I have read with great interest the recent discussion between L. L. Langness and Richard Salisbury (Transcultural Psychiatric Research 4, 1967: 125-134), and although I am not a New Guinea specialist, I should like to offer some comments, particularly since the significance of this discussion exceeds a local or regional framework.

1. Salisbury speaks of "possession", a phenomenon to which Langness says he "referred to as "hysterical psychosis"" (Langness 1967: 125). Are the two terms synonymous? Langness considers the term "possession" an "unfortunate usage" since as a consequence "like the natives themselves" Salisbury lumps together diverse phenomena.

It appears to me that there are two ways to approach the problem at hand, and that these represent really two different levels of analysis. The classical anthropological approach attempts to discover native cultural categories. The transcultural psychiatric approach attempts to define supra-cultural categories, within the theoretical framework of Western psychiatry, or categories derived from such a framework. It then attempts, as Langness does, to identify syndromes in terms of these categories, or to suggest, on the basis of observational material, how these categories might be modified. Both approaches are important and need to be pursued, but they also need to be explicitly.

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distinguished from one another. At still another level of analysis, we find the attempt made by both Langness and Salisbury to explain particular native patterns of behavior in terms of sociological factors. Generally speaking, I should like to argue that the anthropologist is best qualified to study beliefs and behavior - including what Rubel has called "folk illnesses" (Rubel, 1964) - of the group or groups he is working with, as well as to attempt a sociological, perhaps a functional, analysis of his findings. While the supra-cultural diagnostic approach is certainly tempting, it seems to me to be a considerable more hazardous enterprise, for psychiatrists as well as for psychiatrically oriented anthropologists. In considering the discussion under review then, is it that Salisbury and Langness are not pursuing the same problem, one studying behavior conceptualized as "possession" by certain groups of New Guinea peoples, the other studying behavior he, himself, conceptualizes as "hysterical psychoses" among these same peoples? The "hysterical psychosis" of Langness seems to resemble the "bouffées delirantes" of French psychiatrists working in France (C. Jacquel and J. Morel, Transcultural Psychiatric Research, April 1966: 39-41) and in Africa (H. Collomb, ibid., pp. 29-34) and the "hypomenia", "frenzied anxiety", and "brief manic phases" of certain British psychiatrists working in Africa (Tooth, 1950; Carothers, 1953; Laubscher, 1937; etc. See also Opler, 1967: 134-135). Honigman (1967: 406-407) includes several of the cases discussed by Salisbury under the heading of amok.

2. I am tempted to question Salisbury's use of the terms "possession" and "possession behavior". It seems to me that the concept of "possession" has given Western observers generally a considerable amount of difficulty because of its long and varied use in Western societies. There appears to
be an implicit idea that "possession behavior" will be constant from society to society. I should like to point out - although without any claims to originality - that native concepts of "possession" vary widely across the world, although there may be some homogeneity on this point in New Guinea. We can, at best, say that the subject, in a given case, behaved in a way which suggested to others in the situation, and perhaps to the subject himself, that he was possessed by spirits. Hardly, I think, would one expect the scientific observer to concur with this diagnosis. It then becomes necessary to specify the behavior, or types of behavior, which are so interpreted. They may well include "temporary insanity" as only one of a variety of behavior types. One would also wish to know the cultural explanations which would account for the spirits taking possession of a human being, and what could be done to remove them (cf. Salisbury, 1967: 130).

I am, however, curious about Salisbury's comment that "various related New Guinea societies, each uses a different word, but all are translatable as 'possession by a spirit or a ghost'. He tells us, for example, in the earlier publication which has given rise to this discussion (1966a: 104) that the Siane term for possession is to be "hit by a spirit" and "his ear is closed." Although nothing in his interesting review of various Siane cases appears to prepare us for this, Salisbury tells us (1966b: 113), "To be entered by a spirit...is viewed as both unpleasant and dangerous"; and again (ibid: 114) that "all actions performed in possession are considered not to be performed by the patient, but by the spirit". Earlier on the same page he tells us (ibid,.) that "most possessions could be described as 'self-induced dissociation'". Yet still earlier in the same issue (1966a: 105) he states that among the Siane the term for possession
is applied to "mental defectives, chronic psychotics or temporarily possessed individuals." In another tribe, the Kuma, the term for possession covers "deafness and speech defects." The native terms are thus broader in their coverage than Salisbury's use of the terms "possession" and "possession behavior" which he wishes to restrict to "self-induced dissociation." I believe clarity would be served by distinguishing in the native category of possession those ill or handicapped in a variety of ways from those behavior involves a state of dissociation, particularly where the action or speech behavior is said to be that of the spirit rather than that of the subject. I have elsewhere (Bourguignon, 1968) referred to the latter type as "possession trance" in contrast to "possession" which is, after all, a native category and not an observational one. While the type of state Salisbury and Langness speak about may be "self-induced dissociation", this is only one possible type of such self-induced dissociation. (Thus, Salisbury mentions mediums for some New Guinea societies. Do these exhibit "self-induced dissociation"? And are their states interpreted as due to possession by spirits?) The states discussed by Salisbury and Langness furthermore are characterized by an interpretation of possession, which surely is not true of all states of "self-induced dissociation" everywhere. The responsibility for the behavior is ascribed to a spirit; it is experienced as an intrusion of ego-alien forces; and the experience of the subject and of the participant members of the groups is structured by this interpretation. Furthermore, unlike dissociational states, self-induced or otherwise, interpreted as possession by spirits in numerous other societies, it is considered undesirable, pathological and comparable apparently, at least in some instances, to certain pathological entities, be they "acute psychosis", "temporary insanity", or "hysterical
Examples to the contrary, where dissociational states are also interpreted as spirit possession but are considered desirable and where the pathological character of the experience is at least debatable, are found, among others, among numerous New World Negro groups (Herskovits, 1934; Mischel and Mischel, 1958; Bourguignon, 1956; Henny, 1967; Pressel, 1968; etc., etc.) Thus, while the conclusions of Langness and Salisbury are of considerable interest, caution with respect to generalizations beyond limited cultural or geographic areas seems to be indicated.

REFERENCES


