Psychiatry in Latin America: a historical perspective

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The evolution of psychiatry in Latin America reflects the merger of three different types of human interactions. The first one is represented by the aborigine cultures that prevailed in this Continent before its discovery. This group in primarily represented by the Aztec and Incas Indians who primordially occupied Mexico and Peru respectively. The second one is primarily exemplified by the Spaniards and Portuguese colonizers who discovered and occupied this Continent from 1492 till the second part of the 16th Century. The third one is personified by the forced African migration (slavery) that was initiated by the colonizers and maintained during most part of the colonization period. This ongoing multiethnic and multicultural process has led to what is today Latin America. In this context, the psychiatric ideology that prevailed in Spain and Portugal, primarily in Spain, had an enduring impact across Latin America during the colonization period. Nevertheless, the influence of the aborigine population culture and psychological framework not only helped to build the foundations of this continent but its manifestations still are present in today's Latin America. Given this context, in this article, a historical perspective of psychiatry in Latin America will be delineated, with emphasis on education, research and clinical practice from the pre-discovery period to the present time.

Key words: History of psychiatry, Latin America, education, research, clinical, practice.

Introduction

As in any other Continent, the historical evolution of the psychiatric field in Latin America has been an evolutionary phenomenon that goes as far back as when this continent became populated. Undoubtedly, this historical evolutionary process has been quite complex and challenging. Several periods have been observed and noted as part of this process. They are (1) the aborigine cultures, (2) the colonization period, (3) the forced African migration (slavery), and (4) the contemporary experiences. In this article, focus will be given to the most important psychiatric connotations in each of these evolutionary periods. Hopefully, this description, annotation, and discussion will bring light not only in the non-traditional approaches used by the aborigines of Latin America in their attempt to address psychiatric and behavioral conditions but also in the most modern psychiatric approaches that nowadays prevail throughout the continent.

The aborigine period

During the pre-discovered period there were over 200 Indian groups living in Latin America. In South America, the Incas in Peru, the Aymaras in Bolivia, and the Guaranies in Uruguay were the most prominent ones. In Central America, the Aztecs in Mexico and the Mayas in Guatemala were the most significant ones. In the Caribbean Basin, the Siboneyes and Tainos in Cuba and the Arawak in Saint Martin were the ones that primarily predominated.

During this period, behavioral problems and psychiatric conditions were perceived as the result of the malevolent powers of witches and sorcerers; the influence of evil spirit possessions; the ill will of Gods and deities; the neglect of worship; the outcome of individual and/or collective sins; the offensive acts against a holy representation (huaca); the loss of one's soul; and the intrusion in one own's body of foreign objects. In this context, several psychiatric «syndromes» were conceptualized by the aborigines. For instance, they called agitated syndromes «tlavililocayotl»; likewise, non-agitated syndromes were called «xolopiyotl»; manifestations of horror or intense fear were called «bia chebe» or «espanto»; and fright was denominated «jani» or «susto». Along these
lines, some of the psychiatric approaches that were used by the aborigines during this period were exemplified, among others, by priestly rituals (ah-kin) among the Mayas Indians; via confession of sins (omos) by the Incas and Mayas; based on magical or shamanistic practices by the Machi Araucanos; using botanical healing (hampi-camayoc) by the Incas; through the practice of divination by the Achicocos and the Amatutas in Peru; via the interpretation of dreams by the Teixtomani and the Aztecs; based on animal and human sacrifices (camasca) by the Aztecs and Incas; and through the use of black magic by the Chamacani Indians from Bolivia.

In this regard, some of the psychiatric interventions used during this period included: cranial trephination by the Tixtomani and Aztec Indians; blood-letting by the Incas; body sucking (soncoyal) by the Incas; balneotherapy by the Incas; fasting by the Incas and Aztecs; and, even, sodomy by the Mochica and Chinu Indians of Paraguay. The paraphernalia utilized for their psychiatric interventions consisted of the use of tobacco, coca, alcohol and potions; oil, lotions and ointment; medicinal herbs; pulgue or «ochtli» based on a fermented beverage from the maguey trees, and commonly observed among Incas; «chicha», which was a fermented beverage from maize (corn) used by the Incas; «<peyote>> or narcotic substance drawn from cactus trees, which was predominant among the Aztecs, Toltecs and Chichinec Indians from Mexico; «ayahuasca», a hallucinogen substance used by some Indian groups from Peru, Ecuador, Colombia and Venezuela; prayers; candles, and religious objects; flowers; and group/collective dancing.'

The colonization period

The main influences that occurred in Latin America during the colonization period emanated, in order of importance, from Spain, Portugal, the United Kingdom, France and the Netherlands.

The colonized areas by Spain included Mexico, Guatemala, Salvador, Honduras, Nicaragua, Costa Rica, Panama, Venezuela, Colombia, Ecuador, Peru, Bolivia, Chile, Paraguay, Uruguay, Argentina, Cuba, Dominican Republic, Puerto Rico, and certain areas of the United States; particularly, in the southwest and southeast regions of the USA. Portugal colonized Brazil. The United Kingdom colonized Jamaica, Bermuda, Bahamas, Barbados, the Virgin Islands, the Cayman Islands, and Trinidad and Tobago. France colonized Haiti, Guadaloupe, Martinique, Saint Lucia, French Guyana, and the State of Louisiana in the United States. Finally, The Netherlands colonized Curacao, Aruba, Bonaire, Saint Martin, Guyana, and Suriname.

Spain, in particular, was the country that influenced the most Latin America during the colonization period. In this context, it is important and relevant to be aware of a series of major events that took place in Spain just proceeding and around the time of the discovery of the Americas by Cristobal Colon in 1492. These historical events had a major impact on what occurred in Latin America during the first decades of the colonization period. Among them, we should note: the fall of the Muslin Kingdom in Granada; the end of the Arab invasion of Spain; the expulsion of the Jews from Spain; the evolvement of Christianity which prevailed in Spain during this period; the development and consolidation of the Spaniard identity as we know it today; and the beginning states of today's contemporary Spain.

During this period, a series of initiatives and developments took place in Spain that had a major impact in Latin America during the beginning states of the colonization period. Among them, we should underline: the creation of the first psychiatric hospital in Spain. This hospital was built in Valencia in 1409 by Father G. Joffre from the Catholic Order of Saint Mary of the Innocents; a general hospital with a psychiatric unit was built in Zaragoza in 1425 by the Catholic Order «Virgen de Gracia»; several other mental hospitals were built during this year; for instance, in Sevilla in 1436, in Palma de Majorca in 1456, in Toledo in 1482 and in Valladolid in 1489.5 Likewise, in Latin America, the first psychiatric hospital «Hospicio de San Hipolito» was built in Mexico in 1567, followed by another one also built in Mexico in 1568 the Hospital Oaxtepec. Similarly, other psychiatric hospitals were built throughout Latin America during the early years of the colonization period; for instance, in Bogota, Colombia in 1564, in Rio de Janeiro, Brazil in
1582, in Buenos Aires, Argentina in 1611, in Montevideo, Uruguay in 1782, in Quito, Ecuador in 1785, and also in Havana, Cuba, and in Antequera, Guatemala. Similarly, the first medical school was created in Lima, Peru, in 1571 and later a second one in Mexico City, Mexico, in 1580. Along these lines, tribunals for the inquisition were created in Lima, Peru in 1570, Mexico City, Mexico in 1571, and Cartagena, Colombia in 1610. It should be noted in this respect that the execution rate of witches and sorcerers was lower in Latin America than in Europe; for instance, 39 in Mexico, 15 in Lima and 6 in Cartagena.

During the colonization period, many psychiatrists and non-psychiatrists scholars developed in Spain, whose contributions and writings were related to psychiatric issues. Among them: Juan L. Vives (1492-1540), Francisco Valles (1524-1592), Juan Huarte de San Juan (1526-1588), Andres Piquer y Arrufat (1711-1772), Pedro Mata (1811-1877), and many others. Their influence also had an impact in Latin America, thus a series of excellent psychiatrists and nonpsychiatrists scholars with interest in the mental health field also evolved in Latin America during this period. For instance, among them, Diego D’Avalos y Figueroa, Francisco Gonzalez Laguna, Francisco J. de Caldas, Diego Alcorta, Manuel Ancizar, and many others.

**The slavery period**

This forced migratory process for the purpose of commercial slavery, that prevailed for the most part of the colonization period in Latin America, had a major impact in the field of mental health in this continent. As a result of this oppressive, and inhumane, and commercial slavery process, thousands of Black persons from West Africa; primarily from Nigeria, Congo and Guinea, were brought to certain geographical regions of Latin America. For instances, Cuba, Dominican Republic, Haiti, Puerto Rico, Northern Brazil, Colombia and some other countries from Central America and the Caribbean Basin. These oppressed Black persons, brought with them their cultural heritage, which included religion, healing practices, and their perception of mental illness as well as its treatment.

These Blacks slaves brought from Africa used their religious practices of «Brujería» and «Santería» as a method of intervention toward the prevention and healing of mental disorders and conditions as well as medical illnesses. Soon after their arrival to Latin America, these beliefs and practices disseminated among the Caucasian population as well. Another model of psychiatric intervention also predominated among certain regions of Latin American. This model of practice was «Espiritismo», which was brought from Europe (France). The countries and regions of Latin America influence by «Espiritismo» were Puerto Rico, Dominican Republic and Cuba. This religious/folk healing practice was based on the doctrine of A. Kardec. These types of folk healing practices still are nowadays observed in certain countries and/or regions of Latin America. Also, in many geographical areas of the United States where Latin Americans have settled.

The slavery process also brought to Latin America a series of culture-bound syndromes such as: «voodoo possession», «malignant anxiety», «falling-out» and others. There are also other culture-bound syndromes in Latin America such as «Ataque», «Susto», «Empacho», and «Mal de ojo».

**The contemporary period**

This period began after the process of independence, which occurred in the XIX century with the exception of Puerto Rico. Puerto Rico still has at the present time a status vis-a-vis the United States. During this period of over one Century Spain has produced illustrious scholars in the psychiatry and mental health fields. Among them, Gonzalo Rodriguez Lafora (1886-1971), Gregorio Maranon Posadillo (1887-1960), Jose Sanchis Banus (1890-1932), and Juan J. Lopez Ibor (1906-1991). There are also many Spaniard psychiatrists who are still alive and making outstanding contributions to the fields of psychiatry and mental health. For obvious reasons, however, none of them were mentioned.

Similarly, Latin America also has produced a group of outstanding psychiatrists during this contemporary period, who have made excellent contributions to the fields of
psychiatry and mental health. Among them, Honorio Delgado (1897-1969), Jose Ingenieros (1877-1925), Franco Da Rocha, Carlos A. Seguin, Raul Gonzalez Henriquez (1906-1952), and Jose A. Bustamante (1911-1987). Again, no mention was made about the outstanding psychiatrists/scholars from Latin America who are still alive at the present time. It should also be noted that in Latin America nowadays the issues of a consolidated identity still is a major challenge. As a result of the colonization process and the superimposed slavery process, there are two racial/ethnic groups that needs to be fully integrated into the mainstream of Latin American life; that is, the «mulatto>> that resulted from the genetic interchange between the Black and the Caucasian (white) populations and the «Mestizo>> which resulted from the genetic interchange between the Indian population and the Caucasian (white) population. This complex ethnic situation still has a strong psychological impact in Latin America; with its many ramifications in all aspects of life.

In this respect, Simon Bolivar attempted to integrate some nations in Latin America in order to create a strong federal system, but this attempt on his part failed; thus, multiple individualistic countries have emerged. This situation, combined with a major imbalance between North America and Latin America in many aspects of society, has led to an endemic presence in Latin America of military-led governments, oppression, some degree of colonization from the north instead of the east, misery and poverty.

This lack of full identity in Latin America, couple with socioeconomic disparities and extreme poverty, have led, so far, to fail attempts to implement socialist and even communist ideologies. Despite these major challenges, some positive efforts and initiatives have led to a considerable advancement and improvement with respect to the contemporary mental health field in Latin America. Among them, it should be noted:
- The creation of the Mexican Social Security Institute in 1943.
- The organization of the Latin America Psychiatric Association (APAL) in 1960.
- The holding of two World Congresses of Psychiatry in this Continent; Mexico City in 1971, and Rio de Janeiro in 1993.
- The creation of the Mexican Institute of Psychiatry, in 1980, in Mexico City.
- The creation of the National Institute of Mental Health (Delgado- Neguchi) in 1980, in Lima.

Conclusions
Psychiatry in Latin America has continuously evolved from the pre-discovered period to the present contemporary period. Between these two periods of time in the history of Latin America, a series of stages have taken place; each of them with its unique characteristics and its unique impact in the evolutionary process of the mental health field in this continent. These phases have been as follows:

1. Mystic-religious phase, with emphasis on folk healing practices. This phase took place before the colonization period; that is before the XV century.
2. Moral and ethical phase, with emphasis on the liberalization of the mentally ill under, the European influence. This phase took place during the colonization period; that is, between the XVI and the XVIII centuries.
3. Existential and phenomenological phase, with a strong scientific influence. This phase took place during the post-colonization period; between the XIX century and the early part of the XX century.

Subsequently to these three phases, some trends have been observed in the continuous evolvement of the psychiatry and mental health fields in Latin America.
However, neither one of them has so far been able to integrate and produce a major impact in the fields of psychiatry and mental health. These recent trends that have been observed in the last several decades are:

a. Biological trends, with emphasis on the neuroscience, which have prevailed since the 1930s.
b. Dynamic and psychoanalytic trends that has shown its presence since the 1960s.
c. Social and community trends that has prevailed since the 1970s.

Despite the fact that neither one of these trends have overtaking the fields of psychiatry and mental health in a decisive manner, some signs of a <<humanistic>> model is beginning to permeate throughout the whole Continent, with strength and persistence since the 1980s. Perhaps, the state of misery that prevails in rural Latin America as well as its urban slums; the disparities that exist in all aspects of society between North America and Latin America; the globalization process that currently impacts in the entire world; and the endemic state of militarism and oppression that still permeates in this Continent, they all are creating a <<humanistic>> conscience in the entire Continent. Hopefully, if such a <<humanistic>> phase were to evolve in Latin America, equality, fairness and humane conditions will prevail in all aspects of life, including the health and mental health fields. One thing appears to be obvious in this contemporary period in Latin America: status quo is neither a viable option nor can be tolerated too much longer. Let’s all hope that Latin America can become a window of hope for the entire world.