

PARADISE REGAINED: "MIRACULOUS HEALING"  
IN AN ISRAELI PSYCHIATRIC CLINIC

**ABSTRACT.** The articulation of the experience of distress in terms of prevailing cultural idioms is deemed a crucially important factor in the effectiveness of healing devices across the globe. This curative factor, however, is not easily attainable in multicultural settings where therapist and patient do not share the same world view or explanatory models. In the following case presentation we report a culturally sensitive employment of strategic therapy with an ultra-orthodox psychiatric patient in Jerusalem. Despite the enormous cultural gap between the parties, the therapists were sufficiently sensitive to the patient's mythic world to enable him to recast his traumatic experiences in the mold of key idioms of his cultural background. These idioms were amplified by providing the patient with a myth-congruent metaphor and manipulated to afford a dramatic resolution of his emotional conflict. In what follows we discuss the setting of the therapy, the patient's background and diagnosis and the course of treatment. Following a verbatim account of the last therapeutic session, in which the patient's self-reconstitution had been completed, we discuss the cultural idioms synthesized in the text and the pertinence of hypnotic and metaphoric therapies to multicultural settings.

Attempts in anthropology to uncover the deep structure of symbolic healing have often followed Lienhardt's (1981) and Levi-Strauss' (1963) classic accounts in highlighting the importance of articulating the experience of distress in terms of cultural idioms (e.g. Crapanzano 1973; Dow 1986; Good and Good 1986; Kleinman 1980). Most formulations propose a two-step process in which healers "draw on metaphors resonant within the culture to construct the illness reality and then symbolically manipulate it to effect healing" (Good and Good 1986:18). In Dow's terms, the gist of the process constitutes "an ontological shift for the patient into a particularized mythic world" (1986:66).

The reliance on culturally powerful metaphors implies that the healing process is significantly facilitated when the parties in the therapeutic encounter share at least a substantial portion of the same symbolic universe. Notions such as common assumptive world (Frank 1973), shared world view (Torrey 1972), and distance between explanatory models (Kleinman 1980) highlight the importance of *some* therapist-client compatibility for therapeutic effectiveness. Without it, therapy may fail (cf. Draguns 1981; Pande 1968) because "the patient's metaphoric understanding of the illness condition is hidden from or rejected by the therapist, or because the therapist is unable to construct a metaphor with adequate power to provide the patient leverage to transform the grounds of suffering" (Good and Good 1986:19). To overcome this inefficacy

Western therapists in a multicultural setting must familiarize themselves with the cultural notions that forge clients' mythic world (cf. Marsella and Pedersen 1981). But since Western psychotherapies are grounded in their own mythic worlds, this putatively platitudinous prescription might not be so easy to implement. Attending to two clinical realities (Kleinman 1980), each instituting (and instituted by) a distinctive system of meanings based on different sets of transactional symbols, might have a disruptive impact on the therapeutic discourse. Different meaning systems are not necessarily commensurable or compatible, and even if they are, assuming that their symbolic formulations stand for similar psychic processes (see, e.g. Garrison 1977, Horton 1961, and Wallace 1958 for the fit between psychoanalysis and various native therapies), there remains the problem of translatability from one idiomatic system to another.

Yet the problem of moving and maneuvering between mythic worlds is not as vexatious for all Western psychotherapies. While very many techniques, mostly psychodynamically oriented, are constrained by notions pertaining to Western cultural ethos, nothing in the rationale of directive or strategic methods (Haley 1963) prevents them from focusing on the patient's mythic world as the kernel of the therapeutic intervention. Here "the therapist endeavors as best as he can to adapt himself to the world view of the client. He or she tries to speak the client's language and to express the therapeutic myth in the client's words" (Van der Hart 1988:14).

In the case presentation that follows we report a culturally competent employment of strategic methods based on metaphoric imagery work. The patient, a 35 year-old ultra-orthodox Jewish *yeshiva* (religious academy) student of Mideastern extraction, was referred by his wife to the Community Mental Health Center in Northern Jerusalem following a severe trauma. He was treated by a pair of therapists,<sup>1</sup> a psychiatrist and a clinical psychologist, using hypnosis. Given the enormous gulf between the therapists, both secular and of European background, and the patient, the 18-session therapy administered aptly deserves the designation cross-cultural. Notwithstanding this cultural gap, the therapists were sufficiently sensitive and attentive to the patient's mythic world to enable him to articulate his traumatic experiences and recast his symptoms in the mold of the prevailing idioms of his cultural background (cf. Crapanzano 1975; Obeyesekere 1970). In keeping with Prince's (1976, 1980) concept of "endogenous healing mechanisms," the patient was engaged to some extent in *self-healing*, as he was the one to pick up and make use of his culture's idioms. The therapists, however, acting as catalysts, created an atmosphere favoring the evocation of these idioms. Once available to the patient, these idioms were amplified by providing him with a myth-congruent metaphor (cf. Fernandez 1977; Van der Hart 1985). During a metaphoric imagery work the idioms were

manipulated to afford rearticulation of the patient's emotional conflict and its resolution.

In what follows we discuss the clinical setting in which the treatment took place, the patient's background and psychiatric status, and the course of the therapeutic process. In light of the vicissitudes in the clinical picture during therapy we reexamine his preliminary diagnosis of depression arguing for the culturally sensitive, though rarely employed category of hysterical psychosis. The 18th session, the climactic end point of the treatment in which the patient completed a dramatic transformation in his particularized mythic world, is presented verbatim.<sup>2</sup> The cultural idioms synthesized in this text are discussed and analyzed in an attempt to account for the "ontological shift" that the patient underwent during therapy. Finally, we discuss the pertinence of hypnotic and metaphoric therapies to multicultural settings.

### THE SETTING

The Community Mental Health Center provides out-patient psychiatric care to the inhabitants of the Jewish neighborhoods of Northern Jerusalem. The catchment population, circa 130,000, includes most of the ultra-orthodox communities of the city. The members of these communities, strictly adhering to the *Halacha* (Jewish Law) which governs every aspect of their daily lives, are part of a distinct sub-culture, sharply separated from the rest of Israeli society. While most of the mental health practitioners in the Center are not religious and do not share their patients' worldview (cf. Gaines 1982), their on-going exposure to the latter's belief systems and peculiar forms of psychopathology has led them occasionally to employ elements from Jewish religious traditions in their interventions (see Greenberg et al. 1987; Witztum et al. in press).

Of the co-therapists involved in the case presented here, the psychiatrist is particularly well-versed in Jewish custom and lore. The other therapist, a Dutch psychologist who spent a sabbatical in the Center, is a skilled hypnotist with extensive experience in the strategic employment of rituals and metaphors in therapy. Although less acquainted with the particulars of Jewish religious traditions, he was an active partner in planning the therapeutic framework and in providing the patient with the appropriate setting for evoking his culturally based idioms of distress. In the course of treatment these idioms were mainly negotiated and discussed with the first therapist. This division of labor, somewhat akin to a cultural consultation clinic (Good et al. 1982), proved quite effective in this case.

## THE PATIENT

Avraham was born in Jerusalem to parents of Mideastern background: his father, a well-known rabbi, who was also his first teacher of the Torah, was of Iranian descent, while his mother came to Israel from Libya. When Avraham was 8 years old his father was killed in a car accident. Subsequently his mother contracted a severe depression and could not take care of her 9 children. Avraham was placed in an orphanage and later studied in a series of orthodox *yeshivot*. At age 20 he married a girl of similar ethnic background and since then had 5 children. Avraham has never worked for his living, and the modest monthly allowance he received as a *yeshiva* student was the family's sole source of income. He maintained this marginal life-style of 'open-ended' religious study until his mental breakdown.<sup>3</sup>

As an observant Jew, Avraham was frequently drawn to the Western Wall, the Second Temple's vestige in the Old City of Jerusalem which is the most sacred site in Judaism. On October 16, 1986, while he was praying at the Wall, terrorists threw 3 hand grenades into the crowd of congregants there, killing one person and wounding 69 others. Avraham was not directly hit, but the force of the explosion knocked him to the ground. As far as he remembers he was not unconscious.

Following this traumatic event, Avraham's behavior markedly changed. He began to talk to himself in fragmentary, incoherent sentences, speaking constantly of bombs and people dying. He was easily startled, distracted, and paid little attention to his family. After two weeks he began to consume huge quantities of food, to the extent of grabbing his children's meals from their plates. Chronically overweight, Avraham gained about 40 pounds over the next month. As a result he developed peripheral edema and episodes of cellulitis, requiring medical attention. During the fifth week he withdrew even more, had extensive spells of crying, loss of libido, and according to his wife, was deeply depressed.

He also began to experience severe sleep disturbances, including insomnia and periods of shouting and crying during apparent sleep. In addition, he completely neglected his personal appearance, refusing to bathe, shave, or change his clothes. Because of poor attendance and his inability to concentrate on his studies, he was dismissed from the *yeshiva* and lost his monthly stipend. Apart from Avraham's deranged behavior, which led his wife to bring him to the Mental Health Clinic, the family's deteriorating economic situation following the loss of their sole source of income became increasingly stressful. Only after the end of the therapeutic sessions was this predicament somewhat relieved through a regular welfare support.

## TREATMENT

When first examined in the Clinic, Avraham hardly spoke but rather cried and moaned as if in acute, agonizing pain. Under these circumstances it was impossible to evaluate him for a thought disorder. Based on the prevailing dysphoric affect and the wife's account, a tentative diagnosis of depressive episode was made and antidepressant medication (imipramine) was initiated.

After a month of medication the clinical picture had not changed. Cooperation in the Clinic remained poor as Avraham kept groaning and screaming without verbalizing his apparent distress. At home, the sleep disturbance had even worsened and agitated behavior became more frequent, especially at night. In response, Melleril was prescribed and then increased to 600 mg/day over the next three months. Despite the heavy medication only a mild sedative effect was noted.

The first clue to the patient's agonized inner world was obtained when the therapists, assuming they were dealing with an emerging case of post-traumatic stress disorder, interpreted his agitated motor movements as acting out of the traumatic event at the Western Wall. Avraham, heretofore virtually dumbstricken, acknowledged this interpretation and started haltingly to explain what had happened there. It became apparent that he often had dissociative episodes in which elements of the terrorist attack were repetitiously relived. Whenever the therapists were able to enter these episodes, Avraham would verbally communicate with them; otherwise cooperation remained poor. In all probability, Avraham would have dropped out from therapy at that early phase, were it not for his wife's help and stamina. She was present in each of the sessions and carried on dutifully the therapists' instructions at home, documenting her husband's bizarre behavior and helping him to relax when agitated.

While haunting scenes from the terrorist attack were the first to be uncovered, it gradually became clear that Avraham's terrifying nightly episodes were of different content: Avraham felt persecuted by a scary figure, vaguely described as a nonhuman with a cock's legs. When this vision occurred he became so frightened that he would run around in the room shouting for help and hitting his head against the wall. According to notes taken by his wife, this visual hallucination tormented Avraham two or three times each night. She also reported that he refused to go out of the house during day time and constantly kept all of the windows and curtains closed, claiming that people were trying to kill him. This delusional ideation was apparently invigorated by the nightmares.

Under hypnosis – which the patient entered very easily – more features of the persecuting figure were unraveled. It was a black creature with red eyes who constantly mocked Avraham and threatened him, saying: "I killed your father and now I am going to kill you just as I killed him." It gradually became apparent that Avraham's father was also present in this hallucination, standing in

the shadows and looking sadly at his son; but he seemed entirely helpless and could not come to his rescue. Frustrated by his father's unresponsiveness, Avraham would typically try to escape from the black figure, but to no avail.

The presence of the deceased father in the persecutory hallucination led the therapists to examine more directly the impact of his untimely death on his son's plight. Avraham was asked to write a letter "to his father" with the assistance of his wife, in which he would specify everything he wanted to tell him (cf. Van der Hart 1983). The letter he brought to the following session began with the words "Father, father, father, why did you leave me? Why didn't you come to my wedding?" The mature handwriting in the first sentence quickly degenerated into a disorganized pattern, with large letters typical of a young child. When asked to read the letter aloud, the same regression was noted: although he began in a composed manner, his composure soon gave way to episodes of screaming and hitting himself vigorously, interspersed with regressive states of rocking back and forth and masticatory movements and utterances. In response to the therapists' inquiry, Avraham relived the old trauma in behavior and mannerisms typical of a young child, "8-year old" as he himself stated, unable to reconcile the loss of a beloved and powerful parent. He expressed with deep emotion the feeling that from now on he would "forever be alone, that life would never be the same, and that forever there would only be a cloud of emptiness."

Following this session Avraham's functioning deteriorated even more. The nightly attacks increased in volume and were extended to day time as well. The bulimic bouts were also rampant, and the resultant weight gain exacerbated his medical condition and for a while prevented him from attending the scheduled therapeutic sessions.

When Avraham resumed therapy he disclosed that after his father's death he often had nightmares similar in intensity to the current terrifying hallucination. Despite this disclosure, it was decided to concentrate again on the hallucination, without pursuing its apparent association with the loss of the father. Although the patient vaguely designated the figure that persecuted him as "the Black," without specifically identifying it, the therapists came to the conclusion that it was a demonic agent. Given this assumption, which was based on the stereotypical descriptions of demons in Jewish folk-religion (and which the patient did not belie), Avraham was instructed to utter, loud and clear, the following formula thrice whenever he saw the black figure: "Go, go, go away because you do not belong to our world." This incantation proved effective in fending off the harrassing figure when hypnotically summoned during therapy. At home, in the company of his wife, it was no less efficacious; but when Avraham met the Black alone it proved inadequate.

This partial success led the therapists to try another measure based on Jewish (as well as non-Jewish) demonology. Since in exorcistic rituals identifying the demon's name is a prerequisite for overpowering it, Avraham was instructed to

educate his adversary's appellation when facing it. When he rehearsed this during the session, the demon refused to disclose its identity and ran away. In addition, Avraham was taught relaxation techniques using self-hypnosis, which he was to practice at home, with the assistance of his wife. For a while the combined use of assertiveness and relaxation had a fruitful effect, but then the Black recovered and resumed its attacks, assisted now by two aids. This demonic triad almost succeeded in drowning the patient, when he envisioned them while in the *miqveh* (ritual bath). They approached him again in the Clinic, when Avraham was in deep hypnotic trance; but this time, fortified with the therapists' encouragement and support, he succeeded in driving them away after a strenuous endeavor to extract the demon's name. This time Avraham noticed that one of the demonic aids took the form of a black dog.

The therapeutic sessions took a new course when imagery work was first attempted during hypnosis. Avraham was instructed to close his eyes and visualize the setting where he last saw the Black and its aids. His response – "a desolate place" – was picked up by the therapists as a guiding metaphor for his current state in life. They redefined it as "a desert," and urged him to look around for signs indicating the direction he should take to find protection. When he said that he saw nothing they insisted that he should go on scanning the area. Eventually he saw far away in the horizon a small spot of green. The therapists suggested that this could be an oasis where he might find shelter, food, and the company he was looking for. (In giving the last suggestion the therapists had the patient's father in mind.)

In the following sessions the metaphor of moving through the desert toward the distant green spot was crystallized as the patient, aided and abetted by the therapists, kept going in the direction of his destination despite recurrent harrassments by the Black and its aids. As before, he met their challenges with assertive attempts to extract their identities. While these counterattacks were not effective in entirely eliminating the demonic triad, they kept them at a distance. Having had some of his confidence restored, Avraham even tried to capture the Black, but the latter was smart enough to keep off. All that time, the wife's diary documented a moderate but systematic decline in demon-related nightmares and hallucinations at home. The therapists would start each new session by going over the diary and assessing the progress. This was done also in the beginning of the 18th session, which is hereby presented verbatim. E. and O. were the two therapists.

#### THE EIGHTEENTH SESSION

E. (reading in the wife's diary):

... he saw the black man standing by the mountain. When he reached the mountain I told

him: 'Now you'll take a stick and some stones, so he'll (have to) tell you his name; and you'll throw the stones at him if he doesn't.' Then he (the black man) drew closer, and he said to him: 'What is your name? Tell me. I won't let you go; you must tell me!' And the other became very scared and mumbled odd, incomprehensible sounds. And then he said: 'I don't understand the name. Tell me, loud and clear, what is your name?' And then the other ran away.

On Sunday my brother came from Bnai Brak (an ultra-orthodox community near Tel Aviv). This was the death anniversary of the holy Or Hachaim (literally 'The Light of Life,' this is the common appellation of Rabbi Chaim ben Attar, a renowned Talmudist and Kabbalist of the early 18th century, following the title of his most well known book). He took him to the Rabbi's grave (on the Mount of Olives in Jerusalem), and they prayed there. He wept there and cried and asked the *tsaddiq* (a designation given to pious rabbis with saintly aura) to help him get hold of the evil guy and set the matter clear. When he came back, he felt much better. I asked him how was the visit to the grave, and he said: 'I feel very well; I have the feeling that the *tsaddiq*, the holy Or Hachaim, is with me all the time, assisting me.'

At night he went to sleep; around one o'clock he woke up and said: 'Here he comes once again, and I see also the *tsaddiq*, the holy Or Hachaim.' I told him: 'ask for his name.' He said: 'What is your name? I am not afraid; and Or Hachaim promised me that I'll destroy you. Here he is with us.' The moment he uttered the name Or Hachaim, the black man disappeared.

E. (explaining to O.):

'I want you to know that Or Hachaim is a great *tsaddiq* and kabbalist who can help a lot in such situations, and he (the patient) recruited him to intercede on his behalf. It is well known that when one prays on the *tsaddiq*'s grave, particularly on his death anniversary, he can ask for deliverance and assistance, atonement and health. It's very important.'

E. (continues reading):

And then he (the patient) saw his father laughing. This was the first time, he noticed ... when he said, 'In the name of Or Hachaim go away,' that his father, who always looked so sad, suddenly laughed. And I said to him: 'Every one helps you, today you'll reach the Green and you'll continue going, and Or Hachaim will accompany you.' That night he didn't wake up any more.

Sunday. During the day he was calmer, more relaxed. He said: 'Come, bring me the Book of Psalms, I want to read from it.' And then he read one chapter. It took him indeed a lot of time, and he fell asleep. At night he saw again the black man, but the moment he remembered his visit to the *tsaddiq* he felt invigorated and said: 'I am not afraid of you today, the saint guards me; and here is my father (standing) by me too. And suddenly he saw the Book of Psalms, open, and he began to read: 'He that dwelleth in the secret place of the Most High shall abide under the shadow of the Almighty' (Psalms 91, 1). As he utters these words the black man runs away.

Tuesday. Again he was relaxed. The black man appeared at night, whereupon he said: 'Oh, sacred Or Hachaim, please help me.' And the black man ran away.'

Wife: "Yesterday at night he came to him again, one time ... I didn't have the energy to write it down."

E.: "I am very impressed by the work you have done. I think it's very important... this is the first time that I see light in your face after a very long time. It is written: 'Out of the depths I have cried to you, O Lord' (Psalms 130, 1). I think that this is the right direction. You must keep going, and we'll work it out together.'

O.: "Because of your cooperation, and thanks to Or Hachaim, you did an excellent job."

Avraham (immensely excited, his speech broken with stuttering and moans): "I felt much much better there, near the tomb... he (the saint) took out much heaviness from my



heart. May his virtue protect us all. He is very holy, sacred (with extreme awe). I felt, quite plainly, that he is doing a lot for me, a lot. Ah, it's good; and I am not as scared as I was last time. It was good there, I cried a lot at the tomb, a lot, a lot."

O.: "The heaviness that came out, the sadness."

Avraham: "A lot, a lot. He is very holy."

O.: "Because of the work you had been doing together, you were so ready to accept the (saint's) assistance there, in the tomb. And I would like to note again how important was your (the wife's) part; exactly as we wanted."

Wife: "I saw that you were doing all this, and it works out... I said: 'I leave everything at home, and I concentrate on this.' Indeed I left the children, everything, and I stayed only with him throughout the week. If it helps we must do it" (excitedly).

E.: "And you found out that it helped."

Wife: "Yes, Yes, that's why. I saw that here he has improved and said: 'If this is so, this is all the problem, then we must work on it'".

O.: "Just to check, how old do you feel yourself to be now?"

Avraham: "Eleven, twelve, something like this."

O.: "This means that you progress in age too. The travel to the green is also a move through time ... O.K., I suggest that we'll do some exercises and go on."

E.: (gives the patient the standard instructions for relaxation) "Now you can feel at ease; you are relaxed, just as you felt at the tomb of Or Hachaim when you visited there; a good, pleasant, relaxed sensation. It's been a long time since you had the feeling that things can work out for you. But now you slowly recall how good it can be." (Avraham, breathing deeply, appears entranced.)

O.: "With every breath you take in support, power; with every exhalation some of the stress, the heavy feeling, is going out."

E.: "Now if you look around, you can see the Green, and we can go on and proceed with the task you began last week. Do you see the Green?"

Avraham (whispering): "Yes, there... yes, oh" (moans).

E.: "Can you describe the view?"

Avraham: ... (mumbles incomprehensibly, with a gush of masticatory sounds).

O.: "Are you on your way now?"

Avraham: ... (nods affirmatively).

O.: "With all the might you got you can go on, and you know who is helping you, giving you support and power. You can feel your power growing, becoming stronger."

Avraham (stuttering in excitement): "He... he is away (the black man)... he raises his head a little, he is afraid."

O.: "You know that your task is to go on, to the Green there, to life. And he wants to interrupt you but he is scared."

E.: "The black senses that he is about to be defeated, he knows that you are going to win. He lacks the power to injure you. After the visit to Or Hachaim he senses that something happened; there is a change, the *tsaddiq's* holiness shrouds you, protects you. He can't get you now because he is afraid. He knows that there are powers stronger than his."

Avraham (whispers): "He hides there... in this hole... (he wants) to surprise me, so that I won't be able to pass there; but I am not afraid of you any more (raises his voice). I have the power now. The *tsaddiq* protects me".

O.: "Do you know where to go now?"

Avraham: "Straight ahead... oh... oh... he tries... but no" (masticatory sounds).

E.: "He wants you to get off the road but you won't give up."

Avraham: "The saint guards me."

E.: "The saint guards you. You keep going forward, to the Green, to the calmness, to the sweet water."

Avraham: "Oh... oh... don't disturb me."

E.: "Throw a stone at him."

Avraham: "Go away! (mimics an act of throwing) God have mercy on us. Go away."

E.: "That's it. He ran away. Now that you have the power, you aren't in his hands anymore; he senses that he is losing."

Avraham: "What a beautiful place... smells, trees. It looks very beautiful from the outside."

E.: "We are getting closer and closer. It's easier now, not so steep."

Avraham: "It's a plateau (demonstrates with his hand)... It's all wilderness here... only the Green there... close, very close. Once more he is coming... go away! (raises his voice) With the help of Rabbi Chaim Ben Attar... Move, move away... don't disturb me... go away. He is coming again (stands up to push his adversary). He is very fearful of the *tsaddiq* (masticatory sounds)... it's full of trees there... something like a fence (around). How can I get there? Oh, I've almost made it... I got there with the help of God, I got there with the help of God (highly excited). Ah, what a good smell... ah, what a good smell" (inhales heavily).

E. (both he and O. breathing emphatically): "One can smell the sweet odor."

Avraham: "These trees... oh, what a beauty; there are people inside... bearded men, so handsome, red faces... (imploringly) Please let me in. Open ye the gates (Isaiah 26, 2), let me in. It's all closed, surrounded by a high wall... but it's so beautiful, so beautiful, what a smell, aha... (breathes in deeply). He is trying to draw nearer to me... (prays frantically) He that dwells in the secret place of the Most High shall abide under the shadow of the Almighty... Surely He shall deliver thee from the snare of the fowler (Psalms 91, 1,3). He is afraid... with the help of God, I am well, I am well; but where is the gate? Where is the gate? It's all closed... Open ye the gates... here, there's something like a crack here..."

E.: "A wicket."

Avraham: "Yes. Open ye the gates in the name of Rabbi Chaim Ben Attar, help me, I can't take it any more... holy men, help me. Oh (ecstatically), my father is there too! Oh, dear father, dear father (weeps), dad, dad (cries), come, open to me, dad... here is my father (sobbingly). Oh, how holy he looks among the *tsaddiqim* there... ah, holy father... open to me, father; open to me, father. Oh, what pure springs, what good odors."

O.: "How does dad look?"

Avraham: "Like all the *tsaddiqim*, cheerful, his face red, happy... the tranquility of holiness. These pure springs... Perhaps we'll ask the gatekeeper to let me in... He (the black man) tries to interrupt me... Go away, go away! He that dwelleth in the secret place of the Most High... He is my refuge and my fortress (Psalms 91, 1,2) ... go away, you aren't allowed to touch me (stands up to fight). Why are you here? Oh, I almost hit him in the head. Go away! Don't touch me any more... you spoiled my life, it's enough. Now I'll make my way in peace... come, open the door for me... Leave my hand (angrily), leave my hand. He doesn't let me enter, leave me alone. You are not allowed to touch me, go away! With the help of Rabbi Chaim Ben Attar and all the *tsaddiqim* that dwell here he is not allowed to touch me... I am not afraid..."

"Oh, he opened... Open ye the gates that the righteous... may enter in (Isaiah 26, 2)... oh, what holiness... oh, here is my father sitting with them, together. How glad (I am) that I came to you... how much you protected me, father, dear father... how much devotion (you showed). May I drink from the holy springs?"

E.: "You may. You can feel how you gain strength from the water."

Avraham: "Yes! Oh, how many *tsaddiqim* (breathes heavily). But you'll never leave me again... you'll never leave me again... I couldn't (manage) without you, life is hard without you... it's almost 22 years since you've left me, holy father; you helped me so much. How good to see you, father... when shall we meet in the world to come? What will become of mother, dad?... she is suffering so much, and the brothers too... they are so eager to see you... how happy I am to be with you, father... what a sweet odor, it's exactly like paradise... I am happy here, father... I suffered enough, father, I suffered enough... what?... this is grandpa Rachamim... hello, grandpa (trembles excitedly); this is mother's father... they're all holy... pray for me, I've suffered enough... the People of Israel have suffered enough... pray for the Messiah, that the Messiah would come... to

the advantage of all the People of Israel, not only for me... because I have suffered enough, and the People of Israel have suffered enough.

"Oh, Rabbi Yosef, Rabbi Yosef (with fervor)... this is Rabbi Yosef the *tsaddiq*... what a holy man, he was one of my holy Rabbi-teachers... ah, ah... he aspired to reach the level of the sacred Or Hachaim; that's what he told my brother and me. We celebrated the *hillula* (death anniversary celebration) of the sacred Or Hachaim this week, Rabbi Yosef... how holy you are, Rabbi Yosef, how much you've done for me... how good to be with you..."

E.: "Now when you'll come back I feel that you'll have a lot more strength because you were privileged to have a very significant experience, to see the faces of all the *tsaddiqim* and to drink water from their hands..."

Avraham: "That's (because of) my sorrow, I suffered so much... with the help of God I found restfulness."

O.: "Even at home you can stay with the *tsaddiqim*, as long as you wish."

E.: "They'll take care of you and help you to drive away the evil spirits, the Black and all his aids; so you can be a good father and husband, and resume the study of the Torah. From this day on they'll accompany you wherever you go, you can mobilize their help. Next week you'll be able to sleep peacefully... they won't disturb you any more, these evil spirits – with the help of God and the blessedness of the *tsaddiqim*."

"Now you can wake up..." (gives suggestions for regaining wakefulness).

Avraham: "How good it was to be there."

E.: "You brought with you a lot of power and nourishment; and we'll have ample opportunity to go back there if we need. Even at home, with your wife, you can go back, to drink the blessed water of the *tsaddiqim*, to inhale the sweet air, so that you can liquidate the black."

#### FOLLOW-UP

To all intents and purposes the 18th session sealed Avraham's therapy: his wife did not bring any notes to the subsequent meeting, insisting that "there was nothing new to report." For the first time in 6 months Avraham enjoyed a restful, dreamless sleep throughout the whole week. The nightmares and the persecutory hallucinations and ideations had all vanished. The therapists, unprepared for so swift a change, purported to go on with guided imagery under hypnosis, but Avraham firmly refused. Interpreting the green oasis as the earthly manifestation of Paradise, he deemed his visit there a mystical, once-in-a-lifetime experience, any reactivation of which would detract from its significance and uniqueness. Both he and his wife conceived of the therapy, and the last session in particular, as something tantamount to a miracle and felt very privileged to have undergone it. As the perceived agents of this miraculous cure, the therapists, despite their manifest nonobservance, were depicted by the grateful couple as pious and purehearted. Avraham said that he would pray daily for their well-being and gave them as a present the Book of Psalms together with a book commemorating Rabbi Chaim ben Attar's major undertakings.

Significantly, the death anniversary of Avraham's father fell in with the termination of the therapy. He visited the tomb, prostrating himself before the gravestone and melting in tears. After the visit, he reported tremendous relief.

In the subsequent three months Avraham and his family were exposed to an extremely stressful situation. Lacking a regular source of income and entirely unskilled in dealing with welfare agencies, they had amassed huge debts and had to constantly confront and appease angry creditors. More than once they found themselves on the brink of starvation. Despite all these pressures, the patient did not collapse. From time to time he would complain about sleep disturbances (with no contents involved) and mild agoraphobia (often related to his creditors), but the paranoid-like ideation did not come back. Once the family began receiving a regular welfare support, these complaints decreased, and Avraham could enter a weight-reduction program with small but noticeable immediate results. Today, one year after therapy, Avraham still has a long way to go in terms of weight loss. He has maintained, however, the level of functioning he reached following therapy; even a traumatic accident in which he was involved as a pedestrian (without being physically hurt) did not bring a relapse.

#### A PSYCHOCULTURAL EXEGESIS OF THE THERAPEUTIC PROCESS

Before discussing the cultural dimension in Avraham's therapy, the patient's diagnosis should be reexamined. While the diagnosis of depressive episode reflected his dominant affect in the beginning of the treatment, the clinical picture as a whole, as it unfolded throughout the sessions, is more consonant with the seldom used category of hysterical psychosis (Hirsch and Hollender 1969; Hollender and Hirsch 1964; Langness 1976; Martin 1971; Pankow 1973; Richman and White 1970; Siomopoulos 1971). This diagnostic label, coined and amply used by 19th Century French psychiatrists (Janet 1893, 1910; Moreau de Tours 1865), later fell into disrespect and was replaced in the DSM-III-R by diagnoses such as brief reactive psychosis and factitious disorder with psychological symptoms (cf. Jauch and Carpenter 1988).

According to the literature, hysterical psychosis is typically precipitated by a traumatic or stressful life event, and may therefore be conceived of as a post-traumatic stress response. Dissociation plays a major role in its formation, as reflected in the patients' high hypnotizability (cf. Spiegel and Fink, 1979; Steingard and Frankel, 1985) and the dreamlike quality of their trance states as well as in the report of hypnotherapy as the treatment of choice (*ibid*). In addition, hysterical psychosis is often polymorphic in its manifestations and tends to be of short duration. All these characteristics except the latter seem to have been embodied in Avraham.<sup>4</sup>

Beyond these features, Hirsch and Hollender (1969) have emphasized the role of culture in shaping the symptomatic behavior of some hysterical psychotics. While the syndrome cannot be reduced to socially sanctioned behavior, as Langness (1976) has cogently pointed out in discussing *negi negi* (the Bena

Bena's variant of hysterical psychosis), it appears that these patients are often capable of borrowing cultural materials to structure their conflicts, pathological as this may seem from both etic and emic perspectives. Within the family of severe (psychotic) disorders, this ability alludes to a relatively benign nature (cf. Bilu 1985; Krohn 1978). After all, the patient employs "personal" rather than private symbols, to borrow Obeyesekere's (1980) terms. While hysterical psychosis was not considered a diagnostic option in the first sessions, the therapy was conducted along lines that enabled the patient to express his suffering in behavioral patterns increasingly compatible with it. In a culturally insensitive context the initial chaotic clinical picture would probably have not been changed so dramatically, leading perhaps to a more severe diagnosis, an exclusively biological treatment, and altogether different, gloomier therapeutic outcome and "illness career."

In Avraham's case the therapeutic discourse is replete with cultural symbols, but they enter the scene gradually and hesitantly. The direction throughout the sessions is from chaos to cosmos, towards a growing articulation and symbolization. Starting therapy, the patient expresses his terror through disorganized crying and sobbing, entirely unable to verbalize his agony. Next he concretely relives the trauma at the Wailing Wall, first physically and then verbally; and only after this acting-out he is able to reorganize his painful experiences on the symbolic-collective level of demons and saints. In what follows we discuss the nature of these two cultural agents.

It is noteworthy that throughout the sessions Avraham does not explicitly identify the persecutory figure as a demon; but this evasion is in keeping with the culturally endorsed belief that mentioning demons by name is a recipe for inadvertently summoning them (Bilu 1979). Rather, their identity is corroborated through an elaborate array of signs, from the black color and red eyes to the cock's legs and dog's guise, all deep-rooted in Jewish demonology (e.g. Trachtenberg 1974).

In cultural settings where they are deemed basic givens in the construction of reality, demons and saints constitute collective "representations" (Spiro 1987), "images" (Lienhardt 1961) "idioms" (Crapanzano 1973, 1975), "self-metaphors" (Csordas 1983), or "symbols in a particularized mythic world" (Dow 1986), articulating and evoked by certain configurations of experience. Demons inherently stand for distressing experiences, "a kind of negative vocabulary of motives" (Csordas 1983:358). In the case of Avraham the demonic persecution highlights on the manifest level his helplessness and despair. Psychodynamically (but, in fact, almost as manifestly), it ties these feelings to the traumatic loss of the father, a plight heretofore unresolved. This association is evident from the demon's boastful threats to kill Avraham as he had killed his father before and from the pale and distant presence of the father on the persecutory scene. We assume that his father's premature death instilled

in young Avraham a strong sense of privation and impotence and shrouded him, in his own words, in "a cloud of emptiness." (Pursuing this metaphor further, his compulsive overeating and resultant obesity may be viewed as a desperate attempt to combat this emptiness and fill it up.) This configuration of negative experiences is crystallized, "personified," and articulated through (or, in the psychoanalytic sense, "projected onto") the demonic idiom.

It should be noted that, despite the seemingly transparent association between the demonic assaults and the loss of the father, the therapists' direct attempts to bring it to the fore, beyond the idiomatic cover so to speak, exacerbated the patient's symptoms. As a consequence, they decided to adopt and follow his implicit explanatory model, strictly delineating their moves to options *within* its cultural horizons. The counter-demonic measures they proposed should be viewed as applications of that strategy. The incantation with which they provided Avraham was designed as a magical formula, a quintessential weapon against demons (Bilu 1979, 1980). Commanding the demon to go away, "because you do not belong to this world," is an attempt to regain cosmic balance. It resonates with the traditional symmetrical conception of the universe in which, as long as the ideal state of harmony and equilibrium prevails, humans and demons inhabit juxtaposed but separate worlds (ibid; Crapanzano 1973; Westermarck 1926). The threefold demand to go away echoes genuine mystical incantations in which elements (e.g. holy names, Biblical verses) are ordered in formulary sets of three.

As mentioned before, struggling to extract the demon's appellation is a well-established cultural prescription for overpowering it, or at least for preparing the soil for its ultimate defeat (Bilu 1980, 1985). In employing these measures, the therapists were experimenting with ritual language, which the patient apparently accepted as "words of power" (McGuire 1983). Indeed, his own discourse is interlaced with ritualistic expressions, including blessings, prayers, reiterations, and Biblical verses. The latter deserve special attention because, as words of Scripture, their healing power is taken for granted by an ultra-orthodox patient. Moreover, a closer look at the two Psalms verses reiterated by Avraham highlights their transformative (metaphoric) functions (ibid): they constitute "attitudinally slanted names for situations" (Stromberg 1985:62) forcefully resonating with his yearning for a protective father figure ("He that dwelleth...") and, later, with his desperate attempt for a break through ("Open ye gates..."). In the wife's diary the accidental spotting of the first verse has a miraculous connotation which brings to recollection Augustin's famous conversion (Burke 1970). Note that the therapists, aware of the patient's prevalent usage of Scriptural verses, also employ a phrase from Psalms to portray his meekness ("Out of the depths I have cried to you...").

The efficacy of the counter-demonic devices is hinted by the fact that, following its application, the Black has to mobilize two aids in order to maintain

its pressure on the patient. It might be speculated that these two aids are equivalent to the two therapists, recruited by the patient.

Notwithstanding the partial success of culture-congruent counter-demonic measures, the significant therapeutic turn occurred after the patient had mobilized the healing resources of a famous saint, Rabbi Chaim ben Attar. Rabbi Chaim (1696–1743), a renowned kabbalist who moved from Sale, Morocco, to Jerusalem, won public acclaim among Sephardi as well as Ashkenazi Jews and was imbued with saintly attributes due to the widespread popularity of his book, *Or Hachaim*, a commentary on the Pentateuch.

The 18th session vividly depicts the role of the *tsaddiq* in the service of endogenous healing mechanism (Prince 1980).<sup>5</sup> Avraham's ability to enhance his own sense of personal empowerment (Csordas 1983; McGuire 1983) under the aegis of the saint is informed by a wide complex of hagiolatric beliefs and practices, deeply ingrained in Jewish folk religion (Ben Ami 1984; Bilu 1986). A pilgrimage to the saint's tomb, especially on the auspicious day of his *hillula* (death anniversary), as Avraham did, is deemed an effective panacea (Bilu and Abramovitch 1985). Although Jewish hagiolatry is based on egalitarian ethos which does not allow grading saints in terms of power and efficacy, Rabbi Chaim ben Attar's tomb is, in all probability, the most popular pilgrimage site in the huge cemetery on the Mount of Olives. As perceptively shown by Crapanzano (1973, 1975), the cultural idioms of saints and demons are located on contrasting poles of the symbol system. As idealized potent figures, saints constitute "a positive vocabulary of motives," and can be employed as natural (though culturally construed) antagonists of demons, reshaping the experiences that bore them and annulling their detrimental behavioral effects. In Avraham's case the saint appears as a reliable source of power and confidence from which he can borrow. Insofar as the demonic harassment articulated experiences of inferiority and despair related to the father's death, the apparition of the saint is partially fueled by the unmitigated spiritual assets of the father, a respected rabbi in his own sake (in this sense the saint may be deemed a "personal symbol," see Obeyesekere 1980). Note the dramatic change in the father's countenance from sadness to laughter when the saint's name is first uttered vis a vis the Black. The emotional labels attached to the father's image – "sad," "laughing," "cheerful... happy" (later in Paradise) – may be viewed as metaphoric resumes of Avraham's dominant moods in various stages of the therapeutic process.

Beyond the symbolic significance of the saint as a cultural identity, his literary appellation, *Or Hachaim*, the Light of Life, carries metaphoric possibilities which the therapists used somewhat sparingly (e.g. "... this is the first time that I see *light* in your face." ... "your task is to go on, to the Green there, to *life*...").

As cultural idioms or metaphors that structure and dichotomize configurations of experience, saints and demons can be confronted and manipulated to facilitate

change. In the case of Avraham the culmination of this process involves yet another metaphor, Paradise (*Gan Eden*), also originated with the patient though precipitated by the therapists. By providing the patient with the metaphor of moving in a desert the latter, purporting only to vividly depict his current life predicaments, inadvertently and serendipitously cued him into a most powerful setting for self-transformation.

Avraham's exhilarated portrayal of the green oasis, on its walls and gates, pure springs, sweet odors, beautiful gardens, and particularly pious inhabitants, is minutely informed by Judaic traditions of Paradise (Ginzberg 1968; Gross 1961; Manuel and Manuel 1971). His locomotion towards the Green thus becomes a potent multivocal symbol of self-reconstitution, with spatial, temporal, and spiritual dimensions. On one level a successful voyage to the Garden of Eden is a well-established cultural motif indicating endurance, stamina, and vigor. Since only virtuous people are accorded this privilege during their lifetime, the resultant sense of personal empowerment has a clear moral aspect.<sup>6</sup> Moreover, as the sacred abode of the *tsaddiqim*, inaccessible to impure powers, Paradise by definition is the place where the healing resources of the saints can be optimally exerted. (The contrast between the sacred site of Paradise and the impure demons is metaphorically conveyed through the colors that constitute their designation – Green vs. Black.) This is also the arena where one can unite himself with deceased ancestors and mentors, thus redressing their loss. Avraham's cathartic encounter with his father in Paradise is no doubt the climax of the last therapeutic session and of the treatment at large, given the critical role of the latter's death in the development of his difficulties. In addition, he finds there his maternal grandfather and one of his admired teachers, Rabbi Yosef, who during his lifetime strove to emulate *Or Hachaim* and probably inculcated his teachings to Avraham. Needless to say, the very presence of these important others in Paradise confirms their worth and piousness.

The voyage to the Garden of Eden has a significant temporal dimension as well. Note that in the first therapeutic sessions Avraham relives the traumatic death of his father as an eight year-old child. During his locomotion he gradually grows older, as reflected in his style of conduct and verbal report. That drawing closer to Paradise constitutes apt metaphor for growth and maturation is not surprising, as this desired destination awaits the pious at the end of their lives. As a golden age, lying in the beginning of things, Paradise can also appear as a powerful matrix for reliving and rectifying past (childhood) experiences, furnishing the devout supplicant with the conviction of a fresh beginning. The encounter with the father, undoing the latter's death, enhances this conviction. Since *tsaddiqim* are supposed to study the *Torah* in Paradise, meeting the father may have rekindled in Avraham his cherished memories of studying with him in the long lost paradise of childhood.



Another circle that the voyage to Paradise may have closed is related to the precipitating trauma underlying his disturbance. For an orthodox, mystically oriented patient the fact that he was incapacitated on his way to a prayer at the Western Wall may have highly disturbing implications. The privilege of visiting Paradise and coming back without blemish clearly compensates for the ominous event at the Wall. Beyond their sheer sacredness, the assumed association between Paradise and the Western Wall may also rest on the contrast imbued in their locations: the trauma instigated on the way to the *Western Wall* of the Temple is undone in the Garden *eastward* of Eden. Both loci, despite their contrasting geographical locations, are deemed *axis mundi*, the navel of earth (Eliade 1959).

In beseeching the saints to bring forth the Messiah, Avraham clearly transcends his individual problems, focusing on collective cosmic concerns. This benign displacement too is facilitated by the myth of Paradise which insists that the Messiah resides there, waiting dormant for the end of days.

To conclude, given the wealth of meanings and associations attached to Paradise in the Jewish tradition, it is no wonder that by employing this metaphor Avraham undergoes a mystical revelation, a "peak experience." In drinking the water of Paradise, he internalizes that gleaned "tranquility of holiness" (in his words) which he understandably fights to preserve as portentous and unique. This awe-inspiring experience is a potent matrix for a dramatic and lasting health-promoting self-transformation.

The therapeutic process, accelerated initially by the visit to the saint's tomb, is completed by a cathartic visit of the tomb of the father.

## CONCLUSIONS

In the case outlined above healing was conceived "as a discourse that activates and gives meaningful form to endogenous physiological and psychological healing processes in the patient" (Csordas 1983:360). By way of concluding, we would like to dwell on two ingredients of the therapy conducive to the successful mobilization of these processes.

First, hypnotic therapy lends itself as a treatment of choice in cross-cultural settings where dissociation, culturally elaborated and interpreted, is built into the patient's clinical reality, as a symptom, a healing device, or both. As a Western emic concept, hypnosis is not replete with ceremoniality; sharing the common psychophysiological attributes of altered states of consciousness, however, it can easily be modified to include religious, or other culture-congruent experience.<sup>7</sup> In cultures where healing involves ceremonial trance (e.g. exorcism), the hypnotist's role requisites may seem particularly akin to those of indigenous healers.

In the case presented here the smooth hypnotic induction was apparently facilitated by the patient's dissociative predispositions. Hysterical psychosis, it should be noted, is depicted by some of its students as a spontaneous, undisciplined trance state (Spiegel and Fink 1979; Steingart and Frankel 1985).

Second, metaphoric therapy is recommended in cross-cultural settings where patients are well-versed in healing rhetoric based on ritual language and "words of power" (McGuire 1983). Needless to say, the metaphors administered, if not directly drawn from the culture's array of core symbols, should be congruent with them. Avraham's case, as well as other reports of therapy with ultra-orthodox Jewish patients (Spero 1982), show that religious symbols and metaphors may be produced spontaneously in the course of treatment.

In the case of Avraham, the treatment was conducted along two axes of pairs of contrasting metaphors:

saint <-----> demon  
Paradise <-----> desert

Demons, saints, and Paradise were initiated by the patient. The therapists, however, correctly labeled the Black as demon, encouraged the employment of the saint as a healing resource, and created the preconditions for the emergence of Paradise in the clinic by providing the patient with the desert metaphor. While the first pair represents a personified metaphorization of emotionally loaded experiences, the second pair was equally important in establishing a most convincing setting, sharply delineated by spatial-spiritual coordinates, for the transformation to health.<sup>8</sup>

The suggestive power and architectural neatness of this four-rayed metaphoric edifice may account for the efficacy of the therapy as well as its short duration. Unlike modern psychodynamic therapies, many traditional healing systems favor one-trial treatments based on a dramatic collective ritual which encapsulates core symbols of the culture. The special mystical aura and the emotional fervor of the 18th session, viewed by the patient as unique, extraordinary, and unrepeatable, help us ponder the "one-trialness" of ceremonial healing as an asset rather than impediment. In the absence of an actively participating community, often an important constituent of a one-session healing rite, the patient's emerging sense of self-empowerment was germinated in the favorable climate provided by his therapists and supporting wife. Despite the cultural gap between them, the therapists helped the patient "particularize a general cultural mythic world and manipulate healing symbols in it" (Dow 1986:1). In the case presented here this meant no less than guiding him safely to the Garden of Eden and back.

## NOTES

- <sup>1</sup> The second and third authors were the therapists in this case.
- <sup>2</sup> A few sessions, including the last one, were tape-recorded and later transcribed.
- <sup>3</sup> While Avraham has never been ordained as a rabbi, it should be noted that study for the sake of study is not an exceptional pattern in the *yeshivot*.
- <sup>4</sup> Achilles, Janet's (1893, 1894) classical case of hysterical psychosis, shares many similarities with Avraham. These common features will be elaborated elsewhere.
- <sup>5</sup> Interestingly, Prince's attention was drawn to endogenous healing mechanisms while observing a healing ceremony near the tomb of an Islamic saint in North India (1980:296-7).
- <sup>6</sup> Avraham attributes his privilege to visit Paradise to the suffering he underwent (cf. Gaines and Farmer 1986).
- <sup>7</sup> Berwick and Douglas (1977) present two paranoid cases effectively treated by hypnotists who were acting as exorcists.
- <sup>8</sup> It is interesting to note that *tsaddiqim* and Paradise, the positive sides of the metaphoric pairs, appear profusely in the writings of Rabbi Chaim ben Attar. The discussion on *tsaddiqim* is the longest entry in a recent compendium of these writings (Light of Life 1986). Particularly in *Or Hachaim*, which Avraham has probably read, righteous people are deemed the cornerstone of the universe, and their intimate linkage to God is depicted in detail. Paradise is described in *Or Hachaim* as the abode of *tsaddiqim* in general, and of the Messiah in particular. Another relevant point is the emphasis on suffering as "a person's best device in his efforts to accumulate eternal fortune" (Light of Life 1986:209).

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