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The Concept of Mania in Traditional Andean Culture

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A case of “*Taqe Onqoy*”.

Y.U. a 60 year old Kechwa woman from Cuzco, Peru, interviewed in her native language, was in good health until about 36 years of age. Around that time her husband had become jealous and physically abusive, and as a consequence, she reported that her head “*began to change*” (“*umaymi variarakapuan*”); she saw herself giving away high-value items including clothes, pots, food and money, until she was bereft of essentials (“*imakunatapas qalata regalayoc kani, mankachaychus kan, hoqkuna munaq, apakuy nini*”). She arranged festive gatherings for no particular reason, with food and drink for invited and uninvited guests. She butchered her farm animals (pigs and sheep), prepared food and went house to house inviting neighbors with food and *chicha*, an ancestral drink made from fermented corn (“*aqhata haywarini, owejata, qhuchiytapas ñak’aruni, mihunata ruwani, wasin wasintan muyuyachimoq karani*”). She wandered the streets, feeling extremely happy, and spent all the profits of her business buying unnecessary things. She eventually became very irritable, beating her children and pulling them by their hair (“*Wawaykunata maqaroq karani, ch’aqlaruni, chuqchachanmanta chutaruni*”); she insulted and yelled at people in the streets without any reason (“*P’iñallaña, khamimuq hoqunata hawapi karani; mana tupayuna, mana rimayuna rikukurani*”). She couldn’t stop her thoughts from coming one after another without control (“*Yuyaymanayniymi, qatichikuspa hamuq, hoqñataq, hoqñataq hamuyurun umayman, manataq chay sayayta atinichu*”). She was convinced of being extremely intelligent, superior, and capable of solving the most difficult problems (“*Aswan k’anchasqa yuyayniyoq, ima sasachakuykunata pasq’aq rikukurani*”), as well as very funny and witty, the best at making jokes (“*Sinchi chansakuq karani, asichini pitapas, asichispataq, cusillaña karani*”). She could not stay on one task; she would start cooking, before finishing the laundry, and yet leave this task to tend the animals (“*Mana ch’ullallapi churakuyta atinichu, ima ruwasqayta manapuni tukuyta atiranichu*”). She had decreased need for sleep, arising at 1 AM and knocking at neighbors’ doors (“*mana puñuq karani, riqcharuspataq puriyuq*”).

karani, punkukunata taqayoq karani “). She was hypersexual (“*qarinayaymi sinchipuni karun*”). Notably, she considers this period the best of her life, as she felt very happy. By contrast, she presented to the mental health clinic complaining of deep sadness for insignificant reasons; she cried and felt as if she could not do the simplest home chores (“*huchuy cosaskunamanta sinchi llakikuq karani, waqanitaq, mana imachallatapas wasiypi ruwayta atiyman hina karani*”).

The concept of “*Taqe Ongoy*” and Kechwa Psychopathology.

Prior to the arrival of Spanish, the dominant language in the Andean region of South America was Kechwa, which remains the most widely spoken indigenous language in the world. Since Kechwa was not written, much of the existing record of its usage comes through translation by period historians or chroniclers. Much of the traditional medical knowledge has been irreversibly lost, but current usage frequently retains semantic content with technical implications. Two major reviews of traditional Kechwa medical terminology used to describe psychopathology have been published,^{1,2} and traditional Kechwa healers as diagnosticians is comparable to modern psychiatric standards when the same patients are evaluated by both.³

A persisting question in Western psychopathology addresses the validity of the distinction between mania, usually associated with better outcomes, and non-affective psychosis.^{4,5} Thus, it seems appropriate to ask if the same distinction can be found in an isolated cultural and historical setting. Early chroniclers provide a description of a common ailment called *taqe ongoy*, *taki ongoy* by non-native speakers that seems to correspond to mania. In either case, etymological analysis is informative as to the conceptual framework used by Kechwa speakers to understand this illness, associated with increased activity, increased sexual behavior, and expansiveness.^{1,2}

Ongoy broadly means disease, and it is usually paired with a modifier implying either its cause or its principal symptoms. When used by itself, *ongoy* refers to pregnancy and labor. In the case of the disease at hand, *taki* can be rendered as either dance or song, and the entire phrase would become “*singing or dancing illness*”. On the other hand, *taqe* represents the vital force of nature, particularly when it is stored as in a seed, a granary, or even in the womb. *Taqe* implies also the thrust of the vital force to overcome the boundaries that store it, or to brake free. Thus, *taqe* is the reason seeds germinate, or plants flower and give fruits; it is also the cause of labor and delivery during pregnancy. By extension, *taqe* also designates the storage or container of such energy (granaries or the womb).

According to chroniclers, *taqe ongoy* was not considered a form of madness (*utiq*).¹ Cristobal de Molina (1556) describes it as agitation, dancing and falling as if the person was possessed, at times leading to suicidal behavior by jumping against rocks or into mountain rivers. Suicidal behavior in this context was interpreted as a self-sacrifice to the *waka*, or indwelling sacred spirit of the natural accident (rock or river). Sometimes people affected would describe themselves as under the control of the *waka*, or as being possessed by it. Also, a person affected by *taqe ongoy* is said to store an excess of *kamay*, a word whose meaning is related to the power of creation (including reproduction), the power to command

and to rule. In the most severe cases, *taqe onqoy* leads to *chayapuy* or frenzy,¹ with elation of mood, hyperactivity, and eventually madness or *utiqay*.¹

Consistent with the nosological interpretation of the term, Andean people refer to the Pleiades constellation as either *Taqe* or *Onqoy*, among other names. The major star in the constellation was the mother of all stars, and as such the object of religious devotion and sacrifices.⁷ Thus, regardless of the variations in usage, *taki* or *taqe onqoy* describes a set of behavioral changes associated with the external influence of powerful supernatural entities (the *wakas*), as well as an exaggerated expression of the power of creation and reproduction, or vital elan, sexual behavior and birth.⁸ Yet, Kechwa healers had a clear conception of the morbid nature of these behavioral changes in behavior, denoted by the word *onqoy*.⁸

It should be quite apparent, then, that *Taqe onqoy* overlaps with mania. Unlike the Western concept, however, the symptoms in the Andean context are seen as the expression of the vital force overtaking the person from the outside, through the action of a *waka*. Most notably, this vital force can equally affect men and women.

As in the case history, *Taqe onqoy* commonly alternates or is followed by *Ilaqui onqoy*, a widespread Kechwa illness category representing a broad set of conditions with low mood, low energy and loss of psychosocial function.³ A study comparing psychiatric diagnosis by a biomedically trained doctor with those of traditional healers found that over 80% of the patients *Ilaqui onqoy* were identified as depressed.³ Traditional healers used a combination of plant-based remedies,¹ rituals and religious practices to treat mental disorders,⁸ and many such practices remain in use today. The specific combination of each of these components in traditional Kechwa medicine is not easy to ascertain, but most likely depended on the skill and preferences of the healer. Health in the Andean world is defined as a state of balance resulting from interaction and reciprocity between the individual and social group, nature and the gods. Reciprocity is expressed through rituals, commonly “*ch'allaku*” or a payment of offerings to the divinities. Thus, Y.U. and her family initially sought to improve her symptoms by consulting a traditional healer, “*hampeq*”, who carried rituals of payment to mother earth, “*Pachamama Ch'allakuy*”, and prescribed infusions made from petals of different Passifloraceae species and ground seashells. These remedies did not improve Y.U., who decided to consult a “*layqa*”, or sorcerer, who proposed additional rituals to remove a witch spell. Notably, *laygas* are consulted usually with malevolent intent or intending to bring harm, injury, or even bad luck to another person, but they are also seen as having the power to counteract or remove harmful spells. Y.U.'s illness progressed, and after her family found her half-naked, wandering in the street away from home, they decided to take her to the hospital. Currently Y.U. states that her current treatment with lithium is beneficial, but she regrets that they have taken away her “happy and energetic” self, so she still firmly believes that her illness is a product of witchcraft.

The case described and its discussion support the idea that manic depressive illness can be found in the traditional medical knowledge and practices of the Kechwa of the central Andes of South America. It also highlights ‘emic’ (from phonemics) and ‘etic’ (from phonetics) issues in cultural psychiatry.

References

1. Elferink JG. (1999). Mental disorder among the Incas in ancient Peru. *Hist Psychiatry* 9;10(39 Pt 3): 303–18. [PubMed: 11624006]
2. Valdizan H (1919). La Alienación mental entre los primitivos Peruanos. Retrieved from http://sisbib.unmsm.edu.pe/BibVirtual/Tesis/Antiguos/Valdizan_H_1915/indice.htm
3. Incayawar M (2008). Efficacy of Quichua healers as psychiatric diagnosticians. *Br J Psychiatry* 5;192(5):390–1. [PubMed: 18450668]
4. Cheniaux E, Landeira-Fernandez J, Versiani M. (2009). The Diagnoses of Schizophrenia, Schizoaffective Disorder, Bipolar Disorder and Unipolar Depression: Interrater Reliability and Congruence between DSM-IV and ICD-10. *Psychopathology*; 42(5):293–8 [PubMed: 19609099]
5. Tamminga CA, Pearlson GD, Stan AD, Gibbons RD, Padmanabhan J, Keshavan M, Clementz BA. (2017). Strategies for Advancing Disease Definition Using Biomarkers and Genetics: The Bipolar and Schizophrenia Network for Intermediate Phenotypes. *Biol Psychiatry Cogn Neurosci Neuroimaging*. 1;2(1):20–27. [PubMed: 29560884]
6. Lee J, Rizzo S, Altshuler L, Glahn DC, Miklowitz DJ, Sugar CA, Wynn JK, Green MF. (2017). Deconstructing Bipolar Disorder and Schizophrenia: A cross-diagnostic cluster analysis of cognitive phenotypes. *J Affect Disord*. 2; 209:71–79. [PubMed: 27888723]
7. Cobo B (1964) *Historia del Nuevo Mundo [1653]*. BAE 2t., Madrid Retrieved from <http://www.bibliotecavirtualdeandalucia.es/catalogo/consulta/registro.cmd?id=1014725>
8. SÁNCHEZ GARRAFA,R (2014) *Apus de los cuatro Suyus. La construcción del mundo en el ciclo de los dioses montaña*. Lima, IEP/CBC.