

## Chapter 16

# Transcultural Perspectives on Eating Disorders

Daniel M.A. Freeman

**I**t is commonplace that one man's meat is another man's poison. Since the fact of cultural variability is well known, this paper will not attempt to catalogue the range of eating phenomena that illustrate the diversity of human experience. Rather, we will focus on three seemingly bizarre and to us almost unthinkable phenomena and attempt to illuminate the human function of each. We will consider a practice of forcing preadolescent boys to orally ingest the semen of older youths on a regular basis over a period of years, the eating of portions of the bodies of one's dead relatives, and a conviction that one's dead relative is likely to return as a ghost and attempt to eat you. The three examples lead to very different sequelae in terms of eating and emotional disorders.

For the past 25 years cultural anthropologists and psychoanalysts have been fruitfully collaborating in interdisciplinary colloquia at American Psychoanalytic Association conventions. The examples are drawn from this collaboration and material presented at these colloquia in 1971, 1982, and 1983. The data for the first two examples were gathered by anthropologists Gilbert H. Herdt and Fitz J.P. Poole, and the data for the third by my wife and I, an anthropologist and child psychoanalyst husband-and-wife team.

### FORCED INGESTION OF FELLATED SEMEN

In the early 1970s, Herdt studied a hitherto isolated tribe in the remote Eastern Highlands of Papua, New

Guinea, whose members believe that oral insemination is essential for boys to grow into men [1,2]. He explored Sambia observations concerning human physiology that led to concepts of human nature and of maleness and femaleness that are very different from our own. These concepts are the basis of Sambia beliefs and ritual practice.

Sambia men have come to regard women with awe and to perceive themselves as having been born incomplete and weak. They observe that powerful forces are alive within women, as the waxing and waning of menstrual cycles dramatizes the periodicity of an active energy that empowers woman's fecundity. The woman's menstrual blood organ appears to be self-activating and internally self-sustaining. Unlike warriors, who are endangered when they lose blood in battle, women are seemingly unaffected by their blood loss, possessing an apparently great natural power to generate and regenerate blood. Blood is seen as a source of vitality and fuel for endurance; hence, women are seen as innately healthier than men. It is noted that women also have the power to bear children, whereas every man is incomplete until he attains a wife who can bear him a child.

Sambia men experience themselves as having something missing, and perceive femaleness to be inherently more powerful. They regard masculine strength and masculinity not as natural endowments but rather as attributes they must constantly strive to attain. Their assumption is that femaleness is fundamental and that the vitality of all beings stems from a female aspect. Male-

ness emerges from femaleness, but only as a result of years of ritual effort. This is not a reality with which men are comfortable, and they seek to deny and compensate for it. In their rituals, they create secret male counterparts for the female functions of nursing and menstruation. For example, each month at the time of their wives' menstruation, Sambian men secretly induce painful nosebleeding by thrusting sharp canes up their nostrils. Women are seen as steadfast like the Earth itself, harkening back to the mother who was the central figure of the boy's childhood [1].

Sambian men are very concerned about the overwhelming influence that such powerful mothers have on their young developing sons. Fathers keep at a distance and do not have an active role in the boys' rearing in early childhood. They then fear that the boy has been feminized and made soft by the years of close contact with his mother. The boy must be separated from her and masculinized by being submitted to rituals that will turn him into a man. Semen is the masculinizing fluid that will counteract all of the feminine substances and influences and assure the development and maintenance of masculinity.

Sambian boys are taken from their mothers between ages 7 and 10 and initiated into the male cult. Thereafter, for the next 10 to 15 years, they have contact only with males and engage in fellatio on a daily basis. Elders teach that semen is absolutely essential. From the latter part of childhood until puberty, boys should ingest as much semen as possible. Then the young initiates are transformed, with the assistance of ritual, into older youths, and they become the fellated partners for a new group of ritual novices. Both young fellating boys and older fellated youths must absolutely avoid women on pain of severe punishment. They are warned that females are contaminating and their menstrual blood polluting and potentially lethal. Participation in prescribed fellatio activities and required avoidance of women continue until marriage. Even casual conversations between boys and girls are blocked and forbidden.

The earlier prolonged nurturant dependency on mother contributed a core of oral optimism, which will be valuable for the future warrior; but then it is necessary to masculinize him into unflinching bravery in preparation for brutal murderous warfare and to separate him from his soft dependent cravings. The onset of the initiation rites is frightening and traumatic [2]. Purging, beating, and nose-bleeding are used to rid the boy of his physical contamination by women. Then the important masculinizing ingestive rites begin. Herdt recognized that the oral insemination had to be understood as an ingestive rite within initiation and that it had no permanent long-term effect on adult sexual preference for heterosexuality.

The idea of fellatio is first introduced to the novices with the explanation that all grown men "ate the penis" in the past and it was this that resulted in their having grown big. They are told that it is urgent for them to similarly ingest semen; otherwise their bodies will remain small and ugly. The boys are frightened and initially experience shame and revulsion. They are told that ingestion of semen is equivalent to the ingestion of maternal breast milk. It is explained that the mothers' food that they received in the past was inadequate and that was the reason for their past retarded development. The ingestion of nutritive and masculinizing semen will allow them to complete their development as a man [1]. Against the background of an increase in dependent longings arising from their abrupt separation from their mothers and the traumatic initiation they are experiencing, an oral dependent regression occurs, and the vast majority of Sambian boys fall in line with the pattern of oral semen ingestion that is constrained by cultural requirement. They are aware of being in an invidious state of subordination as sexual objects who are being treated like a woman or wife, and they do express some fears of becoming pregnant from fellatio, but they are comforted by the notion that semen is "our breast milk" and see themselves as likened to an infant being fed by its mother. Ultimately, indeed, their bodies and penises do start to grow as promised, they attain puberty, and they progress to a new stage of being bachelor pubescent youths who are fellated by a new group of young initiates.

What are the fantasies of the older youths who are fellated? Initially they are afraid; they fear that being fellated will lead to a loss and depletion of the very semen they have been working to accumulate. They fear a depletion of their vital strength. On the other hand, they wish to move forward toward manhood, have an obligation to conform, are able to eat masculinizing foods that help maintain their level of semen, are eager to transcend the subservient position they have been in as fellators, and now for the first time will have an ejaculatory erotic outlet.

After puberty, all youths cease being fellators. After marriage, some transiently continue to be fellated by young boys during the adjustment to their new marriage. But by the time their first child is born, virtually all Sambian men are exclusively heterosexual.

During their years of fellatio, young novices and older youths don't think of themselves as attracted only or primarily to males. They continue to be interested in and excited by women's bodies but are forbidden access to them. They deride anal intercourse, which is known to be practiced by other tribes, and do not practice it.

Fellatio is clearly regarded as an erotically gratifying genital activity by older youths and adult males. They do

not seem, however, to pay attention to the specific gender of the mouth that does the sucking or to think of it as specifically a male mouth when the fellator is a young boy. In the most sacred of all Sambia myths, which is recounted by those who have attained full manhood, the ancestral father offers the services of his young son as a fellator to his older adolescent son to appease the sexual desires of his adolescent son so that the youth will not overthrow the father and take possession of the father's wife as a sexual object. The young boy's mouth is perceived as a surrogate gratifying orifice to serve as a sexual outlet and to forestall oedipal confrontation during adolescence until the youth has married and attained an acceptable heterosexual outlet of his own [1].

There is also an oral level to the fantasies that are experienced by the fellated youths and adult males. For example, men report having to withdraw from the nursing situation because they feel jealous as they observe the baby sucking the breast. The older men recreate this situation when they get their adolescent sons to be the "breast feeders" and their young initiate sons to be the sucklings who suckle on the older youths' "breasts." The difference is that now the youths and older males experience the fantasy of themselves being the potent woman. But they continue to be jealous of the nurslings who are ingesting all of the good "milk" that creates strength and potency.

On the surface, Sambia fellatio appears to be "homosexual" because it occurs between males. The preferred sexual object for almost all Sambia initiates, youths, and adult males is, however, a woman. The enforced separation of initiates from their mothers does not take away their fantasy that it is a woman's breast that they wish to suckle. Youths are coerced temporarily to use a surrogate orifice, but their true interest is in obtaining a woman. Thus although this ritually enforced behavior occurs between members of the same sex, it might better be described as pseudo-homosexual.

The orally oriented component of the fellatio has an interesting counterpart in our own culture. Blos [3] described a pseudo-heterosexual pattern focused primarily on oral fellatio wishes in a group of delinquent girls. Arrested at a preadolescent level and experiencing extreme ambivalence in their relationships with their mothers, they became prostitutes whose true goal was to be cuddled and breast-fed by the penis of a safer (male) kind of person than the mother that they longed for but feared. Their behavior as prostitutes appeared manifestly to be heterosexual but was actually oral and pseudo-heterosexual. Their true goal was to receive good mother's milk ingested by fellatio as they suckled at the man's breast/penis.

All phenomena observed in other cultures may have counterparts in the fantasies or fears of some individu-

als within our own culture. These fantasies may be acted out or portrayed symbolically in dreams. At other times we see patients whose presenting symptomatology represents a defense against such fantasies.

Traumatic initiation into a cult of ritualized enforced fellatio might seriously disrupt the emotional development of boys in another culture and result in not only severe psychophysiologic eating disturbances but also serious psychopathology. Within the context of Sambia culture, there are transient reactions of fear, disgust, and shame but not lasting psychopathology. The boys emerge from their role as fellators determined ever after to be dominant penetrators (in their relations with women and especially in warfare) and never again to be put into a subservient passive position.

The eating phenomena that we will be considering in this paper are all related in one way or another to issues of separation and mourning. It has often been noted that mourning includes a regressive oral incorporative component. The mourner seeks to take into himself those aspects of the departed that he cherishes and treasures and wishes to hold onto and lock forever within the "loquet" of his heart. The young Sambia boy who has abruptly been separated from his mother and has lost forever his world of childhood pleasures seeks regressively to orally introject the good milk of his lost "good mother." The male world and the initiatory process in which he becomes immersed redefine for him the connotations of "good mother" and "bad mother," but emotionally he seeks to deal with his loss through typical mourning introjective processes.

The next example will be one in which there is an oral biting rather than oral sucking response in the mourning process.

#### EATING PORTIONS OF THE BODIES OF ONE'S DEAD RELATIVES

If the idea of forcing young boys to perform fellatio and ingest semen is not confusing or upsetting enough to the Western observer or reader, let us now turn to the funerary idea of eating pieces of the bodies of one's dead relatives. Poole studied a New Guinea tribe whose members regularly carry out this (and a number of other) cannibalistic practices. He directly witnessed funerary cannibalistic rites on 11 occasions [4].

All societies struggle to find answers to the eternal questions of birth, life, and death, and they seek to establish ideologies that explain the relationship between the mortal biological individual and the enduring continuity and perpetuity of society and the cosmos. Many societies choose to emphasize the recurrences and the repetitions of life experiences and have developed a cyclical concept of time rather than a concept of time as a

linear, unidirectional, irreversible highway. They note that birth follows death just as death follows birth and that springtime follows winter as regularly as waves beat in sequence on the shore. From such a perspective, historical lives are transcended by an eternal cosmological order. The promise of continuity and rebirth becomes a negation of the apparent finality of death with its consequent threat of rupture and discontinuity. The Bimin-Kuskusmin view death as a rebirth into a collectivity of ancestral spirits, which in turn is the source of fertility and substance out of which new generations of babies will be born. The dead and the living are thus connected in an eternal regenerative cycle, with a continuity between the clan collectivities of the ancestral world and the fetuses of those yet to be born [5].

As people age and become elders, they are seen not as approaching a point of finality but rather as moving toward ancestorhood and immortality. Therefore, even as their bodily faculties wane, they are seen as progressively gaining in ritual and spiritual power. When they die, various relatives are required to eat prescribed pieces of their corpse. This includes lower belly fat (from the area adjacent to the genitalia) and bone marrow. In addition, the wife of a deceased man, if she is still within her childbearing years, is expected to eat a tiny raw fragment of flesh from her dead husband's penis, while the husband who is still sexually and ritually active is obliged to eat a small raw fragment of flesh from his dead wife's vagina. When paramount ritual elders die, portions of their raw heart tissue and uterus are also eaten [4,5]. Such mortuary cannibalism is seen as ensuring both the safe passage of the departed relative's spirit to the ancestral world and the recycling of his or her ritual and procreative strength.

The reader may be aghast in trying to imagine such practices. It may be quite understandable that people would want to develop a concept of societal and cosmic regenerative continuity, but why do it in this way? Indeed, Poole observed that Bimin-Kuskusmin children of age 4 or 5 became terrified after witnessing their parents engaged in such cannibalism, avoided their parents, shrieked in their presence, and recounted nightmares concerning creatures whose features resembled their parents and who were smeared with blood or other organs. He also found that many adults whom he interviewed and who admitted to having participated in such socially proper cannibalistic practices acknowledged considerable ambivalence, horror, and disgust at their own acts. Many reported that they had not been able to engage in the act, had not completed it, had vomited or even fainted, or had hidden the prescribed morsel and had lied about consuming it [4]. This act is therefore a very difficult one even for many Bimin-

Kuskusmin, despite the fact that it is only one of several forms of socially sanctioned or nonsanctioned forms of cannibalism that occur in their society. In Bimin-Kuskusmin culture, cannibalism is at times perceived as being an inhuman ghoulish nightmare and at other times perceived as a sacred moral duty. On the field of battle, fully initiated men may consume certain parts of the bodies of slain enemy warriors in order to defile, express contempt, and preclude accession to ancestorhood by the enemy. All adult men and women also participated in complex acts of ritual cannibalism during the Great Pandanus Rite, which occurred about once every generation. An enemy male and enemy female were sacrificed through prolonged torture, and portions of their bodies were eaten by all Bimin-Kuskusmin adults. The purpose was to gain the strength attained by the victims through their agony of prolonged tortured suffering and thereby strengthen the fertility and growth of both humans and pandanus trees. At the same time, this cannibalistic act would nullify the threat of enemy warriors and enemy witchcraft. In addition to these socially sanctioned and ritually prescribed forms of anthropophagia, there are other cannibalistic acts of witches and emotionally disturbed individuals that are viewed with horror and disgust as barbaric and inhuman.

All of this further emphasizes the question as to why cannibalism should be chosen as the means to achieve these ends. Poole's data gives us some excellent clues as to the origin of oral aggressive impulses during Bimin-Kuskusmin infancy and early childhood [6,7].

The Bimin-Kuskusmin focus a great deal of attention and concern on the well-being of infants. They are hypervigilant, closely monitoring the mother's care for her child and watching for possible interactive problems. Poole has described almost compulsive divinations and constant attention to subtle features of behavior, through which they monitor dyadic aspects of the physical, psychological, social, and spiritual maturation of infants, watching for possible aberrant development. It is the mother's responsibility to calm her infant with gentle fondling, cradling, warming, and nursing, and by speaking to it frequently with affection. It is feared that she may harm the infant by neglect, through erratic behavior, or by exposing the infant to emotional outbursts. Her angry thoughts and feelings and her anxieties can be harmful to the infant, so it is emphasized that she must control her fear and anger when the infant is unruly. She must especially try to guard the infant against extreme emotional displays and protect the infant from being startled or frightened. Ideally, it is expected that nursing will be permissive and that a child will never be punished. Yet it is feared and reported that there are women who neglect, overcontrol, and physically abuse

their infants in private and who desire to cause discomfort and misfortune. Most feared of all is the Taman witch, who appears indistinguishable on the surface, but is driven by insatiable sexual and cannibalistic impulses and is unable to either produce or adequately nourish normal offspring [8].

The infant is almost always in bodily contact with its mother for the first two years and is nursed on and beyond demand. The father is absent because of residential segregation, and there is a strict postpartum sex taboo until the child is fully weaned at age 3 to 4 years.

It is the mother's responsibility to actively stimulate the infant as much as possible without provoking any form of anger and rage. Illness in the infant is seen as occurring when self-centeredness in the infant goes too far or when the encompassment within the dyadic relationship with mother becomes too oppressive. The feared illnesses are various states of infantile anger and rage. These result from prenatal resentment and negative feelings in the mother toward the unborn child and from postnatal treatment of the child. Urgent ritual intervention by father and a change in the mother's care for the child become essential; otherwise such an illness will have a fatal outcome. In addition to harm arising from actual abuse, neglect, or hostile impulses in the mother, it is recognized that frustration provoked by the mother's control of the infant's behavior can be a source of infantile rage. Rage can arise from the ways in which the infant is restricted, isolated, constrained in its explorations, and forced to breast-feed beyond its desire [6].

A mother is expected to stimulate her infant son's penis, leading to erections, to promote growth and strength. In turn, she is expected to get him to stimulate her breasts, producing hardening of her nipples, to induce copious lactation. It is explicitly recognized that there is a sexual connotation to such mutual stimulation, but it is seen as a playful one only. If the mother is responsible, she will try to ensure that the limits of "infantile lust" are not exceeded, by only occasionally and gently rubbing the penis, and by discouraging her son's manipulating her breast at such times. She is supposed to cover her breasts when stimulating the penis in the ritually prescribed manner and often does so ostentatiously as a display to an ever-watchful public that she is acting properly in caring for her son.

But some mothers are believed to stimulate their sons beyond the bounds of "infantile lust" to satisfy their own sexual desires, to the detriment of their child. Poole notes that these "erotic" acts are often somewhat rough. He reports that the mother's stimulation of the penis may involve pulling, pinching, and twisting in a manner that frequently causes struggling and crying in the infant child. In turn, he reports having treated many women

whose nipples had been bruised and lacerated by their infants. Such injuries to the mother's nipples are seen as deliberate, as retaliation for "penis rubbing," or as revenge related to the mother's attempts to frustrate and control the child [6,7].

An additional trauma occurs in the middle of the first year of life when the infant experiences stranger anxiety. Fearful that her presence may increase the fear to such an extent that the infant is driven to a frenzied state of uncontrollable tremors, the mother withdraws when the child experiences stranger anxiety. Only later in infancy will the mother remain with the child in the threatening situation and seek to calm it by offering comfort with respect to the specific object of fear [6].

From these descriptions it is clear that Bimin-Kuskusmin mothers are expected to stimulate their infants almost to the point of overload and rage without going over that threshold—while simultaneously making efforts to calm and control them almost to the point of being oppressively overgratifying and frustratingly overcontrolling. It is clear from the hypervigilant concerns of other members of this society that a significant number of mothers go beyond these bounds, some through immaturity and inexperience and others acting out hostile destructive impulses and lust. In these instances, oral aggressive and hostile destructive impulses, confusingly sadomasochistically linked to erotic impulses, are stirred up in the infant. Some women who are driven by base desires and a quest to destroy all vestiges of masculinity in their sons are identified as witches.

Though the roots of oral aggressive and erotic impulses go back to the mother-child interaction in infancy, the final consolidation of the child's fantasies concerning cannibalism occurs at age 4 or 5 when he discovers that his own parents perform cannibalistic acts. As has already been mentioned, some children react with terror at this time, avoid their parents, shriek in their presence, and recount terrifying cannibalistic nightmares.

In view of the apparently wide range of mother-infant experiences, it is not surprising that while oral aggressive impulses can be successfully directed into ritually sanctioned channels for most members of Bimin-Kuskusmin society, aberrant individuals may manifest various forms of indiscriminate and insane cannibalism. The most deviant individuals are those who have suffered the most erratic outbursts and sadomasochistic abusive experiences. They are reported to either die in infancy or to become deranged beasts, devoid of all vestiges of proper personhood, who are excluded from society.

Developmental experiences can, therefore, result in a recognized form of psychopathologic eating disorder. More commonly, however, the oral impulses are sublimated into a socially integrative sacred form of ritual obligation. Oral introjective mechanisms are operative in

Bimin-Kuskusmin funerary cannibalism, as in all forms of mourning, as the mourner takes inside and identifies with the positive attributes of the departed. Ritual obligation and sacred moral responsibility require that mature Bimin-Kuskusmin participate in an act that assures regenerative continuity and fertility for their society, no matter how personally distasteful the required act is. Though oral aggressive impulses had a place in their feelings earlier in their lives, most are now reticent and uncomfortable about engaging in such an act even when they are convinced that it is essential and obligatory.

In our own culture, we can see a conflict over a somewhat similar issue in anorexia nervosa, where every effort may be focused on an urgent determination to conquer a dangerous ravenous oral aggressive impulse.

Both Sambia and Bimin-Kuskusmin practices exemplify eating behaviors that for us would be extremely conflictual, but which serve constructive socially and emotionally adaptive functions in these societies. Recently our society has adopted a practice not totally dissimilar from that of Bimin-Kuskusmin tradition when we transplant organs of recently deceased individuals to promote life within the bodies of the living.

Next we will consider a severe acute eating disorder, which is recognized as a dangerous form of psychopathology within its own culture yet occurs in at least 85% of the members of the society. Kiowa Apache Ghost Sickness is an illness that occurs when a mourner fears that he is about to be attacked and devoured by the ghost of the departed.

#### THE FEAR OF BEING EATEN BY A GHOST

My wife and I worked with the Plains Apache or Kiowa Apache Indians in Oklahoma in 1964 and 1965 [9-12]. Since Apaches always had an intense fear of ghosts, death traditionally evoked elaborate ritual defenses. Despite the cultural changes of the past century, Ghost Sickness remains remarkably prevalent.

It is believed that after death the vital force or animating spirit of an individual, including his good qualities and the controls that had regulated his behavior, departs for an afterworld in the sky or heaven. His impulses, evil tendencies, yearnings, and rage are thereby released, and become dangerous and all but unpredictable. The precipitate of these evil tendencies can furnish motive power for a ghost that may seek to return to spread terror and sickness among the living [13]. The proper destination of the ghost is an afterworld located under a mythological northern lake. However, lonesome feelings in the mourner or loneliness in the ghost may cause the ghost to remain nearby, grieving at the severance of relationships, "stingy" for his posses-

sions, jealous of those who remain behind, and wanting to take along those who have been close to him. Lonesome feelings in the mourner may cause his mind to wander out of his body; and loneliness in the ghost may cause him to return. The ghost is a mirror image of the mourner's feelings of loss and deprivation [10].

The Ghost Sickness attack is often preceded by hypersalivation and fear of swallowing one's saliva for a period of several days. Suddenly, the afflicted mourner is grasped by terror as he hears a sound and knows that the ghost of the deceased relative is coming up behind him. If he turns part way to look back over his shoulder he will be paralyzed by the touch of deadness and twisted into a spasmodic, right-sided palsy as the ghost tries to pull him toward him. Most dangerous of all is to catch a glimpse of the face and biting mouth of the ghost, which fortunately are usually enveloped in shadow. It is anticipated that the ghost will be possessed by biting rage derived from a previous traumatic abandonment that all Apaches experienced in early childhood.

The entire right side of the afflicted individual is twisted and shaking violently. He is hyperventilating, massively hypersalivating, terrified that if he swallows his saliva it will choke him and stop up his breathing, and terrified of a conflict between his wish for reunion and fear of oral incorporative engulfment. The oral phenomena commonly include tightening in the mouth, biting of the tongue if he tries to speak, air swallowing, choking, inability to eat or drink, and vomiting to get rid of any saliva inadvertently swallowed. The mouth and face are twisted as though the ghost had grabbed hold of the victim's mouth and pulled it toward the right. The right arm and leg are in a spastic posture resembling tetany or resembling what would be an effeminate mannerism in our culture.

The victim of the attack feels that he is choked by his spit and that his breathing is blocked (commonly caused by esophageal spasm, diaphragmatic spasm, and hyperventilatory apnea). Ultimately he may lapse into unconsciousness by a vasovagal mechanism as a result of the hyperventilation followed by breath holding and straining. The spastic shaking followed by unconsciousness creates an epileptiform picture but these are not epileptic seizures.

Longing for reunion, yet terrified of cannibalistic engulfment, the mourner becomes panicked as the ghost starts to pull him and as a portion of his body becomes paralyzed by the touch of deadness. The symptoms represent dissociative, conversion, and psychophysiological phenomena as he struggles with feelings of loss and regressive oral incorporative impulses as well as active restitutive attempts as he struggles against fragmentation and loss of sense of self.

But this is a *normative* mourning reaction for Apaches, until their early 30s, in response to the death of a parent or relative who has been a key parent substitute. Eighty-five percent of Apache adults report having experienced at least a partial syndrome at the time of mourning, involving cannibalistic fantasies and concomitant gastrointestinal psychophysiological reactions. (The true lifetime prevalence is probably even higher because some individuals were interviewed in their early 20s before they had outgrown the vulnerable period for Ghost Sickness, and because there is reticence to discuss ghost fears, since the malevolence of ghosts used to be thought to be related to witchcraft). Sixty-nine percent of adults report that these cannibalistic features were accompanied by overt ghost fears. In 46%, the ghost fears and cannibalistic fantasies were sufficiently intense to cause a *severe* eating disturbance. Fifteen percent developed the full-blown "Ghost Sickness" reaction including all of the previous features plus an actual attack and twisting by the ghost, right-sided spasmodic palsy and epileptiform spells. Our interest will focus on the cannibalistic and gastrointestinal responses common to both the partial and full-blown Ghost Sickness syndromes.

Both the ghost and the idealized image of the departed's good qualities (which becomes the spirit that goes to the sky world) represent intrapsychic images of the parent that became established early in life. Despite the disruptive nature of the acute Ghost Sickness attack, the splitting off and projection of "bad" aspects of the ghost serve an important function. They help to purify the "good" image of the parent, thereby facilitating selective identification with the good qualities. This is an essential part of mourning. The mourner's family and the entire community rally to his assistance, and with the help of healing ceremonies, the regression is usually brief and recovery rapid. Interestingly, after the early 30s, Ghost Sickness rarely occurs, and the mourning process shifts to a pattern similar to that experienced by adolescents and adults in our culture. A much more detailed analysis of Apache child development and the intrapsychic processes underlying this particular form of mourning reaction has been presented in previous papers [9,10].

Actual acts of cannibalism were unknown but much feared among these Apaches. They are very much concerned with issues of biting animals and man-eating monsters [14]. They continue to be extremely afraid of bears, for example, though hundred of years have passed since their migration to their present location where bears are unknown. Dreams of biting animals and biting monsters are so common that Apaches often awaken hypersalivating and choking, and traditionally would induce vomiting prophylactically each morning to

get rid of any saliva inadvertently swallowed during such dreams while they were sleeping. Cannibalistic fears are explicit in some of the dreams, such as dreams of an attacking biting face coming at them or dreams of being forced to eat human flesh. Apaches would not eat the flesh of any animal that in fact or fantasy was perceived to be a man-eater for fear that they would be turned into such a monster. Actual cannibalistic acts were said to occur only when starvation drove someone insane.

Why would children grow up with a cultural expectation that the ghost of their parent or key parent substitute would come back and attempt to devour them? It is easier to understand the loneliness of the bereaved and his wish for and fear of reunion with the departed. Why such an explosion of conflict about the mourner's own ingestive impulses and terror that he, in turn, was about to be devoured?

We should briefly mention that the child was socialized in a world in which biting bogeys and myths concerning biting monsters were used as warnings to shape his behavior. Children were even warned in the mythology that if they went too far, they might get into a situation where a relative or someone they trusted turned out to be a cannibal. At times, a cloth or frying pan painted with a scary face with a biting mouth would be used to frighten a wayward child. However, these data leave unanswered our question as to why there should have been such a focus on biting and devouring and how the developing Apache child came to expect and fear such an attack from key nurturant figures if death removed the loved one's rational controls.

The critical determinants in Apache child development occurred during the second year of life. An abrupt traumatic displacement and rejection of the nursing in the midst of the rapprochement subphase of separation-individuation [10,15] had a decisive impact on personality development and altered the course of the entire life cycle.

After the first year of life, which was permissive but inconsistent in a way that focused the infant's dependence on the nurturant relationship with its mother, there was a sudden interruption of this relationship with a shift of the primary caretaking role from parents to grandparents. This slowed the rate of progression through the life cycle and prolonged each of the subsequent stages of development. Because a substitute relationship of special privilege was available with the grandparents (who had matured and were much more emotionally available for a child-rearing role than the parents were), the traumatic disruption in the midst of separation-individuation did not lead to a permanent arrest, and development resumed.

Of particular importance in the Apache life cycle was a prolongation of adolescence through the 20s, which made Apaches well suited for their raiding and hunting

equestrian way of life. Their high degree of adaptability and success in exploiting their environment depended on the initiative, daring, and assertiveness of the adolescent and young adult warrior-hunter. The late teens and twenties were a period of intense activity, freedom, and license. Youths did not marry before age 30. Psychological maturation was even further delayed. Initial marriages were unstable and temporary, and true stability and deepening attachment to one's spouse developed only with an advance of years [16].

During the childbearing period of the teens and 20s, adolescent parents were emotionally unprepared for the full weight of parental responsibility. They were neither physically nor emotionally available for the task of caring for children. While men were away hunting and on the warpath, women in the active stage of life were engaged in the hard labor of tanning hides, making clothing and teepees, moving camp and preparing food, in addition to responsibilities of caring for infants. Continuing adolescent conflicts made them inadequately emotionally available to their children. However, subsequent emotional maturation enabled both men and women to later fill critical child-rearing roles.

It was within the special privilege and reciprocity of the relationship with the grandparents that the child gradually recovered from his rejection by his mother. But then it was in relation to the death of these substitute nurturing figures that ghost fears were most likely to occur. It was the loving nurturing grandparent that paradoxically might be the most likely to be feared as a potentially malevolent and cannibalizing ghost.

Favoritism and rejection of children were present in extreme forms. The youngest child was favored, pampered, and believed to be smartest and best. The special position of a youngest child enhanced the uniqueness of the relationship to mother during infancy but led to the severity of the fall when a younger sibling came along. The harshness of the rejection was made possible by the parent's concepts of the child [11] and was intensified by the mother's inability to tolerate the child's rage after the abrupt weaning and realignment of family relationships. The life cycle was conceptualized as a series of separate compartments rather than as a progressive evolution, with the child being viewed as an occupant of a separate category from an adult. Since the child was not thought of developmentally in terms of a linear progression toward adulthood, and since his qualities were conceived of as innate rather than acquired, the parent would simply react to an overall impression of the child's inherent goodness or badness. The rejection was abrupt and harsh. The child was initially either "poisoned" by pepper or other bitter-tasting material being put on the nipple or abruptly taken away from his mother. Sub-

sequently, as his turmoil and rage mounted and as he tried to get back to her, he was angrily pushed away with comments like, "You crazy kid!! *Get away!*"

Apache mythology vividly portrays the chaotic feelings and emotional turbulence of the rejected child which are later regressively revived in Ghost Sickness at the time of mourning [12,14]. The child is portrayed as turning into a cannibalizing water monster. In one myth a starving Apache turns into a water monster when he eats a strange egg. He then demands that young children be thrown into his pool for him to devour. The people around the child also seem to turn into cannibalizing monsters. Even grandparents who offer help are feared as possible deceivers who may really be cannibals. When the emotionally "starving" child does receive food, he is afraid to eat and is afraid that something or someone is trying to fatten him up in order to devour him. This projection derives from his own cannibalistic rage and impulse to attack and devour both his mother's breast and the fattened baby who is receiving her attention. Mothers are warned that if they fall asleep (withdraw) while nursing a child, they will be attacked by a waterdog lizard (the angry, biting, rejected child), who will eat through their breast into their heart and kill them. When a sibling and grandparent try to rescue Water Boy, Water Boy scratches and bites at them as he accuses them, "You threw me away!" They patiently try to restrain and calm him and explain to him that it is not they who rejected him and that they are trying to save him. Gradually he calms down within his new relationships, yet he continues to have impulses (portrayed by coyote in the mythology) to cannibalize his younger sibling and fears that his younger sibling will take his food away from him. Apaches used to consider it a delicacy to eat the "clabber" or congealed milk from inside the stomach of a freshly slaughtered calf or fawn. The ultimate wish was not only to recover mother's milk stolen by the younger sibling but also to orally introject the lost mother in order to deal with the separation from her.

Oral introjective identificatory processes are the normal mechanisms utilized by a child at this stage to deal with separation from mother. By establishing a stable internal representation of mother the child is able to be reassured of her continuing existence and her continuing emotional availability even when they are separated from each other. Because the separation in Apaches was abrupt and traumatic rather than gradual and masterable, it is not surprising that this process of dealing with separation through identification was disrupted [10]. Feelings about both oneself and mother remain flooded with aggression. The Apaches and closely related Navajos have stories of mythological figures swal-

lowing either a porcupine or horned toad but then being unable to assimilate and ultimately being killed by what they have swallowed. In various versions it could either choke off your breath, penetrate your heart, or cause you to swell up until your belly bursts open. Because of the suffusion of all of the child's feelings and relationships with biting rage, the process of separating by gradually establishing a stable internal representation of mother is impossible. Instead of completing the process of separation and individuation at this stage, the child is left with dangerous cannibalistic impulses and with fears of cannibalistic danger from those around him. Though his process of development gradually continues in the context of his new relationships, unresolved fears from the past may be reactivated in Ghost Sickness at the time of the death of a key nurturant figure.

We can now understand how it could be that a mourner would fear that his departed loved one would seek to attack and destroy him. The child's memories of parental and grandparental figures are ambivalent including both loving and sadistic features. There are two components of the image of the departed, a good side, which includes the positive memories of both infancy and the later experiences with the grandparent, and a bad side, which includes the chaotic memories from the time when the hitherto nurturant mother suddenly turned on the child and the universe suddenly seemed to be engulfed in danger and rage. It is not the loving portion of the image of the parent/grandparent that is feared; rather, it is the part of the composite image that derived from the chaos and biting fantasies at the time of the child's rapprochement rejection.

As we have already mentioned, the regressive splitting apart of these two images at the time of mourning facilitates the purification of the good parent image and selective identification with these good qualities. With the aid of their family and the entire community (who fill a supportive role similar to that originally played by the grandparent), the attack of Ghost Sickness is relatively brief, and the mourning process is successfully concluded.

Similar ghost phenomena occur, at times, in children from North American and European cultures. They are particularly common in those Mediterranean cultures where access to the world of spirits is valued as part of folk healing traditions. The author has treated Southern Italian adolescents suffering from a Ghost Sickness syndrome that appeared nearly identical to the Apache Ghost Sickness syndrome, and children of North European extraction who have had frightening ghost experiences that were similar in many regards. Little Red Riding Hood feared that her sweet old grandmother could turn into a wolf that would try to devour her.

A brief chapter does not do justice to the richness and

complexity of any one of the cultures summarized, nor does it allow us to consider intrapsychic and interpersonal mechanisms in detail. These examples of practices and human responses that contrast sharply with those of our own culture may, however, offer a perspective on our assumptions about normative and pathologic phenomena.

One man's meat indeed can be another man's poison. Practices that may be meaningfully integrated into the total life experience and world view of one culture may be traumatically dystonic in another setting. We have also seen that some reactions may be so disruptive that even though they are "normative" (in the sense that they occur in the vast majority of individuals), they are still regarded as psychopathology even within their own culture.

Although all humans share common biological mechanisms, each culture shapes the developmental experiences of its children in its own unique way. No normative or pathological meaning can be imputed to phenomena apart from their cultural context. We have seen that regular fellatio between Sambia males cannot be considered homosexual in our usual meaning of that word, though it continues over a period of years. It is an enforced transient ritualized substitute, first for the nurturant mother and later for the still-unavailable heterosexual partner. The preferred object is a woman. Sambia men turn to heterosexuality as soon as heterosexuality is permitted.

For most Bimin-Kuskusmin adults, the eating of small portions of the body of one's dead relative does not gratify a conscious cannibalistic impulse. Rather, it is a repugnant ritual necessary to honor and perpetuate the spirit and substance of the dead and to promote fertility and continuity of the living.

Though Kiowa Apache Ghost Sickness involves a regressive fragmentation and dissociative loss of boundaries accompanied by severe cannibalistic fears and gastrointestinal phenomena, it serves an adaptive purpose in the course of mourning. The splitting off and projection of the image of the ghost with all of its aggressive components facilitates purification and identification with those idealized portions of the image of the departed that become internalized in the course of the mourning process.

Even an extremely dystonic eating practice, such as enforced ingestion of semen by young boys or required ingestion of parts of the dead body of one's relative, need not necessarily lead to an eating disorder. By contrast, a mere fantasy of being attacked by a ghost can lead to a severe disorder. We have also seen that neither the intensity and severity of Ghost Sickness nor the prolonged 10-to-15-year span of ritualized fellatio have any prognostic implication for long-term outcome. Clearly,

patterns of child rearing, ritual practice, and reactive eating and emotional disorders can each only be understood in their cultural context.

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