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Women in Perdition: Ritual Fertility Control in Haiti

Gerald F. Murray

In the context of almost total national isolation after 1804, the Haitian peasantry has had to call on its own resources for the development of folk institutions and theories to handle the gamut of problems that confront all human societies.¹ The economic and social isolation which has characterized, and to a degree still characterizes, Haiti as a national unit has meant, among other things, that the rural populace has remained outside of the currents of modern medicine. The protection and healing of the human body has continued to be handled by herb medicine and by a bewilderingly rich body of ritual and folk practice.

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¹The history of the development of Haitian folk religion is discussed at length by Leyburn (1966:135-42) and Métraux (1972:1-57). Most discussion tends to center on the revolutionary aspects of voodoo during the days of the slave revolt. The isolation referred to here characterized Haiti as a whole; but within Haiti itself the people of different parts of the country are linked to each other by central political authority and by the operation of an energetic internal market system.

Among other factors high infant and child mortality accounts for the presence of strong general parental anxiety concerning the safety of children and has probably been a major contributing factor to the exceptionally strong emphasis which the Haitian folk-medicinal complex gives to protecting children from the moment their presence in the womb is suspected. But gestation is fundamentally beyond the range of herbal remedies; it can be protected and controlled only by ritual. The folk-medicinal system, while it provides for a wide range of medical concerns, focuses a great deal of attention on the *phenomena* of gestation and childbirth.

Outside observers, especially those involved in the extension of medical services to the countryside, have had ample exposure to the deeply rooted complex of rural Haitian folk theory and practice. Though some dismiss it all as primitive, or even satanic, others show understanding toward the pragmatism which lies at the root of many of these concepts and practices. There is one widespread belief, however, concerning a supposed reverse development of the fetus during gestation, which baffles even the most sympathetic observer.

During the course of my anthropological field work in a village of small-holding cultivators in Haiti's Cul-de-Sac Plain, I have also come across this puzzling belief. I will describe the central features of this phenomenon and will argue that we are in fact dealing with a folk-medicinal fertility complex which, for historical reasons, has come to be camouflaged and disguised as something else.

In preliminary interviews with different village women concerning natality practices, I was told of the widespread occurrence of sudden uterine bleeding in pregnant women. In Creole this ailment is called *pèdisyô*.² Since the onset of *perdition* (the French and English cognate of the Creole term) occurred most frequently in the early months of pregnancy, I asked the women if *perdition* might not in fact be an early miscarriage. But I was rather vigorously corrected in this matter. Early miscarriages (*mové zafè*) were also a common occurrence in the village; people claimed to be able to recognize a miscarriage even if it occurred before a well-defined fetus was present in the womb. The bleeding of *perdition* was supposedly not the same matter as an early miscarriage. After the onset of *perdition*, I was told, the child *remains firmly lodged in its mother's womb*. In fact its position there is even

²A commonly used synonym for *pèdisyô* is *dérâjmá*. The orthography used for rendering Creole terms in this chapter is a modified version of the Laubach orthography. The acute accent over an *e* indicates a closed variant; the grave accent over an *e* or an *o* indicates an open variant. The circumflex over any vowel indicates nasalization. The sound of *oo* as in *boot* is here rendered by *ou*, rather than by *u* as in the Laubach orthography.

more tenacious and secure than that of the unborn child of a woman not in *perdition*. No one in the village had ever seen or heard of an actual abortion — spontaneous or voluntary — occurring to a woman in *perdition*.

When basically the same description was given by several different informants (and I had no specific evidence to the contrary), interpreting *perdition* as a miscarriage became less plausible. Thus I tentatively considered *perdition* as a type of frequently reported bleeding during pregnancy which if examined by a physician would probably turn out to be a recognizable medical syndrome.

Serious doubts were cast on this interpretation, however, by a surprising revelation from a village woman. During a pretest interview for a survey questionnaire (see Chen and Murray in this volume) the woman informed the team of investigators that she had been pregnant for two years. When her remark was greeted by silence and surprised glances, she explained that she was in *perdition* and that several other village women in *perdition* had been pregnant for even longer periods of time. New efforts were then made to find out what *perdition* really was.

In the weeks that followed a radically different perspective on *perdition* emerged. The ethnographic summary below, which is the distillation of interviews with over a dozen villagers concerning *perdition*, presents the phenomenon strictly from the "insider's" point of view. This description will be followed by a more skeptical outsider's analysis of what might be the true nature of *perdition*.

Perdition: the Insider's View

The Nature of the Ailment

The fundamental characteristic of all cases of *perdition* is the presence of an unborn child trapped in the womb, a child that "can't be born" (*pa ka fèt*). The woman has become pregnant, but one of several possible forces has overwhelmed the child in the womb and arrested its development. By definition, only pregnant women can fall into *perdition*. The condition arises because the mother's blood is stolen away from the fetus in her womb. An unborn child, during the early months when it is not yet formed physically, is supposed to be nourished directly by the mother's blood. The blood that the mother normally spills during the menses is instead retained inside her if she is pregnant, to be used as nourishment for the unborn child. (The blood which comes out at childbirth is the remainder of this blood which was not used by the child.)

But when perdition occurs this normal course of events is broken. The growing internal supply of blood suddenly bursts and escapes via the woman's vagina and the child's developmental progress is immediately and completely reversed. No matter which month the fetus is in, it immediately shrinks and reverts to the tiny speck of blood that it was in the first few days after conception. The fetus is not expelled with the blood. Rather, it remains attached to the mother's womb. But each month the woman bleeds in a way that bypasses the arrested embryo. Most perdition cases will be cured, and the trapped child will eventually be born. But during perdition its growth is arrested. The ailment itself is the inability of the child to "work" inside the womb, its inability to grow or be born. Children may (and do) remain trapped in this fashion for years on end. The only successful termination of perdition is for the child to begin growing again, and the only way to achieve this is to get the monthly bleeding to stop.

This monthly bleeding must not be confused with menstruation, as the villagers all know. Menstruation can occur only if the woman has no child in her womb. But since the woman in perdition is pregnant, the monthly flow of blood could not possibly be her menses. Furthermore, the perdition bleeding tends to last longer than normal menses, which are supposed to last only three or four days. But the monthly bleeding of perdition normally lasts from at least five to seven days and occasionally longer.

Over and above the monthly loss of blood, the woman in perdition may experience other symptoms as well. Some women feel constantly weak, others experience stomach pains, and still others experience back pains. Some become pale, others become thin. Each woman in perdition seems to have her own cluster of symptoms.

At no time will the child of perdition fall from its mother's womb, and while the woman is in perdition, she cannot conceive another child. This can be extremely frustrating to a couple with few or no children. Occasionally a woman who has been pregnant for several years will secretly try to abort the child-of-perdition, in hopes that with its removal a new child will come, which will not fall into perdition. But such attempts never succeed; reportedly nobody has ever freed herself from the child-of-perdition in this way. Children of perdition refuse to abort.

It frequently happens that while a woman is in perdition she and her husband will separate, or the husband will die, and the woman will take a new spouse. But separating from her husband and espousing a new mate do not affect the woman's perdition in the least. The woman and the man, if they separate, will know that their child is still trapped in the womb, and no other child can enter there unless the child-of-

perdition is born first. If the woman is a "serious person," she will tell any new spouse that though she is bleeding every month she is really in perdition, and that a child from her former spouse is still in her womb. In this fashion, if and when the child is born — and this may take years, even after she has begun cohabiting with the new spouse — everyone concerned will know that the child's father is the former spouse. The new father may rear the child, but only as a foster parent. The child is supposed to be (and in many cases is) baptized with the name of the former spouse, and will thus have inheritance rights in his property.

The sexual relations which the woman has been having with her new spouse have not yet produced any offspring; it is only after the perdition from her former union has been cut off (*koupé*) and the trapped child born, that the woman's womb will be free to receive a child from her new spouse.

If a woman in perdition separates from her spouse but does *not* take a new husband, her pregnancy is not affected in the least. She is still pregnant, and if the causes of perdition can be removed, the child will grow and be born; *she need not have had new sexual relationships with any man*. The villagers vouch for the existence of many women who fall into perdition, separate from their spouse, remain for years in conjugal solitude, remove the causes of perdition, and nine months later deliver the child which for all of this time had been trapped in her womb.

Many women in perdition, of course, reach their menopause in this condition. Such women are doomed to remain in perdition for the rest of their lives. While the monthly loss of blood ceases, there is no internal supply available to the child either. The child needs a monthly supply of maternal blood to grow. Such a child will never be born, but will remain in the womb. It dries up completely and becomes hard. In a few postmenopausal cases, the child-of-perdition turns into a swollen tumor which, if not removed by a doctor, will kill the woman. But in most cases the trapped child never becomes this dangerous.

Folk Diagnosis and Cure of Perdition

Most cases of perdition are, in the beginning, tentatively self-diagnosed. The woman knows that she is having regular coitus with her husband; she sees that her period stops for one or more months; her stomach may in a few cases even begin to swell — and then suddenly she bleeds for several days. She looks to see if it is a miscarriage. If she sees that it is not and if her bleeding comes the following month, she knows that she is in perdition, that the child in her

womb is the victim of one of the many forces which can rob it of the maternal blood it needs to grow normally.

But there are many types of perdition. The physical symptoms which distinguish one perdition case from another are not related to possible differences in their etiology. The woman by herself can only suspect that she is in perdition, but cannot diagnose its *cause*. To do this she needs the help of a specialist in these matters.

She will probably not go to a doctor unless she is truly in great pain. Although in recent years more villagers have begun to make occasional use of the services of doctors in Port-au-Prince, perdition is an ailment which doctors in general cannot treat. For diagnosis and treatment of perdition, the woman will have to resort to one of the local folk-specialists.

The two prominent types of folk specialists are the *houngan* and the midwife. The *houngan* is a priest of the Haitian folk religious complex commonly (though somewhat inappropriately³) referred to in the literature as *vodoù*. The midwife is a woman who, through a combination of personal observations and nocturnal instruction from the spirits, has become proficient in treating women from conception into the postnatal period. Of these two specialists, only the *houngan* can determine for sure the cause of perdition — what it is that is draining the woman every month of the blood that under normal circumstances should be retained to nourish the child in her womb. The *houngan* has a series of divinatory techniques — including card reading and staring into the flame of a candle over a tin of water — which will enable him to determine if the ailment has been caused by hostile or angry animate beings, or whether it is a purely physical ailment which falls into the midwife's domain.

Perdition of cold. The woman will be somewhat relieved if the *houngan* informs her that there are no supernatural or magical forces causing the monthly blood loss. This indicates that she has merely been careless and has allowed the cold (*frédi*) to get up inside her womb and harm the unborn child. There are several types of careless behavior that can let the cold in, behavior which pregnant women are forcefully told to avoid. If the woman goes out too early in the morning

³In the language of the villagers the term *vodoù* has the same restricted meaning which many speakers apparently gave it in the colonial period (Leyburn 1966:137). It refers only to a very specific type of religious public dance, which in fact plays a rather peripheral role in the central rites of the folk religion. To my knowledge only Herskovits has pointed out the restricted meaning which the term *vodoù* actually has in rural Haiti (1971:139). In extending the term to cover the entire complex of rites and beliefs in the village, I am misusing the term from the point of view of rural Creole usage, but following a firmly entrenched tradition in the literature on Haiti.

or too late at night without clothing herself warmly, or if she walks barefoot in puddles or streams at those times of the day, or if she goes out in the rain, she is inviting the cold to get inside her womb. Furthermore, if in her unceasing marketplace activities the woman lifts excessively heavy loads, she will cause the bones in the dorsal area of her waistline (*zo tay*) to separate, and the cold will slip in through this harmful aperture.

Once the cold is inside it lodges behind the woman's navel and causes stomach pains. At the same time, the umbilical cord of the child recoils against the cold by bunching up into a tight knot (*maré kod trip*). The woman falls into perdition.

Only the midwife can handle this perdition-of-cold. With her repertoire of diagnostic and therapeutic massaging techniques she can locate the cold inside the woman and gradually massage (*ralé* — literally *pull*) the cold back out. Many mid-wives (as well as other herb medicine specialists) also know how to prepare a potion prepared specifically for this intrauterine cold. If the cold has entered through the separated waist bones, the midwife may send the woman to a pharmacy in Port-au-Prince to buy a special type of compress, whose application to the affected region will cause the bones to close back to their normal position.

But most cases of perdition are not caused by this simple sort of physical accident. The divinatory techniques of the *houngan* more frequently reveal that the perdition is being caused by malevolent or angry animate forces which only he is equipped to control.

Perdition of loua. The most prominent spirits in the *vodoù* pantheon are the *loua*. Though many of the *loua* were brought from Africa, where they were worshipped at least to some extent as quasi-universal spirits, in rural Haiti they are now first and foremost considered as *familial spirits*, inherited by individuals in the same fashion as property.⁴ Each group of heirs will possess its own spirits, and each individual will be under the tutelage of four branches of *loua* — inherited from each of his four grandparents.

The *loua* demand attention from their descendants, principally in the form of food offerings. If they are neglected they will "grab" (*kébé*) one of the offenders — or one of his children. They will choose moments when the offenders are most vulnerable. A woman is never more vulnerable than when she is pregnant and many a perdition case is due to the vengeful attack of a family *loua*, who grabs the child and

⁴The familial nature of the *loua* and the limitations of their powers are central in the theology of the villagers, though not all writers emphasize these features of the *loua*. It is Herskovits' summation of *vodoù* philosophy (1971:142) which comes closest to the emphases which my own informants have also made.

"ties it up" in its mother's womb. The woman bleeds, because the grabbed child cannot use her blood for nourishment. The angry loua may belong to the wife's or the husband's family. The task for the couple is to determine, usually by consultation with a houngan, which of them has neglected their loua, and what offering the offended loua is demanding. Once this wish is complied with, the perdition will be cut off, and the trapped child will begin to "work" in the mother's womb again. When it emerges nine months later, it will be none the worse for the months or years it spent trapped inside the womb.

Perdition of the dead. Of less frequent appearance, but of equal furor when they are aroused, are dead parents. When one's parents die, the child "owes" them not only elaborate and costly funeral rites, but also a full year of formal mourning. This mourning need not begin immediately on the parent's death, but is expected to begin eventually. If the dead parents are put off too long, they will angrily single out one or more of their negligent children for harsh treatment. One of their favorite devices is to grab a grandchild still in the womb and cause perdition. The only remedy for this type of perdition is to perform, or promise to perform, the overdue rites.

Perdition of the loularou. Not all perdition is caused by spirits or beings beyond the grave. The Haitian countryside is permeated by the fear of another class of malevolent beings who during the day are members of the community, neighbors, or even relatives, but who at night turn into animals of different sorts and wander about sucking the blood of newborn or unborn infants.⁵ The proper name for these creatures is *loularou*, but they are frequently referred to by the less terrifying synonyms of *mové zé* (bad airs) or *djab* (demon — a general Creole term for any malevolent creature). If the woman does not take the necessary precautions, her unborn child will fall under the power of one of these creatures. The *loularou*, in the form of an animal, will keep a nighttime vigil on the roof of the victim's house and, as the mother sleeps, suck the blood of the unborn child. The child cannot grow as long as it remains the victim of this creature; thus the mother falls into perdition.

Only a houngan can diagnose with certainty the action of a *loularou* (though he will never tell the woman who in the community it is), and only he can prepare the proper remedies. The two most common remedies are a foul-smelling lotion (*bég*) with which the woman will anoint her entire body before retiring at night and a bitter potion (*touné-sá*) which, when drunk by the mother, changes her blood, and

⁵For a superb coverage of this and related phenomena, see Métraux (1972:Chap. 5).

that of her unborn child, into a bitter fluid which will repel even the most voracious *loularou*.

Perdition of sorcery. The pregnant woman and her husband may have yet other enemies in their community. Physical violence is rare in the Haitian countryside; enmity between neighbors is more frequently externalized in the form of sorcery. The aggressor hires a houngan to strike his enemy from a distance. Of the many ailments which the houngan can inflict, perdition is one of the most frequent. The houngan, using rites known only to himself, sells the woman's placenta (*mèt vát*) to Barò Samdi, the guardian loua of the cemetery. When this transaction has been made, the child dries up and the woman is in perdition. In this case the parents must buy back the placenta in a midnight ceremony directed by a houngan in front of the huge cross which dominates every cemetery (*alé dévâ Barò*).

Having presented the various types of perdition, it must be pointed out that the woman in perdition will usually not limit herself to one treatment. Some women have gone through the gamut of remedies before finally being cured of their perdition. Occasionally a couple will be fortunate enough to clear up the perdition by natural means; one example of this was given by a man who, having tried the range of remedies to remove his wife from perdition, was finally told of a simple, infallible solution by a friend — bathing upstream from his wife. In his case it worked; in others it doesn't. But underlying the entire perdition complex is a commonly shared goal: to reinstate the growth of a child which has been trapped in a woman's womb.

Cultural Interpretation of Perdition: the Outsider's View

Insiders explain perdition by the construct of a nongrowing child. The outsider who rejects this as biologically impossible must seek an alternative explanation.

Medical Interpretation: Implausible

The first explanations which suggest themselves when a woman describes the process of falling into perdition are early miscarriage or hysterical pregnancy.⁶ Except for rare instances, however, perdition could be neither of these.

Villagers are familiar with miscarriages at all stages of fetal development. They recognize that a miscarriage (*mové zafè*) can take place

⁶In the case of postmenopausal women, I have heard frequent reference made by Haitian physicians to internal tumors as the possible physical base of perdition.

before even a fetus has taken shape, and there is simply no justification for assuming that the numerous instances of perdition are due to erroneous interpretations by the women of occurrences with which they are all too familiar — miscarriages. Though this misinterpretation may occur in some instances, we simply cannot dismiss perdition with this explanation.

As for hysterical pregnancy, a few cases of perdition might be preceded by a hysterical pregnancy, but perdition itself does not begin until the usual symptoms of pregnancy in fact have ceased. Hysterical pregnancy is the condition of manifesting external symptoms of pregnancy in the absence of a fetus. Perdition is just the opposite: it is entertaining the belief in the presence of an embryo in the *absence* of the external manifestations of pregnancy. Furthermore, since most cases of perdition reportedly occur in the early months, before the stomach of the woman starts to swell, it is unlikely that hysterical pregnancy is involved to any large degree.

Perdition might be dismissed outright by the skeptic as an absurd fantasy, were it not for the fact that women who complain of perdition also complain of abnormal uterine bleeding. One might say that they are suffering from an internal disorder which they interpret to be a trapped child. Perhaps perdition is merely the folk name for a pathology recognized by scientific medicine under another name.

But there are at least two major drawbacks here, one of them conceptual, the other factual. Conceptually we must recognize that a central feature — perhaps the *outstanding* feature — of the perdition complex is the belief in the trapped fetus. Any explanation of perdition which purports to account for the phenomenon must in some way account for the existence of this widespread belief in Haiti. Let us suppose that perdition eventually turns out to be a pathology recognized by modern medicine. Having isolated the pathology, we will still have failed to account for what is one of the major features of the perdition complex — the rather unusual conviction on the part of all affected that they have a nongrowing child in their womb. Any pathology which exists in Haiti probably exists in other prescientific settings as well. If the medical syndrome which we isolate “explains” the belief in the nongrowing child, then why does not a similar belief emerge in all, or at least many, prescientific settings where the same organic pathology occurs?⁷ Any interpretation of perdition which can-

⁷Because this chapter has been written in the field, my access to other publications has been restricted. In perusing some 20 monographs and relevant articles concerning natality beliefs and practices in different cultures around the world (except, unfortunately, Africa) I have not found one mention of a phenomenon that even resembles perdition.

not speak convincingly to that phenomenon — the cognitive aspect of perdition — misses what is perhaps perdition’s most puzzling aspect.

But this conceptual drawback is buttressed by an apparently more serious factual drawback: different women in perdition complain of very different symptoms (see p. 62). It simply appears unlikely that a commonly shared organic pathology will be found at all. Though the question of perdition has not, to my knowledge, been treated in the literature, I have heard several people — Haitians as well as foreigners, medical personnel as well as missionaries — express the opinion that the bleeding of perdition is in many or most cases the woman’s normal menses.

In the absence of medical examination and professional diagnosis of a large number of perdition cases, any assertions as to organic underpinnings must remain, of course, tentative.⁸ But in view of the great variety of complaints which accompany perdition, and in light of the fact that the most frequently reported symptoms are spells of uterine bleeding which occur in monthly cycles — suspiciously like the menstrual cycle — it is unlikely that perdition is basically a medically recognized abnormality. It may have aspects related to conditions recognized by Western-trained physicians, in the sense that any phenomenon connected with the human body would have such aspects; and some women in perdition might have a genuine pathology and might be labelled sick by a physician. But perdition on the whole does not seem to be defined by any consistent set of physical symptoms. Even the monthly bleeding is lacking in many cases: older women who have passed menopause in perdition remain in perdition, as has been pointed out earlier, even though they no longer bleed every month.

The implausibility of an interpretation of perdition in Western medical terms increased manifold when we learned that perdition affects *animals* as well as women in the village. Cows, mares, sheep, sows, goats, and any other four-footed animal whose principal benefit to the villagers is in its ability to produce offspring are frequently diagnosed as suffering from perdition. The *loua* afflict these animals in the same way that they afflict the wives of their owners, and the offspring in their womb suffer the same sort of extended imprisonment as human fetuses do. These animals receive the same sort of protective ritual baths as pregnant women. It would be most surprising were a

⁸When and if such an examination is carried out, it should be done in the context of a natural community. The majority of women in perdition never visit a clinic to consult about perdition. To study only those self-selected perdition cases which do appear in a clinic would be to bias the study in favor of a medical interpretation, as only women in pain are likely to seek out modern medical help.

medical study of perdition to uncover an identifiable organic pathology attacking in similar fashion all the village women and livestock who have been diagnosed as in perdition at one time or another. A strictly medical interpretation of perdition thus seems implausible; the key lies elsewhere.

*Psychological Interpretation:
Entirely Inadequate*

When one concludes or suspects that a given perdition case has no organic basis in the Western sense, that the nongrowing child is "all in the woman's mind," the temptation will be to posit a psychological genesis to this phenomenon. It will be said that the woman's belief is a type of hysteria, that it is a product of wish fulfillment, that it stems from sheer ignorance of reproductive biology, or some such. The superficial plausibility of some of these notions stems from the fact that perdition *does* presuppose ignorance of some aspects of reproductive biology, and that many women in perdition probably *do* want another child.

But there is a crippling fallacy buried at the root of psychological interpretations of the perdition complex, similar to the conceptual drawback discussed in relation to the medical interpretation of perdition. We must keep a clear notion of what we are trying to explain. It is one thing to give an interpretation of why this or that woman was led to define herself as being in perdition; for this task the construct of wish-fulfillment, or some other psychological concept, might be appropriate.

A much more profound question is calling for an answer. We have not really understood or grasped the idea of perdition until we can provide at least a tentative answer to the question of why the perdition complex exists as a widespread alternative available to the Haitian woman in the first place. Wish fulfillment can in no way account for the widespread occurrence of the belief in the trapped fetus — if it could, we would find some version of this belief in many societies, and the evidence is that we don't. Women of many societies desire children; why does the *Haitian* woman — or the *Haitian* couple — resort to the notion of a nongrowing child? Would anyone seriously entertain the hypothesis that Haitians are somehow more psychologically prone to wish-fulfillment fantasies than people of other societies? Explanatory schemes that would posit individual psychological origins to the perdition complex are eminently unconvincing and ultimately powerless. We must look elsewhere for an answer.

*Perdition as a Ritual Strategy:
Cultural Interpretation*

In the remaining pages of this chapter I will present an interpretation of perdition which emphasizes the following major points:

Perdition: a complex of beliefs and rites. As discussed above, perdition is probably not an organic pathology and certainly not a psychological quirk or gimmick. To categorize the phenomenon properly, we must identify it as a complex of beliefs and rites; the perdition complex is in essence a series of folk-medicinal and ritual strategies for dealing with a very specific problem: *the sterility or subfecundity of certain women in the population.* I term it a *strategy* because it provides couples with a course of ritual action for achieving an end — in this case, the procreation of a child — which they have been unable to achieve through normal means.

Components of perdition: action and belief. As with many ritual phenomena, we can construe the perdition complex as consisting of two major components: an action component and a belief component. Both the action and belief components of perdition are part and parcel of the general vodoù religious complex. With regard to ritual action, we have seen how women in perdition perform the major ritual activities of vodoù: consultations with houngans, the expenditure of money, ritual anointments and ablutions with various types of magic lotions, food offerings to ancestral spirits, and the like. The belief component of the perdition complex is also largely identical with the general belief system of Haitian vodoù: belief in different categories of loua, in loularou, in sorcery, in revelation through dreams.

But there is one peculiar special belief characteristic of the perdition complex: the belief in a nongrowing child in the womb. The performance of the folk-rites of perdition is predicated on the culturally widespread construct of a trapped embryo. We may state it succinctly in the following fashion: Haitian folk ritual shares in common with other ritual systems that it has practices designed to induce fertility; but it differs from most (perhaps all) other folk ritual systems in that it predicates its fertility rituals on the construct of *an already-existing embryo*, rather than accepting the fact of a childless womb into which life must be brought. Haitian ritual will not accept this latter premise; for fertility rites it "makes believe" that the child is already there.

Perdition and social processes. The emergence and florescence of this peculiar construct as a postulate of Haitian fertility ritual can be

rather cogently linked to three historically documented social processes which occurred in Haiti in conjunction with its colonial history and revolutionary origins as a republic, and which made the emergence of the notion of a nongrowing embryo, if not inevitable, at least likely, as a basis for fertility ritual.

The notion that the perdition complex might be associated with subfecundity and with fertility ritual gradually developed during the course of field work. When perdition became an object of active investigation, it turned out that six women whom we knew rather well were currently, or had formerly been, in perdition. All of these cases of perdition seemed to share certain things in common:

1. The women were convinced, and stated publicly, that they had a nongrowing child lodged in their wombs.
2. Each of the women was in a conjugal union at the onset of perdition.
3. None of the women were able to become pregnant for the duration of perdition.
4. Each of the women, when they fell into perdition, had fewer children than was deemed wise for women in their situation. This shortage of children was either — in absolute terms — a small number of live children or — in relative terms — a small number of children born in their current union. In no case had the woman given birth to more than two live children in her current or most recent union.

On the basis of this small number of cases the basic categorization of perdition as a fertility-ritual phenomenon — rather than a medical or psychological phenomenon — was tentatively made. Once this interpretation was devised, we collected some simple quantitative information on perdition by adding some relevant questions to the woman's schedule in a demographic survey administered to almost every adult in the village (including 95 percent of the women).⁹ The purpose of this move was to find out exactly how prevalent perdition actually was in the community and to support or reject the classification of perdition as a fertility complex.

⁹The survey was funded by the Division of Social and Administrative Sciences of the International Institute for the Study of Human Reproduction. In addition to the original demographic questions, I was also permitted to insert a large number of ethnographic items, such as the questions on perdition, a liberty for which I am very grateful to Dr. Samuel M. Wishik and Kwan-Hwa Chen. For the methodology of that survey, see Chapter 13 in this volume. The tables presented here are based on data from that survey, the full results of which will be presented in a forthcoming report by Chen and Murray.

Preliminary tabulations strongly corroborate the plausibility of the fertility-complex interpretation, and give rather eloquent testimony to the importance of perdition. An astoundingly large number of women have experienced perdition at one time or another. Of the 219 women interviewed, *nearly a third* (71) were currently or had previously been in perdition. This fact had a dual importance. It indicated in the first place that perdition was certainly more than a marginal ethnographic curiosity. But it further indicated that perdition was probably *not* a commonly shared medical pathology associated with abnormal uterine bleeding. There were simply too many women affected. All indications were that we were dealing with something else.

But was this something else truly a fertility complex, as had been hypothesized? The validity of this interpretation could be argued if, and only if, there existed rather clear natality differentials between women who have experienced perdition and those who have not. If the perdition complex is truly a culturally devised strategy used by subfecund or sterile women, then the aggregate natality of women who "use" perdition should be lower than that of women who have no need for fertility-inducing rites.

To test this hypothesis we need a natality measure sensitive to the theory being proposed. Sterility and subfecundity in real life are specific to each union; that is, the statistical predominance of consensual unions in the community (only about three out of every 10 unions have been legitimized by a church or civil ceremony) creates a situation where children play an important role in publicly legitimizing and stabilizing unions. This means that children must be produced in each union. Thus a woman who has many live children (high absolute natality) but who enters a new union will still have to produce one or two children *by her new husband* if the union is to endure. It is in this sense that high or low natality is relative to each union.

To test whether perdition is a ritual complex associated with low natality, therefore, we have to measure the natality of the unions *in which the perdition occurs*. We can do this reliably by taking the women *currently in perdition* and comparing the natality of their current (or most recent) union with that of women not in perdition. If the hypothesis is correct, these women currently in perdition should be demonstrably "poorer" in live children by their current partners than the other women. The hypothesis is rather admirably supported in table 4.1. The table reveals a startlingly high intergroup difference — almost two to one — in the predicted direction.

But the figures are even more compelling if we compare completely childless unions with those in which at least one live child exists. Table 4.2 shows a highly significant tendency for women in perdition

Table 4.1. Mean Number of Children Still Alive Born to Women During Current or Most Recent Union^a

	Women in perdition	Women not in perdition	Results
Number of women	35	184	
Mean number of live children in current union	1.60	3.10	$z=3.26$
Standard deviation	2.46	2.58	$p<.01$

^aControls were made for both duration of union and age of woman. Neither factor can account for the difference in mean number of children.

to be living in childless unions. While only one of approximately every seven women not in perdition is in a childless union, almost four of every seven women in perdition are living in such unions — which is exactly what we expect if perdition is in fact a disguised folk-medicinal fertility complex.

Table 4.2. Number of Children Still Alive Born to Women During Current or Most Recent Union^a

Perdition status	Parity in current or most recent union						Results
	No live children		One or more live children		Total		
	No.	%	No.	%	No.	%	
In perdition	20	57	15	43	35	100	$\text{chi-square}^{\circ}=31.53$ 1 degree of freedom
Not in perdition	25	14	159	86	184	100	
Total	45	21	174	79	219	100	$p<.001$

^aControls were made both for duration of union and age of woman. Neither factor can account for the intergroup difference.

^oYates Correction applied.

Though such simple tabulations cannot prove the validity of the folk-ritual interpretation of perdition, they do point to its eminent plausibility. The principal achievement of this particular rendition of perdition is to remove the bizarreness from the belief of so many Haitian women that they have been pregnant for years on end. This belief, far from being an individually concocted fantasy, is part and parcel of a rather intricate ritual complex — a particular mutually accepted definition of the woman's condition which permits the application of certain ritual solutions by a specialist. When she consults

her local specialist, accepts his diagnosis, and follows his prescriptions, the rural Haitian woman is merely doing what individuals in most, if not all, societies do.

Historical Determinants of the Child-of-Perdition

One step remains in the analysis of perdition. We must still attempt to account for its presence in Haiti. Though members of the society may be behaving sensibly in accepting a belief which is widespread in their milieu, nonetheless in cross-cultural perspective the belief is still somewhat bizarre. Other cultures have devised fertility-inducing practices without resorting to the imaginary device of a trapped child. What has induced Haitian folk culture to eschew the concept of true barrenness and to resort to this construct? Stated more concretely: Why do Haitian folk specialists and patients depend on the notion of a child which is "already there" to perform fertility rites? As indicated earlier, certain historical facts about Haitian society help to explain the receptivity to this belief. But first a conceptual distinction must be made.

We are not searching for the *antecedents* of the perdition belief. It is possible that some version of the belief existed either in Africa or France; it is equally possible that the construct was born on Haitian soil. What we must account for, however, is the *receptivity of Haitian society* to the belief once it was adopted (or invented, as the case may be). Several features of Haitian history have combined to make the emergence of this belief likely — a combination of features which Haiti shares with few other societies, even in the Caribbean.¹⁰

In the first place, Haitian leaders imposed a militaristic isolation on the country after independence was won from the French in 1804. In the context of the times, the slave revolt which resulted in Haiti's independence was unique. The newly freed Haitians rightfully feared the return of the French, and they consequently erected barriers — social and economic as well as military — against the world of "foreigners," particularly the French. In effect Haiti was cut off from the world for over 100 years after its independence, and even today is measurably less involved in international political and economic currents than its immediate neighbors. In terms of science and medicine, this isolation meant that sickness and healing had to be handled

¹⁰This interrelationship between the perdition complex and certain features of Haitian society is one example of the wider range of correspondences between vodoû and certain aspects of Haitian social life discussed by Mintz in his introduction to Métraux's book (1972:11-14).

by locally developed practices rather than by modern medical practices being developed in foreign countries.

Second, Haiti is characterized by *religious* isolation. For rather lengthy periods there was no contact between the Catholic church and the Haitian government. Even after the restoration of relations, the impact of the Catholic church has been much weaker than, for example, in the neighboring Dominican Republic, largely as a result of the flourishing folk religion (vodoù) which took shape during the no-contact period and crystallized as the dominant Haitian religion. Evangelization in Haiti has also been weak until recent years, in contrast to active Protestant involvement in local developments on the British isles, for example, at critical periods such as Emancipation. This religious isolation has led to the vigorous survival of African rites (amalgamated into a new religion) in Haiti, especially the rural areas. Fundamental problems continue to be solved by means of African-derived ritual.

But the third and major process which shaped certain aspects of the fertility rituals concerned the *peasantization* of Haiti. When we mention Haitian *isolation*, we refer to Haiti's position as a national unit in relation to other nations. But the Haitian peasants themselves are by no means living in isolated, self-sufficient communities. On the contrary, since colonial days the mass of Haitians have always been firmly linked to social sectors more powerful than they themselves. The slaves were bound into a colonial plantation regime. And the postrevolutionary Haitian population eventually evolved into a peasantry — a rural sector of small-holding cultivators who are politically, economically, and *ideologically* part of a larger nation-state.

In short, though Haiti as a nation has endured a large degree of isolation, the mass of Haitian villagers have never experienced the type of marked isolation experienced by some tribal peoples. The postrevolutionary Haitian peasants have had constantly to deal with an urban, national sector, which retained to a marked degree the ideological and religious symbols of the former French rulers. In the inevitable amalgamation of cultural traditions which began during the French colonial period, French symbols and models have remained socially dominant, though in the rural areas they have been outnumbered by African- or locally-derived patterns.

The persistent social dominance of French symbols has shaped the course of rural Haitian theology. The Christian God has been exalted, the African loua have been dethroned and weakened. Not only were they transformed into restricted familial spirits, the loua of one family having no power over nonfamily members, but the scope of the powers attributed to them has also been curtailed. They cannot make crops

grow; the rare agricultural rites that are still performed are for protecting one's crops against *harm* from other supernatural forces. Loua can harm crops; but only God can make them grow. The loua cannot bring rain; they can only push already existing rainclouds toward or away from the gardens of their devotees. Only God can make rain. And, most importantly, *the loua cannot create children*. They can only harm or protect children that are already in existence — such as in the womb. But only God can place a child in a woman's womb. The loua cannot do anything to help a woman conceive; and most informants indicated that they cannot prevent a woman from conceiving either. If a woman is barren, it is God's work. The loua can act on a child for better or worse when it is already in existence.

Stated another way: sterility and subfecundity were displaced from the domain of the loua. The social process whereby a colonial slave society was forged from socially dominant and socially inferior cultural traditions has led to the evolution of a folk theology in which the supreme life-giving functions have been allocated to the God of the socially dominant sector of that society. And, though this God has been incorporated into the folk theology, He is far beyond the influence of the African-derived folk rites. Rural Haitian folk ritual can affect only the behavior of African and autochthonous spirits interested in food offerings and similar inducements. But God has nothing to do with such shenanigans. He is majestic, distant, and when prayed to is often contrary — particularly in matters of fertility.

The impotence of the spirits of the vodoù pantheon in these matters has a rather devastating ritual corollary. Given this historically derived theological situation, *the hougans and midwives, the protagonists of rural Haitian ritual and folk medicine, can do nothing for the sterile woman*. These specialists must operate within the basic premises of a belief system; and this belief system is not a haphazard or arbitrary conglomeration of beliefs which can be manipulated at will, but is rather solidly anchored to certain key societal features in Haiti. Only God can create life; since hougans and midwives cannot manipulate God, they can do nothing for the sterile woman. There is a serious lacuna; the folk healing system of Haiti leaves the sterile woman almost without hope.

Almost, but not quite. For it is here that the perdition complex has stepped in, and here lies the key to the puzzlingly frequent occurrence of that child who can't be born. Perdition is in effect a *diagnostic redefinition*. If a woman cannot produce a child, her problem is now able to be defined, not as *lack* of life in the womb, but rather as life already present which has been grabbed and held back by one of the spiritual or natural forces over which Haitian ritual and folk medicine

do have control. By virtue of this ingenious definitional maneuver, the problem of sterility is made compatible with the historically imposed theological constraints within which the population of rural Haiti must function. Once an afflicted woman's condition is diagnosed as life which already exists but is held back, a series of ritual and folk-medicinal treatments suddenly becomes relevant and there is hope for cure. The colonial history of Haiti, by placing fertility in the hands of a foreign God, removed it from ritual control by the folk; the perdition complex, by providing the device of imprisoned embryonic life, subtly places that control back in their hands.

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Changing Women's Roles and Family Planning in Lebanon

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Throughout the Arab world¹, women have traditionally been regarded, both legally and socially, as charges of their husband or father who is considered responsible for their actions. Traditional Arab culture, dominated by the notion of family honor, considers any infraction of the modesty code a reflection not so much on the woman as on the male members of her family. It is for this reason, in part, that female Arab society has been closed to male researchers.

Furthermore, in Arab society there is a sharp distinction between the public domain, dominated by men in their work and political life, and the private world of the household, dominated by women, though ostensibly subject to the male's authority. The result of this public-private dichotomy is that it has been extremely difficult for outsiders to study Arab family life. This difficulty is most certainly one reason why most studies of Arab society have focused either on *male* Arab society and values, or on the *forms* of Arab life, such as marriage procedures or family structure.

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¹Among the countries usually included in the *Arab* world are the North African countries (Morocco, Algeria, Tunisia, Libya, Egypt, and the northern Sudan); the Fertile Crescent countries (Lebanon, Syria, Jordan, and Iraq); and the Arabian Gulf countries (Saudi Arabia, Kuwait, Bahrain, Oman, Yemen, and the United Arab Emirates). Recent studies have pointed to the same public/private distinction noted here throughout the world. See Rosaldo and Lamphere 1974.