

Latin America

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Introduction

Latin America (LA) refers to Latin American countries that were colonized by Portugal, Spain or France. The term *latin* originates from the Roman languages that are derived from Latin, including Spanish, Portuguese, and French. Geographically, LA refers to a broad region encompassing the vast majority of countries in South and Central America: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Ecuador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Dominican Republic, Uruguay, and Venezuela (Nuñez, 1972; Klappenbach & Pavesi, 1994; Nuñez, 1972). Although these countries share similar linguistic elements (with respect to its origin) and have some cultural and historical elements in common (e.g., slow socioeconomic development, stories of colonial exploitation and totalitarian regimes), they are vastly different in their social, cultural, economic and historical characteristics (Wolf, 2011). Among other things, the differences are related to the geographical location that determines the business contacts and the communication with other Latin countries and countries from other continents (Sosa & Valderrama-Iturbe, 2001). In addition, there are internal differences; Brazil, for instance, is the only Latin American country that adopted Portuguese as opposed to Spanish, which is spoken in all the other countries of the same continent. Moreover, because of its large territory, there are large cultural, ethnic and linguistic differences (M. Silva, 2000). These differences have a direct impact on the practices and on the degree of professionalization, education, and scientific/technological development in each country. In general,

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countries with higher economic resources tend to have greater investment and development in research and professional training, which is the case in Argentina, Brazil, Colombia, Mexico, among others (Sosa & Valderrama-Iturbe, 2001). This is also true for Psychology. Therefore, as noted by C. Silva (2013), unity seems almost utopian for such a diverse continent. However, despite its diversity, it is important to understand the history of LA in order to appreciate the development of psychology (Ardila, 1968). Whereas some regions are advanced, others are still in the early or late stages of development (Sosa & Valderrama-Iturbe, 2001).

The advent of psychology in Latin America, as has happened elsewhere in the world, was based on two aspects: the first was grounded on a medical model, where psychology was at the service of medicine; the second, on the philosophical model, which aimed to study the soul (Ardila, 1968; Moreira, Romagnoli, & Neves, 2007). The course of the historical development of psychology in LA, in turn, can be divided into two periods: the first, between the nineteenth and twentieth centuries, when the first university-level institutions were developed, societies and scientific journals were founded, and psychological knowledge began to be applied in various areas (criminology, medicine, education, social, etc.), and the second, from the early twentieth century to the present, with the creation of university courses for professional training of psychologists (Gallegos, Berra, Benito, & Lopez, 2014).

Some historiography researchers claim that the advent of psychology in Latin America occurred around 1898, with the first Psychology laboratory, in Argentina (Ardila, 1968; Klappenbach & Pavesi, 1994). However, the advent of scientific psychology in Latin America has its beginning at the end of the second half of the nineteenth century, in countries such as Argentina, Chile, Mexico, and especially Brazil, with positivism, characterized at this time by the experimental method (Klappenbach & Pavesi, 1994; Massimi, 1990).

During this period, clinical psychology was not so widespread, remaining in the institutional perspective, aimed at public service—in the scope of criminology, within psychiatric hospitals, and in the field of education (Klappenbach & Pavesi, 1994). However, at the same time, French psychology strongly influenced the construction of the paradigm of experimental psychology, positioned, along with behaviorism and psychoanalysis, as the three most influential schools (Klappenbach & Pavesi, 1994; Massimi, 1990).

It was only in the late nineteenth century, and early twentieth century, that clinical psychology was definitively established in Latin America, venturing into problems of an individual order in the context of experimental psychology; such as had occurred in France, and unlike institutions in Germany and in the United States (Klappenbach & Pavesi, 1994). Thereafter, the history of clinical psychology in Latin America gradually developed.

In Brazil, psychology was first influenced by Waclaw Radecki, a Polish psychologist who founded the first Brazilian psychology laboratory at the Pontifical Catholic University of Rio de Janeiro (PUC—Rio) in 1923. In Peru, Walter Blumenfeld, a German psychologist who worked in the field of education, and directed the Experimental Psychology Institute of the Universidad Nacional de San Marcos in 1934 was also a great influence. Then, successively, in Mexico, Chile,

Venezuela, Colombia, and other Latin American countries, gradually, psychology also became a discipline and a profession during the first four decades of the twentieth century (Ardila, 1968).

Later, between 1947 and 1953, Colombia, Chile, Cuba, and Brazil, respectively, were the pioneers in creating careers or psychology departments in Latin America (Ardila, 1968; Massimi, 1990), while the recognition of clinical psychology as a profession occurred only in the 1950s and 1960s (Klappenbach & Pavesi, 1994).

In 1968, a period in which there was an emphasis on utilitarianism and pragmatism, clinical psychology was greatly expanded in the region: Latin American psychology was greatly interested in psychotherapy and psychological assessment, leading to the growing development of applied psychology; while scientific, experimental, and theoretical psychology received less attention (Ardila, 1968; Massimi, 1990). Also during this period, Freudian psychoanalysis still had a great influence on Latin American clinical psychology, since the Rogerian approach was not given much space, unlike what happened in the US at the time (Ardila, 1968).

In Argentina there was a hegemony of psychoanalysis, even though it was not followed by other Latin American countries that were slowly breaking with this model, such as Colombia, which began to focus on experimental psychology, Peru, which focused on a humanistic and psychometric approach, and Venezuela, which gradually began to make room for social and cross-cultural psychology, and especially for behavior modification (Klappenbach & Pavesi, 1994), through the study of operant conditioning (Ardila, 1968).

With respect to clinical practice, one can observe that its consolidation occurred primarily in Argentina and Brazil. Twenty years after the first psychology class graduated clinical psychologists in Brazil represented 42% of professionals in the field (30% were represented by organizational psychologists, 21% worked in the education sector, 17% became lecturers, and 17% did not engage in the profession) (Presti, 1978). A survey conducted only in Buenos Aires indicated that 66% of professionals were engaged in clinical psychology in Argentina (Litivnoff, 1970 cited by Klappenbach & Pavesi, 1994). These rates, however, were more conservative in countries such as Mexico, Venezuela and Peru, where educational psychology still prevailed (Klappenbach & Pavesi, 1994).

Psychology and Military Regimes

Years before, in 1947, the American Psychological Association [APA], in the US, had determined that the training of the psychologist should include both professional and scientific instruction, aimed at the diffusion of psychological practices marked by scientific rigor and standards (APA, 2006; Shakow et al., 1947). This recommendation should have been favorable, some years later, to the dissemination of behavioral-based therapies, given that their fundamental characteristic is the practice based on empirical evidence; however, cognitive-behavioral therapy [CBT], for example, developed in the 1960s, was faced with obstacles to its development in Latin America, between the

decades of 1960 and 1980, remaining behind the psychoanalytic hegemony that had settled in Latin American universities.

In the 1970s, however, Latin America was ruled by military regimes that directly interfered in the context of universities and were in some way opposed to intellectual and scientific development. At the time, the following countries were ruled by the military: Argentina (1976–1983), Brazil (1964–1985), Bolivia (1971–1982), Chile (1972–1982), Ecuador (1972–1979), Haiti (1971–1987), Nicaragua (1936–1978), Paraguay (1954–1989), Peru (1968–1975), and Uruguay (1973–1985) (Coggiola, 2001).

In Bolivia, for instance, political changes were decisive in the development of psychology, which ceased over a long period, due to the military coup of 1971, responsible for closing the doors of universities for 2 years (Aguilar, 1983). Chile and Argentina also faced a decline in the development of psychology over this period, as many researchers had to immigrate to other countries because of political persecution, which led to the revitalization of psychoanalysis, as in the case of Mexico (Sosa & Valderrama-Iturbe, 2001). Furthermore, Cahbar (2015), specifically looking at the situation of behavioral therapies in Latin America, points to the fact that the military regime in Chile strikingly impacted the development of CBT: the professors in this area were persecuted in Chilean universities, erroneously seen as leftists, due to their revolutionary ideas for psychology.

In short, the political and economic establishment has always been categorical in influencing the development of psychology in LA, not only during the dictatorships; in Paraguay, for instance, the late development of psychology was also largely due to the wars; during the twentieth century, for over 70 years, the country was plunged into wars—War of the Triple Alliance (1864–1870) and the Chaco War (1932–1935)—which resulted in economic instability and successive reconstructions, leading to a delay in the investment in education, culture and technology (Coppari, 2011).

The political context of the 1970s greatly influenced the advent of theoretical approaches that lie at the core of empirical practices (dependent on an efficient scientific training offered by universities), such as CBT. A priori, it is important to note that the APA does not establish a continuum of “best and worst” theoretical approaches and does not recommend the use of any specific approach; however, it is known that the Cognitive Therapies, born within empirical research (Beck, 2013; Hofmann, 2014), have in their scope the determination of performing Evidence-Based Practices [EBP] perhaps more intensely than other theoretical approaches (Melnik & Atallah, 2011). It is believed, therefore, that the late development of behavioral-based therapies in Latin America has its origin in the difficulties regarding the political and economic establishment that universities experienced in the 1970s, culminating in the perpetuation of the more traditional approaches.

Despite military rule in Latin America over this period, in the late 1960s and early 1970s clinical psychology had undergone rapid growth. However, besides the military coups restraining scientific and technological development, there were still other major difficulties to overcome: one of them involved physicians’ opposition to people working with psychotherapy without a medical degree, even though medical

students did not get any training in psychotherapy during their graduate studies, unlike psychologists (Ardila, 1968). This was more intense in Argentina, due to the influence of the Argentine Medical Association (Ardila, 1968; Keegan, 2015). In 1968, Brazil, in turn, already relied on the legal recognition of the professional psychologist (regulated by federal law since September 1962) (Filho, 2004); while in Argentina and Mexico he/she was not as yet recognized. Nevertheless, these three countries already had strong training programs in psychology, with a large number of psychologists having clear definitions of their functions and acting in the clinical field (Ardila, 1968).

Psychology in the 1970s was also marked by an increased interest in the study of basic cognitive processes, where many research groups were formed (in Brazil, the group including Maria Coria-Sabini, Antonio Penna and Maria de Moura; in Argentina, Hours Romoldi, Miguelina Guiao and Luis Lara-Tapia; and in Mexico, Gustavo Fernandez and Javier Aguilar). However, as had been occurring in the context of clinical psychology, owing to political issues and the lack of economic resources in Latin America, the development of research was limited due to difficulties in the purchasing of materials and equipment (Sosa & Valderrama-Iturbe, 2001).

Globalization of Psychology

In 1991 the Southern Common Market [MERCOSUR] economic block was created. From an economic point of view, the block aimed to unify its member countries, however, through its advent, there was also an attempt to unify professionals in the field of psychology (C. Silva, 2013). Since 1994, psychologists and institutions from the MERCOSUR countries—Brazil, Argentina, Uruguay and Paraguay—gave rise to a joint policy, in order to set standards for the integration of professional practice and to develop the construction of a reference of Latin American psychology; in the following years this move was followed by Chile and Bolivia (which joined MERCOSUR), creating the Coordination Committee of MERCOSUR and associated countries [CCPM] (Cáceres, 2008).

Meetings of the CCPM intended to create a self-identity of Latin American psychology, through debate and the creation of ethical, political and economic agreements for the professional practice of psychologists in MERCOSUR and associated countries, as well as discussion of strategies to improve the quality in the training of psychologists and the circulation of services and professionals, common to the reality of its member countries (Cáceres, 2008).

Then, in the late twentieth century and early twenty-first century, regarding the theoretical approaches, psychoanalysis in Latin America had different levels of acceptance. In the early 2000s, in Argentina, the psychoanalytic approach was fully accepted in the clinical setting, while in other countries there was a partial acceptance of its theoretical concepts, such as in the case of Mexico, or a relative indifference, as in Cuba and Nicaragua (Klappenbach & Pavesi, 1994; Sosa & Valderrama-Iturbe, 2001). In Latin America, there was also a strong interest in

cross-cultural, social and political psychology, especially in Cuba, Peru, Mexico, Colombia, Venezuela, Argentina and Ecuador - probably fostered by the social, economic and political organization of these countries (Sosa & Valderrama-Iturbe, 2001).

The experimental analysis of behavior also had its landmark in LA in the 1960s: in Brazil, with the visit of Fred S. Keller to the University of Brasilia (UNB) and in Mexico, with the visit of BF Skinner to the Congress of Behavior Analysis in 1975—expressing the recognition of Latin American behavior analysts (Colotla & Ribes, 1981). These exchanges between Latin America and the US encouraged the increase of production and scientific events in the area, and also supported the further development of cognitive-behavioral therapy, especially in Brazil, Colombia, Mexico, and later in Argentina (Sosa & Valderrama-Iturbe, 2001).

Considering both the historical and the contemporary context of the continent, we can observe that Latin American psychology has widely developed in regard to research and clinical practice, but it is still based on internationally defined themes (Gallegos et al., 2014; García, 2006; C. Silva, 2013). Indeed, Latin America has always faced complex political, historical and social conditions; nonetheless, its production and growth have never stopped, such as occurred with the history and development of Latin American psychology.

Research and Academic Environment

Most Latin American psychologists choose their field while still undergraduates (which lasts on average 5 years). During this period, they receive a varied schedule of training in different job possibilities, including clinical psychology. Once in the labor market, the training scenario at graduation may change or remain the same, depending on each country.

In general, psychological research in Latin America (LA) is predominantly empirical, objective and quantitative, and often makes use of objective instruments (such as tests, scales, inventories and questionnaires, for data collection); for the most part, psychological studies and research use primarily hypothetical deductive paradigms, counting on formulations of logical empiricism, although there are some large centers of psychoanalytic orientation, such as in Argentina, where this approach is dominant in scientific research. Moreover, the growing interest in Humanistic Psychology since the end of the twentieth century is noteworthy as it is often used by phenomenology, which does not reject the scientific method, but is oriented to the study of direct and immediate experience as the base of knowledge (Alarcón, 1999).

Until the 1960s, international psychology models were only virtually replicated throughout the continent, a situation that began to be questioned, debated and reformulated during the 1970s (especially by the domination of political issues in psychology). Nevertheless, even in contemporary times, it is noted that Latin American psychology is very receptive to and influenced by European psychology and,

secondarily, by other international models such as the North American model, pointing out the tendency toward a matrix of thought dependence and of foreign theoretical constructs (Alarcón, 1999).

In contemporary times, there has also been the presence of Positive Psychology in scientific production, and although its growth is not homogeneous in LA, Mexico, Chile, Brazil or Argentina, these seem to be countries with a growing increase in their production in that area (Solano, 2012).

The major criticism resting on the importation of foreign psychology models is oriented to the fact that Latin American scientific research should have, as its main task, the development of problems analogous to the social and political reality of these countries, in favor of less fortunate Latin American groups (Alarcón, 1999; García, 2006), rather than concentrating only on problems of an individual order and on the experimental practice, so that Latin psychology will be in line with its own reality and demands.

This situation, of course, also implicates the low originality of psychological research in Latin America, which often focuses on the replication or re-evaluation of international research (Cáceres, 2008; García, 2006). Especially since the late twentieth century, Latin American psychology has been dedicated to reporting results and accomplishments as well as conducting research on the associations among variables, causal relationships and experimentally manipulated variables; however, it should be noted that there is a line in Latin American psychological research that, in general, sees man as its central issue, thus differing from North American psychology, which often uses subspecies to explain human behavior (as in the case of behaviorism in the field of learning in the late twentieth century) (Alarcón, 1999).

As Arbaiza-Bayona (2012) notes, this situation primarily arises from the low Latin American tendency to conduct studies and disseminate them, since the advancement of science in a given area is also closely associated with the dissemination of legitimately produced knowledge.

Although scientific production and its publication in journals is one of the most important means of dissemination and propagation of science in the contemporary world, in LA, such production and dissemination are still scarce. Representing only 3% of the world production, it has low impact, visibility and dissemination and few citations. Thus, it is referred to as a “peripheral science” and remains behind the publications in developed countries (Arbaiza-Bayona, 2012; Ochoa Henríquez, 2004).

Hence, LA is in a marginalized position in terms of production and dissemination of scientific knowledge, especially when compared to other countries. This situation is due to the low investment in scientific research in educational systems that promote knowledge reproduction rather than trying to draw new paradigms and research, in addition to its late development and the reconstruction of universities following wars and military regimes.

Generally, in LA, as in other parts of the world, there is a strong tendency of the theoretical orientation adopted by universities to influence their scientific production. However, while LA is still submerged in the hegemony of psychoanalysis, in

some Latin American countries, the empirical approaches (cognitive and behavioral) tend to have their research results published more often, thus justifying their higher prevalence in Latin American journals. In this sense, it is important to analyze the instances “academic training” and “research.”

Due to the scarcity of data on the development of CBTs in Latin America, much of the data were collected from interviews with researchers and professors, who are references in the field in their respective countries.

Paraguay

In Paraguay, it was only a little over 100 years ago that psychology began to be recognized in the country, as its introduction in Paraguayan universities occurred only in the 1960s at Universidad Católica and Universidad Nacional de Asunción (Cáceres, 2008). Since its inception, Paraguayan psychology has been marked by the psychoanalytic approach, which is very traditional in the country, and the first professionals interested in behavioral therapies within universities surfaced in the 1980s, influenced by John Throne and Daniel Escobar (Airaldi, 2015; Britos, 2015).

Indeed, currently, in Paraguay, Freudian psychoanalysis clinical practice is in the forefront, representing the first force in the country, followed by the systemic and humanist approaches, conceived by the adoption of theorists such as Freud, Rogers, Frankl, Bateson, and Minuchin, Albert Ellis and Aaron Beck (Airaldi, 2015, Britos, 2015). This context may be attributed to the lack of specific regulations in the education sector in the country, given that the Ministry of Education regulated the number of training hours, however, it did not mention the offering of therapy “classes”; therefore, the diffusion of certain approaches ends up depending on the training of professors that take over the university chairs or, in some cases, on the view that the university chooses to follow (Airaldi, 2015).

This situation leads to the maintenance of vicious cycles and the reproduction of models *ad infinitum*. Therefore, we observe that there is indeed a delay in the integration of psychology with the predominantly behavioral approaches, a fact that also generates an imbalance in the incorporation of new discoveries and scientific advances (García, 2006).

However, many professionals who seek post-graduate courses in Paraguay are clinical, school, and hospital psychologists, and they often choose CBT: it is also true that while some of these psychologists choose other approaches, they are eventually impelled to seek a theoretical approach that evidences more efficient results in the short term, as they meet a large number of patients per day (Airaldi, 2015; Britos, 2015).

But, this situation also often culminates in a *false theoretical eclecticism*: “*the true integrative approach or the true cognitive therapy requires a lot of knowledge about everything, but there are people who make use of techniques indiscriminately*” (M.C. Airaldi, personal communication, July 16, 2015). In Paraguay, in all the approaches there is also a predominance of eclectic practices, which primarily consist of adaptations of various procedures, without proper theoretical rigor

(Britos, 2015): there is no professional regulatory agency or law, which complicates the ideal practice of the profession; therefore, in Paraguayan psychology bad clinical practices are often prevalent (Cáceres, 2008).

In Paraguay, in academic training as well as in research, Freudian psychoanalysis is in the forefront, representing the first force in both fields, followed respectively by the systemic, humanist and cognitive approaches (Airaldi, 2015; Britos, 2015). Cognitive and Behavioral approaches are undergoing an expansion movement in many Latin American countries, however, they still face political and economic issues that permeate the universities, such as what happens to psychology itself. In Paraguay, for instance, there is a lack of investment in higher education and scientific production in order to promote the fundamental duties of higher education systems and also to train qualified psychologists (Cáceres, 2008).

In Paraguay, scientific research is not a priority and psychology is not seen as a respected science (Coppari, 2011). Overall, the Paraguayan scientific literature can be characterized by its large production of essays and reviews and by the lack of empirical studies and rigorous designs that lead to the appraisal of theoretical and traditional models of research. Also, the low production in the field of behavioral-based sciences contributes to a lack of its consolidation and innovation, resulting in a situation of “parasitism” of the international scientific output and “conservatism” (García, 2006). In a broader perspective, the quality of scientific production has been postponed and replaced by prioritizing vocational training, that is, the practices aimed at the labor market (Cáceres, 2008).

Additionally, on the one hand, the offer of post-graduate courses in psychology is weak, sparse, of dubious quality and with poor training (Cáceres, 2008; Coppari, 2011), on the other, within CBT, post-graduate courses are increasingly acquiring credibility, strength, and expansion. In the last 5 years there have been many graduate projects aimed at CBT (Airaldi, 2015; Britos, 2015).

Colombia

Regarding Colombia, the psychodynamic tradition prevailed until the 1970s, and since then, the behavioral, humanistic, systemic, and cognitive approaches have expanded in psychology programs (Anacona, 2015; Ardila, 1974). But it was in the late 1990s and early 2000s that, in fact, that country witnessed a great expansion in theoretical approaches that differed from psychoanalysis, which was when a large number of graduate programs in clinical psychology arose (Anacona, 2015).

Nowadays, in Colombia, there is a prevalence of different theoretical approaches in clinical practice, such as the systemic, humanistic, psychoanalytic, behavioral, and cognitive-behavioral theories, as well as a relative equivalence among the theoretical approaches in training programs. In a survey conducted by the Network of Institutions of University Services of Psychological Care [ISUAP] including 26 universities, the following results were identified: Systemic (12) Humanist (15) Psychodynamic (15) and Cognitive-Behavioral (21), showing that, currently, in Colombia, as part of internship programs in psychiatry, the psychoanalytical,

behavioral, cognitive and systemic approaches are equivalent—specifically and notably (Anacona, 2015; Camacho, 2015).

Notwithstanding, with regard to scientific publications from Colombia, due to its methodological bases, clinical psychologists of CBT have a greater tendency to present the results of their empirical studies (although representatives of other approaches have begun showing a similar trend in recent years) (Anacona, 2015).

Uruguay

As in other Latin American countries, psychology in Uruguay was influenced by psychoanalysis, however, despite being slightly ahead, its relevance and visibility compared to CBT is almost equivalent (Lagos, 2015). In Uruguay, similarly, since the origins of psychoanalytic theory, many authors investigated and contributed to the development of psychology and, gradually, in the late 1980s began to incorporate contributions to the cognitive-behavioral model, influenced by of Hugo Trenchi and Hugo Silvera (Lagos, 2015).

In turn, over the last 15 years, Uruguay, has seen, a significant growth in behavioral-based therapies; nevertheless, psychoanalysis still exerts greater influence on training courses in Psychology and even the residence programs in Psychiatry. Psychoanalysis is still defined as the main, or sometimes only, theoretical orientation and, the training internships, for example, are usually oriented either in this approach or in the social community approach; additionally, the psychoanalytic approach also represents most of the publications in the country (Lagos, 2015).

Panama

In relation to Panama, according to Caropreso (2015), until 2003 the model of greatest influence in the country was psychoanalysis, which has progressively been replaced by behavioral-based approaches due to the influence of the presence of professors from the United States, Argentina, Mexico and Chile in the country.

Presently, psychoanalysis and CBT are currently the first two main forces in the country, followed respectively by the systemic, gestalt, and humanist approaches. Also, in the academic setting of Panama, the most commonly adopted approaches are CBT and psychoanalysis, practiced by the precepts of Aaron Beck, Albert Ellis and Sigmund Freud (Caropreso, 2015).

Dominican Republic

Regarding the Dominican Republic, the psychodynamic hegemony still remains, and the consolidation of behavioral- and cognitive-based approaches are still rather incipient, where the first association in the country is currently being created,

through the formation of the Dominican Association of Cognitive-Behavioral Therapy (Rodríguez, 2015).

In undergraduate courses in Psychology in the Dominican Republic, cognitive-based approaches are offered in a few universities, however, there are not highly qualified professors and, similarly to the post-graduate courses in psychology, psychological training focuses on psychoanalytic, systemic and behavioral approaches (Rodríguez, 2015).

Additionally, clinical practice in the Dominican Republic is marked by the systemic family—psychoanalytic, humanistic, and behavioral—under the theoretical precepts from those such as Bowen, Minuchin, Virginia Satir, Freud and Rogers (Rodríguez, 2015).

Argentina

Historically, the practice of Argentinean psychology faced great obstacles since its beginning: while in 1966, in Britain, there was a law revoking the physicians' exclusive right to conduct psychotherapy (especially psychoanalytic), in 1967, Argentina approved a law contrary to that, restricting the right of physicians to practice psychotherapy. It was only in 1985 that the right to practice psychology returned to the psychologists, who requested to “turn the legitimate into legal” (Keegan, 2015).

In Argentina, the psychoanalytic tradition lasted almost exclusively until approximately 1980. After this period, the country's psychology lived the influence of the French school, with the front of experimental psychology that paved the way for behavioral-based approaches (Keegan, 2015). According to Asociación Argentina de Terapia Cognitiva [AATC], it was only in the late 1980s and early 1990s that the cognitive approach, for example, was brought to the country through the propagation of the “standard models” of Cognitive Therapies (AATC, 2015; Keegan, 2015), especially by the influence of Hector Hernández Álvarez, who founded the Aigle Foundation—a group that would study the cognitive model (Hernández-Álvarez, 2015).

The history of Argentine psychology also had important highlights in 1995: Eduardo Keegan was responsible for creating the first Chair in CBT within the Universidad de Buenos Aires, which until then was almost exclusively Lacanian (AATC, 2015). Nevertheless, in Argentina, a minority between 20% and 30% of professionals currently work with CBT, while about 50–60% of psychologists have a specific interest in Lacanian psychoanalysis; on the other hand, despite the climate of competitiveness and tension between CBT and Lacanian psychoanalysis in Argentina, it is clear that CBT strongly outweighs this other approach in the private sector (Keegan, 2015).

Interestingly, for many decades, being “a psychologist” in Argentina was synonymous with “being a psychoanalyst,” contrary to what was happening in Britain, where such representation was given by behavioral psychology and/or experimental. However, despite the growing psychoanalytic hegemony in this country, psychoanalysis faces issues related to poor practices in the approach: currently, many

professionals who identify themselves as psychoanalysts have no formal training in the area, i.e., they have no expertise or formal title (Keegan, 2015).

In a broader perspective, as evidenced in Paraguay and in many other countries, Argentina also suffers from a poor clinical practice that is not restricted to a particular theoretical approach. Currently, among psychologists, there is a growing supply of alternative practices that are not officially regulated, investigated or substantiated theoretically and scientifically, yet they acquire fame and generate great profit (Keegan, 2015).

Keegan (2015) notes that, generally, at graduation, in Argentina, the training of the psychologist is predominantly Lacanian, however, in recent years, there have been opportunities for internships, master's and PhD studies in CBT—especially at the Universidad de Buenos Aires in the latter two instances.

Argentine psychology associations are not as strong/expressive; many of them are focused on psychoanalytic and systemic approaches, but there is also the presence of a CBT association (Hernández-Álvarez, 2015).

Chile

Chilean clinical psychology is conceived through psychoanalysis, which represents the first force in the country, followed respectively by cognitive, systemic and humanistic approaches (Cahbar, 2015). Between the 1980s and the 2000s, CBT was a major force in Chile, but it has since lost its position given the development of new approaches that have spread around the country, with a few exceptions, such as the Universidad de Chile, where its superior effectiveness has been evidenced by[?] new and ongoing assessments (Cahbar, 2015).

CBT, next to psychoanalysis, and the systemic and humanistic approaches, currently makes up the curriculum of the majority of Chilean universities and their studies in Psychology undergraduate courses and residency in psychiatry (Cahbar, 2015).

El Salvador

Regarding El Salvador, the acceptance of behavior-based approaches is higher than that of psychodynamics; however, scientific research is scarce in both fields: research is almost non-existent and little support is given to research in the country. Also, there are only two master's degrees in clinical psychology across the country (Mendoza, 2015).

In El Salvador, until the early 1990s, psychoanalysis was absolute in the country; however, CBT progressively grew under the influence of foreign professors from the USA and Italy, becoming equal with it in the 2000s and, subsequently, overcoming it: in the clinical context, since the 2000s, CBT has been the first force (followed by psychoanalysis and the systemic approach), and it is estimated that 60% of the country's psychologists work with this approach, under the precepts of Aaron Beck

and Albert Ellis (3rd generation practices are not consolidated yet in the country). However, the situation of CBT in the country is sensitive: many professionals use it, but they do not have expertise in the area, considering that the proper training demands not only access to theoretical content, but also hours of supervision and practical training (Mendoza, 2015).

Brazil

In Brazil, the training of psychologists, in general, comprises 5 years of undergraduate studies. Throughout this period, the student will attend theoretical and practical training where the subjects offered usually vary according to each university, but which are usually geared toward the following practices: clinical, organizational, educational, hospital, diagnostic assessment, career guidance, etc. In general, at the end of the course, the student obtains the title of “psychologist” (for the so-called “training courses in psychology,” that are characterized by, in addition to theory, a great workload of practical activities) or “bachelor in psychology,” however, conducting theoretical and practical scientific activities (involving the drafting of a monograph) can also grant the title of “licensed” to the student. Among the countries mentioned, most have similar training in psychology, where the graduate can work in any area, even clinical psychology, without necessarily seeking to acquire additional expertise for such activities.

Additionally, in the academic segment, many professional training courses have emerged in recent years, especially in the south, southeast, and northeast of the country. These consist of *lato sensu* post-graduate courses, lasting between 360 and 560 h, and should be supported and/or offered by universities and certified by the Ministry of Education of Brazil [MEC], granting the psychologist the title of specialist in clinical psychology.

Similarly to other countries, it is noted that CBT in Brazil has a strong tendency to disseminate its data in scientific journals and national and international conferences, often more frequently than the other psychology approaches (Shinohara & Figueiredo, 2011). This again reflects the very methodological foundations of behavior-based approaches, based on the principles of EBP.

In 2009, a study by Neufeld, Xavier and Stockmann (2010), which aimed to map the psychology courses offering CBT training in the states of São Paulo and Paraná, showed that in São Paulo, among the analyzed courses (representing 50% of existing courses in the state), 74% offered at least one subject of CT/CBT, 15% offered some content related to CBT and 11% did not offer any content, while in Paraná, 45% of the mapped institutions (which only accounted for 35% of higher-education institutions that offered training in psychology in this state) offered at least one subject related to CT/CBT, 44% did not cover CBT among their theoretical approaches, and 11% offered some content related to CT/CBT.

A study of greater magnitude, covering all Brazilian states, directed by Neufeld, Carvalho, and *Equipe de Investigação TCC-Brasil* (in press) showed that in the academic setting this approach has experienced a continuous growth process, but

the presence of Psychoanalysis, and the Behavioral, Humanistic, and Existential approaches are still quite prevalent in psychology courses.

According to the Federal Council of Psychology [CFP], Brazil has 267,998 psychologists today (CFP, 2015). In Brazil, as in most of Latin America, the practice in clinical psychology has always been strongly guided by psychoanalysis (Neufeld, Carvalho, & *Equipe de Investigação TCC-Brasil*, in press); however, in recent decades, a movement of expansion of CBT has been observed.

The delayed consolidation of behavioral-based approaches in Brazil, 20 years after its emergence, can be attributed to the fact that this period relied on limited information technology resources, difficulties of access to the international scientific literature (Rangé, Falcone, & Sardinha, 2007) in addition to the prior establishment of military rule, which lasted for many years, and led to the stagnation of scientific and academic progress.

Generally, in Brazil, despite the usual predominance of “psychoanalytic acceptance” to the detriment of cognitive and behavioral approaches by training courses in psychology and by psychologists, there is a tendency towards an increased acceptance of the cognitive practice by the medical profession and institutions. Also, such as in Argentina, the population itself has recognized its efficiency, reduced time, and straightforwardness as favorable characteristics of what they are seeking.

Although the cognitive clinic probably represents the third theoretical force in Brazilian psychology, it has been increasingly growing, becoming prominent and consolidated. In general, the dissemination and reliability of CBT have presented evidence that it will continue to expand in the country. This can be attributed, primarily, to the credibility and quality of the national scientific research, which has been promoting its results, as well as to the dissemination by the media and specialized publications (Shinohara & Figueiredo, 2011).

In general, one should not overlook the fact that often scientific and clinical psychology also develop in terms of prevailing power, interests, research lines and topics, as well as of academic dynamics marked by competitiveness and power relations that, in turn, end up perpetuating their own interests instead of social needs and priority policies, leading to a situation of stagnation that opposes the development of this area (Gallegos, Berra, Benito, & Lopez, 2014).

Summary

It is clear that in the practice of clinical psychology in Latin America psychoanalysis prevailed over other theoretical approaches until the end of the twentieth century. Since then, other theoretical approaches have been gaining ground and prestige among professionals and scholars.

In general, the scientific practice in Latin America, due to its political and economic context, still presents great challenges to be overcome: universities' shortage of economic resources and the “reconstruction” of universities whose development

stopped during years of military dictatorships, among other factors, have a direct effect on the construction of psychology and its theoretical orientations. The current scenario in the vast majority of Latin American countries has an impact not only on the amount and quality of academic research and in the training of professionals, but also in the clinical practice.

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