

4.3 The loneliness of fetishes. Some reflections about the policies of ethnopsychiatry arising from a recent French debate⁽¹⁾

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In this contribution I would like to present some reflections about the policies of ethnopsychiatry. It is a very large issue, that concern many aspects of the work that some anthropologists as well some psychiatrists are carrying out in different countries, in Europe and elsewhere.

In the last two decades European ethnopsychiatry has experienced a very important turn, shifting from a previous traditions where the studies were focused mainly on the different categorization and healing practices of what in Western tradition we call mental illnesses to a new field of research. I mean the study of the mental problems involving the migrants that come in European countries coming from the former colonies. The spreading of migratory phenomenon in our countries runs with the spreading of those studies.

The idea is that those who are now coping with this migrants are often facing different therapeutic traditions. Culture has become an important issue in researches in this field as well as in the clinical work. A conspicuous number of psychiatrist cope now with culture and claim the relevance of the different cultures and therapeutic traditions in their clinical work. Our journals publish regularly articles and case-studies devoted to these issues.

As I told, my main concern is with what I call the policies of ethnopsychiatry, that is to say how the theories and practices play a political role in the arenas of our countries. I claim in that there is nothing new. Since the '40, when J. C. Carothers at Mathari mental hospital in Kenya coined the term "ethnopsychiatry", it has played (with his theories and practices) a very

important political role contributing to define – together with other theoretical and practical tools – the reasons which has justified and mystified the power relations between colonizers and colonizeds.

I would like to discuss this issue focusing at the beginning on the recent debate about the aim and nature of ethnopsychiatric work, and then to turn back to the first ethnopsychiatrists in order to try to analyse it in a genealogical perspective.

1.

In these years a very violent polemic about the policies of ethnopsychiatry has taken place in France. Also in Italy some researchers have written articles about it (COPPO P. 2000; BENEDEUCE R. 2001). The focus, or it would be better to say the main character, of polemics is the theories and clinical work of a very prominent French ethnopsychiatrist: Tobie Nathan. His main opponent is a well-known French anthropologist who is also a medical doctor and who has been working for many years in Africa: Didier Fassin.

Tobie Nathan is surely one of the most known ethnopsychiatrists, and his work has fascinated a large portion of the French intellectual landscape. For instance the science-philosopher Isabelle Stengers has working with him and also written a book with him (NATHAN T. - STENGERS I. 1995). Besides a famous intellectual as Bruno Latour has written a booklet about the his work (LATOUR B. 1996), and has written also articles in magazines and newspapers.

Many magazines and newspaper have published articles or reviews about Tobie Nathan and about his books, sometimes have also published very critic, or even polemic, articles against his work: it is, for instance, the case of “Le Monde” and “Le Nouvel Observateur”.

Tobie Nathan is a very controversial figure, but he surely is one of the most known French, or maybe European, ethnopsychiatrist. In the last years various research and clinical centers devoted to ethnopsychiatry, in France as well as elsewhere, have started to work following his theories and methods. Articles dealing with his work and his theories have been published in different international journal, among which: “Transcultural Psychiatry” (CORIN E. 1997; FREEMAN P. 1997; STREIT U. 1997).

Tobie Nathan is a George Devereux pupil, then he comes from the most prominent and influential European school of ethnopsychiatry. Nathan’s relation with his master is in different ways very controversial. In different

occasions, in writings as well as in interviews, he has deeply thinks over this relationship. Anyway he never has refused his filiation from George Devereux.

Tobie Nathan was born in Egypt, in a family belong the Cairo's Jewish minority. After the Suez question in 1956, he escaped with his family from Egypt and, after passing a period in Italy, settled in France. It is there that he became a psychologist and met George Devereux becoming a pupil of him.

I do not want here to illustrate exhaustively Nathan's theories and practices. I am not a Nathan biographer, and I did not carry out any study on his *opera omnia*. I prefer to refer to the current polemics just to propose a reflection on the policies of ethnopsychiatry. Or, as it would be better to say, about the possibility that the ethnopsychiatry itself could be considered, both as discipline and clinical practice, a political tool. Obviously, it is necessary understand which kind of tool and for which policy.

To do that it is necessarily to briefly outline the Tobie Nathan's work and then to summing up the main terms of the current polemic.

I would like to start describing the clinical encounter between Nathan and the migrant patient. First of all, against a well rooted Western tradition, it is not a "face to face" encounter, it is rather a plural one. This is true in different senses. The therapist is not alone: he is surrounded by other therapists, which have studied with him. Most of them came from not Western countries and are invited, during the clinical session, to interpret the patient trouble not only with looking at them from a Western psychology perspective, but also using his own home traditional knowledge. Then from the side of therapists there are different people; they share a common knowledge – that is to say the psychological one –, but at the same time every one carry in the therapeutic setting a knowledge which came down from his/her homeland traditions. Moreover everyone bring on the therapeutic scene his/her own mother language. As we shall see later, the language is a very important topic in Nathan's construction of individual, and ethnical, identity. The patient also does not came alone. He can choose to came accompanied by relatives, or a ethnic community leader, or even a social worker. This present a very close analogy with what usually happen in African traditional therapeutic setting, where the patient goes to the healer with relatives or prominent community leaders. Then the patient side is, as well as the therapist's one, plural. In this side everyone can talk about the trouble and even give his/her own interpretation of the problem.

The latter is a point stressed by Tobie Nathan. In answering to Didier Fassin he insisted on the plural character of his therapy. What does it mean?

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According to Tobie Nathan, his own therapeutic setting is not only plural, but first of all *horizontal*. His setting, according to him, makes void the hierarchy present in classical Western clinical setting. There is not a therapist who hold the knowledge and a patient who must accept his knowledge and his prescription. Everyone contributes to the creation of diagnosis and healing process.

Tobie Nathan in describing his method writes:

«About twenty chairs are disposed in a circle in a large room. When the patient enters (very often accompanied by some relatives, or social and health workers he trusts) the co-therapists are already seated to their chairs. The co-therapists are “living mediations”, because they are of different origins and able to manage with traditional languages and interpretation systems. But they have also achieved a degree in French universities (psychiatrists, psychologists, teachers, sometime – but rarely – anthropologists; all of them have experienced a psychoanalytic work). All are seated in a round, no place is different from the others and then the whole make possible to think at the setting as a collective work» (NATHAN T. 1996 [1993]: 55).

During the sessions everybody talks. Once the patient has told his story, and explained his troubles, the long thread of interpretations start to be unraveled. Everyone proposes his own view of the problem; it can be rejected or, more often enriched through the discussion or the disclosure of new details. There is not a theoretical framework which has a prominent place in the interpretative work.

«By passing incessantly from a cultural area to another, this practice alternates a multiplicity of theoretical universes. It is “multi-theoretical” by nature. It does not rest on any wide theoretical concept, therefore invites to detailed analysis of processes» (NATHAN T. 1996 [1993]: 56)

According to Nathan, his method avoiding to give a hierarchy of interpretations can be seen as democratic.

Nathan, in his clinical work, has never used traditional healers. Though he trusts their methods and often does fieldwork in Africa in order to improve his knowledge of traditional systems of thought and therapy. Anyway the traditional way of thinking about mental troubles are very important in his work. This is why he hold a precise idea of culture. An idea that remind those of fifties and sixties anthropologists. In fact Nathan, in the last years, has often attacked the anthropologists, accused by him to have a very “weak” concept of culture.

According to Nathan there is an equivalence between language and culture, they are interwinned. A language is a distinctive mark of a group and it is the main vehicle for the culture. To define a language it is necessary

that it can not be understood by people which do not belonging to the group. «In other terms the language is not a generalised system of exchange – that is to say that it can be understood by everyone eves if he or she does not any tie with the speaker – it is restricted to the closed group which practices it. In other words, it needs that the Bambara, to be defined as language, become “dull” for Soninké, Peul or Wolof languages» (NATHAN T. 1994: 83).

Ursula Streit describes, maybe in a too uncritical way, the Nathan's ideas about the relationship between language and culture:

«Nathan tries to define the function of the cultural system in the construction and homoeostasis of the psychic apparatus. He suggests that “culture is the system which not only gives coherence to the social sphere, it is also the internal system of individuals which ensures the closure of their psychic space” (NATHAN T. 1994: 176-177). The core of a cultural system includes: language; theories concerning the nature of the person and, more specifically, the nature of infant; theories on the nature of the afflicted and of disorders (which ore interrelated and often redundant). He sees this basic core as substantially closed to outside influence and compare it with the system of language “which only can be a system of generalized exchange, and not a private code, if it is coherent, almost closed and hermetic towards other languages (NATHAN 1994: 178)» (STREIT U. 1997: 335-336).

From this theory of language and culture becomes a very important consequence. The concept of a “uniqueness” of therapy. The Western clinic, at least on the “psy” ground, fail in healing the migrant because they belong to other cultural universes. A man is building by his ancestors, his gods and the myths of his groups. One cannot escape that. To heal a Bambara we need to find a *bamanan* – a Bambara traditional healer – because «he is the only one who hold the knowledge to heal a Bambara (INGLESE S.F. 1996: 130). In other words, within the Nathan's framework a Senegalese migrant is forced to be for ever a Bambara. In this way Nathan creates a strange hybrid that, from a hand, seem to work with the alternance of paradigms (from the psychologist's one to the patient's one), to the other seem to rest on the specificity of the patient cultural universes. The consequence is the idea that the “cultural worlds” can dialogue between them only in a very difficult and specific way. On the other hand, the Nathan hybrid reaffirm strongly the idea of a cultural specificity, and even more of the great relevance of cultural roots and origins.

2.

It is against those ideas that Didier Fassin mainly focused his polemic with Tobie Nathan.

It is not the first time that Nathan is involved in polemics. Often they have been very heavy and violent. In the last years for example, he has been involved in discussion regarding the quality of his work of collecting ethnographic data, and – in another occasion – regarding the results of his clinical work. He was accused to not give any data about follow-up, then it is not possible to understand if his patients have really improved through his therapeutic work. In both occasions the polemics were very violent, and Tobie Nathan has answered energetically to the accuses moved to him.

I think that the current polemic with Didier Fassin is very different from the others. It is not a problem of intensity, or hardness. What is different now it is properly the kind of object in question. The Fassin argumentations against Nathan challenge the theoretical frame of Nathan's ethnopsychiatry and put the question of its political role.

In 1999 Didier Fassin publish on the French review "Genèses. Sciences sociales et histoire" an article with a very explicit title: *L'ethnopsychiatrie et ses réseaux. L'influence qui grandit* (FASSIN D. 1999). The arguments he raised against Tobie Nathan are very hard. At that point, in any case, they not challenge the whole frame of his ethnopsychiatry. In fact the article was focused mainly on the French intellectual network which during the last ten years has worked with, or on, Tobie Nathan; and on what they have written about him and his clinical centre. Fassin used the concept of network to try to explain the reasons of the Nathan's fame among the public institution devoted to the migrants care and among a larger part of public opinion. He suggested the hypothesis that the fame achieved by Tobie Nathan rest not only, or it would be better to say not mainly, on the efficacy of his method, rather rest on the relationship he has created with these prominent intellectuals. The title of the article is, to this regard, explicit. *L'influence qui grandit* is a word-game based on a well-known book written by Nathan and titled *L'influence qui guerit*. The *influence* is not of use to heal, rather it is very useful to increase his social position. As one can see, it is a very violent attack. It is, in any case, limited to the Nathan's skill to form an alliance with some prominent intellectual figures.

Fassin wrote another article about Nathan and ethnopsychiatry. The article was published by the most prestigious French anthropological journal: *L'Homme* (FASSIN D. 2000). In this case Fassin made an attack to the whole theoretical framework of Nathan's ethnopsychiatry, and probably to the political functions that the ethnopsychiatry, as discipline and practice, has assumed from its origins.

The article has a precise rhetorical construction. It is played on the comparison between the Nathan and Carothers practices. J.C. Carothers, a medical doctor, was in charge as director at the Mathary mental hospital in Kenya during the forties and fifties. Taking advantage of his position he carried out many researches about the mental illness in Africa. More in general he was concerned with the “African mind” in health and disease, to quote the title of the most known book of him. He was surely a prominent and influential figure among African psychologists and psychiatrists. His researches and writings were favourably received by the psychiatric and also anthropological communities. His fame was so wide that the WHO asked him to write a book on African psychology and psychopathology (CAROTHERS J. C. 1953). Besides he was probably the first to use the term ethnopsychiatry. Which kind of ethnopsychiatry was he carrying on? It was a form of psychiatry that today with a polite term we call “differentialist”, but if we want to be clearer we have to call it simply “racist”.

In his article Fassin refers to a booklet of Carothers devoted to the analysis of Mau Mau rebellion in Kenya colony: *The psychology of Mau Mau* (CAROTHERS J. C. 1954). It was a report commissioned to him by the English government, when he was already retired from his charge at Mathary hospital. The English government asked him to carry out a research to explain the real and deep reasons of the Mau Mau rebellion in order to become able to prevent other rebellions.

It is important to stress that now it is well acknowledged among historians and anthropologists that Mau Mau rebellion was an anti-colonial and nationalistic movement which arose, mainly among the Kikuyu, from the claiming the rights to the land expropriated by English colonizers. In short it was a political and class movement.

Carothers in his booklet is not concerned with this kind of reasons, nor analyses the political motivation of the rebellion leaders. He assumed that the real and deep reason of the rebellion was to be found in Kikuyu mentality and psychology. According to him the Kikuyu (but he said the same things for all the Africans) were individualistic, cunning, litigious and with a great tendency to secrecy and violence. Frustrated in their desire to become like the British they would have developed against them resentment and grudge. As Fassin stresses (FASSIN D. 2000: 235), a socio-political phenomenon is reduced by Carothers to a psychopathological one, utilising traits of Kikuyu culture (or it would be better to say of a cultural stereotype) and features of their supposed personality. Besides he utilised also the idea of the psychical upsets provoked by the collision with Western civilization and society. I would like just to stress that the Carothers analysis is not

the only case where the psychology is used to explain the anticolonial rebellions. The same has done by Mannoni examining the Malagasy rebellion (MANNONI O. 1950; BLOCH M. 1997). The attitude to explain the local rebellion through a psychological framework or, more precisely, using the theoretical framework of the clash of civilizations and the cultural stress due to the exposition to the urban and westernised lifestyle was almost spread in that period (cf. MOORE S.F. 1994). We can say that it was a very common way to cope with the arising anticolonial movements, even though in the case of Carothers and Mannoni it was supported, and reinforced, by a specific psychopathological framework.

According to Carothers the Kikuyu personality, the urban life, so far from their traditional way of living, and the stress provoked by that were the real causes of the rebellion. For him, with great satisfaction of English government and English farmers in Kenya, the land rights were not important at all. The solution he pointed out was very simple. It needed to drive the Kikuyu, and the other natives as well, away from the towns and to gather them in villages in order to allow them to find again their ancestral way of living that could fit their needs better than the modern Western life.

An Australian historian, Jock McCulloch has written regarding the Carothers booklet:

«With Carothers's monograph the science of ethnopsychiatry formally entered the domain of political action. *The psychology of Mau Mau* showed how well suited ethnopsychiatry was to the shaping and rationalization of conventional settler beliefs about Africans. It was the only science that was capable of providing a strictly hierarchical definition of human nature, and in that sense it was the one science whose shibboleths corresponded perfectly with the structures of colonial societies» (McCULLOCK J. 1995: 71-72).

According to Fassin the original sin of ethnopsychiatry rest in the attempt to "culturalize" the "other people" psychic troubles without paying attention to the social causes. In the current work of most ethnopsychiatrists, he said, it is still possible to find the same "original sin".

In fact Fassin accuses Nathan to hold the same inclination. Nathan's theories and practices propose, according to Fassin, the same culturalist paradigm.

The Nathan ethnopsychiatry insists, as I have showed before, on the traditional therapies. First of all he strongly claims everybody can be really healed only using the therapeutic operators of his own home culture; that it is to say healers, gods and fetishes. In this way Nathan, according to Fassin, push the migrants back to their original cultural horizons, and denies the possibility they can open towards different cultural horizons.

Summing up, once again, as in Carothers time, the ethnopsychiatry insisting on the relevance of the cultural of origin, that seems to be for the migrants something like a fatal embrace, risk to become – or maybe effectively is – a good allied for xenophobic and racist policies, giving them a sort of scientific sanction.

From this point of view, and this is very important to my opinion, the Didier Fassin violent attack involve not only the Nathan's version of ethnopsychiatry, but the ethnopsychiatry as discipline and practice or at least the "culturalist side" of it.

Nathan answers vigorously to this attack. In a long article (NATHAN T. 2000) he reaffirm the efficacy of his method and insist on his democratic character. He said his clinical work, as I have described it above, tend to erase the distance between therapist and patient. It allows to have both the same dignity in the clinical setting. In his clinical work the psychological knowledge belonging to Western tradition has to face openly the traditional therapeutic knowledge of his patients home countries. It is from the confront between these two forms of knowledge that arise the solution of the problem which affect the patient.

Nathan refuses the Fassin accusations about his culturalist inclination. He also refuses, with more energy and open disdain, the accusation to be, consciously or more probably not, on the same side with whom want to establish xenophobic and racist policies and practices. He affirms that behind Fassin's argumentations and accusations is hidden a neo-stalinist practice which want to criminalize the adversary.

Anyway Nathan lacks to give a convincing and clear answer to the most important and serious of Fassin accusations: to conceal the social dimension in favour of the cultural one. In other words, to deny that power relations, social inequality and marginality count as, or more, the one's own culture in developing pathology and in what is played within the therapeutic setting.

3.

These are the main polemic features. It is not my intention to take the part of one or another. I think it would be a useless exercise. Surely the Nathan practice, as well as his theories, are in some ways very interesting. They open new space of reflection and research, into the relation between pathology and culture and about the place of culture in therapeutic process.

At the same time it is necessary to stress, as Fassin did, how some position of Nathan are very perilous. His very old-fashioned idea of culture, as a whole which can be handed down through generation, as well as the idea of a strictly equivalence between language and culture are to my eyes not convincing at all. First of all, what is very riskily in his theory, and in that I agree with Fassin, it is the idea that every culture can be seen as separated by the others, and that any individual can find his way to cure himself and, of course, to heal only within his own culture. If we transpose it in a political level, we risk seriously very dangerous consequences.

Why do I choose to discuss about this polemic in a conference devoted to the anthropology at home? Because I think that it challenges a very important issue for our disciplines which is the political role they play or can play in our arena. To answer this question the ethnopsychiatry have a central place. Is it really so culturalist to conceal very important social question? And more, if it is true, does that attitude come straight from the beginning of the discipline.

Nathan comes from a very different tradition from the Carothers one. He is a pupil of Devereux, then his theoretical landscape is completely and radically different. Anyway it is true that something permits to compare Nathan and Carothers. Both of them, even if they are divided by forty years, deal with mental illness, but do not discuss only about that. Their theories rest on a more general theory about the specificity of the African cultures (according to Nathan) or about a more general idea about the so-called "African mind".

In his book McCulloch said a very important thing. Carothers did not deal simply with illness. The books he wrote, and mainly the most important one: *the African mind in health and disease*, are to be seen as an attempt to elaborate a more general theory on colonial citizenship. That it is to say that for Carothers the most important question was to understand if, and under which conditions, was possible for the Africans to become loyal imperial subjects and citizens. In other words, was it possible to imagine the Africans became more English? I would like just to remind that a similar question – with very different answers of course – was posed also by Frantz Fanon.

I think that behind the issue today we discuss there still is the problem of the theory of citizenship.

We discuss about integration, about deculturation or, as Nathan claims, some of us try to become the defenders of the traditional cultures threatened by the globalization processes.

I think the main problem which rises from the French debate, even if underlied, is not so far from the one pointed out by Carothers, that is to say the question of citizenship.

When – within the contest of the problems risen from the migratory dynamics – one discusses about integration or, on the contrary, when one emphasizes the irreducibility of the therapeutical systems, or even more when one claims for the uniqueness of any culture, the core of the problem is always the same: what is the place in the social arena for the new citizens.

Is it possible to discuss this issues, and the underlaid question of citizenship, without reflecting about the place we have to assign in our analysis to the social, economic and political questions?

These questions which resound the ones put by Fassin cannot be eluded.

To do that, in my opinion, it is necessary to proceed reflecting on colonial psychiatry; it cannot be considered as a settled history, on the contrary we have to deal with his (often concealed) legacies. On the other hand it is evident that it is not possible to discuss about the migratory dynamics without facing the social inequalities and the class relations.

I think we can agree with Ania Loomba when she stressed that the most important Fanon legacy to the current debate in ethnopsychiatry, and maybe in a wider range of our studies: how do we to interrelate the question of psychic oppression and trauma to the material, economic aspect of colonialism?

Ania Loomba writes:

«While theories of language and the psyche have given us sophisticated vocabularies of subjectivity, we also need to think about how subjectivities are shaped by questions of class, gender and context. We need to peg the psychic splits engendered by colonial rule to specific histories and locations» (LOOMBA A. 1998: 179).

Notes

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