

Hysterical Psychosis in a Prepubescent Navajo Girl

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All about my house is Talking God; He is beautifully clad;
 With my sacred power, I am traveling.
All about my house is Hogan God; She is beautifully clad;
 With my sacred power, I am traveling.
All about my house, bushes are growing; they are beautifully leafed
 out;
 With my sacred power, I am traveling.
All about my house, trees are growing; they are beautifully leafed out;
 With my sacred power, I am traveling.
All about my house, rocks are standing; their surfaces are beautiful;
 With my sacred power, I am traveling.
All about my house, mountains are standing; their sides are beautiful;
 With my sacred power, I am traveling.
All about my house, springs are flowing; they are beautiful;
 With my sacred power, I am traveling . . .
With beauty before me, I am traveling,
 With my sacred power, I am traveling.
With beauty behind me, I am traveling,
 With my sacred power, I am traveling.
With beauty below me, I am traveling,
 With my sacred power, I am traveling.
With beauty above me, I am traveling,
 With my sacred power, I am traveling.
Now with long life, now with everlasting beauty, I live.

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I am traveling,
With my sacred power, I am traveling.

—from *Talking God Hogan Song*
(Frisbie, 1967, p. 188f.)

In this case study we shall describe the outbreak and resolution of major hysteria in a young Navajo girl and discuss it from three points of view: psychodynamic, developmental, and cultural. The clinical material will lead to consideration of some psychosocial conflicts arising when traditional Navajo children are caught in cultural clashes with white middle-class American (“Anglo”) culture.

The Tuba City Mental Health Unit consists of a psychiatrist, three Navajo mental health workers, and a clerk-receptionist. Under the U.S.P.H.S. Indian Health Service, the Unit has full responsibility for mental health services to the western section of the Navajo reservation, an area of approximately 10,000 square miles with a population of about 40,000. Most clinical services are provided by the Navajo mental health workers, who receive continuous in-service training.

The Bureau of Indian Affairs operates several large boarding schools in the vicinity for children up to the 8th grade. The Mental Health Unit consults with and sees referrals from the few B.I.A. schools which are willing to acknowledge the need for such services.

Diagnostic and treatment measures in many cases include not only familiar means of psychotherapy and work with school staff, but also rituals and ceremonies both of the traditional Navajo religion and of the Native American Church. Some basic knowledge of these practices is needed to understand what Elena experienced.

Traditional Navajo religion emphasizes restoring and maintaining harmony between man and the forces of the natural world. Upsetting symptoms or upset behavior indicate disharmony arising from one or more of three sorts of influences: (1) forces of nature, such as being near to a stroke of lightning or having contact with a tabooed animal; (2) ghosts of the dead, either Navajo or alien; and (3) witchcraft, black magic practiced against the individual, usually by a relative or acquaintance, in order to destroy or gain control over the individual.

In traditional Navajo practice, diagnosis and treatment are separate roles. A hand-trembler or stargazer diagnoses an afflicted person by divination in a trance state. He tells the sufferer which influences caused the disturbance, which healing ceremony must be performed, and sometimes which medicine man should do it. The medicine man, or singer, then carries out a ceremonial over his patient, from one to nine nights in duration, requiring the financial, social, and emotional participation of the patient’s family and friends. A major ceremony re-

quires of the singer "the letter-perfect performance of fifty to one hundred hours of ritual chant—something approaching the recitation of the New Testament from memory—the production of several beautiful and ornate sand paintings, the recitation of the myth connected with the ceremony and the management of a very large and difficult group process" (Bergman, 1972). At the center of everyone's attention sits the patient.

The healing ceremony fuses the functions in our culture of religious sacrament, major medical procedure, supportive rally of all the important people in the patient's life, and community social event. It is expensive in time for preparation and execution as well as in money.

The Peyote Ceremonies of the Native American Church are also costly and serve the same functions of mobilizing group support and divine influence on behalf of the patient. Peyote is eaten during the night-long meeting, producing an altered state of consciousness which is carefully monitored by experienced members. Among Navajo Peyotists, beliefs have been ingeniously synthesized with traditional Navajo ways so that minimal conflict occurs.

ELENA'S CRISIS AND FAMILY BACKGROUND

Elena, an 11-year-old Navajo girl, was brought to the Tuba City Hospital emergency room from her boarding school dormitory one evening in a severe panic state. She struggled wildly and stared fixedly ahead with terror-filled eyes as the dormitory aides and her girlfriends tried to calm her. Periodically, she screamed out in Navajo and called for her girlfriend, Betty Ann. The girls explained that she was seeing the ghost of her deceased father coming to get her. She was unresponsive to verbal reassurance in both English and Navajo, so that it was necessary to give her medication and to admit her to the hospital.

Elena, a prepubescent girl from a very traditional Navajo family, responded with only monosyllabic answers in her interview with the psychiatrist the following day. She gratefully agreed, however, to see a Navajo mental health worker who was able to elicit a detailed account of her history, together with several drawings of her father's ghost as he had appeared to her on a number of occasions in the past week. Thereafter, her Navajo therapist always interviewed Elena alone and discussed the interviews with the psychiatrist from time to time.

Elena is the youngest child in a family of ten siblings and half-siblings living with her mother and many of her mother's family in an isolated cluster of dwellings in the desert, far from any town. Her father, a successful medicine man in both traditional Navajo and Peyote religions, had been struck down while conducting a ceremony and died soon

thereafter from acute pancreatitis when Elena was 6 years old. It was reported that Elena had some "fits" around the time of his death, and had been treated by a traditional Navajo ceremony.

At least eight children had died in this large family. Most significant to Elena, who was 9 years old at the time, was a 4-year-old blind albino girl who had suffocated in a plastic bag while the family was out taking care of lambs. Elena had felt close to this girl and used to care for her. Two months later Elena's older sister was hospitalized when she bled heavily from her first menstrual period. She was found to have a hereditary bleeding disorder. Elena thought her sister might bleed to death as three other siblings had, and urged the family to visit her. Everyone said that Elena looked just like this sister.

Except for the surgical excision of a small nevus on the left side of her face at the age of 10 years, Elena's own medical and developmental history was unremarkable. She had been attending boarding school for four years, during which time she had stood out as an excellent student, had found many friends, and had never before behaved abnormally or complained of any symptoms.

During Elena's summer vacation, three months before the first visions of her father's ghost, her mother, who had been blind in one eye since childhood, suffered total loss of vision from untreated glaucoma. When she returned to school in the fall, Elena worried about her mother's well-being and felt that she should be home taking care of her instead of going back to school. After returning to school, she had a vision of her father walking by her side; he seemed pleased with her.

On a visit home, a week before admission to the hospital, Elena was severely reprimanded by a maternal aunt and a sister for not helping to do some chores for her mother quickly enough. She was also whipped by an older male cousin.

Actually, Elena had paused only to urinate. After the whipping, she ran off into the woods to calm down and when she returned, she was confronted by her aunt and sister telling her that her blind mother had almost taken off into the woods to look for her. She felt angry and ashamed when her aunt called her "devil child." Elena hit her aunt on the nose; then her aunt and sister started degrading her. Her mother became angry and took Elena's side. She and her mother grabbed some belongings and took off into the woods in the dark. They walked three miles over a little canyon and finally came to her other sister's camp, where they stayed until Elena was brought back to school.

Once back at school, she began to have occasional visions, always after sunset, of her father's ghost telling her that she had caused her mother's blindness and that she must die as a punishment. Speaking

the name of her best girlfriend, Betty Ann, was the only way to make the ghost go away. Finally, the evening of her admission to the hospital, the ghost of her father appeared again, threatening to strangle her. When the ghost came toward her with outstretched arms, she thought she fled in terror into the woods, fell over a cliff, and caught onto a branch. Her father overtook her and started to strangle her. At that moment she found herself in the dormitory with her own hands squeezing her throat! Her friends and the dormitory aides were gathered around her, trying to calm her down, but the ghost kept coming back. She was taken to the hospital.

For several days in the hospital Elena continued to see her father's ghost after dark. She was calmed by small doses of medication and nursing companionship. Uttering the name "Betty Ann" continued to drive the ghost away. She talked daily with her Navajo therapist, who explained to her family the strong reaction Elena had had to their reprimand and the need for Elena to be certain that someone would be there to care for her mother. An understanding brother arranged a major Navajo healing ceremony for Elena, and she was discharged home.

Elena's family background and circumstances are strange by Anglo standards, though not remarkable in a traditional Navajo family. Elena's father, Kee, first married her maternal grandmother, Rose. When Rose's daughter by a previous marriage, Alva, came of age, Rose gave her to Kee as a second wife. Thus, Kee was married simultaneously to Elena's mother, Alva, and to Elena's maternal grandmother, Rose.

Rose gave her daughter to her husband because she had recently become blind in one eye, probably from an untreated infection, and feared that her husband would abandon the family because she was no longer so capable or beautiful. By binding her daughter to her husband she hoped to hold onto him for the security of the entire family. Kee did stay with the family and, as far as we could discover, sexual jealousy never significantly disturbed the close mother-daughter relationship of these two women married to the same man. (In traditional Navajo culture, father-stepdaughter marriage is not considered incestuous; the siblings and offspring of both wives often continue to live together in the same camp.)

Elena occupies a special place in this complex family group. It is understood that she will eventually take over her mother's share of the family livestock, since, as her father said before he died, she was the youngest and should be entitled to the sheep. Elena's mother and aunt have urged her to return home and take over this responsibility rather than finish school.

DISCUSSION OF ELENA'S CRISIS

We shall try to account for the nature and timing of Elena's psychotic episode in terms of (1) her life history and current stresses, (2) the developmental situation of the prepubescent girl, and (3) distinctive Navajo beliefs and tendencies. We feel that each aspect of Elena's illness and recovery needs to be viewed from these three perspectives in order for its full meaning to be understood.

Elena's predisposition to hysterical attacks manifested itself by fainting spells, probably in relation to the loss of her father, when she was near the end of her oedipal period. As the youngest girl in the family, she appears to have been very close to her father. This attachment emerged more clearly in therapy interviews months later.

Three events seemed important in precipitating Elena's major hysterical attack. First, there was her mother's sudden blindness three months before, which increased Elena's burden of responsibility and concern, in effect reversing the normal mother-daughter dependent relationship. Second, Elena went back to school over the opposition of her aunts and her grandmother as well as her own conscience. Third, she was reprimanded unfairly and very harshly by several relatives for irresponsible behavior toward her family, especially toward her mother, which must have intensified her guilt and anger to intolerable levels.

The content of the hysterical psychosis could be compared to the persecutory hallucinations of a psychotically depressed person: Elena's father, a cherished figure still very much alive for her, suddenly turned against Elena and blamed her mother's affliction on her, requiring death as punishment. Considering her cultural background, however, Elena's psychotic experience can be seen as consistent with much less severe psychopathology than that with which similar symptoms would usually be associated in the Anglo patient.

Hysterical reactions, of both conversion and dissociative types, occur with great frequency in the western Navajo population. Hysterical seizures and fainting spells are the commonest dissociative phenomena, many of these associated with grieving or with socially unacceptable anger at living members of the family.

Ghosts of the dead are greatly feared in Navajo culture as causes of illness. A healing ceremony is held to satisfy the troubling spirit and free the living from the ghost's evil influence. The dynamics of illness and cure are consistent with the psychoanalytic understanding of pathological grief reactions, except that the Navajo ghost is accepted as a potent and abiding external presence. What the psychoanalyst might call "projection of an internal object representation" is an integral part

of traditional Navajo reality and not necessarily an individual aberration. Since the actual existence of ghosts is generally accepted, Elena's experience of her father's ghost did not represent such a severe break with reality as it would in an Anglo patient. Elena's exceptionally healthy functioning prior to the onset of a transient psychosis is, therefore, not as paradoxical as it might seem.

Elena's fears and hallucinations involved sadistic attack by the man, a theme frequently noted in the heterosexual fantasies of girls during prepuberty. An uncle stated that Elena's father used to beat both his wives and had caused Rose's partial blindness this way. If so, there may have been a terrifying memory which formed the basis for the psychotic experience. At the least, blindness may have carried for Elena the implication of assault and damage by a male.

Elena was able to keep her father's ghost in check by speaking the name of her best girlfriend. Dynamically, Betty Ann acted as a stand-in for the protective mother whose loss Elena feared on several counts: first, because of her mother's recent blindness; second, because of separation from her mother at school; and, not least, because of her own angry feelings toward her mother for demanding care instead of providing it. Developmentally, Elena invoked her prepuberty chum as a defense against anxiety about assault by her father's ghost, a dramatic example of the way in which the prepubertal girl binds anxiety in the chum relationship. Culturally, the investment of the spoken word with magical power, intrinsic to the Navajo healing rituals, accounts for Elena's need to utter her friend's name in order to drive off the ghost.

ELENA'S TREATMENT

After five days in the hospital, Elena was discharged with her brother to have ceremonies done for her to "ward off the ghost" of her father. Two weeks later, she returned from home after having a Peyote Ceremony and an Evil Way sing. A hand-trembler also had said there were some belongings of hers which had been buried by a witch to cast a spell on her. Elena said she felt fine and had had no more visions. Her family had all apologized to her through the Peyote Ceremony. Now she felt everything was resolved with her family. She said she would soon return home for the digging out of the witched belongings.

A week later, Elena complained about problems at school. She did not like her male teacher. He was mean and criticized the children about their appearance. She would rather go away on off-reservation foster placement.

Three days after that, Elena was brought to the hospital emergency room because she was very nervous and difficult to handle at school.

Her brother had not picked her up to go home and she was scared about being sent to a mental institution (apparently a threat by one of the dormitory aides). She was given medication and a return appointment to the psychiatric clinic.

At the next visit, however, the patient did not want to talk about any of her problems. She believed she was still not feeling right because she had not had her witched belongings taken out of the ground. Therefore, she was going to have that done, and she thought this would clear everything up. During this time, she was fascinated about how real and powerful the ceremonies were for her. Previously, she had been seeing visions, but then the ceremony cleared away the ghost. Also, she was amazed how much the hand-trembler could know about what was bothering her and how to make her well without her having told what was on her mind.

After two weeks at home, the patient returned to school. She came in the next day and reported that four different ceremonies had been done for her. She had dreamed about killing herself during the night she had gone home and had had more spells before the songs took place. Then the witchcraft things were taken out of the ground. The hand-trembler indicated she should have a Yei-be-chai ceremony and a Basket-Turn-Around ritual. She had had sand paintings made for her and singing performed for her day and night. Then there was another Peyote ceremony.

So now she was feeling fine, and her only area of concern was change of class at school because she disliked her male teacher. She wanted to transfer to a class where there was a female teacher and all girls. She knew about and had friends in the all-girls special class. Recognizing a connection between Elena's fear of her father's ghost and a wish to avoid a male teacher and male classmates, we made arrangements with the school counselor to have Elena transferred to this class.

The following week, the patient stated she liked her new class. She said now that her problems were over, she would like to return to her own dormitory and friends. We did not know that she had transferred to a different dormitory since we had started seeing her. She had asked for this change because the graveyard where her father was buried was close to the dorm where she had suffered the onset of her attacks. Now she wanted to go back to her friends there. We helped her to arrange the transfer.

At this time, a meeting was held with Elena's teachers and the dormitory staff to get more information and to explain the nature of her problem as we saw it. We learned that she had made a good adjustment to the special class for disturbed and retarded adolescent girls. There was no evidence of learning inhibition in this very bright girl.

For over a month, Elena insisted there was nothing to be talked over in therapy and that the sings had taken care of everything. Attempts to discuss her feelings were met with denial or silence. Now she felt fine and really had no reason to come to the psychiatry clinic anymore. She was encouraged to return, but we did not see her for two months.

Then one day, Elena stopped by the clinic, wanting to talk. She said she was worried because her grandmother was sick in the hospital. Her mother was depressed and crying about grandmother's illness as well as about her own blindness. Elena felt she was needed at home, but the school would not let her go for five more weeks. She would like to go home each weekend to help and be with her mother. She cried when talking about her grandmother and mother, and said that if she could not go home each weekend, she would quit school.

Elena denied bad dreams or visual hallucinations. She admitted hearing voices and having an appetite disturbance. A hand-trembler had told Elena that one of her neighbors was witching her, causing her to have watery eyes and eventually to go blind like her mother. This neighbor had witched her grandmother and her mother to make them blind; now it was Elena's turn.

The therapist reassured Elena that when a hand-trembler finds out what is going on and knows what person did this, then the spell is broken. As soon as the cause is found out, a person starts to feel better until the definitive sing takes place. Also, a "Protection Way Prayer" could be done for her to ward off the spell. This would take one day or one night and would be inexpensive. Elena was reassured that the neighbor's trying to make her go blind would not work because she and her relatives all knew. Then she acknowledged that her relatives had told her the same thing. The therapist called the hospital for Elena and relayed the news that her grandmother was recovering. The psychiatrist arranged for Elena to go home each weekend.

Evidently, witchcraft practices, just like unconscious conflicts, begin to lose destructive power as soon as they are brought to light. They can be definitively neutralized, however, only by the proper ceremonies and the digging up of the buried witching objects, just as repressed content must become conscious and be worked through in psychotherapy before neurosis loses its hold on the patient.¹

Elena was not seen again until a month later. She had had a blackout spell at school, had fallen down some steps, and was found lying in the bushes. In the interview, she complained that her older brother was not taking her home for weekends anymore because she did not have nice clothes. No one would buy her clothes anymore, not even her mother.

¹ The authors are indebted to Suzanne van Amerongen for pointing out this intriguing parallel.

The therapist asked if she sometimes felt hate for her mother, then felt badly about it, and if she felt burdened by responsibility for her blind mother at a time when she wanted to finish school and then be on her own. Elena ignored such questions, as she had repeatedly before, saying that a Navajo ceremony would cure her of her sickness.

Elena could not recall anything about her fainting spell, but had had a dream recently in which her father had spoken to her. Now, for the first time, she shared some deep feeling. Sobbing, she spoke of her late father as the only one who had loved her and bought her nice clothes. When he was alive, she was well dressed. Her father used to bring her money, jewelry, livestock, blankets, etc., when he returned from conducting a ceremony. Sometimes they would go together in his pickup. (The therapist knew he had never owned a pickup.) Because her father had died and the only one whom she admired (her older brother) had now abandoned her also, she no longer cared to live. She was clothed "in rags" now and her brother was ashamed even to be seen with her. Elena acknowledged feeling all alone and having no one who cared.

Though there appeared to be some factual basis for Elena's complaints, she was also expressing the fantasy of a lost paradise with her father and feelings of worthlessness related to losing him. Just like many Anglo hysterical girls, Elena had difficulty maintaining her self-esteem in the absence of special attention from a man.

Elena was feeling better a few days later after a visit home. Her grandmother told Elena that she had fainted because she had cut off a dog's tail. Elena said her grandmother knew all about this without her having told her grandmother anything about it. Elena had cut off the dog's tail to punish it because the dog was getting into everything and stealing food. After she cut off its tail, the dog did not steal anymore. Elena said her family would do a ceremony for her to take care of this. She mentioned she used to get these fainting attacks after her father had died six years ago. She talked about him again, about going with him wherever he went, and about how good he was to her.

In Navajo folklore, dogs' tails are employed in a ritual for the removal of contamination by menstrual blood (Parker, 1972). With this in mind, it is hard to resist a psychoanalytic speculation relating symbolic castration of the dog to universal fantasies of sexual mutilation stirred up by the appearance of menstrual blood. It seems likely that Elena's feelings of worthlessness after loss of attention from her father and brother were unconsciously linked to penis envy and castration fantasies. The arousal of these fantasies by anger at her brother could explain both her mutilation of the dog and the recurrence of the same hysterical symptoms which had appeared after the death of her father six years before. In any case, Elena's grandmother connected the faint-

ing spells with the assault upon the dog without the benefit of psychoanalytic theory!

The therapist suggested that Elena must have felt unwanted both by her brother who did not come for her and also by the therapist who had recently suggested that Elena might not need to see her anymore. Elena acknowledged these feelings. Then the therapist explained that Elena did not need to have fainting spells to have appointments with her and that her brother had a family of his own, so that he might just have been too busy to take her home each weekend. The therapist remarked that Elena might have had fainting spells because she was still grieving for her father. Elena accepted these comments and indicated her desire to continue therapy.

Three weeks later, Elena's therapist made a home visit to the camp because Elena had not returned to school. Elena was away herding sheep. The only one home, her aunt, said Elena had been crying hard that very morning and missing her father. Her mother had told her to go ahead and cry it out. Afterward, she felt better. That day was the anniversary of her father's death, but Elena had been upset and talking about her father for two weeks, ever since a neighbor had died.

Elena missed the last six weeks of school and was not seen again until midsummer, when her mother came in for an eye clinic appointment and reported that Elena had been doing fine all summer. After Elena missed several appointments, her therapist saw her again. She looked well, but was silent and guarded, admitting concern only about her mother, who was having eye surgery in Phoenix. She was not sure where she could go to school this year and said that she might not even bother with it.

Attending school put Elena in conflict with her family and within herself because of the expectation for her to help her blind mother. Therefore, we never pressured Elena to stay in school, and we protested the school's occasional heavy-handed attempts to coerce the family to bring her and her cousin back to school (which once included a threat to jail Elena's grandmother!). We believe that the benefits of schooling are far outweighed by the psychological cost of forcing a child to undergo education by another culture under circumstances which violate both inner demands and family expectations. But we also supported Elena against the criticisms of certain family members who seemed to recognize neither her problem of being caught between cultures nor the need for her to make her own choices.

Elena made several drawings during this interview. She drew a picture of a girl who was wearing a choker, indicating she did not want to talk. She put "you shit" right next to her name. On the next page she drew a girl who looked bewildered and hostile, with closed mouth, pos-

sibly indicating she was angry about something but did not want to talk about it. On the last page, she made another girl, whose face was distorted and looked more advanced in age compared to the first one, who had looked like a 10- or 11-year-old.

Elena was very tense and would not speak at her next session. She finally walked out angrily. The following day she returned and brought up her concern, "Are you supposed to wash your body when you have your period?" Elena explained that she had walked out the preceding day when she felt something start to flow. She got scared and just left. It was her first menstrual period! In the Navajo way, her aunt told her not to wash herself and the Kinaaldá (puberty ceremony) had already been planned. Elena was pleased about this and was looking forward to it.

The therapist answered Elena's initial question: how Elena handles her period is for her to decide. If she believes in traditional ways, don't wash. If she believes in Anglo culture, keep clean. Then Elena said she was scared and she asked many questions; e.g., how long do periods last, was she to do any heavy work? The therapist answered her questions matter-of-factly.

The neutral therapeutic responses at this point encouraged Elena to make her own choice as to which of the two conflicting cultural dictates regarding the first menses she wished to follow. Neither Navajo family nor Anglo school recognizes the full extent of psychological stress produced by such choices as this for children nurtured in the traditional Navajo camp but educated in Anglo institutions. Navajo adolescents caught in cultural conflicts have a desperate need for permission to find their own solutions. The therapist not only gave that permission but offered herself as a model for identification: a mature Navajo adult who had found her own working compromise between Anglo and Navajo ways.

Elena went on to say that her spells had all stopped. She still missed her father, but did not see his ghost anymore and did not dream about him.

In the next session, Elena verbalized her dislike for her menstrual periods and the Kinaaldá ceremony which marked their beginning. She said she felt dirty (corresponding with "you shit" in the drawing she had made just prior to menarche), and had washed herself even though her aunt had told her to abstain, suggesting greater comfort with the Anglo attitude on this issue.

Elena expressed fear about becoming a woman and bearing children. She wondered if a person's "meanness" could change. She felt that she and two other siblings were "mean" because they had been breast-fed by her older sister, Bessie, rather than by her mother. Elena was angry

at her mother for hiding this fact from the therapist and for not buying Elena clothes.

Elena returned to her boarding school a few days after this interview. At first, she chose the all-girls special class, but within two weeks she asked to be advanced to a coeducational 7th grade on a trial basis. The school staff noticed how much happier and more relaxed she seemed all through the academic year. Her schoolwork stayed at its usual high level, and there were no signs of hysterical symptoms.

Occasionally, Elena dropped by the psychiatry clinic to keep in touch with her therapist, but she did not seem concerned about any problems. It seemed enough for her to know that her therapist continued to be available. Elena made sure we understood she could manage very well on her own now.

DISCUSSION OF ELENA'S RECOVERY

The resolution of Elena's symptoms at the time of menarche suggests a close link between her emotional crisis and the developmental problems of prepuberty. After the arrival of womanhood, symbolized by menarche, Elena was able for the first time to express anger toward her mother and to relinquish hysterical symptoms which had been recurring for months after her psychotic episode.

The Navajo attitude toward puberty and the Kinaaldá ceremony itself deserve some comment here. Reichard (1950) writes: "Whereas many North American Indian tribes treat the pubescent girl as if she were tainted, the Navajo honor the moment of her maturity. I have had no evidence that menstruation itself is considered corrupt, rather, its appearance is regarded as the fulfillment of a promise, the attainment of reproductive power" (p. 173).

Frisbie (1967) states: "The onset of menstruation is regarded by the Navajo as a time for rejoicing. The fact is announced to the whole community in a dramatic four-night ceremony. This is held immediately or as soon as possible after menstruation begins, and it progresses right through the girl's period" (p. 7).

The order of events in the ceremony varies, but all versions include ritual molding and dressing of the girl's body, running races, corn grinding and preparation of corncake, singing of Hogan Songs and Blessing Way Songs (like the one quoted above), and distribution of the corncake to participants. "The Navajo believe that everything the girl says and does during the ceremony is indicative of the kind of person she will be in the future. The girl is believed to be highly susceptible during this time to a variety of influences, both physical and mental. As was true at her birth, her body is again considered to be

soft and capable of being reshaped by molding. It is almost as if the girl, in becoming a woman, has been physically and mentally reborn and is passing through several days in which both her body and her personality can be reshaped by the people around her, so as to correspond more clearly with the cultural ideal" (Frisbie, 1967, p. 350).

The Navajo view of puberty corresponds closely in this respect to the viewpoint of psychoanalytic developmental psychology, which also recognizes puberty as a time when old patterns are subject to drastic changes and the individual is more open to environmental influences. More specifically, in the psychoanalysis of pubescent girls, an early stage of bisexual fantasy is replaced by less distorted sexual content around the time of the menarche, which seems to act as an organizer for a sudden leap forward in fantasy life and object relations (most recently noted by Hart and Sarnoff, 1971). While the content of Elena's therapy interviews does not reach analytic depth, we can deduce a similar process from the abrupt shift noted on her return to school, especially her greater freedom to express annoyance at her mother (movement away from pregenital fears of and dependency upon her mother) and her choice of a heterosexual rather than all-girls class group (less fear of contact with males).

These changes cannot be attributed to reduced environmental or family stress. Grieving for her father, however, certainly played an important part in Elena's recovery, along with the progression of an early adolescent maturational process which seems, in many respects, similar for Navajo and Anglo girls.

In retrospect, it appears that Elena could tolerate virtually no discussion of disturbing feelings or fantasies early in treatment. Developmentally, she was going through the chaotic and vulnerable prepuberty period. Dynamically, she was caught in a sharp conflict between demands of family and school, intensified by the failure of maternal support when her mother went blind. Culturally, the traditional Navajo belief in the power of depressed or hostile thoughts to cause illness and misfortune must have exerted an especially strong suppressive influence upon Elena in the months following her mother's loss of vision.

At this time of need, the traditional Navajo and Peyote ceremonies fulfilled at least two crucial restorative functions for Elena. First, they focused the family's attention and caring upon her, thereby allaying her guilt, bolstering her self-esteem, and repairing the damage to her narcissism. Second, the rituals, invoking sacredness to restore harmony, supported the reestablishment of repression and denial which had failed during the psychotic episode.

Elena's numerous ceremonies provided temporary relief of symptoms and gained her the time needed to move forward toward puberty. With

the approach of menarche, Elena became freer to acknowledge her griefs and disappointments, both in therapy and with her family. The organizing effect of sexual maturation appears to have contributed to increased tolerance of depression and anxiety, accompanied by remission of neurotic symptoms. The experience of a normal menarche apparently neutralized any anxiety about bleeding arising from Elena's identification with her older sister. It remains to be seen whether Elena has sufficiently dealt with the difficult issues of bleeding, blindness, anger, and guilt to permit smooth movement through adolescence into adult life.

CONCLUSIONS

Elena's story exemplifies the complex interaction of intrapsychic, familial, and cultural factors determining psychiatric symptom formation and resolution among the western Navajo. A few general conclusions emerge which may be applicable to mental health efforts at other cultural interfaces.

First, psychoanalytic understanding of early adolescent development in girls seems to apply in a profoundly alien cultural setting. In general, our experience indicates that developmental and psychodynamic knowledge, tempered with due respect for cultural differences, provides a practical basis for child psychiatric work across cultural boundaries.

Second, the trained indigenous mental health worker offers several advantages as primary psychotherapist in treatment of children and adolescents from an alien culture. The mental health worker's knowledge of language, beliefs, styles of relating and communicating, and familial role expectations is invaluable in developing a therapeutic relationship as well as in making accurate interpretations and interventions appropriate to the child's own experience. In addition, the indigenous therapist can provide for children caught in clashes between two cultures a crucial figure with whom to identify, an adult who has succeeded in achieving emotional maturity through creative synthesis (or at least comfortable toleration) of conflicting cultural influences.

Third, psychotherapy and native healing ceremonies are neither mutually exclusive modalities nor do they necessarily perform exactly the same curative functions for the patient. Like other differing treatment approaches, psychotherapy and native healing practices can be used simultaneously and/or sequentially with the same patient to achieve specific goals, according to the patient's needs and resources at a given point in time.

Fourth, Elena's conflict between school and home illustrates, among other things, one set of psychological hazards associated with educating

children raised in one cultural tradition by methods and values derived from another, however dominant the educating culture may consider itself to be. Unfortunately, schooling for minority-group children in this country, especially for Indian children, rarely demonstrates the respect for and nurturance of individual and cultural differences which ought to guide educational endeavor in a free society.

Discussion

Suzanne Taets van Amerongen, M.D.

It is a pleasure to discuss a clinical paper which offers such a wealth of beautifully organized and absorbing case material. Elena was exceedingly fortunate to be the recipient of the skillful collaborative diagnostic and treatment efforts of a competent male, Anglo child psychiatrist and a mature intuitive and understanding female Navajo mental health worker.

The authors have given us a lucid and comprehensive description of Elena's early history, of her family background and cultural heritage, and the circumstances which precipitated her emotional upheaval. The carefully planned and skillfully executed therapeutic management made possible her psychic reintegration and resumption of a progressive developmental course.

I would say that the successful outcome of Elena's treatment was due to the breadth and depth of the diagnostic assessment; to the effective and imaginative application of a variety of therapeutic interventions; and to the mutual respect of the authors for the unique contributions each one could make to the other's work on behalf of this girl.

They noted her stage of development, the nature of her intrapsychic conflicts and of her interpersonal relationships, and the added hazards to which this prepuberty girl, caught in the crossfire of conflicting cultural values, was exposed.

The thoughtfully conceived management regime for Elena consisted of the proper and sequential application of a number of treatment modalities—hospitalization; modern drug therapy; Navajo chants, prayers, and rituals; psychoanalytically based supportive psychotherapy and consultative intervention on her behalf with her relatives and teachers.

All too often today, we encounter a tendency to explain the occurrence of severe psychic stress exclusively in terms of one or another

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theoretical framework. However, the limitations of such an approach are illustrated in this case report. For instance, to view Elena's breakdown mainly as a manifestation of intolerable intrapsychic neurotic conflicts does not suffice. Neither can her Indian background be held solely responsible for its occurrence, nor her stage of psychic development with an added strain provided by her complicated family relationships. To explain her psychotic episode as the result of "culture shock" might be tempting, but adds little to an understanding of her emotional upheaval, let alone its treatment.

Elena fell victim to a combination of forces and events, and the authors have in their presentation and discussion given us a comprehensive view of the interrelatedness of all these factors.

It is of interest to note how persons belonging to an oppressed minority group seem to be particularly vulnerable to losses of those indispensable for the maintenance of their already fragile self-esteem.

The plight of the Navajo Indian, the almost insurmountable obstacles impeding his ability to improve his lot, requires adaptations aimed at suppressing feelings of grief, anger, and despair. In our poor black inner-city populations often faced with a similar fate we also frequently encounter the denial of these affects by means of visions and hallucinations as well as a ready propensity for their conversion into physical symptoms. There we also find that a supportive psychotherapeutic relationship with a therapist who understands the variety of inner and outer stresses to which these children and adolescents are subjected can be of immeasurable, often life-saving, importance.

To be able to identify with a person who understands his inner and outer world, who can reverberate empathetically with the internal struggles of an adolescent, and who has found ways himself of dealing with racial and cultural conflicts can prove for others, as it was for Elena, a saving grace.

Dr. Proskauer and Mrs. Johnson are to be commended for their accomplishments, not only regarding Elena's treatment, but also for the ways in which they were able to learn from one another, to collaborate, and to arrive at a mutual appreciation of the knowledge and wisdom each one could bring to the rehabilitation of a severely disturbed adolescent Navajo girl.

There is at present a great need to train and to utilize mental health personnel to increase the cadre of persons competent to restore the psychic equilibrium and healthy developmental progression of many children and adolescents. This paper tells us not only that it should be done but that it can be done and how.

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