from childhood trauma to hypnotizability to anomalous experiences to shamanic belief/experience. It was postulated that there are significant positive correlations between (1) childhood trauma and hypnotizability, (2) hypnotizability and anomalous experience, and (3) anomalous experience and shamanic belief/experience. In addition, the concept of transliminality was introduced as a potential addition to the RHT. Transliminality is defined as "the hypothesised tendency for psychological material to cross thresholds into or out of consciousness" (Thalbourne & Houran, 2000, p. 861). For example, imagery, ideation, affect, and perception may cross the threshold from the subliminal state to supraliminal consciousness or from the external environment to supraliminal consciousness provided that sufficient levels of activation are reached. Transliminality is a perceptual-personality variable that has been found to correlate with a history of childhood trauma (Thalbourne, Houran, & Crawley, 2003). It may therefore correlate with at least one of the four RHT variables listed above.

## METHOD

### *Participants*

A total of 54 people from the general public living in metropolitan Adelaide participated in this study. Participants were approached by G. C. via email, telephone, mail, or in person. Around 5% were family, whereas the rest were friends of friends (25%), work colleagues and their families (40%), some complete strangers (20%), and university students (10%). Only 2 rejections were encountered. Age ranged from 20 to 72 years ( $M = 37.46$ ,  $SD = 13.47$ ), and there were 19 males and 35 females. A condition for taking part in this study was that participants had to be aged 18 or over due to ethical considerations relating to the measure of childhood trauma (see below).

### *Materials*

A pencil-and-paper questionnaire was constructed, consisting of five scalar measures, in the following order of administration: (1) the 60-item *Ås Experience Inventory*, from which 3 items were removed due to datedness (*Ås*, O'Hara, & Munger, 1962); the response format is

"Yes," "?," and "No"; items cover 9 hypnosis-related categories: altered state—fading of generalized reality orientation; tolerance for logical inconsistencies; role-taking; dissociation/exclusion of distracting stimuli; willingness to relinquish ego control; tolerance for regressive experiences; constructive use of regression; peak experiences; basic trust/interpersonal relations. Thalbourne (1995) replicated the finding that high scorers on this Inventory are more likely to believe in and experience the paranormal. (2) the Revised Transliminality Scale, Form B (Lange, Thalbourne, Houran, & Storm, 2000; see also Houran, Thalbourne, & Lange, 2003), which has 29 true/false items, 17 of which make a Rasch scale. (3) the Survey of Traumatic Childhood Events (STCE, Council & Edwards, 1987), which normally consists of 30 items about various traumatic events; response categories were (A) none, (B) 1, (C) 2 to 5, (D) 6 to 10, and (E) more than 10. At the insistence of the relevant ethics committee, 6 items (20%) that were of a sexual nature were excluded from the questionnaire. (4) the 29-item Anomalous/Paranormal Experiences subscale of the Anomalous Experience Inventory of Kumar, Pekala, and Gallagher (1994). For this study the true/false format was replaced by the alternatives "never," "once," "now and again," and "frequently." (5) Finally, a questionnaire was devised by M. T. to measure Shamanic Belief and Experience. It is reproduced in its entirety in Appendix A.

Descriptive statistics for the five scalar variables are given in Table 1.

TABLE 1  
DESCRIPTIVE STATISTICS FOR THE RESEARCH VARIABLES (*N* = 54)

Scale	Theoretical range	Actual range	Mean	<i>SD</i>	Skewness	Kurtosis	Alpha
Survey of Traumatic Childhood Events	23-115	30-77	43.69	10.75	1.310*	1.942*	.77
As Experience Inventory	57-171	94-162	125.67	14.49	.119	-.331	.81
Anomalous/Paranormal Experience Scale	29-116	32-84	48.07	11.70	.818*	.276	.85
Shamanic Belief and Experience	6-22	6-18	10.07	3.22	.614	-.173	.62
Revised Transliminality Scale	13.7-37.3	13.7-32.5	24.98	3.93	-.420	.317	.82**

\* Distribution is significantly different from the normal

\*\* KR-20

## RESULTS

Note that there were a number of departures from normality in this set of variables (excessive positive skewness in two and excessive kurtosis in one), so it was decided that for the sake of conservatism the correlations would be Spearman. Note that all correlations had an  $N$  of 54.

*Childhood Trauma and Hypnotizability*

Scores on the Survey of Traumatic Childhood Events correlated positively but nonsignificantly with scores on the  $\bar{A}$ s Experience Inventory:  $r_s (N=54) = .06, p = .325$ , one-tailed. The amount of childhood trauma that the participants had did not correlate significantly with degree of hypnotizability.

*Hypnotizability and Anomalous/Paranormal Experience*

Scores on the  $\bar{A}$ s Experience Inventory correlated positively and significantly with scores on the Anomalous/Paranormal Experiences scale:  $r_s (N=54) = .59, p < .0005$ , one-tailed. The higher the degree of hypnotizability, the more frequent were anomalous/paranormal experiences.

*Anomalous/Paranormal Experience and Shamanic Belief and Experience*

Scores on the Anomalous/Paranormal Experiences Scale correlated positively and significantly with scores on the questionnaire measuring Shamanic Belief and Experience:  $r_s (N=54) = .53, p < .0005$ . The more frequent were the anomalous/paranormal experiences, the more common were shamanic belief and experience.

*Ritual Healing Components and Transliminality*

Transliminality correlated positively and significantly with hypnotizability,  $r_s (N=54) = .67, p < .0005$ , anomalous/paranormal experiences,  $r_s (N=54) = .68, p < .0005$ , and with shamanic belief and experience,  $r_s (N=54) = .50, p < .0005$ , but nonsignificantly with extent of childhood trauma,  $r_s (N=54) = .13$ , n.s.).

*Post Hoc Analyses*

One reviewer of this paper suggested that, given the occurrence of strong effect sizes in these data, the sexes be examined separately. The correlations between the four relevant variables (childhood trauma with hypnotizability, hypnotizability with anomalous experiences, and anomalous experiences with shamanic belief and experience) were therefore rerun. The results for each sex separately were essentially the same.

The same reviewer suggested that the belief questions of the Shamanic Belief and Experience (SBE) questionnaire were not really relevant to Ritual Healing Theory and that only the two experiential questions were appropriate (Nos. 4 and 5 in Appendix A). The Spearman correlation between anomalous experiences and the sum of these two questions was therefore calculated:  $r_s (N = 54) = .34, p = .005$ , one-tailed. Thus, even with a purely experiential scale, the correlation between anomalous experiences and shamanic experience still holds. It is noteworthy that, as a supplement to the table of intercorrelations in Appendix B, shamanic experience also correlated significantly and positively with childhood trauma,  $r_s (N = 54) = .29, p = .037$ , two-tailed, with hypnotizability,  $r_s (N = 54) = .32, p = .020$ , with anomalous experience,  $r_s (N = 54) = .34, p = .011$ , and with transliminality,  $r_s (N = 54) = .33, p = .015$ . Moreover, shamanic experience correlated  $r_s (N = 54) = .60$  with the sum of the four shamanic belief questions ( $p < .001$ ).

## DISCUSSION

This small study examined the pairwise relationships of McClenon's Ritual Healing Theory (RHT) in sequential order. Though, contrary to prediction, childhood trauma did not correlate significantly with hypnotizability, evidence was found for significant positive correlations between hypnotizability and anomalous/paranormal experiences, and between these experiences and shamanic belief and experience. As such the results are by and large consistent with expectations from RHT.

In future research, investigators might consider using more conventional measures of hypnotizability such as the Harvard Scale. The Shamanic Belief and Experience measure could also be revised to improve clarity of items: the phrase "sacred religious rituals" was interpreted by some as involving Catholic or Anglican church services, whereas other participants did not consider church services sacred. Alternatively, the measure could be revised to include only experiential items as it is a moot point whether the belief items are relevant.

One drawback of this study is that *causation* is implied by McClenon but we were not in a position to speak from more than a *correlational* base. Replication in a larger sample is desirable, especially one of a magnitude sufficient to allow the application of regression path analysis and Structural Equation Modeling. It was not logistically possible to collect any more data than the sample of 54, and that is the reason we describe this research as an exploratory study.

The examination of transliminality with other variables proved fruitful. It is a new finding that the highly transliminal person is more likely to be hypnotizable, though it has already been demonstrated that such persons are high in dissociation (Thalbourne, 1998). The correlation with anomalous/paranormal experiences was to be expected given that transliminality is an index of the sheep-goat variable (Thalbourne &



Houran, 2003). However, it is unclear how the correlation with shamanic belief and experience is to be interpreted: Perhaps rituals are more likely to be absorbed by the highly transliminal person; it may also be relevant that transliminality correlates with religiosity (Thalbourne, 1998). It is open to speculation where, if anywhere, transliminality fits into the RHT model: We would argue that if it is a component, then it lies between hypnotizability and anomalous/paranormal experiences. Path analysis would enable this hypothesis to be tested, as well as *indirect* relationships between variables to be observed. Another, more radical, suggestion is that transliminality in fact *underlies* all the Ritual Healing components. A post hoc regression analysis showed that the four Ritual components accounted for 54% of the variance in transliminality scores:  $R = .735$ ,  $R^2 = .540$ ,  $F(4,49) = 14.38$ ,  $p < .0005$ , betas significant for hypnotizability (.39) and for anomalous experience (.40) but were nonsignificant for childhood trauma and shamanic belief and experience.

Unexpectedly, there was no correlation between childhood trauma and either transliminality (cf. Thalbourne et al., 2003) or hypnotizability, but this may have resulted from the omission of the 6 sexual abuse items from the survey that was used. It is recommended that in the future the entire Survey of Traumatic Childhood Experiences be employed and that more cogent arguments for its use be proffered to relevant ethics committees.

This pilot study has demonstrated that McClenon's model is testable, and it provides some preliminary validation concerning the relationships between its components. As such it is a good beginning.

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## APPENDIX A

### SHAMANIC BELIEF AND EXPERIENCE QUESTIONNAIRE

- (1) Do you believe that a person can experience spiritual healing, namely, the restoration of physical, mental, emotional or spiritual health through occult, supernatural or paranormal means? YES ? NO

- (2) I believe that I have experienced spiritual healing, namely, the restoration of physical, mental, emotional or spiritual health through occult, supernatural or paranormal means.

☐ often ☐ now and then ☐ once ☐ never

- (3) Do you believe that some people can experience trance channeling through themselves, of their higher self, of a spirit or of a discarnate entity? YES ? NO

- (4) I believe that I have experienced trance channeling through myself, of my higher self, of a spirit or of a discarnate entity.

☐ often ☐ now and then ☐ once ☐ never

- (5) I have officiated at the performance of sacred religious rituals.

☐ often ☐ now and then ☐ once ☐ never

- (6) I have taken part as a recipient of sacred religious rituals.

☐ often ☐ now and then ☐ once ☐ never

## APPENDIX B

INTERCORRELATIONS (SPEARMAN RHO) FOR ALL THE RESEARCH VARIABLES ( $N = 54$ )

Variable	1	2	3	4
1. Childhood trauma	—			
2. Hypnotizability	.06	—		
3. Transliminality	.13	.67***	—	
4. Anomalous experiences	.40**	.59***	.68***	—
5. Shamanic belief/experience	.22	.50***	.50***	.53***

\*\*  $p \leq .01$  \*\*\*  $p \leq .001$ , two-tailed.