

PARANORMAL AND
DISSOCIATIVE
EXPERIENCES IN
MIDDLE-EASTERN JEWS
IN ISRAEL: DIAGNOSTIC
AND TREATMENT
DILEMMAS

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ABSTRACT

Four Israeli Jewish persons of Middle Eastern cultural heritage presented for consultation following unsuccessful helping attempts delivered by various folk and spiritual healers. The four patients suffered from the following DSM-IV defined problems: Post-traumatic Stress Disorder, Dissociative Disorder not Otherwise Specified, Schizophrenia - paranoid type, and Histrionic Personality Disorder coupled with a Conversion Disorder with Seizures. The patients construed their suffering in cultural idioms implicating supernatural experiences. Many of their symptoms resembled dissociative clinical pictures. However, unlike many dissociative disorder patients described in the Western scientific literature, these persons refused to accept any of their possession-like experiences as possible manifestations of their own dissociated ego-states. The paper describes the struggle to find common ground on which significant cross-cultural help could be offered to indigenous people manifesting dissociative and other symptomatology.

Anthropologist Erika Bourguignon argued that spirit possession was a universal phenomenon, insofar as all known religions contained such types of experience, regardless of how they were defined (1976). Hers is a non-etiological perspective on the nature of spirit possession. She viewed the phenomenon mostly as a culturally shaped altered state of consciousness influenced by social programming and universal human cognitive features. Another theoretical perspective in the anthropology of spirit possession stems from Freud's psychoanalytic theory and views spirit possession as culturally shaped hysteria, viewed as an irrational, emotional state, caused by repressed oedipal desires in the unconscious (Freud, 1962). Another influential perspective on the phenomenon is based on Pierre Janet's dissociation theory and views possession as culturally shaped divided consciousness (Janet, 1889). Several interesting parallels exist between possession and dissociative phenomena. They both

involve involuntary behavior or influences by forces that are not considered part of the self. Persons manifesting both phenomena are usually good hypnotic subjects (Ackstein, 1982; Putnam, 1989); amnesia is a central element in both cases (Ellenberger, 1970), and these two types of experience can be reproduced experimentally in hypnosis (Putnam, 1986; Richeport, 1992).

Castillo (1994) reported that it appears that there are two factors determining how a particular episode of possession will be perceived in the South Asian (Indian and Sri Lankan) cultural context. First, if the possessing entity is a human personality, the episode will be perceived as a rare mental illness, and psychiatric treatment will be sought. In most possession cases in South Asia, the possessing agent is manifested as a ghost, a demon, or a god. In the case of benevolent possession by a god or a goddess, treatment is usually not sought and the experience is regarded as a gift. In cases of malevolent possessions, traditional folk healers are usually approached for help (Amarasingham, 1980; Kahar, 1982). A reanalysis of previously published case histories of spirit possession illnesses in South Asia from the perspective of dissociation theory suggested that, like dissociative disorders in North America, these pathologies might also be reactions to extreme situations in the environment (Castillo, 1994).

Many Hispanics in Latin America and in the United States have been reported to hold belief systems of *Espiritismo* and *Santeria*, in which spirits are thought to have both the ability to make people physically and emotionally ill and the power to cure them (Berthold, 1989). Several articles about Hispanic patients' perception of their illness through a cultural perspective have been published (Comaz-Díaz, 1981; Ruiz & Langford, 1976, 1982). The database on articles written about Hispanics and dissociation is growing (Alonso & Jeffrey, 1988; Martínez-Taboas, 1989; Ronquillo, 1991) with some papers warning that dissociative phenomena may be misdiagnosed as schizophrenia in this ethnic group (Rendon, 1974; Steinberg, 1990).

Another culturally condoned expression of distress frequently seen among Hispanic women is *ataque de nervios*. Descriptions of this clinical presentation include dissociation (Lewis-Fernandes, 1994), seizure-like responses (Guarnacia, Canino, Rubio-Stipee, & Bravo, 1993), and panic-like responses

es (Liebowitz, et al., 1994). The phenomenon is seen more frequently among women and is regarded as a permissible way for woman to express rage (Oquendo, 1994). Elsewhere in Latin America, in Brazil, spontaneous ritual trances are very common in everyday life and spiritist medicine is becoming professionalized. For example, psychiatrist Eliezer Mendes ran a clinic in which he tried to unify the personality structure of multiples using mediums (Mendes, 1976).

In Italy a nationwide survey of belief in demons and in magic revealed that 46% of the respondents believed in the devil and that respondents with such beliefs tend to experience a higher incidence of paranormal phenomena (Marra, 1990). Carena and Cipolla (1993) reported clinical observations on demonic possession in certain geographical areas in Italy. Another Italian study (Ferracati, Saceo, & Lazzari, 1996) looked at the psychological test results of ten persons undergoing exorcisms for demonic trance possession states. The investigators found that these persons had many traits in common with dissociative identity disorder patients.

A cross-cultural study of problems that involved altered states of consciousness within Balinese culture was published by Luh Ketut Surgani and Gordon Jensen (1993). In this work the authors explain that spirits are seen in Bali as a normal part of life, beginning with the manifestation at birth of four spiritual forces that interact to form a person's personality. They noted the significance of their research for psychotherapy: "Clinical implications are that when the patient believes in the spiritual essence of his condition, the clinician must have a broad perspective to accept the spiritual factor and communicate with the patient in his or her own terms as well as in psychological terms" (Surgani & Jensen, 1993, p. 128).

Possession states have been documented in Jewish sources from the sixteenth century. Many of the traditional folk tales involve the term "dybbuk possession." In Hebrew the noun *dybbuk* designates an external agent cleaving or clinging to a person. Dybbuk possession involved the spirits of the dead as possessing agents. The concept is derived from Jewish mystical philosophy, the Kabbala. The kabbalistic doctrine of transmigration of souls first appeared in the *Sefer Ha-Bahir* published in the late twelfth century (Abrahms, 1994). Most of the early kabbalists saw transmigration as retribution for offenses against procreation and sexual transgressions. It was seen as a very harsh punishment for the soul that must undergo it (Scholem, 1971a). Ibbur, another form of spirit possession, was described in the kabbalist book the *Zohar* in the second half of the thirteenth century (Goldstein, 1989). Ibbur in Hebrew means impregnation and connotes the entry of another soul into a person not during pregnancy or at birth but during his life. The purpose of Ibbur was to allow the soul of a righteous person who did not have the opportunity to fulfill all of the 613 Jewish commandments to temporarily reincarnate in a person who does have the

opportunity to fulfill them. This is an act of divine mercy meant not only to purify the sinner's spirit, but also for the benefit of a universe. The *ibbur* of a wicked man into the soul of another was called *dybbuk*. This kind of spirit penetrated humans to find refuge from persecution. These spirits of sinners were doomed to remain in limbo, exposed to ruthless persecution by angelic and demonic beings (Nigal, 1980). The term *dybbuk* was employed mostly by Ashkenazi (Eastern European) Jews. Sephardic Jews, who lived mostly within the Muslim orbit of power (the Middle East), adhered to the terminology of the early kabbalistic literature in which the possessing agent was named an "evil spirit" (Bilu, 1980). Hundreds of thousands of Sephardic Jewish refugees were absorbed into the Israeli society during 1950s. However, many of the culturally constituted set of concepts imported to Israel by these waves of immigration had to be permitted or discarded in order to achieve social acculturation (Palgi, 1963). Many culture-specific syndromes are rapidly disappearing in Israel; the western-oriented values expressed by the modern state are perceived as representing an enlightened preferred ideal for many former immigrants and their offspring. Nevertheless, ethnic traditions have made a strong comeback in Israel and are featured regularly in contemporary folk and rock music as well as in the local film industry. In my own practice, I have noted that some of my Middle Eastern Jewish patients have seemed inclined to use spiritist folklore-based idioms in their attempts to express and explain their suffering to me. A current renewed interest in culture-specific issues in psychotherapy in Israel is also reflected in published articles on topics related to psychopathology and religious mysticism (e.g., Greenberg, Witztum, & Buchbinder, 1992; Witztum, Greenberg, & Buchbinder, 1990); the belief in transmigration of souls as reflected in psychotherapy (Daie, Witztum, Mark, & Rabinowitz, 1992) and exorcism in psychotherapy (Somer, 1993).

Arguing from a Western perspective, Fraser (1993) raised the concern that negative effects may result when dissociative states are misinterpreted as possession states. He suggested that patients presenting with recollections of Satanic ritual abuse may contain dissociated ego states with delusional demonic identities. Coons (1993) argued that dissociative disorders are fundamentally different from trance possession states in that the latter, unlike the former, are not viewed as illnesses, nor are curatives sought. In a paper on practices in Brazilian spiritism, Krippner (1987) differentiated between the incorporation of benign spirits (mediumistic possession) and involuntary possession, which he saw as resembling dissociative psychopathology. This paper will describe different clinical presentations by Israeli Jews of Middle Eastern origin involving distressful interactions with what were perceived as spiritist entities. These possession cases were conceived of by me as idioms for articulating and structuring ego-dystonic experiences, following Obeyesekere (1970), Crapanzano (1977) and Bilu (1985). Bilu, an Israeli

anthropologist and psychologist, suggested that spirits are vehicles for articulating unacceptable conflict-precipitating desires and demands. Since among some Israeli ethnic groups the idiom of spirits and possession are culturally constituted, this articulation might be used by them because of the relief these cultural constructions can offer for their protagonists. They do not seem to suffer the stigmatic consequences of expressing these cultural idioms as much as Western mental health patients do. In a culturally changing society, which Israel is, people afflicted with certain maladies may be confused as to what conceptual framework might better explain their pain: the culture-bound one or the more stigmatic psychiatric one. The four cases described below illustrate this dilemma as faced by both patient and therapist. All four patients had visited either traditional healers or rabbis before they sought psychological help. In the first two cases, bridging the cultural perspective gap was less successful than in the latter two.

ILLUSTRATIONS

Case One: A Man Persecuted By a Ghost

Boaz was a 35-year-old man who had immigrated to Israel from Tunisia at the age of five. Married and a father of three, he was a military payroll non-commissioned officer in charge of an electrical repair team in a divisional vehicle maintenance workshop. Eight years prior to his referral, the patient discovered the bleeding, disfigured body of a soldier who had blown himself up with a hand grenade in one of the armored vehicles he worked on. Boaz, who ran to seek help, collapsed on the ground near the base commander's office. He was weeping and trembling, and felt dazed as he became aware of the base commander himself standing next to him, seemingly amused by his agony. Boaz remembered feeling deeply humiliated and helpless. He proceeded to develop a sense of dazed detachment which evolved into severe derealization. In the few days following the incident his anxiety symptoms mounted and he began to experience flashbacks and depressive guilt about the soldier's suicide, which he felt he could have prevented. Nevertheless he received no psychological help. The only attention he received from the system was a prolonged and detailed interrogation by the Military Police, who suspected foul play. The patient, a proud, masculine man, had become increasingly embarrassed by his mounting distress and by his incapacitating fears. His shame was fueled by recurrent and intrusive recollections of the mocking he felt he had been subjected to. He developed a substantial distrust of people, which he associated with the deep disappointment at the emotional abandonment and perceived abuse he had experienced following the trauma. Consequently, he gradually neglected most of his other social ties. Although he had never been accused for any wrong doing, Boaz felt he should have somehow prevented the suicide. Not atypically, he also developed considerable depres-

sive guilt.

By the time I first saw him Boaz had developed a full-blown post-traumatic stress disorder which he inexplicably managed to conceal for years from his commanders, colleagues, and family alike. Prominent among his symptoms were nictophobia (fear of night/darkness) and agoraphobia. Boaz refused to leave home unaccompanied to any destination other than work. He also had a very low tolerance for being left alone at home, particularly at night. Despite his formidable distress he was not willing to confide in anyone – even in his loving wife – fearing potential mockery. Boaz reported to me that he first consulted a kabbalist rabbi who not only blessed him but also gave him a talisman to protect him from evil spirits. The patient said he chose to pursue this avenue for healing first because he did not see his most distressing and unrelenting problem as a mental health matter. Boaz had believed he was haunted by the deceased's soldier's spirit. The patient, who possessed otherwise intact thought processes, was convinced there was a constant "presence" around him. Vigilantly attentive, he unrelentingly monitored what he perceived as the strange sounds the haunting spirit had been making at night. Even soft sounds such as the rustle of the leaves on his front lawn, the movement of branches in his backyard tree, or the running electrical motor of his refrigerator, would startle the patient and cause him to lock himself in the safety of his bedroom. Boaz was convinced he was being punished for his wrongful negligence and constantly expected to be exposed to a surprise attack by the spirit. The patient had interpreted all of his symptoms within this paradigm, rendering them completely untreatable within an intrapsychic conceptual model. He rejected any information or interpretation of his symptoms as otherwise plausible, but irrelevant to his own particular case. Symptoms such as depersonalization and his frequent mid-sleep awakenings were experienced as the spirit's attempts to gain possession over his body. This chronic patient did not respond to minor or major tranquilizers, and several anti-depressant trials yielded no positive effect either. The patient responded only to a regimen of cognitive behavioral counseling that mildly improved his coping capacity. An attempt to employ a culture-sensitive approach and to influence the haunting spirit in some way failed as well. Boaz was too phobic to allow any such direct approach.

Case Two: Woman Possessed by Her Dead Mother's Dybbuk

Maya was a 61-year-old female who had immigrated to Israel from Egypt in the mid-1950s. She was a divorced mother of two and had three grandchildren. The patient was her parents' only child and had been sadistically abused by her mother in childhood, mostly by arbitrary and unusually harsh punishments. On one occasion Maya, then a child, had noticed creases in the blouse she was wearing. She asked her mother to iron the blouse for her and was subsequently burned with the hot iron as her mother ironed the blouse

while it was still on her body. Maya married in her mid-twenties and emigrated to Europe with her husband. She led a socially isolated but functional life, and raised two psychologically healthy daughters. She never saw her mother again and felt mildly guilty about it. Two years before I first saw Maya her widowed mother died. Maya attended the funeral and flew back home immediately after it. A few days following the *shiva* (the seven days of Jewish ritual mourning) she became aware of a voice speaking to her in her head. She recognized it as that of her mother, who proceeded to inform Maya that she had been reincarnated into her body, and that Maya had to die because the mother was to live on within her. The mother's dybbuk imposed a variety of sanctions on the resisting daughter, who refused to give up either her body or her life. Maya sought the help of both a rabbi and a psychic in Israel. The latter, who eventually made the referral to the therapist, attempted to exorcise the transmigrated mother's soul. She used special incantations and burned pieces of blue linen on which sacred formulae were inscribed. Maya was also fumigated with evil spirit repellent incense to choke the evil mother's soul away after it had not responded to milder methods, including active coaxing. At the end of the exorcist ritual Maya was ceremoniously notified that her mother's transmigrated soul had left the body, only to discover minutes later that the mocking voice of the possessing agent lingered on. The psychic healer insisted that the exorcism had been successful and that because of an unknown psychological malady the spirit's voice continued to contaminate Maya's mind, and so, proceeded to refer the patient to me. The patient was told that I would be able to expel the spirit's remaining voice from her head.

Hypnosis was not necessary to contact the mother's "voice" in consultation. The "voice" insisted that she, the mother, had never left and would not leave before Maya was dead or gave in completely. The patient was not willing to accept any psychological formulation for her predicament, and terminated the consultation process when she realized that I would not conduct the "voice expelling" ritual recommended by the psychic.

This patient met both Bourguignon's (1979) criteria for "Possession Trance" and *DSM-IV* criteria for either Dissociative Disorder NOS, or Dissociative Trance Disorder (DTD), a category proposed for further study in the *Diagnostic and Statistical Manual of Mental Disorders* 4th ed. (*DSM-IV*) (American Psychiatric Association, 1994).

Case Three: A Woman with a Trapped Mazik - Treated with Haldol

Tirza was referred to me by her "channeling" medium. She had seen her for the five months that preceded her consultation with me. Tirza was a 23-year-old single female, of Yemenite descent, an accountant by profession. She sought the mystic's assistance as part of her quest for spiritual growth and enlightenment. Tirza was a religious woman, well versed

in Jewish teachings. She knew that Israel's official religion contrasts sharply with New Age mediumship and channeling. These practices were prohibited in the Bible. She went to consult a medium, knowing very well that she would be violating an important command from the Book of the Covenant: "You shall not tolerate a sorceress" (Ex. 22:7 [Eng. 22:18]; cf. Deut. 18: 10-12).

Tirza wanted to have a "spirit guide" of her own. "A spirit guide," she explained to me "is a spirit teacher and guardian, who works with the medium throughout her life." The patient desired to be endowed with the gift of mediumship, so she could herself become a channel for a spirit communicator. Tirza was taught self-hypnosis by her mentor so she could achieve trance mediumship. She was told to expect to be controlled by a kind and wise guide and that she should strive for maximum cooperation with the spirit. The patient responded intensely to her first two sessions with her spiritual consultant. However, after her third session she felt possessed by a rather malevolent spirit. She complained that the entity was embarrassing her by forcing her to express foul and blasphemous language. The patient felt distressed and ashamed, and finally referred herself to me for help. Despite her fears that I might see her as psychotic, she allowed access to her possessing agent and thus demonstrated some level of control over the phenomenon. The possessing agent presented itself as a Mazik. This kind of spirit was mentioned in the kabbalist book of Zohar and was thought to be a spirit of a deceased evil man. During the brief episodes in which Tirza allowed the Mazik to interact with me, she displayed an incoherent and loose thought process; inappropriate, silly affect; and disorganized behavior marked by strange arm movements. The "possessing agent" was mostly distraught about having forgotten how to leave a medium's body. It showed anxious and desperate affect, mixed with silly satisfaction associated with Tirza's suffering. It was not possible to establish any meaningful psychotherapeutic discourse.

The patient was deeply embarrassed about her affliction and insisted that something had gone terribly wrong in the channeling process itself, but that that had nothing to do with her history or current personality dynamics. She adamantly and angrily refused any form of psychotherapy, and provided no helpful anamnestic information. The only thing she expected was a rapid release from the Mazik's control. Tirza was constantly worried that I was questioning the authenticity of her experience and that I was construing it as a psychotic episode rather than the distressful spiritist phenomenon she believed she was experiencing. In a daring attempt to meet this woman on her conceptual grounds, I suggested to her the Mazik's exit might be facilitated with the aid of medication. The patient accepted the plausibility of the idea and was referred for a psychiatric evaluation with a provisional *DSM-IV* diagnosis of schizophrenia-paranoid type. This diagnosis was endorsed by the physician and Tirza was prescribed Haloperidol 1 mg. twice daily.

The symptoms diminished quickly. On a follow-up visit after six weeks, she happily reported that the "Mazik" was increasingly weakened by the medication and that one morning four weeks after she commenced her psychotropic regimen, she awoke and the possessing spirit was no longer within her. Her psychiatrist continued to follow her up for three more months, and reported she was well on a maintenance dose of medication.

Case Four: Demonic Possession in a Woman Treated with Exorcism

Leah was a 19-year-old Jewish orthodox young woman, born in Israel to Moroccan immigrants. At the time of referral she lived in a neighborhood inhabited mostly by Middle Eastern immigrant families.

She was referred by her teachers' college counselor because of frequent fainting spells associated with examinations and with chaperoned male visits. The patient willingly confided with the therapist that a few months prior to the referral she had started to notice a foreign presence in her body. She claimed to have been possessed by a small black demon which now resided in her abdomen. Leah had no explanation as to how and why the demon had penetrated her, nor was she terribly alarmed by this unusual paranormal phenomenon. The patient proved to be an excellent hypnotic subject and entered very readily into trance with almost no formal induction. Although the demon never gained full active control over her body, communicating with it was made possible with the hypnotized patient reporting to me the demon's replies and messages.

In response to her questions the demon explained that his role was to protect her undue distress by causing intense stomach pain that typically ended in a loss of consciousness. This patient met both Bourguignon's (1979) criteria for "non-possession trance" as well as *DSM-IV* criteria for Conversion Disorder with Seizures and Histrionic Personality Disorder. Although no clinical evidence in regard to a possible history of incest was available, intense unresolved oedipal conflicts were still active in Leah's family. The oldest child, and sibling to a 15-year-old sister and a ten-year-old brother, Leah had been a close ally of her father and his favored child. She was openly hostile to her restrictive mother, who frequently clashed with the father on issues related to Leah's upbringing.

Attempting to understand this patient through the theoretical schemata I was most familiar with, I first regarded the demon as a fragmented personality alter, and thus conceptualized the psychotherapeutic effort as requiring an integrationalist approach. Although this patient was cooperative and displayed genuine curiosity in exploring her possession state, the demon refused to engage with the therapist directly, and communication with it was relayed through Leah. The demon seemed to be threatened by the positive transference the patient developed, and proceeded to threaten the

patient and to demand that she discontinue both college and therapy. The demon's unheeded threats were followed by frequent severe fainting spells that completely paralyzed Leah's social and academic lives. In one of the sessions during this critical period, Leah implored me to exorcise the demon despite her painful ambivalence about it. Although we carefully explored the possible function of the phenomenon, the demon refused any cooperation, demanded sole protective control over the patient. Leah became increasingly adamant about ridding herself of the menace.

The "exorcism" process was both planned and carried out in conjunction with the patient. The process was successfully completed during one single session. The patient was asked to describe the visualized and mutually constructed procedure. The ritual was an adaptation of an old Jewish-Moroccan exorcism rite described by Bilu (1980).

After a strenuous and painful half-hour labor process, the demon was delivered through her abdomen. While still in the exorcism trance, Leah reported a sad sense of emptiness and loss. She asked for my help in finding an alternative for the missed protective agent. Although she was positive about her decision to rid herself from the demon, she asked me if I would help her correct the internal deficit. Leah indicated she believed the demon consumed part of her *ruah* and that she had desired that her *neshamah* expanded. These kabbalistic terms are known as two of the three faculties or dispositions of the unified human soul that form a sequence from lower to higher. *Nefesh* is the source of man's/woman's animal vitality and the totality of his/her psychophysical function, and is present from birth. *Ruah*, or anima, is aroused when a person succeeds in rising above his/her purely vitalistic side and represents the power to distinguish between good and evil. The *neshamah*, or spiritus, is aroused when the person occupies himself/herself with the Torah and represents the virtue of being "a part of God above" (Scholem, 1971b).

I suggested to Leah to visualize her *neshama*. She described an ethereal presence in her chest. When I inquired as to how the *neshama* could be strengthened, she responded with a silent prayer as tears rolled down her cheeks. Out of trance, Leah said that she had experienced an unusual spiritual experience in which she visualized a ray of golden light descending from Heaven and connecting with her expanding *neshama*. The demon disappeared immediately following that session and so did her fainting spells. The patient remained in psychotherapy for six months more. She learned to own her own drives and feelings, to resolve her conflicts through enhanced personal skills, and also to better manage her own stress. At the same time she intensified her Torah studies. Leah was well and symptom-free at six, twelve, and twenty-four months' follow-ups.

DISCUSSION

This paper described four clinical cases of Middle Eastern Jews in Israel who presented with paranormal experiences involving various forms of possession phenomena. Boaz construed his psychophysiological arousal reactions in concepts that reflected not only his deep sense of guilt but also his cultural beliefs about the menacing influences of angry ghosts. Boaz's peritraumatic dissociative reactions prevented adequate metabolizing of the shocking sight he had been exposed to. This psychopathogenic event was exacerbated by the hurtful lack of support he was subjected to by his superior. Respect for authority figures was a basic tenant of Boaz's traditional North-African Jewish upbringing. In his posttraumatic hypnotic condition, the patient probably accepted his commander's implicit suggestion that he did not deserve to be supported for witnessing the catastrophe he irrationally felt he himself should have prevented. Boaz seemed to have externalized the punitive aspect of his guilt and framed it in concepts that precluded any meaningful psychotherapeutic interventions. His paranoid vigilance and arousal did not yield to folk-healing methods. However, he was also unable to accept my own Western medical explanations for his condition. He appeared to have condemned himself to a state of eternal penance.

Maya was referred to me as a failed case of exorcism in a dissociative disorder patient. Bowman (1993) reported that among 15 female multiple personality disorder patients who had undergone exorcism, initial reactions were negative in about 80% of hosts and alters and positive in 14% of hosts and 9% of alters. Bowman cautioned against exorcism in dissociative disorder patients because she found that these practices functioned as psychologically damaging traumas, particularly in situations in which counseling ministers abruptly began exorcisms that involved shouting, unwanted physical touch, and restraint that reminded subjects of childhood abuse. In Maya's case there was no evidence that trauma was involved in the folk-healing procedure she was subjected to. Hers was a consensual, quiet, and gentle process managed by a grandmotherly female healer. Nevertheless, I felt that Maya's conceptual framework for the understanding of her affliction was incompatible with conventional psychotherapeutic principles. Even the botched exorcism job performed by the folk-healer was integrated into her reincarnationist belief system. The patient was led to believe that she was not being referred to a psychotherapist but to an expert in the art of completion of exorcism rituals gone astray. Although the patient clearly suffered from a diagnosable dissociative disorder her misinterpretation of the malevolent dissociated maternal introject was reinforced by the healer, who encouraged her to regard it as proof of possession.

Fraser (1993) cautions that exorcism should "never be considered unless a dissociative disorder such as MPD [is] first ruled out by a knowledgeable therapist well versed with

the current literature, theory, and therapy of dissociative disorders" (p. 293). This guideline was obviously not heeded in Maya's case, resulting in a lasting damage. This unsuccessful outcome points to a need to communicate with traditional and religious healers in an attempt to educate them about dissociative disorders and how those can resemble their conceptualizations of possession syndromes. Such a dialogue may result in productive cooperations between traditional healers, who may continue to help their clients in non-malignant cases, and psychotherapists.

The next two examples demonstrated attempts to bridge the gap between the empiricist culture of professional clinical psychology and folklore-related syndromes.

In the third case the patient was offered a "Western" biomedical treatment framed in her own explanatory model. Tirza was obviously ambivalent and confused about the appropriate help she felt she needed. I believe she was aware of her psychotic condition when she sought me. I also believe she became frightened by the psychotic breakdown that developed while she was involving herself with the occult. Her ambivalence was reflected in the fact that she insisted on adherence to her cultural-bound concept of the illness while seeking the assistance of a mainstream psychologist. Interestingly, her ambivalence and confusion manifested themselves in the spiritual blunder she created. On the one hand, as an orthodox Jew she was prohibited from engaging in "sorcery." On the other, she was drawn to the world of "New Age" culture. She apparently "resolved" the guilt-prone incompatibility of these two belief systems with a psychotic contamination.

The fourth case presented in this paper demonstrates a reluctantly performed, but successful exorcism ritual delivered within culture-sensitive psychotherapy. Bowman (1993) studied 15 multiple personality disorder patients who had felt or been told they were possessed, and had undergone exorcism. Although most of those patients were harmed by the procedure, a few reported positive effects. Some initially felt hope and relief and subsequently experienced at least temporary symptom relief. Leah's case did not involve a dissociative disorder, a syndrome that typically stems from childhood abuse. Such association within possession has not been established (Cardena, 1988; Surgani & Jensen, 1993). It is thus conceivable that in some cases the phenomenological diagnosis of possession can be made by a psychotherapist without taking an ontological stance. In at least two of the cases presented in this article this diagnosis was the only one that could provide a workable basis for the professional encounter. In the case of Leah, where no apparent childhood trauma was involved, therapy was successfully carried out utilizing the possession/exorcism metaphor.

About half of Israel's population are Middle Eastern Jews. This group proudly preserves the strong Arabic cultural influence on its music, dance, cuisine, accent, and customs. It would be wrong to ignore the unique properties of the Arab

tradition and its influence on personal characteristics on Middle Eastern Jews.

Survival of the individual in the Arabic society is contingent upon his/her relationship with the family. The family is a source of vital support for the individual. However, such support is conditional. The individual will face rejection and punishment if traditional norms are disobeyed (Dwairy, 1993). As a result, individuals learn to detach themselves from their true emotions and desires and adapt by developing a group and family-oriented conforming self rather than an individual authentic self. Dwairy and Van Sickle (1996) claim that repression is an inevitable consequence of traditional Arabic society, in which members learn to practice *Musayara*, concealing one's true feelings and behaving only in a socially sanctioned manner (Griefat & Katriel, 1989). The Middle Eastern individual experiences control as external. Family, God, and the spirits are thought to exert various influences on individuals, who develop a collective and a rather undifferentiated personality. Therefore, instead of offering personal, intrapsychic explanations for one's distress, Middle Eastern people often tend to provide religious, social, and cultural explanations to their experiences.

One of the reasons as to why dissociative disorders are still relatively unknown in the Middle East could be that persons afflicted with these problems are not construing them as intrapsychic, but rather perceive them as manifestations of external spiritist agents. Passive acceptance of patriarchal authority, strict prohibitions on manifestations of female sexuality and the moral punishments often imposed on women who are thought to have shamed their families due to suspected improprieties can all contribute to the development of spiritist formulations of dissociative syndromes, particularly of those associated with incest and child abuse.

This paper underscores the need to examine ethno-cultural variables and how these features can impact on the manifestation of psychopathology. This work specifically addresses syndromes that phenomenologically implicate paranormal experiences resembling dissociative phenomena. The clinical data presented here point to the need for further studies of cases where culture-specific idioms and technique are the only acceptable common grounds on which an empirically-oriented therapist and patient can meet.

Further psycho-anthropological research is needed in order to identify the prevalence and features of culturally-shaped dissociative disorders in indigenous populations. Findings from such research may also support changes in the dissociative disorder section in future DSMs. ■

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