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INDISPOSITION IN HAITI

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Abstract—*Indisposition* is a Haitian syndrome which falls between psychic and somatic ailments. The term *indisposition* is common in Haiti and the condition is frequently discussed. Although identified in the Haitian community in Miami, it has not been extensively studied there or previously studied in Haiti. This article represents the authors' first attempt to examine the phenomenon in a Haitian context. It reports the results of a clinical study and responses to a questionnaire administered to 69 people: 5 rural poor; 50 middle-class individuals living in a suburb of Port-au-Prince; and 14 urban poor persons living in Port-au-Prince, Haiti. Forty-three per cent of the sample had experienced *indisposition* more than once. Seventy-two per cent had observed it in others. It is viewed as a sickness, but not one which can be cured by medical doctors. It is said to be caused by conditions and actions of the blood and, also, by magic. Issues of differential diagnosis are considered and a psychological assessment is made of a small sample based primarily on Rorschach responses. On the basis of their responses, the subjects are considered to be normal; neither hysterics nor epileptics. It is concluded that *indisposition* is one of several types of dissociative states commonly used by Haitians. A brief discussion relates the ease of dissociation to Haitian concepts of personality and the soul. The point is made that more extensive and systematic studies are needed.

INTRODUCTION

Ethnopsychiatry has established the existence of ethnic disorders linked to certain cultures. A number of these have been described and discussed by authors such as Devereux [1], Lambo [2], Yap [3], Weidman and Sussex [4] and Langness [5]. Haiti also claims a variety of ethnic disorders. Some bear precise names, such as *fou doux* (mild crazy); *enragé* (enraged); and *gaga* (dazed) [6]. These syndromes are institutionalized to the extent that persons so afflicted fulfill appropriate roles that society expects of them. Such mental illnesses illustrate well Linton's concept of "models of misconduct" [7, pp. 22–28]. One culturally-influenced Haitian syndrome which falls halfway between psychic and somatic ailments is called *indisposition* [8]. It has not been studied previously. As indicated by Weidman, however, it has been identified in the Haitian community in Miami [9].

Indisposition is a common term in Haiti and every Haitian hears it discussed frequently. This article represents the authors' first attempt to examine characteristics of the syndrome in Port-au-Prince. We first present a clinical approach to the condition. This is followed by a discussion of differential diagnosis. Third, we offer a psychological assessment of a small sample based primarily on Rorschach responses. Finally, we provide a brief discussion which combines an anthropological and psychological view, bearing in mind that more extensive and systematic studies are needed.

CLINICAL STUDY

Our clinical approach to *indisposition* was an effort to obtain some consensus on symptomatology, precipitating events and subject's ideas regarding possible etiological factors. The study included three stages. Informed by the Miami description of "falling-out" and the specific hypothesis that *indisposition* may represent its functional equivalent, we first asked 10 individuals from different social classes to talk to us about *indisposition*. We encouraged responses by means of a semistructured interview based initially upon the Miami work.

Second, we developed the following questionnaire on the basis of our personal observations and interviewee responses to the interview guide:

1. Have you ever personally experienced *indisposition* in the course of your life?
2. How many times?
3. In what circumstance?
4. How do you feel when it happens to you?
5. Have you seen people having *indisposition* before?
6. When a person has *indisposition*
   (a) does he fall?
   (b) does he make body motions? With what part of the body?
   (c) does he urinate?
   (d) does he move his bowels?
   (e) are his eyes opened?
   (f) does he see?
   (g) does he hear?
   (h) does he understand
7. Is *indisposition* a sickness?
8. Does it occur in the presence of others?
9. Who is more likely to have *indisposition*, men or women?—young people or old?
10. What causes *indisposition*?
11. How long does it last?

Third, we administered the questionaire to a total of 69 people. This was a non-random sample consisting of 50 middle-class individuals living in a suburb of Port-au-Prince, Haiti; 14 urban poor people (also living in Port-au-Prince); and 5 peasants (rural poor). This breakdown is given only to describe the socioeconomic and geographic distribution of the sample: unfortunately, the *n* in each category was too small or disparate to permit inter-group analysis on these dimensions. However, the preponderance of middle-class respondents serves to highlight the probable prevalence of this disorder in Haiti. Because of the suggestibility of poor Haitians, the frequency of dissociation as a defense mechanism [10, 11], and the relationship between *indisposition* and certain *Vodun*-linked beliefs, it may be estimated that with a more representative sample, i.e. with many more urban and rural lower socioeconomic respondents, the frequency of *indisposition* would be even higher.

Of the 69 respondents, a very substantial number (43%) reported having had *indisposition*, and each has experienced it more than once. The most frequent subjective complaints relate to a sensation of emptiness in the chest region, dizziness and extreme weakness.

Fifty respondents, or 72% of the sample, have seen people with *indisposition*; only 16% stated that they had never observed it in others while the remaining 12% did not answer the question.

Results indicating agreement on symptoms and conditions are shown in Table 1. Affirmative responses only are listed and rank-ordered according to reported salience. The responses may be considered dichotomus (yes/no) unless otherwise specified. (Unfortunately, we do not have a complete breakdown on yes, no, don't know and no answer.)

Of those who stated that the person with *indisposition* makes body motions, most were unable to say precisely what parts of the body move; however, they seemed to notice some movements of the head and the arms at the onset of the episode. Similarly, there was some confusion about urinary incontinence with those who stated that the person urinates, also emphasizing that this does not always occur.

It may also be noted that among those respondents who thought the eyes were open, the sample was almost equally divided on whether persons with *indisposition* can or cannot see.

Persons Affected and Notions of Etiology

The majority of the respondents agreed that *indisposition* is a sickness. However, the person experiencing it is not taken to a medical doctor. In Haiti there are sicknesses that orthodox medical practitioners are able to cure and those they are unable to cure. In the latter category are illnesses said to be of supernatural or magical origin; there are also those considered to be sicknesses of the blood. *Indisposition* is said to be one of the sicknesses of the blood but may also be considered as magically caused [12].

In response to the question about the presence or absence of other people, a large majority of respondents stated that it always occurs in the presence of others. The remainder answered in an imprecise way, saying that the condition occurs indifferently, in the presence or in the absence of others. Very few stated that a person can have *indisposition* when he is alone. Rare are those who reported having had *indisposition* during the night.

As indicated in Table 1, the majority of the respondents believe that females are more likely than males to experience *indisposition*. As for age range, it was very difficult to know whether old people are more often stricken than young people, because there is no sure criterion to determine at age at which a person starts to become old. In Haiti there are the children—*ti-moune*; the young adults—*grande moune*; the middle-aged—*personnages*; and the elderly—*le pè*, *la mè* or *vié grand moune*. The teenagers, the young adults and the elderly are the ones who are most often afflicted with *indisposition*. The children and the middle-aged are spared.

The cause of *indisposition* is related to the condition and activity of the blood. Puberty, menses, late

Table 1. Symptoms and conditions of *indisposition*

Symptoms		"Yes" response *n*	"Yes" response %	
Falling		56	81	Over 50% agreement
Eyes are closed		42	61	
Does not hear conversation around him/her		38	55	
Hears conversation around him/her		31	45	Under 50% agreement
Understands what is said	21%			
Does not understand what is said	10%			
Urinary incontinence		28	41	
Eyes are open		27	39	
Can see	19%			
Cannot see	20%			
Makes body motions		22	32	
Occasional fecal incontinence		10	15	
Conditions				Over 50% agreement
Indisposition identified as sickness		51	74	
Indisposition always occurs in presence of other people		49	71	
Experienced by women more than by men		41	59	
Experienced by both sexes equally		17	25	Under 50% agreement
Experienced by men more than by women		11	16	

puberty and menopause are examples, but there are others as well. Heat is especially a cause for the elderly. *Indisposition* also occurs when individuals are in crowds, generally in church. *La faiblesse* (anemia) was often given as a cause of *indisposition* as well as cases of great anger which provoke an increase in blood volume. Loss of blood, pregnancy and certain weakening physical illnesses were also given as causes of *indisposition.*

In summary, *indisposition* happens with warning and is very frequent in Haiti. It is recurrent. The individual who experiences *indisposition* falls. He has his eyes closed and, in those cases when his eyes are opened, he does not see. He rarely makes body movements at the beginning of the episode and is not incontinent. He hears but does not understand. *Indisposition* is considered an incurable sickness insofar as orthodox medicine is concerned.

For the most part it occurs before witnesses, and especially strikes women, teenagers and the elderly. It is due to different causes related to blood problems. It appears at any hour during the day and lasts between a quarter of an hour and one hour.

DIFFERENTIAL DIAGNOSIS

Those who are empirically uninformed tend to confuse *indisposition* with *decomposition* and *crise.* However. experienced individuals easily differentiate it from these other two syndromes. In *decomposition* the individual feels an extreme bodily weakness; he feels that all his limbs are becoming heavy. He neither falls nor faints. He has his eyes opened; he speaks or makes gestures asking for help. *La crise,* on the other hand, refers to different states where motor or psychic agitation is the dominant characteristic. It especially denotes convulsions, hysteria and epilepsy. Insofar as the orthodox psychiatric system is concerned, differential diagnosis involves hysteria and epilepsy.

Indisposition differs from epilepsy in that it does not occur along with hypersalivation nor a release of the sphincters. Furthermore, it rarely occurs at night and most often strikes the individual in the presence of others. It resembles hysteria in that this disorder is very common among women in Haiti. According to our statistics 50% of young neurotic girls of poor and middle-class backgrounds are hysterics [6]. The common form of hysteria in Haiti is *la grande crise,* with agitation and disordered movements of the whole body, especially of the legs. Agitation does not occur with *indisposition* and, as we have said, there are only suggestions of any movement of the head and the arms.

PSYCHOLOGICAL ASSESSMENT

We chose 10 young women at random and administered the House-Tree-Person and Rorschach tests to them. The sample age range is from 16 to 30 years. Two know how to read; the others are non-literate. They all belong to the poor class and live in a suburb of Port-au-Prince. These young women, not knowing how to use a pencil, made so many clumsy drawings that we think it best not to interpret them. The sample members cooperated well in the Rorschach test. They gave an average of 20 answers. Theirs is the highest average we have found in Haiti.

Our previous experience has shown that Haitians give very few responses to this test instrument. Psychotics refuse the test or most of the cards in the series. Their average response rate is around eight. Neurotics give an average of 10 answers. They generally never surpass 12 responses. These numbers correspond to those found by another psychologist with whom we have discussed this matter. Thus, our sample is comprised of normal individuals or those near normal if we refer to their average responses as compared to those offered by psychotics and neurotics.

From the average number of responses given by our subjects, and the types of global responses given to specific Rorschach cards, we concluded that they are quite intelligent. That is, they were able to demonstrate a level of integrated and organized perception that is typically considered evidence of good intellectual functioning. From the types of detail responses given, relative to the normative interpretation indicated by Beck [13], it was evident that they have good observational ability and, perhaps, a certain degree of compulsion [14].

All but two of the sample gave color responses. the types of responses given—which are usually scored on the basis of the manner in which the subject integrates the color into a concept of definite form—indicated that the women have a rather high degree of affectivity and good control over their feelings. From typical Rorschach profiles for various psychopathological conditions (based on consensus of various international investigators) we concluded that our subjects are not hysterics [5].

From our experience in Haiti, we agree with Beck's interpretation of the relationship between affect and the ratio of various similarities in response number to specific Rorschach cards. These similarities, or lack of them, respectively indicate either inhibition of affect or exaggerated affect. In our sample we have found an average value which suggests that the responses of the subjects fall within the range of normal [16]. The majority of our subjects gave the types of responses that are so far removed from the typical epilepsy profile that we ruled out entirely the diagnosis of epilepsy.

We offer these psychological interpretations as a preliminary investigation, until such time as the test can be administered to a large number of persons who have experienced *indisposition* in the course of their lives. Such a study would give more reliable results and would allow us to press our analysis further.

TOWARD A COMBINED ANTHROPOLOGICAL–PSYCHOLOGICAL VIEW

Increasingly we realize that anthropologists and psychiatrists must work together in order to understand certain phenomena. Speaking of collaboration Bastide writes [as translated]:

The merit of this collaboration that I solicit between anthropologists and psychiatrists is that it would allow cultural

anthropology to move beyond research on processes of diffusion: ... it would even allow psychiatry to move beyond the "history of the case" in order to become engaged in the transcultural [17, p. 80].

To explain *indisposition* cooperation between the two fields is essential. Two studies of personality in Haiti which shed light upon this condition are taken into consideration here [18, 19].

Western science has insisted upon the unity and the identity of the personality, but this is not the case for most Haitians whose views on such matters are influenced by an African heritage. Possession trance, a common and important phenomenon in Haitian *Vodun*, is considered by the authors in the light in which Mars [18] and Herskovits [20] have viewed it, i.e. as a normal cultural practice. It is true that in the past it was considered a pathological condition. However, since the 1929 publication of Price-Mars' volume, *Ainsi Parla l'Oncle* [21], Haitian anthropologists, psychologists and psychiatrists have been freed from the shame of *Vodun* and have studied it in detail. They recognize that it is the religion of the majority of Haitians.

In this regard the Haitian psychiatrist Bijoux writes as follows [translated]:

We can ... assert that no descendent of the Negro race, born and raised in Haiti, can be freed from all ideas and behavior relating to vodou [22, p. 203].

In turn, Mars describes trance and possession by the *loa* or spirit [in translation] as a "vertical dissociation which is slow or eruptive; acute or chronic" [18, p. 70]. Also, it is a fact that individuals are "possessed" during significant stress such as an accident, surgery or the threat of death. Thus, the Haitian often has recourse to dissociation as a defense to protect the self in alarming or distressful situations. *Indisposition* would be one of these defense reactions.

Haitian personality adapts itself well to various types of dissociative experience. This is in part related to the Haitian conception of personality, which includes the body, *le gros bon Ange* (the big good angel) and *le petit bon Ange* (the small good angel). The big good angel would correspond to the Christian "soul" and the small good angel to that of the *Vodun* "spirit" [19, pp. 204–211]. These parts may easily separate themselves from each other. Their nature, their origin and their destinies are different. In the case of *indisposition*, the individual often says, "I feel that my big good angel is leaving". Furthermore, the Haitian conception of personality is more extensive than is the case for orthodox health professionals.

The Haitian carries his personality in his clothes, his hair, his spittle and his finger-nail parings. He becomes very anxious when he loses his clothes or when his hair falls into the possession of an enemy. They could be used to gain control over his big good angel. The Haitian psychiatrist Bijoux has amplified this theme by stating that "The average Haitian ... does not feel himself stable in his personality. He feels himself exposed to a very easy dissociation, since his 'soul' can be detached from his person and influenced outside of himself, without him being dead. His 'good angel' which is part of his soul can be taken away and kept in a container (a bottle for instance)" [11, p. 14].

In Haiti those individuals affected by dissociative states lead generally normal lives between the episodes. This would include the women in our psychological sample who lead normal social lives. In our view *indisposition* can be considered as a type of "psycho-drama". The affected subject is the protagonist; while social and environmental factors are the opposing forces. The characteristics of the opposing forces must be modified so that they became "therapeutic". This is often the outcome of such episodes in Haiti.

We suggest that our beginning exploration of *indisposition* be deepened and expanded. It would be most advantageous for future subjects to have a neurological examination (including an electroencephalogram) and psychological tests which have been normed for Haitians. We emphasize that our conclusions are preliminary even though they are based on careful, structured observations of our subjects. A second study is needed to confirm or invalidate them.

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12. Although the respondents tended to stress blood rather than magical etiology, it is generally understood that *Vodun* may also be implicated.

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14. For those familiar with the Rorschach, our subjects gave an average of 6 global responses and often gave global answers to Cards II, III and VIII. In reference to Beck, who uses a baseline of 6G; 2CD; 4Dd [13, p. 294], we recognize that our subjects give D responses in small number and show a predominance of Dd responses.
15. The FC categories are somewhat dominant over the CF responses, and C (pure color) responses are very rare.
16. We believe, as does Beck, that the similarity in the number of responses to Cards VIII to X and those given to Cards I to VII is significant. According to Beck, this agreement should not be lower than 0.40 nor higher than 0.85. In the first case there is inhibition of affect and in the second case there is exaggerated affect [13, p. 322]. For our sample we found an average of 0.66.
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