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, 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