Sad and degenerate indigenous: the psychiatric view of Hermilio Valdizán on racial difference in Peru, 1910-1925

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Abstract

Hermilio Valdizán published several papers on what was called psychiatric folklore, understood as the ways of understanding and treating mental illnesses by indigenous people, both from the colonial and pre-Hispanic past and from the author's present. In this article, we analyze Valdizán's texts on the psychiatric and psychological characteristics of indigenous Peruvians. From the perspective of this psychiatrist, contemporary indigenous people were archaeological remains of the ancient Inca empire, ruins in the process of degeneration. In a context marked by indigenism, in which it was sought to integrate the Indians, psychiatry played a conservative and racist role that reproduced evolutionary models of the nineteenth century.

Keywords: Hermilio Valdizán (1885-1929); Peruvian indigenous; psychiatric folklore; degenerationism; history.

During the first decades of the twentieth century, just when Peruvian psychiatry was in the process of professionalization, there were specialists in this area who reflected on the psychological and psychopathological characteristics of indigenous people to incorporate them into the national project. A look at the historiography of psychiatry in Latin America allows us to show that in other countries with a high indigenous population, the bibliographic production on the topic of our study was scarce compared to Peru. For example, in Bolivia some psychiatrists published articles on this topic, such as Otto Kleinberger and Miguel Levy (Zulawski, 2004), in Mexico, there were no works on the matter, and in Brazil, the reflections dealt with madness among the Afro-descendant population.[1] This fact allows us to assess the Peruvian context such as the space in Latin America where there was a greater concentration of psychiatric research on indigenous societies. In this article, we specifically focus on Hermilio Valdizán (1885-1929) who was one of the founders of Peruvian psychiatry, a member of the medical elite, author of an abundant and diverse bibliographic production on clinical psychiatry, mental hygiene, history of medicine and, for the topic that concerns us here, psychiatric folklore.[2] This last area of knowledge aimed at documenting the beliefs and therapeutics of the indigenous people regarding mental and neurological illnesses. For such purposes, Valdizán compiled many primary sources that ranged from colonial documents, chroniclers' accounts, archaeological objects, and observations made by himself to indigenous people outside and inside the psychiatric institution that he directed in the city of Lima: the Víctor Larco Herrera Hospital.

The first aspect to point out is that the reflections on the mental health and psychological characteristics of the indigenous people were carried out outside the psychiatric clinic; that is, despite that approximately between 20% and 30% of hospital patients were racially classified as indigenous, no case studies were published addressing their psychopathology. The clinic focused on understanding madness in whites and mestizos since it was assumed that Indians rarely arrived at the doors of the psychiatric institution. Consequently, the observation of the indigenous made by Valdizán and other colleagues took place outside the clinic. This is because, according to the idea shared at the time, although not confirmed by statistics, the Indians did not tend to madness, and that is why they were analyzed in the field of "folklore." This implies that the psychiatric observations on the Peruvian indigenous were conditioned by a historical and not a clinical view. For Valdizán, the living indigenous people were a kind of archaeological "remains" of the ancient Inca empire. From the nineteenth-century evolutionist and degenerationist logic, to observe the Indian, the "savage," they need to observe the past of humanity since they were societies that had remained stagnant in time. For that reason, they could not be incorporated into the "civilized" world. Therefore, for this psychiatrist, observing and understanding the indigenous people was a possibility to address the pre-Hispanic world, which implied a lack of knowledge of contemporaneity, an intrinsic feature of colonial thought (Thomas, 1996). This perspective ratified the degenerationist view that prevailed since the mid-nineteenth century to understand the racial differentiation: non-Western groups were considered physically and mentally inferior, which is why they were assumed to be "degenerate" and in the unquestionable process of extinction (Loveman, 2014). This view coincides with

the reflections that psychiatrists elaborated on the colonial contexts in India and Africa in the same years, which had the same objective: to know the psychiatric and psychological reasons that prevented the natives from adapting to the benefits of Western "civilization" (Keller, 2007; Pinto, 2018).

According to Valdizán, a central characteristic of the indigenous soul is its "impenetrable" nature due to its intrinsic melancholy. An idea shared by the intelligentsia of the time was that the Indians lived in a state of deep sadness, since the years of the conquest when the peninsular rule crushed their soul; the reason why the Indians could not have economic goals and objectives in life, difficult him to integrate into the Peruvian nation since sadness had petrified his will. This permanent state of mind was reflected in the psychopathological manifestations since all madness of the original Peruvian was covered by a halo of melancholy that made his soul an impenetrable world. In general terms, the psychiatric view excluded the indigenous from the clinic and transmuted them into folklore, as a historical object submerged in deep sadness as a result of racial inferiority. This perspective of Valdizán must be interpreted within the framework of two phenomena that took place in Peru in those days: indigenism and the consolidation of a scientific field.

Historiography on Peruvian indigenism has pointed out the diversity of positions within this movement. At the end of the nineteenth century and during the first decades of the twentieth, there were intellectuals, writers, activists, and politicians who fought for the improvement of the living conditions of the indigenous people and their efficient integration into national life (Wilson, 2018). As proof of this, there is the indigenism led by militant intellectuals such as José Carlos Mariátegui, Luis Valcárcel, Hidelbrando Castro Pozo, Víctor Andrés Belaunde, Víctor Raúl Haya de la Torre, among others, who moved away from the degenerationist, evolutionist, positivist and racist perspective to focus on the economic exploitation of the colonial and nineteenth-century regime as central causes to explain the marginal place of Peruvian indigenous people (Marzal, 1993; Chang-Rodríguez, 1984). However, this was not the only position: in the 1920s indigenism became one of the banners of the "New Fatherland" led by Augusto Legía within the framework of nationalist rhetoric that promised to get the indigenous people out of marginality and misery, acknowledging centuries of exploitation and mistreatment. However, historiography has indicated that these good intentions could not come true, and rather turned the indigenous into an object of nationalist rhetoric (Drinot, 2018). Also, the state ideology was aimed at educating and turning the Indians into a worker as routes to "civilize" him and integrate him into the national project (De la Cadena, 2000; Drinot, 2016; Nalewajko, 1989). In this range of positions, we can interpret the work of Valdizán. Although Juan B. Lastres (1941, p.18) affirmed that this psychiatrist was "a convinced indigenist" due to his interest in knowing the beliefs and practices of the different indigenous groups in mental illness, his texts tell us from a perspective marked by evolutionary, racist and colonial references crossed by degenerationist theory, reproducing an archaeological perspective that considered them as vestiges of a remote past and submerged in constant melancholy.

A second contextual phenomenon that allows us to understand Valdizán's proposal has to do with the emergence and progressive consolidation of the Peruvian scientific field and the constant need to appeal to history to obtain legitimacy, as Marcos Cueto (1986) has

shown. After the War of the Pacific (1879-1883) the beginning of the consolidation and institutionalization of different scientific fields took place. The appearance of specialized institutions, the circulation of scientific knowledge as a result of rigorous investigations, the incursion of science into public opinion thanks to numerous articles in mass-circulation publications, and the prevailing positivism linked to evolutionism were the aspects that marked science. Peruvian society in the last decades of the nineteenth century and the first three of the twentieth century. In this context, medicine was one of the central spaces because it was in charge of worrying public health problems, such as epidemics and hospital care. One of the legitimation strategies was the incursion into historical research, which was characterized by the writing of laudatory biographies, institutional chronicles, and the application of medicine from the present to the past through diagnosing important characters (Cueto, 1989). Valdizán's production can be understood within this framework of consolidation of the scientific world together with interest in history for the sake of legitimizing official medicine. For this reason, as we will see later, the interest in knowing the beliefs and medical practices of the indigenous had the objective of locating errors that would allow the full exercise of Western medicine in lands that had been under the domain of superstition and magical thinking.

The argument that we propose in this article is that the work of Hermilio Valdizán on indigenous psychopathology allows us to analyze the deployment of psychiatric thought in contexts that go beyond the asylum or clinical practice. It is a possibility to understand how knowledge was closely linked to social processes to the degree of scientific support of the racist ideology of the Peruvian hegemony. Valdizán replicated the colonialist view that he considered the non-Western as inferior, "degenerate" and incapable of joining the modern world. These reflections were elaborated outside the clinic, in a new field linked to the knowledge that was also in the process of professionalization, such as archaeology, anthropology, and history. The exclusion of the living indigenous from the present, considering it as a vestige of the past like an archaeological ruin, invites us to think of psychiatry as a device for the control of Western and modern subjects that interpreted and at the same time excluded cultural manifestations from the clinic understood as incoherent for the civilizing project.

Hermilio Valdizán (1885-1929)

Valdizán is considered one of the founders of Peruvian psychiatry and a distinguished member of the medical elite.[3] He was born in Huánuco and arrived in the Peruvian capital when he was 8 years old. Despite coming from the provinces and a family with modest incomes, he managed to consolidate in a context where the intelligentsia was, for the most part, made up of subjects of European descent and belonging to the Lima aristocracy, which evidences the world of medicine as a path of the social ascent. Despite his short career – he died at the age of 44 – he published more than 140 texts: eight books, numerous essays, and articles. Those who remembered him in multiple tributes evoked the image of a friendly scholar who worked surrounded by mountains of history, anthropology, and archeology books. Although he wrote some articles on clinical psychiatry, expert reports, and treatments for psychosis,

most of his works dealt with mental hygiene, the history of medicine, and psychiatric folklore. His journalistic texts on mental hygiene, aimed at parents with recommendations to prevent some form of mental illness from entering the home, have been previously analyzed (Ríos Molina, 2019; Stucchi-Portocarrero, 2018). The most outstanding works on the history of medicine were: *La Facultad de Medicina de Lima* (1913, three volumes), *Diccionario de medicina peruana* (1918, five volumes), *Apuntes para la bibliografía médica peruana* (1928) and *Los locos de la colonia* (1919). This extensive production was based on a methodical search for primary sources and documents that allowed reconstructing the past of the teaching and practice of medicine in Peru from the beginning of the colonial period to the author's present. As Marcos Cueto (1989) stated, Valdizán's production can not only be understood as the result of individual tenacity but also within the framework of an interest shared by the nascent science to offer a historical narrative that would allow reaffirm the legitimacy of the official medical institutions. Valdizán sought to give continuity to the work of Hipolito Unanue (1755-1833), creating a magazine on the history of medicine with the surname of the doctor mentioned, which circulated between 1924 and 1926. This historiographical genre was continued by characters like Juan B. Lastres and Carlos Paz Soldán (Cueto, 1989).

In that interest in history, understanding the Peruvian indigenous people and their various manifestations of madness, we took the route to delve into the pre-Hispanic past. In this regard, Valdizán published numerous articles, mainly in the *Revista de Psiquiatría y Disciplinas Conexas,* together with Honorio Delgado, who was the main recipient of psychoanalysis in Latin America (Plotkin, Ruperthuz, 2017). However, he compiled these observations in *La medicina popular peruana* (1922), three volumes written with the chemist Ángel Maldonado (Valdizán, Maldonado, 2015). In the introduction, the authors point out that knowing the practices, beliefs, and healing knowledge of indigenous groups was the way to approach the "health conscience of the crowd" (p.20), in which healers "deceive" "ignorant people." Thus, medical folklore consisted of compiling "all the prejudices and errors that Popular Medicine is full of" (p.26). This knowledge was defined by the authors as "a deformed representative of times that were of beliefs and current; they are the soul of times gone by" (p.27).[4] The goal was:

> Knowing everything that contributes to characterizing it [the social context] and everything that can make it [the doctor] bearable its close relationship with a different environment… It is, for these reasons, of capital interest for the practitioner, knowing the medical criteria of the profane mass, scrutinizing with Benedictine thoroughness in the hornet's nest of the beliefs of that mass (Valdizán, Maldonado, 2015, p.27).

Valdizán (1924, p.147) highlighted the need to address different historical sources: "The study of ceramics, primitive languages, folklore, legend, and tradition, has allowed reconstructing, in a certain way, the main characteristics of the Inca environment." Among these sources, his observations of indigenous people, inside and outside the psychiatric hospital, were also a route to document the Inca environment, as we will see later. On the one hand, the knowledge about the Indians and their beliefs had a pedagogical background, since, once the errors and deceptions were known, it was possible to start a correction process. Also, knowing the contemporary Indians was a kind of archeology since they were understood as

vestiges of a glorious past. Valdizán captured an idea that the Peruvian intelligentsia took for granted: the contradiction between the greatness of the dead Inca and the "degeneration" of the living Indian, which had the intention of interpreting the Indian as an archaeological object to intervene pedagogically with ultimate goal of westernizing him.[5]

Analyzing all of Valdizán's work is something that goes far beyond this text. Thus, we are going to limit to offering an approximation to how this author interpreted the psychology and psychopathology of the indigenous people in a time frame that goes from 1910, when he graduated as a doctor, to 1924 when he published his most complete work on madness in indigenous people and which brings together a good part of the observations made over several years. This brief tour begins with the thesis entitled *La delincuencia en Perú* (Valdizán, 1910), in which he sought to apply Cesare Lombroso's proposals to understand the characteristics of the prison population from environmental, economic, and racial variables based on the criminal statistics created by Leonidas Avendaño years ago. A year later, he headed to Italy to train as a psychiatrist with Sante de Sanctis in Villa Amalia, where he stayed for three years and in the end had to return due to the outbreak of the Great War. In that place, he also published with Lanfranco Ciampi a couple of works on phrenasthenia (Valdizán, Ciampi, 1914), and the book of essays *De otros tiempos* (Valdizán, 1914a), which were written while traveling through libraries in Florence, Genoa, Bologna, Milan, Lausanne, and Ferrara. In addition, he published a text on tobacco (Valdizán, 1914b), another on Martin de Porres (Valdizán, 1913b), and *Un psichiatra del seculo XVI* (Valdizán, 1913c), about Tommaso Garzoni. His stay in Italy was devoted to the history and spent whole days in libraries, rather than training in a clinic.

When Valdizán left Italy and returned to Lima, where he dedicated himself to publishing numerous works on the history of Peruvian psychiatry and articles on mental hygiene in widely circulated newspapers. Among his works in which the racial theme was central, we can mention his doctoral thesis entitled *La alienación mental entre los primitivos peruanos* (Valdizán, 1915), the essay "Los factores etiológicos de la alienación mental a través de la historia de Perú" (Valdizán, 1917), the book *Los locos de la colonia* (Valdizán, 1919b), in addition to the aforementioned work *La medicina popular peruana* (Valdizán, Maldonado, 2015), in 1922. Finally, in 1924, he published "La alienación mental de la raza india" (Valdizán, 1924), synthesizing a large part of his observations made in the psychiatric hospital he directed. We are going to divide this journey through Valdizán's ideas into two moments. The first is 1910, when it is titled with work on criminality and its arguments come from a Lombrosian logic, together with its texts on coca consumption, where the theme of degeneration is the common thread when it comes to understanding the indigenous people. Secondly, we will address his work after 1920 where the observations made by Valdizán in the hospital were the raw material to reflect on melancholy as a hallmark of the psychology of the Peruvian indigenous.

Criminal behavior, coca use, and degeneration

In 1910, when Valdizán was 25 years old, he presented the thesis entitled *La delincuencia en Perú: ensayo de criminología nacional*, an extensive study of the Peruvian criminal population to define the etiology of crime, understood as a disease, based on of the racial

ascription of criminals (Valdizán, 1910). For such purposes, he was based on the book *El criminal*, by Cesare Lombroso, to apply the same method to the Peruvian context, whose starting point was that criminals were sick people who broke the law due to an organic, inherited, or acquired defect. Valdizán worked with the statistics prepared by the medical examiner Leonidas Avendaño since the last decade of the nineteenth century when he was director of the Police Statistics and Anthropometry Service, an institution that aimed to lay the foundations for Peruvian criminology. Valdizán compared the crimes committed based on variables such as racial characteristics and environmental or social elements, which could influence the increase or reduction of crime. When analyzing the dynamics of crime in the rural world, Valdizán pointed out that the basis of the problem was the degeneration of the race. Before presenting the arguments of our psychiatrist, let us specify what this theory consisted of.

This was proposed by August Benedict Morel (1809-1873), author in 1857 of *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine et des causes qui produisent ces variétés maladives*. He argued that all species degenerate or regenerate as they move away or approach an original model from the influence of the environmental and social environment. In addition, this theory proposed that subjects with "abnormal" or vicious behaviors would have epileptic children or with some other mental illness, which meant a racial degeneration (Pick, 1989; Huertas, 1987; Caponi, 2009, 2012; Dowbiggin, 1985). This theory enjoyed wide acceptance in Latin America from the end of the nineteenth century to the middle of the twentieth, to the point of becoming a banner to fight and take radical measures against the factors that could "degenerate" society, such as alcoholism, venereal diseases, criminality, madness, and drug addiction.[6] This proposal is what we find throughout Valdizán's work. For example, in Huánuco, the place of origin of this psychiatrist, this condition was endemic:

> The *'vallinos'* are complete degenerates, their depressed and narrow foreheads, their expressionless looking eyes, and their thick, slightly parted lips are always a feature that imprints on those tanned faces that rest on the enormous goiter, an unmistakable expression of mental abnormality (Valdizán, 1910, p.134).

The author considered the Indians to be naïve, bad merchants, lazy, and prone to theft. Before exposing the number of criminals according to race, Valdizán (1910, p.135) affirms that Peru is "clearly" racially defined by whites, blacks, Indians, yellows, and mestizos. Following this classification, the Indians were the most prone to crime since 50.60% of the crimes were committed by them. The distribution was as follows: whites 12.47%, blacks 8.59%, mestizos 23.90%, Asians 1.97%, and poorly specified 2.40% (p.135). However, when viewing these data based on the number of inhabitants according to a racial group, Valdizán (1910, p.146) pointed out that blacks were more prone to criminality in proportion to their population:

> The black race is our ethnic element with the highest criminal coefficient. The social element that is becoming extinct in favor of interbreeding, the black element usually lives subject to physical and biological conditions that predispose him to delinquency. Shaken from the chains of shameful slavery, the black man has not been able to shake

> off the shackles of an essentially moral order that seems to condemn him to a modest social performance.

As Brazilian historiography has shown, Afro-descendants were also considered degenerate subjects who represented all the anti-values of the West, and psychiatry took different positions against them (Venancio, 2004). In the Peruvian case, Valdizán (1910) stated that the "blacks" were the most prone to crime, while the Indians were very little prone to criminal behavior in proportion to the total population, but the "Asian" (Chinese and Japanese), because they were opium consumers, were assumed to possess a criminal nature as degenerates: "A conjunction of two undeniably inferior races today and that combines vices ... the convergent heritage makes this ethnic element one of the most dangerous in the social order" (p.148). As expected, whites had the lowest crime rate.

We could expect that, within the framework of the indigenous movement of the following decades, the biological positions to understand racial differentiation would be reduced, to explain another order, but it was not. Twelve years after the publication of Valdizán's work, the jurist Oscar Miró Quesada (1922) carried out a study on criminality in Peru and, in addition to acknowledging the contribution of the psychiatrist, he concluded that, in effect, the black race was the more prone to crime: "It seems to indicate the predisposition of the black to crime due to the anthropological factor of his inferior individuality" (p.43). According to the above, the racial inferiority attributed to Indians, Afro-descendants, and Orientals was the *sine qua non* explanation for understanding criminality.

After the aforementioned work, Valdizán began to publish numerous ethnographic essays to compile information on the terminology, rituals, and medications used by the indigenous people to treat conditions considered to be forms of "madness." However, after making detailed descriptions, Valdizán's reflections were unable to break the fence imposed by the colonialist view, which prevented knowing the native logic and, instead, Western logic was imposed: what was observed was understood as a consequence of degeneration or, if there was therapeutic efficacy, it was interpreted according to Western categories such as "suggestion" or "psychotherapeutic." Below, we show two examples.

In his article "El cocainismo y la raza indígena," written while living in Rome in 1913, Valdizán (1913a) pointed out that psychiatry assumed that coca had a harmful effect, without sufficient scientific studies. Although Hipólito Unanue made the first studies on this plant at the beginning of the nineteenth century, according to Valdizán, his approach was botanical and had not taken into account the psychiatric effects of its consumption (Woodham, 1970). Therefore, for the author, the question that had been raised in 1910 in *La delincuencia en el Perú* was still valid: "Is it possible to assert that the use of coca does not influence the painful inertia of a race that seems to sleep the dream of 'their greatness?'. To resolve this question and measure the real danger of coca, the author suggested undertaking rigorous studies that would contribute to understanding the causes of the 'undeniable degeneration of the indigenous race'" (Valdizán, 1913a, p.264).[7]

From his clinical experience, Valdizán affirmed that the consumption of coca by the Indians allowed them to increase physical performance. Working long hours or walking for several days without visible exhaustion was possible because they were constantly chewing

coca: that is, they chewed it, generating a ball of saliva that they kept for several hours on the side of their mouths. Coca "performs revealing work of resistance and sobriety to find a parallel to which it needs to descend in the zoological scale to the mule of the pampas of America and the camel of the African deserts" (Valdizán, 1913a, p.269). That is, coca was a dehumanizing element that forced the Indians to "go down the zoological scale." However, his symptoms were very far from those presented by cocaine users who arrived at asylums such as "charlatan expansion, the liveliness of gesture and speech, childish enthusiasm, which are found in the hospital cocaine user" (p.270). Moreover, Valdizán (1913a) stated that a fellow student in his university years used coca during exams and was never seen in a state of "intoxication." However, the author concluded that coca was indeed a degenerative factor. An example is the "decreased sensitivity to pain" that was evident when the Indians arrived before the doctors with deep or infected wounds with a passive attitude, without shouting nor cries of pain, which evidenced a "psychophysical decline" (p.272) that explains why "the indigenous race has done nothing to free from the secular yoke that oppresses it" (p.270). This undeniable degeneration, according to Valdizán, was perceived in the schools where indigenous children attended. Although they made an evident effort, they failed to learn because they lacked the "admirable perceptive facility of other races, especially the white" (p.273). For this psychiatrist, it was an obvious fact that coca had been, throughout the centuries, a determining element in the degeneration of the indigenous people, to the point of making them "descend" on the zoological scale. Thus, even though empirical research indicated that the Indians did not reach the gates of the asylum due to the effects of coca, for Valdizán it was an irrefutable fact that the consumption of this leaf was one of the causes that kept the indigenous in a condition of inferiority compared to the white race.

Two years later our psychiatrist published *La alienación entre los primitivos peruanos* (Valdizán, 1915). It was detailed ethnographic research that begins with a linguistic approach to the ways of naming madness, the various moods, and body parts in Quechua. For example, *llanqui* means sadness, anguish, suffering, or grief (p.10), *manchay* is fright or morbid fear or *muspay* refers to sudden changes in emotional excitability. *Soncco* means heart, breadcrumbs, and is also used to name hidden feelings and "functions of intellectual activity;" therefore, *soncconnac* is "crazy, foolish, idiot." *Uma* means head and *umannac* is derived from it, meaning "crazy" or who has lost his head, while *upa* is used to refer to a mentally, fatuous, clumsy, or even deaf-mute subject and, in general, "states of mental inferiority" (p.17). This is just to mention a few concepts from the extensive linguistic corpus analyzed by Valdizán. However, despite the search for scientific objectivity, the interpretation could not move away from evolutionism: "It is very likely that the primitive Peruvians, like many other primitive peoples, established an unfortunate confusion between the psychic functions, attributing them indistinctly to the heart and the head" (p.14-15). Our author's conclusions always pointed out the shortcomings, confusions, and inconsistencies of Peruvian indigenous people when it comes to understanding mental illness, its etiology, and therapeutics. In addition, instead of locating what was observed within the framework of the cultural logic of the cultural groups, Valdizán brought the compiled material to a Western frame of reference to make sense of what was unintelligible.

An example of this is evidenced in the treatment of everything that our psychiatrist called, in psychopathological terms, hysterical paralysis. The cure was considered by Valdizán as a consequence of the suggestion exercised by the sorcerer, who interpreted the paralysis based on some envy caused by a neighbor or relative. The therapeutic ritual was interpreted as a total "surrender" to psychotherapy by the sorcerer without realizing it since witchcraft was considered a consequence of inferior minds subjected to credulity and fear of supernatural beings (p.39). Thus, the rituals for the cure of paralysis were seen as rustic versions of the work done in the West by psychotherapists; any possibility of understanding the symbolic richness of indigenous rituality based on a translation carried out under the Western view vanished in the colonialist narrative. An example of this colonialist logic becomes evident in a text published four years later by Valdizán (1919a) entitled "El sistema nervioso en nuestro 'Folk Lore'". He analyzed how the indigenous people interpreted dreams, how they cured fright, the operation of witchcraft, and the use of *datura* by indigenous women to make white men fall in love, among many other beliefs and practices. This work was a conference presented to medical students to warn them of the "errors" and "prejudices" that had to be faced day by day in clinical practice.

The melancholy of the Indians as a trace of the conquest

In 1924, when Valdizán had been in charge of the most important psychiatric institution in Lima for seven years, he published an extensive article entitled "La alienación mental en la raza india" (Valdizán, 1924). The author begins by justifying the relevance of this work in historical terms since its driving force was the "imperative invitation to study the general causes of the tragic fall of that dense group of men" (p.145), the Incas. For Valdizán, it was imperative to understand the causes that had generated the fall of an "admirable vigorous race, lady of the Continent," but that their descendants lived "a present of debasement led to servility" (p.145). Observing the Peruvian indigenous people, he perceived "the desolate background offered by this race that has replaced the tender complaints with the vibrant protests and that, as tired of throwing the warrior dart, mourns its misfortune in the mournful monotony of the *quena*..." (p.145). Instead of a brave and bellicose posture by the indigenous people due to centuries of exploitation and mistreatment, Valdizán only perceived sadness, tears, and melancholy, like the "monotonous" sound of the *quena*.

When analyzing the ethnic composition of the psychiatric population, Valdizán referred to the registry books of the Cercado Asylum,[8] since among the personal data there was one for the variable "race," where the doctor on duty wrote if the patient was white, Indian, black, Asian or mestizo. The author reviewed the books from 1859 to 1917 and drew his attention to the fact that only 535 subjects (303 men and 232 women) of the Indian race entered, ranking third after whites and mestizos. In addition, the largest number of Indians came from Lima (32%), Junín (14.31%), and Arequipa (9.34%); the majority were between 16 and 30 years old, 74.27% were single, and the most diagnosed conditions were toxic psychosis (23.17%) and manic-depressive psychosis (21.88%), and 44.29% died in confinement. From this, we deduced that the indigenous people in the asylum were usually young, single, and migrants who died during internment. However, Valdizán (1924, p.149)

mistrusted these figures since "a spirit of misunderstood benevolence restricted the Indian ethnographic label, considering it harmful to the dignity of the subjects," which is why it was wrongly classified Indians as mestizos. As Cosamalon (2017) has pointed out about the Peruvian censuses, the variable "race" was crossed by the cultural view and was not an easily definable biological fact, which is why the increase in the mestizo population was not due to the increase of interethnic relations, but to the success of the mestizophilic project of the State. That is why Valdizán said that some were registered as mestizos to avoid attacking "the dignity of these people."

The reduced number of indigenous people in psychiatric confinement compared to people classified as white and mestizo can be understood in the context of the historiography of psychiatry, which has pointed to the existence of a widely shared idea at the end of the nineteenth century: the "wild," whether Indian or black or Asian, had little risk of going mad (Gonaver, 2018, p.38; Swartz, 1995, p.409; Ernst, 1991). Echoing this idea, Valdizán (1920, p.285) analyzed the diagnosed cases of progressive general paralysis at the Víctor Larco Herrera Hospital. This clinical work led him to state the following:

> The white race is the most civilized and the most syphilized and is the one whose life is most full of demands and most subject to the ordeal of its reactions to the environment. This white race is the one that encounters the greatest difficulties in the constitution of their homes and is the one that most frequently engages in prostitution ... And then come, lastly, the Indian and black groups, in whom the sexual problem takes on such forms of primitive simplicity that shelter the race from the dangers of syphilization by dealing with infected prostitutes. They are also the least civilized races and the ones that must suffer the harmful actions of the environment with less intensity.

According to this quote, syphilis and the very complicated consequences of this condition in the psychiatric area, had a clear racial component since they used to affect whites and not indigenous people since the indigenous were apparently outside the challenges that posed modernity for sexual life.[9] This also happened at Ranchi, India's leading insane asylum set up for the British who went mad, not the natives; and as in Peru, the progressive general paralysis caused by syphilis used to affect mostly the white population (Ernst, 2013). Consequently, the underlying idea was that the more civilization there would be the more manifestations of madness. In this order of ideas, to explain the lower frequency of alienation among the Indians, Valdizán (1924, p.151) stated that the treatment that the indigenous communities gave their insane should be taken into account: "The hospitalized assistance of the alienated it only takes place when they have exceeded the limits of what we could call 'social tolerance' of the reactions of the alienated" since in rural areas those who were called *"opa"* were not necessarily excluded from social life:

> Many mentally weak people in our mountain populations live the sad life of their psychic fragility and do the same for those patients whose mental alienation, lack of the solemnities of aggressive agitation, constitutes an object of hilarity for those who contemplate the alienated exclusively in his mask of anomalous and they do not contemplate him in the great pain of his deviated or inactual psychic activity (Valdizán, 1924, p.151).

Concerning the actual clinical part, Valdizán (1924, p.157) stated:

> Depression is the predominant note in the alienated Indian and it is so intimate that he still lives intensely in the mysterious world of the subconscious, there where all the desires for generous compensation, the pains and the painful inferiorities of life live in freedom ... it can be observed in the Indian, in some cases, the enormous sadness of the *quena*'s lamentation; something of that great pain.

The author pointed out that those who knew psychiatric hospitals in Europe were surprised at the clinical pictures presented by Peruvian Indians, since not only depressive pictures abounded, but even patients with paralytic dementia and megalomania manifested "incomplete" pictures since the euphoric states of mania were rare. As Tonnini (1906) found in the psychiatric asylum in Cairo, Valdizán (1924, p.158) saw in that depressive background "this silence of noisy mental forms in other races." That is why Valdizán said (p.158): "Both in Egypt and Peru the same phenomenon of paralysis of the collective work seems to have taken place in the face of the devastating action of the conquering element." Following José de la Riva Agüero, and to understand the psychology of the indigenous, Valdizán (1915, p.23) pointed out that indigenous cultural expressions were marked by "dreamy and nebulous imagination, melancholy, intimate and silent pain, love poetry impregnated with sadness. It is this inconsolable sadness that envelops the *yaraví* or *huarahuí*, the most genuine representation of Peruvian poetry, as in an atmosphere of anguish." For our psychiatrist, Verlaine's melancholy could not be compared with that of the Peruvian Indian, since it was not the word but the music "that communicates to the song the sadness that characterizes the *yaravi*," in which the *quena* marked "the torrents of tenderness" (p.24).

For Valdizán (1915, p.47), two factors explained the melancholy of the Indian. The first had its roots in the Spanish conquest when the Indians "surrendered unconditionally" to the new domain, a submission that created "a true paralysis of collective activity" that turned them into submissive, passive, and with an emotionality tending to the permanent sadness. The second factor that melancholy was attributed to was the religious logic that determined all aspects of the Indian's life. Even the singing of a hen was interpreted in religious terms:

> It is easy to understand that the performance of any act of life in the circumstances that we have just outlined should cause doubt about the impression that the gods in charge of qualifying it would receive it and should provoke a psychic state of anguished uncertainty analogous to what mystics call a state of scruple that, in many cases, already constitutes a morbid state (Valdizán, 1915, p.48).

Thus, the indigenous were considered as individuals subject to their deities and, consequently, full of fears that prevented them from joining the changes brought about by the West.

In this same line of thought, the young Peruvian psychiatrist Carlos Gutiérrez Noriega (1937, p.175) pointed out that the main characteristics of the indigenous patients in the Asilo Larco Herrera were "hypo-affectiveness and introversion." For this doctor, the Indian presented "obstinacy, instability, shyness, apathy, insensitivity, hypocrisy, romantic sentimentality, a reserved attitude" (p.175). Following Valdizán's references, Gutiérrez Noriega

(1937, p.175) stated that "everyone" agrees that the indigenous "is obstinate, perfidious, hypocritical, timid, humble, despotic, hypochondriac, insensitive, submissive and resigned, apathetic, sentimental, vagabond etc.," but despite numerous observations, "the Indian soul appears therefore inaccessible." Like Valdizán, this psychiatrist found that "strong euphoric reactions, characteristic of mania, are exceptional (in our observation of hundreds of patients, only two exemplary cases in which there was, however, a strong melancholic breakdown). Instead, it is very common to observe hypochondriacal depressive states" (Noriega, 1937, p.175). According to Gutiérrez Noriega (1937, p.183), "in these patients, we find not only faithful reproductions of the collective character but also true psychological caricatures: caricatures that have the great importance of revealing clearly and almost grotesquely what in other life conditions only it is a nuance that could go unnoticed."

For this psychiatrist, another problem that defined the white/Indian relationship in Peru was the paternity relationship that had been built over the centuries since the figure of the master had replaced the father, creating "a feeling of humiliation, hardship, a deep inferiority complex..." (Gutiérrez Noriega, 1937, p.186). Consequently, the indigenous psyche had been left in a state of perpetual infancy. For the intellectuals of the time, there was no doubt: that the Indian was an affective hiccup since he did not usually have changes in his emotional state that used to be linked to sadness. For centuries, melancholy was associated with poets, thinkers, and writers who plunged their spirits into the shadows to launch the creative genius (Starobinski, 2016, p.354). But at the beginning of the twentieth century, at least for the Peruvian case, melancholy ceased to be associated with the intelligentsia and was directly associated with the indigenous temperament.

From the evolutionist logic of the nineteenth century, the Indian and non-Western people in general, as well as the mad people, were considered archaeological remains: the savages had stagnated in their evolution and the mind of the mad ones returned to a "natural state" in which the most archaic elements that united him with the savage emerged. For this reason, in the analysis of indigenous patients, it was common to find myths attributed to the Inca culture. Valdizán (1924, p.159) said that in cases of *dementia praecox* myths could be seen "whose identity of clinical forms is constituted by the phenomenon of regression, ontogenic, or phylogenetic, the mentality of the sick subject becomes outdated and lives in its past or the past of the species. In the precocious insane of the Indian race, the same return occurs and, in a good number of cases, with admirable clarity." One of the patients claimed to be the daughter of the Sun and the wife of the jaguar, whom she had taken as her husband to provoke the envy of the Moon, "trying to lose the patient, and she manages to overcome the dangers derived from such an association thanks to the special power granted by the august father. Under this power, Mother Earth cannot devour her" (p.159). In another patient, Valdizán found the "Ollanta Complex" to give a "national character" to the diagnosis, where the subject fell in love with the boss's daughter and felt small compared to the greatness of the beloved, for which he chose to give her as a gift a juice produced by a sorceress.[10] This juice rubbed into the body has resulted in a lioness falling in love with the patient and trying to devour her "aristocratic lover." In conclusion, the author stated: "These observations allow us to entertain the well-founded suspicion of the intense life that the past lives in our aboriginal element: whether the

regression manifested by the delusional contents that we have exposed correspond to the ancient treasure of the spice; whether they correspond exclusively to the past of the sick individual" (Valdizán, 1924, p.160).

Consequently, the delusions of the indigenous people were considered manifestations of the mythical Inca thought that survived in the "subconscious" mental structures of psychiatric patients. Thus, according to Valdizán, observing the indigenous people of Larco Herrera was a possibility to demonstrate the presence and strength of the myths attributed to an Inca origin.

Final considerations

Medical folklore understood as a field of knowledge in which medicine was articulated with history and archaeology, sought to understand the Indian to integrate him into the nation, but at the same time pointed out the psychic and organic incapacity to carry out this enterprise. For this reason, psychiatry was directed not at the "inferior" races to integrate them, but at the middle classes, white and mestizo, since they could go mad due to the tensions of modern life. In the publications on the psychiatric clinic, we did not find cases of indigenous people who had been analyzed from any particular psychopathology. They were interpreted from folklore as if they were all part of a homogeneous mass marked by the permanent sadness inherited as trauma from the conquest, the consumption of coca that had led them to degeneration, and the religious thought of "savage" individuals.

We might think that psychiatry as a tool of the State for the control of the marginalized and dissidents, in a country like Peru, would concentrate on indigenous people, Afro-descendants and Chinese. However, that was not the story. For example, it is interesting that the clinical cases published by Valdizán were, in the vast majority, about Europeans and children of Europeans who presented neurotic attacks that were generally treated at home. We can imagine Valdizán that worked frantically reading history, anthropology, writing texts and caring for patients from distinguished upper-class families who requested his services. That is, a psychiatrist whose clinical interest had a clear class and race bias in focusing on Westerners (white) and Westernized (mestizo); while the analysis of indigenous groups was done outside the clinic in a new field known as folk psychiatry, in the same tenor of the Peruvian intelligentsia that despised the living Indian and valued the dead Indian as historical heritage of the nation. Thus, the observation of non-Western individuals was an operation of a historical nature. Instead of asking about the organic or psychological causes that had unleashed psychopathology in particular cases, as should be a clinical observation, the indigenous people were interpreted as archaeological remains of the Inca empire in frank degeneration. Although psychiatry has historically been understood as a biopolitical device for the control, discipline, and correction of individuals whose behaviors are considered "abnormal," by integrating the race variable, we found that this medical knowledge was limited to Western and/or Westernized people. Peruvian psychiatry, instead of understanding the indigenous from the clinic, took them to the field of history and took them away from contemporaneity by assuming them as people of other times.

Peru was an exceptional case since it is the only Latin American country where there were psychiatrists interested in indigenous groups. Thus, it is noteworthy that in Mexico, where this population was and continues to be numerous, there was not a single study published by psychiatrists on the psychopathology of these societies. We propose that Valdizán's works should be understood in the context of Peruvian indigenism, where the place of the indigenous in the nascent nation was the theme to be developed from different perspectives. Historiography has pointed out the diversity of positions, most of them seeking to break with racism and biological determinism. However, as we have seen throughout this text, the psychiatry led by Hermilio Valdizán was part of that scientific elite that also reflected ethnic diversity in Peru. However, his perspective was anchored in nineteenth-century evolutionism since indigenous people were considered synonymous with degeneration and atavistic sadness. Observing and taking note of their customs, beliefs, and ways of getting sick was an act of historical research more than a psychiatric one. Therefore, at a time in Peruvian history when indigenism sought to vindicate and appraise indigenous culture, the nascent Peruvian psychiatry was a conservative bastion from which racist ideas emanated that took for granted the impossibility of integrating "inferior" beings into the nation.

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NOTES

[1] Regarding the psychiatric perspective on Afro-descendants in Brazil, see Venancio (2004).

[2] The term psychiatric folk was used in the first half of the twentieth century to name the systematized compilation of beliefs of the indigenous people in the different manifestations of mental and neurological illnesses. In the next generation after Valdizán, I had other psychiatrists who were interested in this topic, although their production was limited to one of the articles: Federico Sal y Rosas, Carlos Gutiérrez Noriega and Max Arnillas Arana.

[3] Several biographies about Hermilio Valdizán have been published. For this text, I based on Delgado (1929); Valdivia Ponce (1964, p.186-193); Mariátegui (1981), Ramos Núñez (2006, p.211-250) and Lastres (1941).

[4] In this and other citations of texts from non-English languages, a free translation has been provided.

[5] As Cecilia Méndez (1996) has demonstrated, valuing the Indian of the past – the Inca – and rejecting the contemporary Indian is an idea that was created in the middle of the nineteenth century, when the conflict between the Creole Limaña elite against the project that sought to create a confederate state that would unite Peru and Bolivia as a function of the existence of mercantile networks that had operated since pre-Hispanic times. The leader of the movement, Andrés de Santa Cruz, was considered a foreigner on the ground because he was Peruvian and because he had indigenous characteristics. In the meantime, racist rhetoric was installed in the framework of political discourse.

[6] Degenerationism has been a widely studied topic in Colombia in recent years: Ríos Molina (2015), Jalil (2012), McGraw (2007), Muñoz Rojas (2011), Pohl Valero (2014). On this same topic in Spain, see Campos Marín (1999) and Campos Marín, Martínez-Pérez, Huertas (2000). The reception of degenerationism in Chile is analyzed in Sánchez (2015); in Brazil, see Borges (1993).

[7] For a very complete analysis of the different positions on coca consumption among the indigeneous populations in Peru, see Gootenberg (2008).

[8] The *Manicomio del Cercado* or *Hospital de la Misericordia* was the main Peruvian psychiatric institution between 1859 and 1918, and then it was closed and replaced with the Víctor Larco Herrera Hospital. For more information, see Ruiz Zevallos (1994).

[9] About prostitution and venereal diseases in Peru, see Drinot (2020). Unfortunately, the author does not address the problem of progressive general paralysis, which was the fundamental driver of the aggressive antivenereal campaigns by the Peruvian health authorities.

[10] On the importance of Ollanta, see Rengifo Carpio (2018).

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