

PSYCHOTHERAPY IN COLOMBIA

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There are about 800 psychologists in Colombia at the present time, and they work in all areas of scientific and professional psychology. The majority of them studied in Colombia and graduated from the National University or from the Javeriana University, and to a lesser extent from other schools. Few of them have post-graduate training from outside the country.

Of these 800 psychologists about 100 work as therapists in private practice or institutions, either full- or part-time. Therapy is one of the areas of greatest interest to Colombian psychologists, just as in other Latin American countries (Ardila, 1968). It is also one of the most difficult and controversial areas, one in which there are more problems with other professionals and in which the definition of the roles has been more arduous.

Some of these therapists have a psychoanalytic orientation, while others prefer the more recent techniques derived from learning theory, among them behavior therapy (Yates, 1970). In the first instance the therapists work closely with a psychiatrist, but without depending directly on him. In the second they are more independent, and psychiatrists and other professionals send them patients. In general it can be said that there is a felt need in the country for this type of professional, and therapists have more patients than they can handle.

The present paper will focus on the current state of Colombian psychology, with a special emphasis on clinical psychology and more concretely on psychotherapy. We will base our comments on previous studies (Ardila, 1964; 1973), and on a field study that utilized a large sample of Colombian psychologists and which was structured around a course on professional problems taught by one of us at the University of the Andes during the second semester of 1974.

Interviews with therapists were used to complement our knowledge, as well as the authors' personal impressions about the present state of psychotherapy in Colombia and its future possibilities.

ORIGINS OF COLOMBIAN PSYCHOLOGY

The training of psychologists began in Colombia in 1948, in the Institute of Applied Psychology at the National University, founded by the Spanish psychologist Mercedes Rodrigo. That Institute was a direct descendant of the Psychometric Center founded by the same

psychologist at the National University in 1939. The principal purpose of the Center was to select students who would enter the Faculty of Medicine of the National University. The Institute of Applied Psychology became the present Department of Psychology, and has continued training psychologists without interruption; this is probably one of the oldest centers for psychologists in Latin America (Ardila, 1973).

In the beginning, the training of psychologists in Colombia was centered in psychometrics and test construction. The psychometrist thus formed had as his field of action the educational area as well as personnel selection. Other branches of psychology such as clinical or industrial in its more refined aspects, weren't given much attention. The training was fundamentally psychometric with numerous courses in statistics and testing. The reception of this new profession was quite positive, and in general it can be said that Colombia from the beginning was a receptive country to psychology, and that here the problems that abounded in other countries of Latin America did not appear.

Before 1948 work was done in different areas of psychology, carried out by physicians and educators. But psychology in its professional aspects did not exist. These investigations done before 1948 were usually those presented by physicians to fulfill graduation requirements, especially at the National University. Professional psychology began with Mercedes Rodrigo and the training of psychologists.

The first stage of Colombian psychology, which can be called the *psychometric* stage, lasted several years. Then Rodrigo left the country because of political difficulties, and several psychiatrists took over the Institute of Applied Psychology. Thus began the second stage of Colombian psychology, which can be called *psychoanalytic*. A number of psychoanalysts became professors at the university and took jobs as "psychologists" in various institutions. This stage lasted approximately from 1958 to 1970. The third stage, that could be called *experimental*, began in 1970 and continues to the present.

These three stages in which the history of Colombian psychology can be divided—psychometric (1948-1958), psychoanalytic (1958-1970), and experimental (1970 to the present)—cannot be strictly divided from each other. None of them completely disappeared; just the emphasis changed. Today both psychometrics and psychoanalysis continue to exist, but the emphasis in the whole country has switched to experimental psychology.

During the psychoanalytic stage, professional functions were based on orthodox psychoanalysis. In the country psychoanalytic practice and training were organized, but not in the universities.

The Colombian Society of Psychoanalysis (made up of medical doctors) was founded in 1956, and the following year became part of the International Psychoanalytic Association. In 1962 another group of psychoanalysts, the Colombian Psychoanalytic Association, was founded, and in the same year a third group, the Colombian Psychoanalytic Society was also formed. The first two groups follow Sigmund Freud's orientation and the third (the Colombian Psychoanalytic Society) follows the orientation of Erich Fromm. Only the latter receives psychologists, as well as medical doctors, for training.

The professors of the psychologists were psychoanalysts (M.D.'s). The professional role was that of the psychoanalyst in private practice, and training was focused in that direction. The courses (for example, social psychology and developmental psychology, as well as psychopathology and others) were taught from the psychoanalytic point of view. However, at the same time it was clarified that psychologists could not take the role of psychoanalysts in private practice, and that they had to work in close contact with a medical doctor. On the one hand, they were trained to be psychoanalysts, but on the other, they were emphatically told that they could not practice.

One of the adaptive solutions of the Colombian psychologists was the creation of the Center for the Study of Dynamic Psychology, founded in 1963 by Dr. Josefina de Castaño, with the purpose of training psychologists in psychoanalytic techniques. This center fulfilled the functions of the Colombian Society of Psychoanalysis related to the organization of seminars on theory and techniques, control of cases, etc. Standards were very high; the professors were psychiatrists and psychologists, and the training was given to psychologists. Dr. de Castaño had received psychoanalytic training from psychiatrists and was deeply interested in helping her colleagues to master those techniques.

This psychoanalytic stage of Colombian psychology lasted until 1970. In that year other alternatives began to be talked about, and the experimental method began to be considered one of the more appropriate ways of gathering data in psychology. The first work on the psychology of learning appeared (Ardila, 1970). The *Revista Latinoamericana de Psicología* dedicated a special issue (Volume 2, No. 2, 1970) to behavior therapy. On July 30, 1970, a round table on behavior therapy, organized by the Colombian Federation of Psychology, was held.

The new psychologists with an experimental orientation were very concerned with defining the professional roles and insisted on the need for an adequate training in experimental techniques, applied to clinical, educational, industrial and social areas. In 1970,

the project of a law that would regulate the exercise of psychology in the country was presented to the Congress of Colombia. As can be seen, the emphasis in experimental psychology that characterizes the present stage of psychology here is accompanied by a professional emphasis.

This has been, in general terms, the history of Colombian psychology. It has run parallel to the history of Colombian psychiatry (Roselli, 1968), and to the history of other disciplines. In recent years, since 1970, there has been a great deal of activity; conventions and congresses have been organized, investigations done, books written, and psychology has had a tremendous social impact in the country.

PROFESSIONAL ACTIVITIES OF CLINICAL PSYCHOLOGISTS

Turning now to professional activities in the clinical area, we find a relatively clear picture of the psychologist's functions. The Colombian Federation of Psychology (CFP) was founded in 1954, organized in 1955 and incorporated in 1958; it is the principal association of psychologists in Colombia, and since 1969 has belonged to the International Union of Psychological Science.

In 1965 the CFP did a study on the functions of psychologists and elaborated a document in that regard. In 1974 it actualized and reorganized the document during the XVII Assembly of the CFP. In the 1974 document the "Colombian model" of the training of psychologists is presented: training should last five years and should be given in all areas of psychology; there should not be specialization in pregraduate work, nor should there be specialized degrees; the title given at the end of five years, including the thesis and practice, should be "Psychologist" (equivalent in the country to the title of Engineer or Architect).

In the 1974 document the functions of psychologists in the clinical area were specified and are the following ones (Colombian Federation of Psychology, 1974):

Article 4. In the clinical area the psychologist works with children, adolescents and adults—whether individual or in groups—and his professional activity can take the form of private practice or work in institutions such as hospitals and clinics, centers of mental hygiene, jails and reeducation centers, centers for family assistance, legal advice, etc.

Article 5. In the clinical area the psychologist is principally involved in the following work:

- a) Designing and carrying out investigations related to non-adaptive behavior of individuals and groups.
- b) Elaborating, standardizing, validating, applying and interpreting psychological tests, utilizing interviews or other instru-

ments to establish the state of functioning of the subject in areas like perception of stimuli, cognitive processes, emotions, motivation, personality traits, emotivity, verbal behavior, social behavior, etc.

c) Giving psychological assessment by means of programming and application of procedures and techniques derived from the findings and principles of scientific psychology in order to modify non-adaptive behavior of individuals or groups.

d) Serving as consultants to competent authorities in legal matters.

e) Carrying out psychotherapeutic activities directed at the community.

It is clear, then, that psychotherapy ("consulting psychology" in the language that CFP prefers) is the function of the psychologist, at the individual as well as the group level; and the same is true of "psychotherapeutic functions directed at the community."

Clinical psychologists in Colombia work in four principal areas of activity, which is similar to the situation in the U.S.A. (Webb, 1962). These activities—diagnosis, psychotherapy, prevention, and investigation—are carried out under very diverse conditions. Clinical *diagnosis* is made at both the individual and group level, but especially individual; it is carried out in psychiatric institutions as well as in private practice; a high percentage of clinical psychologists work in this area.

Tests used in making diagnosis are limited in number; they include Rorschach, TAT, MMPI, WAIS, and a few others. A great deal of importance is given to the interview, and psychologists always try to integrate the data obtained from tests with that obtained in the interviews into a coherent picture, a clinical history which is sent to the psychiatrist (be he a clinical psychologist or a psychiatrist). The therapist is then free to use the data obtained in the diagnosis in orienting his therapy or not.

The *psychotherapeutic techniques* used by psychologists can be divided into two main groups: psychoanalysis and behavior therapy. Within psychoanalysis, the most frequently used approaches are those derived from Freud and Klein; Fromm's method is also well known (Gutierrez, 1961), but is not used as much as the Freudian and Kleinian systems. Techniques of behavior modification are well known (Castro, 1970), used in clinical practice and taught in the universities. We will present them in a special section because of their importance in Colombia.

Psychological *prevention* takes place in institutions of various types, among which it is important to mention the Colombian Institute of Family Welfare. These programs are nation-wide and utilize psychological techniques in the prevention of behavior disorders in

the general population; they are part of the national planning programs (Ardila and Castro, 1973).

The fourth activity of clinical psychology, *investigation*, takes place in the universities and other institutions. We will dedicate a special section to it in this paper.

According to reliable data, between 5 and 6% of Colombian psychologists work in private practice. This percentage is very similar to that of other countries. The majority of private practitioners are concerned with psychotherapy, utilizing psychoanalytic techniques or behavior modification. Some psychotherapists work independently and others in association with psychiatrists, as we will see later.

In closing this section on professional aspects, it is important to point out that clinical psychology has always been associated with professional problems (see Wilde, 1964), especially in the area of psychotherapy. Today the Colombian Federation of Psychology has organized a number of divisions, similar to those of the American Psychological Association; a Division of Clinical Psychology (Division 4) exists as well as a Division of the Experimental Analysis of Behavior (Division 6). A majority of clinical psychologists in Colombia are members of these divisions, especially Division 4.

BEHAVIOR THERAPY

The scientific interest of some psychologists and psychology students, who around 1970 were worried about the development of clinical psychology, brought about the introduction of behavior modification in Colombia. This was seen as an alternative which would permit the professional to have his own identity and a methodology different from the one based on the medical model and psychoanalysis. With this technique, the psychologist received the necessary elements to move beyond a mere diagnosis.

Clinical psychology in Colombia had previously been relatively blind to scientific psychology which in other countries had reached a high level of development. Our therapists in general were not aware of the work done in the area of behavior modification, recent therapeutic techniques or the new therapeutic alternatives made available by the wide world of modern psychology. Many of them seemed anchored to diagnosis and limited, in many cases, to dependence on a psychiatrist.

However, the interest and discontent of some psychologists were translated into a great concern to learn about and understand behavior therapy, to rapidly disseminate information on the subject and to interest other professionals and students who had previously known only psychoanalysis.

Several eminent professors then took over the dissemination of basic information, teaching the most recent discoveries made in investigations in learning theory.

A great deal of activity began, including translation of books, writing articles, doing research, all of which eventually became the landmark of a new period of clinical psychology in Colombia. Leonidas Castro translated Yates' *Behavior Therapy* (1970), did the first applied research, and taught the first course on behavior therapy (Ardila, 1973).

However, the formal initiation of behavior therapy was marked by two important events: the publication of a special issue of the *Revista Latinoamericana de Psicología* (Vol. 2, No. 2, 1970) on behavior therapy, and a roundtable organized by the Colombian Federation of Psychology in the same year on "The General Principles, Present State, Applications and Limitations of Behavior Therapy," which was mentioned before.

The results of the above-mentioned events were not long in coming. Colombian psychologists, seeing the great potential this new approach held, demonstrated a lively interest in pursuing it, thus opening a breach in Colombian clinical psychology.

Since then, interest has continued to grow with a great impetus. Luis H. Ramirez, graduated from Veracruzana University in Xalapa, Mexico, arrived in Colombia in 1971. He proceeded to form the first psychologists at the National University who would then dedicate themselves to applying the new techniques.

The first center for the application of behavior therapy in Colombia was founded in 1972 by Ramirez. At the center individual consultation, pure and applied research, prevention by means of courses for parents, courses and conferences for professional psychologists as well as students are carried on. This center, called the B. F. Skinner Center for Behavior Modification, has been directed since its founding by Ramirez and has a Board of Directors which represents the leaders of behavior therapy in Colombia.

Besides the Skinner Center, quite a few clinical psychologists in private practice use these techniques. In Bogota alone there are more than a dozen psychologists in private practice who primarily treat their patients using techniques derived from the psychology of learning. This technique has also received acceptance in institutions and is used in many centers which treat such problems as cerebral palsy, child rehabilitation, and special education. The psychologists who work in such institutions have been able to popularize this method, and have obtained encouraging results.

In the Colombian universities with Psychology Departments, there are now courses on the experimental analysis of behavior, behavior therapy, applied behavior analysis, and behavior modification.

These courses are slowly taking the place of such traditional courses as projective techniques, techniques of psychoanalytic interview, and techniques of traditional psychotherapy.

In this way, the new clinical psychology in Colombia is becoming stronger and stronger, firmly based on psychological models, and leaving behind the medical models that until 1970 represented the predominant structure of psychotherapy in Colombia.

But the work which began in 1970 and that continues today has not been without its problems. The "ideological change" necessary in order to introduce this technique was extremely difficult, and the psychoanalytic group as a block made several attempts to suffocate the new approach. They used pseudo-scientific arguments as well as arguments of authority, presenting behavior therapy as a dehumanizing and cruel technique based on merciless manipulation of the patient. These frictions mounted and eventually the confusion was felt even among the students. But little by little all these arguments were rejected and it was made clear that behavior modification was not dehumanizing, that if the control necessary to carry it out did not permit the expression of "human warmth" as its detractors claimed, the therapy was respectful of the human person, since it presented the patient in an honest way with the treatment alternatives that would help him, as well as the risk involved, without lies or false hopes.

Today behavior therapy is a therapeutic alternative, used by many psychologists and defended, in many cases, by the patients who have experienced its benefits for themselves. The polemics that it aroused are now considered part of the past and are understood today as a healthy exchange of ideas which lead to a better understanding of abnormal behavior. In spite of the fact that many psychologists continue doing psychoanalysis and psychotherapy based on Freud, Klein and Fromm, they are now able to exchange opinions with and work beside those who practice behavior therapy. Both groups hold the interests of Colombian psychotherapy above their own personal interests.

This new approach has left its mark in Colombia in the form of greater professional identity on the part of the clinical psychologist, a greater interest in treating behavioral problems in the light of science and concern on the part of our psychologists with keeping themselves up to date on the latest discoveries in scientific psychology in the world.

INVESTIGATIONS IN CLINICAL PSYCHOLOGY

Research in clinical psychology has been a well-rooted interest of Colombian psychologists, especially in recent years. The methodology was centered in many cases in the "profound study of the in-

dividual." Using this method it is not possible to obtain reliable or generalizable data, such as that obtained with experimental research, but it is defended as allowing greater "understanding of the patient." One study utilizing this method was that done by Guaqueta (1968) in which he treated a patient who had a deeply-rooted feeling of lack of self-worth.

In other cases the basic methodology was correlational, in which the most important traits of the subjects were studied by means of objective and projective tests. Among these investigations can be found those of Zalzman (1961) who worked with delinquents using the Rorschach and Army Beta; and Cardoso and Valencia (1969) who used the Wechsler Intelligence Scale for Children on a sample of 250 children from Bogota.

The arrival of several professionals with post-graduate work from the U. S. has brought about a marked increase in scientific investigation in the last five years. Also a number of students at various Departments and Faculties of Psychology here have contributed to the area by carrying out serious and well controlled research.

In the area of clinical psychology, research with both animal and human subjects has been done which has contributed to the development of psychology in general.

From the point of view of applied research, each time a therapist confronts a case, he is investigating. However, it is worth mentioning some of the most representative work that has been done. This work can be divided into three areas: theoretical, applied and basic.

In the first area, the work of Castro (1970) stands out. He did an exposition of behavior therapy for Colombia with thorough documentation, offering Colombian psychologists the possibility of applying the new technique to several problems. He also presented an evaluation of clinical psychology in Colombia and a description of the role of the clinical psychologist at the V Colombian Convention of Psychology, where both were thoroughly discussed and widely accepted.

Turning to a technique of traditional psychotherapy, B. Marin (1974) explains counseling as a learning process in which it is possible to determine relevant variables and their control.

In the area of applied investigations, there are many that deserve mention, but we have just selected some of the most representative. Using the technique of extinction and other procedures, Polanco (1974) reduced to a minimum the number of undesirable behaviors of a retarded child.

Emotional behaviors have not escaped scientific analysis either. Pereira and Correa (1973), using a biofeedback method, were able to change the emotional responses of a normal subject in the pres-

ence of sexual stimuli, demonstrating the possibility of using this method in the treatment of individuals with sexual disorders.

Other maladaptive behaviors have been treated by means of techniques such as token economy and stimulus control (Barrientos, Montaña and Diaz, 1974).

Basic research has generally been done with animals and has tried to clarify and establish relationships among basic principles, thus permitting their later application to behavior disorders. In this area it is important to mention two investigations on *early experiences*. In the first, the effects of subnormal, normal and supra-normal stimulation on learning simple and complex mazes was studied (Sabogal and Ootero, 1973). In the second (Pereira and Pardo, 1974), the influence of stress *in utero* on later emotional, structural and biochemical changes was studied. These investigations will perhaps contribute to the explanation and treatment of behavior disorders.

RELATIONSHIP TO OTHER PROFESSIONS

Psychology, due to its double nature as a science and a profession, has encountered multiple identity problems, including recognition, status and division of labor in relation to other sciences and professions.

This has been especially true in Latin America, including Colombia. Many professions owe basic concepts and knowledge to psychology the science, which they use on the basis of their own needs and technology.

However, from the point of view of psychology the profession, in the application of psychology to the solution of everyday problems, the complications seem to arise by spontaneous generation. Thus, in the area of industrial psychology, psychologists discover that the industrial engineer, administrator, and other professionals think that they are competent in the application of principles of organizational and work behavior (Morales, 1970). In educational psychology the same thing occurs with the psychopedagogue, the educational counselor, etc.

In clinical psychology the situation has been even more dramatic at times. If it is true that the history of psychiatry in Colombia has developed essentially parallel to the history of psychology (Roselli, 1968), it must be remembered that the first had the professional backing of medicine, while the second had to open its own way professionally, solely on the basis of its own merit.

Thus, the first professional psychologists graduated in Colombia dedicated themselves primarily to diagnosis and evaluation of subjects with "psychological disorders" and of the "mentally ill." This

caused them to be considered in many cases as simply "assistants" to the psychiatrists, at the same level as the lab technician with respect to a medical doctor, as we said earlier.

At that time the University did not offer adequate preparation in psychotherapy, and those who practiced it were without exception medical psychiatrists with psychoanalytic orientation.

The psychiatrists and psychoanalysts who taught clinical psychology later insisted on not allowing psychologists to enter the centers for the study of psychoanalysis, and in many cases they created problems for the few psychologists who tried to do psychotherapy. At that time the psychiatrists saw the psychologist as a professional unable to do psychotherapy, and to a good extent they were right, given the immaturity of the profession and the poor academic training received.

As we saw earlier, around 1963, thanks to the pioneering work of persons such as J. C. Castaño, E. Zachman, I. Currea, M. Salamanca and others, the Center for the Study of Dynamic Psychology was founded, in which the first clinical psychologists with a psychoanalytic orientation were formed. At times this group collaborated with the psychiatrists, and at others they ignored them. Due to the fact that all the persons forming this group (which has been working uninterruptedly for more than 10 years) have been professors of psychology at the different universities of the country, principles of psychotherapy and psychoanalysis have been imparted to large groups of students over the years.

It is fair to say that the Mastaño group gave strong momentum to psychoanalytic psychotherapy within the realm of clinical psychology in general. The knowledge that there were psychologists who had psychoanalytic training on the same level as psychiatrists, that could with equal academic authority train psychologists previously rejected from centers for psychoanalytic training, was a decisive factor in the independence of the clinical psychologist.

However, as the psychologists began training therapists and founding other study groups, psychiatrists tried to block the way. In many cases they did not permit psychologists to enter their conferences, courses and seminars on psychoanalysis. They insisted that psychologists could not be as serious or well-trained as they, and continued to consider those psychologists who worked with them simply as auxiliaries. At one point psychiatrists tried to define and limit the work a clinical psychologist could do, and they generally felt the tests and diagnostic techniques of psychologists were useless.

In spite of all this, study groups continued to be formed by psychologists to study psychoanalytic techniques on both a practical and theoretical level.

Today there are several groups that train psychologists to be

therapists. These are generally directed by psychologists and occasionally receive collaboration from psychiatrists.

It can now be said that clinical psychologists are practically independent with respect to their training and professional work. Many of them have been given the chance to be members of the psychoanalytic associations in Colombia, and they have rejected the offer, considering that it might threaten their professional independence. Thus what used to be a "golden dream" for psychoanalytic psychologists has become an unattractive possibility. From this one gets an idea of how necessary independence has become in Colombian clinical psychology.

Other professionals who at times must relate to or consult with clinical psychologists have not presented such problems. It is worth mentioning the case of counselors in this regard, since at one time they attempted to assume certain functions of the clinical psychologist like the therapeutic interview. However, the one program in counseling offered by a Colombian university is in the process of reorganization, and the few who did graduate are presently working in educational counseling, the area originally planned for them when the program began.

It is important to point out in closing this section the significant work that clinical psychologists are performing in interdisciplinary teams. In that area the psychologist is considered a serious professional, who in some cases has the last word in terms of research, diagnosis, prognosis and the indicated treatment. The information he gives carries a lot of weight, and his status grows constantly. Psychiatrists and medical men in other areas consider him an invaluable collaborator on the team, and his techniques and procedures are respected. The psychologist feels quite at home on these teams and works to the utmost in this joint effort to help the patient.

ACADEMIC TRAINING

The career of Psychology in this country consists of five years of university studies, including supervised practica in the areas that the student wishes (Federación Colombiana de Psicología, 1974). The first four years are used to orient and give basic information to the student; he is given a solid methodological and scientific formation that makes him capable of later facing any type of psychological problems and finding a solution based on scientific information. A lot of emphasis is given to the development of the student's own criteria and judgment, based on the various contemporary systems in psychology.

Psychotherapy is not simply one more course the student must take, but rather it is a whole program within the area of clinical psychology. The student who makes it to the clinical program in

his fifth year has to have passed all the courses of his first four years. It is expected that he is already well-trained in scientific psychology and testing, and also has basic knowledge of general psychology, experimental, developmental, physiological, learning, social, experimental analysis of behavior, and psychoanalysis. This basic knowledge will be put to the test by the student in his training as a clinical psychologist.

The clinical psychology program in some respects could be said to have almost the characteristics of a postgraduate program. However it is not postgraduate, but rather a requirement for all the students who wish to become *psychologists*, which is the title given, and the only degree available in Colombia in the area. The fundamental objective of all programs in clinical psychology can be stated as follows: to provide the student with sufficient criteria, both theoretical and practical, with which to approach the phenomena of maladjustment from a clinical viewpoint, including diagnosis, treatment, prevention and investigation.

The clinical psychology program lasts six months in which courses are taught, seminars are held, research is done and a supervised practicum is held. This program includes courses such as behavior therapy, techniques of psychological interview, forensic psychology, etc. Seminars are held on the psychoanalytic theory of neurosis, psychoanalysis, case studies, techniques of clinical psychology, behavior modification, projective techniques, and objective methods of diagnosis.

The student must treat at least three patients during the semester, usually a child, an adolescent, and an adult. In order to obtain patients, the universities make contracts with hospitals and private clinics. They also have a team of supervisors in the different areas of clinical psychology who represent different theoretical and methodological approaches.

This supervised practicum includes treatment from the psychoanalytic as well as behavior therapy orientation. Each university puts special emphasis on the one approach that it considers more important, but always both approaches are given.

At the same time investigations are done utilizing the experimental analysis of behavior, as well as any other research method in clinical psychology, be it correlational, experimental or systematic observation.

At present the universities are interested in giving clinical psychology a purely psychological emphasis, and there are very few psychiatrists involved in the training of clinical psychologists.

However, in the majority of cases, the academic training our students receive is insufficient for them to function as psychotherapists. The people who are sincerely interested in being profession-

ally competent complete their studies abroad, especially in the U. S. and Europe, in behavior therapy and other areas of clinical psychology. Presently there are several graduates of Colombian universities who are doing their graduate work outside the country. If the professional is interested in working as a psychoanalytic therapist, he usually joins one of the study groups in Colombia mentioned earlier, after fulfilling prerequisites. A third group opts for receiving training under the guidance of a professional with graduate work in clinical, and complements this with further study on its own. In no case does a recently graduated professional practice psychotherapy.

THE FUTURE OF PSYCHOTHERAPY IN COLOMBIA

There are several factors which must be taken into consideration in making a prognosis of the future of psychotherapy in this country.

First, the respect that the clinical psychologist receives from the people of Colombia makes it possible to say that the demand for therapy will grow, since each day more people of all social classes spontaneously come to these professionals looking for assistance and rehabilitation.

But the best guarantee that this will continue to occur is the availability of therapeutic techniques which are effective, rapid and low in cost.

The social movement of the contemporary world in which the less favored social classes are demanding greater socio-economic advantages, means that science and technology are going to be put more and more at the service of all people. For this reason, as an eminent Colombian psychoanalyst points out, "psychoanalysis as a therapy maybe is condemned to disappear from the world scene, especially in those countries which have the fewest economic resources available for long psychotherapy."

For this reason the future of psychotherapy in Colombia depends on the development of techniques that will be accessible to all those who need them.

Also, the Colombian government has been assuming increasing responsibility for the health of its people, and is looking for the best alternatives available for its massive mental health campaigns.

When the necessity for a psychotherapy with the above-mentioned qualities is clearly understood, it is very probable that in a few years Colombia will have a good number of well-trained professionals who will function in specialized institutions for clinical psychology.

As those professionals who are presently doing their graduate work abroad begin to return, new psychological clinics will be founded and graduate programs in clinical psychology will be set up in the universities as needed. Thus the future of psychotherapy in this country is becoming more and more attractive.

REFERENCES

- Ardila, R. La profesión de psicología. Unpublished thesis, Bogotá: Universidad Nacional, 1964.
- Ardila, R. Psychology in Latin America. *American Psychologist*, 1968, 23, 567-574.
- Ardila, R. *Psicología del aprendizaje*. México: Siglo XXI, 1970.
- Ardila, R. *La psicología en Colombia: desarrollo histórico*. México: Trillas, 1973.
- Ardila, R. & Castro, L., The role of applied psychology in the national development programmes in Colombia. *International Review of Applied Psychology*, 1973, 22, 65-75.
- Barrientos, B. V., Montaña, C. & Diaz, M. E. Aplicación experimental de un programa de lectura sin error. *Revista Latinoamericana de Psicología*, 1974, 6, 17-41.
- Cardoso, A. & Valencia, M. Escala de valoración de la prueba de Wechsler. Unpublished thesis, Bogotá: Universidad Nacional, 1969.
- Castro, L. La terapia del comportamiento: una breve reseña de su estado actual. *Revista de Psicología (Bogotá)*, 1970, 14-15, 114-127.
- Federación Colombiana de Psicología. Funciones, responsabilidades y código ético del psicólogo. *Revista Latinoamericana de Psicología*, 1974, 6, 265-278.
- Guáqueta, M. Análisis dinámico de un caso de infravaloración personal. Unpublished thesis, Bogotá: Universidad Javeriana, 1968.
- Gutiérrez, J. El método psicoanalítico de Erich Fromm. Bogotá: Tercer Mundo, 1961.
- Marín, B. El proceso psicoterapéutico como aplicación de los principios del aprendizaje. *Revista Latinoamericana de Psicología*, 1974, 6, 59-65.
- Morales, M. Una experiencia colombiana en psicología industrial. *Revista Latinoamericana de Psicología*, 1970, 2, 367-375.
- Pereira, F. & Correa, E. Probabilidad de la utilización de estímulos Feedback en la modificación de comportamientos emocionales. Paper presented to the V Colombian Convention of Psychology, 1973.
- Pereira, F. & Pardo, N. Efectos del stress in-utero sobre el comportamiento emocional y los cambios bioquímicos y estructurales posteriores en ratones. Unpublished thesis, Bogotá: Universidad Javeriana, 1974.
- Polanco, R. Reducción de comportamientos indeseables en un niño con retardo en el desarrollo. *Revista Latinoamericana de Psicología*, 1974, 6, 71-81.
- Roselli, H. *Historia de la psiquiatría en Colombia*. 2 Vols. Bogotá: Horizontes, 1968.
- Sabogal, F. & Otero, R. Efectos de la diferente estimulación visual temprana en el aprendizaje de discriminación simple y compleja en ratones. Unpublished thesis, Bogotá: Universidad Javeriana, 1973.
- Webb, W. B. *The profession of psychology*. New York: Holt-Rinehart-Winston, 1962.
- Wilde, G. *La psicología clínica, una nueva profesión*. Bogotá: Pax, 1964.
- Zalzman, M. Estudio de un grupo de delincuentes con las pruebas de Rorschach y de Army Beta. Unpublished thesis, Bogotá: Universidad Nacional, 1961.