

6-8-2011

Pibloktoq - A study of a culture-bound syndrome in the circumpolar region

Rachel D. Higgs
Macalester College, rhiggs@macalester.edu

Follow this and additional works at: <http://digitalcommons.macalester.edu/macreview>

 Part of the [Biological and Physical Anthropology Commons](#), and the [Social and Cultural Anthropology Commons](#)

Recommended Citation

Higgs, Rachel D. (2011) "Pibloktoq - A study of a culture-bound syndrome in the circumpolar region," *The Macalester Review*: Vol. 1: Iss. 1, Article 3.
Available at: <http://digitalcommons.macalester.edu/macreview/vol1/iss1/3>

This Article is brought to you for free and open access by the DigitalCommons@Macalester College at DigitalCommons@Macalester College. It has been accepted for inclusion in The Macalester Review by an authorized administrator of DigitalCommons@Macalester College. For more information, please contact scholarpub@macalester.edu.

I. Introduction

Despite our vast stores of knowledge and lightning fast advancements in technology, biomedicine, neuroscience and countless other fields, there are still many mysteries yet to be unraveled in this world. In the back of our minds, it is common to think of these secrets as being far away, in the depths of the oceans or at the peaks of mountains. However, there are many unsolved mysterious close to home. These conundrums still exist within our very own cultures for a multitude of reasons. In this essay, I will examine one of these unsolved mysteries, a puzzling illness that occurs only in the indigenous people of the circumpolar region. This illness, first documented in the 1800s, continues to confound researchers to this day, the root cause still a mystery. I will discuss this illness's potential causes, why researchers are still perplexed by this illness, and how we can further expand our knowledge of this malady.

Illnesses or disorders that appear to occur in only a certain region or cultural group are called Culture-Bound Syndromes (CBS). In 2000, The American Psychiatric Association defined Culture-Bound Syndromes (CBS) as “Recurrent, locality-specific patterns of aberrant behavior and troubling experience...Many of these patterns are indigenously considered to be ‘illnesses,’ or at least afflictions, and most have local names.” In essence, Culture-Bound Syndromes are ailments that are generally confined to a certain cultural group or geographic region with similar cultural groups.

Culture-Bound Syndromes have been observed all across the world. For example, Amok is a CBS usually seen in Malaysia. Amok generally occurs when a man or group of men, go on a “rampage” that commonly involves murder and vandalism. After the event, the men have no apparent memory of committing these acts. Amok is viewed as a serious but relatively common illness in this part of the world. It has even been used as a successful legal defense. Another CBS is Latah, generally found in Thailand and the surrounding region. Latah involves child-like obedience, repetition of words or sounds heard and potentially a “trancelike” state (Rhoades 2005: 23). Many Culture-Bound Syndromes such as these are not well understood by biomedical professionals. There are many more examples of these mysterious Culture-Bound Syndromes, but the CBS that I will be discussing is found in the snowy, desolate top of the world, the Arctic. Called ‘pibloktoq,’ researchers have observed it all across the circumpolar region – from Alaska, Canada, Greenland and beyond.

The first written account of pibloktoq appeared in 1892 from Josephine Peary (wife of explorer Robert Peary) in McCormick Bay, Greenland. Robert Peary further documented this mysterious condition during his explorations of the arctic through 1909 (Wallace and Ackerman 1960: 252). It is difficult to tell whether or not pibloktoq existed before these written accounts because there are virtually no records or primary sources from these native populations. As a result,

the first evidence researchers have for pibloktoq are these second-hand accounts from explorers in the late 19th century.

II. Reported and Documented Pibloktoq Symptoms

As stated in the introduction, pibloktoq has been documented all across the circumpolar region in indigenous populations (Vallee 1966: 55). It appears to afflict women more than men, although it has been heavily documented in the male populace as well. Almost every single documented case of pibloktoq has occurred in adult-age men or women with no observed cases in children or the elderly. (Gussow 1985: 278). Furthermore, it appears that the majority of pibloktoq cases appear in the winter months. Unfortunately, the sample size for this conclusion was very small and the study was conducted for only one year, so it is not perfectly clear whether pibloktoq is more prevalent during any particular season (Dick 1995: 7).

The symptoms of pibloktoq vary, but the afflicted usually exhibit similar characteristic symptoms. Pibloktoq generally begins with the person in question becoming ill tempered, sullen and overly introverted. When pibloktoq occurs, the person may rip and tear their clothing, scream uncontrollably, shout curses, break nearby items, eat excrement, or run out into the cold. Pibloktoq sufferers may also exhibit further irrational and dangerous behavior. This may consist of running naked out in to extremely frigid temperatures or even walking out on to thin ice. The picture in Appendix 1 illustrates some of these behaviors showing a woman in the middle of a pibloktoq episode in 1914 (Dick 1995: 20). Some cases of pibloktoq can result in seizures or short-term comas. After the attack, many victims report that they have no memory of the occurrence (Rhoades 2005: 26).

III. Circumpolar Native Explanations for Pibloktoq

Since a person usually shows signs that they will soon suffer a pibloktoq attack, those familiar with the disease – family and fellow village members – generally do not appear surprised when an attack occurs. Family members will sometimes take precautions and designate a caregiver (or several) for the afflicted person. This care involves following the affected person at a distance to ensure that they do not hurt themselves. Family members do not interfere with the attack. Instead, they let pibloktoq run its course until the person returns to their normal state. Since pibloktoq is seen as a relatively common occurrence, family members care for their ill relative without protest (Wallace and Ackerman 1960: 254). See Appendix 2 for a picture that depicts a family member caring for a female relative who has suffered a pibloktoq attack (Dick 1995: 21).

Indigenous groups whose members sometimes suffer from pibloktoq view it as a physical malady. To most native groups, it appears to be seen as a physical condition that must be endured but is quickly over, such as the flu in the continental United States. Pibloktoq does not appear to be stigmatized by native

populations' as it most likely would be in the Euro-American world. For most Arctic indigenous populations, pibloktoq is seen as an infirmity that can happen to anyone at any time (Wallace and Ackerman 1960: 254).

IV. Potential Causality Theories from the Euro-America Perspective

Beyond that of a physical malady, there do not appear to be any concrete native explanations for pibloktoq. This is contrasted to the abundance of explanations for pibloktoq from the Western world. Beginning in the early 20th century, biomedical professionals and various researchers from the United States and Europe have been fascinated with pibloktoq – racism permeating many of the original conjectures.

There are several other potential explanations for pibloktoq from Europe and America such as the extreme temperatures in the Arctic or an epileptic-like condition. However, the most common Western explanations attribute the disease to stress, psychological maladies, or malnutrition. Even today, many of the “scientific” explanations contain vestiges of racism suggesting genetic and cultural inferiority.

Western medical professionals hypothesized that pibloktoq was the result of the natural character or mental weakness of the native populations of the Arctic (Dick 1995: 2). Other researchers postulated that pibloktoq was a way for the less civilized cultures of the Arctic to vent frustration and anger. In 1962, Seymour Parker conjectured that pibloktoq was a natural phenomenon because native groups raised their children to behave like savages (Vallee 1966: 56). In essence, many of these theories implied that pibloktoq was caused by the inferiority and natural deficiency of indigenous of the Arctic peoples.

A more recent explanation for pibloktoq attributes it to an overabundance of outside stressors. The imposed stress theoretically came from indigenous contact with non-native populations. Many researchers believe that pibloktoq did not occur until native populations came in contact with European and American populations. Researchers who support this hypothesis believe that pibloktoq is a manifestation of stress and despair over culture clash and culture degradation. However, this is nearly impossible to verify due to the lack of written records (Vallee 1966: 56).

Most researchers attribute pibloktoq to a more diagnosable mental instability. Psychologists and other mental health professionals have called pibloktoq by many names including “temporary insanity, transitional madness, frenzied dissociative neurosis, shock and fright neurosis, and atypical culture psychogenic psychosis.” Many of these labels have been applied to pibloktoq to describe a condition that health professionals consider to be mental in nature but difficult to isolate and define. Researchers also refer to pibloktoq as “Arctic hysteria.” The term “hysteria” in itself has the connotation of mental infirmity (Dick 1995: 2). See Appendix 3 for a picture that illustrates Western explorers

restraining a woman undergoing a pibloktoq attack in a makeshift straightjacket in 1909. This was a popular method for confining a person in a mental institution at the time (Dick 1995: 21).

In a harsh environment such as the Arctic, certain nutrients such as vitamin C and D can be hard to obtain. Following this line of thought, Anthony Wallace, one of the primary researchers on pibloktoq, hypothesized that a calcium deficiency caused the symptoms of apparent temporary insanity in native populations in the Arctic (Vallee 1966: 55). Professor David Landy from the University of Massachusetts in Boston hypothesized that an excess (rather than any sort of deficiency) of vitamin A may be producing pibloktoq symptoms (Landy 1990: 365). However, neither of these hypotheses has been scientifically tested.

V. Possible Misinterpretation due to Lack of Knowledge

Despite the numerous theories surrounding pibloktoq, no concrete causes of this malady exist. After over a century of observation and study, it seems odd that researchers are virtually no closer to understanding pibloktoq than they were in the 1800s. As Lyle Dick said in 1995, “Despite the great quantity of writing on pibloktoq, it remains an elusive entity” (Dick 1995: 1). In this portion of the essay, I will discuss some of the potential reasons for this continued lack of understanding of pibloktoq including cultural issues, the use of a Western lens in examining the disease, and differences in communication.

In order to understand the lack of tangible information about pibloktoq, we must first consider who conducts the research, and what methods are being employed. In the case of pibloktoq, Europeans and Americans are trying to specifically identify the root causes of this malady. The primary medical system of the Western world perpetuates the lack of understanding of pibloktoq. Those who want to have a thorough knowledge of the disease must first understand the gap between Western medicine and Arctic cultures.

The primary healing system of the Euro-American world, Biomedicine, has a very specific structure of schools, hospitals and clinics. The Western world supports the institutionalization of medicine. If a person wants to become a biomedical professional, they must adhere to exact rules and standards. With such a strict definition of medicine, what it means to be “ill” is also precisely defined. Biomedical textbooks clearly define all physical maladies, mental illnesses, and their symptoms. These exact definitions of what it means to have an illness has produced somewhat of a misunderstanding about illnesses that only occur in particular regions of the world.

To the biomedical professional, pibloktoq may be viewed as a disorder that biomedicine has simply not seen before rather than an illness that only occurs in a specific region due to cultural factors. As such, it has been difficult for biomedical professionals and researchers from the Western world to understand

pibloktoq because, in general, they are not seeing the full picture. In addition, they are viewing it through a thoroughly Western perspective.

Nearly every single report of pibloktoq has come through a Western lens, and therefore a biomedical lens. As Dick states "...Reports of 'pibloktoq' were filtered through specific cultural perspectives of their Euro-American writers and shaped by the history of their own experiences of early contact with arctic peoples" (Dick 1995: 1). This quote helps us understand how our lack of concrete knowledge of pibloktoq has been partly caused by the way in which it has been conveyed. It is important to remember that the healing system in the Arctic is not a biomedical system. Many Arctic cultures employ healing rituals and shamans for their health needs. As Rhoades says, "It is important to note that what is considered healthy in one society may be viewed as healthy in another" (Rhoades 2005: 22). As a result, since indigenous Arctic cultures do not traditionally follow a biomedical system, pibloktoq has been interpreted through a biomedical lens. The disparity and miscommunication between the two groups creates a cultural chasm.

Communication differences also have a significant impact on the continued lack of understanding. Although this is a minor problem compared to the some of the other factors I discuss, it is still a very real contributing issue. Many languages in the circumpolar region lack synonyms for the words that residents of the Euro-American world consider standard when speaking about mental or physical illness. This has prevented open [communication](#) between indigenous people and researchers about pibloktoq because the words and phrases used to describe illness are often different. The resulting disconnect has potentially contributed to our lack of understanding about pibloktoq (Vallee 1966: 57-58).

However, cultural differences remain the single most influential aspect when considering shortcomings in our understanding of pibloktoq. More specifically, our lack of consideration for Arctic cultures has contributed to this shortage of knowledge about pibloktoq. In essence, European and American researchers, by examining pibloktoq through a Western lens, have taken pibloktoq out of its context, the culture in which it exists. According to Vallee, by not properly considering Arctic cultures, researchers have tended to confound or oversimplify pibloktoq (Vallee 1966: 54).

People cannot be separated from their culture. As Landy says, people are carriers and creators of culture, but are also shaped by theirs and others' cultures. As a result, cultures and beings cannot be seen as distinct, but rather as intertwined entities (Landy 1990: 365). Vallee argues that an understanding of illnesses like pibloktoq will be forever superficial unless the cultures are fully factored in to the equation (Vallee 1966: 53-54). This lack of consideration of Arctic cultures has contributed heavily to the fact that researchers are not much closer to unraveling the mystery of pibloktoq than they were in the late 1800s.

VI. Potential Solutions

Throughout this essay, I have discussed the history of pibloktoq, its symptoms, theories regarding its cause and problems with our current body of research about pibloktoq. In this portion of the paper, I will talk about potential solutions for advancing our knowledge of pibloktoq.

Foremost, it is vital to examine pibloktoq through the lens of circumpolar cultures, rather than analyzing it from a Western point of view. In my opinion, it would be beneficial to have researchers from within the Arctic study pibloktoq. Researchers must involve members of these cultural groups in the research process, especially when communicating with those who are afflicted. Interviews conducted through a translator will always be less informative than those performed by a native speaker. I believe that involving people who have a cultural connection to the illness would reduce the skewing of information pertaining to pibloktoq that has been written about up until this point. In addition, it may alleviate the inaccurate information produced from disconnects in communication. Though collaboration between researchers from circumpolar cultures and Euro-American researchers may be difficult, it will help bridge the gap and create a better understanding of this disease.

Furthermore, I would propose that, if they could be found, these Arctic resident researchers should conduct direct interviews with members across the circumpolar region that have observed pibloktoq or have suffered from it. These direct interviews would be contrasted to the observation and analysis that has been performed in previous studies. Instead of watching those who suffer from pibloktoq and analyzing their symptoms through a Western lens, native researchers would bring empathy and cultural understanding to the research process. I think that these direct interviews conducted in the interviewees' native language have the potential to significantly increase our knowledge about pibloktoq.

Since cultural differences often produce differing interpretations of the same event, researchers must thoroughly and deeply understand indigenous circumpolar cultures in order to successfully study pibloktoq. Therefore, in order to thoroughly understand pibloktoq, it is vital to understand the culture in which it exists. Only by understanding the culture, the context for the illness, can we understand the illness itself. Understanding what native populations believe about pibloktoq is vital for a thorough understanding of pibloktoq.

Furthermore, Dr. George Rhoades, an expert in culture-bound syndromes, suggests several different approaches for thoroughly understanding these syndromes and the people who have them. Rhoades critiques those who study culture-bound syndromes without first understanding the culture and asks that researchers are actively aware of cultural differences. (Rhoades 2005: 21).

Considering these various elements is only the first step in understanding this disease. If a researcher wishes to unravel the mystery of pibloktoq, they must

approach the problem with holistic methodology. They must not only factor in these disparate elements but also consider them together. In order to remedy the past mistakes in regards to pibloktoq, researchers must consider biology, environment, diet and psychology. Only after examining all of these aspects can pibloktoq be completely and concretely understood.

VII. Proposals for the Future and Conclusions

Many Culture-Bound Syndromes remain a mystery to scientists and medical professionals around the world. Pibloktoq, with its strange symptoms and cultural specificity, baffles Euro-American researchers. The indigenous people of the Arctic who suffer from pibloktoq treat it as a physical malady; they take care of the afflicted person and ensure that they come to no harm. However, pibloktoq does not appear to be stigmatized by native Arctic groups. Euro-American researchers stigmatize many mental illnesses that occur in the western world, and they are quick to judge a disease from a distant culture. Western researchers have been fascinated with pibloktoq since it was first documented in the 1800s, and their explanations have varied widely. These hypotheses include some very racist theories, stress, mental illness, and dietary issues. However, after over a hundred years, scientists are no closer to discovering the root cause of pibloktoq. This lack of understanding has to do with the background of the researchers investigating pibloktoq, differences in healing systems and cultures, and communication problems. In order to remedy these problems and increase the body of knowledge on pibloktoq, it would be advantageous to employ an Arctic native lens preferably by indigenous researchers, speaking in indigenous languages, conducting interviews and thoroughly understanding native cultures. However, in order to unravel the mystery of pibloktoq, researchers must use a holistic approach that encompasses all of these elements. This means that scientists should consider all of the factors I have relayed above, but also other factors such as biology, environment, diet and psychology. Hopefully, by remedying these problems and by examining all factors surround pibloktoq, we can truly understand this illness.

Appendix 1 – Pibloktoq attack in progress (Dick 1995: 20).



Appendix 2 - a family member cares for a female relative who has suffered a pibloktoq attack (Dick 1995: 21).



Appendix 3 - Western explorers restraining a woman undergoing a pibloktoq attack in a makeshift straightjacket in 1909 (Dick 1995: 21).



Bibliography

Dick, Lyle. 1995. 'Pibloktoq' (Arctic hysteria): A construction of European-Inuit relations? *Arctic Anthropology* 32:1.

Gussow, Zachary. 1985. Pibloktoq (hysteria) among the Polar Eskimo. An ethnopsychiatric study.

Landy, David. 1990. Toward a Biocultural Medical Anthropology. *Medical anthropology quarterly* 4:pp. 358-369.

Rhoades Jr., George F. 2005. Cross-Cultural Aspects of Trauma and Dissociation. *Journal of Trauma Practice* 4:21-33.

Wallace, Anthony F. C. and Ackerman, Robert E. 1960. An Interdisciplinary Approach to Mental Disorder among the Polar Eskimos of Northwest Greenland. *Anthropologica* 2:pp. 249-260.

Vallee, Frank G. 1966. Eskimo Theories of Mental Illness in the Hudson Bay Region.