THREE CASES OF PSYCHOSIS AMONG THE ESKIMOS

By

MORTON I. TEICHER, B.S.S., M.S.W.

Clinical Teacher, Department of Psychiatry
Assistant Professor, School of Social Work
University of Toronto
Chief Psychiatric Social Worker, Toronto Psychiatric Hospital

(Received 15 December, 1953)

THE study of actual instances of psychosis among non-literate peoples can enhance our understanding of the relationship between mental illness and the society in which it occurs. Analysis of case histories may enable us to see how social, biological and psychological factors reciprocally influence each other to produce mental disease. Some light may be thrown on the question whether or not there is a common nucleus of aberration which is universally manifested.

The material offered here concerns three Eskimo cases of psychosis. Data were gathered during a field trip to the Arctic in the winter of 1951-52 and subsequent visits to the mental hospitals in Manitoba to which the patients were removed.*

The Eskimo community in which these illnesses occurred is located on Southampton Island, the largest island in Hudson Bay, lying at its northern boundary. Approximately 18,000 square miles in area, the Island has an Eskimo population which ranged from 132 in 1930 to 236 in 1951.

For our purposes, the question of Eskimo disease theory is of particular interest. In earlier times, the Eskimos on the Island used magic to augment their prowess and to protect themselves from disease and other harm. An impressive number of amulets, rites and spells existed for these purposes. Following white contact with its resulting social upheaval, magic was gradually replaced by witchcraft in which the psychic powers of the witch were used to bring misfortune to an enemy, thus rendering obsolete the magician's tools. Along with witchcraft developed its inevitable accompaniment, witch-fear, which rests upon the belief that someone is using witchcraft against one. These phenomena—witchcraft and witch-fear—developed as the people experienced anxiety in the face of widespread social changes (Carpenter, 1953). Their anxiety was expressed in the form of intra-group hostility and all misfortune, such as disease, was attributed to the ill will of a human agent. The socially destructive nature of Eskimo witchcraft produced a climate of suspicion, fear and hostility. However, at the same time, it offered a consistent theory of disease and mental disorder, not to be taken lightly in the absence of scientific medicine. While disease generally was attributed to the psychic influence of an enemy, in some instances,

* This research was made possible by grants-in-aid from the University of Toronto, The Canadian Defence Research Board, and the Canadian Social Science Research Council. I am also indebted to my Eskimo informants, to Father Marcel Rio, O.M.I., Albert R. Swaffeld, Harold Copeland and Jameson Bond, all of Southampton Island, Northwest Territories. The visit to the Arctic was made with Dr. Edmund S. Carpenter, Department of Anthropology, University of Toronto, without whom the work could not have been done.

other etiological factors were believed to be at work. These included malevolent ghosts, offended deities, taboo-violation and intrusion into the body of a disease-producing force or object. Newer knowledge of bacterial agents had been incorporated into the Eskimo system of belief in a consistent manner: that is, the Eskimo understands that bacteria cause disease, but one person becomes ill and another remains well because someone is influencing the ill person, making him a prey to the bacteria. The mortality rate is very high; 60 per cent. of the deaths occur before the age of 20, as compared with the Canadian average of 19 per cent. Tuberculosis, influenza, pneumonia and accidents are the chief causes of death. Epidemics of diphtheria, typhoid fever and poliomyelitis have also taken a heavy toll. It is generally accepted that many of these diseases which are now widespread were brought into the Arctic through white contact.

The first white contact of any consequence occurred at the beginning of this century when New England whalers came to the Island. The Hudson's Bay Company store was established in 1924 and the Catholic mission was built a year later. Scientific missions occasionally visited the Island. However, it was not until World War II and thereafter that any appreciable white contact took place. The influence of this more recent contact is seen in the shift from a semi-nomadic existence to the comparatively sedentary way of life now followed by many of the Eskimos. The rapid social changes accompanying white contact have been reflected in different ways, such as curtailment of the practices of wife exchange and female infanticide.

It was during the decade of the 1940s that the three patients with whom we are concerned came to Southampton Island and were later removed because of their illness. This was a time of considerable social turmoil on the Island. The reshuffling of population which had been begun by the whalers when they settled 70 Eskimos on the Island in 1908 continued under government auspices. Today, the Island has four Eskimo groups which, though they share much in common, are separated by dialect and heritage. Population movements represent attempts to deal with imbalances in the ratio of females to males as well as to deal with game shortages in certain areas. These efforts to cope with existing problems created new problems on Southampton Island. As more people moved to the Island, the balance of its economy was upset. The game supply was decreased; the uncertainty of the fox trade continued. Inter-group hostilities and suspicions among the four tribes on the Island were rife. The older inhabitants looked down on the newcomers who had frequently been selected for emigration by the traders at their places of origin as being among the least desirable members of the group there. Assimilation was a slow and problem-laden process. Anxiety in general was heightened as old values, traditions and beliefs were questioned and modified. In this stressful social situation, witchcraft developed and the three cases of psychosis occurred.

Case No. 1—Arnaitiang*

This patient was born about October, 1919 at Port Burwell, on the northeast coast of Ungava Bay. She came to Southampton Island in about 1940 and remained there until she was removed to the Hospital for Mental Diseases, Selkirk, Manitoba in July, 1948.

Family

Arnaitiang's mother, Manetoo, was living and well at the time of my visit and was my principal informant. While the family was still living at Port Burwell, the patient's father had been killed in an accident when his sled overturned. At the time, he was on his way to fetch Manetoo's sister so that she might stay with Manetoo while he went off to his trap-line. Manetoo was extremely fearful of being left alone and it was later felt that the patient's father

* All names used are fictitious; otherwise, the facts as reported are faithfully adhered to.

had died as a consequence of his wife's need for special attention. This apparently strong need on the part of Manetoo was regarded as somewhat peculiar and it is certainly out of keeping with the usual pattern of Eskimo husband-wife relationship.

Arnaitiang was the eldest of four children. One sister, Mitiq, now dead, always became "queer" at the time of the full moon. She was quick-tempered and often beyond control, especially at the time of the full moon when the Eskimos believe that anything negative is accentuated. The second sister, Itu, died of meningitis shortly after the family came to Southampton Island. The only living sibling, Manik, is married and has one child. He lives with his mother and helps to support her. However, he is not a very capable hunter, and he is subject to irritable outbursts. He quarrels a good deal with his mother and was reported to have beaten her because he feels that she was responsible for his father's death. From the time the family first settled on Southampton Island, they were all regarded by the other people as somewhat unstable and unreliable.

Development of Illness

Although Arnaitiang shared the family's poor reputation and, in addition, was considered to be over-sexed, it was not until about 1946, six years after she arrived and about two years before she was finally removed, that her symptoms became particularly marked. On a long trip which she made, she constantly accused other members of the party of talking about her and, without seeming provocation, she would throw things like rocks and pieces of ice at them. She had to be returned to the post because of her behaviour and on her return, she continued to be irritable and to treat the children roughly. At one time, when the wind blew her parka away, she was in a rage for three days, blaming everyone for stealing it. Her behaviour was such a disturbing influence that she was ordered out of the camp in which she was living.

The concern of the Eskimos with her peculiarities was so great that when two doctors visited the Island in the summer of 1946, they were asked to examine Arnaitiang. The doctors concurred in feeling that she would have to be admitted to a mental hospital. In January, 1947, Arnaitiang was again examined by two visiting doctors, one of whom was a psychiatrist. At this time, a diagnosis of hebephrenic schizophrenia was made.

Shortly after these examinations, Arnaitiang had an experience which seemed to intensify her symptoms. At this time, she was about 28 years old and still unmarried. According to custom, she had been sleeping with several different men and she finally developed a particularly close attachment to a man named Maleki who was six or seven years her junior. He had recently moved to Southampton Island with his family. Maleki's mother objected to any permanent liaison since she did not want her son to marry someone older than he. Arnaitiang's mother, Manetoo, who had made no objections up to this time, now told Arnaitiang to stay away from Maleki. The combined efforts of her mother and prospective mother-in-law to thwart the marriage enraged and irritated Arnaitiang. One night she got up from her bed, where she was lying with Maleki, and went to another tent for matches, despite the fact that there were matches in her own tent. The tent to which she went was the one in which Maleki's mother lived and it was later guessed that Arnaitiang had intended to attack her, although no incident actually took place. Soon after this, Arnaitiang began to accuse more people of talking about her; she would accost them and censure them. She claimed she could hear these people talking about her, and she would record what they were saying on slips of paper, but would then destroy the paper before anyone could see it. She developed a peculiarly violent hatred for the Hudson's Bay Company people.

Other symptoms included walking about aimlessly, rubbing her leg, and continually singing hymns. She would talk to no one in particular but was always mumbling. Often in her meanderings, she stopped to fondle children and she kept repeating, "I have two children". She was also overheard to say that she had a husband and she frequently uttered a sound "peeai" which is a neologism, having no meaning in Eskimo.

Shortly after this behaviour began, she was "observed" by a boy to be having intercourse with "something unreal" covered by hair. The boy almost fainted, since the "thing" was considered to be the dog-husband of Nuliajoq, a Cerberus-like creature in Eskimo mythology, who is also an incubus or demon-lover.

In the year preceding her evacuation, Arnaitiang made two predictions about people dying and in both instances she was correct. She was generally regarded with fear, especially by the other women, who, contrary to custom, barred their doors when they heard her coming.

Native Treatment and Explanation of Illness

An effort was made to treat Arnaitiang through confession. She confessed masturbation, which was considered an insufficient explanation for her symptoms. She was tied down to elicit further confessions but nothing else was forthcoming. Since the family had been converted to Christianity some time ago and was familiar with the chastity code, Arnaitiang's mother, knowing of her daughter's promiscuity, felt this might be her only other sin. Actually, neither chastity nor Christianity were taken too seriously so that this too would have been regarded as an insufficient explanation for Arnaitiang's illness. The explanation which was generally adhered to had to do with the mother's responsibility for the death of her husband. It was felt that punishment for this wrong was being inflicted on Arnaitiang, who had inherited the sin from her mother.

In April, 1948, after a particularly violent episode during which Arnaitiang wrecked the interior of her mother's shack, steps were initiated by the Hudson's Bay Company manager to arrange her removal. By this time, it was felt that her condition had reached the point where she endangered the lives of others. Because of the difficulties of arranging transportation, it was not until the last day of July, 1948 that Arnaitiang finally reached the mental hospital. Just prior to leaving Southampton Island, she asked her sister, then pregnant, to name the new baby after her, thus following the Eskimo custom of naming an infant after a reincarnated ancestor. Apparently, Arnaitiang felt that her spirit-name had permanently deserted her body.

Arnaitiang is described as having been "achitongayaktook", which is roughly equivalent to "soft in the head"; also, she was called "pislangesaktook" which can best be translated as "mad".

Course in Hospital

Arnaitiang was admitted to the Hospital for Mental Diseases, Selkirk, Manitoba, after having been examined and certified by a doctor in Winnipeg, Manitoba. This doctor referred to her continuous waving of both hands which appeared to be an effort to ward some person or thing from her. During the first ten days in hospital, these gesticulations continued. The patient was overactive, noisy and displayed a considerable amount of stereotyped behaviour. This consisted of a peculiar type of waving of the arms, accompanied by a rhythmic turning of her head from side to side. No verbal communication was possible because of language difficulties. She appeared to be hallucinating as she frequently mumbled to herself and often laughed quite inappropriately. She attempted to bite the doctor who conducted a physical examination. This examination showed a faint mitral systolic cardiac murmur.

At the end of ten days, she began to quieten down and became more co-operative. She soon became a favourite on the ward, and during the following month, her mannerisms, grimacings and gesticulations ceased. She learned some English words and also learned to knit in a very efficient manner. The nurses took her out to buy candy and ice cream and this made her very happy.

After Arnaitiang had been in the hospital about six weeks, insulin coma treatment was instituted. She showed a marked reaction to this treatment, becoming confused, sleepy and drowsy. At a staff conference, she was diagnosed as schizophrenia, catatonic type. Insulin was continued until a course of 36 treatments had been completed. By November, 1948, four months after her admission, all her symptoms had returned. These included facial grimacing, arm-waving and noisiness. She became unclean in her habits and had a number of emotional outbursts. Electro-convulsive therapy was considered but this was ruled out because of the cardiac pathology.

In April, 1949, a chest X-ray showed an area of infiltration, representing a probable tuberculous lesion. The patient was transferred to an isolation ward where she was overactive and confused. She would sit up in her bed, swaying back and forth and making signs with her arms. She constantly hallucinated and gesticulated. When a doctor entered her room, she would leap out of bed and huddle in a corner until he left. X-rays taken during 1950 and 1951 showed marked increases in the size of the lesion. By July, 1951, there was considerable collapse of the right upper lobe with far advanced, extending tuberculosis. Her physical condition deteriorated with extreme rapidity and her resistance to infection was minimal. She developed bilateral acute pneumonia and died in September, 1951. Post-mortem examination of the chest organs showed extensive fibrous areas throughout both lungs with several cavities in both upper fields. The diagnosis made was fibro-caseous tuberculosis.

Case No. 2—Pialik

This patient was born about 1910 near Wakeham Bay on Hudson Strait. She came to Southampton Island in 1941 and remained there until she was sent to the Hospital for Mental Diseases, Brandon, Manitoba, in May, 1945.

Family

Little is known of Pialik's parents since both died before she moved to Southampton Island. Her father is reported to have been a good hunter, and she is said to have known no special hardships as a youngster.

Pialik was the second of four children, having one older sister, one younger sister, and one younger brother. Her younger sister, Ititayjang, was the only member of the family, besides Pialik, to migrate to Southampton Island. Ititayjang was a very beautiful woman, known for her lack of conceit, her docility, and her graciousness. She died of tuberculosis in about 1946. Nothing is known of the other siblings.

Development of Illness

Pialik was married while still in her teens but, partly because of poor eyesight and the resulting inability to work satisfactorily, she was not an acceptable wife, with the result that her husband left her in a short time. They had no children. She then lived successively with three different white traders for periods varying from one to two years. Each of these in turn deserted her when he left the Arctic, despite promises to take her south. About 1940, having nowhere to

go, Pialik moved into the home of her sister, Ititayjang and her husband, Tooga. (Tooga, patient's brother-in-law, was my chief informant.) Ititayjang hoped that Pialik might be of some assistance in the house. However, in the months following Pialik's moving into the house of Ititayjang and Tooga, the behaviour peculiarities which began when the last white man left her now became aggravated. Contrary to her sister's expectation, Pialik did not work and was always the last to rise, often not before noon. After getting up, her chief pre-occupation was eating. She never bothered to repair her own clothes or to care properly for herself. However, since she was in no one's way, she was tolerated.

In the summer of 1941, because of food shortages in the area, Tooga and his family were moved to Southampton Island. As a member of the household, his sister-in-law, Pialik, accompanied them. As she came off the boat, she was seen suddenly to stop and smile. She appeared to be listening to an illusory voice. She repeated this behaviour several times during her first day on Southampton Island and a number of times thereafter so that she was immediately considered queer. This impression was furthered when she was seen to use her hand as a mirror, imaging herself and then smiling.

During the next four years, her behaviour grew steadily worse. She would laugh and smile impulsively with no seeming provocation. She was irritable and would suddenly attack her sister and her sister's children for no apparent reason. She had to be forcibly restrained from using the stick or the axe which she had seized. This danger to her sister and sister's children was so great that, once, when her brother-in-law, Tooga, was away at his traps, the police had to move the family into a house where she could be closely observed. Here, Pialik acted so badly that the police were obliged to move her out into a separate house. She was kept in such separate houses, one a barred igloo built by the Eskimos, until evacuated. It was during this time of living under close observation that Pialik made a particularly violent attack on her sister and had to be tied down in order to be restrained. She claimed at the time that her brother-in-law and one other man who had assisted him in restraining her, had earlier been talking about killing her.

Pialik explained to the police that she had attempted to kill her nieces and nephews because she could see in the minds of her sister and brother-in-law their intention of doing away with the children. She felt she was better able to accomplish this.

Arrangements were made for her removal and she was sent to the Hospital for Mental Diseases, Brandon, Manitoba, in May, 1945.

Native Explanation of Illness

After her desertions by the white men, especially the last one whom she loved, Pialik's longing was intense. She was very upset and could not reconcile herself particularly to the last desertion. This activated a "bad spirit" who appeared in her dreams and tempted her to marry him. This "bad spirit" kept clawing at her heart and she finally gave in. From this point on, the "bad spirit" stayed with her as a guardian, never entering her, but always about her, insuring the continuation of her queer behaviour.

Her illness is described as "pislatchiangitook", which denotes a person who is not in his or her right mind. She was also described as "isomakatchiangitook" which also means not in her right mind, and, finally as "kowyemylingataytook" which can be translated as "at times she does not know what she is doing".

Course in Hospital

On admission, Pialik was quiet and co-operative. She was completely self-absorbed and preoccupied, apparently living wholly in a world of her own. She giggled and laughed frequently and she appeared to be hallucinating. Shortly after her admission, her diagnosis was schizophrenia, catatonic type. During the ensuing year, she was in a semi-stuporous, passively co-operative state. Then, suddenly, late in 1946, she became disturbed and attacked two patients and a nurse. During all of 1947, these violent outbursts recurred on a number of separate occasions. During 1948, she was described as mischievous, restless, irritable, resistive and violent. She attacked and bit a patient. For the first three months of 1949, her behaviour continued to be impulsive and she was confined in a single room. Her hyperactivity resulted in a fractured toe.

By April, 1949, Pialik had been in hospital almost four years during which time she presented an exceedingly difficult problem in patient management, aggravated by the language handicap. In the hope that the nursing problem would be eased, a bilateral lobotomy was performed. For a short time following the operation, there was a slight improvement in Pialik's mental status. However, within about six months, she was as irritable and as violent as before. During all of 1950 and 1951, she continued to be restless, noisy, resistive, combative, and occasionally violent and destructive. She began to hoard whatever she could find—plates, spoons, blankets, etc. At times, she was found to be wearing three dresses. Along with the hoarding which followed her lobotomy, Pialik began to gain weight and in two years, she went from 120 pounds to 175 pounds.

In August, 1952, I visited the hospital and saw the patient. At that time she had been receiving electro-convulsive therapy for about three months. This treatment seemed to quiet her somewhat so that she did not have to be kept constantly in a single room. On the day of my visit, she was fairly co-operative and she showed some slight reaction of querulousness to

my mention of familiar Eskimo names. This reaction was shown by facial movements rather than by speech. No words were elicited, either in Eskimo or in English. Pialik's condition is considered unchanged after seven years in hospital.

Case No. 3—Tooktook

This patient was born in 1922 in Baffin Land and lived there until about 1939 when she came to Southampton Island. She remained there until she was removed to the Hospital for Mental Diseases, Brandon, Manitoba in April, 1944.

Family

Paternal grandfather, Jar, came to Baffin Land from Labrador and died there before the family moved to Southampton Island. He spoke a dialect somewhat different from the Baffinlanders and it was noted that he always kept his camp isolated from others. He was also known for his left-handedness, an uncommon feature among the Eskimos. Nothing is known about the paternal grandmother except that she was a good worker. The patient's mother died in Baffin Land before the family came to Southampton Island. Nothing is known of her or of her parents. The patient's father, who is still living, is known as a man subject to temper outbursts. The beatings he administered to his children were so unusual in Eskimo parent-child relationships that there had been talk among the Eskimos of turning him over to the Mounted Police because of his behaviour. He maltreated the patient who feared him greatly and he did not permit his daughters to associate with young men. This, too, is most unusual for an Eskimo and, as a result, rumours spread that he was having incestuous relations with his daughters. He remarried after coming to Southampton Island and had two daughters by his second wife, both of whom seemed quite normal. A maternal cousin, son of mother's sister, accompanied the family when they came to Southampton Island. This cousin had a reputation as a trouble-maker, gossiping a good deal. He also had a peculiar hatred for the successful hunters and he claimed the power to take off into the air. After two years, he was returned to Baffin Land at the request of the Southampton Islanders.

Development of Illness

At about the age of 14, while still living in Baffin Land, Tooktook was married but the marriage was not successful and she returned to her father.

One day in April, 1941, while her father was away at his traps, Tooktook was drying fox skins for him. She placed some of the skins outside and immediately the dogs proceeded to tear one up before she could save it. Rather than face her father's rage, she replaced the skin by stealing one from a neighbour, Analic, who, though he noticed his loss, said nothing.

The incident passed without mention, and shortly thereafter, Tooktook married a man who was thirty years her senior. (He was one of my principal informants.) She made a good wife, serving her husband well in sewing, making boots and cooking. Two years passed with nothing unusual happening. In December, 1943, Tooktook gave birth to their first child. At the time the child was born, the patient complained of a feeling that something else was inside her after the baby had been delivered and after-birth removed. She asked the women in attendance to feel her stomach, and they later reported that they could feel something inside her. Despite this, she was up and about the next day, in accordance with the Eskimo practice. On the third day, however, she was back in bed with complaints of stomach pain, and an old woman was called in to help. (This woman also served as an informant.) She looked at the patient and explained to her that the pains were due to contractions of the womb. This seemed to quiet the patient for about two more days. Then, at night, she aroused her husband and some children who were sleeping in the tent to say that a fox had got into the tent and that its barking was disturbing her. He got up and looked around, as did the children, but they found nothing. Tooktook then said the fox had entered her. The next day the old woman returned to visit the patient, and when she was told what had transpired during the night, she told the patient that this occurrence was due to a sin that the patient had committed and that she had better confess. At first, the patient refused to do so but two days later when the stomach pains were worse, and when an additional symptom appeared—a peculiar feeling of itchiness on her back—the patient proceeded to tell about the fox-stealing incident. On hearing this story, the old woman said that this was the cause of her complaint and that it was too bad that Tooktook had failed to confess earlier.

From this time until the spring of the next year, when she was removed, a period of about four months, the patient manifested a good deal of unusual behaviour. She began to act like a fox, her voice becoming more and more fox-like. She would lie in bed and bark like a fox. She lost control of her bowels and bladder and she had to be fed like a child. She stayed in bed most of the time, constituting a total loss to her husband since she could no longer look after his needs. Often, she would awaken in the middle of the night and hum some of the familiar tunes. She had auditory hallucinations, hearing sounds that no one else heard, such as knocking at the door, an airplane and men talking. She also had at least one visual hallucination, seeing two women whom no one else could see. She talked incessantly, jabbering especially about the poor treatment she had received from her father. She was very noisy and would sing to herself. She frequently asked for a mirror. There was a good deal of imitative behaviour. She imitated the women chewing sealskins; she imitated the smiles and movements of others in the tent.

She tried to imitate vocal sounds but her voice had become so hoarse from barking like a fox that she could not do this successfully. Once, she jumped out of her bed in the middle of the night, and started to run for the door, completely nude, which is the way Eskimos sleep. Just as suddenly, she stopped, turned around and went back to bed.

Tooktook complained that the fox was moving higher in her body to a point where she could feel its fur in her mouth. When she stretched out her feet, they appeared to the people to look like fox paws that had been skinned. This was accepted as a manifestation of the fox spirit which had entered the patient because of her stealing.

Another complaint that the patient made was that a big penis was in bed with her. Two explanations were advanced for this: one was that it was punishment for the sin of incest that Tooktook was rumoured to have committed with her father; another was that the evil spirits were punishing Tooktook for using objects such as a stick to produce orgasm.

During the period of her illness, the patient attacked her husband once, attempting to claw him. This was the only incident of her trying to injure anyone. However, she did seem to possess great strength and, because she would spring up from her bed suddenly, she was tied to the bed. While she was tied down, the echolalia and echopraxia persisted. She tried to mimic someone who was scratching his head, and she was very upset until someone scratched her head for her since her bound hands prevented her from doing this herself. The restraint was unsuccessful since she would work her way loose. As a result of rather widespread fear of Tooktook, a small igloo with a barred entrance was built for her. Food was passed in to her. In this igloo, she kept talking and singing to herself. Her behaviour continued to deteriorate and for two weeks immediately preceding her removal, Tooktook was kept in a coffin-like box with an opening at the head end.

Native Treatment and Explanation of Illness

Her illness was explained as follows: When Analic, from whom Tooktook had stolen the fox, was born, an uncle pledged his services to help him fend off misfortune and enemies. As a result, when Tooktook stole the fox from Analic, his power resulted in the evil spirit of the fox entering her. Although she confessed her sin and also confessed having stolen other things, it was too late and the fox could not get out. Her father returned a fox to Analic but this, too, was of no avail. A group of elders prayed for her, but this was also in vain. She was in the clutches of the bad spirits and could not be released. Analic was powerless to help her since he dared not rebuke his guardian.

In February, 1944, because of the severity of her complaints and the peculiarities of her behaviour, the Eskimos brought Tooktook to the United States army hospital which was on the Island at the time. She was admitted for observation and treatment. No physical disability was found on admission. The report of the hospital doctor describes the subsequent events:

> By nightfall the patient became very restless and began to act abnormally, both in her facial movements and her speech. She then began to yell and jumped out of bed, attempting to bite the hospital orderlies. With the help of seven men she was placed back in bed and under a restrainer. She was given a hypodermic injection of morphine sulphate, ¼ gr., and followed by a capsule of Nembutal. For about an hour she was raving mad, violent and maniacal. She finally went to sleep and next morning was transferred from this Dispensary to a nearby Eskimo village. This Dispensary has no means or facilities to treat insane patients. Recommendation was to admit her to an institution for Mental Diseases for further observation and treatment.

Arrangements were made to follow the recommendation that Tooktook be removed and these arrangements were carried out in April, 1944.

Her illness is described as "tookikengimut", which is translatable as "she lost control of herself", and "pislangesaktook", which is best translated as "mad".

Course in Hospital

Patient was admitted to the Hospital for Mental Diseases, Brandon, Manitoba, on April 22, 1944. On admission, she was restrained to a stretcher; she did not speak, but made occasional growling noises, and spat from time to time. Physical examination was essentially negative. A formal mental status examination was impossible because of the language barrier. In hospital, the patient was confused and resistive to care. She attempted to bite the nurses on several occasions. She appeared to have no insight into her condition and made no attempt to establish contact with those around her, although she did converse for a short time with another Eskimo patient. She was destructive at times and threw dishes about the room. She was confined in a single room where she continued to be restless and where she actively hallucinated. She was diagnosed as schizophrenia, catatonic type.

Gradually, she began to settle down and become a little more co-operative. She was taken out of the single room and was able to take walks and to go on a picnic. In July, 1944, she ran away while out for a walk. One of the nurses caught her before she had gone more than 100 yards and she was returned to the ward where she was placed on cold wet packs. She became very resistive and this treatment had to be discontinued.

During the remainder of her first year in the hospital, Tooktook's behaviour fluctuated a great deal. At times, she was quiet and co-operative but, more often, she was hyperactive and combative. For all of 1945 and 1946, her illness showed periodic features of catatonic stupor. She would lie on her bed for long periods of time with her eyes closed. There was also

a good deal of weeping. In 1947, she became quarrelsome and had fights with other patients. She also began to hoard and had to be raided each day to reclaim the clothes she had taken from other patients. Her own clothing was untidy and torn. During the next three years, she continued to be a very difficult patient. She was irritable, noisy, destructive, resistive and dirty. At times, she required single room care. Often, the nurses had to dress her. In December, 1950, she was diagnosed as having active tuberculosis and was placed in the isolation ward. Here, she was sad and uninterested in her surroundings. At the beginning of June, 1951, she appeared weak; physical examination showed some disorder of breathing. Streptomycin was given but her condition deteriorated rapidly and on June 15, 1951, she died of tuberculous meningitis.

Remarks

These three cases suggest a basic schizophrenic process at work, similar to that found in patients from our own society. The characteristic withdrawal from reality, the hallucinations and delusions, and the deviation from the social norm is present in each instance. In two of the three cases, relatives of the patients showed sufficient instability to suggest some constitutional factors at work. In one case, the stress of pregnancy may have been a contributing physical factor. The hallucinations and delusions, while expressed in terms compatible with Eskimo culture, could otherwise readily be duplicated on the wards of any mental hospital. It is true that the content of each illness is different from that which we would encounter in our society. This is as might be anticipated since the man-made culture and the environmental setting of the Eskimo is quite different from those to be found in any segment of Western society. The structure and process of the illness, however, as distinct from its content, is essentially like the structure and process of schizophrenia in our society.

This conclusion coincides with that reached by A. A. Brill (1913), after his consideration of "Arctic Hysteria":

> And yet is there really so much difference between the hysterical mechanisms as manifested in piblokto and the "grande hystérie" or other modern hysterical manifestations? We may answer unhesitatingly that the difference is more apparent than real. The deeper determinants as we have seen are the same in both. With due apologies to Mr. Kipling we may say that the modern lady and Eskimo Judy O'Grady are the same under the skin.

Similarly, in considering the manifestations of mental disease in different historical eras, Gregory Zilboorg (1938) concluded that

> some forms of mental disease have not changed, although their ideational content has changed materially . . . the mental mechanisms of schizophrenic of today in a Chicago institution are the same as those of the monomaniac in the Salpêtriere during Esquirol's time, the bewitched in the jails of Cologne during the sixteenth century . . .

One might also cite the opinion of a physician who subsequently became a noted anthropologist. In answering the question as to whether or not symptom-formations of Westerners differ from symptom-formations in members of other communities, C. G. Seligman (1932) concluded,

> the symptom-formations of members of the Caucasian race of our own civilization do not substantially or basically differ from those of people of other races, whether of lower or equal culture.

Finally, a recent survey of psychotics among the native population of Saipan led to the following conclusion:

> We believe that the "relativity" concept of psychosis is based on criteria which do not include all of the essential symptoms. Our experience with psychotic patients in our own culture has led us to the conviction that mental illness manifests itself not only in ideas and emotional attitudes which differ from

the accepted norms, but also in personality disturbances which affect the whole sphere of behaviour and result in an indifference to the most fundamental and universal human realities, such as self-care, working ability, and relation to other individuals. We believe that such a syndrome would stand out as abnormal in any culture, though its particular form and content may differ in different settings (Joseph and Murray, 1951).

Since the foregoing material tends substantially to support these conclusions, we are left with some real questions concerning the relative nature of mental illness. Perhaps we are indeed ready to move closer to that hoped-for stage described by Ruth Benedict (Benedict, 1937), when we will be able to understand abnormal behaviour in more culturally universal terms. The achievement of such understanding will certainly not minimize the significant influence of social factors in mental illness. It is surely more than coincidence that the three illnesses described here occurred in a social climate of great anxiety and unrest. However, the data would not support a broad leap from this observation to the conclusion that the particular social climate in the given society gave rise to peculiar illnesses specific to a set time and place. Yet, it is precisely this leap which is made by some anthropologists who speak of "bizarre native psychoses", (La Barre, 1949) thus opening the way unwittingly for pseudo-scientific racist explanations, among others, and denying the possibility of finding a common nucleus of aberration. The value of cross-cultural psycho-pathological data is lost if they are used only to bolster the contention that there are rare and esoteric mental illnesses relative to a certain society at a certain time. The fact that there appears to be a common denominator to mental illnesses, regardless of the social context, negates the hypothesis that mental disease is unique to the society in which it occurs. It is altogether likely that the incidence of mental disease varies from one society to another (Hare, 1952). It is similarly true that the content of mental disease is related to the society in which it occurs (Yap, 1951). However, the foregoing data suggest that every people showing aberration will manifest a common nucleus of aberration which is to be found in all mankind.

References

Benedict, R., *J. Gen. Psychol.*, 1937, **10,** 59.
Brill, A. A., *J. Nerv. Ment. Dis.*, 1913, **40,** 575.
Carpenter, E. S., *Amer. J. Psychiat.*, 1953, **110,** 194.
Hare, E. H., *J. Ment. Sci.*, 1952, **98,** 579.
Joseph, A., and Murray, V. F., *Chamorros and Carolinians of Saipan*, 1951. Cambridge, Mass., Harvard Univ. Press.
La Barre, W., *Ment. Hyg.*, 1949, **33,** 207.
Seligman, C. G., *J. Roy. Anthr. Inst.*, 1932, **62,** 193.
Yap, P. M., *J. Ment. Sci.*, 1951, **97,** 313.
Zilboorg, G., *Amer. J. Orthopsychiat.*, 1938, **8,** 587.