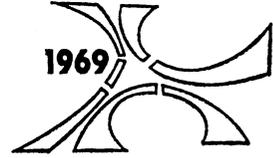


Some Implications of Superstitions and Folk Beliefs for Counseling Parents of Children with Cleft Lip and Cleft Palate



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Research on the psychosocial implications of cleft lip and cleft palate has focused primarily on intellectual, cognitive, and personality inventories (2). While the importance of the patient's cultural background is most always mentioned, it is rarely elaborated except for anecdotal reference to attitudes and beliefs about the symptom. The most thorough effort at analysis of cultural factors is in MacGregor and associates, who state, in reference to facial deformities: "The adjustment such an individual makes depends principally upon his particular personality configuration and the socially and culturally defined attitudes towards him—usually negative—which tend to control his social adjustment". She continues: "Because of the persistence of such beliefs and the variety and number of them, it would be of theoretical and practical importance to test and analyze their further function for the individual and society" (4).

This paper explores some meanings and functions of folklore and animal symbolism as they occur in folk "belief systems". Analysis focuses on cultural attitudes expressed towards cleft lip/cleft palate in symptom naming, folk sayings, jokes, and theories of causation. Some principles for working therapeutically with these beliefs are suggested.

Jokes and Marking Theory

Meanings attributed to birth anomalies as expressed in folk belief systems fall into two categories: the first category is that of fairly standardized jokes and witticisms about the anomaly; second is various theories of causation commonly known as "marking" in which the pregnant woman or father-to-be "marks" the child in some visible and unnatural way. Examples of humor gathered from colleagues, friends, patients, and published works

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of folklore, invariably emphasize the animal character and traumatic force of the deformity. For example, "What does a dog with harelip say? Mark, mark"; or, "That's enough to harelip a tribe of wooden Indians"; or in response to flatulation, "That's pretty good for a harelip"; or the jesting threat of teenagers, "How would you like for me to give you a harelip?"

Theories of marking are diverse, but most emphasize that the pregnant woman by looking at a certain object transmits its visible attributes to the susceptible fetus in a manner rather like the photographic process. Reed reports, "There was once an old Norwegian law which forbade butchers to hang their hares in public view for fear that the sight would cause pregnant women to have children with harelip" (5). The sight of a human with harelip is often considered to be the most potent source of marking. Such belief in *like* mystically producing *like* is a recognized principle of many religious systems and forms the basis of what anthropologists call sympathetic magic. However, marking need not always involve actual sight of the condition. A patient interviewed reported that his mother felt he was born with a cleft because she had once made fun of a man with that condition. It is also common to hear the opinion that syphilis or other sexual irregularities cause clefts. A young couple of rural background were interviewed as part of our research protocol. Both their sons, aged one and two, had clefts. The father indicated on the questionnaire that he was not completely satisfied with the explanation given him. After some hesitancy, the mother related that before they were married, she had seen, at her husband's mother's house, an infant with unrepaired cleft lip/cleft palate. She said, "My mother-in-law believes that this had something to do with our oldest boy being born that way". The interviewer responded that if that accounted for the oldest, what could account for the youngest? After a pause, the father said, in a rush of emotion, "I'll always believe that if I could have had the oldest boy fixed before my wife saw it, the second boy never would have been born that way". While a medical explanation may be acceptable on one level, it does not seem to exclude the relevancy of marking beliefs to some people. Even educated and apparently sophisticated parents will at times recall "old wives' tales" they have heard and cannot quite forget.

Folk Belief, Humor, and Symptom-Naming: Attempts to Explain Why

What confronts the clinician in such beliefs? First, the parents are saying indirectly, "I am in some way responsible for my child's being deformed. It was unintentional; I wasn't aware of what I was doing at the time, but somehow my behavior or thoughts determined his physical condition". Feelings of guilt and remorse attendant upon birth defects are found in nearly all cultures. Just as universal is the need to explain why this unnatural condition has occurred. Because of these strong feelings, it is necessary to account for the condition within the context of some emotionally meaningful system of beliefs. This is particularly difficult since, with the exception

of those cases with the clear influence of heredity, we cannot yet offer a definitive medical explanation for all occurrences of cleft lip/cleft palate. The concept of accident or statistical chance, while clinically accurate, may be emotionally and cognitively unacceptable. An explanation of any event, particularly the unnatural, must involve a nexus of feeling as well as reason. Culture is a system which provides a way of organizing both kinds of experience by filing them in a series of "logically" interrelated categories of ideas and feelings. Because such categories are clearly defined, events which do not fit them are disturbing, for they threaten a basic sense of order or predictability that appears essential to human stability. The unnatural is ambiguous because it does not clearly fit any of the categories which define normalcy. Birth defects are anomalous by definition and nearly all cultures attach significance to them. Depending on the society, such individuals may be hailed as divine messengers or put immediately to death. Either response derives from the same assumption, that anomalous conditions have great mystical potency and can endanger or enhance the established order. The unclassified must be classified, and this process reveals the principle underlying the system of categories. Our hypothesis is that folk beliefs, humor and symptom-naming, such as "harelip", represent and attempt to fit this anomaly into an orderly system that will explain its cause and provide guides for attitudes and behavior toward it.

Meanings in Symptom-Naming

We have examined folk beliefs as expressed in humor and theories of causation. Now let us look at some meanings implicit in symptom-naming; in this case, the historic designation, harelip. All societies define certain attributes or conditions of man by contrasting his human characteristics to those found in the natural world. To compare a person to certain animals is to slander him, although not just any animal is able to figure as a term of verbal abuse. To imply that someone's mother was a female dog is definitely an attack on that person's character. But to call someone a son of a fish conveys no particular opprobrium. As the eminent anthropologist, Edmund Leach, says, "When an animal name is used in this way as an imprecation, it indicates that the name itself is credited with potency. It clearly signifies that the animal category is in some way taboo and sacred" (3). Following this line of thinking, let us look at what has been the nature of the relationship of hares to man and see what importance this might have in the choice of the symptom name, harelip. It has been noted that a birth defect is an unnatural occurrence, and not easily fitted into usual cultural expectations of what a child should be. Since the name applied to the symptom reflects something of its qualities, it is logical to wonder why this particular animal was chosen. In Indo-European folklore, rabbits were the animal most closely associated with witches, after cats (1). In German superstition, it was frequently referred to as "witch animal"¹. To the ancient Hebrews, hares were

¹ Gunter Mecke, personal communication.

“unclean” animals². In the eighth century, the Christian church forbade the consumption of hare meat³. There is little doubt of the hare’s symbolic ambiguity in our own contemporary society. On the one hand, it appears as a gentle pet of children, but it is also consumed as an edible meat. It is a symbol of innocence and changing seasons, as with the Easter Rabbit, but also stands for great fecundity. Many jokes derive from its powers of procreation, and one of our major contemporary sexual institutions, the Playboy Club, has bunnies as its symbol. It is sometimes presumed that animal references in symptom-naming are due to some unusual anatomical feature. Thus, the hare’s split lip alone would explain the reason for symptom naming in this instance. However, such a cleft is common to a great many mammals, including dogs, cats, and all rodents. Why do we not say “dog mouthed” or “rat lipped”? We suggest that symptom-naming in this instance derives from the ambiguous relationship, both actual and symbolic, of rabbits to man and the meanings that are attached to this.

The most common folk explanations of cleft lip involve sexual irregularities and marking theory. The first is clearly connected to ideas about proper human sexual conduct: when persons act like animals, they may expect their offspring to be like animals, and this is confirmed in the symptom name. Marking theories derive from the peculiar susceptibility of pregnant women to various influences: they, too, are in a sense anomalous, being in a state of transition, and hence may be marked by that animal which is also anomalous both in respect to its relationship to man and in the differing significance of its sexual habits.

Some Implications for Counseling

What are the implications of this analysis for counseling? Since cultural attitudes define certain aspects of the cleft lip/cleft palate condition, the clinician must attempt to relate to these ideas and feelings within their cultural as well as medical framework. He must accept the emotional and intellectual credibility of such beliefs for the holders and try to understand their meanings for each patient. He should relate to these, rather than simply trying to convince the patient of the medical irrationality of such beliefs. It is also necessary to accept that parents need to explain why this unnatural thing has happened to them and their child, and that they do this in accordance with the socio-cultural materials available to them. Some passively accept the will of God; some confide their feelings and ideas only after they are sure they will not be laughed at, while others openly experience great anguish. It should be recognized that guilt is not always neurotic or harmful. For it can be a positive motivating force in the treatment process. While understanding some of the general implications of folklore and symbolism in symptom-naming, we must also individualize what the symptom and experiences associated with habilitation mean to each family and patient.

² *Deuteronomy*, Chapter XIV, Verse 7.

³ Gunter Mecke, personal communication.

This does not imply that the clinician must verbally agree with or encourage such folk beliefs. It is usually enough to listen attentively, thereby indicating sympathy with the need to account for this thing which has happened in a way which will be meaningful and perhaps comforting to the family and/or patient. At times it may be best simply to allow such beliefs. The sensitive clinician will be able to judge when the patient is stating a necessary belief or when he is covertly asking a question and is receptive to further medical information. There are no standard prescriptions for such a counseling situation, because there are no standard people. The physical symptom is only one aspect of a complex of individual, family, and social dynamics. There can be no substitute for mutual respect between clinician and patient, based on a sympathetic understanding of the anxieties, strengths, and beliefs of the patients and their families.

Summary

This paper explores some of the meanings of superstitions, folklore, and folk beliefs as they reflect culturally stereotyped attitudes toward cleft lip/cleft palate. Psychological and social anthropological theories are used to help understand the "psychosocial messages" contained in theories of causation, jokes, and stories reported by patients and staff. Some techniques helpful to all professions involved in counseling and parent education are suggested from the analysis.

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