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*CULTURAL ISSUES  
IN FAMILY PSYCHOTHERAPY*

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**Approaches to Madness  
Shared by Cross-Cultural Healing Systems  
and Strategic Family Therapy**

Madeleine Richeport-Haley

**ABSTRACT.** This paper examines the common sense, naturalistic, and humanistic approach of healers of different cultures and of strategic family therapy with schizophrenia. The premises and techniques include family and community involvement, placing the cause outside the individual, no labeling, and a task oriented treatment. This approach encourages a positive view and may lead to a better prognosis of schizophrenia. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)]*

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Madeleine Richeport-Haley is affiliated with San Diego State University, Department of Anthropology.

Address correspondence to Madeleine Richeport-Haley, P.O. Box 8073, La Jolla, CA 92038.

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Mental health professionals are trained to identify psychopathology and to classify people as dysfunctional and psychotic. Other cultures have beliefs and practices which express a more positive view regarding dysfunctional behavior, as do their healers who treat it. This paper will compare the premises and techniques of different cultural healing systems with a directive, strategic family therapy approach to schizophrenia.

Formal mental health services are not available to most people around the world. Communities, however, recognize their informal healers and consult them. These healers use many naturalistic techniques to deal with mental dysfunction. These are learned empirically and then passed on, in much the same way as plants and herbal cures have been learned empirically, passed down through generations, and then adapted into the Western medical pharmacopeia as prescription drugs. Around the world shamans under different names work to explain and heal the human psyche in distress. Among Native Americans, it is often the medicine man who, through long apprenticeship, has learned the secrets of healing. In Latin America, healers are on different levels of organization and may be viewed as a continuum from the local "señora que sabe" (the woman who knows), to the recognized Spiritist healers who have training programs in mediumship development, to those who work in the Spiritist psychiatric hospitals financed by the state.

So important are these healers, that in the 1970s, the World Health Organization (WHO) only appropriated money to countries who utilized these local resources in their mental health programs. I participated in the WHO program in Brazil by performing research on the local healing systems and how they might be integrated into a newly instituted ambulatory psychiatric system (Richeport, 1984, 1985, 1988). WHO's epidemiological research, begun at that time, showed that improvement rates of schizophrenia had a better prognosis when treated by traditional healing systems compared to psychiatric ones (Torrey, 1972). Paradoxically, schizophrenics who returned to villages and lived for years without psychotherapy, and often without neuroleptics, seemed to improve at a significantly higher rate than those who used western psychiatry (Lefley, 1985). Symptoms were similar across centers using diagnoses in the International Classification of Diseases (ICD). They included neglect of usual activities, social withdrawal, talk of persecution, harm or bewitchment, and behaving as if

hearing voices. About one third of all patients in the study were never admitted to a psychiatric hospital, while 95% percent were prescribed neuroleptic medication but for longer periods of time in developed than in developing countries. Jablensky, Sartorius, and Ernberg et al. (1994) reported that in spite of similar incidence of schizophrenia cross-culturally, the prognosis for schizophrenics in developing countries was better than in developed countries. Their follow-up study of outcome confirmed the results of the original study. "Being in a developed country was a strong predictor of not attaining a complete remission" (1994, p. 90). For example in India and Nigeria, after a three year follow-up, 49-51% recovered compared to 11% in Denmark. This is an astounding finding which contradicts a biomedical model of schizophrenia that would have difficulty explaining a 50% recovery rate.

The WHO study reported that more than half of their sample of schizophrenics had a good outcome after two years. Long-term follow-up studies of people diagnosed schizophrenic have shown that one-half to two-thirds recover spontaneously (Haley, 1989). Despite these findings, the current approach to schizophrenia in the U. S. views it as incurable.

Informal healing systems do not hold the view of incurability. This is not to say that madness is not recognized. It is just that the symptoms which we describe as schizophrenia are not thought of as incurable. Professionals in many countries have made use of cultural techniques used by local healers in their therapy. This paper will show how the premises and techniques employed by Jay Haley (1997) in supervising therapists to deal with schizophrenia share many similarities with naturalistic techniques used in local healing systems. Naturalistic approaches refer to the acceptance and utilization of the situation encountered. The therapist deals with the real world not the interior of the client. The focus is on the practical utilization of the reality situation rather than on ideology. Conversations are in the vocabulary of the clients and their families. The naturalistic approach does not medicalize or pathologize. It simply uses everyday ordinary discourse, tasks, and common sense (Erickson, 1980:168-176; Haley, personal communication, March, 1996). Haley's approach contradicts the approach referred to as "psychoeducation," which stresses a medical model of schizophrenia (Falloon, 1985). For a discussion of this controversy see Haley, 1988; Mosher, 1988.

This paper is based on more than fifteen years of anthropological fieldwork among Spiritist healers in the United States, the Caribbean, and Brazil, in Spiritist psychiatric hospitals in Brazil, and with "balians" in Bali, Indonesia (together with Jay Haley). I have observed Haley's supervision behind a one-way mirror over a period of years, filmed his supervision of therapists, and reviewed tapes of cases diagnosed schizophrenic.

### **MAJOR INFLUENCES IN THE DIRECTIVE FAMILY APPROACH**

Haley's approach while working with hospitalized schizophrenics on a project headed by Gregory Bateson in Palo Alto, evolved into one building on naturally occurring support systems of kin and non-kin social networks (Haley, 1997). After treating schizophrenics in individual therapy as much as five days a week for years in a psychiatric hospital in the 1950s he concluded it was the hospital and the families which were limiting the patient from responding normally. Haley was influenced by Jackson (1960) who believed that there was nothing wrong with the schizophrenic except his social situation. He developed a structural approach with chaotic families of schizophrenics. Haley was also influenced by Rosen (1951) who believed that schizophrenic human beings were responsive to conversations and made therapy possible outside a hospital. Haley was also influenced by Milton H. Erickson's approach to madness. Like Rosen, Erickson would use a technique taking a metaphor literally. For example, when a patient said to Erickson that he was Jesus Christ, Erickson responded that he must be a good carpenter, supplied him with the tools, and put him to work (Haley, 1973).

Haley's conversations with Erickson highlighted Erickson's view of the "normal or ordinary processes in the lives of people" (Haley, 1986, p. 40). Haley described Erickson's therapy as "the crises which occur when people go from stage to stage in the family life cycle. When child and parents cannot tolerate becoming separated, the threatened separation can be avoided if something goes wrong with the child" (1986, p. 61). The goal of therapy becomes helping people past a crisis to the next stage of family life.

I will discuss six basic premises about madness shared by cross-cultural healing systems and Haley's approach. These are based on com-

mon sense, humanistic, and naturalistic ways that people deal with crazy behavior. These include:

1. Family and community involvement in therapy.
2. The cause is placed outside the client.
3. Labeling clients more positively.
4. Treatment is task-oriented.
5. Metaphors are transformed into practical behavior.
6. The therapist-healer has a commitment to cure the client.

### ***FAMILY AND COMMUNITY INVOLVEMENT IN THERAPY***

Traditionally families have often been blamed for the madness of a member and have been separated from the patient. Deinstitutionalization returned 65% of hospitalized patients to live with their families, while often blaming the families for the illness (Goldman, 1982). In traditional societies, hospitalization is accompanied by family members and they continue to care for the member. Traditional societies do not see the family as causative and disruptive. The family provides a calming influence on the patient and more continuity between past and future (Lefley, 1985). The WHO outcome study showed that one predictor of a better outcome is a schizophrenic's contacts outside the family. However, family avoidance of the patient predicted a bad outcome (Jablensky et al., 1994). In traditional societies, healing rituals are communal and more often treat the person wholistically combining mind, body, and spirit. Spiritist centers replaced kin networks for Puerto Rican migrant schizophrenics and provided a coping mechanism (Garrison, 1978).

Haley's approach makes maximum use of the family in working with schizophrenics. Agreeing with Jackson that it is the social situation which produces the symptoms, Haley (1997) redefines the psychotic problem as a behavior problem. He also put less emphasis on the double bind hypothesis of conflicting messages parents offered to a child as a cause of schizophrenia. The redefinition of a medical problem to a behavioral problem permits the parents to take control of their child. He insists that the therapist have the power in the case and work with a medical doctor who can take the patient off medication. The more difficult the case, the more family network members are brought in as a resource. Haley (1997) instructs therapists that they

must commit themselves to these cases. They either must cure the case or turn age 85, whichever comes first.

Because the parents have been blamed for the illness of the young member, parents are often reluctant to come to therapy. Assuming that the problem is an organizational malfunction with the hierarchy in confusion, he puts the hierarchy back in order with the parents in charge. In sum, Haley stresses to the family that the child is not abnormal but is discourteous, rude, or bored, all naturalistic explanations that parents can deal with.

### ***THE CAUSE IS PLACED OUTSIDE THE INDIVIDUAL***

The way the illness is defined affects prognosis. In many traditional societies the cause of the illness is placed outside the individual such as supernatural causation. The self remains unchanged and is not responsible for the behavior. This can also be seen in the metaphors of biomedicine which view schizophrenia as a chemical imbalance, defective neurotransmitter, and brain disease. The findings of brain disease and spirit possession are equally baffling to the patient and the family. You cannot find the disease in the brain nor the spirit in the body. Because of the externalization of blame, higher levels of deviant behavior are tolerated. Informal healing systems provide an explanation and permit mastery through manipulation of the supernatural world. Similar to traditional systems, directive family therapy assumes that the client is responding to something outside, namely the social situation. Crazy behavior is interpreted as a metaphor for something outside the individual not as part of the inherent madness of the client. If you change the relationship to this or other worldly spheres, the madness will disappear. In a case supervised by Haley (1997), Anabelle, an eighteen year old hospitalized girl who was menstruating and not pregnant believed that the doctors had two of her fetuses locked up someplace and weren't letting her have them. She was also hearing voices. She was third eldest of seven children. Although the therapist realized that this delusion could be considered a metaphor for her mother's multiple births and the fact that she was a "parental child" for all their children was not discussed with the client. Therapy focused on getting the client to graduate from high school, to return to a part-time job, and to eventually "leave home" and live independently of the parents. In both therapies people come to realize that they have

power to change the psychotic symptoms through redefinition of the problem. A directive approach provides the tools for handling the client.

One hypothesis stressed in Haley's (1997) approach is that the mad behavior has a positive function to stabilize the family by diverting attention to the problems of the mad member and away from a family relationship. This view, whether true or not, provides therapists with a more positive view of the schizophrenic as one who is helping his or her parents. Similarly, in other cultures, shamans often exhibit bizarre behaviors which are reframed as spiritual gifts and are therefore regarded positively by the community.

### ***LABELING CLIENTS MORE POSITIVELY***

Labeling a client schizophrenic stigmatizes him or her and abnormal behavior is expected. The problem is medicalized, so that the therapist, family, and community think it is outside their domain. It is significant that many cultural groups give "odd" behavior another name, such as "nervios" (nerves) among many Hispanic groups. Puerto Rican families, even when given a diagnosis of schizophrenia by the psychiatrist, agreed with it only 27% of the time compared to 71% among European Americans and 65% believed the clients are curable compared to 19% among European Americans (Guarnaccia, Parra, & Deschamps, 1992). Therefore Puerto Ricans showed a greater tolerance for the seriously mentally ill family member and felt more positive toward them. Categories such as "nervios" enable families to understand their family member in more positive ways than the disease category of schizophrenia. One important resource is religious healing. In the Spiritist system, the client's crazy behavior is reframed as developing mediumship (becoming a healer) or obsession by spirits, evil eye, or laxness in performing spiritual obligations, all categories which may be handled non-medically.

### ***TREATMENT IS TASK-ORIENTED***

When clients come to this directive therapy in a crisis, therapists talk to them in a matter-of-fact fashion and do not accept the sick role.

Rather they are redirected into action, no matter how small a task, not into developing insight into their problems. Often these tasks are absurd to match the absurd behavior. The Spiritist system has a program for training to develop mediumship. Often ordeal type rituals are used. "The ideology and ritual supply the patient with a conceptual framework for organizing his chaotic, mysterious, and vague distress and give him a plan of action, helping him to regain a sense of direction and mastery and to resolve his inner conflicts" (Frank, cited in Kiev, 1964, p. 8). The training in directive family therapy involves teaching therapists to plan concrete interventions such as tasks or ordeals not to explore causes and metaphorical language with clients. Haley (1986) says that the schizophrenic is much more adept than therapists at using metaphor.

### ***METAPHOR IS TRANSFORMED INTO PRACTICAL BEHAVIOR***

Madness often includes involuntary symptoms. Clients cannot help themselves from losing control, having visions or hallucinations, walking for hours, etc. In order to change the behaviors from involuntary to voluntary, a paradoxical intervention may be used. In Spiritism, mischievous and unruly spirits are believed to cause havoc with the living. Clients are asked to accept these entities as real, encourage their visions of these entities and to change them from evil to good. This important step involves finding a spirit guide similar to a guardian angel or they may be encouraged to confront the spirit and persuade it to evolve toward light and leave the living alone. They learn to change the unwanted spirit possessions or hallucinations to desired possession trance or spirit mediumship. The possessions are limited in time and space during prescribed ceremonies and rituals. Communication with supernatural entities in the Spiritist system is training in control (Richeport, 1988, 1992).

Similarly, in directive family therapy a symptom may be encouraged in order to eradicate it. Encouraging a symptom was done in the case of a severely disturbed jealous wife. She was encouraged to seek a female companion who would be a safe companion for her husband. When the belief system is very strong as in the case of an East Indian woman who interpreted all her suffering as a result of "karma," Haley recommended encouraging the client's system but putting it under the

therapist's control. When therapists utilize cultural patterns there is no discussion of them. It remains understood by the therapist without offering insight to the client. Utilization of the client's behavior is paradoxical in that the very thing obsessing the client is elaborated upon. Erickson had a hospitalized couple who played with a ouiji board and believed that an evil spirit was following them around. Erickson encouraged them to look for spirits with him and he found more and more good spirits which together could exceed the strength of the evil spirit. He utilized what the couple was already doing but changed the meaning from evil to good (Richeport, 1988). Haley follows Erickson's approach in treating hallucinations as real and treating multiple personalities as real people (Grove & Haley, 1993; Richeport, 1994).

### ***COMPARING STRATEGIC AND SPIRITIST APPROACHES TO MADNESS***

A case (Haley and Schiff, 1977) and one handled in the Spiritist system will be compared in a three stage model: (1) Crisis, (2) Training, and (3) Restructuring an Identity.

#### ***Stage One: The Crisis in the Strategic Case***

In the first stage the individual is set apart from his normal activities depending on the extent of the dysfunction. He may be in and out of hospitals. Symptoms usually appear when a person is in an impossible situation and is trying to break out of it (Haley, 1973, pp. 43-44). B was the youngest of three brothers in a middle-class family living in Washington, D.C. He went to college and took LSD, and began complaining of an overwhelming pain of mysterious origin that his "thoughts had been raped" and began hearing voices. At the time he began therapy, he was 21 and in his second semester of college. His father was a professor and his mother worked and drank when lonely.

B returned home for summer vacation. During a conversation with his father, B shattered a triple glazed window, seriously cut his forearm and had to go through surgery. He remained hospitalized with a diagnosis of paranoid schizophrenia for nine weeks. When hospitalized B was taken off medication because he had developed tardive

dyskinesia. B was hearing voices and experiencing paranoid ideation. He complained that his "thoughts had been raped" and felt a mysterious pain. During the year he had been hospitalized three times and diagnosed schizophrenic each time. He was living at home and attending a day treatment program. His father contacted Schiff to see if anything else could be done. B's behavior was interpreted privately by the therapist as a metaphor for the inadequacies of his father who was depressed. In the strategic family therapy approach, the therapist accepts the crisis as a sign of change, not a permanent condition of the individual. The therapist works with the context and redefines the change, namely the family and social network of which the healer therapist is a vital part.

### *Stage One: The Crisis in the Spiritist Case*

Just as an inflammation is a sign that the body's mechanisms are working at a cure, a crisis is a sign that a change needs to be made. In many cultures a role is defined for individuals to become shamans. They experience many of the same symptoms as those people undergoing a mental crisis including loss of control, voices, and other hallucinatory phenomena. Lili was born in 1917 near Orocovis, Puerto Rico. Orphaned as a baby, she grew up with an extended family. Her stepmother also died. Without any formal schooling she could obtain only domestic work. At 14, her family sent her to work at a wealthy patron's house. She went to the Catholic Church regularly and said she had visions of the virgin. At 17 she migrated to San Juan. She met her husband Raul, a dock worker there and became pregnant immediately. They were planning to migrate to the United States. When she was five months pregnant she went into a crisis. Lili describes this crisis in her own words, "I found myself very alone, without a mother. I didn't have anyone to help me. It was happening. I know that I was seated on a chair and saw a fairly old lady. She made me dizzy. I felt faint looking at her. While seeing her stare, I observed a big roach, forming on her chair. I was frightened and felt a voice that told me "Lili." Then I said I was leaving. The water was dirty but I didn't notice that I fell in. Then I understood the voice, and knew it was my stepmother who brought me up. Then, when I knew it was her voice, I was frightened. I started crying, screaming, praying 'Our Father, and Hail

Mary.' See, I went crazy." Her sister-in-law recommended taking her to a Spiritist center for help.

### ***Stage Two: Training in the Strategic Approach***

B's therapy by Neil Schiff took place in a room with a large, one-way mirror with Haley supervising. The entire family attended one meeting. Their view of schizophrenia was "an acute response to environmental stresses" not blaming themselves for the difficulties. The therapist encouraged B and his family to return to a normal situation with normal expectations as soon as possible. He should be courteous in his behavior. The schizophrenic client learns control of behavior not through ritual but through forcing of courtesy behavior in the sessions by having the parents take charge. B was encouraged to go back to school and do part-time work. B was asked to prepare a log of his pain.

The reinterpretation of B's diagnosis from schizophrenic to artist utilized the therapist's interest in the art work. B was obsessed by crucifixion drawings expressing he was a sacrifice. Schiff took it literally and they spent time discussing the different ways the crucifixion was depicted in art.

B experienced a relapse and was violent. In this systems approach, the therapist believed this relapse resulted from B's attempt to stabilize his parents' relationship as they threatened separation. One goal of the therapy was to find an issue which could provoke a crisis in the room which would force the father to take charge of his son and restore the correct hierarchical relations in the family. An explosive, pivotal session takes place where the father becomes firm in making his son behave. The son made serious plans to return to college.

### ***Stage Two: Training in the Spiritist Approach***

In the second phase, the medium in training is in a state of transition trying to reorganize and reclassify the world according to the Spiritist ideology and goes through training into a new role of medium. Two days after Lili's possession experience her family took her to a Spiritist center in San Juan regularly. On her first visit she was assigned the role of medium which gave her prestige within the group. She began to "pasar espíritus" or adopt other selves which at first were unintelligible, unwanted, and violent. However, these behaviors were encouraged because they were interpreted as communication with supernatu-

ral entities. The president of the center placed limits on this behavior. He authoritatively directed which entities could possess her. The rules of the center permitted only courteous behavior. No chair throwing, jumping up and down for no reason and other disorderly acts attributed to low spirits. Lili described this learning process as follows:

They [spirits] kept talking to me and putting alot through my mind. I see one now, and one later, like a crazy person to the end. Then they took me and educated me. When the spirit told me to take a chair and throw it with the glass of water at the man who was talking, I said to myself, 'No, that is not me.' The substance receiving the message has to be educated, just like in school a child is taught by the teachers.

From this training in control Lili developed guides in the spirit world which specialized in different work. She used a Chinese guide for curing, an elegant Spanish lady for continuing Hispanic folklore, young Hawaiian girls for having fun, or a Congo guide for being aggressive and strong.

In this communal setting, Lili reinterpreted her feelings of craziness to communication with the supernatural which brought her prestige. She was always warned, however, that if she discontinued her mediumship practice, her crazy symptoms would return.

### ***Stage Three: Restructuring an Identity in the Strategic Approach***

B's restructuring came when the parents set firm limits on B's behavior. He left home to go to college in another state which marked the end of B's symptomatic involvement in his parent's relationship. B seems to have confidence that if the parents have difficulty they can count on the therapist. B has been transformed from a schizophrenic to an artist who is working as a teacher and is doing fine after an eight year follow-up.

### ***Stage Three: Restructuring an Identity in the Spiritist Approach***

Lili's resynthesis was a radical transformation when she developed mediumship. As she adopted more and more meaningful other selves, she combined a Latin Catholic world view with a natural propensity for visions (God, the Virgin), into a healer's role which brought her

prestige in her group. Her innovations consisted of utilizing traditional expressive forms in new ways. She adapted Kardecian Spiritism to urban problems in New York City. She utilized the Spiritist center as a vehicle for cultural continuity by holding in it traditional ceremonies such as a pageant for the Three Kings. The last I knew of Lili, and I followed her for twenty years, she was spending her time as mother, grandmother, wife, and healer who attended to all of those who come to see her. She used Spiritism to work out her own stresses by adopting one of her other selves to change her behavior pattern and get a new perspective on herself.

With the rite de passage consummated, the restructuring stage is a clarification of a new social and personal identity. Mediums gain prestige in the Spiritist system and their symptoms are now seen as talents directed toward helping others. In the case of an adolescent schizophrenic, he may have a new role such as artist, independent from the family, and living a normal life of school, work, and friends. His life has structure and is once again in a relatively stable state.

### *SUMMARY*

There are basic premises and techniques which are shared by the strategic therapist and shaman healer. They both believe the client is curable. They do not stress diagnosis and give the behaviors another name. In strategic therapy the client is regarded as a behavior problem and is seen as misbehaving or discourteous. The Spiritist calls the behavior spiritual faculties or nervios. The cause of the behaviors are seen as outside the individual's responsibility. For strategic therapy the cause is related to the social context and to a problem of leaving home in order to move to another stage of family life. The Spiritist sees the cause in the supernatural world. Many of the techniques are also similar. Both systems make use of a family oriented approach and use the client's natural social network. The therapy permits the client to rehearse more adaptive behaviors or practice them in the therapy sessions or in a kind of ethnodrama (Mars, 1962). Symptoms are encouraged such as hearing voices, having visions, hallucinations, and clairvoyant phenomena as well as confronting alters. Both therapies provide a set of actions, through directives, ordeals, tasks, elaborate rituals or classes in mediumship development. No insight is offered. At least one relapse is expected and planned for. Even with the most

serious cases of madness, these approaches encourage curability rather than chronicity. The cross cultural literature supports an approach which relies on human support systems, skillbuilding, and a directive, strategic approach.

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