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PSYCHOTHERAPY IN PUERTO RICO: THE STATE OF AN ART AND A PROFESSION

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The quality of psychotherapeutic services offered in a nation cannot be divorced from the status of the professions which offer such services. The appraisal of the status of psychology as a profession in Puerto Rico is therefore necessary in order to understand the quality and nature of the psychotherapeutic services rendered by psychologists in the Island. Unfortunately, such an appraisal must be largely subjective, involving as it does value judgments which vary from observer to observer. Therefore, the present document represents to a large extent our personal views on the subject. We will eschew the use of the third person which would convey an objectivity which may not be present.

The excellence of psychological services is directly related to the efforts that psychologists have placed in regulating the training and practice of the profession. In Puerto Rico, efforts at regulating the practice of psychology have been unsuccessful, and as a result there is an uneven quality to the psychological services rendered, as well as turmoil and confusion within the profession. Psychotherapy in Puerto Rico, as in other places, is practiced mainly by three groups: psychiatrists, social workers, and psychologists. Of these three groups, psychologists are probably the most disorganized and unregulated group. It is not uncommmon to encounter unqualified or poorly trained individuals who label themselves psychologists giving advice on radio and television, or in public and private practice, or even establishing training centers of poor reputation for "advanced studies" in psychology. However, it is probably not the out-and-out quacks who do the most damage to the professional prestige of psychologists, but the internal dissensions within the group, particularly between doctoral and subdoctoral psychologists. Before dwelling on the nature of these frictions, let us look at the source and training of both doctoral and subdoctoral psychologists.

There are in the Island some 15-20 qualified Ph.D. clinical psychologists. By "qualified" we refer to clinicians trained in clinical programs approved by the American Psychological Association (APA), or in non-U.S. institutions with programs meeting APA-type requirements. In an overpopulated island with nearly three million inhabitants, this represents roughly one qualified doctoral-

level clinician for every 150,000 inhabitants. The vacuum left by the scarcity of qualified clinicians has been filled by pseudo-professionals or by subdoctoral individuals, mostly master's level. In the past, college-level (B.A.) psychologists were employed in service-oriented institutions, but the trend is to use these people as technicians, which is a more appropriate role for their training. Puerto Rican Ph.D. clinicians come mainly from United States universities, although a small number have been trained in Europe or South America. Most master-level psychologists, on the other hand, are locally trained, as there are three local institutions which graduate master-level psychologists with a clinical emphasis. Only one of these training centers is locally accredited: the University of Puerto Rico's Graduate School of Psychology. A second institution is in the process of receiving accreditation, and has already started a doctoral program in "professional psychology." As far as we know, their doctoral program is not APA-approved. The third institution has low standards and the quality, preparation, and professional integrity of its faculty are suspect. Practical experiences in these training centers are somewhat limited, and the only accredited training center, the U.P.R., only started a psychotherapy practicum last year, even though the school has been graduating master's psychologists for a number of years.

Although the scarcity of doctoral-level psychologists does justify to a degree the emphasis in training master's level psychologists, many professionals have expressed concern over the role to be played by these subdoctoral individuals. We have observed, for example, that these newly-trained master psychologists often go beyond their training, involving themselves in unsupervised public and private practice, as well as in consultant positions for which they are simply not trained. As the number of subdoctoral psychologists grows, the pressure for less strict regulating measures also grows, and the capacity for Ph.D. psychologists to pressure for adequate regulation diminishes.

As a consequence of the national association's being in our opinion ineffectual and unrepresentative, psychologists as a professional group exert little influence in public policy which affects the mental health of the citizens.

SOCIAL WORK AND PSYCHIATRY

At this point we shall compare the training and organization of the other professionals who engage in psychotherapy in Puerto Rico with that of psychologists. One of these groups consists of social workers. Most Puerto Rican social workers are locally trained at the Graduate School of Social Work of the University of Puerto Rico, where the Master of Social Work degree is offered. Bachelor's level

social workers serve as social work technicians. There are some doctoral-level social workers, mostly U.S.-trained, but they are rather scarce. The social work profession is regulated by law and all social workers must belong by law to the the social worker's college (Colegio de Trabajadores Sociales). In addition, there is a small but bright and militant group of social workers who belong to the radical Asociación Nacional de Trabajadores Sociales (National Association of Social Workers). Psychotherapeutic modes of action within the social work profession include individual casework, but social workers tend to emphasize group therapeutic work. One of the preferred group techniques is the sociodynamic group, wherein groups of disturbed individuals are brought together with better-adjusted ones, with the expectation that the latter can serve as models of appropriate behaviors and therefore serve indirectly as co-therapists. These groups have found particular acceptance within school settings as a therapeutic way of dealing with disturbed students. Social workers appear to have been influenced by the new lab and encounter group methods, as well as by the older sociodramatic techniques. Lab-type "exercises" as well as role-playing are frequently introduced into their group therapy. Social workers have also been influenced by the traditional dynamic modes of conceptualization and by psychiatric practice, particularly because of their closer relation with the more tradition-bound psychiatrists.

Psychiarists are probably the most prestigious group among the behavioral workers in Puerto Rico. This prestige is partly a reflection of their M.D. degree and its associated glamour, and partly because of the fact that they represent the largest doctoral-level behavior professionals in the Island. Physicians in Puerto Rico may be trained locally, at the University of Puerto Rico's School of Medicine, in Spanish universities, or in the U. S. A small number come from non-Spain Europe or South America. Psychiatric training is received mainly locally, although some psychiatrists are U. S.-trained. The medical profession is legally regulated and much better organized than its psychological counterpart. Modes of psychiatric treatment in Puerto Rico are the traditional psychiatric ones, and therefore there is no need to deal with them here in detail.

In addition to the three main groups of behavioral professionals already mentioned, other professionals such as counselors may offer psychotherapeutic services, usually labelled "counseling" or "orientation," and usually not of the "deep" therapeutic type.

CONCEPTUAL MODELS

Puerto Rican psychiatrists seem to be primarily influenced by psychoanalytic or analytically-derived modes of conceptualization and

therapeutic intervention, although only a minority have received formal psychoanalytic training and can therefore be considered psychoanalysts. Our contact with local psychiatrists suggests that they receive little exposure to alternative psychotherapeutic modes, and many are not acquainted with techniques such as Rogers', Ellis', Perls', and others. Behavior therapy techniques are used very little by local psychiatrists, and are mostly not known, misunderstood, or rejected. Psychologists, on the other hand, are more eclectic in their approach and, of course, behavioral techniques find greater acceptance within this professional group. The influence of younger U. S.-trained Ph.D.'s is being felt in the Island by their exposure of behavior modification techniques of master's level students. In general, our impression is that Ph.D. level clinicians in Puerto Rico have had greater exposure to a variety of psychotherapeutic models than have their psychiatric counterparts. It is also our impression that U. S.-trained Puerto Rican psychiatrists have a greater breadth of knowledge of non-analytic therapeutic models than their locally-trained colleagues. If the picture among the different professions is taken as a whole, it appears as though the analytic or analytically-derived psychotherapeutic models are prevalent in the Island, with behavioral techniques emerging as an alternative model. Other psychotherapeutic models, such as client-centered therapy, rational-emotive, gestalt, existential, etc., have received lesser exposure and practice. Encounter group techniques have also found some acceptance, particularly among those who prefer group psychotherapeutic techniques. And, of course, isolated techniques from different therapies may find expression among eclectic psychotherapists.

SETTINGS FOR PSYCHOTHERAPISTS

As could be expected, the quality of psychotherapy varies with the kind of setting where services are rendered. In Puerto Rico, psychotherapy is practiced both at the private level and public or government-sponsored institutions. Public settings include the outdated State Psychiatric Hospital, various Mental Health Centers located throughout the Island, the U. S. Veterans Administration Hospital, and other settings such as the University of Puerto Rico's counseling center in the Office of the Dean of Students. There are also various community psychology projects which emphasize primary prevention but provide for some degree of secondary prevention, including psychotherapy. One problem with government-sponsored institutions is that no positions exist for Ph.D.-level clinicians, except, on occasion, as consultants. Therefore, psychotherapy in such institutions is often administered by ill-trained and poorly supervised subdoctoral psychologists. Unfortunately, quality psychiatric services are also often lacking in such institutions, and the

population to which services are offered are usually lower-class, lower-education, and belonging to deeper pathological diagnostic categories—in other words, the type of population which is usually considered less amenable to traditional psychotherapeutic techniques. Therefore, treatment in these institutions is often mainly supportive and chemotherapeutic. Some institutions, like the V. A. hospital and the Office of the Dean of Students (U.P.R.), do employ Ph.D. clinicians who offer psychotherapy as part of their services.

Psychotherapy in the private field is dominated by psychiatrists, basically because of the scarcity of qualified clinical psychologists in the market. Also, due to the greater prestige of psychiatrists many individuals prefer to contact such professionals rather than non-medical ones. Interestingly enough, there exists in Puerto Rico, as perhaps in other countries, the misconception that psychiatrists work basically with "crazy" people, while psychologists work with people who have problems but are not "crazy." This misconception motivates some individuals to visit psychologists rather than psychiatrists. The cost of private psychotherapy is a limiting factor in its availability, as typical fees range from U.S. $25 to $50, the modal fee being about $30. Some individuals have been known to charge as much as $75 per hour. Fortunately, various programs exist which pay partly or in total the cost of private psychotherapy. These include government-sponsored programs such as Vocational Rehabilitation, Accident Compensation (ACAA), and private health insurance programs. The lack of professional regulation also hampers psychologists in this area, as these plans do not allow for psychotherapy practiced by non-medical professionals. Naturally, this factor further restricts the availability of psychologists in private practice to the general public.

REACTIONS TO PSYCHOTHERAPY

An observation which has been informally made about the Puerto Rican client's reaction to the psychotherapeutic situation indicates a preference for therapies with greater therapist involvement, rather than the passive ones such as orthodox psychoanalysis or Rogerian therapy. This forces even the analytically-influenced therapist to be more active within the psychotherapy. The silence of the non-directive therapist is often interpreted as lack of concern or interest in his/her part, with the arousal of hostility in the patient. The inactive therapist also clashes with the Puerto Rican client's expectations of someone who will find solutions to his problems and act more as a counselor than as a listener. If the therapist does not deal with the patient's ill-founded expectations and with the nature of the therapeutic non-directness, the patient may quit therapy in a brief period of time. A frequent patient's request is

for the therapist to structure the therapeutic situation by asking questions, thus relieving the patient of the burden of talking and free association. Many private patients also perceive their therapist's inactivity as inadequacy and feel that they are not getting "their money's worth." However, when the client's misconceptions are dealt with, therapy progresses satisfactorily. Fortunately, the Latin character of the Puerto Rican therapist, with its subtle hysterical traits, is conducive to a more active therapeutic participation which is reassuring to both the client and the therapist.

CULTURAL FACTORS AND THE THERAPEUTIC PROCESS

As the quality of psychotherapy cannot be divorced from the quality of the involved professions, neither can the process of therapy be divorced from the cultural characteristics of the population receiving the services. Not only do the mores, values, and norms of the culture have a significant effect on the therapeutic intervention, but psychopathological manifestations are affected as well. For instance, we have repeatedly observed schizophrenic patients who, unlike their North American counterparts, have a lively affect, are highly sociable (albeit in a superficial manner), and very verbal. The withdrawn, emotionally "cold" schizophrenic commonly encountered in psychiatric wards of the U. S. or other countries is found less frequently in Puerto Rico. Along the same lines, we can still see clear cases of hysterical neuroses, schizo-affective reactions, and other emotional disorders considered to be "extinct" in other countries.

The worship of the maternal figure, the tendency to nurture longer the emotional needs of members of the family, and the culturally "mandatory" overprotection of children have to be understood within the cultural framework when a psychotherapeutic relationship is established. Broadly speaking, the cultural pattern of the Puerto Rican family fosters the establishment of deep-rooted dependency feelings. As the therapeutic process is enacted within the guidelines of the culture, it is important for the therapist to be thoroughly familiar with the cultural expectations so as to deal effectively with his patient, particularly in a one-to-one long-term therapy intervention, or otherwise he would be easily entangled in the dependency web of the patient. The therapist must also be aware of the fact that the patient's dependency is often culturally determined and accepted, and therefore not necessarily pathological. Perhaps the reader can now understand why more direct modes of therapeutic intervention are better accepted by the Puerto Rican patient.

We would like to make a final observation regarding the conduct of the Puerto Rican client in therapy. Even though there is a

tendency to stereotype Puerto Ricans, as well as Latin-Americans, as more emotional and volatile than Anglo-Saxons, we have observed that Puerto Rican patients tend to be more superficially expressive of their feelings in therapy, yet are highly reserved about sharing with the therapist their innermost feelings. The Puerto Rican patient thus tends to be reserved and guarded, a factor which delays the formation of a meaningful patient-therapist relationship.

SUMMARY AND A LOOK TO THE FUTURE

We have tried to present the status of psychotherapy in Puerto Rico in relation to factors such as the nature, training, and organization of the professions which engage in the art, the settings in which therapy is offered, and some aspects of the client-therapist relation. With regard to psychology as a profession, the quality of its services has been constrained by the inability of the profession to regulate itself. At present, Puerto Rican psychology is in a state of crisis. But crises are not necessarily negative if such crises are dealt with so as to bring changes which insure growth. The solution of the Puerto Rican crisis in psychology will depend on the profession's willingness to take a number of measures. Puerto Rican psychologists must pass a strong licensing law requiring strict academic training and supervision in order to practice psychology. In our opinion, a weak licensing law may prove worse than no law at all. The existing psychology training programs must be strengthened, as it has been realized that Puerto Rico cannot depend on foreign programs to deal with its necessities in the area of psychology. In addition to these measures, psychologists must press for greater participation in the fomulation and implementation of mental health programs, as presently mental health program direction and policy formulations are largely out of the hands of psychologists. Finally, Puerto Rican psychology must move out of isolation, an attitude which is easy to fall into when you live in an island, and broaden its ties not only with North and South American psychology, but with international psychology. The provincial attitudes which make some of us deal with the Puerto Rican situation and the Puerto Rican personality as if they existed in a vacuum must give way to a broader scope in which we become students of human behavior and not only of the Puerto Rican microcosm.

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