

HAMBURGER HOARDING: A CASE OF SYMBOLIC CANNIBALISM RESEMBLING WHITICO PSYCHOSIS

WILLIAM M. BOLMAN, M.D.¹ AND ALAN S. KATZ, M.D.²

INTRODUCTION

Although it is common to find unusual or bizarre symptoms and behavior in schizophrenic patients, to the best of our knowledge the symptom of hamburger hoarding has not been previously described. Besides its intrinsic interest and rarity, there is also a considerable similarity between this patient and case descriptions of the so-called "Whitico" or "Windigo" psychosis reported among the Cree Eskimos and the Ojibwa Indians (2-5). We therefore present an outline of the case history, the major determinants of hamburger hoarding as they appeared during three years of psychotherapy, and the relationships to the Whitico psychosis.

CASE HISTORY

This 37-year-old, single, white secretary first sought psychiatric treatment in 1952. The precipitating event was a minor auto accident in which she was the driver and which resulted in bloody but minor lacerations to the face of her only sibling, a sister four years younger. The presenting symptoms were rather diffuse phobias, somatic symptoms and anxiety. She was in psychotherapy from this time until her referral to Dr. B. in 1961, but treatment was not continuous as she had five changes of psychiatrists due to moves, pregnancies and the like, of therapists. As far as we know, she was regarded diagnostically as an anxiety-hysteric, although this clearly

was in error as judged by later developments.

In 1960, a new symptom developed, the buying and hoarding of large quantities of raw hamburger. The precipitating event again involved the sister, and the onset of the symptom was quite interesting. The week before the sister was to depart on an airplane trip, the patient bought a cooked hot dog, removed it from the bun, and carried it around in her handbag. This was repeated once when the hot dog spoiled, and after this the patient switched to raw hamburger. When asked about it later she said the hot dog wasn't quite right, the hamburger somehow seemed better. We initially reacted to the hot dog symptom with our own fantasy, namely, that it represented a penis, but this missed the mark as badly as the anxiety-hysteria diagnosis of earlier therapists. Rather, it seemed that the hot dog was used as a magical, totem-like representation of the sister who had to be carried about in the handbag for protection against her imminent death in an airplane crash. One of the reasons for the switch to raw hamburger was that the cooked hot dog did not adequately express the raw nature of the patient's fantasies.

Once it began, the buying and saving of hamburger was inexorable. For about two years it remained at two to five pounds a day, and then steadily increased to huge quantities. This increase mainly had to do with the patient's extreme, if not total, inability to manage ambivalence. As the transference began to change from that of an idealized psychiatrist-savior to that of an ineffectual, passive "talker," her buying of hamburger increased to massive proportions, by her estimate, 60 pounds a day.

¹ Department of Psychiatry, University of Wisconsin Medical School, 1300 University Avenue, Madison, Wisconsin. This paper was read at the Western Divisional Meetings of the American Psychiatric Association, September, 1965.

² Boston University School of Medicine, Boston, Massachusetts.

During this period, she complained occasionally of the symptom, but never discussed it unless pushed quite actively. On these occasions she gradually began to divulge bits and pieces of her associations of the hamburger hoarding, but each time she felt betrayed and that she was now in the therapist's power to have told what she had.

When the hamburger hoarding reached the massive proportions of 60 pounds a day and showed no sign of change, she was told that she would either enter the hospital voluntarily or be committed. This statement produced the first direct anger the patient had expressed in treatment, a reaction of total, murderous, but then quickly controlled, fury. She did enter the hospital, and there was seen daily by a psychiatric resident (Dr. K.) while Dr. B. continued to see her two or three times a week. This led to the predicted result of her seeing her new psychiatrist as a savior while continuing to see Dr. B. as the personification of therapeutic ineffectiveness. It seemed clear that this split was a manifestation of her basic inability to resolve love and hate, an ambivalence that also manifested itself in her relationship with her sister and mother. Therefore, both therapists continued to see her in the hope that *via* their relationship and communication they could begin to modify her ambivalent bind and provide a kind of synthetic ego function that the patient so badly needed.

To the therapists' surprise and pleasure, this worked out very well, *i.e.*, the patient began to integrate herself, gave up her symptom (after switching from hamburger to bread!), and left the hospital to resume her job while continuing therapy. Also, the therapists found that each got quite different material that neither would have obtained separately. In the following discussion of her psychodynamics, material obtained from both therapists will be drawn upon.

PSYCHODYNAMICS

By far the most salient aspects of this patient's psychodynamics were the quality and intensity of her anxiety and the occasional glimpses of her unconscious fantasies. Regarding the anxiety, it was quite awesome to spend an hour with this patient when she was acutely anxious. In fact, anxiety is altogether too pale a word for her experience, which was more that of stark terror. At first, it was only possible for her to express her anxiety as a terror of being abandoned—alone and with no one to help. However, as treatment progressed, there were occasional glimpses into her frightening unconscious fantasies. For example, after nearly three years of treatment, the patient hesitatingly mentioned a fantasy she had had while looking at a supermarket display of hamburger. She felt a sudden impulse to bury her face into this display full of meat and devour it. During this same period of treatment, she was extremely concerned over her mother's health and also mentioned a memory of her mother giving her spoiled milk as a child. One day she related having had the sudden intense fear while driving her mother to a friend's house that the mother would fall out of the car and be killed. On another occasion she told of being astonished that her sister felt secure enough to go to sleep in the same room with the patient while the patient was still awake. This particular theme occurred a number of times, especially from the time when the patient was a teenager and did baby-sitting for friends. The underlying fantasy was of her being a dangerous, murderous person, a kind of vampire (or Whitico) who killed and devoured people as they slept.

There were many associative links between the mother, the sister and hamburger hoarding. One of the most dramatic was the sister's birth when the patient was three. The sister was born by Caesarean section just before Thanksgiving, and the patient

was told that her mother had nearly died and would be in the hospital a long time. At the same time the patient found what she had thought was a cherished pet turkey lying slaughtered and bloody in the bathtub in preparation for the Thanksgiving festivities. This link between blood, eating and mother must have been further reinforced by the mother's giving the patient raw meat to chew and meat juice to drink when the patient got pneumonia a year or so after this. (This was reported as being a common remedy in the parent's country of origin.) Thus, whenever issues involving separation or loss came up in the ordinary course of living, this woman reacted with the terror she must have felt at the age of three, symbolized by the bloody turkey. Here the hamburger hoarding can be seen to express these earlier events, and at the same time to defend against threatened loss. Highlighting and powerfully reinforcing this anxiety of the patient's was the fact that she was raised in an atmosphere of chronic fear on the part of her parents lest she die. The parents' first child had been stillborn, and they were frightened indeed that they might lose this child. Therefore, they went to some remarkable extremes to prevent possible danger; for example, the fireplace was boarded up to prevent drafts, and the patient was not permitted to crawl on the floor for fear of germs. Minor illnesses were treated in a major key, and separation of any kind was traumatic to an extreme, even going to Sunday School.

Although we have expected from this material that the relationship with the mother would be the primary concern, we found to our surprise that the father took priority, and the working through of this relationship led to the nearly complete disappearance of hamburger hoarding. The father had died some seven years before of a painful gastro-intestinal condition, and the patient had not been able to mourn his dying. This unfinished business eventually

shaped the pattern of her symptoms. She bought and carried huge quantities of hamburger with her in her large black automobile which was a replica of her father's. As she had trouble parting with hamburger, even when it became rotten, it soon became clear that she had converted her father's automobile into a hearse in which she carried his rotting body and to which she gave renewed life in the form of fresh hamburger. Although she never reported wishes to eat this hamburger, the somewhat displaced fantasy of devouring hamburger in a supermarket case leaves little doubt as to the cannibalistic level of this behavior. Thus, one of the most important dynamic elements of this symptom was the symbolic incorporation of her father. This theme is familiar both in religion and the daily life of cultures in which magic is prominent. In our material, it seemed that the importance of the father resulted from the patient's having turned away from her mother at a very early age, such that the father became greatly overcatheted.

Since Waelder's classic paper on the multiple determination of symptoms (6), it has been generally accepted that a highly catheted symptom serves emotional needs on many developmental levels. This was the case here. On an oral level, hamburger served as a defense against loss, or more properly against fear of annihilation. Thus, it may be viewed as an unusual type of fetish. The oral aggression and split-object function associated with this state resulted in such intense, irreconcilable splitting of therapists that we were led to use two therapists, as mentioned earlier. Our rationale was for each therapist to consistently point out to the patient her over- or under-evaluation of the other therapist and similar split-transference distortions. The existence of two therapists also seemed to lessen her fear of total abandonment and annihilation. Thus, this two-therapist arrangement appeared to

meet in part her lack of object-constancy and synthetic ego function.

Rather than detail the higher developmental functions that the hamburger symptom served in the patient's mental life, we have selected a pattern from the phallic-oedipal level which demonstrates the partial continuation of the oral-sadistic elements. Despite the limitations imposed on the patient's life by her need to buy and carry around such quantities of rotting hamburger, it should be stressed that she also was able to attend graduate school, obtaining straight As, and to have a pleasurable heterosexual relationship which included moderate intimacy. These behavioral indications of genital psychosexual development were supported by fantasies that contained both oral-sadistic and genital components. For example, in one session late in treatment she associated to hamburger as being meat pushed through a screen, and then from the screen to sand and a summer house in the country, where there were many snakes. Her father used to drive her there in the car, and on the way she reported often seeing squashed snakes on the roadway. These themes were recurrent, and supported the behavioral evidence that part of her ego and libidinal development had progressed to a genital level. Along this line, we should add that our diagnostic assessment was that of a "monosymptomatic schizophrenia" or a true paranoia; both diagnoses, if they are in fact different, implying considerable ego development.

WHITICO PSYCHOSIS

The Whitico psychosis is a form of mental illness that has been described among the Cree Eskimos and Ojibwa Indians in Northern Canada and the Hudson Bay area, mainly by Catholic missionaries (2, 5). The most available discussion of this disorder in the psychiatric literature can be found in *The American Handbook of Psychiatry* (1). Although it is by no means a definite syndrome, the following charac-

teristics are the most common: 1) It occurs mainly in men in the winter time. 2) The usual onset is that of withdrawal into a brooding state with avoidance of people other than the close family. 3) There is a development of obsessive wishes to kill other people and devour them. In the service of these wishes, people are often seen as animals. Presumably people other than family members are seen as wild and dangerous animals who could kill as well, while the family is seen as tamer, more luscious animals, such as fat beavers. These obsessive cannibalistic wishes may be acted upon, but more often they are not. 4) In some, a delusion develops of having been transformed into a "Whitico," a cannibalistic monster with viscera of ice. The afflicted person may flee his family, commit suicide or be murdered by others in the community.

For brevity, we will summarize the relevant aspects of the Ojibwa society and their child-rearing practices by saying that the life experienced by the Ojibwa man is fraught with chronic anxiety. During the long winter months he hunts alone for weeks at a time with a constant specter of failure and starvation. His isolation is augmented by child-rearing customs which stress extreme independence and self-reliance from an early age, and is compounded by the child's being pushed to develop his own special relationship with the super-natural forces which fill the cold, dark forests, usually to the accompaniment of voluntary starvation over long periods of time (3, 4).

Within this context, the manifestations of the Whitico psychosis make considerable sense as intensifications of normal experience. Its dependence on cultural patterns rather than upon the realities of the stark environment is indicated by the fact that neighboring Eskimo and Indian tribes do not show this form of disturbances, and cannibalism is not such an issue.

DISCUSSION

In discussing the similarities between this patient's schizophrenic symptomatology and Whitico psychosis, we should stress that this type of comparison is at best suggestive, as cross-cultural comparisons are far more complex and multivariate than so simple a presentation. Also, we are purposefully focusing more on the similarities than the differences in order to highlight the relationships.

Looking first at the patient's upbringing, there is considerable parallelism in the atmosphere of chronic anxiety over the patient's very survival, coupled with the use of magical means of protecting her from a dangerous, germ-filled world. It would help to have material relating to the mother's feeding practices, but this is missing except for a hint in the patient's hoarding of bread and other food instead of hamburger. Among the Cree and Ojibwa there is also a persuasive anxiety over survival with emphasis on getting enough food, and the means of coping with the hostile environment are mainly magical. Unlike the patient, among the Ojibwa and Cree this burden of anxiety weighs mostly on the man who is required to spend weeks at a time in solitary isolation in the wintery woods, hunting food in a barren and dangerous wilderness. Just as the Ojibwa hunter roamed the dark woods in search of prey, so the patient would spend night after night driving about the darkened streets of the city searching for open stores where she could buy hamburger. Her obsession characteristically became worse after most stores had closed, *i.e.*, when supplies were least available, and she had to roam widely in order to fill her needs. During this search she described herself as being like ice inside. By this she meant to describe her intense aloneness, coldness and fear, but it strikingly recalls the Ojibwa delusion of being transformed into a "Whitico," a cannibalistic monster with viscera of ice.

Unlike the patient, the cannibalistic wishes of the psychotic Ojibwa or Cree were apparently conscious. However, there, too, the wish did not appear in an undisguised fashion towards people. The form the defense took was to perceive other people as animals who could be killed and eaten. In the patient the defenses were more elaborate, and the cannibalistic wishes were converted into a more distant symbolic object, hamburger, with which she acted out her ceremonials.

SUMMARY

The case history and psychodynamics of a heretofore unreported symptom, hamburger hoarding, have been described.

The dynamics and symptomatology have considerable resemblance to reports of obsessive cannibalistic conflicts among the Cree and Ojibwa Indians that have been termed "Whitico" psychosis. This type of psychosis is not apt to be directly available for psychiatric study, and it is hoped this report will contribute to our limited knowledge.

Although this report did not focus upon the use of co-therapists in the treatment of this condition, we would like to mention its apparent usefulness in treating cases in which splitting of human relationships is so extreme.

REFERENCES

1. Arieti, S. and Meth, J. M. Rare, unclassifiable, collective and exotic psychotic syndromes. In Arieti, S., ed. *The American Handbook of Psychiatry*, pp. 546-563. Basic Books, New York, 1959.
2. Cooper, J. M. The Cree Whitico psychosis. *Primitive Man*, 6: 20-24, 1933.
3. Landes, R. The abnormal among the Ojibwa Indians. *J. Abnorm. Soc. Psychol.*, 33: 14-33, 1939.
4. Parker, S. The Windigo psychosis in the context of Ojibwa personality and culture. *Amer. Anthropol.*, 62: 603-624, 1960.
5. Saindon, J. E. Mental disorders among the James Bay Cree. *Primitive Man*, 6: 1-12, 1933.
6. Waelder, R. The principal of multiple function: Observations on overdetermination. *Psychoanal. Quart.*, 5: 45-62, 1936.