

A CONSIDERATION OF CONSTITUTIONAL FACTORS IN AGGRESSIVITY

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Let me clarify the relationship of my professional background to work with the Indian Tribe discussed in this paper and with its members.¹ I am a physician, with some specialized training in human biology, and am committed to the theory and practice of psychoanalysis. For the past six years I have been full-time in the Department of Psychiatry, at the University of Colorado School of Medicine. In addition to my teaching responsibilities, I have been doing research in many aspects of human behavior, working with many disciplines and methods as the occasions required. With respect to the subject matter of this paper and the field from which it comes, I believe that I must say that I am not an anthropologist. This is so despite the fact that the discipline of anthropology might claim this material as closest to the concerns of that discipline.

The story of my involvement with the Indian Tribe which is the subject of this paper is as follows. When the Tribal Council sought help from the University of Colorado School of Medicine their emissary, Dr. John Jones, applied to the Department of Preventive Medicine.² Dr. Jones, who had the confidence of the Tribal Council, presented their chief complaint, "there is a sickness in the people and they are dying out." Dr. Jones knew these Indians very well, for he had been a Public Health Officer of the area that contained their Reservation. Moreover, he had conducted health surveys of the Tribe and was very well informed about the incidence of selected diseases among it. It should be pointed out that the chief complaint reported by Dr. Jones was in reality contrary to his knowledge of them. However, because he appeared on their behalf, he expressed the Indians' ideas first and then later gave his own invaluable account. The Acting Chairman of the Department of Preventive Medicine, after having established that the chief complaint did not indicate an epidemic and that, in fact, the population of this Tribe was increasing, suggested to Dr. Jones that he consult the Division of Psychosomatic Medicine of which I was then in charge. After a preliminary exploration of the situation I accepted an invitation from the Tribal Council to do what I could.

It should be emphasized that my own personal relationship to the Tribe was influenced by two major factors. First, I was invited for a particular purpose. It is apparent that this circumstance is strategically different from the investigative situation of the anthropologist. The latter, as a rule, is obliged to impose his presence on the people to be studied. Secondly, I was a "medicine man" whose influence was in tangible medicines and procedures. The name given to the White physician clearly distinguished him from the Indian medicine man.

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- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.
- Matchett, W. F. (1972). Repeated hallucinatory experiences as a part of the mourning process among Hopi women. *Psychiatry*, 35(2), 185-194.
- Miller, S., & Schoenfeld, L. (1973). Grief in Navajo: psychodynamics and culture. *International Journal of Social Psychiatry*, 19(3), 187-191.
- Pollock, G. (1961). Mourning and Adaptation. *The International Journal of Psychoanalysis* 42, 341-361.
- Rees, W. D. (1971). The hallucinations of widowhood. *British Medical Journal*, 4, 37-41.
- Reichard, G. A. (1950). *Navajo religion: A study of symbolism*. New York: Bollinger Series XVIII, Pantheon Books.
- Sandner, D. (1979). *Navajo symbols of healing* (pp. 41-78). New York: Harcourt Brace Jovanovich.
- Shen, W. W. (1986). The Hopi Indian's mourning hallucinations. *Journal of Nervous and Mental Disorders* 174(6), 365-367.
- Schufelt, R. W. (1891). Mortuary customs of the Navajo Indians. *American Naturalist*, 25, 303-306.
- Vogt, L., & Kluckhohn, C. (1951). *Navajo means people* (pp. 3, 136-142). Cambridge, MA: Harvard University Press.
- Wyman, L. C., Hill, W. W., & Osancie, I. (1942). Navajo eschatology. *University of New Mexico Bulletin, Anthropology Series* 4(1), 5-47.

It took me over two years to understand what their use of the term “sickness” meant and to interpret the hidden meaning of their notion that they were dying out. In a sense, I could say that this understanding of sickness and interpretation of dying out are the thesis of this paper. My initial effort to establish a somatic reference for this “sickness” was unsuccessful. The Indians seemed to talk in terms of psychological and behavioral allusions rather than in terms of medical or physiological complaints. There were references to alcoholism, “bad feelings inside,” apathy, negligence of family, apparent loss of self-interest, and irreplaceable losses of property, machinery, and other personal possessions.

I shall not go into detail about my arrangements with the Tribal Council or of the evolution of my methods of working with this Tribe, nor will I have time to discuss the techniques that were developed to solve many of the problems of communication, interpretation, analysis, and data reduction.

I quickly recognized in the behavior of various members of the Tribal Council that my description of history taking and of diagnostic study aroused a great deal of anxiety. They reacted with frank uneasiness and displayed moderately sadistic humor.³ Their joking and teasing of each other seemed to be based on the notion that each person would be intruded upon, his innermost secrets exposed, and that somehow he would be helpless and no longer able to protect himself. Because it seemed that they worried about shame and exposure, I declared that my relationship to the Indians would be that of a physician to his patient and that what transpired between the patient and his physician is a secret and available to no one without the permission of the patient. Moreover, because I also would regard the Tribe as a whole as a patient, I would keep all tribal knowledge a secret until the Tribal Council had authorized me to report my findings. Incidentally, this authorization was given to me about a year ago after four years of work. This approach was effective, for as I learned later exposure and shame were two of the most unpleasant affects this Tribe could experience and, secondly, the Tribe had mixed feelings about being the subject of another academic study.

An interesting example of this reaction to shame and exposure occurred when the Indians, under the guidance of interested White people, set up a “Workshop on Alcoholism” to which was invited a panel of experts. An impasse was reached when it became apparent the Indians would not present any case histories to the panel, for the Indian in question would be immediately recognized and thereby shamed and exposed. This occurred despite the fact that all the tribal people knew who the alcoholic Indians were anyway. Behind this apparent inconsistency is the Indian’s hypersensitive concern with intraspecific hostility and gossip. The further significance of this will be discussed later in another context.⁴

A preliminary evaluation of their medical and psychiatric problems, with the assistance of Dr. Jones, disclosed the following.

1. A multiphasic health survey had unexpectedly revealed an exceptionally high incidence of hypertension, diabetes mellitus, obesity, and malnutrition.⁵

2. A high infant mortality existed, apparently out of proportion to the utilization of the very good available medical care. These Indians have access, through Blue Cross and Blue Shield, to the same physicians and hospitals used by the non-Indian people. In addition, the United States Public Health Service and their facilities were available to them.

3. A high incidence of violent death and injury due to accidents was noted among these Indians under the age of 50. Alcohol, automobiles, and the use of mechanized, combustible, or explosive equipment were prominent contributing factors. It should be pointed out that while it is true that alcohol interferes with judgment and the kind of physical coordination necessary for the handling of vehicles and other machines, these conditions are not necessarily the explanation for violent accidents.

4. There was tension and often conflict with segments of the surrounding non-Indian community whose members tended to regard this Tribe as delinquent, shiftless, and alcoholic.

5. There was alcoholism of varying degrees. The leaders of the Tribal Council were concerned primarily with that type of drunkenness which interfered with the individual's ability to work, care for his family and himself, and which antagonized the non-Indian community. It is of considerable interest, however, that the Indians within their own value system were not critical of each other's drinking for these reasons. It should be emphasized that the Tribal Council was using standards to which they, as individuals, did not subscribe. Many of them, while not alcoholics in the clinical sense, were on occasion involved in escapades while drunk.

6. There was an alleged inability or disinclination of this Tribe as a whole to develop into farmers, ranchers, mechanics, technicians, and professionals in proportion to the resources and facilities available to them. This Tribe now has a great deal of money which had come to them through a successful land claim suit, and as royalties from oil and other minerals on their Reservation. The Tribe had developed an outstanding rehabilitation program which intended to use their tribal resources to help their own people to adapt to the new conditions. This program, however, has highlighted the fact that within their culture there exists a certain lack of work incentive or work ethic.

From the point of view of assessing the importance of aggression, in the dynamics of the present life situation of this Tribe, it is essential to reconstruct its manifestations during pre-reservation days. This is not easy to do for many reasons. Prominent among these reasons is the highly slanted nature of literature about this Tribe. The earliest references go back to the 16th Century when Spanish priests from Mexico sought to traverse the Rocky Mountains. The accounts emphasize the Tribe's gluttony, greed, black skins, animal-like subhuman traits along with their lack of response to efforts to convert them. I have corresponded with many Catholic scholars who maintain the files, catalogues, and indexes of all available writings and reports by the exploring priests. This includes the Vatican collection as well. Although my inquiries were primarily concerned with this Tribe's language, the amount of verified information is notably small. These Indians very quickly came into bitter conflict with transcontinental travelers, trappers, miners, ranchers and

farmers. The accounts of these struggles stress the Tribes' savagery, cruelty, and indifference to agreements. These reports on the Tribe were greatly influenced by the interests of the reporters. The Tribe, collectively and individually, do not know their own history. As a matter of fact, their language does not contain a term for the abstraction of history or background.⁶

They are not remarkable for any indigenous arts and crafts. Such work as they turned out was obviously derivative and not elaborated along any lines that could be designated as this particular Tribe.⁷ Collections of their folk tales, myths and legends are meager but revealing (Kroeber, 1901; Lowie, 1924). They are obviously influenced by other Indian tribes and by non-Indians. The identifiable extraneous elements are over-determined in their selection, thus revealing the attitudes of this Tribe to certain other Indian tribes and above all to their White conquerors. This material is exceedingly rich in the varieties and examples of aggression and in the expectations of pain and pleasure, that is, the value placed on these instinctual aims and objects.

The reconstruction of the past, therefore, is a complex based on (a) admittedly selected and often biased historical material, (b) an analysis of their reported folk tales and myths according to methods comparable to those of Kluckhohn, Roheim, Devereux, MacGregor, Posinsky, and others,⁸ and (c) an analysis of the data of the current manifest behavior of the Tribe and its children, adolescents, and adults.

The information on the Tribe and individual members was obtained in the following ways.

1. Interviews with Bureau of Indian Affairs (BIA) personnel, Public Health Service officials, and with an unselected group of older White people who had lived closely with the Tribe all their lives; and with school and law personnel.
2. Review of Agency and Public Health Service files, and Superintendent reports, etc.⁹
3. Interviews of the oldest members of the Tribe on the Reservation using bilingual Indian interpreters.¹⁰ These talks sought to cover early recollections and experiences.
4. Interviews with tribal leaders concerning the problems of the tribe as seen by them, family trees of tribal members, individual Indians or families who needed medical care or who were in difficulty with the law, schools and other social agencies.
5. Study of reservation life in a free-floating manner by living on the Reservation during the summers and at various times during the year.
6. By serving as a physician in the tribal clinics where I examined many Indians, took medical and developmental histories, learned much of their Indian language; learned about the theories and practices of the medicine man and the Indian pharmacopeia; learned about their fantasies of the body anatomy and function (e.g., pregnancy and birth; heard their dreams, descriptions of affects, tribal and personal secrets, their attitudes towards property, money, and White man's values, their interpersonal relationships and family life).¹¹
7. By serving as a screening and referring physician for the Indians. I arranged for their admission to the Colorado General and Psychiatric Hospitals where they

would stay for several weeks to several months. This made it possible to conduct a variety of physiological studies as well as psychological tests. These hospitalized Indians would be seen by residents and by me. The hospitalized Indians provided a unique opportunity for information. I was the only person known to them and I was a link to the Reservation, the means to their well-being and to the gratification of their needs.

8. Examination of the children of this Tribe by an experienced child psychologist along with direct observation of their behavior on the Reservation.

This information made it possible to construct many hypotheses about the continuation in the present of the apparently forgotten ways of the past. It will become apparent later in this paper that the basic concepts of the past can be identified in disguised and distorted forms in the new context of the present. This feature accounts for much of the so-called maladaptive, pathological, and inflexible behavior of many of this Tribe of Indians.

Before the advent of the horse in the Tribe's life early during the 18th Century, it is probable that the smallest possible groups of the Tribe moved about on foot in an incessant search for food. They were subject to the economic truism of nomadic food-gatherers that the smaller the groups the less territory to be covered in order to obtain food, and the less depletion of food resources there would be in the territory as a whole. At the same time, however, they had to be large enough to defend themselves and their source of supplies. This made for highly ambivalent relationships with neighboring family groups and with members within a given family group. The rivalry and envy inherent in a struggle for survival under these circumstances was tempered by the constant awareness of recurrent needs for mutual defense against invading Indian groups. The development of a kinship system (matrilocal and matrilineal) helped to provide the necessary equilibrium between these almost mutually exclusive attitudes towards individual and group needs.

The fusion of a kinship system, (i.e., of a different order of libidinal components with the economic, aggressive, and more archaic pregenital libidinal system) raises an interesting question. The culturalists, of necessity, would seek to emphasize the economic and environmental issues in this question and possibly concede the libidinal factors were secondary in time and importance. It is justified, however, to point out that the so-called economic and environmentally determined behavior of the nomadic family is mobilized around pregenital drives.

Hunting, raiding, and defensive fighting characterized the direct expression of this Tribe's aggressivity. Most, if not all, of this seemed related to the control of their land and the securing of game. It appeared to be of no matter whether food was obtained in the hunt, or by raiding other Indian tribes, or as a share in the successful kill and food gatherings of the same tribe. The folk tales reveal manifest aggression between men and women, not on genital levels but because of failures to provide food, shelter, and protection for each other. Women are frequently represented as depriving, inconstant, traitorous, and at times physically destructive.

The reservation life created many problems, none of which were predicted or recognized. To begin with, the reservations and the groupings of the Indians on them did not correspond to the reservation tribal kinship and band groupings. Over

a period of time, the kinship lines became hazy and in most instances beyond recall. The biogenetic implications of this condition for "inbreeding" will be discussed later. Secondly, the system of tribal leadership which was pragmatically based on hunting, raiding, and fighting prowess failed by default on the reservation. The values for such traditional leadership simply did not exist in reservation life. There were sporadic rebellions, some of which were called massacres. Leaders sprang up and Indians spontaneously grouped around them. Leadership, in terms of the values of the conquerors, apparently never developed despite encouragement and even bribes as it is suggested. When the Indians did negotiate and complete a treaty with the Whites, tribal backing was related to the profits of the deal and not to a concept of loyalty to their representative or of an ethical code.¹²

It was apparently believed that the Indians would follow the historical destiny of conquered peoples, namely, identification with the victors. History, however, contains many examples of what has happened when such identification did not occur. The conquered peoples and their nation were exterminated.

It is obvious that this "join them if you can't beat them" outlook tends to operate as a massive homogenizer of peoples and their ways. The rise and fall of empires, for example, tends to provide one of the ecological settings in which the biological and psychological unity of many can develop. In several centers of the Western Hemisphere, notably, Central and South America, this process has been proceeding independently of the same course in the Eastern Hemisphere. It should be emphasized, however, that whatever biological and psychological homogeneities come to be established in the two hemispheres, they need not necessarily be the same. When it is considered that the two geographical groups have had more or less independent development over thousands of years, such a hypothesis gains some support. This isolation, incidentally, is relative; for there is no reason to suppose that only one migration of Indians had occurred, or that prehistoric contact with the Eastern Hemisphere had not taken place from time to time.

American Indians have not identified with their conquerors. The American people, depending on regional and national conditions, have had markedly ambivalent and inconsistent attitudes towards the American aborigines. These have consisted of attempts at ruthless extermination, reactive and overdetermined benevolence and idealization with playful imitation of Indian ways in nature, concerted efforts to transform the Indian into a middle-class American Christian while urging them to retain their Indian culture.

It would be an oversimplification to attribute this failure to identify to the stubborn reaction of a defeated and oppressed minority. Three arguments should be considered in this connection. One is that not all Indian groups in the Western Hemisphere have the same historical and subsequent political relations with the White man as the Indians of the United States. Practically all of the latter have treaties with the United States which represent solutions to conflicts over land, rights of various kinds, and other economic issues. In Bolivia, Ecuador, and Peru the Indians of the Andes are not in the minority and neither acculturation and certainly not assimilation have occurred.¹³ In British Columbia, along the Pacific Coast and the inland rivers, the Indians were not in the same pattern of economic

conflict with the Whites as the Indians of the United States. Warfare did not occur and I have been told by the Commissioner of Indian Affairs for the State of British Columbia that treaties with these Indians do not exist. Here too, the Indians collectively and individually are sharply differentiated from the White people. The second argument is based on the observation that Indians appear to identify with each other and to assimilate each other's culture when brought together by proximity, conquest, or forced migration, such as by the United States. Third, the African Negro, following his forced transplantation to the United States as a slave and, despite his status as an oppressed minority, did identify with the American White culture. In this connection, it is of interest to ask why it was necessary to obtain slaves from Africa when there was a huge aboriginal reservoir on this continent. The history of slavery among the Indians is complicated by the fact the Indians readily enslaved each other according to the formula of victors and losers. The social and economic role of the slave depended upon the social and economic organization of the enslaving tribe, as well as upon the distinctions between a slave, a prisoner, and an adoptee. One thing is clear, however, despite attempts by the White people to enslave Indians, this practice was never securely established.

On the Reservation, the direct expression of aggression by the Tribe was entirely stifled by ruthless supervision and the attitudes of settlers around the Reservation. There was no consideration of the consequences of suppressed aggression, although the descriptions of Indian aggressive and sadistic behavior were well documented. These were regarded as ethical problems and were dealt with accordingly by political and moralistic measures. This behavior was not phenomenologically evaluated as possibly having determinants outside of so-called free will. A hunting economy, moreover, very rapidly became impossible, partly because the Indians were more or less restricted to their Reservation which did not contain enough territory to support their population band because game and other food supplies were markedly decreased by the activities of miners, ranchers, farmers, and the general opening of the west by land allotments. Furthermore, hunting and raiding by the Tribe were rarely ends in themselves but were regarded primarily as means of gaining food and other necessary supplies. This Tribe would accept without conflict other methods of obtaining these. Within the framework of their food gathering economy, they would seek the easiest means to their ends. Because the Tribe never became self-sufficient in this externally transformed life and environment, it was necessary for the Government to provide rations in accordance with treaty agreements. This, plus what the Tribe would provide for itself, became the basis of their marginal existence until recently when ironically enough, the rocky crust of the irresidual Reservation turned out to cover vast mineral wealth.¹⁴

Their material and physical needs are now more than amply met, although their attitudes toward choices of nutrition, homes and sanitation arouse concern among Public Health Service and other professionals on these matters. They have small, lower middle-class homes with electricity, new automobiles, pick-up trucks, radios, television, good clothes, and an elaborate race track.¹⁵ The Reservation looks prosperous although there are no signs of livelihood activity. They do not appear to treasure the material goods they can now purchase, for their obsolescence rate

exceeds even that which was built into these goods. They do not invest their income nor do they accumulate it in the form of capital or savings. The Indian is typically "penniless" although there are some striking individual exceptions.

Despite all these various changes in their circumstances, there still persists inflexible personal and social pathology that are the instinctual derivatives of aggression. In short, the problem of their aggression still remains to be accounted for. What are the origins and determinants of this aggression? What are its characteristics and intensities? What are the defenses and transformations in the present tribal life situation? And, finally, what is there about the Tribe's aggression that causes it to override the external controls that appear effectively to regulate non-Indian aggressivity? Freud (1930/1961; 1950) proposes that repression is the precondition both for civilization and for its cost, namely, mental disease.

To explore the question of origin, we have to consider the factors that would tend to predispose to an intensification of innate characteristics. Further, we must look for those environmental conditions which the innate factors would seek out selectively and, in the interaction, become reinforced. With regard to the innate factors, the highly competitive hunting, nomadic food-gathering economy undoubtedly came to place a very high premium upon manifest aggressiveness both in the man and in the woman.¹⁶ The traits derived from this instinctual aggression would make for successful hunting and the defense of resources. Under these circumstances, such characterological features (i.e., properties of the ego) would function as an essential intrapsychic guarantee of survival by facilitating the discharge of this aggression. In this case, does the pleasure principle prevail and as a consequence, the overriding effect of complementary innate instinctual and ego factors become decisive for a nomadic, hunting and food-gathering economy? Can ethological concepts be applied in the sense that the gestalt of instinctual intensity and facilitating defense mechanisms will seek that environment and way of life that will provide maximum optimal releaser and discharge stimuli?¹⁷

The extent to which such generic aggressive drive fused with specific ego mechanisms can be inherited is, of course, unknown as far as humans are concerned. The study of the inheritance of behavior in man is much too new for the availability of laws and principles that can be applied to the questions raised in this paper. The behavioral traits associated with certain congenital diseases are not necessarily pertinent, for the bodily disease exerts both psychic and organic influences. The detailed study of twins has great promise despite the immense number of factors to be controlled by what amounts to a community of investigators. The epidemiological studies are inconclusive, primarily because of inadequate phenomenologic, taxonomic and etiologic formulations of mental disease. Moreover, most populations are not genetically stable enough to be used as a controlled variable. Freud, in his psychoanalytic methodology, offers a strategic advance over the uncertainties of the epidemiological approach. To begin with, he provides theories and operational hypotheses about the forms and functions of the mental apparatus that are constitutional and inherited, as well as their lines of development in the sense of Anna Freud. We are given a framework, partly metapsychological and partly biological, built out of instinct and libido theories and the structural design

of the ego in psychogenetic, species and ontogenetic terms. That these principles applied to society and to biogenesis are used only by analogy is not a valid criticism, first because psychoanalysis does not claim these propositions as validated homologies and unities. It derives these principles from the study of individuals and leaves it to the research of other disciplines to deal with them. Moreover, we must recognize that the relationship of psychoanalysis to the prehistory of man and to anthropology is only partly due to the larger category of a "science of man." The present state of this relationship is mostly due to Freud's particular personal interest in the origins of man and of his ways.

Freud stressed the role of constitutional elements in his model of the mental apparatus and in the concept of "complementary series" in the etiology of mental disease. The constitutional factors of a given intensity would interact with genetic and environmental factors. The resultant would be the form and content of health or disease and their stability. Psychoanalytic technique would discover that which was modifiable and therefore more likely less constitutional, and that which was not modifiable and therefore more likely to be more constitutional. It should be pointed out that in this so-called "therapeutic test" Freud concerned himself with psychoanalysis as science of man and not with psychoanalysts as more or less knowledgeable practitioners. Freud further hypothesized that inasmuch as instincts originated in hypothetical tissue states, it would be possible to influence instinctual behavior by specific manipulations of the tissue states. Psychoanalysis cannot instigate these biogenetic or metabolic tissue states and cannot point them out. It must rely on the new findings of biology, as Freud did in his time. The growing knowledge of the ego and of its biological origins greatly complicates the application of the concept of "complementary series." We are obliged to analyze the ego as a resultant of its own inherited design interacting with psychogenetic experience and with constitutional instinctual intensities.

The difficulties in such an investigation are due to the fact that we do not have genetic "behavioral markers" equivalent to such somatic markers as color-blindness and hemophilia. Neither do psychoanalysts work with individuals of sufficient genetic homogeneity (except twins) to differentiate biogenetic from psychogenetic. Finally, psychoanalysts cannot set up experiments in which a comparatively homogeneous population can be reared in two environments, each offering significantly different psychogenetic influences.¹⁸

We know a great deal about how instinctual drives are influenced by psychogenetic, developmental and environmental factors. We cannot make adequate quantitative correlations except in relative terms. The experimental evidence from animal breeding and from ethological research supports the hypothesis of the inheritance of behavior based on aggressive drives.

The other factors to be considered are the value systems which influenced the choice of mates among this Tribe. Kinship processes, while ethnographically important, are not immediately pertinent. The elders among this Tribe, interviewed by me, stressed the importance of the mate as a hunter and provider. Hence, the way

of life was not only an expression of aggressivity, but was both a determinant of and determined by the process of natural selection. In short, there was a complementary biogenetic reinforcement of aggression.

Up to this point, I have stressed the biogenetic or genotypical factors in aggressive drives and a few adaptive or phenotypical circumstances that entered into the process of natural selection.

There is an additional and notable psychogenetic reinforcement of aggressive drives, namely, child-rearing practices among these Indians. In the nomadic, food-gathering economy, at least among this Tribe, the birth of a child is not the highly sentimentalized, idealized occasion that it has become in our sessile food-producing economy of plenty. It is no secret, however, that our own birth rates and child care practices are quantitatively affected by the changes and state of our economy. These are dramatically documented and illustrated during the post-war periods of many European countries. Children were abandoned by families and by society. As the economy recovered, so did responsible attitudes toward children. To the food-gatherer, the birth of a child meant that the vigorous, self-sufficient food-gathering activities of the mother are decreased. Moreover, mobility, a necessity for survival, becomes limited partly by her own temporary post-partum state, but mostly because of the need to transport the infant, feed it, and in general be concerned about its welfare. It is conceivable during a period of drought for example, when game and vegetation would be scarce, the birth of the child would be a calamity. There are many allusions in legends, folk stories and interestingly enough, in dreams, to the effect that in hard times or abandonment by a mate, infanticide and cannibalism would be practiced.

In any event, under favorable economic circumstances, the child would be encouraged to be on its own as soon as possible. The chances are that this early self-sufficiency would occur somewhat after 18 months of age, when the child's toddling ability would be well established. Many of these Indians still practice cradling. In this connection, the effect of cradling—a controversial subject—is to be considered.¹⁹ With the development of some degree of self-motivated mobility, the child comes to lose its one-to-one relationship with its biological mother. The mother withdraws from the child to resume her food-gathering and sexual activities. Such separation at the libidinal phase of development, theoretically present between 18 and 24 months of age, would act as a fixation point. The genetic effect would be the enhancement of those traits that undoubtedly characterized the successful hunting, raiding, nomadic tribal Indian. The biologically, socially, and otherwise comprehensively weaned child tended to become somewhat more related to the less physically and sexually active grandmother or to an older, maternal aunt. By and large, however, the child belonged to the group and apparently maintained a nominal relationship to a family for kinship reasons. It might be suspected that although the child was not treated punitively or with active hostility or rejection (unless he was a twin), he was certainly not given many demonstrations of affection. The child in effect, has almost complete license. The absence of restriction and punishment and the apparent extreme tolerance has been interpreted as a child's paradise provided by loving, all-accepting parents. It would appear from the present

picture that this empathic sentimental view is not quite realistic. The underlying attitude to the child was indifference, colored by the reluctance to commit intraspecific aggression.

In brief, we can hypothesize that the libidinal fixations of these child-rearing practices tended to reinforce the natural selection factors of aggression and aggressivity. The direct and manifest expression of this fixation would be on anal sadomasochistic levels. Under the regressive influence of suppression of the manifestations of such anal instincts, we would predict the character traits of oral sadomasochism, possibly a safer adaptation to reservation existence. Today, on the Reservation, this Tribe continues what amounts to the same attitude toward their children. Children are rather casually regarded. The Agency people and those tribal Indians who are welfare-minded spend a good deal of their time rescuing children from their parents, finding foster homes for them, or remonstrating with or threatening the indifferent or negligent parents. The White man's moral and ethical commitment to a child is not characteristic of this culture in the past, and is certainly not yet characteristic of their culture on the Reservation. It is as though the child were regarded as a homunculus—that is to say, the equivalent in every way of an adult, albeit a tiny one. Consequently, it is often difficult to get parents of the Tribe to give their legal consent for various medical procedures and psychological examinations that are indicated for the child. This Tribe's parent, more often than not, takes the position that it is for the child to decide and not the parent.

The competition for food and survival in the nomadic days, together with the developmental fixations, tended to foster envy, gluttony, aggressiveness, aloofness, withdrawn behavior, absence of personal tenderness and sympathy, in short, disinterest in group activity apart from the satisfaction of these highly narcissistic traits. To a very large extent, this personality structure persists on the Reservation in varying degrees of disguise. These Indians quite typically do not help each other out, are not inclined to become involved in group activities, except for defensive purposes, and certain religious ceremonies, such as the Sun Dance. They are quick to see momentary advantages of others as favoritism or as their deprivation. The trust funds of children are under frequent assault by the parents who find it difficult to understand the concept that the child is entitled to the same economic security as the parent with his present per capita payment. The average tribal Indian on this Reservation still is not a rancher or a farmer, or capable of competitive economic self-sufficiency in our culture. He does not use a concept of capital and future returns. He is preoccupied with the here and now. His language does not even contain the terms that would make it possible to explain another economy to him. They, however, do understand the food producing economy, but still take the attitude of the food-gatherers. This is not a moral or ethical position—it is the persistence of an anachronistic mode of adaptation. Whether it is a constitutional or biological necessity remains to be seen.²⁰

These Indians regard a sum of money the way his recent pre-reservation forebears regarded a fat antelope or buffalo. It was to be consumed as rapidly as possible. He

is apparently no more inclined to use the reproductive ability of money than he was to use the analogous capacity of the animals he hunted. Even today, ranching and sheep herding must be subsidized or it would be a total loss. The Tribe is enthusiastic about owning race horses, mostly because of the anachronistic prestige that many horses meant a successful hunter and raider, but also partly because of their passion for gambling.²¹

The Tribal Council and associated committees make up the executive, judiciary, and legislative institutions of the Tribe. This is a system that the United States Government installed about 30 years ago to encourage experience in democracy. The various members, however, are concerned about their functions during office hours almost exclusively. Outside of that time, they withdraw into themselves, are difficult to find, and are relatively indistinguishable from the other tribal members.

Under the conditions of reservation life their aggressions may not be directly expressed and consequently we see several individual and some corresponding group pathological solutions. One is regression, and here we note the tendency to gluttony, alcoholism, and obesity so characteristic of these people. Secondly, there is the overt indifference to feces and dirt.²² Thirdly, under the stress of self-imposed inhibition of manifest aggressivity, we see the psychosomatic problems of obesity, diabetes, and hypertension. In the psychological sphere we see the seclusiveness, asocial behavior, indifference to the welfare of the fellow tribal member, hidden reliance on magic and ritual, accident proneness and self-destructive behavior.

Suicide and homicide occur under remarkable circumstances. This Tribe, despite all of its withdrawn behavior, indifference to other members and conflicted aggressivity, finds it almost impossible to commit intraspecific homicide.²³

Diabetes and hypertension are model diseases for the demonstration of psychogenetic and biogenetic factors. Both have psychosomatic etiological hypotheses based on aggression. As far as this Tribe is concerned, another contributing factor to the diabetes and hypertension, in addition to psychosomatic and possible endocrine pathology, is based on the very high incidence of consanguinity among these people. Reservation life has created two conditions that favors consanguinity. First, it impaired or destroyed the tribal marriage and kinship customs. Second, the population decreased rapidly from what may have been as high as 10,000 to possibly 1,500 or 2,000. Under the circumstances of a reduced population, the destruction of a method for avoidance of consanguinous marriages and some opposition to exogamic marriages, consanguinity in varying degrees became inevitable. We have documented this by detailed family trees of members of two of these Indian Tribes. It is well known that diseases such as hypertension and diabetes can follow certain inherited patterns that will influence both their incidence and severity. These Indians appear to have an excessive incidence of congenital disease. Those which I have begun to follow are musculoskeletal, such as congenital hips and muscular dystrophy. I have family histories of marked incidence of hypertension often associated with other congenital anomalies. The effect of this inbreeding on behavioral traits among these Indians remains to be evaluated. One might expect that the problems of aggression would be intensified, a hypothesis that is impressionistically confirmed by White "old timers" and

interestingly enough by the older Indians, many of whom are in their 80s. The reliability of these informants is suspect for many reasons, not the least being envy and resentment over the affluence and tribal influence of the younger tribal adults.

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Notes

1. Thirty or more years ago, as an undergraduate at Columbia University, I attended lectures in Anthropology by Franz Boas and Ruth Benedict. At that time, these eminent anthropologists and teachers left me with a clear concept of the field of anthropology and of the work of an anthropologist. Since then the immense changes in the subject matter of anthropology and in the techniques used by anthropologists have left me far less confident about these concepts today. Nevertheless, according to academic conventions, I am not an anthropologist, despite the fact that anthropology is developing more and more subspecialties many of which are closely related to my own professional experience and interests. I have in mind such subspecialties as genetic anthropology and blood-group studies, biochemical anthropology and endocrine profiles, psychological anthropology and the culture-personality controversy, prehistoric anthropology and the origins and evolution of man, to mention but a few. As a rule, these subspecialties evolved as a consequence of advances in scientific disciplines other than anthropology. They provided new concepts and tools, and were used by anthropologists to attack an awesome array of unsolved problems.

In addition to this changing technology of anthropology there has also been a transformation in the subject matter and in the anthropologist's relation to it. I think it is fair to say that it is an exceptional situation today when an anthropologist can study a truly aboriginal people; that is, the groups in society investigated by anthropologists are complex biological, psychological and cultural mixtures of aboriginal ways and the ways of our own culture.

These developments in technology and changing subject matter have blurred the boundaries between anthropologists and other behavioral scientists. More and more anthropologists must either be competent in two or more disciplines, or work with collaborators whose methodology he may not understand as indeed they may not understand his. When a multidiscipline team approach is used it is often difficult to decide on truly professional grounds which representative of what discipline should be the responsible investigator. In any event, the workers from the disciplines are obliged to struggle against tendencies to overestimate the weight of their data and contributions in comparison with those of other team members. The late Professor Clyde Kluckhohn, who was invaluable as a consultant and a resource person both to this project and to me, emphasized that the problem of the interaction of culture, personality and psychology fell to the anthropologist mostly by default. The anthropologist is not sufficiently prepared by training and experience to apply the theories and practices of clinical psychology including psychoanalysis and clinical psychiatry.

2. In 1956, when this Indian Project of the University of Colorado School of Medicine was begun, Dr. Jones was Medical Director of a Health Unit. Without his perceptive guidance and excellent relationship with these people, it is doubtful whether this project would have gotten under way.

3. Sadistic, ironic, sarcastic, and contemptuous remarks often make up the point of jokes, repartee, or the style of banter. The safe "bleeding off" of aggression in the sense of Freud's "Psychopathology of Everyday Life" can be illustrated by the following two anecdotes. The river in the valley which contained the Indian reservation, began to flood. The waters were rising rapidly and began to move into the areas where many Indian families were living. I offered to make our large 4-wheel drive Army vehicle available for any assistance or rescues that might have to be made. The tribal leaders who responded said that the Indians would take care of themselves. As we watched the rising, flooding river, I asked one tribal leader about his estimate of the speed of the rushing water. He said,

"I could throw you in and we would both find out." On another occasion, after a conference in which I attempted to explain how the old ways of the Tribe's people were hidden in the very problems that the Tribal Council had asked me to study, there was a good deal of pleasure amongst several of the Indian participants over recognizing the points that I had made. One of the Indians, with whom I have a very good relationship kept looking at me with that attitude and expressive silence which indicated that he was searching for words with which to say something. When I asked him what he was thinking about he finally said in his tribal language, "I would like to have you for a trophy." This remark was in part a compliment and a sign of esteem despite the obvious personal disadvantage to me in being converted to a trophy. It meant that I had "power" which this Indian would concretistically or magically acquire by possessing a material part of me, such as my scalp. The relationship of this mixed libidinal and aggressive gratification to pregenital instincts and to the defense mechanisms of incorporation and introjection is worthy of note.

4. These Indians feel ashamed when talked about by others. For example, he may be told that he thinks he is too good, or too important, or too rich, to be like the rest of his tribe. He may learn that his behavior means to White people that he is stupid, helpless, a drunkard, a fool, etc. These statements may all be true of a given individual, but they become shameful only upon exposure. The essential element is that the feelings of shame follow openly stated criticism, threats of rejection, and deprivation. The psychic determinant of this shame is in the early withdrawal of the mother from her child, followed by the casual transfer of her functions to others in the Tribe. Shame is regarded as induced by others and not as a consequence of the shamed individual's behavior. The remedy for shame is not to change one's behavior but to modify the behavior of the critics. This leads to externalized or internalized aggressive action, to be discussed further on.

5. This survey was completed in 1954. Arrangements are currently being made to repeat this in a much more extensive form.

6. Without going into a linguistic analysis of the form and structure of their language, suffice it to say that on the level of communication the language is remarkable for two features. The first is, that it cannot convey readily concepts based on abstractions or generalizations. These Indians are obliged to cite a series of cases from which the abstraction or generalization can be inferred. The second is that the denotative and connotative values of terms are related to elemental needs and their gratifications. For example, objects are defined by such properties as their relevance to water, food, shelter, battle, hunting, raiding, etc. A given species of tree would be given a name indicating the proximity to water or the fact that it yields an edible food. Of considerable interest are the relationship of these linguistic properties to the dream work of psychoanalysis. The elements of dreams are manifested by allusions, images, and representation of the parts for the whole, all organized around an unsatisfied need or wish.

7. These people were skilled workers in beads, leather, and basketry; skills which, for the most part, they acquired from the Indian tribes with whom they came into contact. As far as is known, they did no metal work or pottery. There are many photographs, in recent years, of these people dressed in colorful feathers, beaded leather work, silver ornaments. It is probable that the modern Indian wears these items on ceremonial occasions with the same, self-conscious idea as a Boy Scout or a member of an Indian lore group, namely, that he is wearing a costume.

8. I am especially indebted to the late Dr. Clyde Kluckhohn for his extraordinary and perceptive guidance. Gordon MacGregor has performed a similar service for me as he did for Eric Ericson by helping to clarify my professional identity with respect to anthropology in particular.

9. Aside from Hrdlicka, Ales, (Physiological and Medical Observations Among the Indians of Southwestern United States and Northern Mexico,) Bureau of American Ethnology, Bulletin No. 34, 1908, data on the physical and medical characteristics of this Tribe are meager, indeed. Public Health records date back to about 1946. These are, for the most part, inadequate and difficult to interpret up until about 1954. Since then, satisfactory records are available. Mr. James Canan, Superintendent of the Agency, has been of invaluable help in innumerable discussions with me about this tribe. Public Health officials and BIA officials in the area offices could not contribute much in terms of their actual experience with this Tribe. This was due, for the most part, to the hostile, somewhat negative attitude which the Indians seemed to take towards representatives of the Government.

10. The Tribal Council provided the bilingual interpreters. For the most part, these were Indian men and women of this Tribe who had better than average education, that is, up to the high school years,

and who had lived away from the Reservation for a period of time. Their command of English was excellent, although their vocabulary and modes of communication were classifiable at the lower middle-class grammar school educational level. All interviews were recorded on tape. As a rule, the microphone was the only sign that the discussion was being recorded. The tape recorder was located in one of our vehicles at a considerable distance from the interview. The vehicle was equipped with power supplies, all operated and monitored by an assistant. The interpreter was given a list of specific questions to be asked of the subject and a list of topics to be discussed with the subject. Although I was present throughout, I specifically requested that no translations be made during the interview. I did make notes, however, on the affect of display of the two Indians.

Following the interview, which might run for several hours, the interpreter returned with us to my headquarters and proceeded at once to translate the interview into English. The translation and my questions in the course of it were all recorded on tape. It soon became apparent that the translations revealed many psychological inconsistencies and my suspicions were aroused. We then arranged for the tape recording of the interview to be translated by other bilingual Indians of this Tribe who did not have the list of questions and topics that were used by the original interpreter. These so-called "blind" translations of the interview quickly revealed the distortions, misrepresentations, and attitude both of the interpreter and of the subject being interviewed.

It was apparent that both the interpreter and especially the subject interpreted the questions and the topics under discussion in terms of a stereotype of the White man. To begin with, they did not wish to be shamed in terms of sexual matters, personal cleanliness, ethics and morality. There seemed to be an extraordinary effort to please me by offering information which they felt I wanted. The analysis of these tapes provided penetrating insights into conflicts and anxieties within the interpreter. The interpreter had, in effect, asked these questions of himself or herself; the resulting inner response caused the question either to be distorted or caused the interpreter to suggest answers to the subject.

11. Of considerable interest is the Indians' relationship with me. All the Indians knew that I was a physician and that, in most respects, I functioned like one in that I did physical examination, prescribed medication, did minor surgery, occasionally set fractures, and reduced dislocations. In addition, I was used as a neurological and psychiatric consultant by practicing physicians in the area of the Reservation and the Public Health Service. There was another factor, however, that brought the Indians and me together within a different frame of reference. This had to do with their realization that I knew, understood, and talked to them in terms of their value system, their concepts of health and disease, their superstitions, their fantasies of function and structure of their own bodies. I have been given many Indian names, the general meaning of which could be translated as "the doctor who speaks with his mind in yours;" a nice example of psychoanalytic symbiosis!

12. The fact that acculturation must be differentiated from assimilation has given rise to a considerable semantic controversy. In acculturational processes, the groups appear to maintain their identities with varying degrees of compatibility. In assimilation, one group loses its identifiable characteristics and thereby ceases to exist.

13. By means of the able and protective help of the Government and other interested supporters including lawyers, the Indian Tribes have made sound arrangements with various companies to explore and extract minerals from their reservations. These monies have resulted in the setting up of substantial trust funds for the Tribe as a whole and especially for the Indian children as they become formally registered on the tribal rolls. All Indians receive a per capita payment which averages around \$1,500 a year, this Tribe is receiving somewhat less. These Indian children receive about 40% of the per capita, the remainder being held in trust until they are about 18 years of age. This means that Indian children born since the per capita payment system has been installed, will receive as much as \$15,000 to \$18,000 out of their trust funds when they become 18 years of age.

14. These Indians built this race track with their new found wealth, not only because they are deeply interested in horses, but also because of their passion for gambling. They have a variety of gambling games, playing cards being the most popular.

15. There are many anecdotal accounts and descriptions of the behavior of these women in war. They have been described as fighting side by side with the men. They are noted for their looting activity during and after combat; in fact, there is a woman's dance known as the Lame Dance in which the staggering, distorted postures of the women are intended to represent the enormous burden of loot resulting from successful raids and combat.

16. There are vivid descriptions by Indian and White prisoners of this Tribe's war dances as they

prepared themselves for battle. One such description of a scene which occurred in the 1880's tells of this tribal raiding party that intends to seek out United States Army units. The uniform of a cavalry soldier was placed on a pile of brush, the dancing Indians circled around it with increasing signs of hostility and rage, finally culminating in an explosive attack with drawn knives and other arms upon the uniform. This account and other descriptions suggests that the behavior once aroused must run its course.

17. In this connection, this project is engaged in a crucial investigation that may help to shed some light on the distinction between biogenetic and psychogenetic factors. For reasons having to do with many Indians' indifference to children, there are about 60 Indian children from this Tribe that are being reared in White, middle-class, foster homes. The expense for this is borne by the tribal funds. This group of children will be compared with Indian children from this Tribe being reared in Indian foster homes and those children being reared in comparatively intact Indian family situations. It is hoped that this investigation will provide some information as to the modifiability of the behavior of this Tribe. The children in the White foster homes were placed there at different ages beginning with birth. In the event that modifiability is possible, we may obtain further information as to the age after which modifiability decreases.

18. We are comparing the development of this Tribe's children being reared by cradling with a group of infants who are not being cradled. The study includes evaluations of the mothers and of the family life.

19. See endnote number 18, above concerning this tribal Indian foster child project.

20. The Indians of this Tribe accumulate horses that are only occasionally used for their limited herding in ranching. Originally, horses provided the mobility required for wandering, hunting, raiding, and the gathering of women from other tribes. The number of horses possessed by an Indian of this Tribe thus became the sign of successfully gratified aggression and sexuality. This sign anachronistically persists in a primitive, ritualized form of possessing horses. As mentioned above, these Indians do not breed horses for the purposes of developing any particular stock or bloodline. The horse, therefore, has become a symbol and in the true psychoanalytic sense it is a link to the past (i.e., the basic concepts of psychoanalytic symbolism as described by Rank and Sachs and elaborated by Jones) in that, by association, it represents successful hunting, raiding, fighting, "many scalps," much food and accumulation of women.

21. In this connection, the following anecdote is illustrative. In the course of a discussion with a tribal leader as to what is meant by understanding these people, he remarked ironically and sarcastically, "So you think you understand these people? Let me see if that is so. Suppose you went to so-and-so (I suspected at once what the tribal leader had in mind, for so-and-so is outstanding even among these people for the amount of fecal effluvia from animal and human sources on the property around his house) and you said to him, 'clean up around you,' and he said, 'no,' and then you said to him, 'clean up around you', and he said, 'no,' and then you said to him, 'why not?' and he answered, 'because I am a member of this Tribe.'" The tribal leader continued by asking me would I understand this. I chose to respond by the method of analogy often used by these people when they wish to convey a generalization or an abstraction. I said, "yes, it's like telling a man from this Tribe to leave a woman and to go to a man instead." He nodded in agreement. This man is a strong supporter of my activities among his people.

22. Following this paper are a series of brief case histories dealing with the problems of suicide and homicide. [Editor's note: The case histories referenced by Dr. Margolin are not printed with this article. Patient confidentiality cannot be guaranteed in the absence of the author.] These people have a deep-seated, inflexible fear of sickness, sick people, dying and death. Sickness is often seen as punishment, the effects of revenge through magical means, and above all, the activity of ghosts. The ghost of a dead person, particularly of this Tribe, operates in many ways. (a) He can be a moralistic, punitive figure operating under the law of Talion. The ghost is appeased by humility, modesty, subordination of pleasures of the flesh, and by the return of possessions that once belonged to the ghost. (b) The ghost sees all living people as rivals who are victorious in remaining alive. Consequently, he is determinantly envious and vengeful. He manifests himself by interfering with the usual expectations. He causes accidents, sickness, poisoning of food and water, disappearance of game, the loss of necessary articles, fainting spells, pains of various sorts, weakness, anorexia, insomnia, terrifying dreams, etc. A ghost is especially malevolently inclined towards anyone who in any way contributed to or is responsible for his state, or who appears to be enjoying what the ghost left behind. (c) A ghost lives in a kind of limbo

for one or two years, during which he is especially dangerous but after which his threat generally diminishes. The ghost is the epitome of the envy and rivalry, resentment, and hostility so much a part of the character structure of the people of this Tribe. This similarity suggests the psycho-genetic origin of the ghost and his function as an external control as an abortive super-ego, so to speak. The character traits are related to the pregenital fixations of a child of this Tribe. In fact, the period of time that the ghost is dangerous corresponds to the interval that the infant is biologically dependent on the mother in a one-to-one basis. In a sense then, the ghost has a double meaning; one, the danger of the deprived mother to the child, and two, the danger of the depriving child to the mother. (d) The suicide attempts by members of this Tribe, as shown in some of the case histories, are clearly related to the role of the ghost as an externalized rather than an internalized object.

In my work with these people I have not discovered any who showed in any clear way the signs and symptoms of obsessional compulsive neuroses or of obsessional compulsive character disorders. Neither have I seen any cases of true depression characterized by feelings of unworthiness, inadequacy and hopelessness, psychomotor retardation and guilty ruminations. In short, psychopathology based on severe superego conflict is apparently uncommon. As I have pointed out in the description of child-rearing, the relationship of children to parents or their surrogates do not favor the internalization of a structured pattern of prohibitions and permissions. Ego ideals are highly narcissistic and seem to be based upon the fulfillment of elemental needs of food, drink, and material possessions. The element of shame, which I have described above, comes close to the social element of the superego. It is the ghost, however, that becomes the regulator of intraspecific homicide and suicide. As with the ghost, the living Indian is generally intolerant of any unpleasant affect associated with frustration and material deprivation, such as anxiety, envy and shame. These affects are dealt with by alcohol or severe hypochondriasis and manifest aggression.

References

- Freud, S. (1961). Civilization and discontent. In J. Strachey (Ed. and Trans.) The standard edition of the complete psychological works of Sigmund Freud (Vol. 21, pp. 59-145). London: Hogarth Press. (Original work published in 1930)
- Freud, S. (1950). *Totem and taboo*. NY: W.W. Norton.
- Kroeber, A. L. (1901). *Journal of American Folklore*, 14, 252-285.
- Lowie, Robert H. (1924). Shoshonean tales. *Journal of American Folklore*, 37, 1-242.