Eskimo Theories of Mental Illness in the Hudson Bay Region*

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RÉSUMÉ

Lors d'une enquête (1963) sur les nouvelles formes de groupements sociaux dans les régions est de la Baie d'Hudson, l'Auteur fut amené à prendre soin d'un esquimau atteint de dépression mentale. A cette occasion, il a pu aussi observer d'autres cas semblables. C'est ce qui l'incita à faire enquête sur l'idée que se font les esquimaux de ces dépressions mentales, et comment il les soignent.

INTRODUCTION

Recent studies in social psychiatry and studies of mental illness in different cultures drive home the point that we need to go beyond the conventional clinical ways of describing and explaining, not to mention treating, mental illness because these ways have been developed with reference to medical and other traditions within one kind of society and usually with reference

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to the individual taken out of social and cultural context (Opler, 1963). It has been argued convincingly that our understanding of mental illness is superficial unless we describe its incidence in a cultural context, that is, unless we take into account such matters as the ways in which different social groups and categories (ethnic groups, classes, religious denominations, psychiatrists, clergymen, etc.) define, explain, and treat mental disorders (Hollingshead and Redlich 1958; Opler, 1959). Reinforcing the argument for taking such matters into account is the demonstrated effectiveness of various forms of therapy practiced, consciously and unselfconsciously, by people without exposure, let alone training, in the arts of psychology and psychiatry as these have developed in advanced societies with strong scientific traditions (Devereux, 1951 and 1957; Wallace, 1958). There is a growing demand for something like a phenomenological approach, in which the observer describes as well as he can what the people he is studying say and do about what he, the observer, calls mental disorder. It is from such verbalizations and actions that the observer builds up what Devereux calls the cultural 'thought models' from which are derived their explanations of illness (1958:360; see also Bohannan, 1963, esp. page 12f).

Such an approach is all the more called for where mental illness is the subject of study in some group to which is attributed a high level of homogeneity, where it is tempting to overdescribe some single form of illness which then becomes the classical form of illness for that group in the literature: for instance, 'latah' among the Mongolians, hysteria among the Zulu, schizophrenia among the industrial working class, alcoholism among the Irish. Oversimplification in the attribution of prevalence to a group of a specific disorder invites oversimplification in etiology, examples of which are very easy to find in the literature. The people discussed in this paper, the Eskimos, have already had their script written for them as far as mental disorder is concerned and it is one purpose of this paper to invite investigators to rewrite that script for one group of Eskimos by discussing kinds of mental disorder which, as far as we know, have not yet been described in published reports on the Eskimos.

Through the anthropological and psychiatric literature there has been broadcast an idea of a classical form of mental illness

prevalent among the Eskimos, the chief symptom of which is convulsive hysterical seizure, infrequently accompanied by conversion symptoms, such as paralyzed limbs. The best descriptions of this hysterical condition are given by several writers for the Polar Eskimos, where it is termed *pibloktoq*.[1] In a provocative article, Wallace (1961:263) summarizes the "classical course of the (pibloktoq) syndrome, as judged from cases described by various travelers in the north...

1. *Prodrome.* In some cases a period of hours or days is reported during which the victim seems to be mildly irritable or withdrawn.
2. *Excitement.* Suddenly, with little or no warning, the victim becomes wildly excited. He may tear off his clothing, break furniture, shout obscenely, eat feces, or perform other irrational acts. Usually he finally leaves shelter and runs frantically onto tundra, or ice pack, plunges into snowdrifts, climbs onto icebergs, and may actually place himself in considerable danger, from which pursuing persons usually rescue him, however. Excitement may persist for a few minutes up to about half an hour.
3. *Convulsions and Stupor.* The excitement is succeeded by convulsive seizures in at least some cases, by collapse, and finally by stuporous sleep or coma lasting for up to twelve hours.
4. *Recovery.* Following an attack, the victim behaves perfectly normally; there is amnesia for the experience. Some victims have repeated attacks; others are not known to have had more than one.

Wallace does not claim that *pibloktoq* occurs in regions other than the Thule District among the Polar Eskimos, but a more recent reviewer of the Eskimo literature, Seymour Parker (1962) concludes that a hysterical symptom syndrome, involving degrees of convulsive behaviours, such as is described in the literature on *pibloktoq,* is the prevalent pattern among the Eskimos in many parts of the Arctic.[2] He hypothesizes connections between the

[1] For a summary of literature on *pibloktoq,* see Anthony Wallace, "Mental Illness, Biology, and Culture," in Francis L.K. Hsu (Ed) *Psychological Anthropology,* Homewood, Ill., 1961:255-295. In the new standard orthography. *pibloktoq* would be rendered as *pilluktuk,* but we retain the old orthography for this word in the present paper because it is so familiar and wide-spread.

[2] This article presents a good review of the literature on Eskimo mental illness, as well as a plausible analysis of how Eskimo culture and social organization, in its 'ideal typical' form, would predispose its members to hysterical rather than other kinds of breakdown. For data on Eskimo personality see Lantis (1953) and Ferguson (in Honigmann, 1962).

prevalent hysterical pattern and child rearing techniques, the cooperative social organization and communalistic value system of Eskimos, and the provision of sanctioned outlets for hostility and role models for hysterical-like behaviour in their traditional religion.

An alternative hypothesis is suggested by Wallace (1961: 265): that as a result of calcium deficiency, low concentrations of ionized calcium in the blood...

> Produce a neuromuscular syndrome known as tetany which is often complicated by emotional and congnitive disorganization. The neurological symptoms of tetany include characteristic muscular spasms of hands, feet, throat, face, and other musculature, and in severe attacks, major convulsive seizures.

It cannot be decided with the data on hand which of these hypotheses best accounts for the alleged prevalence of hysteria. The chief point we make in this introduction is that forms of mental disorder other than hysteria, such as compulsive withdrawal, paranoid ideation, manic depressive states with self — and other — directed aggression are said to be rare or absent among the Eskimos, the suggestion being that where they do occur, they are the result of intensive contact with Euro-American society (see for example Ehrstrom, 1951). The present writer suggests that a variety of mental disorders, besides the hysterical-type ones, have been common for at least three generations, at least among the Eskimos of Canada's Eastern Arctic and that such non-hysterical symptoms have been manifested both by those who have had and those who have not had intensive contact with Euro-American society. Even the most cursory survey of the incidence of mental disorder in one region, the eastern side of Hudson Bay, gives strong support to this suggestion.

FIELD WORK

The six-week survey carried out by the author in the late winter and early spring of 1963 was only an incidental by-product of an investigation of new forms of social grouping in a few communities on the east side of Hudson Bay. It was while

studying this topic that the writer was thrust unexpectedly into a side study of mental breakdown through having to help guard an Eskimo patient for a prolonged period during which the patient showed most of the symptoms to be found in a manual of psychiatry. Experiences with this patient and other Eskimos impelled the writer to ask questions and to seek out people, Eskimos and Whites, in the region who had had something to do with what would be defined as mental breakdowns outside the Arctic. This is far from being a census-like, systematic appraisal of the incidence and prevalence, cause and treatment of mental illness among the Eskimos. Most of the reliable first hand information is about people in two communities, Povungnituk and Port Harrison, and the camps between them; the remainder is second-or third-hand and is about people in other communities on the eastern side of Hudson Bay: Belcher Islands, Great Whale River, Ivuyivik, and Sugluk. We also have some information on people whose place of origin is the eastern side of Hudson Bay, but who have been relocated to Grise Fjord and Resolute Bay in the High Arctic.

Procedure and Sample

A problem encountered by investigators studying mental illness in a society other than the one in which they were brought up is to decide what is and what is not a mental disorder in the society they are studying. We decided for the purpose of this survey to take as basic criteria of mental breakdown the following: incapacity of the person to perform in some or all of his normal roles accompanied by behavioural oddity, as defined by informants, and where the incapacity and oddity are attributable to the head rather than to some other body organ. So our procedure was to ask informants about happenings in which people were rendered incapable of performing in their everyday capacities and where there was no obvious physical cause for this inability, and where the victims behaved in an unusual, although not necessarily unpatterned, manner. We encouraged informants to give us evidence of anything they had ever heard or experienced about people who had been deflected from their ordinary social routines by other than physical injury or obvious physical sickness. We adopted this procedure because there are no precisely translatable

equivalents in Eskimo for the various terms denoting mental disorders in European languages.

There are in Eskimo usage several equivalents to such English words and idioms as simpleton, out of this world, crazy as a loon, and so on, used to describe relatively benign, commonplace behaviour which is not particularly disruptive for the person or group. Because we lacked the time, we did not pursue systematically the study of such usage, concentrating instead on usage which connotes illness. In Eskimo the nearest word translating the English mental illness in general is *niaqureriyuq,* 'he has illness of the head'. But this term does not translate literally as mental illness for it can also be applied to any organic malfunctioning of the head. Equivalent to some of the various diagnostic labels which in English are applied to kinds of mental disorder — schizophrenia, hysteria, manic depression, and so on — the Eskimos on the east side of Hudson Bay use descriptive terms such as *qavarpuq,* 'he is extremely sad', and *quajimaillituq,* 'he does not know what he is doing'. These and other terms will be explained in a later section.

It is worth noting that of all the Eskimos informants on the east side of Hudson Bay who were asked about the occurrence of *pibloktoq,* presented in the literature as the prevalent form of mental illness among some Eskimos, only one had heard of the word, and he had heard of it through a White nurse. Mr. Elijah Erkloo of Baffin Island, who assists Mr. Raymond Gagné, Eskimo language expert for the Department of Northern Affairs, informs me in a private communication that the term, which he renders as *pillukartuk,* means "two things that were supposed to fit together and do not fit together, such as a broken bone where the two ends are side by side." He had never heard the term applied to mental disorder on Baffin Island, although he suggested that it would be an appropriate one to describe a certain schizophrenic state, popularly known as 'split personality'.

Within the limits of time at our disposal and of facilities for travel we were able to build up case histories for thirty-one people, based on our personal observation in three cases and on the reports of Eskimo and White informants in the remaining twenty-eight. Futhermore, visits to the Verdun Protestant Hos-

pital, where most Eastern Eskimo patients diagnosed as mentally ill are treated, and to Department of Northern Affairs headquarters in Ottawa, resulted in our getting 'official' case histories, compiled by hospital and welfare authorities, for eighteen of the thirty-one people in our field sample. This sample includes the patient referred to above and ten others who are personally known to the writer; of this ten, eight were living apparently normal lives when encountered and were either in intervals between attacks or had not manifested signs of disorders for many years. Three who were encountered in the Verdun Protestant Hospital were officially defined as mentally ill at the time. Information on the remainder of the cases is based strictly on hearsay. Six people of this latter group of cases are dead.

Let us emphasize the tentative and exploratory nature of this study. We were unable, in fact we are unqualified, to obtain data in depth for the subjects of study. Our main purpose was to get some notion of the range of kinds of breakdown, to find out what happened to victims, and to find out what the Eskimos had to say and do about such breakdowns. It is hoped that this data will encourage others to probe deeper and more systematically than we were able to do, not only among the Eskimos of Eastern Canada, but in any locations where Eskimos are to be found.

The Region

Our survey area is in New Quebec and stretches from the tree line at Great Whale River northward to Hudson Strait, a distance of about 600 miles. Except for the Belcher Islands people who live on islands opposite Great Whale River, the Eskimo population of about 1300 is divided among five coastal communities at an average distance of about 200 miles from one another.[3]

The trend here as in other Arctic regions is for smaller permanent campsites to be abandoned in moves to one or another of these communities where, since the early 1950's schools,

[3] For community studies in this region, see Balikci (1959); Graburn, (1962); John Honigmann (1952, 1962); John and Irma Honigmann (1959); Willmott (1961).

nursing stations, missions and, at Great Whale River, a defence installation, have been established. Interaction among people of these communities is quite high; kinship and friendship networks extend the length of the coast for many people.

The economy is mixed: the chief source of sustenance and income is from sea-mammal hunting, fishing, trapping, and the production of handicrafts; government transfer payments and relief rank next, with wages the least important, but still significant, source. Contact with whalers and traders extends well back into the 19th century, although it is only since the early 1950's that intensive contact with a variety of White institutions and people has been sustained. It is estimated that only about 10% of the adult Eskimos in this region can read and write in English — although all are literate in Eskimo syllabic script — one indication of the degree of acculturation.

Anglican missionaries converted the entire population of this region to Christianity during the latter part of the 19th and early part of the present century. In the absence of White missionaries in permanent residence at one or another of these communities, in the past the guidance and coordination in religious activities was handled by Eskimo catechists, many of whom were also the headmen of their bands. Today there are three White missionaries resident in the region. In the settlements where they live the erstwhile catechists or their successors have assumed the roles of assistants and elders. Religious belief and ritual are of much significance in this region. In fact, as we shall see, the discussion of much mental illness among Eskimos is cast in a religious idiom.

FINDINGS

An examination of the observed and reported behavior of the people in our sample leads us to distinguish roughly four patterns of symptoms: a) epilepsy, both simple and complicated; b) simple hysteria; c) compulsive withdrawal with acute melancholy; d) manic depression with paranoia. We cannot characterize each person in our sample as showing exclusively one or the other of these patterns, because several persons have manifested more

than one pattern at different times or, in a few instances, during the one period of breakdown.

In this paper we deal mostly with the patterns under c) and d) in the previous paragraphs. We deal with them under their Eskimo labels: the withdrawn, melancholy people are said to be *qissaatuq* and *quvarpuq,* 'he is extremely sad, troubled, and quiet'; the apparently manic depressives with paranoia are said to be *quajimaillituq,* 'he does foolish things and does not know what he does'. It should be stressed that these terms describe *states,* not categories of persons. That is, a person is described as in a process of such and such; after the 'sick' condition has passed, the person is not in that state. This way of describing deviant states should be compared with the tendency in English to use substantive categories, such as, he *is* a manic depressive, he *is* a criminal, and so on. Such categorization enters deeply into the self-definition, even though the person concerned has been so categorized on the basis of only one or a few acts.[4]

Before proceeding with discussion of modes of breakdown, we mention briefly a condition which would be regarded as delusional, and therefore pathological, by psychiatrists but which is regarded credulously as a benign, although not particularly creditable condition by the Eskimos. We refer here to the communications people receive from the spirit world, visible and audible to them but not to others. Now it is possible for any Eskimo to see and hear spirits *(mittilik)* on those occasions when the spirits press for an audience, but some people virtually live with them without being incapacitated in their everyday roles or without interfering unduly with the daily lives of others. For many on the east side of Hudson Bay, the natural and supernatural are not clearly distinguished: visions, signs, omens are commonplace to them. Infrequently these have serious consequences, as in the notable case on the Belcher Islands in 1941 (See John Honigmann, 1962:69) where two Eskimos, one con-

[4] This is not to say that the Eskimos lack ways of classifying, that they have no general words for categories, but only that their tendency to classify and categorize persons in terms of their behaviour is much less pronounced than it is in our society. One way they have of denoting chronicity is to provide an infix meaning 'usually'. For instance, *qiisurtuq* — 'he is having an epileptic fit'; *qiirsuqattartuq* — 'he usually has epileptic fits.'

vinced that he was Jesus Christ, the other that he was God, acquired a following of disciples who killed three persons who were thought to be disciples of the devil. In the same place, in the same year, six people perished after walking naked out toward the ice edge to meet God upon the occasion of His Second Coming, this forecast having been revealed to their leader.

However, as we have noted, most everyday transactions with the invisible world of the supernatural, both sacred and profane, do not have such dire consequences. Some we are tempted to classify as simple wishful thinking. For instance, one unmarried girl of twenty in Povungnituk maintained relations for a few years with a spirit husband and spirit children; an unmarried man of Port Harrison lives with his spirit wife. One witness to the existence of this ghostly spouse is the man's father who has been beaten by his spirit daughter-in-law on visits to the son's residence. Another man, an excellent sculptor, is said to be often in the company of spirits, many of whom can be identified from his descriptions as figures or the distortions of figures from Eskimo folklore. For the purpose of our paper, we do not regard such communication with spirits as symptomatic of mental disorder, except where the person shows other, incapacitating, symptoms which require his being cared for by his fellows.

Qiirsurtuq

The Eskimos have a term, qiirsurtuq, which is the closest equivalent to a diagnostic category in the language, denoting the state we call epilepsy. We have information on six adults who are, or were in the case of two who died recently, chronic epileptics. It could be argued that epilepsy is such an obvious physical condition that one should not label it as mental disorder. However, most of the Eskimos consulted spoke of *qiirsurtuq* as a 'sickness of the head' and linked it with the notion of behavioural oddity and unusual powers. For instance, one man who has regular seizures is said to be a good diviner because of his condition. The spirits use his body to transmit messages to the living. The person in *qiirsurtuk* is 'possessed' only while he is unconscious (*illisimangerpuk,* 'he loses consciousness') whereas in other more awesome and fearsome kinds of possession the

victim remains conscious. The *qiirsurtuq* powers and the unseen forces that generate them are not spoken of in the context of Christian religion, as are the powers and spirits to be discussed later.

Qiirsurtuq does not call for any special kind of therapy. The victim is simply prevented from damaging himself and the things around him during a seizure. He is seldom incapacitated for more than a day or two. However, certain kinds of interaction are curtailed even for the mild epileptic. For instance many men are reluctant to take long hunting or trapping journeys with one who is a chronic victim of *qiirsurtuq*. The condition is not considered to be contagious. No special personal or social characteristics distinguish the six people in our sample from their fellows, except that three of the six have never married, one for the reason that she spent the period between her seventeenth and twenty-second year of age in hospital where she recently died.

The seizures of two of the six epileptic victims in the sample were of the severe type, conventionally called 'Grand Mal', which it is reported so disturbed their fellowmen that the Whites were asked to remove the victims. In one of these cases, the condition of a young man who was diagnosed as "epileptic with psychotic symptoms" in the mental institution to which he was committed, was not regarded as *qiirsurtuq* by at least three of his fellow-Eskimos in the home camp. These regarded him as a person 'possessed' (see *quajimaillituq,* below), expressed much fear of him and did not want him returned to the camp after he was declared cured in the south. We suggest that this rejection, the functional equivalent of killing or banishment in traditional times, drives the victim deeper into the clutches of his disorder, and is conducive to acts of violence against the self and others, but especially against the self in the form of suicidal attempts. Patterns of response to rejection are discussed below. At this point we only want to state that informants regard the *qiirsurtuq* condition as one which can usually be handled within the household or camp without the intervention of Whites.

Conversion Hysteria

Informants described certain patterns of behaviour for which they could not provide one or two Eskimo terms for our con-

venient classification but which seem to fit roughly into the syndrome of simple conversion hysteria. We have information about five girls who, when they were between thirteen and sixteen, were incapacitated for short periods by what informants defined as 'sickness in the head'. Typical of their case histories is the following:

> Anni was walking from her friend's snowhouse to her own. Suddenly she saw something in the sky, like a bright light. She stopped and cried out. Then she tried to run but couldn't move her feet. Her people heard her and came to help. They had to carry her into the house because she still couldn't move. For two days she just sat there asking for this and that and making people get things for her. Sometimes she would make noises nobody would understand, but sometimes she would say things her people would understand, like when she wanted something. They gave her everything she wanted and listened to her all the time. When she was all right again she told her father that she had found out about X (a man who had been killed in a hunting accident a few years earlier) and that he was in hell going around with his rifle looking for Jesus.

Our data on the personal and social characteristics of these girls do not reveal anything especially distinctive about them, nor did informants differentiate them from their agemates as having special traits other than their odd experience of getting messages from the other world. These experiences, the attacks and the messages, are said to be not as significant and serious as those of the people who have been *qissaatuq* and *quajimaillituq*, the conditions which are the chief topic of this paper.

Qissaatuq

Readers are reminded that this is not a diagnostic label; it is a term describing behaviour. It is only for the sake of convenience of reference in discussion that we use such labels. No doubt clinicians would be able to distinguish several separate symptom syndromes among the cases we have grouped together under this heading of *qissaatuq*. In this paper *qissaatuq* denotes that disturbed condition featured chiefly by compulsive passivity, withdrawal, and depression. The condition may be accompanied by brief flurries of manic activity, but mostly the patient broods silently and without moving much for days or even weeks, those around him caring for every need. A typical case history, that of a man twenty-five, follows:

> One day he did not want to move or do anything. He was always going to church but this day he didn't want to do that. He said he was too bad to go, that he was a bad man. For a long time he did not want to speak and told everybody to leave him alone. Once he laughed like a child and grabbed at (his sister-in-law) but most of the time he was very sad. His people would tell him he was a good man, but he would not believe them. One time he fell asleep and twisted around making much noise. Then he woke up and was alright and he told how he had learned from God that he had to help people and tell them what God wanted them to do.

It is very common on the east side of Hudson Bay to discuss such conditions in the context of religion, which has become a kind of generalized theory. One person explained *quissaatuq* to us in this way:

> The devil wants the man to feel bad and to do wrong and so he makes the man think too much of his troubles and what he is doing wrong. If the people tell the man he is no good and if they don't help him, the devil will get what he wants. You don't need to be afraid of a man when he is like this, because he can't give it to you (i.e., the sickness or spell). It is not like the measles. If you can get him to go to church it is all finished. But don't say too much about the church or God. People who go to church too much and pray too much can have this. When you believe too fast, it is like when you put a screw in the wood too much, too deep — the wood will break.

According to the interpretation of one informant, the struggle for the man was begun by the devil but was usually won by God who then used the person under his spell as a vehicle for His Word. One of the leading catechists on the east coast of Hudson Bay was himself directed into his vocation through a vision of Christ revealed to him while in a state of *qissaatuq*.

In some of the accounts by informants the depressed person emerges occasionally from his torpor in brief flurries of activity during which he might harm himself. For instance, here is an excerpt from a description of the sickness of one young woman:

> ...once she was left alone for a little while and she tried to stab her stomach with scissors. She pulled things from the wall and tried to eat broken glass.

Another instance from the case history of a young man mentions his attempts to burn himself and stick a needle in his ear, "because he felt so bad and unworthy to live."

The feeling of unworthiness and guilt which is a feature of so many accounts given by informants is often associated with real happenings in the community, such as epidemics, deaths of relatives, and other misfortunes for which the person perhaps blames himself. In three of the cases for which we have information, persons in *qissaatuq* made serious attempts at suicide; three others threatened or made what appear to have been feeble attempts at suicide. Lack of successful accomplishment of suicide by people in this state could be due, we suggest, to the support provided by relatives and friends during treatment of *qissaatuq*.[5]

Treatment of the condition follows from the theory of its origins. Anyone who is a respected member of the community can be one of the 'therapists'. Relatives and friends pray for the person to emerge serenely from his spell. No specialist is needed, although it is fortunate if a catechist can visit the patient to help him in his struggle. The outstanding feature of treatment is support of the patient in familiar surroundings. In four cases known to us from the east coast of Hudson Bay, people suffering from what has been described in terms suggesting acute depression and withdrawal have been cared for in White institutions with a conspicuous lack of success. The numbers of people involved in this survey are too small to justify confident statements about outcome of different kinds of treatment, but the indications are that the patient, remaining in his household, predictably responds favourably to the network of people and cultural expectations in terms of which his sickness 'makes sense'; he is thus provided with a lever of control and, indeed, provided with opportunities to gain meaningful rewards by responding in expected ways. The person in *qissaatuq* treated in unfamiliar surroundings, by people who do not know what is the matter (in his view), could be driven deeper into his shell and eventually become unreachable.

[5] In his study among the Netsilik of the Central Arctic, a group for which the suicide rate is extremely high, Balikci (1960) reports that many suicides follow upon personal disasters, such as the death of a close relative. He centers his analysis on the "lack of wider relatedness" of the person with the group. He also provides several examples where despondent people who threaten suicide are either not prevented from doing so or actually helped in their design. In our sample people who came closest to accomplishing suicide were those who received least support during their periods of *qissaatuq*.

Of the fourteen people in our sample who have undergone *qissaatuq,* nine are women and five are men. The view is that any person can fall victim to *qissaatuq* and that, of those who do, most experience it only once, unlike *qiirsurtuq,* the epileptic condition, which is chronic and which one cannot contract unless one had attacks as a child. According to older informants, *qissaatuq* is not a recent phenomenon and we have the names of three people, grandparents of living adults, who are said to have experienced this condition fifty and more years ago.

One of the differences between the men and women in the sample of people who had experienced *qissaatuq* is that the men aspired to roles in the religious life of the community, whereas the women were apparently content to report whatever messages they had received from the supernatural before returning to their everyday roles as wives and mothers.

White informants were of the opinion that this condition was to some extent inherited, citing several cases where persons in our sample were descended from people who had themselves manifested signs of breakdown. However, we were not able to confirm or disconfirm this opinion. For three people in our sample of *qissaatuq* cases there was evidence that parents had had visions and supernatural experiences, but then every second person one meets on the east side of Hudson Bay can make that claim. Our procedure of investigation was not sufficiently intensive and comprehensive to justify our making conclusive statements about the background characteristics of the people in our sample. It could be of significance that three of the five men in our sample were not highly regarded as hunters; perhaps they suffered from feelings of general inadequacy as males. But the numbers of people we have good information for is so small that it would be irresponsible to over-describe something like gender or sexual inadequacy as a personality pattern underlying proneness to the condition of *qissaatuq.*

Quajimaillituq

In contrast to the passive kind of disorder just discussed and of special interest because of its similarities to and differences from the much-described *pibloktoq,* is that form of acting out

described as *quajimaillituq,* a term which also denotes rabid dogs during the violent phase of their sickness. A person in this condition is likely to harm others as well as himself.

A feature of this condition is hyperactivity sustained over long periods, punctuated by short periods of quiescence during which the person is frequently lucid and apparently normal. In other phases the person babbles, sometimes incomprehensibly and sometimes using recognizable language in a distorted form, reminding one of the special language used by shamans in traditional times, although informants did not identify it as such.

Such glossolalia is reported for both Eskimo monoglots and others in the sample. Two patients with a limited facility in English are reported to have interspersed Eskimo with English words when in the presence of White persons, indicating some grasp of the nature of immediate reality during high points in a seizure. To illustrate, from one case history[6], that of T. of Port Harrison, the following excerpt is taken:

> ...patient begins in a steady accelerated stream: "Nursing station, (Eskimo word) North America (Eskimo word) — 35, I'm a king. Maybe doctors, A-1, 2-c, mother, Eskimo (Eskimo word) broken, this is my tongue, hit (Eskimo word)... American fighting, (patient snorts) right, old batteries, (Eskimo word) batteries, China, pewie (Eskimo word) export (patient whistles, sniffs, grimaces, makes a sucking noise) ice cream, Westinghouse (Eskimo word) etc., etc.

In the active phase the person careens about, at times spinning rapidly in order to see what is behind him, taking evasive action from the devils and other enemies he claims are chasing him. The person is suspicious of offerings, expressing fear of poison or that the thing offered is a sedative (which it frequently is) which will put him to sleep. Sleep is avoided, for the person must always be on the alert. Extremely compulsive behaviour, such as putting on and taking off of some articles of clothing, is sometimes repeated over and over again. In *quajimaillituq* the person shocks those around him with aggressive and blasphemous acts, normally strongly tabooed. A few excerpts

[6] I am grateful to Professors William E. Willmott, of University of British Columbia and Norman Chance, McGill University for their assistance in preparing six cases histories for this area.

from the entry in a diary recording one day in the career of a person in *quajimaillituq* will serve to illustrate some of these points:

> X had to be removed from his household because he was staggering about, almost upsetting the fire and slaping the face of Y's wife (Y is his closest friend). He was put in the unoccupied cabin of the school janitor... jumped on the table, upset the pan of water, sprang over the stove, burned his hands on the hot plate... When the nurse came he whimpered like a little child, then switched his stance and made as if to fondle her sexually. He would not let her give him an injection. Suddenly lucid, he said, "I don't want magic, I don't want sleep." Abruptly he spun around and punched M, the nurse's interpreter and a friend of his... He insisted on washing his hands and the plastic dishes again and again, each times spattering water about... Occasionnally he would subside, but when his guards relaxed he would leap up and dash for the door... During one quiet period of about two minutes, he whispered that he wanted to marry my eight-year-old-daughter... Gradually his motor control worsened — probably as a result of the drugs which we managed to get into him — he would reach for a cup or a record (for the phonograph) and would miss it or drop it... He kept saying things like "Santans, santans," a distortion of the Eskimo rendering in English of Satan, the devil (Eskimo = torngrak)... He screamed about the black dogs which he could see through the walls of the house — they were devils... he said that people hated him and some wanted to kill him. At about six o'clock he became so violent that the Eskimos persuaded the nurse and other Whites to let them tie him down in a home-made straight-jacket...

The onset of *quajimaillituq* is usually marked by the advent of messages from the devil or some other supernatural agent, telling the person to beware of certain of his fellows who are determined to kill him or do him some harm or that in some manner he has become infected by evil spirits. There is a hint here of something like the traditional belief in witchcraft as a likely source of one's misfortune, but there is also enough evidence of self-blame in accounting for such misfortune to discourage one from regarding the source of *quajimaillituq* in witchcraft beliefs. As far as we could discover, there are usually some empirically existential grounds for the person's fear that he has become infected or that others have something against him. Two excerpts from our notes are given in illustration:

> X, an Eskimo interpreter, had undertaken to shoot dogs in order to curtail an epidemic of rabies. Some Eskimos were against the ruling to shoot loose dogs, while most of the Whites were in favour... X

contracted influenza during the annual epidemic and was recovering from this when he began to hear voices telling him that people were against him because he had shot a few dogs and that these people wanted to harm him. He then began to act in a most unusual manner, dressing in military style, touring the settlement shooting at imaginary dogs. Within days his condition had developed into a full scale *quajimaillituq*.

K, from Port Harrison, had helped take care of X during his attack. When this was over he went hunting. As he was returning to the settlement from this trip, he heard devil voices telling him not to proceed so as to reach the settlement that night, but to stay overnight in a snow-house. The devil voices told him that if he proceeded to the settlement that night, food which would be given him would result in his death through poisoning. The next day when he arrived at the settlement he began to show signs of *quajimaillituq*. Those in his household who knew these signs removed the rounds from his rifle, sought help from the nurse as they feared K had been infected while caring for X. The nurse persuaded K to take sleeping pills and he awoke next morning feeling better, thus narrowly escaping the clutches of *quajimaillituq*.

Attacks of *quajimaillituq* usually last for more than a week and sometimes for as much as three weeks. Futhermore, victims have recurrent attacks on an average of once every two years, usually in the late winter. Since the time when fairly regular air service was established after 1957, the Eskimos have often requested that the Whites evacuate the more violent cases. It is significant that in dealing with this illness the Eskimos call for White help. According to one older informant, until a generation ago the Eskimos would simply kill a person in a state of *quajimaillituq* if he was particularly violent and showed no progress in coming out of that state. When asked for evidence of this practice, the informant told very simply how he himself had killed his own brother after the latter had attacked members of the family. In three recent cases a kind of ritual death and purification of the victim was carried out by stripping him of his personal belongings and burning these, as a last resort.

Eskimo handling of *quajimaillituq* follows from their theory of the origin and meaning of it. As in the case of *qissaatuq*, this theory is set in a religious context by most of the informants consulted. There are minor variations to the theory, but a generalized version is something like the following: the devil takes over

the person who does not live right, he infects the person in the way a germ infects, and tries to spread the sickness through contact with the infected one. He tries to get at Eskimos whose 'head and heart are not strong'. For this reason it is advisable to get only certain people to take care of one who is *qualimaillituq*. Some communities have one or more specialists who are capable of guarding an infected person without themselves succumbing. Whites are impervious to infection, a commentary, incidentally, on the sharpness of social and cultural differentiation between Whites and Eskimos. In any event, because Whites are impervious to infection from an Eskimo source, they can be asked to guard an infected person. However, some informants claim that the Whites tend to be too permissive with the possessed person, listen to him too readily, and thus unwittingly encourage the devil in his design, for it is really the devil and not the person himself who initiates all that happens. Evidence that this is so can be found in the extraordinary powers of the body of the possessed person: he can see behind him, through walls and over great distances, has fantastic strength, and can throw glass things about without their breaking. Again, because it is the devil in command of the victim's body, rather than the victim himself, with whom one has to contend, it is excusable to tie a person down and pummel him when he gets too violent or utters blasphemies. From the writer's observation, this pummeling is the equivalent of shock treatment and is usually effective in the short run.

In the treatment of *quajimaillituq,* the patient is alienated from his everyday surroundings and contacts much more than is the case with *qissaatuq* and is treated in many ways as a nonperson. Again, because the number of cases with which we deal is so small, we cannot be conclusive, but the information we have indicates that extreme alienation, that is, taking the person in an advanced state of *qualimaillituq* completely away from his home community and sending him to a hospital in the south, results in rapid recovery, although it does not guarantee against recurrence. None of the four persons known to us with these symptoms who had been sent to institutions in the south had retained the symptoms for very long. Perhaps the shock for an Eskimo of finding himself in such an exotic and bewildering place as a mental

institution is sufficient to break through the tangle of anxieties and fears in which he had been emmeshed as a victim of this particular form of disorder.

As with the victims of *qissaatuq* we tried to discover what obvious personal and social characteristics, if any, distinguished the victims of *quajimaillituq* from their fellows. Again the sample of six people, representing seventeen separate attacks, was too small to permit statements about genetic predisposition. Nor did we learn of anything obviously distinctive about the physique and dietary habits of the people in question, physiological factors which we thought might be of some importance considering the seasonal occurrence of the illness. It is worth noting that in our sample of six only one is a woman. The pattern for the five men was to first experience this kind of possession in their late teens or early twenties and to experience recurrent attack, frequently — as we have noted — in late winter when physical resistance is low and after themselves suffering a period of some sickness, such as influenza or measles.

With reference to characteristics of social role, it is tempting to stress one possible predisposing factor in the situations of these men: they all have had difficulty in getting a wife or have not yet acquired one. However, it is not possible to conclude with the data at hand whether it is the wifeless state that predisposes the man to this form of breakdown or vulnerability to the form of breakdown which discourages women from espousing these men.

There is one matter which is worth reporting, not so much for the light it throws on etiology and predisposition but rather for the light it throws on shifts in folk-theories about causes: and that is the emergence of a kind of 'culture-conflict' explanation for *quajimaillituq*. To illustrate this let us refer back to the case of X outlined above.

The writer and other Whites who had had little or no experience of mental illness among the Eskimos at first inclined towards the view that the basic source of trouble with X was that he was a 'marginal man' whose White father, a trader who abandoned the mother while X was a baby, was a fantasy model pulling X towards the Whites while the rest of his relatives pulled

him towards the Eskimos. The incident of the dogs, mentioned above, brought this underlying tension to the surface, the conflict overwhelmed X, and *quajimaillituq* resulted. With this premature hypothesis forming in our mind, we sought information on other victims who might be in this special marginal position. Unfortunately for the hypothesis, three of the *quajimaillituq* victims for whom we eventually got information were without this background, in fact were less 'acculturated' than most Eskimos; furthermore, we were reminded that some of the most stable and symptomless people in the community were of ethnically mixed parentage and to some extent marginal with reference to the White and the traditional Eskimo cultures.

The point we make here, however, is that our initial view, our premature hypothesis, was given credence by two Eskimo informants. One of these, an elder whose views are given much weight in the community, pointed out in a sermon that X's sickness would not have happened if his father had been Eskimo. He used X's predicament as an object lesson in the sermons, the gist of which was a warning to the young girls to evade the advances of young White men. His remarks reflected a growing feeling of disquiet in the community over the recent procreation of two babies by unmarried girls who had been impregnated by two young clerks of a trading company. The warning was that this kind of mixing between people of ethnically-different backgrounds would give rise to more *quajimaillituq*. We suggest that this kind of interpretation will gradually supplant the favoured religious interpretation of the causes of breakdown.

SUMMARY AND DISCUSSION

In this exploratory and chiefly descriptive study, we have shown that several different symptom patterns or syndromes of mental disorder occur among the Eskimos on the east side of Hudson Bay and that the occurrence of no pattern dates only from the period of intensive contact with Whites after the 1940's. Because this was not a census-like survey, we are unable to calculate rates of disorder of different types for the population in question, nor can we state firm conclusions about the prevalence

of a given pattern among a given category of the population, although the evidence does suggest that conversion hysteria is most likely to occur among young women and the condition of *quajimaillituq* among young men. Before we can make confident statements about differential rates and trends over the generations, we require much more detailed study of the contemporary population and of past ones, based on the recollections of older people as well as on a thorough search of documents left by early travellers in this region: explorers, whalers, traders, missionaries and police. A few hypotheses which could serve as guide lines for such a study are offered during the course of the discussion which follows.

It is hoped that we did not contribute to a new oversimplification of thinking about Eskimo's mental illness by suggesting that each person in our sample manifested one or another syndrome exclusively, or by giving the impression that Eskimos make neat and widely agreed upon distinctions among the various syndromes discussed. We did not want to clutter our brief sketch of each pattern by relating how various persons in our sample manifested more than one pattern. For instance, one person who was a chronic epileptic, at least according to medical diagnosis, was also described by informants as a victim of *quajimaillituq*. Two who had passed through periods of *qissaatoq,* ultimately manifested symptoms resembling the state of *quajimaillituq*.

Moreover there was lack of concensus in the folk diagnoses in some cases. For example, when we asked people in one household to tell us about any person they knew who had gone through the state of *quajimaillituq,* the name of M was mentioned as such a person. The informants told how they had appealed to the Whites to remove this man who had threatened suicide and homicide. Informants in another household denied that M had been *quajimaillituq*. They claimed he was simply a very bad tempered man who would fly into a rage whenever he did not get his own way. Later we were provided with a case history about M in which the R.C.M. Police reported that they were forced to arrest M and take him away from his camp because of complaints about his wild conduct. In this report, the police opine that M is not insane, but exceptionally bad-tempered. They point

out that M reacted violently only because he was very much jealous of his wife and was enraged at his rejection by the people in his camp. Such lack of concensus over diagnoses can be reported for several cases in our sample, but we do not elaborate on this matter here because our chief interest is in the different syndromes as such; in some of the common explanations for the occurrence of these syndromes; in the community response to breakdowns; and in what happens to victims.

Despite these limitations in the data, the study does provide some themes which are worth exploring if even in only a speculative vein. Of these themes we select for discussion the following: aggression and paranoid ideation; the use of the religious idiom in folk theories of mental illness; incorporation and rejection as means of control.

As we pointed out earlier, aggression — particularly against others — and paranoid ideation in Eskimo mental disorder patterns have been regarded as rare or absent by students of the subject. In our sample all people in a state of *quajimaillituq* and a few in *qissaatoq* struck out at people around them, although serious injury to their targets did not occur. The targets were always first degree relatives, spouses, or close friends. However, in at least three cases under review, verbal aggression is reported against people and institutions other than ones close to the person. The institutions concerned have been the Department of Northern Affairs and National Resources and the R.C.M.P. Perhaps physical aggression against representatives of these institutions is, among this population, unthinkable even when thought processes have been apparently suspended. It is interesting to note that one of these institutions, the R.C.M.P., appears in the paranoid ideation of one person who claimed that a constable was concealed in a clothing trunk, waiting for the right moment to emerge and kill the victim. Another was certain that the Liberal Party was determined to force him and other Eskimos to change their religion to Catholicism, an echo no doubt of the contemporary political issue concerning the assumption by the Province of Quebec of control over Eskimo affairs. Further study of mental disorder must include a systematic search for the content of paranoid ideation, and the targets of verbal aggression as well as the targets of physical aggression.

The tendency to formulate explanations about mental illness in terms of the supernatural, and specifically Christian, order is hardly a novel one: the history of European society provides us with an abundance of illustrations of the attribution of 'insanity' to possession by the devil and a view of the afflicted person as a field of operations for battles between good and evil spirits. We have suggested elsewhere that "the contemporary Eskimo stress on (devotional) observances may be interpreted as continuous with the traditional (pre-Christian) emphasis on conforming to rules laid down by spirits" (Vallee, 1961, Chapter 8). We suggest here that the use of this religious 'thought model' to explain certain kinds of mental illness is most likely to occur, a) in those regions where there was much 'absentee' Christian religious guidance, that is, where professionally trained missionaries contacted the Eskimo only infrequently on their tours, and where there was much dependence on Eskimo catechists; and b) where these catechists were also headmen in their camps.

The reasoning here is that under this delegated guidance system, there would be much syncretism, or adapting of new messages to the old containers, there being scant opportunity for the professional missionaries to check and correct the interpretations of catechists. The second consideration in this reasoning is that, where the catechist was also the headman, there would have been a mutual reinforcement of his supernatural and social influence, making it all the more probable that *his* 'definitions of the situation' would be the ones adopted. The hypothesis that the use of the religious thought model to explain mental disorders would be prevalent under the conditions listed above, can be tested in future research for there has been a variety of religious contact situations in different regions in the Arctic. For instance, in some places there were resident missionaries from the earliest conversion days; in others, there were catechists who were not headmen; in still others, there was only sporadic contact by the missionary with no catechist to carry on between his visits, and so on.

The use of thought models common among Whites in the Arctic which we noted earlier, specifically the culture conflict — marginal man type of explanation, makes headway among the Eskimos, we suggest, where the social structure of the community emphasizes the distinction between White and Eskimo and

where institutions other than religious ones, for example cooperatives, mines, Department of Transport or Defence installations, are prominent on the scene. In such settlements, and these are larger than the traditional camps, the religious institution is just another part of the large scene, the Eskimo religious spokesman tends to assume the role of philosopher and interpreter of current affairs, much of which are cast in social and economic idioms rather than religious ones.

To return to the subject of coincidence in office of headmen and catechists: as we pointed out earlier, on the east side of Hudson Bay, or at least in most parts of it, the touring missionary-headman catechist pattern was the prevalent one. A number of other hypotheses pertaining to the association between this pattern and aspects of mental disorder occur to the writer. For one, we suggest that, all things equal, there would be a higher degree of camp integration where the catechist was also the headman than where he was not, and that favoured forms of deviance where integration was comparatively high would be those of mental disorder rather than of suicide and murder; and furthermore, that where suicide and murder occurred in such camps the rationale for them would have been a supernatural one.

A final hypothesis pertaining to such camps where the catechist-headman roles coincided is that the aspirants to this double role would be under special strains and would be prone to suffer states of *qissaatoq*. As is well known, leadership among the Eskimos in most regions was based on a balance between ascription and achievement. Typically the senior son of a headman would take over the latter's status, provided he was at least an average traveller, hunter and trapper and measured up to Eskimo standards of masculinity. Persons who did not measure up to such standards would not be acceptable (Vallee, 1961: 192f.). We suggest that considerable anxiety about personal worth would beset eligible aspirants, particularly those who had reason to doubt their own abilities, and that where the living up to the role of religious leader was an added requirement, anxiety about personal worth would be compounded. Another factor conducive to the selection of this syndrome among aspirants for leadership who experience breakdown is the traditional cultural precedent pertaining to the role of *angnakoq*, or shaman. The

qissaatoq acting out pattern, with its highlights of withdrawal, suffering, the experience of visions — reported in most of our cases — is in many ways continuous with the traditional pattern for the aspiring *angnakoq,* or shaman (Vallee, 1961:166f). At this stage of our speculation, we confine the hypothesis under discussion to males. Our data suggests that the *quajimaillituq* syndrome is more likely to occur among males who are not serious aspirants to leadership, their disqualification being mainly on ascriptive grounds, for instance, having had the 'wrong' father. It is suggested that the aggression shown by those in a state of *quajimaillituq* is a kind of dramatic statement that 'this system is all wrong', while the dramatic statement of the person in *qissaatoq* is that 'I am not good enough for this system'. Perhaps the latter orientation will be found to be characteristic of the women afflicted with *qissaatoq* whose husbands occupy those kinds of roles which are highly valued by Whites and which bring them into frequent contact with the people in the new order. We refer here to relatively unacculturated women whose husbands are interpreters, store clerks, special constables, and the like.

There remains to discuss a few aspects of the community response to breakdown, namely patterns of incorporation and rejection. In a majority of breakdowns for which we have information, the afflicted person's incorporation within the local group is reflected in the way support and care are extended from every side. At the same time we have cited examples in which persons have been rejected, typically through getting them into the channel of the official White police or medical apparatus, channels which usually lead to the south. At first we accepted the interpretation of a few informants that such persons would be banished only if they were possessed by the devil in a state of *quajimaillituq.* However, in going over the stories of what happened to the various people in our sample, we found that some who had not been described to us as *quajimaillituq* were handed over to the Whites when their condition became such that one or more persons had to devote most of their time to guarding and caring for them. An example is one young man who was simple-minded (*aqittungajuq*) and harmless, but who kept wandering off and causing search parties to be organized in order to find him. Eventually, the people in his camp virtually forced the Whites to take

him away from the camp because "he was taking up the time men and women needed to fish and trap and carve. The *kalluna* (White man) can take care of him".

We do not mean to imply that any Eskimo delivered to the Whites and despatched to a mental or other institution in the south is automatically written off by his family and friends. The mere calling in of the police, nurse, or some other White with the expectation that the sick person will be taken away from the household does not mean that the people concerned want permanent rid of the sick one. If after many fearsome experiences, they 'give up' on a sick person, they will indicate to the Whites whether or not they want the person back again. Our evidence shows that the Eskimos on the east side of Hudson Bay are chance-givers: that is, they will bear with a person's disruptive behaviour, give him another and yet another chance, until the strain on the small group reaches a certain point. Several informants claimed that in former times when that certain point was reached, the person would either be abandoned or killed. A functional equivalent in modern times, we suggest, is to hand the person over to the Whites with the message that he is not wanted back.

From the limited evidence on hand, it appears that the latter course is most likely to be followed by people who live in small camps of anywhere from fifteen to sixty or so people, for the smaller the group the less likely it is to be able to handle persistent disruption. The evidence we have indicates that in settlements with a substantial population, such as Povungnituk with about 500 or Port Harrison with about 200, rejection is less likely to be as complete and final as in the camps. Where such settlements have been in existence for several years and some integrative social machinery has developed, the resident gets incorporated into networks of kin and friends which are of wider span than the ones in the smaller camps. Through the new forms of organization in such places, for example, congregations, vestries, cooperatives, community councils, energies can be coordinated and applied in a calculated, although personal, way to retain and control the deviant person. For instance, at a meeting of the community council of Great Whale River in 1964 it was agreed that the community was not doing enough for an Eskimo who had

returned to the Arctic after three years confinement in a mental institution. The relatives in his household were concerned because he was showing signs of depression and apathy. It was reported that the people present at the meeting decided to try to "cheer him up and make him feel interested in the world," by visiting him, bringing gramaphone records, magazines, and the like. A similar issue arose and was dealt with in the same way at a meeting of the Povungnituk Cooperative Society with reference to one of its members who had suffered a breakdown.

Future research should make a point of studying in detail the conditions under which incorporation or rejection are likely to occur. For instance, we hypothesize that communal efforts to help will be extended to those mentally ill people who are defined as *belonging* to the settlement and whose families live there; and that the mentally ill stranger will remain alienated.

We conclude by observing that of the practical problems facing people responsible for treating mental illness — difficulties of communicating across linguistic and cultural boundaries, which reduce the diagnostic process to something like inspired guesswork and which virtually excludes the technique of psychotherapy under present conditions — none is more acute than that of rehabilitation in those cases where the people in the home community do not want the convalescent to be returned or where home conditions are inappropriate. For example, an epileptic with associated neurotic symptoms has his epilepsy brought under control with medication and the associated neurotic symptoms disappear in the south. For such a person to return and lead a normal life requires regular medication and surveillance by a trained person, such as a nurse, services which are unavailable in many Arctic localities.

In our sample were several cases, two epileptics with psychotic complications, three described in case histories as schizophrenic and two as manic depressives, in which the persons declared ready for discharge from the mental institution who have wanted to go back to their home communities have been sent elsewhere, because a) the people in their home communities declared they did not want them, or b) medication and professional care to prevent relapse could not be provided in the home

communities. Such people typically suffer rapid relapses in the places to which they are sent — rehabilitation communities and foster homes in the Arctic, or convalescent homes in the south — and complete the circuit by their readmission to the mental institution, where the pattern is for them to once again make what is often described in case histories as a 'good adjustment' to hospital life, the kind of adjustment which perhaps does not augur well for their chances of adjustment in the home community.

To the suggestion that unwanted people who are declared ready for discharge from a mental institution should remain in the south and try to fit into the social scene there, we reply that the strains of adjustment for those few normal Eskimos who do live in the south appear to be so great as to offer a dismal prognosis for the successful adjustment of those with special personality problems, one of those problems being in many cases the compulsive yearning for acceptance in one's own terms, an acceptance which is unlikely to be forthcoming for an Eskimo in the south except in the protective environments provided by hospitals, convalescent homes, and the government offices in which many Eskimos in the south work.[8]

Apart from the interest in making contributions to social psychiatry and to the cross-cultural study of mental illness and other theoretical enterprises, certain practical considerations should inform future research on mental illness among Eskimos, arising from the need to provide:

a) an understanding of the specific predisposing and precipitating factors in various disorders, in the interest of prevention;

b) an understanding of the folk interpretations or thought models used locally in explaining certain disorders and in justifying local responses to the disorder, in the interest of diagnosis, prevention, and therapy;

c) an understanding of how social organization in different community settings operates with respect to handling disorders, in the interest of prevention, therapy, and rehabilitation.

[8] Our remark about these special strains in the lives of some adult Eskimos who live in the urban south is based on impression. As far as we know, there have been no studies published on this, a matter which begs for careful research.

It is hoped that the descriptive material and speculations in this rambling research note are useful in suggesting lines to follow in designing a long term study in which Eastern Arctic patterns would be put in the perspective of the entire culture area.

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