

The price of absence: Latin American Psychiatry in the wider world

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Editorial

ABSTRACT

Globalization, a phenomenon fed by mass migration and increasingly complex technological advances, creates challenges to individual and collective identities, the cultural texture of world regions and continents, and their scientific expressions, among them medicine and psychiatry. After briefly describing the historical routes of Latin American psychiatry, this article examines the work of some of its most distinguished figures and their contributions in areas such as social psychiatry, psychoanalysis, neurobiology, and others. A focus on the visibility and acceptance of Latin American contributions to the global psychiatry scene is based on the study of Impact Factor figures of publications, recognition and participation of Latin American psychiatrists in international organizations and events, collaborative participation in research projects, etc. It is concluded that such visibility is modest, and the reasons for this along with the reactions of the Latin American psychiatric community in the face of it are examined. Finally, suggestions and management strategies aimed at reaffirming the value and quality of such contributions in the academic, heuristic, and clinical fields are formulated.

Key words: Globalization, cultural identity, Latin American psychiatry, psychiatric research, psychiatric education.

RESUMEN

El fenómeno de la globalización, impulsado por migraciones masivas y avances tecnológicos cada vez más complejos, plantea desafíos a la identidad individual y colectiva, a la fisonomía cultural de regiones y continentes y a sus expresiones científicas, entre ellas la medicina y la psiquiatría. Tras describir brevemente las rutas históricas de la psiquiatría latinoamericana, el artículo examina el trabajo de algunas de sus más destacadas figuras y sus contribuciones en campos como psiquiatría social, psicoanálisis, neurobiología, psicopatología y otros. El enfoque central en torno a la visibilidad y aceptación de contribuciones latinoamericanas en el escenario mundial se basa en cifras de Factor de Impacto de publicaciones especializadas, reconocimiento y participación de psiquiatras latinoamericanos en eventos e instituciones internacionales, colaboración en proyectos de investigación, etc. Se concluye que tal visibilidad es modesta y se examinan las razones de la misma y las reacciones de la comunidad psiquiátrica latinoamericana ante tal realidad. Finalmente, se formulan sugerencias y planteamientos de manejo de esta situación para una reafirmación del valor y calidad de aquellas contribuciones en los campos académico, clínico y heurístico.

Palabras clave: Globalización, identidad cultural, psiquiatría latinoamericana, investigación psiquiátrica, educación psiquiátrica.

INTRODUCTION

The modern world has become "commonplace" both literally and metaphorically, thanks to the complex and in many ways unstoppable process of globalization; the subject of unending and conflicting debate. On the one hand, globalization is considered a platform for development that is more or less harmonious, based on closer exchange and more effective communication. On the other hand, is it considered an astute maneuver by more powerful or "developed" countries seeking the imposition or reinforcement of their socio-economic hierarchy, their ethnic-demographic hegemony, their cultural vision, or their version of history.¹

A broad and complex concept which is crucial in the context of this work is that of identity. Studied by various disciplines, for the field of philosophy, for example, identity represents a certain "existential self-understanding".^{2,3} It also covers an ideological position, the so-called "social construction of the inner world"⁴ which includes profoundly personal emotions or feelings such as "the need to be recognized" and respected by others. Language, ethnicity, religion, traditions, and beliefs also contribute powerfully to the generation of individual or collective identity.⁵

It is not surprising that critics of globalization argue that its homogenizing or theoretically egalitarian trait affects both singularity as well as distinctiveness, diversity,

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and authenticity implicit in the validity of identity. Its substitution by a "global identity" does not make every human being a "citizen of the world" but rather just one more "body in the heap"; mediocre and anonymous.

Globalization is based on two powerful pillars of modern reality: migration and technology. Both factors also contribute to what we would call the globalization of knowledge and scientific productivity. This implies that, for example, medical-psychiatric work not only respects the identity of towns, regions, and cultures, but also that its results in various parts of the world are known, debated, and equally respected. This leads us to the central questions of this article: Are the realities and contributions of Latin American psychiatry recognized at a global level, and if they are, to what extent? What are the causes of this situation, which has developed over the first 15 years of the 21st century? What must be done in order to face the future? I will briefly try to respond to those questions here.

LATIN AMERICAN PSYCHIATRY

Latin American psychiatry is a young discipline that has, over the past 150 years, followed a variety of considered pathways simultaneously; an outline of an incipient identity.⁶ The initial routes –mythical-religious, moral, and phenomenological-existential– gave way in the last 30 years of the past century, to the biological route, followed by the psychodynamic component, the social route, and the route of community orientation.

Identity and illustrious figures

It was in this way that Latin American psychiatry forged a mestizo, social, and critical identity, certainly exposed to adaptation and change dictated by a singular history. It is the result of a sometimes violent clash of cultures, directed towards the study of collective circumstances in the field of mental health and always prepared to carry out a conceptual screening of foreign contributions. Our psychiatry has faced challenging realities from within and without in its continuous efforts towards its pursuit and reaffirmation.

Two classic examples (from different levels and approaches) in the multifaceted forging of an identity of Latin American psychiatry are the Peruvian Honorio Delgado within the academic field, and the Argentinean Gregorio Bermann as an ideological spokesperson. In 1915, at the age of 23, Delgado published the first work in Spanish about psychoanalysis,⁷ spreading the work of Freud and his followers in the Spanish speaking world, and he maintained an active correspondence with the founder of Psychoanalysis. Delgado fervently cultivated new ideas for almost a decade, but gradually, he started to question "unproven" theories and the excesses of the psychoanalytic doctrine and began

to explore new areas of psychiatry. Apart from studying and developing new phenomenological approaches based on the contributions from the Heidelberg School, Delgado was the first non-European psychiatrist to use chlorpromazine in psychotic patients, just two years after the historic work of Delay and Deniker in Paris.⁸ He was also a pioneer in the use of other biological treatments and pharmacological compounds, he founded the first psychiatric journal on the continent, and in 1953, he published the first of five editions of a celebrated psychiatry text, leading an academic, teaching, and clinical process of significant international and multi-generational impact.⁹

His intellectual prestige and scientific weight attracted followers from within and outside of Peru, forging the Peruvian School of Psychiatry which gave rise to a great extent of the Latin American form of this discipline in the second half of the 20th century.¹⁰ Along the lines of Hüsserl, Brentano, and Scheler, Delgado developed important theoretical innovations around intentionality of active conscience, highlighting the polarity between conscience and object, and proposing a seminal scheme in the pathogenesis of schizophrenia, *atelesis*.^{11,12} There is agreement that his most original contributions are about schizophrenic thought and its components of disintegration and ambivalence, the distinction between delusion, delirium, and delusive ideas, the concept of a "delusional mood" equivalent to Conrad's "trema", and the classification of bioneurosis and psychoneurosis.¹³

The questioning of the irreversibility of the psychotic process (proposed by Jaspers), of the dense existential preparations of Bisnwanger and his followers, and of a rigid typological set in psychiatric nosology¹⁴ led to his aversion of dogmatism, his humanistic view, his critical position, and his original clinical-diagnostic contributions; the most enduring legacy of Honorio Delgado. Without a doubt, the 1960s marked the pinnacle of his prestige at a global level.¹⁵

Very early in his career, Gregorio Bermann wrote about the "isolation and sterility of individual forces, the subordinate subjection to foreign models of cheap and numerous discourses of ideas lacking seriousness and covered by the pompous mantle of false science".¹⁶ He remarked on the need to "discover and improve the American man" and he published the *Revista Latinoamericana de Psiquiatría* [Latin American Journal of Psychiatry], which unfortunately lasted a mere three years. He is the author of a volume titled *Nuestra Psiquiatría* [Our Psychiatry], an invaluable testimony of his ideological strength.¹⁷ The period of brief but eloquent correspondence between Bermann and the then-Medical Director of the American Psychiatric Association (APA), Daniel Blain, prevails in the historical annals of our psychiatry. He proposed that the APA should become an "organization for the whole of the western hemisphere" and he asked Bermann to support his objective, listing all its "potential benefits". The Argentinean master responded with a long and impassioned letter, in which he described the project as "audacious, mo-

nopolistic, and dangerous”, categorically rejecting it and alluding to a “colonialist sentiment that is repugnant for our conceptions and feelings of sovereignty and independence”.¹⁸

Contributions

Psychoanalysis

In 1929, the International Psychoanalytical Association recognized the first Latin American society, in Brazil, but it folded in the same year. It was only in 1942 that the foundation of the Argentinean Psychoanalytical Association gave visibility to the Latin American component of the movement. The work of pioneers such as Enrique Pichón Rivière, Arnaldo Rascovsky, Ángel Garma, Garcamo, and María Langer¹⁹ and the publication of the *Revista de Psicoanálisis* [Journal of Psychoanalysis] in 1943 were decisive events. Throughout the following decade, duly recognized organizations sprung up in Brazil, Chile, Mexico, Colombia, and Uruguay. The first Latin American Conference on Psychoanalysis took place in Buenos Aires in 1956.

There is agreement that “the history of psychoanalysis in Latin America is inextricably linked with European and North American psychoanalysis”,²⁰ for historical and political reasons that range from the foundation of the movement itself and its orthodox theory, to the receiving role of the subcontinent (particularly Argentina) which took in many European psychoanalysts who were persecuted by national-socialism. Later on, many leaders in Latin American psychoanalysis formed European (fundamentally English) or US institutes. The organizational and hierarchical nature of the psychoanalytical movement in the world served the first Latin American groups both as a protective cover as well as an ideological framework.²¹ It could be said that the international recognition of the Latin American societies was given in terms of their ideological subjection to the Freudian school of thought. It was only in 1963, a little after the Second Pan-American Conference on Psychoanalysis had been held in Mexico, that the International Association named a Latin American member, León Grinberg, as the Associate Secretary of the Executive Board. Later still, there were regional vice-presidents and in 1994, as part of an agreement of regional rotation, Horacio Etchegoyen –the renowned Argentinean psychoanalyst– was the first Latin American person to be elected as the president of the Association.

It is important to point out that there is a voiceless struggle between the almost dogmatic dictates of the doctrine and its official body, and the understandable desire for a certain independence, “a less subordinate position to our northern mentors”,²⁰ a search for our own identity, which reflects, at least in part, the cultural setting of the subcontinent.

Social psychiatry

Along with the theoretical, ideological, and activist perspective of Bermann, the genuine ecological and psychosocial

component of etiopathogenesis, diagnosis and treatment of mental illness proposed by Honorio Delgado²² could be added, as well as the anthropological-cultural view of that other notable Peruvian psychiatrist, Carlos Alberto Seguí (1907-1996). At the start of his career, this man strongly embraced the psychoanalytic orientation, but he received greater renown for his pioneering studies in folkloric and transcultural psychiatry,²³ just like the Brazilian Rubim de Pinho. From the community perspective, Juan Marconi conceptualized and implemented a mental health program in Chile at the start of the 1970s which reflected heartfelt ideological convictions, a profound epistemological basis, and solid technical competence. The latter was an essential characteristic of the work in psychiatry of community by Carlos León and Carlos Climent in Cali, Colombia, Humberto Rondono in Lima, Peru, and Carlos Pucheu in Mexico.⁶

Neurobiology

Two global-level Argentinean neuroscientists were Eduardo De Robertis and Edmundo Fischer. The former (1913-1988) demonstrated the existence and function of neural mitochondria, pre-synaptic vesicles that store neurohormonal precursors later transformed into known synaptic neurotransmitters.^{24,25} De Robertis also conducted pioneering studies around the clinical-physiological implications of the use of lithium in bipolar disorder. Edmundo Fischer (1904-1975) discovered the controversial bufotenin, a hallucinogenic metabolite in the urine of schizophrenics, and was the author of a dysmetabolic hypothesis of depression. Considered the founder of biological psychiatry in the area of Río de la Plata, in 1974, Fisher organized the first International Conference of the nascent sub-specialty.²⁶

The work of Dionisio Nieto and Raúl Hernández-Peón in Mexico has been notable in this same field. Finally, in *Historia de la Psiquiatría en Colombia* [A History of Psychiatry in Colombia], Rosselli²⁷ makes a series of relevant contributions. Probably the most notable Colombian contribution to the field of neuro-psychiatry comes from Salomón Hakim, who in 1964, presented his medical-surgical thesis at the Javeriana University of Bogotá with the first observations around “normal pressure hydrocephalus syndrome”, diligent clinical and etiopathogenic descriptions, and the suggestion of the surgical technique imagined and practiced by him. This was later embraced enthusiastically and with more resources by his colleagues at Harvard University, headed by Raymond Adams.²⁸ The recent pioneering works of Carlos Zárate, the Argentinean psychiatrist²⁹ at the National Institute of Mental Health in the United States, about the use of ketamine for managing acute depression, refractory depression, bipolar disorder, and suicidal behavior, also stand out.

Other fields

In the last three or four decades, various researchers and institutions can be cited, working in basic and clinical areas

of research. For example, the Mexican Institute of Psychiatry "Ramón de la Fuente" stands out, as do academic centers in Brazil, Argentina, and Chile. There is evidence of focused, solid, relevant, and sometimes internationally-recognized work.

WHAT THE FIGURES SAY

Naturally, several of these notable achievements have been broadcast by Latin American or Spanish publications. However, when Latin American authors are found in international journals and books, their most recognized contributions are those published in English. This raises a number of crucial questions: How many of Latin America's seminal findings and contributions are known outside its own sphere? How can information coming from scientists and scholars in Latin American psychiatry be spread to other countries or continents? And in a wider view: Just how visible is Latin American psychiatry in areas of research and teaching, or clinical, treatment, or organizational innovation? How significant is its presence (and with it, due respect and consideration) at an international level? What follows is an attempt to answer these questions on the basis of figures which give a cold yet eloquent description (the paradox is valid!) about the reality we face.

One of the most reliable and quoted parameters in terms of psychiatry's visibility in various parts of the world is the "Impact Factor" (IF) of its medical publications. In Psychiatry, it is well known that ten out of the first 12 journals with the greatest IF are published in the US (Table 1). *Molecular Psychiatry* (edited by Julio Licinio, a Brazilian psychiatrist who now works in Australia after many years in the States), *the American Journal of Psychiatry*, *Archives of General Psychiatry*, and *Biological Psychiatry* occupy the top four places. *World Psychiatry* (fifth place) and the *British Journal of Psychiatry* (tenth) are the only two publications within this group that are headquartered outside of North America.³⁰

In the first eight Latin American journals (in the Psychiatry and Neuroscience areas of *Scimago* and *Scopus* rankings), there are three from Brazil, two from Mexico, and one each from Argentina, Chile, and Ecuador (Table 2).^{31,32} The recent indexing in *Scielo* of the *Revista de Neuro-Psiquiatría* [Journal of Neuro-Psychiatry] (Peru) and the *Revista de la Asociación Psiquiátrica de América Latina* (APAL) [Journal of the Psychiatric Association of Latin America] is encouraging. In general, however, the figures are low, and with a conspicuous absence of distinguished publications such as *Acta Psiquiátrica y Psicológica de América Latina* [Psychiatric and Psychological Record of Latin America] and other Colombian or Uruguayan journals. It is worth noting that *Revista Brasileira*, *Salud Mental* (Mexico), and the Peruvian publication have all decided to accept original articles in English.

Table 1. Impact Factor (IF) of international journals of psychiatry, 2014

Name	Country	Score
Molecular Psychiatry	United States	14.897
Am J Psychiatry	United States	14.721
Arch Gen Psychiatry	United States	13.772
Biol Psychiatry	United States	9.247
World Psychiatry	WPA	8.974
Neuropsychopharm	United States	8.678
Schiz Bulletin	United States	8.486
Psychother & Psychosm	United States	7.230
J Am Acad Child Psych	United States	6.970
Brit J Psychiatry	England	6.606
J Clin Psychiatry	United States	5.812
Psychol Medicine	England	5.587
Acta Psych Scand	Sweden	4.857
Depr & Anxiety	United States	4.610
Eur Neuropsychopharm	Austria	4.595
Eur Child Adol Psych	Germany	3.699
World J Biol Psych	Austria	3.571
Progr in Neuropsychoph	Canada	3.552
J Affect Disorders	United States	3.295
Austr NZ J Psychiatry	Australia	3.293
European Psychiatry	France	3.285

(Source: Impact Factor.weebly.com/PubMed).

It has not been possible to find the exact number of Latin Americans working in the Mental Health Division of the World Health Organization (WHO) in Geneva, but it is reasonable to assume that there are not many, especially since the WHO office in the Americas is located in Washington, D.C. That said, the World Psychiatric Association (WPA) and the American Psychiatric Association (APA) have each had two Latin American presidents in recent years, but can the term "Latin American visibility" really be applied if all of them live in the United States?

The prestigious British medical journal *The Lancet* inaugurated its Series on Global Mental Health on September 3rd 2007, with an event at King's College, London. For all that this signified, the inaugural program included 24 participants, among them the Chilean Ricardo Araya, a lec-

Table 2. Impact Factor (IF) of Latin American journals of psychiatry, 2008

Name	Country	Score	
		Scimago	Scopus
Rev Bras Psiquiatria	Brazil	1.638	0.0833
Arquivos Neuropsych	Brazil	1.006	0.3570
Salud Mental	Mexico	0.420	0.5234
Rev Chil Neuropsiq	Chile	0.120	0.1250
Vertex	Argentina	0.110	0.0471
Psychol & Neuroscienc	Brazil	0.178	
Rev Mex Neuroscienc	Mexico	0.106	
Rev Ecuat Neuroscienc	Ecuador	0.102	

(Source: Scimago, Scopus; Jimenez-Contreras et al.).

turer at the University of Bristol in the United Kingdom.³³ The only other Latin American psychiatrist present was Jair Mari, who was invited to participate in a session titled *The response for programming in developing countries*, in his capacity as Editor of the *Revista Brasileira de Psiquiatria* [Brazilian Journal of Psychiatry]. The event was attended by ten European professionals, nine of whom were British; four WHO officials (none Latin American), three North Americans, three Africans, two Indians, and the two aforementioned Latin Americans. Along with Araya, there was only one other Latin American in the Group: Dr. María Elena Medina-Mora, Director of the "Ramón de la Fuente" Institute of Mental Health in Mexico City. The 2011 issue of this Series proclaimed a "vast range of content and authors". The six articles had a total of 49 authors, only two of whom were Latin American.³⁴

In an article commenting on the series in *The Lancet*, Patel and Sartorius³⁵ include 14 references, of which only one includes a Latin American: Ricardo Araya once again, as the second author. Another article on Global Mental Health in *The Lancet* in 2012³⁶ mentions a single Latin American contributor, published nine years previously.

Another finding, albeit anecdotal, is of a special issue of *Transcultural Psychiatry*, the most prestigious journal in its field, published by McGill University in Montreal, Canada. The guest Editor of the issue³⁷ (whose content included personal or autobiographical accounts by renowned cultural psychiatrists) was a North American colleague, who invited a total of 13 authors. Seven of these were British (six English), four were from continental Europe (three Spanish), one was Asian, and one was Antipodean. Evidently, the editor did not judge there to be psychiatrists worthy of this task in Latin America and Africa, continents with considerable cultural richness.

The book *Cien años de Psiquiatria* [100 years of Psychiatry], a supposedly global historical review published in 1983 by the eminent Prof. Pierre Pichot, dedicates not one word to Latin American psychiatry, and its bibliography features a single Colombian colleague based in the United States as the second author of an article, published, of course, in a North American journal.³⁸ It should perhaps be mentioned that the third edition of the *Handbook of Autism and Pervasive Developmental Disorders*³⁹ includes a section dedicated to Latin America in the chapter on *International Perspectives*, written by the Uruguayans Miguel Cherro and Natalia Trenchi. Interestingly, however, Dr. Trenchi does not appear in the list of 117 collaborators for the book, within which, of course, the majority are US authors, but there are also 13 from the UK, seven from European countries (Spain among them), three from Canada, three from Asian countries, two from Australia/New Zealand, and one from Israel. And to complicate the "anecdote" even more, the fourth edition of the book⁴⁰ has eliminated that chapter altogether.

DISCUSSION

As a result of these observations, it can be concluded that the Latin American presence in various fields of the psychiatric scene is modest, despite its indubitable quality. One reason for this phenomenon, perhaps small but nonetheless undeniable, is what some call "benign negligence" towards others on the part of psychiatry in the "developed world", an attitude borne of the remnants of colonial habits, or from neo-colonialist tendencies that are simply nostalgic or objectionably complex. In other cases, it could be arrogance or ignorance, terms which some experienced philologists have considered synonymous.⁴¹

In Latin America, the initial reaction of some industry practitioners in our discipline may be that this is not important, that outside recognition is not essential to progress, the improvement of our psychiatry, and of the mental health of our continent. It could be said that it is we who establish priorities around our own social, clinical, and public health realities, on the basis of the information we have in our professional and scientific publications. It could be said that we recognize the undeniable weight of these realities, more imperative still because of the precariousness of resources available to us to confront them.⁴² As such, those who maintain that, in the latter scenario, this absence is not a critical or regrettable circumstance, maintain a kind of isolation with rationalizations which can be militantly defensive, or with a shrugging of shoulders that can be denial if not turning a blind eye altogether.

From this side, questioners unsatisfied with this reality argue that Latin American psychiatry is the great absence, not in the corridors of political and organizational power that is very often transitory, but rather in the academic sphere, in profound scientific dialog and in clinical innovation, in publications that decide what is valid and what is valuable, in the global recognition of consistent and lasting contributions. What are the reasons for this absence? The answers are varied, from a number of sources, and come at a high and painful price.

It is a fact that psychiatric research in Latin America is governed by a variety of extra-scientific factors, such as minimal availability and accessibility of economic, technological, and human resources; insufficient training of stable and long-lasting research teams; the non-existence of progressive policies in the majority of countries, and the lack of clear beginnings in the scientific-technological relationship with developed countries.^{6,9,43} Since this is a general appreciation, the exceptions are all the more evident. The Mexican Institute of Psychiatry "Ramón de la Fuente" (which publishes *Salud Mental*) dedicates most of its work to research. The historical value of the work of Carlos León and his socio-epidemiological research team for more than 40 years in the Psychiatry Department of the University of Valle in Cali, Colombia, should also be mentioned.⁴⁴ The Behavioral

Science Department of the University of Puerto Rico, led by Gloria Camino, Margarita Algeria (now working at Harvard University) and Guillermo Bernal, has produced substantial epidemiological work, with cultural, methodological, clinical, managed care, and service planning aspects.⁴⁵ Finally, Naomi de Almeida in Salvador and Jair Mari in Sao Paulo, Brazil, and Benjamin Vicente in Concepción, Chile, are other points on the map of Latin American psychiatric research.⁴⁶

It has already been indicated that a crucial aspect in the development of coherent research in our area has to do with the level of acceptance of "imported" knowledge, generally brought about through books, journals, and other foreign publications which generally use the English language. The ambivalence facing this phenomenon is well-known and in some circles, debate around it is intense. There are those who see the use of English as the universal language or *lingua franca* of science; an unacceptable imposition reminiscent of colonialism or imperialism, and a reflection of an arrogance borne of political hegemonies or arbitrary economies. It is also unjust and anti-historic. The response of these sectors is to advocate that Latin American authors do not publish in English and what is more, reject the official and dominant presence of this language in events or publications the world over.⁴²

Another point of view proposes that without expressing unconditional subjection to the dictates of Shakespeare's language in the scientific field, rejecting or ignoring it would be tantamount to a type of intellectual self-deprivation, of the elimination of valuable sources of knowledge and information, or even of the opportunity to compare them with our own concepts or question them with equally solid arguments. It would furthermore cancel out possibilities of fruitful contact, lofty discussions, objective explorations even more valuable for being the results of joint research, of a genuine "dialog between equals". The debate must continue, with the hope that comes from a balanced perspective based on mutual respect for languages, cultures, and identities that have no reason to be eliminated by an arbitrary and uncertain globalization. The universal recognition of scientific and heuristic achievements in Latin America is possible if its authors and results undertake a dedicated search for that universe.

It is a well-known fact that writers describe all kinds of situations much more eloquently than those of us who dedicate ourselves to clinical or scientific tasks, and there is universal agreement that Latin America has a brilliant plethora of masters of the written word. It is for this reason that at the end of these reflections, I turn to the example of Gabriel Garcia Marquez, whose conference upon receiving the Nobel Prize for Literature was called *La Soledad de América Latina* [The Solitude of Latin America].⁴⁷ In it, he indicates that "our greatest challenge has been the lack of conventional resources to make our life believable". And he adds:

"Latin America has no desire to be, nor should it be, a pawn without will, neither is it a mere shadow of a dream that its designs for independence and originality should become an aspiration of the western

hemisphere.... in the face of oppression, pillage and abandonment, our reply is life (pp. 10-11)".

Octavio Paz, another of our Nobel Prizewinners, through indicating that the appearance of Hispanic America introduced an "element of uncertainty... (that) ...challenges our imagination and interrogates our identity" in the dialog between civilizations, insists that we "think about the difference"; that we recognize "that which distinguishes us, the ethnic and cultural heterogeneity and plurality of our peoples".⁴⁸ In documenting his search for ecumenicist, the Mexican master writes:

To live is additionally, and especially, to glimpse the other shore, to suspect that there is order, number, and proportion in everything that is... (and that) ...movement itself is an allegory of rest (p. 106)... It hardly needs adding that we are not trapped within the Spanish language: far from being a wall, the language that we speak and write is a path towards other languages... p. 182).

FINAL CONSIDERATIONS

We accept heterogeneity as one of the fundamental characteristics of Latin American psychiatry in various areas, and we understand it as a result of the afflux of multiple sources of knowledge and doctrinarian currents throughout the ages. But this characteristic has also served to generate a gallery of authentically brilliant men, leaders in psychiatry in our continent, and deserving of better recognition at a global level, recognition that, in general terms, has been denied them.

The price of the absence of Latin American psychiatry on the world stage is one of self-imposed isolation; a vicious cycle of immaturity, ignorance, and delay that we have no reason to tolerate. The absence can also generate complex denial, low self-esteem or even fury, which hurts less when directed towards the "other", the "bad", towards a real or imaginary villain. The problem is accentuated because the rest of the world's response can bring understanding and sympathy, but not much more than that.

It is time for Latin American psychiatry to mobilize its best resources and bring the best of its creative potential to fruition for the pursuit of authentic solutions in fields of the academic, heuristic, clinical service, public and mental health legislation, and financial support. As the academic field, we understand the educational and editorial activity that serves as the basis of training and practice of appropriate human resources in psychiatry and other disciplines in mental health.^{41,49}

The same must happen within research oriented towards more pressing problems, in particular in the clinical or social fields, but without any resistance to sharing findings through egalitarian dialog and constructive criticism in the universal language of scientific publications.⁵⁰ A seal of originality on Latin American research would be the clinical

and socio-cultural application of its findings (even those in neurobiology) within so-called *translational research*.⁵¹

Clinical services in Latin America can become a living laboratory for modern concepts such as the forming of multidisciplinary teams in the context of Primary Care in Mental Health,⁵² technological expansion in the form of tele-psychiatric resources in rural areas or isolated towns, the practice of early detection which facilitates timely treatment, and better primary prevention.⁵³ All of this can be facilitated with progressive legislation that gives mental health the key position required by an efficient and effective public health system. In this way, the pluralist and versatile message of our psychiatry –innovative, straightforward, decisive, honest, and socially committed– can be transmitted to the rest of the world, and with it, the marked end of its absence.

In conclusion, the current visibility of Latin American psychiatry on the world stage is not a true reflection of the meaning and depth of its history. Hard work is necessary to acquire what the great Pedro Laín-Entralgo calls “an identity founded on the vehement search for originality...an identity that designs authentic routes of indestructible hope which is persistence and advancing, the act of re-creation, the profession of freedom, and the glimpse of transcendent bonds”.⁵⁴

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