

Review Article

An affective delusional syndrome in Eastern Bolivia

Hollweg M. Síndrome cultural afectivo delirante en aborígenes del oriente boliviano (Spanish). *Archivos de Psiquiatría* 65: 73-84, 2002

WCPRR Apr 2006: 93-96. © 2006 WACP

In this article, M.G. Hollweg looks at 14 cases of patients from 2 different ethnic groups in Eastern Bolivia. In his work, the author runs through the specific characteristics of these two groups by discussing their myths and the processes of acculturation.

Bolivia is a country in South America with an area of 1,098,000 km² and a population of about 9 million. Spanish is the official language. The country includes a Western Andean region (the so-called Bolivian West), in which the language spoken by the inhabitants is mainly *Quecha-Aymara*, as well as an Eastern Amazonian region (the so-called Bolivian East). The latter region is characterized by a subtropical climate, a wooded landscape and a great number of rivers; and it plays host to the Santa Cruz Department. This is the Easternmost of the nine departments into which Bolivia is divided politically, and it covers an area equal to roughly one third of the country's landscape.

There are many ethnic groups living in this region, the most representative being the *Chiquitanos* and the *Chiriguanos*.

As of the seventeenth century, under the influence of Jesuits who had previously settled in the area during their missions, a "theocratic community" was created. There was one official language i.e. *Chiquitana* ('*Monaka*').

These changes were introduced in this region including a large part of Eastern Bolivia, in order to protect the Natives from colonial expansion. These missions became a model of social organization, in which trade, art, and music were strongly promoted, and where the working system was divided into two types: individual/family labour (*Aba-mbae*) and community/cooperative labour (*Tupa-mbae*). The society was both humanitarian and patriarchal, and its internal activities revolved around strong religious beliefs, which were halfway between pagan traditions and catholic teachings. Unlike other Jesuit missions that succumbed to Portuguese attacks, the missions in this Bolivian region survived for a rather long time. Despite the expulsion of the Jesuits in 1767, and the great changes that took place in the colonial and republican eras; the religious organization and the Jesuit education have continued to influence these people up until our day, as far as their system of social and economic relations is concerned. This religious syncretism between pagan traditions and Catholicism remains evident to this day.

The history of the *Chiriguanos-Izocenos*, i.e. the group of ancient *Arawakos* who were made subject by the *Guaranies*, was characterized by a long struggle for the survival of their identity and attempts to maintain a culture consistent with its mythical roots.

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This research study included 14 patients (11 women and 3 men), from the Chiquitana and Cordillera (the province of the *Chiriguanos Izocenos*) provinces, who were admitted to the Santa Cruz hospital (Mental Health Centre) during a period of 8 years. Eleven of them had been previously referred from other religious hospitals of the Chiquitana province, while the remaining three patients came from a community hospital and had been previously treated by local healers but had not shown any improvement. The patients came from different occupational groups: teachers (n=3), housewives (n=3), housekeepers (n=3), nurses (n=2), and others.

The clinical pattern was characterized by peculiarities distinct from the typical syndromes reported by the DSM IV or by the ICD-10. The author has chosen to refer to it as “*Síndrome cultural afectivo delirante*”. It is defined by:

- a) Delusional thoughts regarding the mythical world which differed from one case to another, according to the patient’s cultural background such as persecutory ideas (evil eye), grandiosity, delusions of influence following mythical and/or Christian features (*tupach*, *man-tiger*, *aña*, etc...)
- b) Disorders of consciousness: astonishment, disorientation, perplexity, oneiroid states, trance-like catatonia
- c) Insomnia and food avoidance, as well as severe cases of anorexia
- d) Emotional disorders accompanied by unstable mood, which fluctuated from a state of sadness and crying, to others characterized by a state of euphoria and extroversion, to yet other states characterized by episodes of anxiety and panic
- e) Perceptual disorders, along with visual and auditory hallucinations, feelings of estrangement and experiences of derealization

Some of the cases are described below:

1) Mrs. J.M., was a Chiquitana teacher and a member of a community movement for the redemption and conservation of the native language. She began stuttering and entered a catatonic state where she remained in the bathroom performing rather stereotypical movements and behaviours. She said that she was hearing the voice of *tupach* (God) every morning. The woman was married to a man who came from a different background, the Quecha culture. The woman also reported that she and *tupach* were investigating the ancient Monoka language and that she wanted to use this language as a weapon to protect the world from wars and conflicts. This was due to the fact that her students were losing touch with their origins, i.e. forgetting them. The god of the Chiquitanos is a Christian god, not a pagan one. The word ‘*Tupach*’ (Jesus’ grandfather) comes from ‘*Guaranti*’ (god) because no such word with that meaning exists among the Chiquitanos. However, the “*abuelo y la abuela*” (the grandfather and grandmother) are a part of that people’s tradition: they are represented as being the forefathers of humanity and to this day, they are symbolically portrayed during religious feasts and celebrations.

2) Mr. N.T., a married teacher and the father of two children, was an Evangelical deacon who had converted to Catholicism. He was the chief of his community. During a difficult period in his life, he was finding it hard to manage the leadership of his community. One day while travelling home from the mountain he became disoriented and agitated. He claimed he had seen the man-tiger (a character from children’s stories), and that it had cast an evil spell on him. This terrified his wife who refused to let him into the house.

In both of the above-mentioned cultures, there is the concept of the *daño puesto* (evil eye) and *hombre-tigre* (man-tiger) or jaguar myth. According to this belief, there was originally no distinction between human beings and animals. Local myths describe frequent transformations

from one form to the other at the command of the spirits. There is much talk about the '*Jagua Mbae*' (invisible jaguar) illness particularly among the Izoceños-Guaraníes. In this illness, the *brujo* (a sort of traditional healer or shaman) transforms himself into a jaguar in order to treat the victim of the evil eye. Meanwhile, among the ancient Chiquitanos, man-tigers devoured men. The current version of this belief asserts that the *brujo* transforms himself into a man-tiger which causes evil. In other words, a certain type of syncretism has developed between traditional beliefs and Catholicism, which allows the expression of the Catholic belief as well as the survival of the pagan religion, although one cannot be certain.

3) Mrs. A.B., was a 57 year-old Chiriguaña-Izoceña housewife who had been hospitalized several times in the Centro de Salud Mental of Santa Cruz and diagnosed with "Delusional Disorder". On one occasion she became silent, rigid and refused to answer questions. Afterwards, she attacked and chased away all those who approached her husband (who was chief of the community); and spoke words such as '*bicho*' (insect, small animal but also evil eye) and '*aña*' (devil) because she believed him to be possessed by the evil spirit. She was convinced that a spell had been cast upon her husband by the other wife she suspected that her husband had. She refused to eat for fear that someone might put the *bicho* inside her.

In the Guaraní culture, the so-called *aña* was the evil spirit in which the Devil incarnated itself. '*Aña*' may also have referred to the spirit of the dead. Once again there was a fusion between tribal beliefs and the Christian influences of the Franciscan missionaries.

4) Maria, an 18 year-old Chiriguaña-Izoceña girl, had left her people and her parents for the first time in order to work as housekeeper in the home of a family living in Santa Cruz. When a female friend of hers died in an accident, she believed that her friend's spirit was avenging her by infecting Maria with the '*mal*' (evil). This was due to the fact that Maria had been unable to do anything to prevent her friend's death. From that day on, her friend's soul never let her be: Maria was constantly thinking about her parents and feared that her illness would be transmitted to them. She became suspicious, she didn't sleep very much and she also began to refuse food. Maria developed severe anorexia and lost a considerable amount of bodyweight: a case which was far worse than other similar cases. This patient's internal structure had been upset by the fact that she had left her native village, to which she was strongly tied and for which she felt a sense of responsibility.

This type of disorder is frequent among members of societies characterized by strong ties to their own traditions, where the care members give one another, is of vital importance. Moreover, it is necessary to live up to the expectations of group members in order to receive their approval and respect. The following factors are linked to each other in various ways, and make up this system of folk interpretations. The separation from one's family which is followed by the death or the absence of a spouse or the loss of a loved one and the profound sense of helplessness one may feel with respect to his/her community's expectations. What is commonly known to us as a delusion, the Natives called *male puesto* (inflicted evil), and was contextualized within such a system. From this perspective we can now fully understand Maria's case, as well as N.T.'s case.

This paper from Hollweg, focuses on one of the main goals of ethnography in psychiatric research, which is to identify the relationship between psychopathological expressions and their cultural context, especially when abnormal phenomena cannot be thoroughly understood by Western taxonomy. Clearly the main purpose of this paper is to provide an elucidation

characterized by a certain degree of consistency with the people's history, their conceptions of the world, their explanatory models and their beliefs in supernatural intervention.

What stands out is the presence of abnormal thoughts contemporarily linked to both folk magical beliefs as well as to the Catholic faith. This kind of cultural contamination is not surprising. In many Western and civilized countries, like the USA, we find the influence of more contemporary supernatural objects. It is not unusual to hear about abductions by UFOs, an extraterrestrial insemination to create a new race, or to hear of sightings of flying saucers; which are not diagnosed as delusional/psychotic disorders.

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