

**Becoming psychologists in Ecuador:
A critical ethnography of trainees' professional identity**

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I, Manuel Andrés Capella Palacios confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Abstract

This thesis is an ethnography of the way psychologists construct their professional identities during their training in a State-funded Ecuadorian University, approached from the perspective of Critical Psychology. Considering the field's theoretical bias, critical psychologists have called for qualitative data that contribute to ongoing discussions. Responsive to such call, this thesis asked the question: "*How do psychologists in contemporary Ecuador construct their professional identity?*" The author conducted a twelve-month critical ethnography, focusing on a particular training facility as a strategic site; from there, the inquiry extended to so-called "vulnerable" and "marginal" places, where trainees performed their preprofessional and professional roles. Findings highlight how the negotiation of professional identity is a "messy", subject-dependent and context-dependent process shaped by power. Trainees dwelled between the coloniality of hegemonic psychology, and a – mostly veiled - cultural resistance to it. They embodied a "dual belonging", being members of "professional" and "popular" worlds simultaneously. Trainees learned a "help-as-war" metaphor: utilising foreign theories and methods to help allegedly ignorant and in-deficit subjects, even if this implied disrespecting their culture and needs. To unpack the local professional – popular interactions which shape – and are shaped by - professional identity, the author suggests the working category of "liminal exchanges", which integrates classic Freirean conceptualisations with relevant anthropological insights regarding gift giving. Findings stress the need to construct a more critical psychology training, one which acknowledges the "messiness" of professional identity and responds more congruently to the culture and needs of the people. This would require in-group and intergroup processes of *conscientización*; reinforcing our commitment with social justice while avoiding unfruitful purism; accepting enabling contradictions; and articulating the fight for structural transformations with small-scale performative changes. The ethnographic evidence presented in the thesis has significant implications for ongoing debates within Critical Psychology and related fields, at a local and global scale.

Impact statement

Psychology has shown a rising popularity worldwide, illustrating its potential to understand and help people, but also to engage in cultural violence. In the field of Critical Psychology, debates tackling such issue revolve around numerous theoretical and ethical-political arguments, which do not seem to be matched with a proportional discussion of robust qualitative evidence on specific subjects who are professionalised as psychologists. This thesis is among the few exceptions to this, as it presents ethnographic data from a particular context in the Global South – Guayaquil, Ecuador – and revisits critical debates regarding professional identity at the light of such lived experience. Its impact is threefold, as the following paragraphs will illustrate.

Firstly, local and global academic discussion regarding psychology and psychologists is expected to benefit from new ways of thinking about professional identity, guided by analytical categories derived from this thesis: dual belonging; the help-as-war-metaphor; and liminal exchanges. Both hegemonic and critical scholars can find it potentially useful to know that psychologists construct “messy” identities, shaped by the market, the State and intersubjectivity, a situated analysis that seems to be potentialised by avoiding unfruitful purism and dichotomist thinking. Such data-driven idea may be relevant to virtually all fields across the social sciences, with a special significance for *helping professions* such as education, psychology and psychiatry, among others. Practitioners of such fields will be able to think on the way the construction of their professional identity shapes their interactions with the people they serve, and vice versa. Hopefully, the thesis will stimulate further research on the subject, as well as shape public discourse regarding psychology and related professions.

Secondly, to highlight the apparent incongruence between a training shaped by coloniality vis a vis local cultures and needs – as suggested by the evidence presented here - can be beneficial for groups in power within universities. They may find it useful to transform training programmes into more critical and reflexive spaces, promoting the wellbeing of both trainees and the wider communities they will serve as professionals. The thesis even suggests a broad proposal for how this programme may look like, as a possible input for further, situated, dialogical processes leading to decision-making. Such dialogues and reforms will not revolutionise psychology, but are a plausible step forward for the critique and transformation of the discipline.

Thirdly, policy-makers in Ecuador and other latitudes may find the ethnographic data and analyses presented in the thesis beneficial. Based on these – and on further research -, the State could consider possible reforms to public policy, especially in the fields of higher education, social inclusion and mental health, which will depend on political will and the specific needs of each context. If this occurs – changes in policy, training, and more nuanced data-driven academic dialogues – psychology can potentially become a more critical, culturally-sensitive and transformative field. This would not be achieved only – nor primarily - for the benefit of psychologists, but for that of the wider society which they are expected to understand and transform.

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Chapter 1 Context of study

This thesis is an ethnography of the way psychologists construct their professional identities during their training. This process was examined from the perspective of Critical Psychology, which poses critiques against the conventional – mainstream or “hegemonic” – discipline of psychology, while advocating for a theoretical and ethical-political engagement with social justice (Martín-Baró, 1986; Teo, 2015). One of its most radical representatives, Ian Parker (2007), have provokingly urged us to shift psychology’s focus of inquiry: “we need to redefine the discipline of psychology as the study of psychologists – where they come from, how they are trained, what they do” (p.208). Responsive to this type of calls, I have examined how particular subjects – undergraduate and graduate psychology students in Guayaquil, Ecuador – constructed their professional identity. To achieve this, I gained some knowledge on popular expectations regarding psychologists; and focused more deeply in both their training experiences and what they *do*, especially how they interact with local communities labelled by them as “vulnerable” and “marginal”. Only by exploring the development of professional identity (PI) in particular contexts, can Critical Psychology (CP) strengthen the validity of most of its claims about who psychologists *are*, and who they *could become*¹.

This thesis suggests that situated realities regarding the way psychology trainees construct their PI are “messier” than what is assumed in most arm-chair theorisation and laudable ethical-political calls by both “dominant” and “critical” psychologists. For example, most critical psychologists have examined such subject in the past, but this seems to have been done almost exclusively based on: secondary data; or epistemological and ethical-political arguments. In contrast, this thesis asks the following question from a critical standpoint: “*How do psychologists in contemporary Ecuador construct their professional identity?*”. This is an intentionally broad open question, suitable for qualitative research. However, it allows a number of more incisive sub- questions, such as: In the Ecuadorian context, how is the professional identity of psychologists shaped by: a) Cultural history? (addressed in this chapter 1); b) “Professional” and “popular” influences? (addressed in chapters 4 and 5); c) Coloniality? (addressed in chapter 6); and d) context-dependent intersubjective exchanges? (addressed in chapter 7). Answers to the general question and its inherent

¹ Throughout the thesis, PI and CP will stand for “professional identity” and “critical psychology”, respectively.

sub-questions are presented as interpretations supported by situated ethnographic data, considering both frontstage and backstage performances and discourses². By engaging with its subject matter in such a way, the thesis contributes to knowledge by a) providing primary data to both support, and problematize arguments by critical psychologists; and b) proposing a set of working concepts – dual belonging; help-as-war; and liminal exchanges - to potentially open new questions around the PI psychologists construct during their training.

Findings can be interpreted in different ways, as will be made clear throughout the thesis. However, I suggest the potential analytical value of the three working concepts mentioned in the previous paragraph. *Dual belonging* refers to the non-dichotomised, fluid negotiation of identity by trainees that belong simultaneously to both “professional” and “popular” worlds; such negotiation occurs under the global and local influence of capitalist and colonial power, and intersubjective meaning-making. *Help-as-war* refers to a metaphor linked with a self-representation of being altruists that help and civilise people by any means necessary, which frequently leads to cultural violence. *Liminal exchange* is an anthropologically-informed notion that expands on classic Freirean perspectives on professional-popular interactions, stressing their symmetry or asymmetry in terms of power and reciprocity, while highlighting an overlapping of gift and commodity which includes both intersubjective and market-related contextual influences.

In order to explore who psychologists *are* at a Guayaquilean University, it is first necessary to clarify what is understood by a “psychologist”, and her or his “professional identity”. Some mainstream conceptualizations from the USA are utterly pragmatic. The American Psychological Association (2018)– citing the 2002 book “Psychology and Life” by Gerrig and Zimbardo - understands psychology as “the scientific study of the behaviour of individuals and their mental processes”, and a psychologist as “an individual with a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school”. This hegemonic definition of the PI of a psychologist, then, is simply that of a formally trained individual scientifically studying other individuals’ mental processes and behaviours.

² From a dramaturgical sociological perspective, “frontstage” refers to more routinized and scripted performances through specific social roles (i.e. performing as a psychologist based on the expectation of an audience), while “backstage” refers to performances that are more spontaneous and less scripted by social expectations (Goffman, 1990).

According to a different source – classic in the Latin American context – psychology is defined as a

conjectural science that deals with the study of man under the aspect of mental, affective and behavioural activities, from the general, individual, social and genetic point of view, as well as its external and internal determinants and the processes that distinguish the action and the interaction of these (Merani, 1979, p. 224)³.

This is still an orthodox definition of the discipline, although much less succinct and pragmatic than the one produced in the USA. For Merani, the practice of a psychologist is “conjectural” - this is, based on conjectures, theoretical speculations – but also scientific, this is – depending on how “science” is understood -, based on some form of formal or empirical validation of those speculations. It expands on the limited APA definition by mentioning different views, and both individual and social determinants. However, it also highlights the discipline’s lack of epistemological clarity and delimitation (Brinkmann, 2011; Cole, 2000; Martín-Baró, 1998; Parker, 2007; Valsiner & Brinkmann, 2015). What Merani’s and the APA definitions have in common is a focus on “mental” processes. Yet, they do not clarify how “mind” is understood, and what makes a “psychologist” someone with a PI different than, for example, that of a psychiatrist, a neurologist, a genetic expert, a sociologist, an anthropologist, a pedagogue, or a political scientist. These formal definitions do not encompass the complex social embeddedness of what it means to *be* a psychologist.

CP takes these formal, conventional definitions of who “psychologists” are as incomplete, even misleading. Both the APA and Merani ignore the role of psychologists as necessary agents of social control and ideological justification of political and economic systems, most of which involve inequality and suffering. Science and altruism is only half of the picture. Parker (2015), for example, argues that psychology “functions as a form of politics that is tied to the agenda of its own disciplinary community”(pp. 730–731). Such agenda implies getting and maintaining jobs, and the dissemination of academic psychological knowledge – overwhelmingly influenced by Europe and the USA.

From a Foucauldian perspective, psychologists are understood as “a corps of trained and credentialed persons claiming special competence in the administration of persons and interpersonal relations, and a body of techniques and procedures claiming to make

³ As is the case with all quotes from Spanish-language sources in the thesis, this is *my own translation*. I kept APA format for clarity and consistency.

possible the rational and human management of human resources” (Rose, 1996, p. 11). Klein & Mills (2017) explored such “management” in the context of globalised “psy-expertise”, arguing that it produces subjects based on “an ethic of autonomy and self-governance” (p.1991), while engaging in the “individualisation of social problems, psychocentrism, reductionism, decontextualisation, and depoliticisation” (p. 1992). Psychology can be understood as being “in the business of describing and prescribing what it means to be an 'individual'” (Callaghan, 2006, p. 133). From a more Marxist approach, psychology is, literally, a “business”, as it aids contemporary market economy by promoting values of individualism, hedonism and competence, and by punishing those who dare to question them (Martín-Baró, 1998; Parker, 2007; Pavón-Cuéllar, 2017).

Radical definitions within CP have stressed how “psychology comprises many incompatible theories and research traditions, some counter-intuitive, and some common-sensical, mostly useless, and sometimes dangerous” (Parker, 2007, p. 9). This negative potential is associated to the way psychologists use their power to “administrate” and “manage” subjects. For example it can do so, by ethnocentrically constructing normality in western, masculine, rational, and liberal terms (Burman, 2008). It can also neglect the culture and needs of the majority of the population, as highlighted in a Latin American context of inequality:

sectors who reach development are, all together, a minority, while the majority of the people are struggling in misery and the gap between them deepens more and more. The unfortunate consequence of this situation, with notable exceptions, is that Latin American psychology and psychologists limit themselves to serving the well-off minorities, whether we call them bourgeoisie or middle sectors, while we cannot - and most of us do not even know how to – rely on psychology to face the problems of the majorities. (Martín-Baró, 2002, p. 71).

Critical psychologists are not satisfied with definitions such as the ones provided by the APA, Merani, or other conventional textbooks. As argued by South African psychologist Jane Callaghan (2014) – one of the few scholars who had empirically researched trainees’ PI from a critical standpoint - “it is necessary to look a little beyond the mere credentials of the professional, to consider a further element – the notion of the professional *identity*” (p. 1510). A deeper and more critical study of professional identity (PI) is fundamental to understand how psychology trainees’ are trained to work *in particular contexts*, thus, reproducing – and less commonly – challenging, what psychology is, and ought to be. To examine PI construction during the training of

psychologists implies unpacking the context-dependent ways through which they learn and negotiate what it means to *be* a psychologist. Such negotiation is structurally-bound, most times problematically:

Global structures demand increased accountability and standardization of professional training and accreditation. This produces a clear pressure for professions to develop standardized curricula and highly regulated sets of professional competencies. This actively militates against a view that professions should restructure their knowledge base and practice to more appropriately reflect local concerns. This produces paradoxical demands between, on the one hand, a demand for local, contextualized practices and, on the other, a portability of professional identity rooted in presumably universal knowledges and skills (Callaghan, 2014, p. 1514)

It is not enough to look at the political or economic limiting “structures” to understand PI: research needs to integrate the political with the “personal”, a classic idea within CP:

Becoming a “professional” is not “a professional thing,” but a personal one. It involves conformity to an image of professionalism that goes beyond mere adherence to a code of professional ethics, to the entire range of selfpresentation. It is necessary not just to act professionally but to *be* a professional (Callaghan, 2014, p. 1513)

The way specific subjects, in specific contexts “conform” or challenge such professional image, and connect it to their other multiple identities requires a transformation. The transformation implies a fundamental political dimension (i.e., collective reflexion and action by trainees and professionals to change – if appropriate - their values, theories and practices). However, it also implies a subjective – more specifically, intersubjective – transformation. It is both a collective and a “personal thing”: in order to transform psychology, Martín-Baró (1986) argued we need to “transform ourselves” (p. 7). Helping others may be viewed as helping oneself, and viceversa, from a notion of reciprocity, interconnectedness and collective wellbeing. A practicing critical psychologist, for example, - referring to women she had worked with in certain project – shared her insights around this matter: “my liberation is intimately tied to theirs”, “my health—particularly my psychological and spiritual wellbeing— is intimately tied to theirs” (Lykes, 2000, p. 395)

All of these dimensions – contextual and intersubjective – need to be analysed in the project of “the study of psychologists” (Parker, 2015, p. 208). Specially, it is important to analyse “how they are trained” (p.208) by unpacking the “hidden curriculum”, this is, the

moral code and expected practices implicitly embodied in their training activities (Kentli, 2009). From the perspective of CP, trainees' PI needs to be studied as inherently linked with: the social context of subjects' training and practice, including the role of power; processes of psychologisation (the globalisation of psychology); coloniality (the globalisation and internalising of western ontological and normative standards); the degree of reflexivity shown by subjects (their capacity to reflect on the role of context and identity in the production of knowledge); and - quite importantly - the way trainees interact with the people they intent to understand and help.

The previous paragraphs had introduced the subject, field and research question of the thesis, and contextualised what it means to be a "psychologist", contrasting hegemonic and critical conceptualisations. However, to adequately contextualise the study, it is necessary to review the historical pathways that led to the way training and PI are experienced presently⁴. With this aim, I will address: the global, Latin American and Ecuadorian context; and the context of the training institution that was the focus of this thesis. The chapter will finalise with a discussion on the social embeddedness of PI in Ecuador, and the situated nature of the knowledge that I constructed.

1.1 Global context

The official birthplace of contemporary psychology was Europe, namely, Germany, France and Britain (Baker, 2012). Based on the classic argument by Foucault (1995), psychology emerged during the 18th and 19th century as a transition from sovereign power – obedience to kings and other figures of authority -, to "disciplinary power". Such disciplinary power was exerted – to a large extent - through "psy" knowledge, configuring psychology as one of the "technologies of the soul", (p.30), "inscribed in the formation of a disciplinary society" (p.193). For Foucault, psychology was not only born to scientifically study the individual, but to normatively define it: "behind the pretext of explaining an action, are ways of defining an individual" (p.18). Such "technology" was – and still is – based on an institutional and professional rationale of

binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment, of differential distribution (who he is; where he must be; how he is to be characterized; how he is to be

⁴ This is not a comprehensive historical account, but only includes a few critical historiographical interpretations regarding the role of psychology in society. Sources utilised for the previous introductory paragraphs were strategic and purposive, partly derived from the bibliography of the article presented in appendix 2.

recognized; how a constant surveillance is to be exercised over him in an individual way, etc.) (Foucault, 1995, p.199)

Two mythical figures influenced the first training programmes at dawn of the 19th century: Wundt and his German experimentalism, and James and his theory and pragmatism developed in the USA (Shamdasani, 1997, 2003). Psychology was conceived as a “natural science” that studied individual “sensations, desires, emotions, cognitions, reasonings (sic), decisions, volitions, and the like” (James, 1892, p. 1). As Wundt highlighted in 1913, the emergence of such “science” was problematic – among other issues - because competent experimental psychologists were also expected to be “filled with philosophical interests” (Wundt, 2013, p. 211). This was also the case in Russia/USSR, with a particularly strong physiological tradition embodied in the figure of Pavlov. Historical events played a key role in the further development of psychology, including technological advancements, war-related intellectual migration to the USA, and the outcome of WWII, which all resulted in both a strong military, economic and ideological power of the USA, especially from the 1950s onwards, and the start of the cold war with the USSR.

During its history, psychology have dealt with inherent epistemological tensions that have make it difficult to develop a well-defined identity as an independent field (Palma, 2015; Valsiner & Brinkmann, 2015). Some foundational figures – including Wundt himself – proposed the delimitation of two psychologies: one to study “basic” functions in laboratories (e.g., sensation-perception); the other to study “higher” functions through history, culture and language (e.g., thought). In addition to its problematic epistemologies, there have been several “schools” gradually emerging within psychology, including behaviourism, psychoanalysis, humanism, cognitivism or a cultural-historic perspective each with its own knowledge claims. Eventually, dominant psychology turned to positivism, experimentation and statistics as a way to legitimise its aspirational identity as an independent “science”. A disciplinary “crisis” during the 1960s-70s resulted in the increase of qualitative and critical practices, yet positivist psychology remained hegemonic.

Presently, psychology is widely popular, and psychology training exists in most universities around the world (Johnson & Kaslow, 2014). Several psychological schools - in their own way - have been influential for the globalisation of western psychological language and knowledge. For example, psychoanalysis have been argued to be the genesis of such globalisation; humanism to be a source of individualistic pursue for success and happiness; and cognitive-behavioural therapy (CBT) - despite critiques

due to superficiality, reductionism and individualism – has been standardised for training and practice (de Vos, 2012; Parker, 2007). It is claimed that the history of psychology is usually taught with little criticism, omitting many of its darker episodes, such as collaboration with fascist and racist regimes (e.g., Nazism; Apartheid; Latin America dictatorships); its potential for social control (e.g., identifying/punishing political dissidents from various types or regimes; torture); its fundamental aid to capitalism; or the link of statistical methods with eugenics (Howitt & Owusu-Bempah, 1994; Parker, 2007; Pavón-Cuéllar, 2017; Rose, 1996).

1.2 Latin American context

Latin America is geographical-ethnic-political category referring to countries in North, Central and South America that are former colonies of European empires with “latin” languages, invaded mainly by Spain and Portugal. It is a region marked by its rich natural resources, its vibrant multiculturalism and its pervasive inequality. In fact, it seems to be the world’s most unequal region (Focus Economics, 2017), one where racism is pervasive (Wade, 2010). Such ongoing processes of oppression are not fortuitous, but the result of historical colonial, capitalist and imperialist exploitation by powerful European empires, and the USA, with the compliance of local elites (Mignolo, 2017; Pavón-Cuéllar, 2017; Quijano, 2000).

The original European colonization (1492 – circa 1800) brought an ideal of “progress” and “civilization” in the form of western knowledge and values. Simultaneously, it violently extracted local resources; almost eradicated all indigenous populations through torture, rape, murder, forced labour and disease; brought African slaves – who suffered such violence as much, or more than the indigenous - ; cemented structural and cultural racism; and – despite facing plenty of resistance - largely destroyed or marginalised local culture. With political independence, some of this oppression - later fuelled by the western values of the enlightenment - was perpetuated by local elites, fundamentally descendants of the former European colonizers.

Post WWII, the power of the USA prevailed. Such country extracted Latin American’s resources, while disseminating their foreign culture into the local population, although such political, military and economic power already had reached the region since the very beginning of the 20th century (Pavón-Cuéllar, 2017). The Cuban socialist revolution from 1959 was a rare counterweight to this hegemony, which inspired many reformist and revolutionary political agendas in Latin American during the next decades. During

the 1960s – 1990s, the region experienced cruel military dictatorships, civil wars, neoliberal reforms and increasing presence of organized crime around illicit drugs, almost always linked to USA interests and conflict between local elites and the majority of the population. At the beginning of the 21st century, more than half the countries in Latin America – including Ecuador - adopted neo-socialist political systems, that rhetorically, and – to diverse degrees- factually, challenged neocolonial, capitalist and imperialist powers, especially that of the USA⁵.

This history of oppression and resistance is key to understand the way psychology has developed in the region, and the identities that professionals chose, or were forced to choose. After discussing the brutality of European colonialism, Pavón-Cuéllar (2017), suggests that it was in this historical context of exploitation and cultural violence that it emerged the first notion of

a psychology of a European individual who is conscious, introspective, interested, calculator, who processes information; pragmatic; assertive; hedonist, a consumer; competitive; empowered; self-centered; and bounded to his own interiority, identity and personality. This psychology, that later returned to Latin America to culturally alienate what it failed to economically exploit, is certainly not that of the majority of the population (p.22).

In fact, influenced by the new academic psychology, some Latin American scholars justified capitalist, imperialist and colonial violence. In 1899 Mexico, for example, “pseudoscientific” and “scientist” arguments concluded indigenous people were inferior, prone to be killed, docile, melancholic, slow, and little intelligent due to a “millenary” lack of phosphorus on their diets (Pavón-Cuéllar, 2017, p. 25). In such period, scientific psychology started to be taught in Mexican universities and practiced in society, closely linked with criminology, and with a notorious influence of the USA and its reigning behaviourism. Latin American psychology seems to have developed during the early 20th century as a disciplinary instrument to bourgeois and repressive “authoritarian States”, that promoted a “positivist” psychology while being submissive to local and global economic elites (p. 26). This continued to be the case during the next decades, when both USA-sponsored dictatorships and exploitation based on banana and oil production by multinational companies became pervasive.

During this violent period, the expansion of capitalism and the interests of the USA “necessarily required the good practice of certain psychology, that needed to

⁵ Of course, these governments faced many critiques both inside and outside “left-wing” circles. Presently, - 2019- the landscape is less clear, as there is a turn to the right in the region.

accomplish at least two fundamental functions” (Pavón-Cuéllar, 2017, p. 29): to solve conflicts through the manipulation of subjects into obedience and conformity; and to psychologise social problems by making them about individual issues, thus, justifying economic, political and cultural oppression. Even prominent Latin American psychologists are considered by Pávon-Cuéllar to have performed as “Latin American appendixes of USA psychology” (p.29). More explicitly violent, some local psychologists participated in the torture of political prisoners, and media campaigns that aided violent dictatorships (p.30). With some exceptions, those psychologists and trainees who resisted dictatorial power were commonly hurt, murdered and silenced. However, some efforts for resistance actually turned out to be fruitful and influential among critical scholars and activists.

In Latin American psychology, such resistance led to the development of a psychology for the “liberation” of those considered “oppressed”. Such “liberation psychology” was heavily inspired – as other collectives and movements – by the Cuban revolution of 1959, and its Marxist political views. At least three influences are important to be considered, in order to understand how psychology of liberation emerged: the critical sociology of Fals Borda in Colombia; and the theory and activism of Paulo Freire in Brazil first, and, later, of Martín-Baró in El Salvador.

In Colombia, from the late 1950s onwards, sociologist Fals Borda called for a sociology that “subverts” power relationships through “commitment” with those violently affected by power, which translated in a politicized approach to “participatory-action-research” (Fals Borda, 2015). In Brazil, around the same period, and influenced by “liberation theology”, educator Paulo Freire made a rather similar call (Freire, 2000, 2005, 2013, 2014). Liberation theology emerged in Latin America as a politicised Christian rhetoric influenced by Marxism; an option for the poor; and the use of social sciences – among other strategies – to justify and advance this approach (Farmer, 2003). Coherently, Freire called for an education – understood as politicised “cultural action” – to help the “oppressed” to achieve their “liberation”. Freire – who is also a seminal figure for “community psychology”- led the way for the emergence of a “liberation psychology” in the 1980s, proposed by social psychologist and catholic priest Ignacio Martín-Baró⁶.

It is plausible to highlight, at least, two wide epistemological and ethical-political perspectives within the field in Latin America: a dominant psychology; and a critical

⁶ The assassination of Martín-Baró by a USA-sponsored military dictatorship in 1989 contributed to the transcendence of his figure and ideas (Triandis, 1990).

psychology (e.g., “liberation” psychology and “community” psychology). The first implies psychologists that –many times unaware of it – can perform as “appendixes” of the psychology produced and exported by the USA and Europe. The second aspires to understand and transform the violence implied in dominant psychology, acknowledging how the local discipline is largely the result of “political and intellectual domination on behalf of the United States and Europe” (Miranda-Gierbolini & Rivera-Santana, 2014, p. 1060).

Analysing the field of contemporary psychology, Pavón-Cuéllar (2017) argues that multi-nationals and international financial powers have perpetuated Latin America’s place as a colonized region. Moreover, in the case of psychology, Europe and the USA achieve their development, at least partially, at “our expense” (p.21), by taking and gathering resources that Latin America could use to better finance psychology training, research, practice and professional organization, on its own terms; based on such exploitation

dominant perspectives from Europe and, specially, from the USA, can irradiate their influence in the entire world, impose themselves as globally hegemonic and hold on to the centre of psychology, placing us over and over again in our peripheral place, that of colonized (Pavón-Cuéllar, 2017, p.23).

In Latin America, psychologists can assume identities shaped by either a dominant or a critical ethos, both with self-depictions as agents of a positive change in society, and in the world. The first may perform – sometimes inadvertently and most times unreflexively – as “appendixes” of global and local economic and cultural powers that result in “oppression” for many. The second aspire for a radical identity and practice, one through which they challenge, and ideally, transform the workings of “dominant” psychology, but also of capitalism and others forms of oppression. There is expected to be diverse, “messier”, non-dichotomised positions within such dominant-critical spectrum, as this thesis will illustrate.

1.3 Ecuadorian context

Ecuador is a middle-income nation located in North West South America (Figure 1). It is a presidential, constitutional Republic, with a population of around 16 million and an economy sustained – mainly - through oil export and agriculture. Ecuador has four differentiated regions: the coast, the Andes, the Amazonia and the Galapagos Islands. Quito, the capital, is located in the Andes, while Guayaquil, Ecuador’s largest city (with a population of around 3 million), is located on the coast (Figure 2).

The Ecuadorian population is ethnically diverse: 71.9% categorise themselves as mestizos (“mixed race”), 7.4% as *montubios* (rural coastal people), 7.2% as African-Ecuadorians, 7% as indigenous and 6.1% as white (Villacís & Carrillo, 2012). The official language is Spanish; a few indigenous languages are officially acknowledged to different degrees, due to their “intercultural” value. Around 90% of urban dwellers are Christian, fundamentally Christian/Catholics (Instituto Nacional de Estadística y Censos, 2012). Despite recent economic improvements, by 2016, 25.4% of citizens were still poor, and 10% were extremely poor (Instituto Nacional de Estadística y Censos, 2016). Among our more pervasive cultural problems are economic exploitation, classism, racism and gendered oppression (Beck, Mijeski, & Stark, 2011; Benavides, 2002; Consejo Nacional para la Igualdad de Género, 2014; Roitman, 2009). As many other countries – including those in Europe and the USA – the nation also deals with norm-breaking and “corruption” (e.g., in public and private institutions) as part of its everyday practices.

As Ecuador was a Spanish colony for almost three centuries (1534 – 1820/22), these issues are argued to be rooted in both contemporary inequalities and historical colonial oppression (Capella, Jadhav, & Moncrieff, 2019; see appendix 2). An interviewed local psychology student described Ecuador as:

“a country that was formed with a Spanish influence and an Indigenous influence, which formed a mestizo ‘race’. Then, since the modern times came, there has been a great influence of the USA”; “these three factors are very strong, because you will find celebrations like the *Inti Raymĩ*, you will find the Catholic celebrations that come from Spanish culture, and you will find that kids are listening to many things that come from USA, and consume (these) a lot”⁸.

⁷ Celebration in honour of the sun among indigenous communities, inherited from pre-Hispanic culture (very uncommon in Guayaquil)

⁸ Note how other ethnicities – such as the African-Ecuadorian – are absent from this mythical narrative, resonating with previous ethnographic accounts (Roitman, 2009).



Figure 1 - South America



Figure 2 - Continental Ecuador. Guayaquil highlighted in orange

Ecuador is, as all Latin America, a rich, multicultural and unequal territory. When framed within the culture of mental health epidemiology – although based on data that seems to be little reliable⁹. - , it can be argued that its main problems are “disorders” associated to “substance abuse” (F10-19)¹⁰; and “mood disorders” (F30-39); while “violence” is considered by the State as a public health problem (Ministerio de Salud Pública, 2014). Teenage pregnancy – often associated with gendered violence such as sexual abuse – is an equally alarming phenomenon (Panamerican Health Organization, 2012). The State deals with these problems through a limited number of professionals – one psychiatrist per 100 000 citizens (World Health Organization, 2017), and -as for 2014 - about 250 psychologists working in the public health system (Ministerio de Salud Pública, 2014)¹¹. There are 364 ambulatory centres, thirty-nine intensive mental health centres and five “rehabilitation centres” for “drugs” and alcohol (Ministerio de Salud Pública, 2017). Current policy strongly focuses on multi-agency coordination, “community” intervention, and cultural sensitivity (Ministerio de Salud Pública, 2016). Psychology training is expected to prepare professionals to deal with these problems, in these particular ways.

To understand the problems faced by the majority of Ecuadorians - and the way psychologists respond to these or not - one must consider historical events that gradually constructed contemporary suffering. Limited in its extent and depth, the following subsections discuss such historical context, reviewing key events from pre-Hispanic, colonial, and republican periods, and providing an account on the way western psychology reached Ecuadorian society and its local universities.

1.3.1 Pre – Hispanic times

People inhabited what today is Ecuadorian land for millennia (circa 10.000 B.C). Archaeological evidence suggest a few hypotheses about their ways of life (Cruz, 1993; Martín, 2010; Massusi, 2008; Pareja, 1996; Powers, 2002; Raymond, 2008; Ubelaker, 2003; Zeidler, 2008). Communal rites (e.g., feasts, funerals) indicate feelings of social

⁹ As argued by a trustworthy local informant, data could also be unreliable, due to *some* deficient diagnoses. Yet, some official indicators are dramatic. For example, domestic violence against women may have doubled, and substance abuse may have tripled (2010-2015); https://public.tableau.com/profile/vvicentee80#!/vizhome/ComportamientoHumano_2014_0/ANU-ARIO , accessed June 2017

¹⁰ Mainly due to a popular “drug” named “H” (heroin, mixed with other toxic chemicals), affecting the youth of deprived urban areas (El Telégrafo, 2017).

¹¹ This number may have risen due to political efforts (2007 – 2017); numerous psychologists work for the State and NGOS in the fields of “social inclusion” and “education”. With the recent turn to the right in the country (2017 –), this is uncertain.

solidarity and, identities deeply connected with the land. As centuries passed, communities experienced a gradual increase in political organization, culture and trade. In different times and locations, coastal communities –as others in the territory- seemed to have experienced “an increasing degree of social ranking and status inequality” (Zeidler, 2008, pp. 464); “competition, control of long distance trade and access to luxury items”(Massusi, 2008, pp.501), and there were individuals and groups that “enjoyed higher status or power through either social, economic or even religious means” (Massusi, 2008, pp.500). There seemed to have been intergroup conflict, and violence against women (Powers, 2002; Ubelaker, 2003; Ubelaker & Newson, 2002). Some authors argue that during the Inca colonisation of America (1460 – 1534), there were – in the wider region - “frequent depressive problems, hypochondria, hysteria and prostitution” (Alvarado, 1943, cited by Aguilar, 1983, pp.312)¹².

Shamanism was the first explanatory model and healing system that dealt with local distress in what today is Ecuadorian territory (Fericgla, 1998; Holm & Crespo, 1988; León-Andrade & Lozano, 1997; Pareja, 1996; Raymond, 2008; Stahl, 1986). Shamanism has been described locally as “the first organized human system for the achievement of psychical and physical balance”(Fericgla, 1998, p. 19), using symbolic healing (Dow, 1986). As in other South American regions, it included rituals led by a powerful male – the shaman - based on communication with spirits, ecstasy, group experiences with dance, drinks – including alcohol (i.e. chicha) – plants and herbs – including psychoactive substances (e.g., tobacco; coca; hallucinogens), as well as trepanning or neutering (Alarcón, 2012). Sometimes ritual was not only about healing, but interlinked with the reinforcement of power hierarchies, such as coastal chiefs practicing ritual sodomy with young men (Benavides, 2002, 2006, 2008).

As a form of power, social control and healing, shamanism can be considered an early form of locally rooted, predecessor for some of the social functions that psychology would vindicate for itself millennia later (e.g., alleviating suffering). With the arrival of European colonisers shamanism was either annihilated, marginalised, or transformed into syncretic rites.

1.3.2 A Spanish colony

The colonial history of Ecuador is similar to that of the wider region (see previous section), having been a colony to the Spanish empire for almost three hundred years

¹² This use of psychopathological language to refer to ancient experiences is also an example of psychologisation and psychiatrisation.

(1534 – 1820-22). Several authors have discussed the colonial violence in our land (e.g., Linke, 1954; Newson, 1995; Pareja, 1996). The original invaders – Spanish colonisers known as “encomenderos”, imposed mandatory taxes for the indigenous, who were obliged to cruel forced labour in mines, including children, women and the elderly. Thousands died as the result of this, as affected by diseases brought by the colonisers. Encomenderos made strategic “alliances” with local indigenous leaders, called “caciques”, who performed as both tax-collectors for the colonisers, and spokesmen for their communities. In 1574, the Spanish brought African slaves, who were treated with particular cruelty (Bryant, 2004), both men, and women (Chaves, 2001; Townsend, 1998). Local population experienced the impression of living – borrowing the words of Fanon (2004) - “a real apocalypses” (p. 126). They responded accordingly, for example, when desperate indigenous mothers murdered their own children (Townsend, 2000, pp. 52).

With time, and both military and ideological power, the colonial order became “normality”. Local trade entered a market logic that benefited mainly the elites, and powerful indigenous men gradually became either collaborators, partners or rivals of the colonizers (Aráuz, 2004; Martín, 2010; Newson, 1993). Millennial practices of indigenous communities – such as shamanism and its related rituals – were believed to be horrifically sinful by the Spanish (Benavides, 2008, pp.1069). The Church either treated the indigenous as sub-humans, and patronised and infantilised them (Ibarra, 1992), or attempted to “change their mentality”(Vargas, 1988, p. 196 - 197), “dissuading” local “solidarity” (Lane, 2003, p. 93). With time, also came the emergence of the “mestizo” (mix-raced; Spanish and indigenous), through both consensual and non-consensual interracial sex (Powers, 2002). The mestizo rejected their Indian heritage, as to access better “opportunities in social terms” (Benavides, 2002, pp.85). They were not slaved, yet “all but the most privileged worked with their hands” (Lane, 2003, p. 90). By the late colonial period, alcohol abuse and jealousy were part of everyday life (de Moreno, 2004).

Spanish colonialism gradually introduced colonial medicine to South America (Alarcón, 2012), including to the population living in what presently is Ecuador. In-tune with times, such medicine was not “scientific”: practitioners in Spain “assimilated” the “superstitions of common sense and the extravagant clinical-theological doctrines spread by the church” (Iwasaki Cauti, 1994, pp. 163). Influences included astrology; a belief in “evil eye”; and a Christ-inspired belief that healing required the expulsion of bodily impurities: blood, sweat, urine, excrements, menstruation, thus, treatment included purges and

bleedings (Iwasaki Cauti, 1994; Pineo, 1990). Charity-based institutions were founded in Quito (1564), caring for the sick and the poor. Quito's colonial institution fostering the mentally ill (1785) cared for patients through "brutal treatment" (Bell, 2010, pp. 438). In Guayaquil, this was also the case (Pineo, 1990). Importantly, emerging capitalism increasingly relied in "vain science", that intentionally used false knowledge claims to deceive buyers and benefit the proto-pharmaceutical global market¹³ (Crawford, 2010). Modern psychology was not born yet. However, the market and, the arena for social control that would benefit from its role was already in the making.

1.3.3 A "haunted" Republic

The Ecuadorian republic, since its emergence, has been "haunted" by colonial structural and cultural violence (Lane, 2003). Political power changed to the local elite, but colonial ethos persisted. Led by Spanish-descendant liberator Simon Bolivar, political independence from Spain was gained, first in Guayaquil (1820), and then in the rest of the emerging nation. After eight years of being part of Bolivar's grand nation-state known as Gran Colombia, Ecuador became an independent republic in 1830. The republic abolished slavery (1851) and banned the indigenous tax (1857). Despite these liberal advancements, the local Ecuadorian State perpetuated colonial oppression. Still in close association with the Church, State institutions became an instrument of power for the white and wealthy descendants of the Spanish colonisers, who maintained racist and classist social hierarchies (Ibarra, 1992; Lane, 2003; Linke, 1954; Pareja, 1996).

This "haunted" nature of the Republic is best embodied in a quote by a widely respected Ecuadorian scholar, who also wrote the lyrics for the national anthem. In a high school textbook, he argued that the Indians were characterized by "humiliation", "shyness", "cunning" and "sadness", being "hardworking", and "afflicted"; the descendants of "Europeans" were said to be "religious, honest, generous and loving of their independence and freedom"; and the mestizo could become "civilised" if they give up their Indian heritage and move into the European character (Juan León Mera, 1884, cited by Ibarra, 1992, pp. 319). The ideal "psychology of a European man" (Pavón-Cuéllar, 2017, p. 22), was visible here in the discourse of Ecuador's intellectual elite of the time, and its educational institutions.

Classist and racist exclusion persisted. In Guayaquil, for example, the poor non-white population was treated exclusively as "laboring hands", and as being "lazy" (Townsend,

¹³ The global trade of "quinine", a substance produced in the Royal Audience of Quito, and exported to the Europe as a treatment for fevers and malaria.

2000, pp.98). Those living in marginalised urban areas would be offered “low-paid positions” (Townsend, 2000, pp.201). Inequality translated into the field of health, including mental health, although the poor in Guayaquil, for example, commonly preferred “folk” healing and other remedies than public medical care (Pineo, 1990, p. 623). The “haunted” republic persisted throughout the 20th century, a period that started with both a political revolution, and the importation of western psychology to Ecuador. Decades later, capitalism and colonialism would take the form of cocoa and banana booms (1900s – 1960s); military dictatorships (1960s – 1979); and a neoliberal period (1981 – 2006) that included a major financial crash in 1999, resulting in thousands of working class people losing their life savings; and over a million displaced Ecuadorians migrating to USA and Europe. A period of a “socialist” rhetoric and redistributive policy took place from 2007 to 2017, led by president Rafael Correa, self-defined as “the citizens’ revolution”.

1.3.4 *Psychology in Ecuador*

At the turn of the 20th century, Ecuador lived a violent “liberal revolution” led by General Eloy Alfaro, who became president from 1895 – 1901 and from 1906 – 1911. Alfaro formally separated Church and State, vindicated and politically empowered non-white identities; relatively advanced gender inclusion; and “modernised” the nation. It was mainly during this period where psychology began to be imported from Europe to Ecuador, entering local universities.

In 1906, a seminal “Lecture on modern psychology” was held at the Central University of Quito. The lecturer was – atypically- a woman: Marietta de Veintimilla, coming from a family of scholars, businessmen and politicians. She defined the emerging discipline as a “mysterious science” with “inaccessible depth”(de Veintimilla, 1906, pp.85). Fervently praising seminal European psychologists, she claimed that their research had a place “in the heart of any man who loves science and civilization” (de Veintimilla, 1906, pp.103). Such civilization should be sought by psychologists, she argued, by turning their eyes to the “holy trinity of science and knowledge”: Britan, France, and England. In 1899 there was a formal high-school course on experimental psychology (with lab equipment imported from Germany)¹⁴; while the first professional psychologists were trained abroad - especially in Europe - , or in local Faculties of Education and Medicine (Serrano Jara, 1999).

¹⁴ By1946, the lab was still running, and the course was part of training in “biological sciences” (Hall, 1946, pp.454).

During the next decades – with cocoa and then banana economic “booms” - applied psychologists worked in the context of medicine (i.e., psychiatry), education and the management of criminals. A 1941 explorative study identified only three working psychologists, although this figure is rather arbitrary (Beebe-Center & McFarland, 1941). According to Hall (1946), applied psychology in the context of medicine, education and law involved, for example, the “psychiatric study of delinquent children” (p. 454), who would fill psychological tests administered under the supervision of a psychiatrist; In some high schools, a “part – time psychological worker”, conducted “individual case studies” of children with educational difficulties (p.454). Local scholars – influenced by British social Darwinism - argued that Ecuadorian African-descendants were naturally violent, blaming them for a number of social problems (Beck et al., 2011). If local historians argued that the development of Ecuadorian psychiatry “mirrored” the Foucauldian account of what occurred in Europe, the same seems to be true for psychology (Vega, 2012). Ecuadorians imported the discipline’s conflicting epistemologies, while psychometrics seemed to be a major part of what granted psychologists their professional identities, something that is still observable today (Ardila, 2000).

As in other parts of the world, psychology professionalization became fully institutionalised in Ecuador after WWII. This was occurring in other Latin American nations (Ardila, 1967; Gallegos, 2013; Klappenbach & Pavesi, 1994), coinciding with the foundation, in 1951, of the Interamerican Society of Psychology (Ardila, 2004; Gallegos, 2013). Ecuadorian universities offered psychology degrees, first in Quito (initially, in 1950), then in Guayaquil (initially, in 1963), both in Faculties of Education (Ardila, 1998; Serrano Jara, 1999). Decades later, independent Faculties of psychology were founded (see next subsection for the case of Guayaquil). Training and practice seemed to linked their prestige much more to psychiatry and psychometrics than to education (Ardila, 2004). Psychologists have been publishing occasionally in journals such as “Archives of Criminology, Neuropsychiatry and Related Disciplines”, “Ecuadorian Archives of Counselling” and “Annals of Psychology” (Ardila, 2000).

No Ecuadorian psychologist appears to have been particularly prominent in the early, hegemonic Latin American landscape (Ardila, 1998; Diaz-guerrero, 1994), even though some local figures are recognized as such within the national borders – mostly associated with psychiatry (Ardila, 2000; Serrano Jara, 1999). By 1967 – a time where the oil boom was in a significant thrive - , Ecuador was one of the two only Latin American nations with virtually no properly conducted and disseminated psychological

research (Ardila, 1967). The nation was also one of the three Latin American countries that missed the relevant “First Latin American Conference on Training in Psychology” of 1975 (Diaz-guerrero, 1994). By 1996, no formally established “community” approaches were found in local psychological practice by a regional exploratory study (Montero, 1996).

The 1980s was a key decade for the discipline in Ecuador. An Interamerican Congress in 1983 gave a relative boost to Ecuadorian psychology (Gallegos, 2013; Serrano Jara, 1999). During the 1980s, - a time of neoliberal governments - next to “clinical” and “educational” psychology, training in “industrial” psychology became increasingly popular (Serrano Jara, 1999), while funding for public education and “mental health” drastically decreased (Carvajal & Cadena, 2010). By then, some local scholars influenced by Marxism – including those in the health field – had been arguing for over a decade for context-sensitive, “critical” approaches to wellbeing (Breilh, 2008). In contrast, racist attitudes persisted. In his book entitled “the genetic origin of class struggle” - reviewed by Giorgi (1983) -, a local anti-Marxist evolutionary scholar claimed - as occurred in Mexico in 1899 (Pavón-Cuéllar, 2017, p. 25) – that the indigenous in Ecuador were slow and unintelligent due to a millenary lack of “iodine”.

By then, State understanding of psychologists defined them – much similar to the contemporary definition by the American Psychological Association - as scientist-practitioners studying the individual. The State differentiated – based on the academic offer by universities – between “education psychologists” and “general psychologists” (which included clinical and industrial practitioners). An educational psychologist was defined as “a professional who possesses a scientific knowledge of human personality, with the capacity of helping society, and specially students, with their problems of family and social maladjustments produced by their emotional conflicts” (Dirección Nacional de Personal, 1979, p. 205). This is, psychology as “help”, but also as social control legitimised by scientific discourse, with a focus on individual personality. A similar view was held regarding the identity of a “general” psychologist, defined as

a professional with the main aim of the study of psychic phenomena that occur in men, this is, instincts, emotions, will, intelligence and personality, with the end of protecting or liberating him from the risks posed by worries and mental disorders (Dirección Nacional de Personal, 1979, p. 210).

As elsewhere, one of the unintended outcomes of Ecuadorian psychology is that it tended to decontextualise suffering, diverting attention from systemic problems. This is

what Martín-Baró (1986) called *psychologism*: to divert the focus from “oppressive structures” into “individual and subjective factors” (p. 8). As suggested in the argument against psychiatry, psychology’s “business” may not be “care”, but “control and coercion” (Szasz, 2007, p. 19), fitting “hand-in-glove with power” (Parker, 2007, p. 4). By doing so, psychology do not only help people, but – as psychiatry – controls them, pathologising the everyday life of individuals, and generating benefits for private business (e.g., insurance and pharmaceutical industries), NGOs and States (Bracken et al., 2012; de Vos, 2012; Frances, 2013; Klein & Mills, 2017; Moncrieff & Timimi, 2013). Ecuadorian psychologists, thus, are expected to both help, and control.

The next section will illustrate the context in which some of these professional psychologists were trained locally, and how such contextual influences have shaped contemporary professional identities. The focus will be, specifically, the institution that was the strategic field site for the present thesis: the Faculty of Psychological Sciences at the University of Guayaquil (FPUG).

1.4 Institutional context

The construction of PI at the FPUG is shaped by the global, Latin American and Ecuadorian context described in the previous sections. The history of the University of Guayaquil (UG) dates back to 1867, before its secularisation. It was just in 1962-3 when a School of Psychology was founded within the Faculty of Philosophy, Literature and Education. The “noble” objective was to “serve society”, “provide guidance”, following a “psycho-sociological” approach; “educate the minds” of the population, persuading them of the importance of “scientific psychology”, while helping them to solve their “problems” (Revista de la Asociación de Escuela de Psicología, 1967, pp. 11–12). Two influences can be interpreted: the modernist fixation with science and progress; and a problem-solving, context-sensitive approach that echoes the critical Latin American tradition.

Politically active trainees faced problems – and violent encounters – with internal and external groups. These included conservative forces that opposed academic improvements proposed by unionised students, and armed political actors that represented the interest of the military dictatorship ruling Ecuador in those years (1963-66/1972-79). After years of political struggles led by a group of progressive teachers (i.e., psychiatrists) and trainees, an independent Faculty of Psychological Sciences (FPUG) was founded in 1981 (Capella & Andrade, 2017).

The eighties' FPUG echoed the 1960s fixation with science and progress, while being more explicit about its critical, "liberating" aspirations. The institution aimed at training professionals into a "liberating scientific psychology"; helping local population to acknowledge the "determinations that influence their daily activities" (Facultad de Ciencias Psicológicas, 1984, p. 27). Such psychology was also "national", "popular" (emerging from, and responsive to, "the people"), and aimed at the "recovery" and "development" of "the cultural values of the Ecuadorian people" (Facultad de Ciencias Psicológicas, 1984, p. 3). It must be noted that the University of Guayaquil and the FPUG were – and still are - a publicly-funded institution. Numerous FPUG students came from low-income backgrounds: some of them, themselves, were – and still are - "the people". Trainees were taught courses that were both hegemonic (e.g., "psychiatry") and "critical" (e.g., "dialectic materialism" influenced by Marxism). The FPUG mission was to train professionals – in "clinical", "industrial" and "educational" fields – "with a high scientific, technical and human standard" (Serrano Jara, 1999, pp.167).

During the 1980s – a time of neoliberal governments in Ecuador - political violence within campus continued, mainly due to an armed group associated with State power, and diverse left-wing groups who resisted or challenged them. An excerpt from my field notes illustrate this:

There is a public event at the University. The Vice-President of Ecuador is present. He criticizes an institutional history of "*politiquería*" (an unethical, corrupted way of doing politics in academia) and violence. In the 1980s, he experienced this first hand: there were "masked people, armed people" within campus; and "violent groups" could "order a professor to stop his lecture"¹⁵.

During the 1990s, neoliberalism continued, visible violence relatively decreased within campus, and psychology training at the FPUG insisted in its mission and its perspective. Industrial psychology – which was widely popular at the FPUG during 1980s (Serrano Jara, 1999), continued to be appealing to many¹⁶, while there was an

¹⁵ The, then, Chancellor (Council chair) of the UG was sitting next to the Vice President during this event. Months later, he was accused of misrepresenting his academic credentials, and fired. In late 2015, small-scale explosives were used by violent political actors on two occasions; luckily, no one was hurt. Political efforts have been made to pacify the institution, and fight dishonesty. Presently (2019), the former vice president is jailed on charges of corruption, which has been celebrated by some citizens, and questioned by others (including respected lawyers, claiming it is a case of "lawfare": an illegitimate use of the law to persecute political adversaries).

¹⁶ Moreover, private corporations - next to public and private educational institutions – seems to be the most frequent work placement for recently graduated "psychologists" (equivalent to B.A.) at the FPUG (internal institutional assessment from 2015).

increasing local interest in clinical psychology and counselling (Ardila, 2000). The FPUG, until then had integrated both hegemonic and critical training content, including courses driven by diverse epistemologies. At the turn of the 21st century – and after the neoliberal financial crash of 1999 in the country -, the FPUG continued with its relative pluralism (e.g., teaching clinical students both “psychodynamic” and “cognitive-behavioural” diagnosis, psychometrics, and relying in both USA and soviet or Cuban authors). By this time, the FPUG also embraced Vygotsky’s theoretical approach as being close to its institutional identity.

This continued to be the institutional landscape, until the significant change that came with the elected government labelled as “the citizens’ revolution”, led by Rafael Correa (2007 -2017). Such government followed the example of Bolivia in reforming the constitution as to place “Good-Living”¹⁷ as an essential guiding principle, and declaring the nation to be explicitly anticolonial. From this political perspective, Ecuador changed its policy regarding higher education (Asamblea Nacional, 2010), rhetorically ascribing training to those values. Health and Mental Health policy was also reformed, having in high regard the work of psychologists in diverse institutional and community contexts, while aspiring to secure that their training is “culturally appropriate” (Ministerio de Salud Pública, 2014). Simultaneously, – and echoing Alfaro’s modernism – the faith in western progress and modernisation - through values such as science, technology and innovation - was also evident in the new policy. For example, by funding postgraduate training, privileging degrees from overseas, considering universities “of excellence” to be fundamentally those from Europe and the USA; and relying heavily on the agenda of the World Health Organisation (WHO).

In this context, the State factually took over power within the University of Guayaquil and the FPUG through an “intervention commission” (2013-2016), as to secure the “quality” and “excellence” of administrative and academic procedures, which – differently than other universities - did not reach expected standards. This had several consequences, including increased funding, top-down management, centralised supervision, constant audit, and the requirement – and opportunity - that all psychology teachers achieve Master and PhD degrees (including oversea degrees). While most part of the academic staff got their Master’s degrees from local programmes offered by the FPUG itself, a few others did so abroad, mostly in countries such as Argentina,

¹⁷ The notion of “Good-Living” originally emerged in the context of politically active indigenous communities vindicating their identity and ancestral values in the mid-20th century; in 2008, it was incorporated into the Ecuadorian constitution (Inuca, 2017). Boavenura do Santos (2014) has praised the epistemological and political use of the concept.

Chile, Cuba; and Spain, which is commonly held in high regard due to being a European country (culturally linked to us, specially by sharing the same language). Just a handful of FPUG lecturers have a PhD degree, or are in the process of getting it.

Presently, the FPUG have developed a new rhetoric, shaped by both its more distant and its more recent historical trajectory. The institution's vision statement is to contribute to the "development" of people, and to promote "quality research" linked with "provision of services" (Facultad de Ciencias Psicológicas, 2017). The institution's mission statement is as follows:

We are an institution that trains psychologists with scientific bases; linked to the community; through the integration of knowledges, contexts and culture; to intervene in problems of psychological health; with up-to-date methodologies; implemented through national, international and self-managed covenants; with a critical and solidary attitude (Facultad de Ciencias Psicológicas, 2017). [semicolons added by the author]

This rhetoric seems to illustrate a sort of fluid hybridity between what is commonly considered a dichotomy between "dominant" and "critical" values. Some of the declared principles seem to fit into the "dominant"; for example, development discourse; scientism; reifying tautological categories such as "psychological health"; managerialism and presentism embodied in aspirations of being "up-to-date", the "production of services", and working through formal national and international "covenants". Other are closer to some values of the "critical" Latin American tradition; for example, aspiring to be "linked to the community"; integrate different knowledges, cultures and considering context; and, ideally, training psychologists to be "critical" and "solidary". The next section will rely on this "messiness" in order to further discuss the context within which the PI of local psychologists is constructed today in Ecuador, and particularly, at the FPUG.

1.5 Local professional identities as socially embedded

European psychology was imported to Ecuador at the turn of the 20th century by local intellectuals from upper social classes. This occurred in the context of a modernisation agenda, where European science – including psychology – was understood as a means to civilisation and progress. Originally, the dominant PI of local psychologists seemed to be - at least rhetorically – that of "scientists" working for the ultimate goal of social progress. However, as highlighted by Wundt himself in Germany, some Ecuadorian psychologists may also have had "philosophical" concerns. In practice – since times

where the USA influence became pervasive - these psychologists have been immersed in a tense dynamic with other, more delimited, traditional and powerful fields, such as medicine (i.e., psychiatry) and education. This was embodied in early university training, which was held, mainly, at Faculties of Education, and a practice sustained by psychometrics, commonly as assistants of psychiatrists and educators, as well as the social control of criminals. The racism of psychology was no stranger to scholarly arguments in Ecuador, also a western importation, perpetuated by the elites (Beck et al., 2011; Giorgi, 1983). Presently, local psychology – as elsewhere - encompasses “many incompatible theories and research traditions” (Parker, 2007, p. 9), which locally range from classical schools, to postmodern and community approaches (Cruza-Guet, Spokane, Leon-Andrade, & Borja, 2009; Smith & Valarezo, 2013; Valarezo, 2013).

One way of examining Ecuadorian psychology is as a political field “tied to the agenda of its own disciplinary community”(Parker, 2015, pp. 730–731). In the present thesis, such professional community is frequently described under the category of “our community”. The agenda of most people in “our community” was – and still is - to position psychology as a “scientific” and socially-needed discipline on its own terms. Thus, local professionals and trainees worked toward rising the “status” of the discipline, as to accomplish – borrowing words from Callaghan (2014) - a “cultural change” that rendered it “as worthwhile and socially acceptable” (p. 1510). It is fair to say that they had relative success, as embodied in the existence of the FPUG in Guayaquil, or the inclusion of psychology in public policy (Ministerio de Salud Pública, 2014), among several other examples. Such success in disseminating the alleged importance of psychology also had a significant, unconventional outcome: Undergraduate students are allowed to work in almost all settings with limited supervision, including private clinical practice, which seems unusual and, I argue, alarming¹⁸.

Until recent years – Ecuadorian psychology “has been isolated from many of the international influences that were significant in other Latin American countries such as Argentina, Mexico, Brazil, and Chile” (Ardila, 2000, pp. 134)¹⁹. Not coincidentally, the

¹⁸ Presently, there is no board that accredits clinical psychologists in Ecuador. As for 2018, formal delimitation of diverse context for practice – including that of “general” and “clinical” psychologists - was still debated by State organisms, universities and professional organisations. See section 3.6.3, p. 53, for the content of the FPUG programme, which highlights the limitations, for example, for clinical practice conducted without any additional post-graduate training.

¹⁹ Local academic publications have been scant; only a few journals had been published around the mid-20th century, e.g. “Archives of Criminology, Neuropsychiatry and Related

nations named by Ardila as examples of places where psychology is highly developed, are also, historically, the most developed capitalist economies in Latin America, and – in contrast to Ecuador - had notorious intellectual immigration from Europe throughout the 20th century. In such historical understanding, Ecuadorian psychology differs from that of the wider region. Nonetheless, Ecuadorian psychology do seems to had shared, broadly, the regional view of what it means to be a psychologist: “good” Latin American psychologists – civilising people through well-intended help - secure normative obedience and conformity, and individualise problems that are social (Pavón-Cuéllar, 2017, p. 29).

Despite the relative success of psychologisation in Ecuador (e.g., inclusion in public policy; individualist psychological theories taught in universities; widespread unregulated practice), centuries of cultural resistance have not disappeared. This is true for both part of the local population (“the” community), and the community of psychologists (“our” community). Local population have resisted through diverse means, for example, through the practice of shamanism and other syncretic healing rituals that survived colonial violence (Cruza-Guet et al., 2009; Fericgla, 1998); collective political activism; or relying on religion, family and other forms of social support rather than “going to the psychologist” (see chapter 4). Some psychologists and trainees have resisted by trying to challenge dominant psychology, commonly, through a self-representation of “critical”, “liberation”, or “community” psychologists. Presently, – in the context of global capitalism, and a local policy that is based on both socialist and scientist-modernist rhetoric – what it means to be a psychologist in Ecuador involves a complex negotiation, that in many cases challenges the adoption of rigidly dichotomised identities.

In Ecuador, psychology training was constructed within the limits imposed by global and local power embodied in psychologisation. In addition – quite importantly – it is also constructed through complex and “messy” intersubjective, situated negotiation, involving diverse degrees of awareness and reflexivity, and diverse positions in a dominant-critical continuum. While engaging - avertedly or not – in this process, local psychologists– as it is the case elsewhere – appear to depict themselves and be depicted by others as socially relevant professionals who help people. The way this complex process of PI construction has been taking place at the FPUG requires particular consideration.

Disciplines”, “Ecuadorian Archives of Counselling” and “Annals of Psychology” (Ardila, 2000; León, 2014).

The contemporary institutional culture at the FPUG was shaped by decades of convulsed struggles in the context of USA-sponsored dictatorships (1963-66/1972-79); neoliberalism (formally democratic regimes from 1981 – 2006), and the changes that came with the “citizens’ revolution” (2007 – 2017). These have had a major impact on the hidden curriculum – values and ideas embedded in action and discourse, which may differ from what is formally written in academic plans (Kentli, 2009) - and in the type of professional identities trainees develop (Callaghan, 2014). This makes the institution an exciting setting to research PI, considering it is currently in between the Latin American critical legacy - historically built upon the notion of resisting, and achieving “liberation” from the “oppression” of colonialism, capitalism and imperialism – and a contemporary political and cultural change that evokes such legacy, while simultaneously promoting historically western values of modernisation, scientism, and a managerial and audit culture in a capitalist world order (Parker, 2014). When adding to this scenario trainees’ other multiple identities, such as race-ethnicity, class or gender, the subject becomes even more complex, and thus, enabling opportunities to construct new, situated knowledge.

The contemporary vision and mission at the FPUG (see previous section) highlights how the original political values of Latin American psychologists who resisted the power of Europe and the USA seemed to have been either toned down or co-opted, as findings from this thesis will illustrate. Such “softening” of Marxist traditions have been heavily critiqued elsewhere (McKenna, 2013; Parker, 2015b; Ratner, 2015). In Ecuador, it is plausible to reach one of two conclusions (or to problematize the issue by arguing both have some truth): either dominant psychology – through psychologisation – toned-down and co-opted the psychology developed under a neo-socialist rhetoric; or, a neo-socialist rhetoric worked as an instrument of resistance to avoid the complete implementation of dominant psychology in Ecuador, and particularly, at the FPUG. Next to findings derived from this thesis’ fieldwork (see chapters 4 – 8), an additional, brief and informal interview with two senior lecturers seems to provide key analytical elements around this matter, that suggests it was dominant psychology which imposed its power²⁰.

When asked about the “toning down” of official critical discourse and influence of the USA, the two senior lecturers – including one who lived the entire process of the FPUG emergence in the 1970-80s (see previous section) – pointed at seven reasons: a

²⁰ The interview was held in early 2018, in a common room, at a time where I worked as a lecturer in the institution (see next section).

discredit of left-wing rhetoric and subsequent decrease in political activism; limited experience by those in charge; the pervasiveness of USA psychology; scientism; eclectic and humanistic instrumentalism; employability; and public policy reforms during the “citizens’ revolution”.

Interviewed lectures at the FPUG claimed there was a *discredit of the left*, starting in the 1970s, orchestrated by powerful groups inside and outside campus²¹. Such discredit may as well be associated with historical accounts of USA ideological interventionism, internal divisions on the left, conservative Catholic values, populist rhetoric benefiting elites, and leftists’ failure to resist military right wing governments who “crushed” any potential revolutionary project (Becker, 2009). According to the interviewed lecturers, once discredited, left-wing political activism decreased, a process also fuelled by “employability”: in the 1980s and 1990s, original leaders associated with students’ movements graduated and started to look for jobs to make a living, not having enough time for political activities. Some of them became managers at the FPUG, having *limited managerial and academic experience*, which led them to rely on conventional textbooks and instruments. Such textbooks came from diverse countries, yet, as stressed by one lecturer after being asked about “tests” and the influence of the USA: such influence “was always there”. To relatively overcome the tension between their left-wing ideology and a USA psychology that “was always there”, FPUG managers relied on two strategies linked to *scientism* and *instrumentalism*.

The first strategy involved scientism – a strong desire to attach psychologists’ PI to “science” -, embodied in their attempt to translate leftist political language into allegedly “scientific” language. In the late 1990s, it was decided that a plausible, and ideologically coherent way to do this was to rely on their alliance with Cuban scholars, and to adopt Vygotsky’s theoretical approach, which they believed would bring “scientific” legitimacy to otherwise biased, unscientific, political views (see table 6, p.159, for the meanings of “science” at the FPUG, which includes simply relying on any well-established theory). The second strategy was eclectic instrumentalism, as long as it remained “humanist”, this is, putting the wellbeing of human beings at the centre of any matter: showing “social commitment”. Any theory and instrument - including those from the USA and other foreign countries - could be used, as long as it was legitimised by claims of

²¹ At a national level, this included – during most of the 1980s neoliberal governments - the persecution, torture and/or murder of a minority of radical revolutionaries, and any other suspect of being “subversive”.

alleged efficiency: “in science, you keep on using what has proven to work”, said one of the interviewed lecturers.

The role of *employability* seems to be pivotal. Critical examinations of training from non-Ecuadorian contexts have highlighted, for example, how an institutional focus on employability can marginalise or silence critical voices that resist dominant psychology within training institutions (Hart & Akhurst, 2017; Parker, 2014). One of the interviewed lectures mentioned – problematically – that employability negatively worked as a “neoliberal” discourse, yet highlighted the importance of training psychologists in a way that allows them to get a job after graduating. For example, a psychologist who refuse to use psychiatric diagnoses would not be fit to work for the Ministry of Health; similarly, psychologists refusing to use “tests” due to critical epistemological analysis, would be unfit to work in corporations, schools and most clinical settings, which demand the use of such artefacts.

Finally, lecturers mentioned recent *policy reforms*. Despite being well-intended, they mentioned their potential to disable bottom-up approaches, as decisions were made in a top-down manner, both outside and inside campus. Thus, the FPUG had little room to debate and decide the specific values, epistemology, theories and methods to use during training, but had to conform to those mandated by the University, based on standardised national policy guidelines and centralised power. Paradoxically, I thought, well intended policies with a neo-socialist rhetoric can have the potential to marginalise the agenda of a “critical” psychology training.

The information provided by the two referred senior lecturers suggests that, despite a history of resistance, the best of intentions, and many efforts, structural forces – global and local – tend to constrain the range for negotiation when it comes to training and construction of PI. This seems to be related, at least partially, to the structural demands that - despite a rhetoric of being context- sensitive - make it difficult for training to “reflect local concerns”, in fact promoting a ““professional identity rooted in presumably universal knowledges and skills” (Callaghan, 2014, p. 1514). In the case of Ecuador - and despite “notable exceptions” (Martin-Baró, 2002, p.71) - dominant psychology seemed to have prevailed, as elsewhere in the world (de Vos, 2012). This, even when the institution preserves a formal rhetoric (i.e., its mission; see previous section), and some practical endeavours, around “community engagement”, respect for different knowledges, “culture”, and “context”, and aspires to train psychologists who are “critical” and driven by “solidarity”.

1.6 Reflexively situating knowledge

The interpretations presented in this thesis aspire to be “situated”. The – by now, classic - idea that any knowledge needs to be contextualised is associated with the notion of reflexivity: critical assessment of the knowledge production process and how it is affected by context and researchers’ own “characteristics” (Teo, 2015, p. 257). Martín-Baró,(1986, 1998), for example, argued that any knowledge claim is “partial” and should be critically examined in terms of its local responsiveness to the culture and needs of the “oppressed” and the degree of the researcher’s commitment with them. Even seminal figures in psychology, such as William James, argued that researchers’ characteristics, preconceptions and relation with subjects of his study shape knowledge production (Shamdasani, 1997, p. 31). From a critical feminist and postmodern approach, (Haraway, 1991) discussed this in terms of “situated knowledge”: located knowledge that only grasps certain form of objectivity by being “partial” (p.196), “embodied”, (p.191), and “built on accountability” (p.111). This is, knowledge that avoids the “splitting of subject and object” (190), while accepting the complexity of “contradictory moments”, and enabling new “connections and unexpected openings” (p.196).

This thesis – as is commonly the case – went through several transformations since the moment it was conceived, until it took its current form. Two brief analysis are pertinent here: how I became interested in the subject; and what specific contextual factors shaped the production of the thesis.

I am a mestizo (mix-raced), middle-class, heterosexual psychologist born and raised in Guayaquil, Ecuador. My mother was born in Ecuador, daughter of an artist and communist activist; my father was born in Spain, but raised in Uruguay after my grandparents – a former Republican soldier/worker and a housewife - migrated from their home country, escaping Franco’s repressive dictatorship. My interest in “CP” and “professional identity” were influenced, to some extent, by some of the left-wing political values to which I was exposed through my childhood, later actualised when I became politically-aware myself.

The first time I entered the FPUG building I did so as a student (2001 – 2006). I became a clinical psychologist, interested in understanding and helping people, especially those from so-called “marginal” communities. After some years of practice - which included both NGOs and private clinical practice – I began to felt unsettled by inequality based

on class and race-ethnicity across the “patients” and groups I worked with, which also included differences in material and symbolic capital between myself and some of them. I won a State scholarship and decided to study a Masters in Social Psychology in Spain (2012 – 2013); retrospectively, I acknowledge I was motivated by learning, but also by a sort of postcolonial excitement about studying in Europe, which granted both experiential and instrumental benefits, in the context of a nation “haunted” by colonialism. I returned briefly to Ecuador, where I worked for one term as an occasional lecturer at the FPUG; I quit such position in order to pursue a PhD overseas, after winning a second scholarship.

Motivated by entering a highly “prestigious” university, I decided do my PhD in the UK (2014 – 2019). My subject at the time was that of “mental health” and “marginality”, and was informed by my political values and increasing criticism against dominant psychology in my hometown of Guayaquil. Initially – and influenced by the work of my primary supervisor -, I was under the impression that “marginalised” subjects had no access to effective, ethical and culturally appropriate psychological treatment. Advised by my supervisor, I gathered preliminary local ethnographic data (see section 3.4, p. 89). I was curious about what the culture and needs of the “marginalised” were, and my supervisor argued that to live in one of such communities for 12-months as an ethnographer was the best way to know this in the context of my PhD. After many readings, discussions with my supervisor, and pragmatic considerations (i.e., safety; personal sacrifice), I decided to shift my focus to the training of the psychologists who were expected to work in NGOs and State agencies supposed to help those “marginalised”. However, I decided that to consider the standpoint of non-psychologists subjected to “help” was key, as to understand PI in interactive and context-sensitive critical terms. Retrospectively, I think my subject was also shaped by my desire to clarify my own PI, and my commitment with those considered “oppressed”.

Such aspirations for identity clarification encountered more challenges than certainties. I had been accepted to a programme at the UCL “Mental Health Sciences Unit”, that unexpectedly changed its name to “Division of Psychiatry”, due to managerial reasons. I was trained as a clinical and social psychologist, influenced by both critical literature and the practice of psychodrama and sociodrama. However, I was not supervised by psychologists but by critical psychiatrists who introduced me into literature critiquing dominant, globalised mental health paradigms. My primary supervisor was a cross-cultural psychiatrist with a particular focus on India and the subject of marginality, who introduced me to the theory and practice of medical anthropology. My thesis was

originally on “cultural psychology”, which later changed to “Critical Psychology”²². To some extent, I could also label it as “community psychology” – which I did not -, something that would have had other type of implications (e.g., a literature review focused specifically on such field). At early stages, it became increasingly difficult for me to clarify what the “field” of my thesis was. With time, I learned to stop worrying that much about labels, and to focus on the subject of my study.

Despite this strategy, the thesis did require some form of instrumental classification. With this in mind – albeit acknowledging the messiness and fluidity between disciplinary boundaries described before – I categorised it as a PhD in “Critical Psychology”. This label is reasonable, if the reader considers: a) the main body of literature that the thesis engages with; b) that the thesis is concerned with contextually constructed power relationships that shape PI and professional-popular interactions; and, not less important, c) that I consider my “critical” perspective to be an important dimension of my own PI. The “messiness” described here implied the inevitable limitation of failing to fully satisfy the conventional disciplinary demands of diverse traditions and fields (see section 3.12, p. 114, for these, and other limitations of the study).

The knowledge constructed in this thesis is, thus, situated, partial, embodied in my role as a researcher, my values, my fluid identities, and my experiences before, during, and after fieldwork conducted in a particular setting. The findings reported here include complex, and sometimes contradicting observations, analysed through the analytical categories of dual belonging; help-as-war; and liminal exchanges. They have only the modest, yet necessary aim of opening new questions and possibilities. I acknowledge that issues of power – specially of who speaks for who - may arise. As Moane (2014) remind us, critical psychologists interested in “liberation” are usually from more privileged backgrounds than the subjects they attempt to “liberate”, which imply crossing boundaries, stablishing common ground, and negotiating power. However – and I adhere to this aim – critical research can also draw from the “power and privilege” of researchers and institutions as to “access resources and to lobby for change” (Moane, 2014, p. 1080). The present study provides situated knowledge, with this type of prospective transformative aspirations.

²² This made some sense, as Latin American CP was informed by “some forms of anthropology” (Montero, 2004, p. 19), and resembled some forms of cultural psychology (Ratner, 2014, 2015).

1.7 Overview of chapters

The thesis is structured in eight chapters. Overall, they are written in first person – when reporting methods and presenting ethnographic accounts -, and in third person – when engaging with theoretical discussions. When quotation marks are used with no bibliographical reference, content corresponds to verbatim narratives of participants, and local emic expressions. Following APA guidelines, italics are used to emphasise and highlight relevant content. Data is presented after translating it from Spanish to English (see Appendix 1).

Chapter 1 (this chapter) has provided necessary context of the present study. Chapter 2 presents a review of relevant literature. Chapter 3 accounts for the methods I utilised. Chapter 4 introduces the reader to the world of non-professional population in Guayaquil. - specially people living in so called “marginal” and “vulnerable” places - and explores their views regarding psychologists. Chapter 5 addresses the way psychology trainees at the FPUG negotiate their “dual belonging” as members of both professional and non-professional worlds. Chapter 6 addresses the way the help-as-war metaphor is learned during training. Chapter 7 validates situated findings from previous chapters through ethnographic cases of undergraduate and postgraduate trainees interacting with subjects labelled by them as “marginal” and “vulnerable”, in health and community settings. Such cases illustrated the performance of dual belonging and help-as-war, while developing the working concept of liminal exchanges. Chapter 8 presents the conclusions of the thesis, and suggests how a “critical” psychology training could be advanced.

Chapter 2 Literature review

The present chapter reviews relevant literature on the subject of professional identity as understood by Critical Psychology. Firstly, it presents essential concepts within Critical Psychology (CP) and Liberation Psychology. Secondly, it unpacks the way CP conceptualises professional identity (PI). Thirdly, it presents a review of *critical* published evidence on the subject of psychologists' PI²³. The chapter will conclude by highlighting how evidence on psychologists' PI generated from the perspective of CP is scant; how ethnographies seem to be missing; how situated knowledge emerging from the Ecuadorian context was not found in literature; and how existing evidence seems to not have included ecological observations of professional-non-professional interactions in order to unpack the development of psychologists' PI during their training.

2.1 Critical psychology

Critical Psychology is not a single, static or unified field. According to Parker (2014) to provide a clear-cut definition of its scope is "actually unachievable" (Parker, 2015, p.1), due to a remarkable theoretical and practical diversity. CP may be better understood as "an intellectual and applied movement" (Prilleltensky & Stead, 2012, p. 323), a "practice" (Montero, 2010, p. 180) and a "perspective" which "comprises a wide range of critiques of mainstream psychology", proposing "new theories and methodologies" (Parker, 2014, p. 253). Critical psychologists emphasise critiques to psychology itself, or/and advocate for psychological – and cross-disciplinary - approaches that are critical in their ethos (Parker, 2015a, p. 2). Highlighting the field's diversity, Teo (2015) presents CP as an international movement that has produced different "global varieties", tackling different context-specific problems (p.244). Such varieties are informed by equally diverse social science traditions, including, but not limited to, Marxist and neo-Marxist (e.g. the Frankfurt School of Critical Theory; theology of liberation), Foucauldian, postcolonial and feminist literature. CP aspires to "change inequitable relationships of power and to transform the traditional understanding of the role of psychology and psychologists" (Austin & Prilleltensky, 2001, p. 78).

According to Teo (2015), there are, at least, four concepts that critical psychologists – regardless of their heterogeneity - are particularly interested in examining: the social embeddedness of subjectivity; psychologisation; reflexivity; and – crossing them all -

²³ Sources for sections 2.1 to 2.3 were selected purposively, and include both classic texts, and theoretical articles retrieved during the search for empirical evidence (see section 2.4, p. 35 for the process followed to conduct such search).

power. By *social embeddedness of subjectivity*, it is meant that “society, culture and history are interwoven with mental life” (p. 245); which also implies that “subjectivity needs to be analysed on the background of intersubjectivity” (p. 246). *Psychologisation* “refers to the processes through which psychological discourses (and practices) infuse and come to dominate knowledge about human beings and are stretched beyond their initial borders and intents (p. 256). *Reflexivity* points to the fact that psychologists “need to assess critically the reasons for the choices they make in the process of knowledge making and knowledge application”, as well as the role of “their own social characteristics” (p. 257).

The fourth concept is that of *power*. Through Foucauldian lenses, power is defined as “a productive network running through society” - inherently linked with knowledge and discourse - that determines “what is attended to, what is desirable to be done, and how people and fields of objects are to be understood, related to, organized, and controlled” (Yates, 2014, p. 1480). In contrast, and informed by Weber, Marx and Freire, Martín-Baró (1989) conceptualised power as the feature of social relationships based on “differential possession of resources, which enable some people to fulfil their personal or class interests, and to impose them over others” (p. 101). Montero (2010) emphasises the “relational” nature of power proposed by Serrano & Lòpez in the 1990s: power is understood differently by different people, and is exerted by both owners of resources, and those in need of those resources; different positions are “negotiated” during their social interactions (p. 181 – 182). Authors have argued that both Foucault’s and Martín-Baró’s takes on power are useful, to different extents, in different contexts (Campbell, 2013), agreeing that “power can be subjective and objective and that both are important” (Prilleltensky & Stead, 2012, p. 329). Power exists at an individual, interactive and collective level: “power is never political or psychological; it is always both” (Prilleltensky, 2008, p. 116):

If we define political power as consisting of decision-making authority based on access to money, media, culture, resources, connections, and position; and if we define psychological power as consisting of influence based on subjective dynamics such as fear and internalized oppression, we can easily see how political and psychological power interact (Prilleltensky & Stead, 2012, p. 329).

Concerned with these four concepts – social embeddedness of subjectivity, psychologisation, reflexivity and power -, critical psychologists agree - to different extents – on ten principles summarised by Parker (2015). The first five are critiques posed to hegemonic psychology due to: its instrumentalist objectification (and potential

dehumanisation) of subjects, its individualistic approach that neglects context, its positivist assumptions, its illusion of neutrality, and its neglect of reflexivity, resulting in a failure to unpack how the personal, the institutional and the political shape knowledge production. The second set of principles propose a transformation towards: bottom-up approaches and horizontal agenda-setting, culturally sensitive professionals; context-sensitive practice, acknowledging the role of history (e.g., colonialism) and culture; treating 'helped' communities as active, sense-making agents in specific ecologies; privileging the voice of helped communities, aiding them to transform their lives on their terms; and embodying a partnership between psychologists and local communities, linking their everyday life with wider political processes.

CP has representatives in many places, for example in Germany, where it emerged in the 1960s (Holzkamp, 1992, 2015); the UK (Burman, 2008; Parker, 2007); USA/Canada (Prilleltensky, 1997; Teo, 2015); South Africa (Hook, 2012); and Latin America (Barrero, 2017; Martín-Baró, 1986, 1998; Montero, 2004; Pavón-Cuéllar, 2017) . Such diversity results in academic debate regarding how to face contemporary challenges.

The PI of critical psychologists seems to result in more “denunciation” than “annunciation”, and of being “stuck” within universities instead of doing more work outside academia (Austin & Prilleltensky, 2001). This can result in a “a bias towards the more theoretical contributions” (Burton & Kagan, 2005, p. 67). Even in the theoretical realm there are challenges, as notions of oppression, power, agency and social change can be conceptualized differently. It has been argued that critical psychologists need to acknowledge that communities are not only oppressed and subjugated, but are also active subjects who conceptualise and perform agency and power in diverse, context-dependent ways (Montero, 2010; Prilleltensky, 2008). Campbell (2011) has categorised this matter as a debate of what constitutes social change, between “materialists” (informed mainly by Marxism and Freirean concepts) and “constructivists” (influenced mainly by Foucault and post-modern authors). She argues for contextualised, bottom-up research and practice, given that reality is “messy” and agency is exerted in diverse ways. Importantly, she suggests that in contexts of notorious economic deprivation, “materialist” approaches may be particularly useful.

Debates around the limitations of psychology – and of CP – to contribute to social change revolve around issues of reformism versus structural – “revolutionary” – transformation. Authors such as Parker (2007) are sceptical that psychology – or even CP if practiced by professionals with the identity of “psychologists” – can actually lead to

social transformation. Self-reflexive accounts by critical psychologists acknowledge these limitations: “many of us think that we are challenging the system when in fact we are not” (Prilleltensky & Stead, 2012, p. 334). Parker argues that truly challenging and transforming the system is a political task, and that psychologists

eventually will have to abandon their own separate academic and professional identity if they are to take the people they work with seriously. Psychology that pretends to have knowledge that can be “applied” to problems in what is imagined to be the “real world” actually adds to those problems. This psychology is not at all an alternative to politics, but functions as a form of politics that is tied to the agenda of its own disciplinary community. (Parker, 2015b, pp. 730–731)

In an equally sceptic take on psychology’s capacity to change structurally-shaped relationships of power, Walsh-Bowers & Gokani (2014) highlight that the only way to do this is through reflexivity and civil (not “professional”) political participation alongside those oppressed. If this is not accomplished, psychologists – including critical psychologists – should lower their aspirations:

Perhaps, then, all we can do as psychologists is to contribute to social reform and call it that, rather than inflate our attempts to make existing systems less oppressive, at least temporarily, with attributions of social justice and social transformation. In other words, let us accept the reformist limits of our labors (sic) insofar as we remain committed to conventional psychological theory, research, and professional roles and to the privileges of our social class (p.53)

The implication of these views for PI are significant. Both Parker, and Walsh & Bokani, suggest that a PI of being a “psychologist” is at best useful only for “reformist” work; and at worst, a way to perpetuate or worsen local problems that generate suffering via ideology. Moreover, Parker (2015) argues that for critical psychologists, “psychology is not our identity” (p. 262). We should then, disengage with conventional/hegemonic professional identities as psychologists; renounce the privileges of our social class (assuming we belong to a privileged social class) and take part in organised, political civic action. Other authors, while being critical towards hegemonic psychology, present a less radical position, and frame the limitations and shortcomings of psychology – and of CP – as challenges to be overcome, even if professionals keep the identity of “psychologist”.

Martín-Baró (1998), for example, argued that one could remain a psychologist – and even use conventional “scientific” theories and methods in a pluralist, contextualised and reflexive way – while at the same time fighting for structural transformation of power relationships. More recently, Fine (2012a), argued the challenge for CP is to rely on

“varied methodological traditions” in order to “theorize and document the social psychological dynamics of surviving, resisting, and transforming, with humanity, a global landscape scorched by voracious inequality gaps”, as well as “gathering up evidence that links the local to the global”; and to examine “how people make sense of their lives, identities, and relationships” (p. 435). Burman (2012). have argued that psychologists – including critical psychologists - should dialogue with other diverse disciplines and movements (e.g., feminism), as to analyse and find alternatives to epistemological and methodological deadlocks

CP’s challenges can generate new questions, and translate into more meaningful transformative practices. Austin & Prilleltensky (2001) argue that such challenges can be “constructively reframed in a search for praxis, construction, and community involvement” (p.79), operating at individual (micro), organisational (meso) and societal (macro) levels. At the individual level, they state, CP attempts to re-establish “respect in the relationships that exist between psychologists and citizens”; at a meso level, CP “challenges the mainstream discipline” of psychology; and at the macro level, CP “invites all social agents to be actively involved in creating a more equitable society. (p.78). How this is to be specifically accomplished in particular contexts, is not as clear as the theoretical and ethical arguments described so far.

2.2 Liberation Psychology

Liberation psychology is a variety of Critical Psychology which emerged in Latin America, fuelled by the political effervescence of the 1960s, and championed by priest and social psychologist Ignacio Martín-Baró in the 1980s. He was influenced by Latin American theology of liberation, and thus by Marxist and Freirean approaches to knowledge and transformative practical action. The aim of liberation psychology is “to analyse and transform personal and social oppression”, and thus, to avoid “reproducing” it (Moane, 2014, p. 1079). Liberation psychologists aspire to develop “a praxis based on making violence and its perpetrators visible” (Burton & Gómez, 2015, p. 353). They do not address only direct interpersonal violence, but, specially, violence rooted in structural and cultural-ideological forces (Farmer, 2004; Freire, 2005; Galtung, 2003). Liberation psychology shares the main standpoint of other varieties of CP (Parker, 2015a; Teo, 2015). However, Martín-Baró proposed specific ways to transform psychology; and proposed a set of key concepts.

Martin-Baró (1986) called for a transformation in psychology, which involved a “new horizon”, a “new epistemology”, and a “new praxis”. The *new horizon*: to stop worrying so intensely about psychology’s “scientific” legitimacy and to be of service to the majority of the local population, whose main problems – at least in Latin America - seemed to be economic and cultural “misery” and “oppression”. The *new epistemology*: to construct all psychological knowledge in a relativist and pluralist critical way – from the bottom-up – privileging the perspective of those “oppressed”. The “oppressed” have been defined as those who “suffer” from “carencias” (needs; deficiencies); those who have been “excluded” from social goods, social services and decision-making processes that concern them; and whose “voices” are not listened within society (Montero, 2004, p. 23). The *new praxis* argued by Martín-Baró (1986): renounce neutrality and – to some extent, “power” -, and engage in a “popular praxis”, this is, carry out practical action to transform society into a more “human” and “just” system. All of these have major implications for the development of PI, as they involve a particular way of *being* a psychologist.

Martin-Baró’s liberation psychology provides a number of key concepts of Freirean origin: limit situation, *conscientización*, problematization, and the recovery of historical memory. A *limit situation* is a situation “where violence and poverty place limits on opportunities and on consciousness itself” (Moane, 2014, p. 1080). The professional response to such type of situations, liberation psychology argues, should be *conscientización*, a concept referring to “a cyclical or developmental process of action and reflection, a process of efforts to bring about change and reflecting on what these efforts reveal about power structures” (Moane, 2014, p. 1080). In words of Freire (2005) himself, *conscientización* implies that “the people, through a true praxis, leave behind the status of objects to assume the status of historical subjects” (p. 160). To engage in *conscientización* requires problematization (or demystification) and the recovery of historical memory. *Problematización* refers to the processes of “posing questions that uncover or expose the ideologies that obscure power structures and inequalities” (Moane, 2014, p. 1080). As argued by Martin-Baró, such questions commonly tackle issues that are historically constructed, and thus, it is key to highlight such historical dimension when analysing contemporary oppression (Martín-Baró, 1986, 1998).

The legacy of Martin-Baró has been significant among critical scholars and practitioners worldwide. However, they may or may not explicitly claim to be “liberation psychologists”. As Burton & Kagan (2005) stress, “it is unlikely that anyone would claim to be a ‘liberation psychologist’, such a title sounding both pompous and pre-judgmental

of the consequences of one's work" (p.67). Despite of this, liberation psychology has influenced many critical scholars and practitioners, including community psychologists (Montero & Sonn, 2013; Montero, Sonn, & Burton, 2017), macrocultural psychologists (Ratner, 2009, 2014, 2015) and feminist psychologists (Lykes & Moane, 2009), among others. Despite – or because of – its influence, liberation psychology is also a matter of debate, mostly around the same challenges faced by all varieties of CP (see previous subsection).

An example of these is the critique made by Ratner (2015), who claims some work self-declared as "liberation psychology" has drifted away from Martín-Baró's original formulations, and kept silence on fundamental forces of oppression: capitalism, colonialism, corporate corruption and ideology (p.65). He argues that Martín-Baró interpreted "macro" processes to be more "fundamental" than "micro" processes (p. 73). Also radically critical, Parker (2015b) have denounced how self-declared "liberating" versions of critical community psychology can eventually perform as conventional psychology and idealise communities and their identities, shaped by the influence of figures such as Freire and Martín-Baró, mainly "in virtue of their spiritual or shamanic status" (p. 128). He argues that the work of Martín-Baró can commonly be "formalised and incorporated into conservative `community psychology'" (Parker, 2007, p. 164).

Other authors have highlighted how being "oppressed" or "liberated" - or "empowered" - do not have fixed meanings, being both "personal" and "political" (Prilleltensky, 2008, p. 116). Sonn & Fisher (2003), argue there are different ways through which "people perceive and experience oppression in their daily contexts" (p. 126), shaping a situated "continuum of oppression" (p.127). Thus, it is not a matter of binary poles, but a more complex phenomenon in which one can be oppressor and oppressed to different degrees in different circumstances (Prilleltensky, 2008). For example, when one situates oneself in "cultural inbetweenity" – a concept Sonn & Fischer (2003) take from Bulhan – referring to "a zone where dominant and dominated cultures interact and mutually influence each other" (p. 120). If we take this idea seriously, a psychologist can be both oppressor and oppressed. For example, oppressed by neoliberalism and psychologisation, but also utilising these to oppress communities of non-psychologists.

Similarly, to other varieties of CP (see previous subsection), liberation psychology can frame its limitations and debates in terms of challenges. Burton & Gómez (2015), for example, argue that liberation psychologists need to adapt to global and local cooperation against neoliberal globalisation; recognise the interplay among different

kinds of oppression; understand and engage in new formats of resistance; sort out the obstacles of being translators between different social sectors and dealing with top-down initiatives imposed by the State; disseminating literature internationally; and minimising the risks of getting hurt or killed after affecting the interests of powerful groups.

A key part of these challenges, is to – simultaneously – nourish opposition to capitalist exploitation, and “developing viable support systems”, both for the “oppressed” and for professionals themselves (Burton & Kagan, 2005, p. 74). Liberation psychologists need “to be, to do and to think among those whom we seek to understand” (Lykes, 2000, p. 394); and to connect “the psychological with the political, economic, ecological, and cultural in a way that truly creates new knowledge and strategies for resisting” (Burton & Gómez, 2015, p. 353). Just as other varieties within CP, liberation psychology addresses PI mainly in the context of discourses of transforming – sometimes radically – the traditional roles of what it means to be a psychologist. This, as Martín-Baró (1986) stressed, requires a “personal” transformation.

2.3 Professional identity from a critical perspective

2.3.1 *Defining professional identity*

Identity is a classical concept within the social sciences. It can be understood through formulations derived from hegemonic, experimental social psychology (Tajfel, 1981); symbolic interactionism (Stryker, 2000, 2004, 2007); the notion of intersectionality (Cho, Crenshaw, & Mccall, 2013; Rosenthal, 2016); or conceptualised as being fluid and unstable, in the context of contemporary societies shaped by globalisation and consumption (Bauman, 2005), among others. Based on the notion of *social embeddedness of subjectivity* (Teo, 2015), it is possible to understand identity - in interactionist and structurally-aware terms – as “internalized role expectations” shaped by “a position in an organized set of social relationships” (Stryker, 2007, p. 1084). As highlighted by the concept of “intersectionality”, such internalised role expectations involve “dynamics of difference and sameness” determined by multiple, intersecting “axes of power” around gender and race, among others identities (Cho et al., 2013, p. 787).

In general terms, *PI* is understood as being the result of *professional socialization*: learning the knowledge and skills associated with certain profession or organization, and “adopting the values, norms, and culture of that profession or organization” (Smith

& Hatmaker, 2010, p. 546). CP challenges the values, norms and culture of hegemonic psychology, and thus, questions the socialization processes within the profession. Professions - from a cultural psychology perspective that considers both power and social context – can be understood as

frames of meaning (some of them, such as psychology, rely on disciplinary frameworks), but, most important, they are repositories of socially sanctioned practices (and artifacts) often enacted in the context of institutionalized systems of activity (e.g., hospital wards, organizational settings, community organizations, educational institutions). Professional worlds are usually ordered in tiers of expertise, with complex relations of power that are the result of expert performance and positionings within particular activity systems (Larreamendy-Joerns, 2013, p. 172).

In the case of psychology, these professional “experts” can be defined – from a Foucauldian approach – as “a corps of trained and credentialed persons claiming special competence in the administration of persons and interpersonal relations, and a body of techniques and procedures claiming to make possible the rational and human management of human resources” (Rose, 1996, p. 11).

A conventional definition of *PI* understands it as: “the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role” (Ibarra, 1999, cited by Smith & Hatmaker, 2010, pp.547). CP questions such constellation, as it exists within hegemonic psychology, and also frames PI not as an individual self-definition alone, but as an intersubjective and contextual construction. From a critical perspective, Callaghan (2014) highlights how becoming a professional is associated with moral codes; achieving a higher social status; perceiving oneself as positively contributing to society; and being perceived by the public as doing a special type of “professional” work. Thus, the development of PI “must always be seen as occurring within a broader social and political context” (Callaghan, 2014, p. 1510). In Latin America, for example, it was argued that most psychologists have been “servile” and “dependant” when framing local problems, focus on appearing as scientists while disengaging with the needs of the “oppressed” majority (Martín-Baró, 1986, 1998).

A critical approach understands psychologists’ PI as shaped by the interplay between structure and agency. A dialogue with some forms of symbolic interactionism and role theory are valuable here. For example, the notion that one learns a role through socialization, then plays it, and then- ideally - the role is creatively reshaped, avoiding mechanistic and unhealthy cultural reproduction (Moreno, 1946). While psychologist’s

roles and PI is expected to develop in this way, there may be structural factors that limit their creative agency and influence the type of intersubjective meanings and identities they construct; for example, class, race-ethnicity, gender and the geographical limits of their social interaction (Stryker, 2000, 2003, 2007; Stryker, Serpe, & Hunt, 2005). A critical psychologist would stress how this is a matter of power, in both Foucault's and Martin-Baró's understanding of the concept. There are meanings that are normatively hegemonic, embodied in discourses; and there are social groups (e.g., State representatives; international and national organisations and business; university managers and lecturers; publishing companies; media corporations) who either impose their meanings to others, or determine the frames within which meaning negotiation is allowed or not. What it means to be a psychologist is, thus, shaped by power.

It is in this social context of agency-structure dynamics and power relationships where psychologists develop and negotiate their identities. Their need to gather capital – material, symbolic, cultural, social (Bourdieu, 1988, 1990) – is expected to shape such process, valuing certain identities over others. Psychologists eventually will struggle with an “adjust-challenge dilemma” regarding the use of their power (Prilleltensky & Stead, 2012): they can either: adjust to an oppressive system, without challenging it; challenging it, but do not adjust; neither adjust nor challenge it; or, adjust, while challenging it at the same time. Because comply is easier than risking negative consequences for oneself, adjusting without challenging “might very well be the default stance.” (p. 334). Most psychology students learn that “there are questions they must not ask about their own experience and motivations” (Parker, 2007, p. 27). Numerous trainees and practitioners comply with the system (i.e. the university; hegemonic psychology; the wider political-economic-cultural structure) as a result of acritical cultural reproduction, or to avoid symbolic and material punishment. Power, again, plays a key role.

In fact, power itself contributes to the development of identity. This idea is argued by Prilleltensky (2008), who reflects on psychopolitical validity: the awareness of the role of power in knowledge production and practical action. Professional psychologists – as communities – have diverse forms of power, and such “power affords people multiple identities as individuals seeking wellness, engaging in oppression, or resisting domination” (p.119). Thus, the nature of identity is “multifaceted” (p. 118), although there seems to be scant situated research by critical psychologists on how the multifaceted identities constructed by psychologists' play out in the context of their training and practice. Prilleltensky (2008) uses the term “dual identity” to refer to the

potential of “being an oppressor and an oppressed person at the same time” (p.118) - which of course may apply to psychology trainees –, while claiming that researchers have paid little attention to such notion.

2.3.2 Professional identity, psychologisation and coloniality

Liberation psychology emerged in Latin America, to a significant extent, “as an attempt to reform psychological praxis in relation to the fundamental questions of colonization and decolonization” (Burton & Gómez, 2015, p. 348). Liberation psychologists commonly examine economic, political and historical-cultural constraints to agency, “many of which have their origins in histories of colonization and continue through global multinational and capitalist structures” (Moane, 2014, pp. 1079–1080). In fact, one of the challenges for liberation psychology is “gathering up evidence that links the local to the global” (Fine, 2012a, p. 435).

Coloniality is a conceptual and analytical category to examine the perpetuation of a colonial logic in our contemporary world (Mignolo, 2017; Quijano, 2000). The term “refers to the Colonial Matrix of Power”, which is understood as “a structure of management”, which “controls and touches upon all aspects and trajectories of our lives” (Mignolo, 2017, p. 40). Mignolo argues that, despite historical changes in rhetoric, there is a single “colonial logic” which configures such ever-present structure of management, shaping intercultural relationships across and within empires, nation-states and colonized (and formerly colonised) territories and minds since the 16th century to date (see chapter 1, for the case of Ecuador). He certainly frames “coloniality” as a concept referring to a negative phenomenon. In words of Mignolo (2017), it is “a virus” that “infects our minds and makes us ‘see’ what the rhetoric of Western modernity wants us to see” (p. 39). In the case of psychology training, this may refer to the exploration of how western psychology may have, in Mignolo’s dramatic terms, “infected” the minds of trainees, and through them – and through other mechanisms of psychologisation – the minds of the wider population.

The colonial logic described by Mignolo involves three interlinked forms of coloniality: the coloniality of power, of knowledge, and of being (Adams & Estrada-Villalta, 2017; Adams, Estrada-Villalta, & Gómez, 2017; Mignolo, 2007, 2017; Quijano, 2000). The coloniality of *power* refers to the colonial matrix of power itself, built historically through the control of economy, authority; gender and sexuality; knowledge and subjectivity. The coloniality of *knowledge* refers to the social construction of reality – through

globalized and privileged western knowledge – that reflects and perpetuates the racist and individualist world order that emerged from colonialism. Finally, the coloniality of *being* refers to how colonialism enabled the emergence of modern individualism and of modern “mentalities” that reproduce colonial violence, for example through western intellectual imperialism.

Regardless of its apparent neutrality and objectivity, the hegemonic practice of psychologists may result in violence. They impose western ways of knowledge and being that are considered to be the “global standard, often regardless of its fit for local ecology” (Adams et al., 2017, p. 14). These professionals engage in *epistemicide* – the destruction of non-hegemonic knowledge (Santos, 2014) –, resulting in numerous communities worldwide – including Ecuadorians – being “codified through psychological vocabularies as in need of ‘improvement’” (Klein & Mills, 2017, pp. 10–11). This is particularly true if they do not fit the western standard of WEIRD societies: western, educated, industrial, rich and (supposedly) democratic (Adams et al., 2017) When this occurs, people are pathologised by WEIRD psychology²⁴. The coloniality of psychology, for example, promotes individualism and independence, while pathologising collectivism and interdependence. This may result in increasing inequality, loss of cultural diversity via globalization, and environmental destruction.

This imposition of a western “golden standard” embodied in hegemonic psychology co-constitutes psychologisation. Psychologisation refers to a process “by which psy-knowledge becomes dispersed and globalised” (Klein & Mills, 2017, p. 1991). It can be defined as “psychological vocabulary and psychological explanatory schemes entering fields which are supposed not to belong to the traditional theoretical and practical terrains of psychology” (de Vos, 2012, p. 1). Psychologisation has long reached the Global South. For example, through calls from the Global Mental Health Movement to “scale up” standardised western psychological and psychiatric diagnoses and interventions worldwide (Patel, 2012), guided by a paradigm of evidence-based interventions that understands evidence fundamentally in statistical terms. Many critical scholars and practitioners have opposed such agenda, on epistemological and ethical bases (Bracken et al., 2012; Bracken, Giller, & Summerfield, 2016; Jadhav, 1995; Jadhav, Jain, Kannuri, Bayetti, & Barua, 2015; Jain & Jadhav, 2009; Mills, 2013; Summerfield, 2001, 2012). More recently, it is not only “psy” knowledge which has been globalised, but “neuro” knowledge as well (De Vos, 2015; Rose & Abi-Rached, 2013).

²⁴ Throughout the thesis, I will use the term “WEIRD psychology” to refer to knowledge produced in this type of societies, focused on such type of standards.

The political project in response to coloniality is that of decolonisation. Such project echoes diverse voices from around the world, including Latin America (e.g., Bautista, 2012; Medina, 2015; Mignolo, 2017; Palermo, 2012; Quijano, 2000; Walsh, 2014). “Decolonizing” psychology training would enable the ideal construction of an equally “decolonized” PI. Professionals would need to move from the “virtuous aesthetics” of conferences and papers, into the “messy pragmatics” that comes with being “socially responsible” (Pillay, 2017, p. 139). We would need to be utterly reflexive: “decolonising ourselves by recognising how we have all been affected by colonisation” (Dudgeon & Walker, 2015, p. 291). Yet – as with Freire and Martin-Baro’s calls for “personal transformation” and “rebirth” among professionals - actually recognising this, let alone, effectively transforming our PI and practice, is quite challenging. “Decolonisation” may be used as “an evocative and provocative term that leads us into murky waters that very few psychologists authentically engage in” (Pillay, 2017, p. 136).

Decolonising psychology training, for example, is made difficult by existing structures of social control that sustain the status quo and punish dissent and “dangerous” critical thinking, as illustrated in cases from Australia (Dudgeon, Bray, Costa, & Walker, 2017; Dudgeon & Walker, 2015); South Africa (Nwoye, 2017); and Palestine (Rachael Fox, 2017; Makkawi, 2017), among others. It seems that the question of decolonising psychology – and psychology training- “seems a subsection of the more depressing question of whether or not we can decolonize society” (Pillay, 2017, p. 136). There is, however, some room for intellectual and practical efforts towards decolonisation, as long as we avoid idealising and romanticising “precolonial realities” (Teo, 2015, p. 249), and do not oversimplify or underestimate the long and hard process of decolonisation itself (Carolissen et al., 2017).

In an insightful editorial, Pillay (2017) points out a particular alternative. Based on Haraway’s metaphor of “cracks” in structures of power that seem impossible to change, Pillay urges us to widen such cracks by making small performative changes. This, he argues, “is a “pragmatic theory of change, relying on our willingness and ability to amplify short-term resistances and *do things differently*” (p. 136). This may require to “scrutinise” and “crack” our ways of “being and doing psychology” (p. 139). He provides an initial agenda to do this: to critically unpack psychology’s curriculums; research agendas; criteria for selecting trainees and hiring professionals; professional interventions; and professional attitudes and discourses about the profession (p. 139). The PI of psychologists as constructing during training plays a key role:

What is being taught? Why is it being taught? How it is being taught? Who is teaching it? What is the purpose of teaching it? How is competence being examined? Is there is a hidden curriculum (sic)? This includes continuous professional development activities. If the symbol of a postcolonial fortress is taken literally, it is a university (Pillay, 2017, p. 139).

Until enough psychologists are willing, able and allowed to do this, coloniality will continue to shape their professional identities and performances, without them being aware of it. One of the effects of coloniality and psychologisation in the PI developed by psychology trainees is their potential self-representation as benevolent and altruist missionaries. They may see themselves as psy - activists that will teach non-psychologist how to *be* and what type of *knowledge* to believe in. From a decolonial perspective, Mills (2013) have examined this issue in relation to the globalization of western psychiatry. Just as it occurs with psychiatry in India, psychology may be used in Ecuador “to legitimise colonization in the name of progress, and as a rational scientific knowledge that would decrease the suffering of the ‘natives’” (Mills, 2013, p.68).

However, in many cases, the result is nocive. Just as with psychiatry, what may be occurring is actually “violence that is reconfigured as ‘essential treatment’” (Mills, 2013, p. 11); thus, justified “in the name of protection” (p. 93): a banal “violence with a ‘civilizing mission’” (p. 106). In the minds of psychology trainees, they are becoming helpers, generous altruists that will take locals out of their ignorance with their expertise, as to decrease their suffering. They probably see themselves as contributing to “the greater social good” (Callaghan, 2014, p. 1510) while being little reflexive on their potential roles as oppressors (Prilleltensky, 2008). This has implications on the way professionals help local communities through psy-expertise: they may do so by any means necessary, even if this involves cultural insensitivity, epistemicide or ideological aid to economic and cultural oppression.

2.3.3 Professional identity and interactions with “the community”

The previous subsections have discussed psychologists’ PI as socially embedded, this is, contextualized, intersubjective, dual and multifacetic; and shaped by coloniality and psychologisation, for example, through a self-representation as altruist and benevolent “missionaries”. These arguments take us to one last, key consideration to examine PI from the perspective of CP: the role of professional-non-professional interactions. This is a crucial topic, especially, yet not exclusively, in community psychology. Although this section will not review the abundant published literature on experiences where

community psychologists interact with local populations, it will address the core conceptualisation of how both communities – the professional and the popular – do, and should, interact, based on inputs from the original formulation that inspired Martín-Baró's liberation psychology.

There is not an absolute consensus regarding the meaning of the term "community". Communities can be defined based on three main, non-exclusive criteria (Loomis, 2014): geographical (e.g. living in the same area); relational (e.g. sharing certain activity regularly); and political (e.g. being activists on causes linked to class, race-ethnicity or gender, among others). Overall, a community refers to a group of individuals, commonly believed to hold certain shared identity, beliefs, norms and values. In some contexts – and Ecuador seems to be one of them – psychologists may use the term "community" to refer to oppressed population, as to avoid discussing and facing issues of privilege (Loomis, 2014). Insights from other social disciplines remind us that terms such as "oppressed", "marginal", "vulnerable", etc., actually refer to heterogeneous communities, historically and structurally "relegated", where multiple groups and identities co-exist (Wacquant, 2016).

Psychology of liberation was fundamentally influenced by the seminal work of Freire (2005) from the 1960s-70s. Freire's theory and method to engage with communities had significant implications for PI. Being a "radical" approach, it required that professionals who were "serious" about their commitment to oppressed communities to engage in an ontological transformation: a "conversion to the people", which "requires a profound rebirth", a "new form of existence" (p.61). Professionals committed to the "liberation" of "oppressed" communities – which Freire commonly addressed as "the people" – should develop "comradeship" with them (p.61) and should not aim to persuade them of any agenda, but to "liberate, and be liberated, with the people" (p. 95). Constant reflexivity is expected, as is the coherency between self-declared liberating aspirations, and the ability to enter "into communion with the people" (p.61). Failing to achieve such coherence results in the liberation-seeking professional being "grievously self-deceived" (p. 61). Psychologists who takes Freire's call seriously would be rather alien to the traditional role and identity of a mainstream psychologist.

Freire's theory of "dialogical action" involved a *dialogue* between professionals – or other educators - and "oppressed" communities, which was informed by, and also derived in, practical *action*. According to Freire (2005), professionals would engage in radical "cultural action", expected to be "liberating" (p. 107), as they needed to – via

conscientización - help “to clarify to the oppressed the objective situation which binds them to the oppressors, visible or not” (p. 175). Cultural actions should include the entire community, promoting ecological and critical thinking that links their issues with that of other communities and of the broader national and regional context, promoting “the unity of the oppressed as a class” (p.143). Professionals should “dialogue with the people about their actions” (p. 53), “trust” them, and “fight by their side” (p. 39). When trying to understand their problems, professionals should “include the people as investigators in the search for their own meaningful thematics” (p. 106), and also give them “an opportunity to hear and criticize the thought of intellectuals” (p.122).

In contrast, professionals should avoid cultural actions that generate or perpetuate oppression. For example, by framing people as being “ignorant” and only fit for “receiving the teachings of the professionals” (p. 156), passively incorporating content in what Freire termed “banking education”, instead of collective “problem-solving”; being unreflexively “naïve” or manipulative, not really helping people, but giving them “the impression that they are being helped” (p. 141); rhetorically engaging in “ineffective ‘blah’”, or uncritically performing a “mechanistic activism” (p. 175). Great care must be taken when considering local worldviews, needs and resources, as “one cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding” (Freire, 2005, p. 95). He added more notes of caution when interacting with “the people”:

We must never merely discourse on the present situation, must never provide the people with programs which have little or nothing to do with their own preoccupations, doubts, hopes, and fears— programs which at times in fact increase the fears of the oppressed consciousness. It is not our role to speak to the people about our own view of the world, nor to attempt to impose that view on them, but rather to dialogue with the people about their view and ours. We must realize that their view of the world, manifested variously in their action, reflects their situation in the world (Freire, 2005, p. 96).

Presently, many critical community psychologists attempt to honour Freire’s legacy regarding professional engagement with communities categorised as “vulnerable” or “marginalised”, among other adjectives. This commonly translates into calls for mutual “participation and engagement” (e.g., Montero, 2004, 2010) and “partnerships” based on reciprocity and mutual trust (e.g., Burton & Kagan, 2005; Campbell & Cornish, 2014). However, there are also critical debates around the contemporary community psychology approach to professional-popular interactions.

Some of these refers to the inclusion of “community psychology” agendas within psychology training in the form of “Community-Based Learning” (CBL):

community-based learning is conducive to supporting learning in community psychology through enabling the development of anti-oppressive community practice, but it also has the potential to be corrosive by supporting neoliberal and managerial interests through its promotion of the employability agenda. In this sense, CBL places divergent pressures on the student: to challenge orthodoxy and yet comply and perpetuate it. CBL has potential value for all those involved, but in the absence of any identifiable coherent theoretical basis, it is exposed to pragmatic and institutional demands that threaten to make it complicit with neoliberal agendas of simultaneously skilling and de-skilling graduate workers. CBL can, for example, help to skill graduates as servile managers yet deskill them as autonomous professionals; maintain the status quo, it might position problems of inequality as individual deficits or disorders and thus pathologise the individual; and deliver an educational ‘product’ demanded by ‘consumers’, including students and employers (Hart & Akhurst, 2017, p. 13)

Fryer & Duckett (2014) make similar critiques around “power” with a focus on some professional community psychologists, including, but not exclusively, those who are more influenced by the USA than the Latin American legacy. They argue that many of them frame community members as “experts” based on their “lived experience”, in ways that may reproduce violence and neglect the role of power. The authors claim that “the ‘community member expertise’ is as problematically constituted by dominant oppressive discourses as any other form of expertise, and ‘lived experience’ is a consequence of constituting discourses rather than an authentic site for contesting them” (p.286). Similarly, as community psychologists seek to “gain access” to the people (e.g., through local “leaders”) and secure research outcomes expected by funders, they can reproduce hidden “patters of violence” (p.287). This may be linked to an engagement with power that is “often uncritical, despite claims of the contrary” (p.286). When operating in this way, community psychology constitutes nothing more than “a re-inscription of a superficially liberalized version of the mainstream psy-complex” (Fryer & Fox, 2015, p. 151). Moreover, commonly there are “objective differences between the professional middle class and the excluded” (Burton & Kagan, 2005, p. 74).

In the midst of these attenuating subjective and contextual circumstances shaped by power, many trainees and psychologists may - willingly or inadvertently- ignore Freire’s and Martin-Baró,s radical call for transforming their PI. To “convert” to the people, be “reborn”, develop a “new form of existence”, link one’s liberation” to that of “the people”,

and transforming psychology by making a “personal” transformation is by no means a simple, mechanic or easy task.

Freire (2005) claimed that professionals offering their “dialogue” to communities is “neither a concession nor a gift, much less a tactic to be used for domination” (p.137). For him, professional intervention was not based on charity or unilateral altruism expressed as gift-giving, but was a constituent right, part of what makes us human through “encountering” each other: “dialogue, as the encounter among men²⁵ to “name” the world, is a fundamental precondition for their true humanization (p.137). A professional – popular exchange of Freirean inspiration, thus, would need to be based on the political notion of rights, and the deeper, philosophical notion of humanising encounters.

2.4 Review of published evidence

The previous subsections reviewed how psychologists’ PI is conceptualised from the perspective of CP, with a focus on the tradition known as liberation psychology. It concluded that PI is understood as being socially embedded – which includes a notion of intersubjective, multiple and multifaceted identities -; shaped by coloniality and psychologisation – for example, through psychologists globalising WEIRD standards regarding being and knowing, perceiving themselves as altruist and benevolent “missionaries”; and that PI shapes and is shaped by professional – popular interactions, which – in Freire’s and Martín-Baró’s legacy – requires a rather challenging deep transformation in PI, as to respectfully dialogue, trust and change our shared social realities in joint efforts with local communities. The present section will move from the theoretical and ethical-political arguments to review published evidence, answering the question: *What evidence on the subject of professional identity (PI) have been published within the perspective of CP?* I will illustrate how such subject has been under-researched from a critical perspective.

Within CP, there seems to exist a notorious disproportion between published “evidence” and valuable armchair arguments around theory and ethics. As put by Burton & Kagan (2005) when discussing liberation psychology: “in published work there is something of a bias towards the more theoretical contributions” (p. 67), and, in the context of Latin America, “there is not a great deal of original new work being done” (p. 74). How psychologists’ PI is constructed during training has been notoriously under-researched

²⁵ Men, women and other gender identities.

by critical psychologists, and the development of their professional “role” remains underexplored (Moane, 2003, p. 100). With the exception of Callaghan’s study (Callaghan, 2008), previous empirical work on the specific subject of psychologist’s PI is not explicitly referenced in key critical encyclopaedias (Callaghan, 2014), nor included in chapters explicitly focused on PI (Parker, 2015a, Teo, 2014). Even authors that do not declare to be “critical” or “liberation” psychologists seem to agree that subjects related to, for example, reasons for professionalization, remain under-researched (Pillay, Bundhoo, Ngcobo, Bundhoo, & Mauritian, 2008, p. 355). Moreover, psychology is either marginal, or – most commonly - absent from the scant existing literature reviews on PI (Bayetti, Jadhav & Deshpande, 2017; Cardoso, Batista, & Graça, 2014; Mrdjenovich & Moore, 2004; Trede, Macklin, & Bridges, 2012).

What follows is a review of evidence, yet what constitutes evidence is contested. A positivist evidence-based model within psychology prioritises experimental findings over any other form of evidence to guide training and practice (Leffler, Jackson, West, McCarty, & Atkins, 2013). In contrast, feminist critical psychologists (Fine, 2012b) – as other scholars - have make calls to “reclaim evidence”, by, for instance considering as “evidence” the data gathered after the researcher “document the sprawling historic and contemporary stretches of injustice and contestation; the circuits that link privilege and marginality; structures, histories and lives; dispossession and resistance” (p. 14). The following review of evidence will be carried out from such lenses. It will prioritize studies that have *explicitly* documented psychologist’s PI *from a critical standpoint* based on primary data; considering situated voices and practices of at least one group of psychology trainees; with enough cultural validity, this is theories and methods responsive to local meanings and needs (Jadhav, 2009); and some form of psychopolitical validity, this is, at least some consideration of power (Prilleltensky, 2008).

The search for evidence was conducted through preliminary searches (2014 – 2017) and a definitive, final search which is presented here (January- March 2018). Searched databases were: Scopus; Web of Science (Core Collection; Scielo index); Ovid (Psychinfo); ProQuest (PRISMA, ProquestCetral: Latin America & Iberia, Psychology; Proquest Social Science Premium collection: IBSS, education, social science, sociology, Dissertation and Thesis); and Google Scholar. Time range was 1986²⁶ – 2018. I read titles and abstracts of pre-selected sources (over 2400 aggregated hits),

²⁶ Date of publication of a seminal paper for Liberation Psychology (Martín-Baró, 1986).

and then full-texts to refine the selection, based on the critical perspective of their authors (107 hits). Search terms were: “critical psychology”, “liberation psychology” or “psychology of liberation”, paired (AND) with “professional identity”, “psychologists”, “becoming”, “professionalization”, “professional culture”, “professional enculturation”, “professional acculturation”, “professional organization”, “higher education”, “training”, or “community”. Search terms were adapted to each platform, and used both in English and Spanish (sources from other languages were excluded). After dismissing duplicates, and adding or removing sources based on specificity of the subject and critical approach, 26 publications were selected for a full review.

Reflexive autobiographical, anecdotal and/or theoretically-morally driven accounts do not fit in the inclusion criteria and have obvious limitations regarding number of participants. Thus, there are not fully reviewed here (Alvarez, Blume, Cervantes, & Thomas, 2009; Athanasiades, 2008; Baker, 2009; Castro, 2015; Cerezo, Burt, O’Neil, Serdarevic, & Marchand, 2007; Comas-Díaz, 2005, 2010; Cressy, Harrick, & Fuehrer, 2002; Danziger, 2009; Delgado-Romero, Unkefer, Capielo, & Crowell, 2017; Dudley, 2017; Lindorfer, 2009; Muñoz-Proto & Devoto-Lyon, 2015; Norsworthy & College, 2017; Parker, 2015b; Sonn, 2013; White & Dotson, 2010). However, their value to illustrate the social embeddedness of PI is acknowledged. In fact, their heterogeneous narratives highlight how PI involves a particular, structurally contained *process*, and thus, examinations of PI need to be situated, considering the *specific context* where *specific subjects* become psychologists.

The 26 sources selected for a full review are organized into two groups: evidence from international studies; and evidence from Latin America. This selection included sources with diverse degrees of “critical” approaches to their subject.

2.4.1 Evidence from international studies

The search results regarding international critical studies around psychologist’s PI as developed during their training was revealing. The few explicitly critical studies on this specific subject were scant, apparently concentrated in cases from South African Universities (Callaghan, 2003, 2005, 2006, 2008, 2012, 2014; Kottler & Swartz, 2004).

In this African country - both multicultural and unequal -, it has been argued that western psychology training models are inadequate, while potentially making trainees feel “alienated” due to their class, race or gender identity. Kottler & Swartz (2004) reached this conclusion after they reflexively analysed formal and informal data

gathered from clinical psychology master students over three years. They interpreted training as involving “rites of passage”, each with practical and emotional adjustments. First, students’ PI is challenged by conflicting epistemologies, theories, methods and contexts of practice; then, their position is ambiguous, as they engage in pre professional practice while still being students; and finally, they gain competence and social status when they get paid as interns. Years later, Jane Callaghan (2008) engaged in a critical, data-driven, more specific exploration of psychologists’ PI as developed during their training.

She drew from a Foucauldian, postcolonial and feminist approach to examine the discourse of female psychology trainees (Callaghan, 2003, 2005, 2006, 2008, 2012, 2014). During a period of three years, she conducted interviews - mainly through focus groups - with 26 master trainees on clinical, counselling and educational psychology from four South African Universities (three historically white; one historically black). She further explored – some of which had already been suggested by Kottler & Swartz (2004) - arguing that training requires from students a “passive, unchallenging identity” , which is “policed” through academic and professional activities, interactions with staff, the power to grant or not professional credentials, and the labelling of those who challenge hegemonic PI as being “pathological or immature” (Callaghan, 2006, p. 129).

Her research found asymmetrical power relationships between academic staff and trainees, the latter being demanded to develop their PI as a form of self-management according to imposed normative codes and role expectations (Callaghan, 2008). In this context, students concluded they needed to “play the game” of performing as professionals, which requires to avoid expressing critical positions, and to relegate “personal” and “political” dimensions of identity. Such power dynamics resulted in critical arguments being “marginalised” or “ghettoised”, this is, relegated to the sphere of either private conversation with peers, or peripheral discussions in the context of “critical” and “community” psychology. “Soft” psychology – mainstream practice with white population – was differentiated by trainees from “hard” psychology: more difficult engagement with “the people”, black population in “the community”, with more pervasive social problems.

She later reflected on these findings. Development of psychologists’ PI “requires that we navigate a series of tensions between subject and object, professional and personal, and professional and political” (Callaghan, 2014, p. 1512). Trainees’ process of professional socialisation “constructs them both as neutral professionals and as

depoliticized and depersonalized individuals” (p. 1512). This construction follows certain normative criteria:

The identity of “the professional” is constructed discursively in the dualistic notion of professional vs. nonprofessional. In adopting the identity of “professional,” it becomes necessary to abandon a range of other subject positions (the “nonprofessional”), which are regarded as incompatible with the requirements of professionalism. (Callaghan, 2014, pp. 1512–1513).

She also concluded that trainees - inadvertently – reinforced the idea of such depoliticized and impersonal PI. In Fanon’s terms, Callaghan (2008) interpreted that students may have been adopting the language of the “oppressor” (i.e. academic staff as agents of psychologisation), and thus, participating in the very mechanisms that kept their personal and political dimensions of identity detached from their professional selves.

Callaghan’s research seems to stand alone as one of the most coherent attempts to conduct long-term qualitative research specific to psychologist’s PI during training, specifically and explicitly from the perspective of CP. However, given the notoriously scant studies that are specific to the subject and perspective of this thesis, there are a few selected additional sources – with diverse degrees in their critical consideration of power - that are worth reviewing (Castro-Tejerina, 2014; Estrella, 2009; Hinojosa & Carney, 2016; Kullasepp, 2006, 2008, 2011, 2014; Perrotta, 2006).

In Estonia, Kullasepp undertook an interesting longitudinal qualitative study on how psychology students construct their identities during their undergraduate and postgraduate years (Kullasepp, 2006, 2008, 2011, 2014; Watzlawik & Kullasepp, 2016). A small group of participants voluntarily engaged in the study; 13 of them finished a 45-month follow-up. Informed by semiotic cultural psychology (Valsiner, 2014) and dialogical self theory (Hermans, 2015), and based on interview material, she concluded individuals were not socialized *into* their professional role by curriculum alone, but *through diverse encounters in different contexts* linked with such professional role. For example, students felt obliged to listen to people when they talk about their problems, even in informal settings. Friends and family perceived students as experts, something that sometimes caused tension. Their main transformation – both in skills and “personality” – related to a certain orientation to the “Other” and prosocial tendency, that *each trainee developed in their own way*. Overall, the author concludes that the role of a psychologist is constructed socially, but has strong personal implications in the way it is internalised and performed. She argues that becoming a psychologist is a dialogical

process – involving individual and social influences - and thus, that PI cannot be studied in isolation.

Two studies around trainees' PI were conducted in Mediterranean countries. In Italy, Perrotta (2006) selected 239 internet posts focused on a critical examination of PI within an online forum for psychology students (although practitioners also participated). Relying on Bourdieu's theory of capital, the study concluded that PI is developed as a result of a constructed hierarchy of values and practices within specific fields (i.e. professional psychology; institutions associated with it); and negotiations around what forms of capital are necessary to obtain social recognition, power and success (i.e. biomedical language). A relatively similar method was used in Spain by Castro-tejerina (2014), who examined how identity process operated in a group of first-year psychology students in Spain who were challenged into integrating rather conflicting values. He analysed their interactions on an internet forum regarding the use of religious symbols in public schools, and found that students were unable to reflexively reconcile their moral views as citizens, and their professional selves as objective, neutral quasi-psychologists.

Some studies from the USA have addressed how "latino" students negotiate their class and cultural identities during training. For example, the PhD thesis by Estrella (2009) examined the narrative of 10 psychology trainees from low-income backgrounds. She concluded that their class identity was interlinked with other characteristics (e.g., place of birth, gender, race), and highlighted the upward social mobility that comes with professionalization. Low-income trainees can be more empathetic to low-income patients, but can also experience "class wounds" leading to "class-based transference and countertransference". Years later, Hinojosa & Carney (2016) analysed the narrative of five counselling doctorates. Their conclusion: "latino" trainees navigate different "cultural realms" associated with family, academia and ethnicity. They can enact a "consciencia mestiza" (mestizo consciousness), as to transform – sometimes painful – cultural identity conflicts, into an integrated and reflexive self; for example, through choosing research subjects linked with their ethnic identity.

2.4.2 Evidence from Latin America

Within the Latin American context, a few studies have provided evidence around the PI psychologists develop during their training, although mostly *not* from an explicitly critical perspective, and *not* always focusing specifically on such subject. A few studies from

Mexico (Covarrubias, 2013; Rodríguez & Seda, 2013; Romo & Cruz, 2015; Ruvalcaba-Coyaso, Herrera, & Maza, 2015); Colombia (Larreameydy-Joerns, 2013); Argentina (Castagno & Fornasari, 2013), Brazil (Silva Neto & Guzzo, 2016) and Chile (Pasmanik, Jadue, & Winkler, 2012) are reviewed here, as to illustrate how psychology trainee's PI is being discussed in the region..

Based on periodical interviews with 20 full-time psychology staff from a Mexican university, over six years, Romo & Cruz (2015) concluded – as Kullasep in Estonia – that the ethos of local psychology relied on a predisposition to help others. They illustrate how different groups tend to adopt different sub-cultural codes, based on seniority, professional background and distance to power positions, and how psychology training centres can develop an institutional identity influenced – problematically in epistemological and managerial terms - by both the historical power of psychiatry, and claims to be a “social” science. In a previous Mexican study, Rodríguez & Seda (2013) analysed self-reports from 34 psychology students, concluding that formal training structure is less influential on PI than context-specific practical activities. Role expectations were closely linked to science; practical professional interventions, and complying with institutional demands. A third Mexican study by Covarrubias (2013) relied on interviews with 26 psychology students - reached equally interesting conclusions. Trainees gained authority by virtue of professionalization; reproduced common popular stereotypes regarding psychology; some perceived the discipline as elitist and irrelevant; and some framed local communities – negatively - as “resistant” to professional psychological services.

Discourses from these three Mexican studies highlighted, in different forms, the key role of economic and institutional demands in the construction of PI. Covarrubia's interviewees, for example, discussed the role of a competitive job market. One of them reproduced the discourse of a teacher claiming that “we are not altruist”, and thus “not here to help these people”, followed by the trainees's compliance with such idea: “you do come here to make money”. This, of course, problematises the conclusions that Romo & Cruz (2015) reached from their informant's discourses, that altruism lies at the core of psychology, and resonates the view of professionalization as a mean to upward social mobility (Estrella, 2009). There is probably some truth to conclusions of alleged altruism, yet the influence of market economy is undeniable. While these studies provide important evidence and do present certain considerations of power – sometimes implicitly -, they fell short in further critical analyses. This can be illustrated, for example, in the claim by Covarrubia (2013) that psychology has an “undoubted

legitimacy”, or by situating them in the context of other studies around PI that relied on relatively thin data to illustrate universalistic knowledge claims, such as the plausibility of symbolic-interactionist identity theories (Ruvalcaba-Coyaso et al., 2015).

The study by Larreamendy-Joerns (2013) in Colombia provides a relatively critical perspective, as it is informed by cultural-historical-activity-theory. He conducted in-depth interviews with 29 advanced undergraduate psychology students, concluding that moving from theory to practice-based learning implies shifts in PI. In fact, with practical performances, trainees tend to assume their professional selves, even before having a solid set of skills to back their self-perception. Based on his data, Larreamendy-Joerns (2013) highlighted how becoming psychologists “is tantamount to inhabiting disciplinary and professional figured worlds, positioning oneself within a community, finding a voice to participate in ongoing conversations, and transforming reality by creating new meanings” (p. 180). As sensitive to context and meaning-making as this reflexion is, it did not expand into more critical discussions on structural and cultural constraints to the way such worlds can be inhabited, such positions negotiated, such conversations held, and such meanings created.

Studies from the most southern region of the continent provide interesting evidence. In Argentina, for example Castagno & Fornasari (2013) analysed 33 autobiographies by students of educational psychology. They concluded there were three decisive moments in the professionalization process: discovering the profession; learning it; and practicing it; the third moment seems to be particularly transformative, highlighting again the relevance of practice. Despite a focus on a broader subject – that of ethical codes – an additional Chilean study was considered, as it has some implications for PI (Pasmanik et al., 2012). Researchers found that psychology students reported similar ethical positions, despite coming from different universities with different curriculums. This highlights the role of moral grammar and social role expectations, which may exert a much more intense influence on moral performances than formal codes of ethic.

Evidence from Brazilian literature is mostly absent from this review, partly due to the fact the evidence specific to psychologist’s PI is, in general, scant, and partly due to language limitations. However, a particular study published in English provides relevant findings (Silva Neto & Guzzo, 2016). Researchers conducted individual interviews with six school psychology supervisors, concluding, fundamentally, that social context and work conditions shape staff’s performances. For example, to work with a small number of students allows a more “intense” and productive student-supervisor relationship, and

to properly supervise all class members. However, this is difficult to achieve under existing managerial and financial constraints. Critically, the authors highlight how training's aspiration, such as the congruence with the reality of the population, can be "ignored when meeting the logic of the market" (p. 221). They propose for students to be properly supervised regarding experiences that allow them to "foster a critical view and an emancipatory political conception of the socio-historical roots of the educational process" (p. 221). This, of course, resonates with ethical-political calls within CP.

2.4.3 Gaps in literature and research question

This chapter have reviewed relevant theoretical and empirical literature focused on the PI of psychologists as developed during their training, examined through the lenses of CP. Theoretical and ethical-political arguments by critical psychologists are well-known (e.g., Parker, 2015a; Teo, 2015), and have major implications for the conceptualisation of PI. For example, to consider it as being socially embedded - and thus, also intersubjective, multiple and multifaceted-; shaped by coloniality and psychologisation (e.g., interiorizing the role of altruist "missionaries" in the name of WIERD science), and requiring a "personal" transformation: a respectful, trustworthy "communion", dialogue and action with oppressed communities. Importantly, PI is understood as being shaped by contextual and interactive relations of power, a concept that – as "oppression" and "liberation"- is currently a matter of debate. All of these arguments are quite present in literature. However, situated "evidence" focused on trainees' PI, in contrast, is not abundant.

This does not mean that evidence does not exist. Work in South Africa seem to stand as the best example of critical inquiries into the subject (Callaghan, 2003, 2005, 2006, 2008, 2012, 2014; Kottler & Swartz, 2004). Other studies provide valuable findings. For example, suggesting that psychology students negotiate their identities in the context of struggles for material, symbolic and cultural capital (Perrotta, 2006); that – despite a self-representation of altruism - such struggle occurs within the limits and demands of institutional constrains and market economy (Covarrubias, 2013; Rodríguez & Seda, 2013; Romo & Cruz, 2015; Silva Neto & Guzzo, 2016); that there are social and individual dimensions to PI constructed interactively (Kullasepp, 2014); and that – as highlighted by Callaghan – reflexivity and structural enablers to integrate multiple identities - professional and non-professional; class; race-ethnicity; religion - may be limited for students (Castro-Tejerina, 2014; Estrella, 2009; Hinojosa & Carney, 2016). Just as highlighted by Kottler & Swartz, the role of "practice" - ideally, properly

supervised - has been argued to have a crucial role in the construction of PI, much more than theory and formal curriculum (Castagno & Fornasari, 2013; Larreamendy-Joerns, 2013; Rodríguez & Seda, 2013; Silva Neto & Guzzo, 2016).

This knowledge is derived from interviews and self-reports from a few specific countries. If contrasted with the overwhelmingly vast international studies that psychologists conduct on subjects other than themselves, the evidence on their own PI analysed through critical lenses is significantly scant. Perhaps it is time, as argued by critical psychologists, to make a counterweight to the existing theoretical “bias” by engaging in more “original work” (Burton & Kagan, 2005); gather “evidence that links the local to the global” (Fine, 2012a, p. 435); scrutinize psychologists’ “roles” (Moane, 2003, p. 100); and challenge the “everyday practices of psychologists” (Barrero, 2017, p. 224). This is, as Parker (2007) urges, us, to “turn the spotlight on the psychologists” (p.208). With similar interests, Klein & Mills (2017) stress how arguments about the specific ways in which psy-expertise is “taken up, appropriated, or resisted within diverse local contexts” needs more “empirical work” (p.12). This thesis is informed by these calls to produce situated and critically analysed evidence.

Based on findings from this chapter, I conclude that ethnographies specifically examining the subject of psychology trainee’s PI are virtually missing; that situated knowledge emerging from the Ecuadorian context was not found in literature; and that existing evidence seems to not have included ecological observations of professional-non-professional interactions in order to unpack the development of psychology trainees’ PI. This thesis addresses this gap by conducting an ethnography that generated situated knowledge from an under-research context (i.e. Ecuador); focused on PI as developed by psychologists during their training, examined from the perspective of CP (informed, mainly, by liberation psychology). The thesis also opens a few, data-driven theoretical dialogues, through the use of three working concepts: “dual belonging” – psy-trainees’ belonging to both “popular” and “professional” worlds; “help-as-war” – a metaphor linked with their self-perceived benevolent, altruist and civilising mission; and “liminal exchanges” – a discussion of Freire’s notion of “communion” with communities, informed by a few key anthropological insights. The thesis answers an intentionally broad and open-ended question: *“How do psychologists in contemporary Ecuador construct their professional identity?”*

The next section will discuss the methods that were used to approach such inquiry.

Chapter 3 Methods

The previous chapter examined gaps in published literature on the subject of trainee's PI as understood within the perspective of Critical Psychology (CP). In one of the notoriously scant studies of PI from such particular perspective, Callaghan (2008) explored "the way in which identities are formed and shift in training programmes, particularly in relation to the acquisition of an identity of 'professional psychologist', and the implications of this identification for other political and social identities" (p. 4), and aimed at "understanding the experiences" of students (p. 7), focusing on a "personal/political nexus" (p.7). The present thesis asked a broad question with similar interests in mind: "*How do psychologists in contemporary Ecuador construct their professional identity?*". In order, to answer such question, I set the following objectives:

- a) Provide an account on the historical context in which psychology emerged and consolidated in Ecuador, especially the context of the Faculty of Psychological Sciences at the University of Guayaquil (chapter 1)
- b) Engage in a broad exploration of local culture and needs in Guayaquil, and people's views regarding the identity of psychologists, especially among subjects labelled by professionals as "marginal" and "vulnerable" (chapter 4)
- c) Provide situated ethnographic evidence on the different ways through which trainees – undergraduate and postgraduate - experience, construct and perform their PI, both in classroom training activities, and real life interactions with the people they seek to help (chapters 5, 6 and 7)
- d) Propose a set of data-driven working concepts that highlight how power and context are interlinked with subjective PI formation, with the potential to become useful analytical categories that could advance academic dialogues (dual belonging, help-as-war, and liminal exchanges, explored in chapters 5, 6 and 7).

This chapter will explain the methods deployed to accomplish the stated objectives. I will report on my own role as a research instrument; the way I conducted critical ethnography and critical discourse analysis; insights from a pilot study; selected sites; information on the strategic site; information on sampling, participants and techniques; accommodation arrangements during field work; stages, roles, and utilised strategies; the analytical process of translating "data" into "findings"; ethical issues; and methodological strengths and limitations.

3.1 The researcher as instrument

In ethnographic inquiry, the ethnographer “becomes the primary *research instrument*” (Murchison, 2010, p. 13). This is even more evident when attempting to generate “situated” evidence (Haraway, 1991, 2013; Martín-Baró, 1998) through a “critical” ethnographic approach (Carspecken, 1996; Duff, Ross, & Rogers, 2016; Madison, 2005; Thomas, 1993). The key role of the researcher is intensified in a study that was conducted “at home” (Dongen & Fainzang, 1998), interested in processes associated with wellbeing and suffering (Calabrese, 2013; Jadhav, 2001), and where the ethnographer moved across diverse sites (Marcus, 1995, 1998, 2009). An endeavour like this required intense reflexivity, or what some critical ethnographers had termed “positionality”: acknowledging “our own power, privilege, and biases just as we are denouncing the power structures that surround our subjects” (Madison, 2005, p.7). A reflexive account of myself as “instrument” had been introduced earlier in the thesis (see section 1.6, p. 47). As put by Madison (2005)

we are accountable for our own research paradigms, our own positions of authority, and our own moral responsibility relative to representation and interpretation. We begin to ask ourselves, What are we going to do with the research and who ultimately will benefit? Who gives us the authority to make claims about where we have been? How will our work make a difference in people’s lives? (p.9)

I have three fundamental purposes with the present research: being awarded a PhD; contribute to academic dialogues, by providing critical ethnographic “evidence” and potentially useful working concepts around PI; and to promote *conscientización* and self-awareness among psychology trainees and professionals in Ecuador – and maybe in other locations. Hopefully, this will make a difference in the life of lecturers, trainees, and the people they aspire to help, by highlighting how our professional culture is in constant risk of engaging in cultural violence. I am aware of the degree of “power and privilege” implied in the way I represent participants and interpret events occurred during field work, and aspire to use these knowledge claims in the future to “access resources and to lobby for change” (Moane, 2014, p. 1080). Of course, in which specific ways will this occur, is yet unpredictable.

Madison raises another crucial point: the authority of the researcher, and its legitimacy. I assume that my authority to make the claims I am making in this thesis comes both from my academic and professional qualification, and my identity as a “local” (i.e., a psychologist trained at the FPUG, currently lecturing at the institution, and who had

worked in local marginalised settings). I have a considerable experiential knowledge about common aspects of the local culture in Guayaquil, and the Ecuadorian context; memories of my time as student at the FPUG; and notion of current institutional affairs based on the brief time I taught there before starting my PhD, and my current job at the institution (which effectively started after I submitted the first draft of this thesis). I also have some implicit reference frames for interpreting local culture, having lived for a few years in other contexts such as Argentina, Spain and the UK in different stages of my life, and having been in touch with psychologists and/or psychology trainees in such places, as in other countries.

In fact, I respectfully disagree with the orthodox ethnographic convention that is best not to do fieldwork in one's own "culture" (e.g., country, city, institution). It is ethical, I think, that Ecuadorian voices are allowed to research Ecuadorian realities and speak for themselves, as long as inherent challenges are reflexively considered (Alvesson, 2003; Benavides, 2006; Bourdieu, 1988; Capella & Andrade, 2017; Roitman, 2009). As put by Noblit et al. (cited by Madison, 2005), in such situations the researcher's position could "sometimes be described as traveling those blurred boundaries when Other becomes researcher, narrated becomes narrator, translated becomes translator, native becomes anthropologist, and how one emergent and intermittent identity continuously informs the other" (p.7). To some extent, this is the type of lived experienced I had during the research, although I made a permanent effort to avoid "being" completely "local" during fieldwork. In fact, I explored so many different realities first-hand for the first time, that I usually felt quite an "Other", discovering – or experientially re-discovering – my own society and my own professional group.

Madison (2005) raises a different question that requires reflexive thought and positionality: "What difference does it make when the ethnographer himself comes from a history of colonization and disenfranchisement? (p.9). As it is common, psychologists interested in social change, like myself, tend to come from more privileged background than the so-called "oppressed" subjects they work with (Moane, 2014). I am aware of my privilege, as I am a middle-class mestizo heterosexual male. However, I do integrate into my identity the struggle of my grandparents, who came from a working class background in both Spain and Ecuador; and the struggle of my parents, who during their youth fought against a social system rooted in colonization and the disenfranchising of the majority of the Latin American population. They risked their lives in the name of equality. My identity – including its salience when I conducted this research – was indeed shaped by the historical influence of such structural and cultural

violence. I do not attempt to speak for my informants – including those “oppressed” -, but to represent and interpret some of their voices and experiences.

As expected, my identity not only shaped the thesis I wrote, but also my data-generating interactions in the field and my choice of field sites. This has to do partly with my own “dual belonging”: I am a psychologist/researcher, but also a member of “the (wider) community” in Guayaquil. Within such wider community, I probably have “biases”, namely the gaze of a critical psychologist who is also a middle-class citizen, with family responsibilities, who had been used to live and socialise (at a personal level) mostly in “middle-class” spaces. This was probably an influence on my decision not to live permanently in a “marginalised” neighbourhood, among the more crucial issue of safety. It may also have caused me to privilege the voices of trainees rather than those of non-professional citizens living in deprived zones. This decision responded to the specific focus of the thesis (i.e. professional identity). Nonetheless, I could have interviewed a few less students and grad-students, and a few more “recipients” of their help. This was balanced, to some extent, through a specific strategy: part of the rationale for selecting interviewees was that there were also residents of marginalised places, as to explore their “dual belonging”. As the University is a public institution, where no fees are paid, many students are from “oppressed” backgrounds themselves, and it was them who I sought to select for interviews. Additionally, I gave special importance to the case of “John” as a strategy to counter this apparent imbalance, and due to affective reasons that will be made clear further on (see section 7.6, p. 250).

Fundamentally, I have the same *national identity* as most study participants: I am Ecuadorian, (born in Guayaquil). Apart from being a product of the local moral grammar, I have also contested some parts of it (i.e. structural and cultural violence). This *political identity* comes from both an actualization of some family values and having lived or visited different countries with diverse cultures. I also share my *PI* with many local trainees, teachers and practitioners: I am a clinical psychologist (University of Guayaquil, 2006). Later, I trained in psychodrama and sociodrama (2010) and did my MSc. in social psychology (Complutense University of Madrid, 2013). Despite this shared PI, I have also critiqued my profession (mainly, on ethical bases). This particular position matured as I moved from doing typical diagnoses and (individual and group-level) interventions – based on eclectic clinical evaluations, later heavily influenced by the ideas of J. L. Moreno (1946) - into being actively interested in inequality and the co-construction of minds and context.

As is the case for many other psychologists, I tend to be sensitive to human distress. However – based on my personal and professional experiences (e.g. meeting patients from different class, ethnical-racial and gender identities; engaging with social theory) – *I commonly link suffering with structural and cultural violence*. Having practised in both private and third sector contexts (including, several so-called “marginal” areas), I have witnessed how - while all humans suffer in their own way - those at the material and symbolic periphery are the ones who face the hardest surfaces of life. These insights allowed me to be aware of *identities which tend to grant me privilege*: I am a heterosexual man (married), socialised in a middle-class environment (and, crucially, with access to modest, yet more than enough, financial resources), mestizo (a “white”-looking one according to most local informants), with postgraduate training in Europe. As for my *religious identity*, I am an agnostic (and tolerant of most religious practices).

My participants seem to have acknowledged my empathetically-driven approach to them and their experiences of wellbeing and suffering. Both this – and no less important, my privileged identities - were commonly valued. This granted me access to the local social world (many were happy to have a chat or to be associated with me). Previous mutual knowledge shared among myself and some local FPUG staff, students and other colleagues operated as a social enabler. With time and constant presence – and despite class, racial and cultural boundaries - many social actors at the FPUG, including those from low-income, non-white backgrounds, granted me access to their lives. In contrast, I was clearly categorised as a cultural outsider when visiting or living in marginalised neighbourhoods. The multi-sited nature of my study did not allow me to develop a sustained bond with most people living in such places, in situ. Despite this, I tried to blend in as much as possible when in such places (e.g. emphatically connecting to a “popular” culture in the way I dressed, walked and talked), while my empathetic approach – and valued identities – granted me smiles, chats and friendly interactions.

3.2 Critical ethnography

Ethnography is a qualitative research tradition born within anthropology (Bernard, 2011; Hammersley & Atkinson, 2007). Despite diverse epistemological influences, it relies heavily on phenomenology, pragmatism and symbolic interactionism (Aldiabat & Le Navence, 2011; Rock, 2001; Stryker, 2000), being one of the methods used within “liberation psychology” (Moane, 2014). Ethnography demands engaging in *direct contact* with the *particular* social group under study, so as to understand *local meanings and practices*, expressed through “actions, beliefs, and ideational, social, and

environmental structures” (Desmond, 2014, p. 32). It has three distinctive characteristics: the use of *participant observation* (DeWalt & DeWalt, 2011), emic *thick descriptions* (Geertz, 1973), and *reflexivity* (Enosh & Ben-Ari, 2016). These three features enhance the cultural validity of findings, privileging a bottom-up approach which respects local worldviews (Jadhav, 2009)²⁷. A prolonged immersion in the local world is key: “Presence builds trust. Trust lowers reactivity. Lower reactivity means higher validity of data”(Bernard, 2011, p. 266). Out of the different perspectives within the ethnographic tradition, one of the most suitable in which to frame this thesis is that of *critical ethnography*.

In-tune with the values of CP, critical ethnography focuses the analysis on observed asymmetries of power and social inequalities (Carspecken, 1996; Duff et al., 2016; Madison, 2005; Thomas, 1993). In this thesis, I unpack how academic psychological knowledge shapes subjectivity (i.e. of trainees), and how this is accepted or contested locally. As put by Madison (2005), critical ethnography is consistent with what members of the Frankfurt School had called a “critical theory model, in which social life is represented and analyzed for the political purpose of overcoming social oppression, particularly forms that reflect advanced capitalism through the overt polemics of the researcher” (p. 6). By building such “polemics” upon the notion of situated knowledge and concepts drawn from CP, this thesis understands participants through the frame of an *open-ended dialogue*:

The Other inscribed as a static, unchanging, and enduring imprint in the ethnographic present is dislodged by a dialogic, critical ethnography. Dialogue moves from ethnographic present to ethnographic presence by opening the passageways for readers and audiences to experience and grasp the partial presence of a temporal conversation constituted by the Other’s voice, body, history, and yearnings. This conversation with the Other, brought forth through dialogue, reveals itself as a lively, changing being through time and no longer an artifact captured in the ethnographer’s monologue, immobile and forever stagnant (Madison, 2005, p. 10).

Other three labels suit this critical research: ethnography at home; multi-sited ethnography; and clinical ethnography. It is *ethnography at home*, as it was conducted in the investigator’s home city and addressed his own professional group. In this kind of study, researchers “experience their own culture and society through their informants” (Dongen & Fainzang, 1998, p. 249). Being an Ecuadorian psychologist associated with

27 Such validity is embodied in a comment by a teacher, who, by the end of field work, told me that I was about to write “what everybody here knows”, but do it as a product of systematic ecological observation.

the FPUG, I did precisely this. It is also a *multi-sited ethnography*, as it was “designed around chains, paths, threads, conjunctions, or juxtapositions of locations in which the ethnographer established some form of literal, physical presence” (Marcus, 1995, p. 105). I established a constant presence at the FPUG, but also in other locations, especially in peripheral places where trainees diagnosed and intervened (applying the knowledge learned in the institution). To a relative extent, it is also *clinical ethnography* (Calabrese, 2013; Jadhav, 2001), as I – empathically and self-aware - immersed myself in cultural worlds of suffering and wellbeing, producing findings that are relevant for both social science researchers and practitioners aiming to alleviate local distress.

This critical enterprise – especially being an ethnography conducted *at home* - contained many inherent challenges: Particularly that of balancing the role of an outsider (etic) with that of an insider (emic): an issue with important epistemological and ethical implications. Echoing reflexions made by an Ecuadorian ethnographer, my research placed me in “a strange walk between the `etic´ and the `emic´ perspective” (Roitman, 2009, p. 241), while also opening doors to valuable data, unavailable to complete outsiders (Alvesson, 2003). Reflexive thinking was a particularly important practice, resonating with classic studies that were also conducted at home. For example, Bourdieu (1988) studied the community of academics in La Sorbonne University in Paris, at a time when he was himself a renowned French academic heavily associated with such community. In this thesis, I transited backwards and forwards between the overlapping roles of *participant observer and observing participant* (Bernard, 2011), although clearly and constantly privileging the former.

The multi-sited nature of this critical research challenged traditional spatial canons (Coleman & Von Hellermann, 2011; Marcus, 1995, 2009; Nadai & Maeder, 2005; Pierides, 2010), as it examined how action within spaces of formal training (e.g., theories learned in classroom) affected other spaces (e.g. neighbourhoods where psychologists practice, trainees’ homes or churches). I *followed the people* (Marcus, 1995, p. 106) – students, staff and others - although always maintaining a primary focus on, and spending the most time in a specific “strategic site” (p.110): the Faculty building, understood as a centre of psy power. As for its clinical and critical foundations, the study demanded constant ethical positioning, reflexivity, and social skills (i.e. empathy, communication, negotiating roles). Although the described methodological approach had clear limitations (see section 3.12, p. 114), all of these challenges were continuously addressed throughout my field work and analyses.

Following some critical ethnographers' views regarding theory and methods, I understand that sometimes "they are separable, and at other moments seamless" (Madison, 2005, p. 18). As them, I systematically organised and categorised (i.e. coded) data after field work, in this case, constructing relevant "themes" in what could be termed thematic analysis (Carspecken, 1996, p. 147; Ryan & Bernard, 2003). This implied constructing and constantly refining themes and sub-themes based on semantic domains. This process was, however, theoretically-informed, as "theory is used in ethnography as an interpretive or analytical method" (Madison, 2005, p. 12). I coded "with analysis in mind" (Carspecken, cited in Madison, 2005, p. 37). My approach to coding became more fluid and less systematic once codes started to make sense and help me develop the discourse of my thesis, although I constantly returned to them when necessary. In this sense, "theory was my method, and my method was my theory" (Madison, 2005, p. 18). This is not intended to be interpreted as a void relativist claim. What it denotes is how clear-cut claims regarding which allegedly theory-free procedure is truly "rigorous" and "authentic" can be counterproductive, being associated less with generating critical and useful knowledge and more with "disciplinary turf battles" (Madison, 2005, p. 19). Although critical ethnography has been itself critiqued for its sometimes vague "terminology" and its "eclecticism", critics do recommend its use to those – like myself – who utilise an "ethnographic approach" to investigate "situations that are complex, about which little is known, and where a range of interpretive possibilities is most appropriate" (Holmes & Smyth, 2011, p. 153). In coherence with this approach, I found useful to be broadly guided by the tradition of critical discourse analysis.

3.3 Critical discourse analysis

Critical discourse analysis (CDA) englobes several variants focused on analysing inequalities and power asymmetries as embodied, reproduced, justified or contested through discourses. It examines "the relationship between discourse, domination, and dissent" (van Dijk, 2015, p. 479). Authors have classified CDA variants in different ways, mainly based on their disciplinary influences and the different emphasis through which they conceptualise discourse and context (Reisigl, 2013; Rogers et al., 2016). Fairclough (2013), for example, discuss approaches referred to as "systemic functional" (Reisigl, 2013), "dialectical-relational" (Fairclough, 2013; Rogers et al., 2016); van Dijk's socio-cognitive approach (van Dijk, 2015); other classifications present other perspectives labelled as "discourse historical, critical metaphor, Foucauldian,

ethnographic, narrative-based, and interventionist” (Rogers et al., 2016, p. 1193). This thesis follows a critical ethnographic approach (see previous section). While providing “a range of interpretive possibilities” (Holmes & Smyth, 2011, p. 153), I utilised CDA without neglecting a “realist” examination regarding processes and structures (Fairclough, 2013, p. 229).

Despite the existence of CDA variants, they all share certain commonalities: being socio-politically engaged; discourse understood as social practice; a non-positivist epistemology; with the exception of focus groups and interviews, research data is “natural”, not elicited artificially by the researcher; the focus is a social problem with a discourse-related dimension; commonly influenced by post or neo Marxism; and a transdisciplinary, multi-methodological and eclectic approach (Fairclough, 2013; Reisigl, 2013; Rogers et al., 2016; van Dijk, 2015). Despite their differences, many variants “are closely related” (van Dijk, 2015, p. 468). In fact, Fairclough (2013) discussed the differences between CDA variants in these words: “I think it is misleading to overemphasise, and especially to institutionalise, these differences” (p. 227). This thesis is theoretically informed by CP and followed the methodological tradition of critical ethnography, utilising relevant elements of CDA to guide data analysis, such as a focus on power and discourses as interlinked, and the pragmatic outcome of both in the lived experience of subjects.

The theoretical categories that informed the CDA were that of power, context (i.e. social embeddedness of subjectivity/identity); psychologisation; reflexivity; and the three working concepts constructed throughout the analytical process (i.e., dual belonging; help-as-war; liminal exchanges). Related theoretical categories were utilised, such as violence; critical/challenging/alternative discourses; humour; “sabido” practices; science; community, among others. When writing up findings, the three working concepts guided the narrative, as these were key to the modest theoretical contribution of the thesis, based on the “analyst’s research interests” (Reisigl, 2013, p. 9).

Following the tradition of critical ethnography, most “data” (i.e., written “text” accounting for field work experiences and voices) was analysed inductively (based on my lived experience in the field), although the theoretical influence of CP resulted in several “abductive” moments, where my ethnographic observations did not fit existing or emerging theory precisely, and pushed me into new theoretical insights (based on a constant analytical dialogue between “data” and theory). As other studies that highlight the need to privilege context, the thesis included CDA *exclusively as part of a larger*

ethnographic study (Rogers et al., 2016, p. 1214). Following essential prescriptions of critical ethnography, I had also responded to Fairclough's call to analyse text only by locating it "within a wider analysis of the object of research in terms of dialectical relations between semiotic and other elements which comprehend relations between the level of social practices and the level of events" (Fairclough, 2013, p. 238). In other words, examining contextual "extra-semiotic elements in relevant practices, institutions and events" (Fairclough, 2013, p. 226).

While acknowledging the significant common ground between CDA variants, the thesis relied on the dialogical – relational approach as a reference frame (Fairclough, 2013); particularly, its focus on: identifying a "social wrong" with a discursive dimension (i.e., how the PI constructed by trained psychologists is shaped by, and can result in, cultural violence); obstacles to address it (e.g., structural-cultural limitations); its potential service to the status quo (e.g., rendering invisible critical professional identities; promoting help-as-war; resulting in unequal professional – popular exchanges); and the alternatives to transform the situation (p. 226). I analysed three interrelated dimensions: text (i.e. written words); discursive practice (i.e., text production, distribution, consumption); and, *specially*, context (i.e., the social embeddedness of discursive practice). The dialogical – relational approach understands context as a wide notion, including social, economic and political dimensions. Fairclough (2013) differentiates between "verbal" context (i.e., what precedes and follows in text); and context of "situation" (i.e., the complete social practice that the discourse is part of). All of these ideas are consistent with critical ethnography, including Fairclough's understanding of "discourse" as social practice. Ethnography focuses on lived, experienced social practices during field work, including discourses as one of such practices.

In fact, there is salient common ground between CP, critical ethnography and critical discourse analysis. Similarly to what occurs with CP, CDA can be better described as a "practice" and as a "social movement of politically committed discourse analysts" (van Dijk, 2015, p. 466). CDA analysts are guided by theory that "constructs" the subject; and focus on how power asymmetries result in structural and cultural violence (Fairclough, 2013). In CDA there is not "a special method of doing discourse analysis. There is no such method" (van Dijk, 2015, p. 266). Instead, authors embrace cross-disciplinary procedures, including the framework of "ethnography" (van Dijk, 2015, p. 466). Conducting CDA "is not just a matter of 'applying methods' in the usual sense – we cannot so sharply separate theory and method" (Fairclough, 2013, p. 234). Thus, "CDA approaches offer helpful methodologies, but not analytical toolboxes that can be applied

mechanically” (Reisigl, 2013, p. 17). It was experience, theory and reflexivity which guided the analysis of qualitative data after field work. The next sections will explore what happened prior to such stage of analysis.

3.4 Pilot study

In addition to my identity, research interests, and gaps found in literature, findings from a pilot study were influential for choosing the focus and method of this thesis (see Appendix 3).

Data for such study was gathered in Guayaquil, over three weeks (August 2014), prior to my first trip to London to begin my PhD. Methodologically, it consisted in a preliminary, brief and focalised ethnographic inquiry of the local mental health landscape, including psychology training (Carley, Bigrigg, & Diallo, 2012; Goepp et al., 2008; Helman, 2007; Silva Ríos & Burgos Dávila, 2011). I read and critically analysed mental health policy and – through snowballing - conducted semi structured ecological interviews with 23 key social actors, including some associated with the FPUG (i.e., one alumna doing private practice; one alumna recently retired from NGO work; two teachers; three advanced psychology students; one retired janitor; one administrative assistant; and one indigenous street vendor outside the FPUG building), among others. Sites visited during the preliminary study were based on availability, and conceptual curiosity. These included: the FPUG, a psychiatric centre, an NGO in a “marginalised” zone, public and private buildings and upper-middle-class households. Other sites were excluded from this preliminary investigation due to insufficient time to visit them.

This first ethnographic approach stressed the need to explore social suffering (i.e. violence) and the way intercultural dialogues and diversity were negotiated. Crucially, it concluded that higher education (e.g., psychology training) was a key field, in need of an urgent, nuanced examination. More detailed findings can be read in Appendix 3. However, a few discourses illustrate the key role of psychology training. For example, discourses highlighting the limited quality of training in terms of a deeper engagement with local suffering:

“The quantity is ok, but what about the quality?” (Student A).

“We are still trapped by the academic training”; (it is difficult to have) “alliances with neighbourhoods”; (sometimes) “students can have very little participation in the social projects” (Teacher A).

(students) “did not have that passion. They were only ‘psicólogos de título’” (degree-only-psychologists) (religious leader/NGO).

Despite psychology being a popular local profession, with numerous FPUG graduates trained to engage with “the community” in marginalised “neighbourhoods”, the PI constructed by many of them seemed insufficient to translate this into a dialogical and critical practice. Many may lack “passion”, and be “trapped” in formal procedures, paperwork, and quantification. I interpreted this to be linked with structural and cultural constraints that I was curious to explore further. The interviewed priest and NGO worker gave an account of one of the possible outcomes of this social wrong: credentialised psychologists with no genuine “passion” to engage with those who are more oppressed in society, lacking a “deeper” bond with them. This could result in trainees and professionals extracting subjectivity from “the community” without reciprocating accordingly. Part of this, I hypothesised, may be understood by the heavy influence of WEIRD psychology (i.e. textbooks; tests) and a rhetorical fixation with “science”. “Science” revolved around being familiar with authors and, specially, “tests”. WEIRD content – mainly from USA and Spain - coexisted with some influences around “community” psychology and some Cuban authors and compilers. I wondered how trainees constructed their PI and made sense of such colliding epistemologies, integrating them into their non-professional selves.

The USA influence was associated to a discourse of “science”, apparently illustrating what Martín-Baró (1998) termed “scientism”: the positivist demand to attach the legitimacy of psychologists’ PI to being “scientific”. A teacher’s discourse was revealing of the dangers of scientism, as professionals can - overtly motivated by altruism - “insert” their academic worldviews into “the community”, neglecting their culture (what this thesis discusses as “help-as-war”). This is crucial, if we consider – as I observed when contrasting the discourse of an indigenous street vendor with that of trainees and teachers (see Appendix 3) – that professional and popular discourses around wellbeing and suffering can be quite different (Helman, 2007; Kleinman, 1980). The teacher expressed that the role of clinical psychologists in marginalised areas is

“to support them in their strengths, in order to insert a little bit the scientific know... [stops and rephrases his statement]...but, more that inserting scientific knowledge, it is to act scientifically regarding their problems” (Teacher B).

In contrast to this professional aspiration, most people in Ecuadorian society may not “believe” in the knowledge that psychologists try to “insert”:

“generally, a person does not believe in psychologists. The people from low classes and below do not believe in them... [they think they] do not need a psychologist” (Retired janitor).

Tests seemed to be an important part of being “scientific” and “inserting” psychology into the wider population. Interviewed students reported to utilise them constantly, despite the fact that instruments included “words that many times are not used in our Ecuadorian context” and probably “won’t give a truly valid information” (Student A). Despite of his, such content is “determined or proposed by professors” (Student B). I asked the two students why they learned and used WEIRD content if they are unreliable in our context. Their reply denoted the potential lack of reflexivity, critical analysis and/or structural-cultural opportunities to challenge the system:

“maybe one adopts a passive role, simply resigned to what the teacher says” (Student B).

“people want you to speak to them in numbers about how they are psychologically - well or unwell” (Student A).

These discourses not only point to the structural-cultural constraints within the FPUG itself, but the complex relation in terms of the expectations of “the community” regarding trainees’ PI, plausibly shaped by psychologisation (some of such expectations are explored in chapters 4 and 7). Finally, a particular discourse struck me as quite representative of what to me seemed to be a structural-cultural problem in terms of PI and the professional practice derived from it. When I asked a FPUG alumna – today, a private practitioner serving the middle and upper class – why we did not “help” those “marginalised” within the city, s/he replied:

“why don’t we go towards the dispossessed classes? Because we don’t have the tools ...maybe is because we ourselves have a hopelessness. And then, what are we going to promise them? What can we promise them? What? What change can we promise them if there is nothing to sustain it?” (Psychologist – private).

Overall, this enhanced my awareness of the key role of PI as constructed during training; the need to explore this from a critical standpoint that considered structural and cultural shapers of subjectivity; and the value of relying in ethnographic methods during my PhD in order to construct this type of ideographic knowledge.

3.5 Selected sites

Informed by the preliminary pilot study (see Appendix 3), the FPUG was chosen as a strategic site for a 12-month fieldwork (September 2015 – August 2016), based both on availability and access. Other options were considered and then dismissed: a psychiatry training institution, policy-making institutions and more prolonged stays in several other territories labelled as “marginal”. These were excluded, mainly due to: formal bureaucratic procedures; political, ethical and inter-professional tensions; safety issues; and a lack of key informants at the time.

The different spaces visited during fieldwork are illustrated in Figure 3. The FPUG building was the strategic site: I spent most of my time there, engaging in daily formal and informal activities. From this building, I followed people into other locations: the university campus where the FPUG operates (and its surroundings), domestic spaces; and, especially, professional spaces: institutions where students and practitioners intervene, all located in places labelled as “marginal” and “vulnerable”. I also *lived in one such areas – code name: “Faraway Hood”* - during a particular stage of my fieldwork. A graphic representation of the FPUG and some of the visited areas is presented in Figure 4: The blue icon indicates the area where the FPUG campus is located, while orange ones show the *approximate* locations of different marginalised geographies. In addition to these places, I visited a rural town outside Guayaquil where at least two participants lived (not shown in Figure 3, and omitted due to confidentiality); as well as the coastal province of Manabí, where an unexpected earthquake hit in April 2016. Figure 5 shows the University of Guayaquil, and the FPUG highlighted in blue.

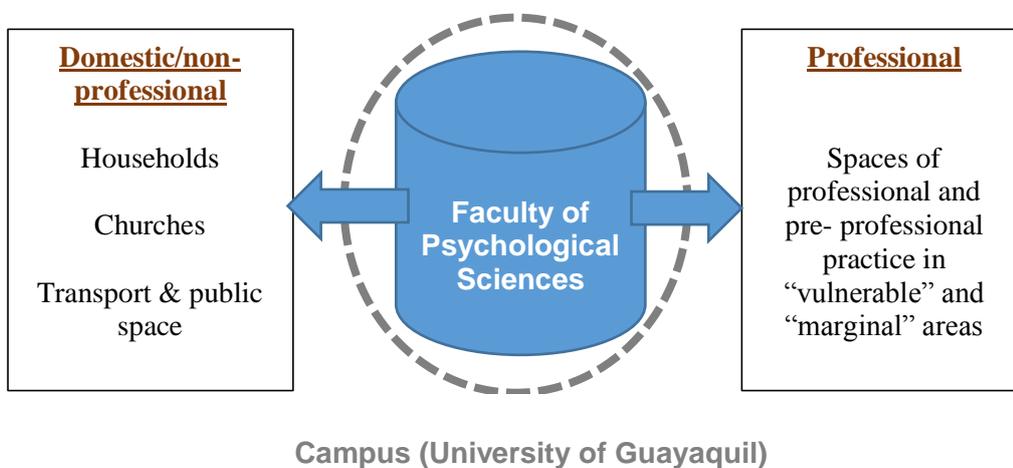


Figure 3 - Strategic site and other sites of participant observation

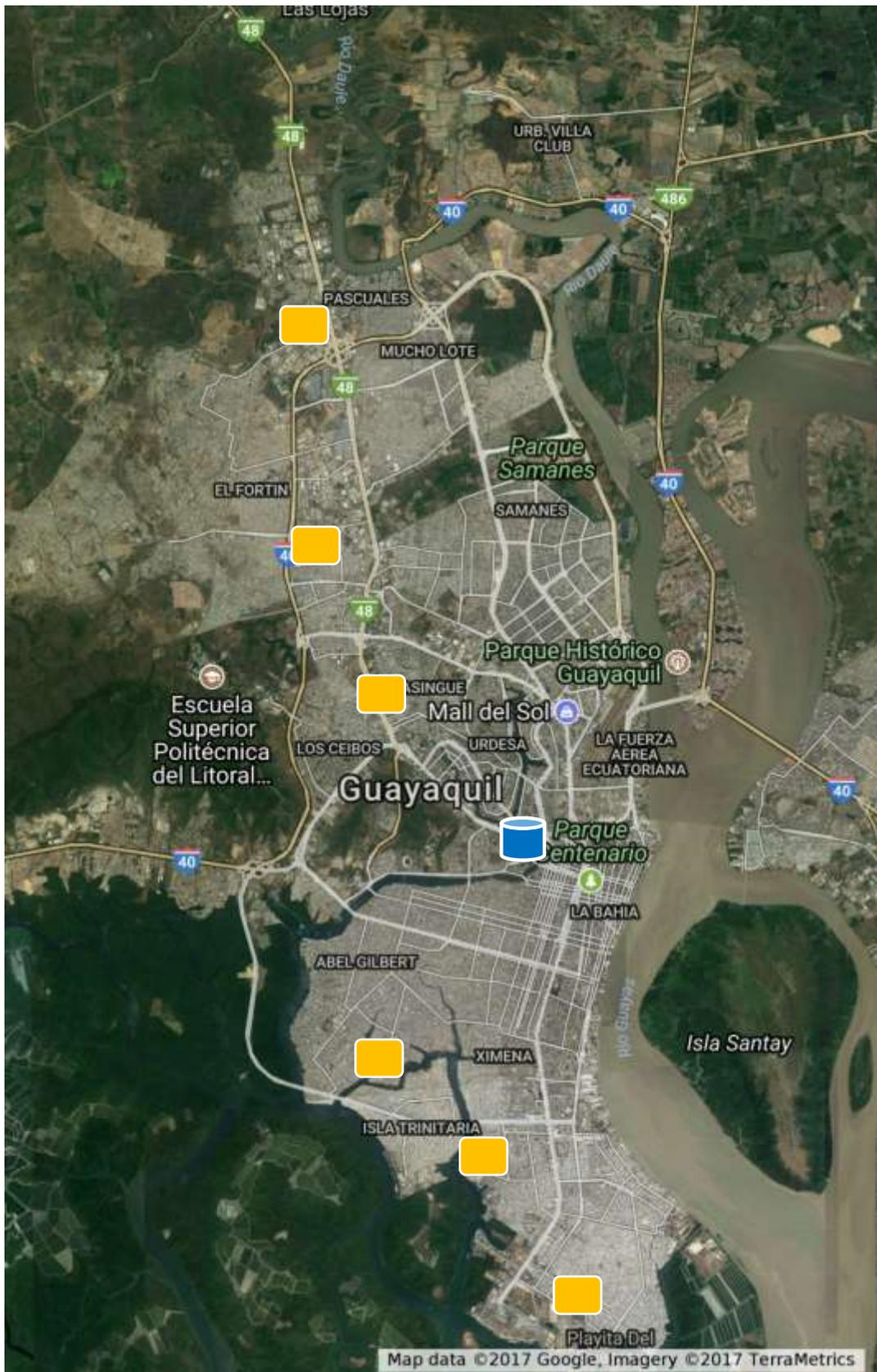


Figure 4 - Key visited sites

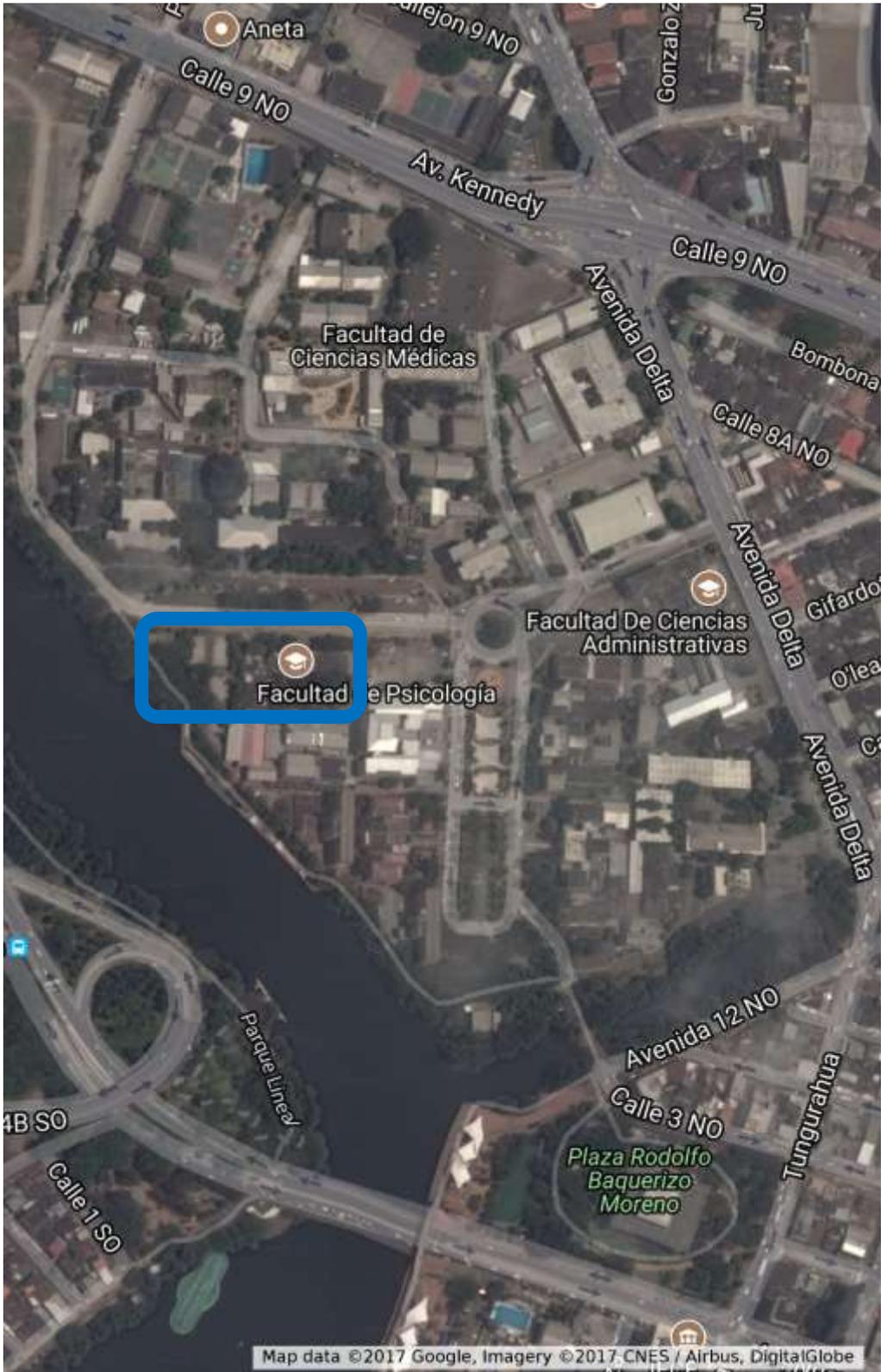


Figure 5 - UG's main campus

3.6 The FPUG as strategic site

3.6.1 Institutional background

As all institutions, the FPUG is the subject of mythical narratives. One is related to its historical background and political origins (see section 1.4, p. 38). A second narrative was repeatedly evoked during fieldwork: A particular group of academics held powerful positions for many years, since the 1980s; This period was one of notable order, control and supervision (e.g. strict gatekeeping; codes of dressing and behaviour; maintenance/improvement of infrastructure and equipment) and of interesting intellectual ideas around epistemology and society (e.g., Marx, Vygotsky). However, it was also reported to be one of abuses of power (i.e. “prepotent” attitudes; inappropriate classist, racist and sexist comments; exclusion of individuals from training based on first-hand impressions or personal animosity; limited financial audits; occasionally, inappropriate sexual behaviour²⁸). A few informants refer to this period as the “X ruling”. Although new actors have assumed positions of power, many students and staff continue to evoke the X ruling. Most condemn the power abuses of those years; others miss the order, control and supervision (e.g. excluding from training those who do not have “what it takes” to be a psychologist). As put by a janitor, when asked about a leadership figure during the X ruling: “S/he did some good things, and some bad things”. Presently (2019), such figure seems to have regained spaces of power, with uncertain consequences.

By 2015-16, the FPUG was part of a university in a transitional phase. The State “intervened” it (2011-2016), after an administrative and academic audit found important needs for improvement. During this period – some of which coincided with this thesis’ fieldwork – there was a lot of anxiety from local academic/administrative performers around achieving certain standards to declare the end of the “intervention” and raise the formal academic ranking of the institution. This was formally accomplished on the 7th of November 2016 (presently, 2019, a new State intervention, with different characteristics, is in place). This process shaped the data collected during field work. Many teachers over the age of 65 have retired, or are planning to do so soon and many new ones are being hired. An increase in the student population challenged both staff and infrastructure. Some informants mentioned how indiscriminate entry to the psychology programme (e.g. unusually high rate of students who pass the levelling

²⁸ I gathered a few first-hand testimonies of some of these practices (omitted due to confidentiality issues).

course) is a positive step towards inclusion, but also affects the quality of the training. Others prefer to focus on other recent changes which are viewed positively: For example, higher academic entry requirements for teachers or frequent foreign visiting professors from diverse regions - i.e. from Spain, Italy, Venezuela -, something that was mostly limited to a few Cuban scholars until recent years; Curriculums and syllabuses are periodically revised and redesigned; Training in research methods is being improved; In a few cases, students represent the institution at international academic events. Although the FPUG promotes an eclectic approach, it retains a fondness for the cultural-historical paradigm; the notion of “dialectic” (as used by Engels and Marx) and contemporary postmodern frameworks (e.g. Morin). Classes are taught in three different shifts; approximate times are: morning (7.30 – 12.30); afternoon (13.00 – 17.00); night (18.00 – 22.00).

The FPUG building lies within the “Salvador Allende Campus” – a name that embodies the institution’s leftist history -, located next to the city centre and bordering the *Estero Salado* and its mangroves²⁹. The artwork in the front of the Faculty building features a family, and the psy icon³⁰. The building has three floors, with many classrooms, each one named after a prominent psychologist: Freud, Pavlov, Skinner, Jung, Vygotsky, Rogers, etc (Figure 6); a few classrooms are named after local scholars, but many of these names are widely unknown by younger teachers and students. There are separate spaces reserved for administrative offices and teachers’ rooms. One big auditorium has constant activity (internal and by other Faculties), having a capacity of around 200. Most classrooms have a capacity of around 40, and – instead of individual desks – the layout is designed for constant collaborative work. Marker-boards and technology for projecting slides are standard. Air conditioners operate (in most cases), which is necessary due to Guayaquil’s hot weather. Compared to other Faculties within campus, the FPUG has built a “good” reputation in terms of aesthetics and comfort.

²⁹ There is a second building, on a different location. Uses of such building include: levelling courses, a free psychological clinic, and administrative spaces for diverse projects.

³⁰ For a long period during my fieldwork, it also displayed a LGBT flag, illustrating the political views of many Faculty representatives at the time.



Figure 6 - Empty classroom at the FPUG

A crucial space during field work was the outdoor area, locally called “el patio” (“the backyard”). The *backyard* hosts a cafeteria zone (locally termed “bar”³¹), grassy areas where students can sit and relax and sports courts for football, basketball and volleyball. Students – and occasionally, some teachers and janitors - can be found here, playing sports, chatting with friends, playing guitar (on rare occasions), eating at tables, reading, smoking cigarettes, or simply taking a quick break from formal activities. Inside, on the ground floor, there is a small library space (capacity of around 40), with a few available computers, and with a very limited physical catalogue. Next to this, there is a small photocopying service, usually quite busy³². Outside, just next to the FPUG building, there is a pathway which stretches around the shore of the Estero Salado and is used by groups of friends, or couples, to relax, or just walk around. Graffiti is commonly found here, with names, hearts, or messages around sex, football and music, and other features of youth culture. If one walks along the pathway for a few minutes, a large arena can be found where athletes and football players train. Outside campus, there is a lot of movement, as plenty of locals sell food, stationery, or make photocopies, etc. Many social actors inhabit these spaces, as illustrated in pictures included in Appendix 6.

³¹ No alcohol is served in such “bars”. There are two bars at the FPUG, one next to another. The first serves only light snacks, while the second sells prepared food for lunch and dinner.

³² Recently, such service was moved to the backyard.

3.6.2 Institutional performers

Many performers interacted on the FPUG’s stage. Although their identities were heterogeneous and fluid, they will be referred to in this thesis by their formal roles in the institutional frontstage (Table 1).

Within each of these groups or performers, there were heterogeneous identities. Teachers assumed different selves and practices depending on several factors, including: age, institutional political views, professional background, being full or part time. A minority claimed to be “old school” (former trainees during the 1970s-1980s, some of them politically active). During fieldwork, a few teachers were still linked directly or indirectly with the “X ruling”, while a majority antagonised it. Nationality also played a role: around 7 (out of, around 70) teachers were Cuban, due to both the institutional history and a recent increase in Cuban migration to Ecuador. Except for nationality, these same dividing lines applied to directives, and both administrative and maintenance staff. As expected, both camaraderie and tensions emerged from this landscape. However, - beside the common intergroup conflicts that are expected to exist in any institution – performers tended to get along in relative peace. Most performers were mestizos and female; The exception being maintenance staff, who were mostly men; and the informal, who were men and women. In the case of directives, they assumed a dual formal identity, as they are also teachers³³.

Performers	Role in the frontstage
Directives	Formal power positions: dean, vice dean, area directors.
Teachers	Trainers of undergraduate and/or graduate students
Administrative staff	Office workers: administrator, secretary, clerk, librarian.
Maintenance staff	Positions with less formal power: janitor, cleaner, gardener, private guards (guards were present during most of the fieldwork, but were later removed due to administrative policy changes)

³³ The Dean and Vice Dean are selected (with no democratic election) by the chancellor of the UG. The Dean selects all rest of administrative/managerial positions in a similar manner. Most full-time teachers are required to assume such roles, linked with four different areas: *academic (teaching); research; internationalisation; students’ wellbeing; and engagement with the community* (later renamed as “social management of knowledge”).

Undergraduate students (students)	Trainees wanting to become psychologists
Graduate students (grad-students)	Older trainees (practising psychologists) wanting to attain Masters. A few of them have been, are, or would be hired as teachers at the FPUG.
Informal workers (informal)	Workers who are not formally employed by the FPUG (e.g., food vendors, “rag-keepers”) ³⁴
External communities being “helped” by psychology (“the community”)	They are not seen physically in campus. However, the theories and technologies that students and grad-students learn directly affect them.

Table 1 - Strategic site: Performers

Students shared some common features, but were also quite heterogeneous. Apart from being mainly women and mestizo, *most* were young (in their 20s) and tended to come from low or middle-income backgrounds located in coastal urban or rural areas. Men, as well as individuals of diverse ages, class, ethnicities and regions were also present, but constituted the minority. The identities of students cannot be reduced into a rigid classification system. Yet, a flexible representation – based on local narratives by students and teachers – is attempted in Table 2. Students did play overlapping, context-dependent roles (e.g. being a “pilas sportsman”, or a “fresa politician”). They tended to display some common, globalised practices of college students: forming close groups of friends and looking for romantic and/or sexual partners. Many consumed coffee, tobacco and – quite frequently – alcohol. Some used recreational drugs: mainly marihuana, but cocaine, amphetamines or hallucinogens could also be found occasionally. Some others were proud to claim that they do not smoke, drink or use drugs.

³⁴ There is a special group of informal-workers who run the in-house photocopy and bar services. They are not hired by the institution, but have a permit to operate. Some have been doing so for decades, and know students and teachers very well.

EMIC categorisations ³⁵	Main characteristic
The “pilas” versus “the vagos”	The “smart”, “studious”, “bright” (sometimes called “lambones”) versus “the lazy”. The pilas (roughly translated as “battery-powered”) tend to read a lot, be analytical, and, in most cases, attend most classes and contribute to them; the outcome tends to be good grades (some are viewed as “more competitive”). The vagos are the opposite.
The “sportsmen/sportswomen”	Enjoy and/or have talent for sports. Some spend a lot of time in the backyard, or at certain sport events.
“Those with jobs” versus the “mantenidos”	With some exceptions, those with jobs study in the afternoon or the evening, while “mantenidos” (those financially supported by others, usually their parents), tend to do it in the morning.
The “fresas”	The “posh”, or the “fashion”: (Mostly) female students who tend to dress according to trendy, gender-based conventions (i.e. makeup, fancy clothes) and/or talk and act in ways considered “posh” (regardless of their class and ethnicity)
The “políticos” or “politiqueros”	The “politicians”: Students who – with either altruistic or selfish intentions – seek positions of power within student unions and other political spaces.
The “señoras mayores”	The “older ladies”: Women, many of them married and with children, ranging in age – roughly - from their mid-30s to their late 40s. There are also female students in their 20s who have children, but they tend to be excluded from the “señoras mayores” category.
The “artists”, the “alternative”, the “hippies” and/or the “rockers”	With some sub-cultural similarities with one another, these include students who dress and/or behave informally, usually having interests around art and music, among others. Some of them tend to use “drugs” recreationally, and - sometimes - be open about it.
“Those who don’t care about anything”	They tend to be categorised as “vagos” also. Students that usually express apathy towards training activities. They can either marginalise themselves, or be extremely social.

Table 2 - Emic categories for students’ sub-groups

Grad-students were once undergraduates, so it is easy to imagine where they are coming from. They do have important particularities: most are in their 30s-40s and have clinical experience (many work in institutions located in places labelled as “marginal” and “vulnerable”), both in Guayaquil and in other locations nationwide. As for the remaining performers, their roles are much less visible in the institutional frontstage. Informal workers have a constant presence in the local landscape; they bond with some

³⁵ There are many others: “darks”, “gamers/otakus” (influenced by videogames, and Japanese culture), the “partiers”, the class “clowns”, “skaters”, etc.

of the other performers after years of interaction, while being almost invisible to others. As for “the community”, they enter the institution in the form of written or oral reports by trainees. Their lives and problems are discussed in classrooms and hallways, without them being present to speak for themselves. It is through the lenses of professional psychology, that their experiences are framed.

3.6.3 Programme structure

This thesis is interested in the FPUG’s *hidden* curriculum (Kentli, 2009): the values embodied during training as unwritten rules and how these lead to cultural reproduction. At the beginning of their journey, aspirants spend approximately three months enrolled in a levelling course. If approved, students are required to pass 52 mandatory courses, which are planned to last for nine terms (Appendix 7). Without counting their time enrolled in their levelling course, graduating trainees are expected to have spent an estimate total of 3280 hours within a classroom, and 4920 hours doing autonomous work (i.e. individual and group homework/readings). A total of 8200 hours of their lives – around five years - are invested in the process of becoming psychologists. Out of these, 1000 are designated for Pre-Professionals Practice (PPPs) and community service (which starts early on, during term three, in the second year of training). English and IT (e.g. Microsoft office) courses are included during the first half of training, being given a total of 640 and 240 hours respectively. As the FPUG has around 2000 students being trained in three different shifts, the same course is usually taught by different teachers. This is a major shaper of students’ experience³⁶.

The curriculum follows a coherent logic, moving from basic to diverse applied courses. To pass them, students require a minimum score of 7/10, and to attend at least 70% of classes. Scores are a product of three components: class activities, autonomous activities, and tests (usually, multiple-choice tests). The first year (terms 1 and 2), includes courses on history and epistemology, and biological and socially oriented traditions within psychology, as well as introducing students to human rights and research methods. During the second year (terms 3 and 4), some courses explore personality and ontogenetic development, introduce psychopathology and expand on research designs. Year three (terms 5 and 6) focuses on family and socialisation, sexuality and courses linked to clinical, community, educational or industrial psychology. Courses in year four (terms 7 and 8) are intended to have a deeper

³⁶ It also shaped data gathering, as it was impossible for me to attend all courses taught by all trainers. The same course can be a pleasant experience if taught by certain lecturer, and the completely opposite experience if taught by another.

scope, which enhances learning from the previous terms, including a more precise use of instruments and nosography for diagnoses and intervention.

During year five (term 9) students carry on their final PPPs, write their graduation project, and have their final *viva* examination (locally called “titulación”, meaning “degree-awarding” project; or presenting one’s “thesis”). To be eligible for “titulación”, students need to successfully pass all courses and PPP requirements. Then, they are assigned a teacher to be their supervisor (locally called a “tutor”), and have to choose a theme/focus. Their project can adopt any of these three formats: a) systematization of experiences (based on an epistemology heavily shaped by Latin American social science), b) case study or c) a standard research project (a significantly less popular choice). When the formal document is ready, it is submitted, and a designated group of three teachers conduct a formal *viva* examination, grading the work based on a 1 - 10 scale. If the candidate obtains a score of 7 or more, he or she is ready to, legally, become a psychologist.

3.7 Sampling, participants and techniques

For Critical Psychology, “participants are not considered drive-by sources of information” (Teo, 2015, p. 247). This ethnographic study used purposive sampling, based on data saturation, relying heavily on *snow-balling technique* (Bernard, 2011; Hammersley & Atkinson, 2007). Ethnographic inquiry required that I observe all relevant social action surrounding me in the field, instead of limiting to a predetermined number of subjects. For example, at the FPUG, there were – at the time - around 2000 undergraduate students, 50 graduate students and 70 teachers to be “observed”³⁷. I was not interested in isolated individual cases, nor in statistically representative samples. Instead, *the foci were interactions, meanings and cultural practices* of local performers, as these occurred in everyday life during field work. Gradually (mostly during late stages of research), certain ideas around such phenomena – and, in a few cases, potential hypotheses - were discussed with key participants, so as to listen to their views and incorporate these into the study.

In the context of participant observation, extensive informal interviews were conducted: both individual and, commonly, in groups (spontaneous, unstructured, ecological focus groups). When enough trust had been constructed (fundamentally, in late stages of field

³⁷ I attempted to obtain official socio-demographic data. However, due to delayed bureaucratic procedures, this was not possible. Numbers reported here were provided verbally by staff.

work), forty-one subjects participated in formal *semi-structured interviews* (Table 3)³⁸. These individuals were chosen based on one of these two criteria: having key inputs to offer (based on their roles in the field) and/or displaying identities who tend to be socially disvalued (e.g. living in a marginalised area, being “poor”, being “black”, being “gay/lesbian”). Guide-questions were constructed based on the conceptual focus, and field observations (see Appendixes 3 and 4). Additionally, I conducted a *critical analysis of academic discourses* observed in class sessions where I participated. Here, both written content (e.g. textbooks, class assignments), and what teachers and students said, was treated as data. Four additional sources were utilised during fieldwork: photographs, videos, digital interactions (e.g. virtual group interactions, social media) and media content (e.g. newspaper articles). As illustrated in Table 3, field notes derived from participant observation – including constant informal chats/interviews - were used as the main source for data, while other techniques served to enhance the validity of findings³⁹.

Interviewees	N	Details
Teachers	5	Recently hired (\leq two years) local lecturers = 3 (two females, one male) Retired local lecturer = 1 (male) Visiting lecturer = 1 (male)
Students	25	Basic/intermediate level: 12 (male =7; female= 5) Advanced: 12 (male=5; female=7). Recently graduated: 1 (female)
Grad-students	6	All working in marginalised areas (mainly, through state agencies) (male =2; female = 4)
Maintenance staff	1	Male; living in marginalised areas
Informal workers	2	Male; living in marginalised areas
Members of “the” community receiving professional “help”	2	Female; living in a marginalised area; former “service users”(i.e., diagnosed by trainees)

Table 3 - Formal semi-structured interviews

³⁸ Three of them were actually interviewed at the beginning of fieldwork. Interviewees with two roles (e.g., simultaneously teachers and grad-students) have only been counted once in table 5; on two occasions, subjects were formally interviewed in groups of 2-4. The average duration of each interview was 45- 60 minutes (in the majority of cases).

³⁹ In the case of social media and other online content, additional data was sporadically gathered after field work finalised.

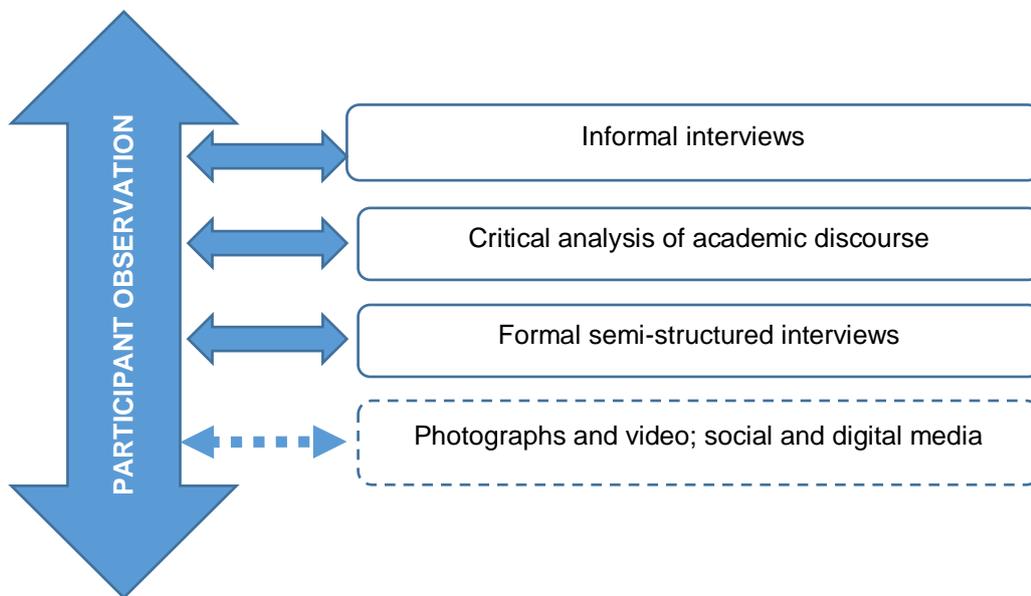


Figure 7 - Ethnographic techniques utilized during the study

Field notes and interview transcripts were read at length and then entered into Atlas.ti software⁴⁰. This data was coded iteratively, relying on both a preliminary *thematic analysis* (Ryan & Bernard, 2003) and a *critical discourse analysis* (Fairclough, 2013). These operated in the organisation and interpretation of data, correspondingly. Analysis was conducted in four broad, consecutive and interconnected phases: reading field notes, coding and analysing them; writing preliminary drafts based on such analysis; utilising interview transcripts and additional sources to refine, confirm, or modify initial drafts. To report findings, I relied on both the use of cases (Monroy, 2009): unique, context-bounded events, and on *categorical aggregation* (Stake, 2007): constructing conclusions based on many different cases and narratives, without reporting details of all of them. As in all ethnographic research, the “data” presented here embodies and interrelates both “objective” and “subjective” dimensions (Pool, 2017). For more details, see section 3.3, p. 86., and section 3.10, p. 109).

3.8 Accommodation

Unlike other university campuses, the UG does not have residences for students. Instead, students – as teachers - live in diverse locations within the city. Others travel

⁴⁰ Atlas.ti was not used for any hypothesis testing per se, but for organising and retrieving data for preliminary analysis. All data was in Spanish, and was analysed by the researcher in this language. A random sample (30%) of the quotations reported in this thesis was later back-translated by a blind external bilingual reviewer (Appendix 1).

from other cities and towns. During fieldwork, a suitable strategy was developed to decide living arrangements for the researcher (Table 4).

For the first month, I stayed at the house of a relative in an upper middle-income area. This location was referred to by one low-middle-income participant as “pelucon” (meaning high-class, posh). Then, I moved to the house of a second relative, in a lower middle-income area, which a low-middle-income participant described as “popular” (i.e., working class). The main advantage of this second location was that it decreased categorisations of me as being a class outsider (a “*pelucón*”), potentially made by middle and low-income participants. Its main disadvantages were discomfort (e.g. overcrowding, loudness, incongruent standards regarding hygiene) and the risk of family feuds. This was a productive experience, as it gave me a *taste* of what numerous students living in such conditions might experience. In fact, many of them lived nearby, so I decided to move to a small, cheap studio in this same area.

Residence	09/2015	10/2015 to 03/2016	04/2016 to 07/2016	08/2016
Upper middle-income (“pelucón”)				
Lower middle-income (“popular”)				
Relegated (“marginal”: Faraway Hood)				

Table 4 - Accommodation

By April 2016, I decided to move to Faraway Hood – a so called “marginal” area- in order to experience first-hand how it feels to live there. I chose this site for several reasons: it is one of the communities where students intervene during their PPPs; a few students live there themselves; it is a particularly distant and, much of the time, stigmatised, urban location. My wife lived with me during fieldwork, with the exception of my time in a Faraway Hood (due to safety issues, with women being particularly vulnerable). I moved here on April 16, although due to an unexpected earthquake, I went there irregularly for the next two weeks.



Figure 8 - An area labelled as "popular"



Figure 9 - An area labelled as "marginal"

3.9 Stages, roles and strategies

Fieldwork is anything but static and “communities are everchanging (sic) entities” (Desmond, 2014, p. 35). Table 5 summarises the main stages of my fieldwork, and how I dealt with both the expected and the unexpected (Ice, Dufour, & Stevens, 2015):

Stage	Duration	Role	Main strategy
Entering the field	09/2015 to 12/2015	A former “professor” ⁴¹ turned ethnographer	Familiarise with the local context, identify social performers and cultural codes, select sub-groups for close/permanent engagement, decrease categorisation as an outsider (including entry rituals)
Fieldwork while living in a popular area ⁴²	12/2015 to 03/2016	Ethnographer	Continue participant observation (focused mainly on attending classes with a few groups of students and join them in their PPPs)
Earthquake	04/2016	Volunteer (for 3 days) & ethnographer	Volunteer in a post-earthquake health brigade, register the cultural response to the event
Fieldwork while living in a relegated area ⁴³	04/2016 to 07/2016	Ethnographer	Continue participant observation as in stage 2 (especially focusing on clinical and community psychology), formal semi-structured interviews, explore my own neighbourhood of residence
Leaving the field	08/2016	Ethnographer & “professor” ⁴⁴	Conduct observant participation from the role of a “new” professor, socialisation of preliminary findings (event open to all participants at the FPUG)

Table 5 - Stages, roles and strategies

During *Stage 1*, my main focus was to gain access to the local social world, including engaging in a few entry rituals (see, for example Figure 10, photo taken during a break in an external event; and Figure 11, photo taken on campus). I lived in both a “pelucón” (one month) and a “popular” (two months) neighbourhood, and contrasted both spaces. I conducted participant observation at the FPUG and its surroundings, including academic and administrative meetings and interactions with staff and students. I also

⁴¹ I worked as a lecture at the FPUG during one term (May-Sept 2014); before quitting the position to start my PhD. After a first submission (late 2017), I started lecturing again.

⁴² I moved to this place in October 2015. However, I consider this a suitable label for identifying this stage.

⁴³ I moved to this place on April 16. However, due to the earthquake my stay at this new location was irregular until May.

⁴⁴ I was hired as a lecturer again, shortly before leaving the field.

participated in an external training activity on “dependency on drugs”, as an informal, preliminary exploration on how mental health professionals – including FPUG alumni - were dealing with this problem. As the teaching term started officially (October 2015), I visited several advanced-level courses during the first week of class (which was very exhausting) and chose one specific group to become their ethnographic “classmate”. This group attended class in the morning shift (and thus, tended to be viewed as particularly smart, but also more “competitive” than those from the afternoon and evening), was culturally diverse and was very active during class sessions (including a few students labelled as conflictive or trouble-makers). Entry rituals included getting invited by students to join them in informal contexts (e.g. sports, social gatherings). Gradually, they started to be spontaneous around me (including using curse words, and plenty of joking).



Figure 10 - Relaxing and joking with male psychologists



Figure 11 - Running with a group of students

During stage 2, I spent most of my time in class, joining advanced students in their PPPs conducted in Faraway Hood, and “hanging out” with a few groups of trainees – from diverse levels of training - in informal spaces. In April 2016 an unexpected event occurred (on the evening of the day I moved to Faraway Hood): a devastating earthquake hit the Ecuadorian coast. Due to this emergency, many institutions (including the FPUG and the Ministry of Health) required volunteer psychologists to go

to the impact zone and help people in distress. I enrolled as a volunteer for three days, leading a group of UG students – including psychology trainees. During the next weeks, I recorded the cultural response to the event (including training on psychological interventions post-disaster). I view this period as the Stage 3 of field work. During the following stage 4, I resumed the same activities as in stage 2, but focused specifically on courses linked with clinical and community psychology. I spent more time conducting formal semi-structured interviews (Table 3) and exploring Faraway Hood.

Earlier in 2016, there was a call for applications for a lecturing post at the FPUG. After discussing this with my supervisor, I applied and was appointed to the position. Stage 5 started in August 2016, when I started my job (I lectured only during the first week; most of my work hours were allocated for research activities). By this time, I had moved back to my previous residence in a “popular” area. My decision to become a teacher was based on three criteria of opportunity: accessing capital, getting to observe the field while participating from a different role (formally, of higher prestige) and allowing a smoother transition for leaving the field (as, by that time, I was quite immersed in the world of students and informal workers). I brought my fieldwork to a close by inviting participants to an event held in the FPUG auditorium, where I shared preliminary findings, and discussed these with them.

3.10 From “data” to “findings”

In order to conduct this research, I followed the broad, conventional steps of an ethnographic inquiry (Hammersley & Atkinson, 2007): set a research topic/problem; selected a research setting and potential cases; collected the data; and analysed the data. Detailed technical aspects of the research process have already been reported throughout this chapter. However, here I will illustrate more specifically the type of procedure I followed in order to generate ethnographic “findings”, focusing specifically on data analysis.

Data analysis relied on critical discourse analysis (see section 3.3, p. 86). In the context of such tradition, I: a) organised all data digitally; b) carefully read, watched and heard the data, making preliminary analysis and writing notes; c) analysed the content, as to establish a tentative set of themes and sub –themes; d) conducted an abductive analysis by making sense of themes at both the light of theory, and the lived experience I recalled from fieldwork; e) drafted tentative “findings” by attempting to abstract higher order categories (this draft included excerpts of data that I translated from Spanish to

English); and f) refined such draft successively, informed by abductive thinking, and academic discussions with peers and senior scholars.

Atlas.ti software was utilised exclusively for steps a, b, and c. However, software did not replace positioned, theory-driven analysis and interpretations (Haraway, 1991, 2013; Martín-Baró, 1998; Teo, 2015). To do so would have been “dangerous” (Carspecken, 1996, p. 149), as software cannot replace “the researcher’s eyes, ears, mind, and heart” (Madison, 2005, p. 39). The reader can check some of the loosely structured preliminary coding I constructed in early stages of analysis, which were only exploratory (Appendix 5). However, the actual analysis relied on my sense-making process, which was conducted by reading and thinking theoretically around the constructed themes, with the lived experience in mind.

I will illustrate the process with a particular finding: what I interpreted as *help-as-war*.

As I was aware of literature critiquing the Global Mental Health Movement, the issue of neocolonialism was in my mind early on, at the beginning of the research project. While collecting the data during fieldwork, I observed a number of discourses and artefacts that suggested this was a potential theme. A few examples of data I collected, digitalised and stored:

[cierta estudiante] dice que si vienes con estudios de afuera “te ven de otro modo”, mejor, superior, claro, comparado a hacerlo aquí en Ecuador (Fieldnotes, informal chat in the hallway, 22 July 2016)

[cierto profesor/a] dice que “no es por nada, yo soy ecuatoriano y todo, pero los libros escritos por autores latinoamericanos son demasiado superficiales y a veces están mal escritos”. Dice que “la ciencia está escrita en inglés”. Al hablar sobre un lenguaje común por globalización, dice que “por motivos científicos, al parecer ha resultado en inglés” (Fieldnotes, informal chat walking through campus after lunch, 4 November 2015).

“Ellos (psicólogos extranjeros) son, como, ellos estudian más y son más avanzados. En cambio, nosotros no” (Interview, female student, 21 years old, mix-race, 17 march 2016).

Translation:

[a student] says that if you come home with a degree from abroad “people see you differently”, better, superior, of course, if you compared it with getting a degree here in Ecuador

[a teacher] says “I am Ecuadorian and everything, but the books written by Latin American authors are too superficial and sometimes badly written”; in contrast,

there are “more developed countries”, “more important countries” than Ecuador; when discussion globalisation, s/he says that science is written in English “due to scientific reasons”

“they [foreign psychologists] are, like, they study more and are more advanced. In contrast, we don’t”

An example of artefacts that were originated in the Global North and exported to the Global South was that of a book entitled “*Psicología Clínica*” (Clinical Psychology). I spotted this book while conducting participant observation in a classroom (it was the essential reading of the course). I asked the student who owned it if I could take a photo; and did so (see Cover C, on figure 32, p. 188). By reading its back-cover, I found out that it was originally published in the USA under the title “abnormal psychology”, and included clinical cases from such country. These, and other data, gradually suggested to me, during fieldwork, that neocolonialism was consolidating as a potential theme.

When I finished fieldwork and moved back to London, I entered all data into Atlas.ti software, with the sole purpose of organising it and conducting a preliminary analysis that lead to tentative themes and subthemes. While doing so, I entitled one of the themes as “neocolonialism-risks”, which had 35 sub-themes. The number of quotes for each sub-theme varied from twenty-four to one (which would have needed further refinement), including the excerpts mentioned in the previous paragraphs. This was followed by abductive reasoning on such theme, informed by the fact that I was working on major revisions on chapter two (literature review), while re – reading key quotes from my data. At this point, and due to time constraints and my own sense-making process, I decided to stop utilising Atlas.ti, and began writing a *preliminary* draft of *potential* findings. In such draft, I included the theme of neo-colonialism under a section entitled “the global-local dynamic”. I also included a different theme entitled “help-as-war”, which pointed out to the cultural violence that psychologist could produce as the result of using foreign, culturally unfamiliar, decontextualising instruments of help (among others).

After refining this earlier version based on academic dialogues and abductive thinking, I decided to include evidence linked with neocolonialism as part of a broader, higher order category: that of learning and applying psychology exported by Western Educated Industrialised Rich and Democratic (WEIRD) nations, in the context of “help-as-war” (chapter 6, on this thesis). This finding was backed – among other data – by the

excerpts of fieldnotes and interview presented in earlier paragraphs (see section 6.1.2, p. 193, for the way findings are presented in the final version of the thesis).

The end result of the process are interpretations where I integrate data as much as possible into a single, coherent narrative. For example, the teacher I cited on an earlier paragraph, on a different occasion, evoked a discourse contrasting Ecuador with “more developed countries”. Far from decontextualising his/her – or any other quote - the way I present findings attempts to rely on data saturation after months of interactions. By the end of fieldwork, based on both discourses and behaviour, I knew this particular teacher thought little of the knowledge produced in Ecuador, compared to Europe and the USA, and that this seem to be the case for most subjects I encountered. The link of neo-colonialism with “help-as-war” is also an abductive production, as I associated both after reading more about the concept of *coloniality*, and making sense of data inductively, but in a conceptually coherent way. I also tried to find cases where neo-colonialism was not present, as to bracket and avoid a single, essentialist interpretation. For example, I stressed how a minority of discourses did highlight the importance of knowledge produced in Latin America and Ecuador (these examples are presented in different parts of chapter 6, and also in the contextualisation presented in chapter 1). For example, a teacher inviting students to read Latin American literature from countries with a “serious production” (see section 6.1.1, p. 187). What begun as “data” from interviews, field notes and photographs, was analysed, and presented as an interpreted “finding”, namely, that, despite the existence of some expressions of cultural resistance, the coloniality of WEIRD psychology seems to be a major influence on the professional identity that psychology students construct in Ecuador.

I have followed the process described here. However, it must be noted that, as I conducted a critical ethnography - which involved critical discourse analysis -, my approach to data was not essentialist:

“primary data” (conversations as they are perceived on site) are first transformed into “secondary data” by the semiotic selection of the “camera eye” and “microphone”⁴⁵ and then transmuted into “tertiary data” through further selection and abstraction by the analysts who produce transcripts of a specific precision that depends on the analyst’s research interests (Reisigl, 2013, p.9)

My research interests had been reflexively reported earlier in this thesis (see chapters 1 and 2, and previous sections in this chapter). Considering this, findings need to be

⁴⁵ The researcher’s subjectivity; his perceptual, cognitive and affective processes.

interpreted only as partial and situated (Haraway, 1991, 2013; Martín-Baró, 1998). “Data” was constructed through the unavoidable filtering process of lived experience on the field, and my situated positioning. This resulted in copious field notes with participants’ verbatim quotations from naturalistic settings, as well as author’s observations and impressions; and recorded - and later transcribed - discourses derived from interviews with individuals and small groups. Findings presented in this thesis are not neutral or essentialist, but provides “a range of interpretive possibilities” (Holmes & Smyth, 2011, p. 153).

3.11 Ethics

Both the UCL ethics committee and the FPUG directives granted formal approval to undertake this research (Appendix 8). Based on conceptualisations by Hammersley & Atkinson (2007), this is considered to be an *overt ethnography* – my role as a researcher was public - that relied on *ethical situationism*: assessing each ethical challenge on its own terms. As with most similar research, in this study it was “impractical to seek consent from everyone involved”, as “ethnographers typically have limited control over who enters their field of observation” (Murphy & Dingwall, 2001, p. 342). Still, participants who were formally interviewed all signed consent forms. I adopted a reflexive approach around ethical dilemmas throughout the project (Case, Todd, & Kral, 2014), including issues such as engagement, identity negotiation, diverse agendas, researchers’ influence on the field and the style used in reporting findings (including how best to anonymise the data).

As with all ethical research focused on humans, this ethnography: a) protected participants from harm and b) engaged with procedures and outcomes intended to be beneficial. I aspired to report findings that will “‘make a difference’, although the benefits may well accrue to the collective rather than to particular individuals” (Murphy & Dingwall, 2001, p. 347). As by the final month of fieldwork I had become formally associated with my former field site, reported material has been deal with special reflexivity and care (Alvesson, 2003), a demand that is much more present in ethnography than in most positivistic research approaches (Tolich & Fitzgerald, 2006). Based on less formal, and more substantial ethical calls (Teo, 2015), this research has a “consciousness-raising intention” (p.249) and aspires to challenge “oppressive social situations” (p.247).

3.12 Strengths and limitations

Well-known limitations of ethnography revolve around particularism and subjectivity. Ethnographic findings are only valid for the specific population under study, in a specific time and place (Lambert & Mckevitt, 2002). Structural global processes (e.g. capitalism, globalisation, patriarchy) are only grasped as they permeate the experiences of the studied population (Geertz, 1973). The knowledge resulting from ethnography is, therefore:

bound temporally and contextually, shaped by the particular purposes and experiences of the observer, and by the encounters which he or she had with particular others in the field. It can lead to only the most modest extrapolations of forms, offered often without assurance that the “same” forms might not be combined in a quite unexpected ways elsewhere (Rock, 2001, p. 31).

Paradoxically, this can also be considered to be a major strength (Littlewood, 1999), as ideographic knowledge derived from ethnography offers “portraits of humans and human life with all the richness of their unique forms” (Windelband, cited by Bernard, 2011, p. 64). The major strength of this approach is its cultural validity (Jadhav, 2009) and the critical situation of findings (Carspecken, 1996; Duff et al., 2016; Holmes & Smyth, 2011; Madison, 2005; Reeves, Kuper, & Hodges, 2008; Thomas, 1993). Subjectivity is embraced and incorporated into the analyses, for example, by *bracketing*: finding cases that seem to contradict the views of the researcher (Tufford & Newman, 2012). Ethnography can only “insinuate” theories, but these theoretical arguments are grounded enough to give them significant explanatory power for local realities (Geertz, 1973). It is an open-ended approach that produces a type of knowledge unavailable via other methods (Bernard, 2011), as it examines “what people actually do”, not just what they “think they do” (p.306).

This particular study had several specific limitations, mainly due to issues of time, access/gate-keeping, the need for confidentiality, safety and/or practical constraints. For example, I had limited direct access to concrete professional-lay face-to-face encounters: around a dozen; only a tangential consideration of psychiatric institutions, spaces for policy-making and - despite constant visits, and living in Faraway Hood for over three months - a limited amount of time spent interacting directly with actual “patients” or “service users”. Interviews with religious and folk healers are missing and it was impossible for me to enter the world of gangs and drug-trafficking, which remain key areas of inquiry. The copious amount of ethnographic data gathered during fieldwork made it pragmatically impossible to report all of it, and some sources (e.g.

media and social media content, diverse formal academic documentation) were used only as complementary material, analysed to the point of saturation, but without further deconstruction or detailed reporting. Despite theoretical formulations around “gift exchange” and “liminality” (chapter 7), this thesis’ cross-disciplinary approach focused on CP, *not* economy or classic anthropology. Regarding the review of literature (chapter 2), this thesis has not covered the entire literature specific to “community psychology”, nor sources written in languages other than English and Spanish (e.g., numerous Brazilian authors); it engaged mainly with Freire’s early work which influenced liberation psychology, but did not deepen the discussion regarding his later work. In the case of the category of “liminality” (see chapter 7), the wider anthropological literature on such subject was not reviewed in full extent, due to the scope of the thesis. The thesis has implications regarding diverse sub-cultural worlds and the link between psychology and other social institutions (e.g. corporations, the media, schools, psychiatry), which were not explored in detail due to the scope of the research. Overall, the “messiness” of the PhD process made it difficult to fully satisfy the conventional disciplinary demands of diverse traditions and fields (see section 1.6, p. 47).

It has been argued that “quantitative techniques are limited in their ability to help us study social dynamics in mixed societies like Ecuador, and in- depth qualitative studies of local ethnic narratives are crucial” (Roitman, 2009, p.10). This study adheres to this argument, as it does to others which challenge the rigid and fixed idea that a single physical location needs to be the *only* focus of inquiry (Marcus, 2009). Similar to what occurs with ethnography in general, the limitations of multi-sited approaches – to necessarily spend less time and effort in some locations than other – are also its strengths. This study is not an ethnography of Faraway Hood, but focuses on psychology training and its relationship with suffering – especially that which occurs in marginalised places. However, despite little time spent in marginalised neighbourhoods in comparison with the FPUG building, moving between both spaces allowed a unique opportunity: to examine how psychological theories and practices interact with the popular suffering at the margins, and vice versa.

This thesis *is* a piece of academic work. Its findings are reported in a way that reflects, as accurately as possible, the real-life social practices observed after one year of constant and intense participant observation. This thesis *is not* an example of orthodox clinical or epidemiological research; It *is not* a technical-pedagogical or administrative audit of the university that operated as strategic site, *nor* a legal or quasi-legal investigation of any type. Although reflexive in the way in which it is written, the thesis

does not feel obliged to present a *nice picture* which only exalts the virtues of the host institution (although it has many), as this is a task for public relationships departments, not critical academics. Similarly, it does not focus exclusively or excessively on viewing local practices negatively. Instead, it tried to provide a balanced “thick” description based on situated interpretations.

The author asks the reader to keep issues of confidentiality in mind if they feel that specific identification of some sites and participants is missing, as this was a deliberate, and unavoidable ethical strategy. My role as a lecturer (both previous to field work, and after fieldwork) need to be considered, as it surely shaped the type of “cautions” that I needed to take in consideration in order to avoid harm to myself and, specially, to the participants of my study. In addition, it must be noted that this thesis examines psychology training in a specific university and that similar research in other Ecuadorian institutions might lead to different data. Moreover, to repeat the study in the same institution, in a different time or under different circumstances, would probably result in different findings.

Chapter 4 “The community”

Critical Psychology (CP) understands professional identity (PI) as being “socially embedded”, and prescribes that it should be responsive to local culture. Thus, this first substantive chapter will immerse the reader in the world of “the community”, meaning, the wider population of Guayaquil: those who are not psychologists, but are framed by psychology trainees as the potential recipients of their help. Specially – yet not exclusively – those labelled by professionals as “marginal” and “vulnerable”. The objective is twofold. First, it will provide a necessary account of the wider social context where the FPUG operates. Second, it will unpack how “the people” - in the Freirean sense - conceptualise the identity of psychologists, and what they expect from them as healers. As the chapter presents an account of the culture, practice and needs of “the” community, the reader is invited to bear in mind that most psychology trainees at the FPUG were born and raised in such “popular” setting, which is a major shaper of the way they negotiate their identity during professionalization.

The chapter will explore the culture and experience of the wider local community, through: an ethnographic account of a specific “marginal” and “vulnerable” setting (i.e. Faraway Hood); the introduction of a key informant (i.e., John⁴⁶); the exploration of what “the community” thinks of, and expects from, psychologists; and an ethnographic account of performing as a “service user”.

4.1 Faraway Hood

“Faraway hood” is the code name I use for a marginalised area in Guayaquil, that is especially relevant to this thesis for several reasons. Numerous FPUG psychology students provided their “help” there as part of training, while a handful of them lived in the area. Based on this, I decided to live there myself for three months as part of my ethnography, aspiring for it to be a proxy to the “popular” culture, and how it related with the “professional”. In Faraway hood, many experiences of suffering seemed to be associated with structural violence (Farmer, 2003; Galtung, 1969, 2003; Kleinman, Das, & Lock, 1997; Martín-Baró, 1998). Here, I will provide some quantitative data to illustrate and contextualise this, before presenting my ethnographic account. As to contribute to confidentiality as much as possible, I will not make sources explicit, but the reader should know that that these include official State institutions (e.g., agencies in

⁴⁶ As explained in section 3.1, p. 41, the frequent reference to John as an ethnographic character, next to other voices from the community, is a deliberate narrative strategy.

charge of statistics; risk management; irregular settlements; natural resources through remote management; service provision); and regional organisations (i.e., Development Bank of Latin America). It comprises data ranging from 2010 to 2017.

Faraway was a traditionally rural area that was increasingly industrialised and urbanised. Presently, the entire community has a population of over 400.000, mostly migrants, or descendent of migrants. By 2010, most identified themselves as mestizos (69,8%), but others reported to be African-Ecuadorian/negro/mulato (10,9%); montubio (6,3%); indigenous (0,4%); and white (9,1%)⁴⁷. Most subjects had only studied to the level of grade-school (35%) or high-school (30,7%), with university students being a minority (7,4%); illiteracy rate was among the highest in Guayaquil (4,6%). Only 54,6 of the population was economically active.

Data from 2014 suggested Faraway had the highest poverty rate in the city (28,5%, when Guayaquil's global poverty rate was 13,9%). About a third of the population worked in activities linked with agriculture; the rest worked in factories (by 2016, the zone had the highest industrial presence in Guayaquil), and in formal and informal commerce and services, among other. Access to some basic services is still deficient: sewer system, for example, only benefits 40% of neighbours; and around 7% are neglected by the garbage collection provider. Access to health services is equally low (about one centre for roughly twenty thousand people, about 50% of what was the city average, by 2016). It is also second in the urban ranking of zones with "precarious housing", hosting eight deprived, marginal settlements. The average number of people living in each house was 4,7 by 2010, about one inhabitant higher than the city average; about 14% of houses were built with materials of lesser quality than cement, concrete or bricks; and 6,5% had no flooring but soil. In addition, Faraway also has significant risks of flooding and landslides.

Locals deal with problems such as crime, including intense gang-activity, drug-trafficking and substance abuse. Most of these are frequently reported in the local media, especially when they are shocking, such as the rape and murder of a woman; how a stray bullet related with gang activity killed a young girl; police raids seizing drugs; or the negative effects of "H" in the youth. The area was included by health and law-enforcement agencies among the 33 zones where around "80 per cent" of local "H" expending and consuming occurs, based on public statements by State

⁴⁷ This 9,1% of people identified as being "white" contrasts with the national trend, which is of about 6%.

representatives. In contrast, there were only 378 police staff servicing the over 400.000 neighbours from Faraway, by 2017. All of the features described here made it a good example of what local psychologists commonly call a “marginal” and “vulnerable” community.

4.2 Living in Faraway Hood

I decided to move to Faraway in order to better understand the interaction between “popular” and “professional” cultures, as shapers of PI. This understanding was, however, a mere proxy. Despite my best reflexive practice, I am a middle-class mestizo academic, simply trying to experience the world – to a small extent - through the eyes and voices of “the community”, in the context of ethnography, for a very limited period of time. I will account for my experience in four sections dealing with fear, the construction of “marginality”, views from two of my former neighbours, and insights into how people suffer and heal in Faraway Hood.

4.2.1 Fear

My initial reaction with “marginal” and “vulnerable” areas in general – and with Faraway Hood in particular – was that of *fear due to crime*. This is how many psychology trainees and practitioners seem to feel about engaging with people in these areas, which is expected to influence the way they develop their PI. Violent mugging and assassinations were reported in the media and by a few informants living in such areas. Online hip-hop videos from underground “ghetto” artists, warned outsiders about “stray bullets” taking “innocent lives” and about “crazy” and “drugged” gangsters “shooting” those who “show disrespect”, or who are suspected to be informants to the police or rival gangs. Moving to Faraway implied tangible dangers, and required developing a basic knowledge of how to not be framed as “disrespectful” by locals and, especially, to avoid been targeted by gang members. Several informants advised me not to move to such type of place. A policeman told me during an informal conversation within the university campus:

“It is very dangerous”, they (drug addicts) can “peel (rob) you”, gangs may also “think you are (police) intelligence”

A psychologist with experience working in Faraway told me:

“they will think you are *sapo* (a police officer or rival gang informant); “they are going to kill you”; “it is dangerous”

Women who were later to become my neighbours also warned me:

“you have to be very careful”; gang members can “give you a scare” (i.e. show you a knife or a gun) or “*pata-aribearte* (mug you).

Other future neighbours told me about cases of murder in the area and one strongly warned me not to move there. At the University, FPUG teachers and students reacted with equal alarm. During a lunch, a female academic said: “I couldn’t do what Manuel is doing”, while a male clinical lecturer joked about an upcoming newspaper headline: “he died in the name of *science*” (see section 5.1.3, p. 159, for the local use of “science”). Students were equally alarmed. A middle-class male student told me about Faraway: “I could not do what you are doing”, as the place “is ugly”, and asked me to “be careful”. Warnings also came from a female student who lived in a place similar to Faraway: “they are going to see you are tall, white, and they will think you have money” (i.e. risks of getting mugged, classist-racist stereotypes). Despite these reactions, I was happy when – after finding a gatekeeper, and securing minimal safety conditions – I moved there. The stereotypes made salient by the female student before were revisited by local residents: I was told I looked “Spanish” (i.e. bearded, tall, relatively white-looking to locals), and – jokingly- Arab (“Osama-Bin-Laden”) and had little chance to fit in. A boy once called me “Jesus” and laughed with his friends.

When I move to Faraway hood, fear moved in with me. Initially, it was quite present in public space (e.g. walking outside of my street for groceries, waiting for public transport, or taking a rickshaw). Later, I started to feel much more familiar with the space and “the community”, and locals became aware of my presence. Although my local interactions were not as intense as I would have initially desired (i.e. I spent a lot of the time at University and in other relevant sites), my exploration of public space increased gradually. First – due to fear - I would only walk near my street during the day. Later, I ventured to more distant and unexplored areas, including a couple of full night walks by myself in dark, empty streets. With time, my fear changed: first it was “felt” in my body: (real fear, with a physiological component), but then it became a more “rational” fear: (knowing danger was around, but still embracing uncertainty while taking a few appropriate precautions). An illusion of safety – moving around without getting hurt for long enough – seemed to have played a role in my quasi-fearless experience by the end of my stay. Chance played an important role too. I was lucky not to get hurt. Or it may be that criminals “respected” me, by some circumstance of which I have no certainty.

4.2.2 “Marginal” according to whom?

Although “marginal-urban” (as “vulnerable”) is the common way to categorise this type of place, labels vary depending on (inter) subjectivity and *social comparison*⁴⁸. While some used the label “marginal” to describe others – and, much less, themselves⁴⁹ - others disputed its meaning. For example, I spoke about my move to two different men, living in two different “popular” areas. Both responded with humour: one called it “the underworld” (meaning, notoriously marginal), and the other laughed and said the place was not marginal at all, as he frequently goes there with his family to eat out. Moreover, I was surprised when a psychology student told me spontaneously – and before knowing about my move there - that Faraway was “middle class”. Her criteria: many homes, despite poverty, have “order” and “cleanliness”. In fact, there are some similarities between “marginal” and (low) middle-class, “popular”, areas, such as the key reference points of churches and markets, or the common presence of antennas and other devices for cable TV and internet.

My view of Faraway Hood is that two geographies (at least) co-existed within it: the “marginal” and the “popular”. The first term was usually used to describe only the notoriously poor, usually non-white, population with low levels of formal education. The second was commonly stretched in lay discourses to also include “middle-class” - from a cultural, not always material, standpoint -, especially low-middle-class people and spaces. A lot depends on specific sub-zones and streets within the larger area of Faraway. Some of these streets are “marginal”, others are “popular”, sometimes being very close to one another. There can even be a “marginal” home next to a “popular” one. I observed a similar phenomenon in a few other “marginal” and “vulnerable” places, even in the “popular” area where I lived before moving to Faraway. However, structural problems, lack of basic services⁵⁰, crime, and stigma seem to be much more pervasive in neighbourhoods that were commonly framed as being “marginal”. Most of these places - such as Faraway – have the distinctive characteristic of being located at the geographical periphery of the city, both north and south of the centre (Figure 4).

⁴⁸ Festinger’s concept of “social comparison”: “process whereby people reduce uncertainty about their beliefs, abilities, and emotions by comparing themselves with others, especially when objective criteria of evaluation are not readily available” (Colman, 2008).

⁴⁹ Exceptions are underground artists living in deprived zones, saying to be from “marginal neighbourhoods” or “ghettos”, being proud of it; or beggars using the label to generate pity in fellow citizens to get money from them.

⁵⁰ An interviewed working-class man from a different area told me about politicians: “only when they are campaigning they notice you. Once they are in power, they forget about you”

4.2.3 Two bored female neighbours

Among those who I talked with the most were Martha and Janet - two female neighbours, in their 40s, dark-skinned, and living in a very poor little timber house. I asked them a few things, including what they thought about Guayaquil, Faraway and what their own main worries were. They immediately complained about Guayaquil now being “terrible”, as there is “no respect”. They were really talking about “drugs”. They discussed the *morality around the use of public space*. They would like for consumers of drugs to do so “hidden” (as it used to be), and not in front of children, near schools and elsewhere (as it is now). If necessary, police should “beat” them, or put them into “jail”, they said laughing, “so they don’t do it in public again”⁵¹. Their narrative embodies a counter-weight to the modern liberal discourse around “rights” reproduced by most psychologists (e.g., decriminalising and pathologising consumers), and it is a call for the use of traditional vertical punishment for the purpose of a greater social good (i.e. protecting children and teenagers from crime and toxic addiction).

I asked about their specific problems, and they mentioned “debts” and sometimes being “depressed” by family problems (unruly children and cheating husbands). They also complained about “routine” in their everyday life: in Faraway, everyday “is the same old thing”. They do the household chores and care for the children, try to sell some informal catalogue products, enjoy an occasional game of “bingo” in solidarity with a neighbour, among other daily activities. They are “bored”. Even during the holidays, they occasionally lack the money to leave Faraway and enjoy a trip with family or friends somewhere else.

4.2.4 Suffering and healing in Faraway

The previous sections already illustrated how “the community” in Faraway suffered (i.e., poverty, drugs, family problems) and experienced “being fine” (e.g. playing bingo and helping each other). In fact, my own experience was that both dimensions co-existed. Suffering in Faraway was associated with the hard surfaces of life: slum-style scenarios (garbage, poverty, occasional “chamberos”-recyclers) around certain homes and with most urban problems (see section 4.4.1, p. 127). More than once, I overheard “family problems”: parents beating children and couples fighting as well as mentions of bills (i.e. “rent”, “water”, “electricity”). When it rained, some areas were flooded, and several poor

⁵¹ A recent municipal regulation prohibits consumption of “drugs” in public space. It remains to be seen if its implementation is feasible, and how it is carried out.

households got wet. On my street, I once spotted the dead body of a stray dog, which I experienced as a symbol of how difficult life can be in this place (Figure 12).



Figure 12 - The hard surfaces of life

However, as in all other communities, people in Faraway are also capable of “being fine” without any professional help. Bingo can be organised by women to both enjoy leisure time and also to help a neighbour in need. Religious spaces are widely present, both publicly and in private (“seek for peace in God, because God is love” read a decoration inside a local home); sports are played (Figure 13); music is heard constantly (e.g., upbeat rhythms, such as salsa, hip-hop, or reggaeton⁵², including occasional Kichwa lyrics, as I heard once in a small restaurant, or USA electronic music, as I once heard my teenager neighbour playing). Hosts are usually very friendly, offering soda, fruit, or cookies and cheese to respected guests. Alcohol is consumed, not being only a negative influence, but a means for wellbeing, especially (although not exclusively) for men. At night, sometimes a car selling “*morocho*” (rice-based sweet drink) and bread passed near my street and I would enjoy the tasty and cheap treat. During one of my night walks, I remember enjoying the silence and breeze under the stars and the full moon.

⁵² A popular music genre born in Puerto Rico in the 1990s, influenced by hip-hop, reggae and several Latin American rhythms; “often accompanied by sexually explicit lyrics and a provocative dancing style known as *perreo* (doggy style)” (Marshal, Rivera, & Pacini, 2009, p. 1). Lyrics can also be apologetic of the “gangster” lifestyle, and reflect the experiences of people living in deprived urban neighbourhoods.



Figure 13 - Local street, occasionally used to play sports

I am not romanticising the poverty lived in Faraway, nor the hard surfaces of life which my neighbours regularly and systematically faced. Simply, I evoke the well-known fact that some non-professional strategies for wellbeing and healing were in place, despite the pervasiveness of individual and social suffering. From reports of informants from other marginalised areas, I knew some specific neighbourhoods can be quite “tranquilos” (calm, relaxed), and that neighbours can be “hard-workers”, “united”, “human”, “humble”, “sociable”, approachable and polite, developing a healthy camaraderie and being able to use “dialogue” to find solutions for a respectful coexistence (occasionally, even with gang-members). A psychology student who lived in a “marginal” area told me this was not the case in most middle-class or above areas. While structural constraints restrain the agency of most neighbours, there are some who wish to remain in “their” territory (despite having chances to move), and others who desperately aspire to get out. Experiences vary according to specific geographies and identities. A female psychology student in her 40s living in a place not that different from Faraway, for example, decided to stay there despite having financial means to move out.

For those who stay – as in all other communities - non-professional sources of “being fine” are at their disposal. If specific illness presents itself, both religious and folk healing systems are available. Professional psychology - despite the cultural psychologisation brought by globalisation – still remains a less popular choice, at least based on the several local informants I talked with near my street. A man, for example,

expressed his scepticism around the idea of seeking help from psychologists. The two “bored” and sometimes “depressed” women I interviewed did not even know if there was a psychologist working in a nearby public health centre, and one of my neighbours – an elderly lady who migrated from the highlands – did not know what psychology itself was. An informant - a psychology student who lived in Faraway – confirmed, in fact, that there is a psychologist in the local health centre. Despite this lack of interest for psychology, numerous psychology students have visited Faraway in the past, offering their professional gift to “the community”.

4.3 Meet John

At this point, I will introduce the reader to a particular non-psychologist subject who was one of my key informants: *John*. He did not live in Faraway, but in an equally marginalised area of Guayaquil, not very different in terms of social suffering and structural violence. He is an informal worker operating in the campus where the FPUG is located. He lives in a hovel-style little room (near garbage, dirt and vegetation), in the backyard of a notoriously poor, cane-built house. He is in his 40s, dark-skinned and self-categorised as a “montubio” (coastal-rural origin), with scant formal education. Many years ago, he migrated from a rural zone to the city. In his past, he was involved with substance abuse, petty crime and rough sleeping. He even spent some time in jail. Due to the support of his family, he now has a place to live and a precarious, but legitimate job. He still consumes certain illegal substance, but claims to do so only occasionally. He feels that most people on campus (including some psychology teachers and students) treat him “very well”, being “nice” to him. However, many others ignore him, not making any eye contact nor engaging in conversation. Moreover, he has also been mistreated by abusive students and teachers, who he labelled as *malcriados* (“rude”; “badly behaved”).

As reported in the previous chapter, formal semi-structured interviews with people other than psychology trainees and practitioners was limited, despite vast data from informal interactions and chats. John was one of the few non-academic subjects that I interviewed formally. Such formal interview took place during the last stage of fieldwork, only to expand on the numerous previous chats that John and I have had over many months. Data based on interactions with John and some of his relatives will be given special consideration in the following section, and John’s “case” will be discussed in chapter 7. This is not to say that the following section is exclusively based on John’s views. Based on categorical aggregation of analysed field notes, discourses from many

other non-academic subjects are represented, derived from observations made in public space, university campus, public transport, and “popular” and “marginal” areas frequented by the author as a resident or – most commonly – as a visitor. References to John, however, will be deliberately interwoven into the report of findings, as a narrative strategy⁵³.

A number of converging factors justified my decision of privileging John’s case. Firstly, he was a member of “the community” who spent plenty of time in campus, interacting with “our (professional) community”; in this sense, - and due to his stigmatised class and cultural identity - I interpreted him as embodying the presence of those labelled as “vulnerable” and “marginal” within the very space of professional training. Secondly, - in contrast to many other similarly stigmatised non-academic subjects within campus – John talked to me regularly; this was due to chance and the messiness of fieldwork, but was also linked with my openly friendly approach towards him and his growing interest in becoming “friends” with me. Thirdly, John was not only one of the few so-called “marginal” and “vulnerable” subjects that I interviewed formally, and whom I developed a friendship with; he was also one which – without me knowing it in advance – turned out to experience symptoms associated with his mental health, for which he sought the help of local professionals (including a psychologist). These and other circumstances made John a particularly interesting case for me, both academically and experientially (see section 7.6, p. 250, for further details).

Based on my constant attention to local academic discourses, I interpreted John as embodying what for many – including myself - was the stereotype of some of the most oppressed subjects from “the community”: “vulnerable”; “marginal”; “at risk”; living within a “culture of violence”; a “patient”, “consultante” (someone seeking “consultation”) or “service user”; “conflictive”; a substance “consumer”; someone needing “rehabilitation”, and other labels manufactured by the State and the University to talk about people like him. The next section will continue to include discourses from subjects in Faraway Hood, but will transcend this, as to include the voice of John, and many other members of the wider community in Guayaquil.

⁵³ Different from other ethnographies, this thesis is *not* based on a single case (e.g., Traianou, 2007).

4.4 Psychologists as constructed by “the community”

The following subsections explore how members of “the community” (i.e., people living in neighbourhoods like Faraway and the like, and in the wider urban area) tend to view professional psychologists. To clarify this, I will first refer to the way the local population suffers and heals; and then, how they are influenced by psychologisation, and their views and expectations regarding psychologists.

4.4.1 *The community suffers and heals*

During fieldwork, I gathered data regarding the lived experiences of “the community”, including ways through which they suffer and heal, not only in Faraway – nor based exclusively on John’s reports -, but in the wider population living in Guayaquil. Such primary data refers to specific subjects in specific settings, which makes it unique. However, its uniqueness is challenged by the fact that a large part of it resembles experiences already studied in other contexts (Farmer, 2003; Helman, 2007; Kleinman et al., 1997; Napier et al., 2014; Wade, 2010). This is a finding in itself: despite historical and cultural differences, between Ecuador and other settings in the Global South, many of the ways in which structural and cultural violence operate seem to be relatively similar, at least in its core logic of oppression. To name a few: poverty, crime, gendered violence, substance abuse, racism, and limited access to material, symbolic and cultural capital for the majority of the population. Despite being shared by communities from other latitudes, such problems are experienced in particular, context-bounded ways that are worthy of some consideration. Otherwise, homogenising, universalistic and essentialist approaches to social reality may render lived experience invisible, which would fail to unpack PI in relation to the culture and needs of local communities.

It is important to consider the different ways through which people suffer in Guayaquil. During data analysis, these type of experiences were categorised - within the theme “popular voices” - as “local suffering”, which included the following sub-themes: money, employment and debts; crime and safety; migration and displacement⁵⁴; family problems; bereavement/mourning/grieving; alcohol and “drugs”; sex, pregnancy and sexual violence. Four additional sub-themes were coded as part of “local suffering”, but with the particularity of being “relatively unproblematized” by most people: The problem of “locos” (“crazy”/“mad”); classism/racism (a legacy of a Republic “haunted” by

⁵⁴ Not only rural-urban migration, but the international forced displacement of around one million Ecuadorians after the neoliberal crisis of 1999 (Boccagni, 2012); see chapter 1.

colonialism; see chapter 1); everyday hostility and mocking; and the “sabido” culture (instrumental norm-breaking).

Let us take the case of John as an example of some of these suffering experiences. He was a poor, dark-skinned “montubio”; with no formal employment; formally associated with petty crime. He migrated from the countryside and lived in a “marginal” neighbourhood, next to violent criminal activity (e.g., he once witnessed a “delinquent” murdering a man just for looking at his girlfriend, and others kidnapping a man in a car). He had experienced several family problems (including the unwanted pregnancy of his teenage daughter and couple’s fights in the past). John occasionally expressed sadness around the death of his mother, and the recent death of his dog pet; and had unpleasant “mental” symptoms associated with substance abuse.

As in all other communities, people in Guayaquil aspire to experience wellbeing, what they usually refer to as “being fine”. *To-be-fine* is associated with positive, meaningful, relaxing and/or fun experiences around three areas: work, friends and family, with emotional and instrumental social support being pivotal (e.g., the use of leisure time – including watching TV, playing games – such as football or bingos- eating together, drinking alcohol, etc.). When people do not experience “being fine”, they have a number of healers to whom they can turn to, from professional, folk or religious backgrounds. Psychologists are only one of the options – usually, not the most popular one. As put by the working class reported in the pilot study (see section 3.4, p. 89): most people from middle-classes and below seem to not “believe” in psychologists.

The community seeks different types of healing, depending on their specific needs, experiences, expectations and capital. When dealing with problems commonly linked to what is “mental” or “psychological” (i.e. feeling “unwell”, “sad” or “worried”), professional psychology is usually the last option. People can use psychological language (e.g., John, for example, talked sometimes about “depression” or how couples how violent couples have “psychological traumas”), but they do not seem to view “mental health” as an important matter in its own right (with the exception of severe cases: “going crazy”, “mad”, or becoming notoriously violent). At least three of the subjects I chatted with in areas labelled as “marginal” and “vulnerable” were not even sure if there were any psychologists offering their services in the neighbourhood. In contrast, non-professional options are privileged, starting with resources which might help one to “be fine” located in one’s own community (see previous paragraph). Specific forms of non-professional healing include *religion* and *folklore*:

Religious symbols are ever-present in Guayaquil, both in public and private spaces, and many people – namely Christians (e.g., Evangelical, Pentecostals, Mormons, Catholics, Adventists, Jehovah witnesses) – attend masses and worshipping rituals. Figure 14, for example, shows a white women with the legend “let your dreams fly high. God will help you to accomplish them”; while Figure 15 portraits stamps of Catholic Saints, with the legend: “Protection and guide of the driver”. Religion provides a number of benefits for people: They may learn and/or actualise positive moral “values” to apply with family, friends and strangers (i.e. respect, honesty, justice, solidarity); feel that a superior power is constantly loving and taking care of them; ask for divine intervention into their problems (i.e. through prayer); be listened to and advised by “God” (i.e. sacred books), leaders (i.e. priest; preacher) and peers; and make new friends – and even romantic partners - to “be fine” with, feeling part of a community. In words of John describing his experience after feeling “down” and then reading the bible: “I feel like there is a spirit that enters my body and gives me strength”.

The cost of these benefits varies, from being free, to being in return for voluntary contributions. The latter can be as little as contributing some spare change on a weekly basis, to giving up to 10% of one’s income, depending on the religion and temple of choice. Even in these cases, this could be viewed as a relatively beneficial exchange for those who suffer. In Ecuador, minimum wage was \$366 (until 2017); 10% of this is \$36,66. For this price, a religious member enjoys virtually all the benefits described in previous paragraphs. Just one consultation in a popular NGO offering mental health care services for the poor costs \$20. Care provided in public health centres is free, but can provide much less personalised and sustained care and interaction (e.g. some professionals are periodically relocated to different health centres). Despite the fact that some religious leaders do make an ethically questionable opulent living based on low-income parishioner’s money, religion seems to be providing a potentially valuable service as a health resource.

An unemployed African-Ecuadorian cleaner who lived in Faraway, for example, was asked by psychology students at her precarious home about suicidal thoughts. Her reply: “no, my child, I am sorry but life is very beautiful”. She mentioned “God” and that she constantly prays for a job, “that (severe) depression has not gotten to me yet”. A religious young woman - living in a different marginalised area (also, a psychology student) - who I interviewed, used these words when asked about the role of religion in wellbeing:

“You have a moment alone, to talk with the supreme being. And to talk and unburden. It can help you a lot, because you are with others that share with you. There is union”; “if you feel sad, and then comes a brother and tells you ‘God bless you’, or ‘are you ok?’ so you feel more cheered up”



Figure 14 - Poster in a Christian temple



Figure 15 - Catholic saints in a taxi cab

Symbols of folk healing are also present in “the community” (Figure 16) and the services of folk healers are usually *not* offered for free. They deal with physical pain and non-physical suffering. In fact, most folk healing – which is commonly a syncretic practice, integrating indigenous and Christian symbols and artefacts - tends to avoid such a dualistic approach to suffering, viewing the material and spiritual worlds as deeply interconnected. There are practices that keep ancestral indigenous healing alive in a ‘purer’ form, namely, shamanism. However, as John highlighted, orthodox shamanism is not found in Guayaquil, but in distant rural areas, especially in the highland and Amazonia regions. Yet, it is useful to know how “shamans” - originally, men - operate, as reported by John (who once lived near them): the patient - who might be “dying” due to a “spell” sent by an enemy who may be from his own family or neighbourhood - goes to a shaman’s indigenous community and undergoes an entry ritual (e.g. drinking “chicha”: made with yucca and fermented saliva from women). Shamans can then “adivinate algo (tell your future)” or “sacarte algo (take something harmful out of you)”. They can “clean you”, “tell you who it was”, and “send it back” to the original perpetrator, then “you are healed”⁵⁵.



Figure 16 - Aloe Vera plant with eggshells "for protection"

In Guayaquil, the most common form of folk healing is “curanderismo”, which seems to have migrated into the city from rural areas. As confirmed by a few different informants living in so-called “marginal” and “vulnerable” places, a “curandero” – male or female -

⁵⁵ A student coming from the same region described by John, told me that there is an increasing amount of commodified rituals offered for tourists, where the right price can get them access to some of these experiences.

is able to heal “susto” or “espanto”, “nervios”, “evil eye”, and other forms of distress⁵⁶ – especially when professional healing fails to diagnose and treat misfortune. John described to me the symptoms of both *susto*: “fever, chills, headache” and being “afraid” while sleeping, and *nervios*: “fever”, “diarrhoea” and “seeing a dead person”, caused, for example, by walking near a “cemetery” or a “funeral”. Susto, espanto, nervios and evil eye are all well – known Latin American folk illness categories (Alarcón, 2007; Helman, 2007; Napier et al., 2014).

Martha, one of my two “bored” neighbours from Faraway Hood – who had a rural family origin - further explained “evil eye” to me. Possible symptoms included “headaches” in adults and “vomiting” in children. It can be caused - intentionally - “out of evil” – an enemy staring at the victim and wishing for misfortune -, or unintentionally. This latter situation emerges “out of affection” (e.g. when someone excessively stares at, and pampers, a baby), or by laughing excessively at a person who suffered a minor misfortune (e.g. tripped and fell). Martha treats “evil eye” (e.g. her son being the patient), through the “rubbing the egg” ritual, which she learned from her mother. She described it to me, as she – a “Catholic” – practises it: you “rub the egg” over the patient’s body, while praying “three `our fathers´ and three `hail Marys´”. Then, you break the egg and pour the contents into half a glass of water, to see if it is “ojeado” (if “evil eye” is the cause of distress). If the glass displays “velitas (small wax-like strays)”, then this is the case. If not, then it is a (medical) “disease”, such as “viruses”, or those affecting “stomach”.

Like Martha, many other people in “the community” use folk healing, as confirmed by several informants. Children are commonly reported to be cured through this type of ritual (e.g. practised by a relative, a neighbour, or a well-known healer), which may include variations from Martha’s approach. For example, an informant mentioned the healer spraying alcohol from his mouth onto the patient’s body, to avoid catching the illness him/herself, or the use of prayer resulting in visible disintegration of body mass (i.e., the illness vanishes). Another informant mentioned the use of camomile, basil, rue and a red bracelet. While many current or former users value the benefits of *curanderismo*, others remain sceptical. For example, two psychology trainees used to be taken to the “*curandero/a*” by their mothers when they were younger, to treat their fevers. One of them told me healing was effective for him. The second one – who used to live in a “marginal” area – told me this was not the case, and it probably did not work

⁵⁶ A third informant living in a different marginalised neighborhood mentioned the illness: “*rabito*”, and a third type of female healer: “*comadrona*” (midwife), but did not provide any details.

for her because she did “not believe” in it. This refers to trainees’ “dual belonging”, as they negotiate the role of “science” and folk healing in their PI.

Martha is well aware that professionals (e.g. doctors, psychologists) may view folk healing as “dumb” and “deluded” compared to their academic training. However, she also experienced how some professionals may be open-minded about it, even prescribing it, again highlighting how professionals negotiate their “dual” PI. When her son’s skin problem failed to be healed by the medicine he prescribed, a public General Practitioner himself told Martha (off-the record): “have you not rubbed the egg on him yet?”. If the problem was “evil eye”, he said, orthodox medicine was iatrogenic. Martha practiced the ritual, and her son healed. When I asked about “mental” issues, she told me how folk rituals can help patients (e.g. her son) who feel “decaído” (down, weak, lazy), but that it would fail to treat the “crazy”, who may need professional help.

Most people find it engaging, interesting and comforting to have certain answers to questions about who they are and the source of their problems, as well as receiving concrete advice on how to fix them. Religion is a common way of achieving this. Folk healing performs the same function when illness appears, including in cases that professional medicine fails to diagnose and treat efficiently (from the patient’s perspective). Other non-professional systems of knowledge – commonly referred to as “pseudo-science” by some academics – operate in the same way; for example, astrology which is relatively popular (Figure 17: poster within a university campus: “Astrology. An ancestral and sacred science”). These folk, non-professionals’ healing systems can fail to include important contextual dimensions in the answers they give to the community. Namely, that many of their problems may not be caused by their individual identities, or by supernatural forces, but may be linked to structural and cultural violence. The same critique can be made for professional psychology (chapters 5-7).

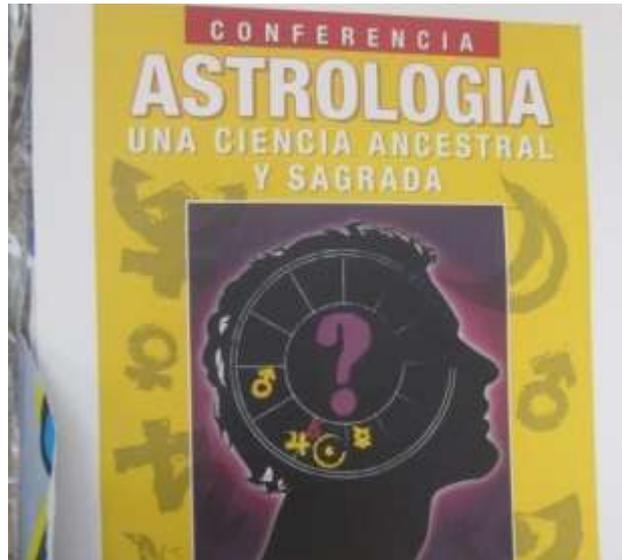


Figure 17 - Poster for a conference on Astrology

The community can eventually choose to get professional help from psychologists, as part of the different healing alternatives they have. They straddle these alternatives through contingent pathways in search of certainty and effective alleviation of their suffering. For example, a symptom such as “nightmares” in boys, can be hypothesized to be caused by “evil eye” (i.e. folk discourse), or by physical punishment from parents (i.e. professional psychological discourse based on “trauma” and “rights”), as observed in a case reported by an informant living near John.

The observed preference for non-professional healing alternatives can be interpreted as a form of *cultural resistance against the coloniality of psychology*, especially if we consider the discipline’s historical link with the local white bourgeoisie (see chapter 1). Nonetheless, the growing globalisation of western psychology resulted in the increasing presence of professional practitioners in local communities, with part of the population feeling pleased with the type of professional help they receive. Moreover, psychologisation seems to have motivated numerous community members to become professional psychologists themselves (see chapters 5 and 6).

4.4.2 The psychologisation of “the community”

In Guayaquil, psychologisation is easily visible. Health campaigns, entrepreneurial initiatives and mass media are among the vehicles which – many times inadvertently and with good intentions - result in the community associating their suffering and wellbeing mostly with individual pathology and individual agency. The case of

professionals is self-evident: to disseminate a psy-discourse facilitates their access to capital, for example, providing them with jobs and status. The case of the media is maybe more dramatic, due to its massive cultural influence.

Understandably, most psychologists think of psychologisation as a positive phenomenon, which results in more people receiving help and experiencing greater wellbeing. As put by a young psychologist talking about “modern families” (in contrast with the previous generation, who were framed as more “violent” and “limited” in their self-realisation):

“At least there is a little openness regarding the issue of seeking (help from) a psychologist, for example, which was not the case in the past”

Academic spaces and practices – including PPPs – can advertise a psychologised vision of the world, sometimes disseminating superficial, and/or decontextualised information (e.g., X percentage of people suffer from Y). Audiences hold academic authority in high regard, and so they accept most of this knowledge at face-value. As a non-psychologist in the audience of a mental health lecture commented in private: “it is good to listen to this (stuff), because sometimes one can think erroneously”. This reputational power can result in people appropriating content with that has little validity – sometimes plain inaccurate -, which is consequently used to construct the image of themselves and others. The woman in this audience, for example, later talked about Attention Deficit Disorder/Hyperactivity: She seemed to have ignored the meaning of the acronym (ADDH), but to have “heard” that “90% of patients have been cured”. The internet, and the media in general, may result in these rather arbitrary and invalid statistical ‘facts’ focused on individual psychology to be granted the value of ‘truth’.

During field work, I observed how the Media reproduced every day culture, including many local problems (see previous section), framing content in ways that relied on psychological language, while decontextualising wellbeing and suffering. Often, the media exploits such problems for profit, for example, through tabloid-like reports or through fictional comic characters (e.g., see Figure 18 for a recently cancelled TV show that enjoyed massive popularity). Content reported as coming from “experts”, “specialists” and/or “scientists” – e.g. brain images, study results, advice – is commonly consumed with scant criticism, despite frequent cases of questionable ethics (e.g. poor/misquoted sources) and disrespect for local cultures (Figure 19; Tv show: “There is an alleged psychological study circulating on the internet: Does listening to reggaeton decreases intelligence?”). When the internet enters the scene, the dissemination of this

type of psy-knowledge becomes virtually *deregulated*. I confirmed this through numerous examples of dubious social media content (sometimes, disseminated by psychologists themselves, and shared by their contacts; see section 6.1.3, p. 196 for examples of this).



Figure 18 - TV comedians satirically portraying a “happy couple”



Figure 19 - TV show: “Reggaeton decreases intelligence?”

On several occasions, academia and the media interact directly, namely when psychologists are interviewed about certain topics that are trendy. Usually, these centre around healthy ways to deal with child-raising, teenagers, romantic relationships and family life, but also focus on the problems of “drugs” and “violence” or on the psychological effects of the April 2016 Earthquake, among others (e.g., achieving happiness and success, healthy sexual and emotional lives, and so on). The quality of

the interviews is diverse, although a rather superficial approach is common. For example, a psychology student told me about several interviewed professionals who displayed views heavily influenced by “religion”. The student also told me about a recent TV show that interviewed an Ecuadorian psychoanalyst trained in Argentina on the following theme: “psychoanalyse your personality based on your derriere”. People - like the woman in the audience, previously mentioned - are told to stop “thinking erroneously” and embrace the views of those who know better than them: “experts”, “specialists”, “professionals” and/or “scientists”, whose discourses are – I interpreted - as morally charged as those from the lay population. An example of a “specialist” on TV, discussing “parental alienation syndrome” (occurring when children are forbidden to see one of their two parents):

in the child, it generates “a crisis at the level of his psyche; of his psychology”, affecting “his personality”; “because “we (humans) are very fragile emotionally (in such situations) it emerges vengeance (and) resentment”. A TV anchor concluded: “the specialist had told us all. Now you know: Do have a *good* relationship” (with your ex-partner and your children).

Given the pervasiveness of the psychologisation process, it is common to hear people from “the community” – even with low levels of formal education, such as John – use terms like: “psychology”, “personality”, “emotions”, “self-esteem”, “motivation”, “disorder”, “trauma”, “depression”, “anxiety”, “hysteria”, “phobia”, “hyperactivity”, “paranoia” and “neurons”, among others. Many are also familiar with psy-technology such as “tests” (e.g. “they present a stain to you”- Rorschach; or those needed to access a job), or “games to develop your mind”, among others. To a little extent, the familiarity with this language may be expected to be more salient among those closer to academic environments, for example, informal workers and janitors within campus; nonetheless, it is plausible to interpret that it is media which plays a larger role. The process of psychologisation also shapes the way that lay people interact with psychology, and how they expect psychologists to be.

4.4.3 Lay views around trained psychologists

The way “the community” feels about professional psychology seems to be *ambivalent*, dwelling between what can be interpreted as *cultural resistance*, and *willingness to embrace it*. To unpack this, I will refer to the way people seem to interact with psychology, how they perceive the PI of psychologists, what they expect from them, and how they can be associated with the role of a “friend”, and/or that of a member of the elite.

4.4.3.1 How “the community” interacts with professional psychology

Some people completely ignore psychologists’ existence or potential to help them; others know about psychologists but “do not believe in them”, as expressed by the informant from the pilot study (Appendix 3); and others – mainly, of female gender - are keen to seek professional help that will provide an “expert” answer to questions around their suffering (or that of their relatives). Despite psychologisation, some people do not even know what psychology is, as I confirmed while talking to an elderly neighbour in Faraway. Many others are familiar with the discipline, but “do not believe” in it, while others – especially women, consulting for themselves, or “taking” their children and/or male partners – do aspire to get professional help.

Members of “the community” may express positive views around psychology due to psychologisation, or if they are asked by psychologists themselves. However, their genuine views may remain undisclosed. During a social gathering at John’s home, for example, a man expressed a positive opinion around the discipline, only to be challenged by his wife: tell them what you “really” think about it, she said sarcastically. The subject was politely changed. Such diversity of views results in a fluctuating demand for professional help, as I confirmed through visits to different health centres in “popular” and “marginal” areas; high in some, quite low in others.

Inputs from John and Martha – and observations of several other lay discourses – illustrate the ways “the community” views psychology. John, for example, thinks that – despite an unnecessary professional concern with preventing childhood trauma, psychology is useful to deal with adults’ “trauma”, “family problems”, “drugs”, “brain problems” and (incontrollable, individual) “violence”, and, as Martha stressed, to help the “crazy”. John thinks a psychologist is someone who “asks questions” of people, and who, after “studying” them, is able to identify causes of behaviour. The professional tells you if you are “bien (good, right, well)” or “mal (bad, wrong, unwell)”. Many psychologists are “good people”, doing “a good job” in providing “help”, as stressed by both John and Martha on different occasions. As put by Martha, a patient’s effort is also required in order to be effectively helped:

patients need to “be there” (meaning persevere, comply) and “be constant”

Many in “the community” think a psychologist deals with the “crazy” (Appendix 3). However, such approach seems to be in the process of changing, as cultural psychologisation disseminates. A grandmother (African-Ecuadorian, living in a

“marginal” area), for example, discussed an issue with her son-in-law, who refused to take his son to a psychologist: the boy only has a bad “temper”, he thought, he is not “crazy”. The woman explained how “psychiatrists”, not psychologists, are the ones who deal with the “crazy”. Even so, the man refused professional help. Next to stigma associated with “crazyness”, other reasons to discard professional help were mentioned by a woman living a “marginal” neighbourhood (who is herself a psychology student); Her neighbours, she thinks, imagine that “fees are super expensive” (i.e. private practice) and “ignore” psychological matters and resources (in fact, she herself ignored if there was any State psychologist working in the area).

4.4.3.2 The identity of psychologists according to “the community”

Professional “psychologists” are sometimes confused with “psychiatrists”, although most informants seemed to be aware that the first group was able to help with several relational-subjective problems, while the second was almost exclusively for the “crazy” or “mad”. Psychologists are viewed- by those who have heard of them - as linked to a *threefold expert role*: listeners/observers; powerful mind-readers; and morally-driven advisors/motivators. In addition, they are believed to be *moral prototypes* themselves: extraordinary human beings enjoying mental health and capable of teaching others how to achieve it.

Psychologists are expected to be expert *listeners/observers*. Patients value being heard, so as to be able to “unburden”. Just as a priest is when listening to a confession, a psychologist is expected to listen patiently: “you tell them all your mistakes”, a male relative of John once told me. However, in addition to such cathartic space – which can be equally provided by a friend, relative or religious leader – psychologists are expected to observe behaviour and listen to words in a particular power-embedded way. As *powerful mind readers*, they are expected to access hidden information about the self. John, for example, thinks they can see through dishonest patients: “you (the psychologist) see in your heart and in your mind that I am lying”. A policeman once asked, intrigued, if psychologists – by only studying the way someone speaks – can detect if he “did something wrong”. A taxi-driver thinks that psychologists “anticipate” others’ thoughts and intentions, while a different taxi-driver used a more concrete example: a psychologist can help “a young man” who “is not crazy”, but “is aggressive”; the psychologist “makes him sleep”, “go back in time” to his “childhood” and become aware of issues around “sexual abuse”, parents who “beat him” and “bad companies”.

Psychologists are not only believed to read minds – in a clear link with mesmerism/hypnotism/psychoanalysis - but to *use* this power/knowledge. The professional can use the accessed hidden material for different pragmatic ends. In the case of clinical contexts – in words of the taxi-drivers talking about the hypnotised young man – the psychologist can “make him control his impulses” and to “go back to being a normal person”. In this sense, psychologists operate simultaneously as healers and as social controllers/engineers. In the case of policemen, this knowledge could be used for espionage or investigations. Psychological “tests” – clinical, educational, corporative - are something familiar to many in “the community” and are also linked to the psychologist’s power to know who you are and access otherwise undisclosed information about yourself and your relationship with others.

Of course, not everyone grants this power to the professional so easily, even when they voluntarily seek their help. For example:

A young adult living in “marginal” place once complained about a psychologist who interpreted his crossed arms as a symbol of being emotionally “closed” (i.e. unwilling to disclose hidden content). He told me that he disliked such rigid and coercive interpretation, as he felt it was mistaken: he simply enjoyed crossing his arms while sitting there talking to the professional⁵⁷. This young adult was also a psychology trainee himself, highlighting again the phenomena of dual belonging.

The third dimension of their expected role is equally important: they are framed as *morally-driven advisors/motivators*. Professionals are expected to “talk” to individuals and groups, saying things that “motivate” people to “change”, as expressed by numerous people in “the community” and observed in real-life interactions (chapter 7). As John puts it, a psychologist helps a person by:

“talking (to him), putting *good* things (in his mind), (for example telling him), that what he is doing is *wrong*”

Such morally-laden professional performances take place both in the clinic – as stressed by John – and in the context of community activities, such as “talks” (e.g. on violence, drugs and sex, among other topics that professionals link with “education”, or “psychoeducation”). The moral nature of this expectation of help is stunningly clear, as self-explained in John’s words. It only makes sense that the population expect moral

⁵⁷ It may be that many psychologists’ performance is not so much based on science, but in a *poetic display of power*. Using symbols – words, non-verbal cues, images and metaphors – to make sense of people’s experiences and suggest solutions.

advisors who are moral individuals themselves. If, in contrast, they disrupt this clearly implausible expectation of psychologists as being *moral prototypes* – for example, by being openly “bad” or “mad” - they risk losing credibility and trust from “the community”. This was confirmed to me by a psychology student living in a “marginal” neighbourhood and a taxi-driver, among others.

The case of non-academic staff from the FPUG, where psychologists are trained is particularly illustrative, as many seemed to have a negative representation of many teachers and students; a negative stereotype, I may argue. Such views were gathered through two ecological and spontaneous group interviews with non-psychologist who work at the FPUG; the first, with two participants (male and female, cleaners who lived in a “marginal” and a “popular” area respectively; FPUG hallway, casual conversation); the second, with five participants (female; clerical staff who live in “popular” and “middle-class” areas, backyard, during lunch). Because of its spontaneity, I could not write down detailed verbatim quotes of these subjects, which constitutes a limitation. However, I did register some key expressions in my field notes:

The first group mentioned that psychology students – specially “the clinical ones” - can “develop huge pathologies”. Soon-to-be-psychologists are like “gone”. They do not greet janitors, for example. Their “nervousness” increases as they advance courses, maybe because they “see so many different therapies”, see “psychiatric” cases, or have “a hole in their brains” (i.e., a biological correlate for their subjective stress).

The second group seemed to held quite a negative view of psychologists, at least the psychologists/lecturers that they knew:

I asked how psychologists are. They all laughed. There is total consensus on a negative image. They would not go to the psychologist, nor recommend people to go. [omitted named A] said she would rather tell her problems to anyone walking by next to her in a park, than to a psychologist. She would not recommend it to her family. I asked why. She said that theory is one thing, but practice is another. [omitted named B] said that psychologists themselves have “paranoia”, “anxiety”, “insecurity”, or “depression”. [omitted name C] said they have family problems, such as divorces (Field notes, 16 June 2016).

Both groups of staff members – of various departments and seniority – acknowledged that specific unpleasant work experiences may have shaped some of their negative views; mainly feeling their bosses – psychologists - had been unfair or hostile with them in past. Years of direct interaction with teachers and students seemed to be the base for their confidence regarding their views. These subjects clearly highlight assumptions that

psychologists *should* be moral prototypes, but do not think most teachers and students at the FPUG actually reach such standards. The underlying concern may be: How can bad or/and mad professionals – even if they are “excellent” practitioners – help them if they cannot help themselves? I interpreted these views as an illustration of how trust and credibility fade when professionals fail to fulfil – usually, excessive and unrealistic – expectations for them to be moral prototypes; and how specific negative experiences over time can consolidate negative stereotypes.

4.4.3.3 *Expected conditions and outcomes*

When performing their professional role, psychologists are expected to do so under certain conditions – trust, confidentiality and (relative) neutrality –, leading to a specific outcome: concrete, timely and cost-effective moral advice. Both the *conditions* and the *outcome* seem to be important parts of what the people expect from professionals. In the words of a clinical psychologist working in a “marginal” place: “here, patients demand from you to tell them something, to tell them what to do”.

I discussed conditions with a few informants, confirming that people will only talk genuinely with someone they trust (something I also confirmed in the role of an ethnographer, with my study participants). An important part of trust is privacy and confidentiality: being assured that one’s disclosed information is not going to be shared with others. Weeks after psychology students visited Martha’s home in Faraway to gather data and give advice (see section 7.3, p. 228). I asked her if she would rather talk to a psychologist somewhere else, namely, a consultation office. She said that it would be better for the healer and the patient to “be alone”, and “not self-conscious”, with others around. As for neutrality, the patient’s perspective seems to be relative: they expect “experts” to be “impartial”, especially if they have to give advice on a matter that involves two colliding versions/narratives (e.g., couple’s therapy). Their non-professional identities are expected not to interfere with their neutral role as psychologists. A taxi-driver, for example, complained about a female psychologist who provided couple’s therapy for him and his wife:

“she took her side”; “she did not act as a psychologist, but as a woman”; she should have been “impartial”.

However, the desire for impartiality and neutrality may clash with the expectation regarding outcomes, as people desire moral – and thus, not neutral – advice⁵⁸. If potential patients desire this, the subjective morality of the professional would probably enter the consultation room, not to mention the morality implied in the theories they learn, and in their professional practices. An illustrative event clearly highlights the mentioned expectation: A role-play took place as part of a clinical course at the FPUG. The actress-patient was dramatically screaming and weeping: she had been raped many years ago, leading to an abortion, and now she must decide if her daughter – a pregnant teenager – has an abortion or not. Outside the classroom, a janitor/service staff member (female) overheard the screams. I walked out of the room, and after being asked, explained to him/her what was going inside. The janitor – who lives in a place rather similar to Faraway - asked what I would do in real life “as a psychologist” in such case. I avoided a direct answer: I would “listen” and “help” in finding a solution. She insisted on a more concrete answer. As I failed to provide it, she told me with scepticism:

“uhhhh you are beating around the bush. I (as a patient) would go away, never to come back”.

A second lay informant (male) joined the conversation and added a narrative that, again, stressed the demand for concrete, timely and cost-effective advice: Long ago there was a “popular”, cheap consultation service at the FPUG (until recently, this type of service still existed, but in a different building). For many months, a male patient – whose wife cheated on him – came to weekly sessions. One day, both men informally talked on a bench about the patient’s “family problems”, and the lay advisor gave concrete moral advice: stop worrying about it, and become a “ladies’ man”. I was told the patient hugged him and said: “you did what the psychologist has failed to do”; “you solved my life (problems)”. My point here is not to defend the quality of the advice given by this lay man to a fellow sufferer, but to stress how most patients expect concrete moral advice.

4.4.3.4 Psychologist or friend? Blurred lines

In the process of building “trust”, interacting as “friends” seems to be valued in at least two contexts: First, when consulting a professional psychologist, patients may expect him/her to behave “as a friend”. Second, people expect their friends who are also

⁵⁸ The only way to give neutral moral advice would be to rely on a static moral universalism, which would neglect subjectivity and context.

psychologists to help them. This makes sense: if friends are an important part of “being fine” and cultural psychologisation is increasingly influential, what could be better than to have a psychologist friend at hand. A troubled low-income janitor working at the university, for example, told me he would not consider getting psychological help at a State Health Centre: “for that, I have [name of psychologist friend]” (yet, his friend was quite busy, resulting in him resorting to other non-professional healing strategies). Trainees and professional psychologists – including one living in a so called “marginal” zone - told me how their friends, colleagues or neighbours may ask for their help, as I have also confirmed in my own personal experience (in the context of a mutually beneficial friendship, with instrumental and emotional support flowing both ways).

During fieldwork, for example, a working-class informant – aware of my academic credentials - asked me for help during a “chupa” (binge-drinking gathering). He asked me to listen to his “history” in confidence, and give him advice: “can I count on you?”, he asked. I agreed, but stressed that, due to my research, I would be acting not as a psychologist, but based on “parcería” (friendship). Ok, he said, but “*ahí le metes lo psicológico*” (do use a little bit of what is psychological; meaning, professional), and asked me if I used to be a good student, so as to confirm my qualification as an expert.

4.4.3.5 Academia as elite

A brief, but crucial, popular view needs to be highlighted: “the community” might see academia (including psychology training at the university), as an elitist space, linked more with gathering material, symbolic and cultural capital, than with providing genuine “help” to the population, specially to the low-income working class. A taxi-driver put it bluntly, in a spontaneous statement when discussing the case of the University of Guayaquil:

“everything” in the world is controlled by “politicians” and by “the wealthy”

The man regretted cynically that politicians and economic elites create new formal requirements of professionalization - to not only obtain an undergraduate, but a “master” degree - in order to get a better paid job. This, he thought, makes it difficult for the working class to access education, employment and social status. It is not realistic to hope that members of “the community” who feel this way will give professional psychology a chance. It is more likely that they will use non-professional strategies to “be fine”, instead of asking for help from “doctors” with degrees who they frame as being manufactured by “politicians” and “the wealthy”.

4.5 Being a “service user”

Before discussing the findings of this chapter, I will present a final ethnographic account: a proxy to the perspective of those labelled by psychologists as “service users”. I have been a patient in the past, after experiencing grieving and relatively mild family problems. My occasional healers were middle-class (or above) private practitioners with humanistic and/or systemic approaches. To different extents, they were also friends or acquaintances, and there were times when they refused payment. I have also used experiential training spaces (i.e. psychodrama training) as a source of healing. In the vast majority of cases, I was happy with the help I received. During field work, however, I was curious about the experience of those patients – described by many professionals as “service users” – who lack my capital, and have a different culture than mine. Even though many community members aspire accessing private care instead of public – due to an alleged better quality⁵⁹ - “service users” usually lack the financial means to access it, and return to public health and NGOs when seeking professional help. I had three experiences in the role a “service user”: a failed appointment at a primary health centre, an encounter with alien psychological technology, and contact with a local mental health institution, while accompanying a friend to her son’s appointment.

4.5.1 A failed appointment at a primary health centre

Booking an appointment at a public health centre can be a rather *confusing, stigmatising, and time-consuming process*. The first time I considered doing so - driven by academic curiosity -, I found a long queue (at 7.30am), so I decided to leave for “work” (i.e. other research activities). During my second visit - driven by both academic curiosity, and work-related distress – the queue was substantially shorter (at 10.30am). A large banner instructed me that to make a psychological appointment one should call certain phone number. However, I was told to queue at a window under the sign “statistics” (I guess, a data centre for periodical reports to the Ministry of Health). Most patients were women with their children, and the setting was that of a rather chaotic, but clean and modern, waiting room in a standard health facility. Equally standard

⁵⁹ This was argued by psychologists and trainees during a clinical course: the population may think the public system “is worthless”, public professionals are rude or cold (i.e. “as if they were making you a favour”), waiting lists for appointments are notoriously long; and professionals get transferred periodically, so it is impossible to sustain a long-term relationship with them. Privileging the private over the public also has a significant class dimension in Ecuador (Roberts, 2006, 2012, 2013).

educational posters and pamphlets addressed primary health problems, while others stressed the “rights” of patients, including issues related to ethnicity and gender.

When it was my turn, I felt ashamed about asking out loud for a psychological appointment. When I did, a man typing in a computer – with relative politeness, but no eye contact - told me that slots were filled for the day. I asked about phone booking, as instructed in the banner, but he told me this was not possible: I had to come back and queue at 6.30am the following day, because “there are only seven slots (per day), and they are filled really fast”. I observed women being told similar things when asking about paediatric appointments and then leaving quite frustrated. I also left, and never came back. I ended up using non-professional healing to manage my work-related distress (i.e. support by family and friends). This may be occurring to low-income “service users” too, as they struggle with time constraints (i.e., work and domestic demands; asking bosses for permission), financial difficulties (i.e. money for commuting), and stigma. It must be noted, however, that the experience of booking an appointment varies across different public health centres.

4.5.2 An alien psychotherapeutic technology

It is not only stigma, time and financial constraints which can be a problem. Psychological technology can actually be *culturally unfamiliar* to some “service users” who actually get “helped”. During a group therapy session – part of a training activity for health professionals at a local NGO – I volunteered as a patient. The therapist was a Latin American psychologist doing transpersonal “family constellations”⁶⁰. Although this approach may be uncommon in, for example, Ecuadorian public health (where other approaches, e.g. cognitive, are privileged) it cannot be ruled out that some practitioners use it: the therapist said to use “family constellations” in NGOs to help low-income substance abusers, while a local clinical psychologist working for the State said to use other transpersonal approaches (i.e. psycho-magic⁶¹). Despite my own negative preconceptions regarding “family constellations” (based on previous experiences), I intentionally “opened up” to the offered gift, genuinely aspiring for it to be meaningful to me.

⁶⁰ An approach developed by Bert Hellinger, a German priest turned psychotherapist. It relies on universalistic assumptions: there is a set of metaphysical family “orders” which, when disrupted, result in suffering and (literal) inter-generational pathology.

⁶¹ Developed by Alejandro Jodorowsky, a Chilean artist turned psychotherapist and spiritual guru, residing in France. Psycho-magic relies on symbolic healing through rites.

Despite my best efforts, this did not occur. The healer – displaying great power in the way he walked and talked, performing as a mind reader (see section 4.4.3.2, p. 139)– asked me to stay sitting down, and to select people from the group to play the role of any family members of my choice (he never asked who represented whom). I picked three members. Then, he conducted standard procedures of this approach, including asking characters “what do you feel?”. Answers included bodily changes, such as feeling “cold” or “heavy”, and invisible pulling forces. Until then, I was still “open” about the experience, but this drastically changed when the healer became confused about which character was who (i.e. speaking to my symbolic father as if he was me, and vice versa). From that point, his misguided interventions made no sense to me. For a while I tried to re-frame my sense-making to fit his assumptions, but this felt forced and artificial. Later, I talked with one of the characters, who agreed with me: “I don’t understand the sense of this therapy”, he told me in private⁶².

Other participants had different experiences, crying during their, or others’ scenes, and valuing the professional gift. However, like some of us, many “service users” may also fail to “understand the sense of this therapy”. This is not only a critique of family constellations and other transpersonal approaches. The same could be said about *any other form of psychological technology* (see chapters 5 – 7).

4.5.3 Visiting a mental health institution

A friend asked me to accompany her and her husband (both health/education professionals, in their 30s-40s, low-middle-income), when they took their son to an appointment at a local mental health institution, used by people from diverse social classes, including numerous patients coming from deprived neighbourhoods. The 12-year old boy had been referred there by his high school, due to misbehaviour. The mother joked about taking him there to see if he was not “crazy like his mother”.

There, I confirmed some of my previous observations. For example, the importance of *money*: my friend’s bill was of \$140 for a few sessions of “psycho-diagnosis”, which used tests to measure “intelligence”, “personality” and other variables; basic monthly income at the time was \$366 per month (these psycho-diagnoses cost almost 40% of that amount). Those who – unlike them – have no stable jobs and social security (which cover such bills), could hardly access such a service at this place. *Insecurity* and *hostility* were present before the consultation: the place had been robbed months ago,

⁶² Defenders of family constellations would argue that it operates at an “unconscious”, transpersonal level, regardless of patients making sense of it or not.

and I was rudely asked by a guard to open my bag for screening at the gate. The process was *time-consuming*: both parents asked for permission to attend from their jobs, and spent an entire morning there (a sign on the wall recommended patients being there one hour before their appointment). In some cases, *confidentiality* and *stigma around mental illness* was a potential issue: patients in the waiting room were being called by their full names out loud, including the mention of the specialist they were seeing (e.g., psychiatrist, psychologist), and the doors of some consultation offices were transparent. The *sabido culture* may be present too: a few professionals seemed to be occasionally seeing “private” patients (paying customers), rather than scheduled low-income “service users”, as janitors commented on the *backstage* (see footnote 2, p.18, for the use of the term “backstage”).

Overall, my experience as a “service user” is consistent with reports from the previous sections of this chapter. Local culture – including the suffering, wellbeing, healing and expectations of “the community” - permeate spaces of professional psychology; and vice versa, through psychologisation. In the process, such local culture and needs can be disrespected.

4.6 Conclusion

There are commonalities between the way “the community” suffers in Guayaquil, and findings from other latitudes. These include distressing experiences associated with poverty, unemployment, debts, displacement, crime, “drug” trafficking and abuse (including socially-accepted alcohol abuse), sexual violence, teenage pregnancy - and overall, violence against women -, and more normalised problems such as racism, norm-breaking, and hostility in some public interactions. Examples of these are abundant (e.g., Burgess & Campbell, 2014; Farmer, 2003, 2004; Jadhav et al., 2015; Kleinman et al., 1997; Wade, 2010). There are events relatively specific to Ecuador - e.g. the neoliberalism-related financial crisis of 1999 (Boccagni, 2012; see chapter 1); the “sabido” culture (i.e. cultural and morally ambiguous tendency to break norms)⁶³; the intense presence of violent drug cartels; and the last decade of a “citizens’ revolution” that reduced inequality and funded health, education and social inclusion⁶⁴. Despite of

⁶³ Although this may be similar in almost all the Global South and a few European countries; the perception of “corruption” may be an indicator of this: https://www.transparency.org/news/feature/corruption_perceptions_index_2017

⁶⁴ For example, inequality - as measured by the Gini index - decreased in almost ten points from 2006 to 2016, according to the World Bank (<https://data.worldbank.org/indicator/SI.POV.GINI?locations=EC>)

this, the cross – cultural presence of structural violence suggests the pervasiveness of global capitalism (Chibber, 2013) and a logic of coloniality (Mignolo, 2017; Quijano, 2000), which derives in “limit situations”: structurally determined lack of opportunities (Freire, 2005, p. 99).

People in Guayaquil – obviously - aspires to experience wellbeing. This is discussed as “being fine”, and associated with informal support by family and friends, religion, sports, leisure time, alcohol use among other. Again, this is a cross-cultural feature (e.g., Chase & Sapkota, 2017). Similarly, locals also have diverse healing options at their disposal: popular, folk and professional (Helman, 2007; Kleinman, 1980), and women seem to be culturally assigned the role of carers (Burman, 2008). The psychologisation of healing had already reached Guayaquil, as psychology training is quite popular; both NGOs and – specially - the State, had increased the number of practicing psychologists; the lay population uses psychological terms as part of their everyday life, and through media exposure (de Vos, 2012; Klein & Mills, 2017; Moscovici, 2008).

However, numerous people – what seems to be the majority - in Guayaquil seem to prefer non-professional alternatives. It may not only be – as put by an interviewed student – that among low-income population “psychology is not well-know”, but that – as put by an informant in my preliminary study - middle classes and below “do not believe in psychology” (Appendix 3).

This can be interpreted as a form of *cultural resistance to the coloniality of psychology*, which has both “therapeutic” and “political” implications (Kareem & Littlewood, 2000, p. 11). The therapeutic may refer to the typically reductionist notion of “compliance” or “adherence” to treatment; the political may refer to the association of psychology with the professionalised white bourgeoisie that imported it to Ecuador (see chapter 1). As in other settings in the Global South, the community may perceive that it is psychology which do “not comply with their needs” (Jain & Jadhav, 2009, p. 71). In fact, most people in “the community” do not fit important dimensions of the WEIRD standard in terms of class, ethnicity and knowledge. Their preference for non-professional healing may be due to structural and cultural barriers in performing the role of “services users”: limited access to quality health centres, not enough slots and booking times, bureaucracy, inconsistent information, questionable privacy and confidentiality, and stigma around “seeing a psychologist”. However, it may *also* be a response to psychology’s disconnection with the culture and needs of the community, including psychologists’ potential failure to fulfil local expectations.

“The community” in Guayaquil seems to view psychologists as expert listener/observers, powerful mind-readers, and morally-driven advisors/motivators who are also – ideally - moral prototypes. On occasions where they select – or are institutionally obliged to select - psychologists as their healers, they expect to be helped under certain conditions - trust, confidentiality and (relative) neutrality –, in order to achieve a specific outcome: concrete, timely and cost-effective moral advice. For example, women looking for advise on how to deal with cheating husbands or misbehaved children. Such expectations linked with morality suggests that “the community” may actually want psychologists to be “moral scientists” (Brinkmann, 2011) who they can “trust” (Eiser, Stafford, Henneberry, & Catney, 2009; Freire, 2005; Napier, 2015; Napier et al., 2014). Problematically, they expect them to give advice that is both moral and “impartial”, leaving non-professional roles outside their professional performances; as put by a taxi-driver dissatisfied with couple’s therapy: a female professional should “act as a psychologist”, not as “a woman”.

There is tension between two processes that actually constitute a continuum: the acceptance of psychology (i.e., fuelled by psychologisation), and the cultural resistance to it. Some people who have had negative experiences interacting with psychologists (e.g. the previously mentioned taxi-driver; part of the FPUG staff), or who associate them with “elites” (e.g. a different taxi-driver complaining about power asymmetries based on professionalization) may go as far as to show contempt and rejection towards them, at least in private.

To consider the experiences, views and expectations of “the community” should be pivotal for debates about the type of PI psychologists construct, and should construct. Doing “hard psychology” (Callaghan, 2008) in so-called “marginal” and “vulnerable” communities implies tangible risks. Many trainees and professionals may “fear they will be ripped limb from limb if they set foot in the ghetto” (Karandinos, Hart, Castrillo, & Bourgois, 2014, p. 10). A FPUG student, for example got mugged and shot while doing academic activity in “the community”, short after my ethnography ended (luckily, he survived). In the past, a female student was threatened with rape at gunpoint in similar setting (luckily, she was timely rescued). A grad-student said some of her patients were former “murders”. And a student who lived in Faraway confirmed to me occasional cases of murder that were not even covered by the local media.

Perpetrators of these criminal activities do not represent the majority of hard-working people living in low-income areas, but they constitute a significant presence, being

themselves affected by, and reproducers of, structural violence. It is expected that not all trainees are willing to engage in a radical “transformation” (Martín-Baró, 1986) of their PI which supposes taking such risks in order to experience a “rebirth” and a “communion” with those “oppressed” (Freire, 2005). Especially if they are class outsiders, and even more so if they are women, who constitute the majority of psychology students. There is not only an acceptance – resistance continuum by the communities towards psychologists, but it is expected for this to go the other way around. A radical and revolutionary transformation of PI seems to require a sense of sanctity, sacrifice and martyrdom - or at least, willingness to embrace risks, such as crime, long commuting and occasional poor hygiene - that not all are willing to assume. If we consider the Freirean roots of psychology of liberation, the influence of theology of liberation and the Cuban revolution could plausibly explain why this is the case.

Not only “the community” experiences context-bounded negotiations regarding the acceptance – resistance continuum in relation to psychology. Trainees themselves may embody this phenomenon – as they are members of “the” community who also become psychologists. The next chapter will explore this structural and processual negotiation of PI, relying on the analytical category of “dual belonging”.

Chapter 5 Dual belonging

This chapter explores the way experiences and discursive practices inside the FPUG shaped trainees' PI, resulting in a negotiation of identity based on their "dual belonging". Findings are presented in three broad sections: powerful structural and cultural forces; self – representation; and negotiating dual belonging. Throughout the chapter, I will refer to teachers and trainees as "our community": a term – heard during fieldwork - used by some of them to talk about themselves (i.e. our "professional", "academic" or "scientific" community).

Chapter 1 already unpacked the historical construction of contemporary psychology in Ecuador, including the consolidation of *contextual structural and cultural forces* that shape training at the FPUG (e.g., capitalism, colonialism-imperialism, and positivist-instrumentalist psychology made in the USA, hybridised with some elements of Soviet and Cuban authors). I had stressed how the FPUG occupies a "hybrid" and "messy" position, dwelling in tension between the historical legacy of a Latin American critical tradition (e.g. the rhetoric of community and /or liberation psychology) and western values of modernisation, science and standardised audit⁶⁵. It is in this particular context where trainees learn how to negotiate their PI, and where they deal with their dual belonging as simultaneous members of both "the" and "our" community.

5.1 Powerful structural and cultural forces

Before unpacking how soon-to-be-psychologists construct their "dual belonging", I will address the key role of structural and cultural power as shaper of role expectations.

5.1.1 Paid scientific altruists

Most psychology trainees at the FPUG seem motivated by helping other people. In this sense, there is a widespread representation of them as *altruists*. Simultaneously what legitimises their help as being "professional" - rather than "subjective" or "personal" - is a rhetoric – not necessarily a practice - of *science*. To become a professional psychologist in Guayaquil requires being perceived as an expert by the wider population. To claim a "scientific" identity provides such perception, and also grants social prestige. During fieldwork at the FPUG, I regularly heard self-representations of

⁶⁵ These "western" values echo the legacy of the enlightenment. However, modern non-western, non-capitalist nations have relied heavily on such values too (e.g., the USSR, integrating positivist science with socialist policy). Ecuador's "citizens' revolution" followed such ethos, which permeated public universities.

psychologists as altruists, and – with curiously excessive frequency – as “scientists”. However, to market one’s professional self in this way does not only result in feeling one is contributing to society, or enjoying social prestige. In a competitive capitalist job market, becoming a psychologist – and later, a “Master” - is also a mean to access a *paid* job with a higher salary than the one offered to non-professional labourers. Observations from two different academic rituals can illustrate how PI development revolves around becoming a paid scientific altruist.

An *entry ritual* took place during a hot sunny day. It was held outside campus, in a spacious building managed by the FPUG (Figure 20). Young aspirants – mostly female mestizo, fresh out of high school waited in an open space for the ceremony to begin. Directives and teachers sat behind a desk, placed between the flags of Ecuador and Guayaquil. Patriotic anthems were sung. The young men and women looked curious and nervous: after all, it was their first day of class. A representative of the FPUG addressed the aspirants:

“Psychology is a career on the rise..., is a versatile career, it is not like other careers...Family psychologist, clinical psychologist, industrial psychologist, psychologist for gerontology, for learning problems, for drugs, etcetera. So, in all places: the psychologist. In all social areas, they need a psychologist... We are very proud, because in this levelling course, we had an increase of aspirants”



Figure 20 - FPUG building for levelling courses

In addition to the obvious embodiment of psychologisation, these words highlight the link of psychology with a capitalist work market: society needs psychologists, thus, paid jobs are expected to be available. Claims of altruism – helping others – are usually much more explicit than acknowledgement of economic determinants of PI. In words of an interviewed 3rd year student: “psychology is a noble, altruist career”. Equally explicit, the FPUG referred to itself as an “altruist institution” on an official social media post, after field work ended. Sometimes, this altruism – which involves self-gratification - can be discussed through the metaphor of a “gift”; this was observed in the words of a second institutional representative addressing young candidates at the entry ritual:

“We are happy to know that you have decided to study this career. A career that gives, for those of us who are psychologists, many satisfactions, both at a personal and at a professional level. We are people that sometimes say: I want to study psychology because I enjoy helping people, I want to study psychology because I have *‘vocación de servicio’* [a vocation, or calling, to serve others]. And it is very important that the students of this career, little by little, train and develop such a “don” (“gift”): the *gift of service*, of helping others”



Figure 21 - Graduation ceremony at the FPUG auditorium

Altruism was also mentioned during a different academic ritual - a *graduation ceremony* (Figure 21) -, but only as interlinked with science. A speech was given by an academically successful female student – a former resident of a “marginal neighbourhood, who began working immediately after graduation around issues of domestic violence and substance abuse. In her speech, she said that training had “transformed our conception of the world”, illustrating the deep implications of PI construction. As for many of her peers, such transformation involved what she termed “our own utopia”:

“a world that *celebrates reason above all things*”, “that embraces diversity and mutual respect” and “that promotes the equal advancement of all the people that are part of this country”

This speech seems to have embodied an ad hoc version of illustrated humanism⁶⁶: integrating an allegedly “scientific” identity – relying on “reason” and “applied psychology” - with being “ethical”, “responsible”, “honest”, “humanist” and “socially conscious”. The development of this type of PI, again, is viewed as helping society, but also as helping professionals themselves; in her words: to advance “our own personal development”.

Despite the different types of background that led FPUG trainees to first study psychology (e.g., those interested in philosophy; in the mysteries of the “mind”; in helping others; in gaining status and access jobs in the public or private sectors), I interpreted the “paid scientific altruist” as the professional expectation most influential for trainees, one taught to them – explicitly or implicitly - during their five years of training.

5.1.2 Acting “*pilas*” or “*sabido*”

In both “the” and “our” community, people avoid being called “dumb” or “slow” (“*quedado*”, “*bruto*”, “*bobazo*”). In contrast, most subjects aspire to be framed as “*pilas*” (“battery-powered”, in Spanish, meaning smart, bright, intelligent, fast). Being smart is adaptive, and commonly used as a way to compete with others: “I never want to be second”, a male “*pilas*” student jokingly said during class. At the FPUG, being perceived as smart is a self-evident strategy to pass courses and enjoy social prestige (Figure 22: academic awards; flags of State and Academia). To be “scientific” is also associated with being “*pilas*”. Some trainees who are not considered smart had been “bullied” based on their “intellectual level”, as confirmed to me by the same “*pilas*” student that avoided being “second”.

⁶⁶ She did *not* use this term, which is defended by authors such as Pinker (2011, 2013)



Figure 22 - Awards given to “pilas” students

A second way to avoid being called “quedado” or “dumb” is to act “*sabido*” (instrumental norm-breaking; cunning; street-smart). Being *sabido* at the FPUG can also be adaptive and beneficial for competing, unless getting “caught”. The most common practice was cheating, followed by the use of “*palanca*” (powerful “contacts” that “help” the *sabido* person to solve a problem or to achieve certain outcome). More than one student – including “smart” ones - confessed to have “made up” patients and reports. Answers sheets of academic exams have been occasionally filtered to some students in the past. I observed how a student was paid by a teacher to design a test for him/her. I heard unconfirmed rumours of teachers using “*palanca*” to get jobs at the FPUG; of a directive lying on a research project; and of an extremely rare case of a student who once bribed a FPUG teacher. Also, a student confirmed to me that a teacher once asked trainees to lie in numerous official reports, as to avoid a negative consequence for the entire institution.

Importantly, “*pilas*” and “*sabido*” share a sometimes blurry semantic boundary. As put by a student during a class intervention:

“Ecuadorians think that being intelligent is being *sabido*”

There are at least three type of discourses around being “*sabido*” at the FPUG. The first frames it as a *negative* influence on PI; in words of two different students who were interviewed: a “curse to all of us” that is “keeping all of us held back”. As expressed by two different interviewees:

“you pass a course (*i.e., by cheating*), ok. Maybe others do not care. But when you get to be a professional, where are the things that you are supposed to know?” (dark-skinned mestizo, female, middle-income, advance stage of training)

“students who are irresponsible during their entire training are going to become psychologists. And thanks to “palanca”, to friends, and to luck, they get to have jobs that are of vital importance, and that are representatives of the psychological branch (*i.e. discipline*). This is unfair, not only to the people next to them (*i.e. more qualified and passionate students*), but for psychology” (African-Ecuadorian, male, low-income, initial stage of training)

A second discourse is rarely salient, and almost never expressed publicly: it views the potentially *positive* influence of being sabido on PI. Interviewees’ expressions:

“in some way, I agree with it (being “sabido”), because one does not have to be stuck, waiting for things to happen” (recently graduated psychologist; female, low-income, mestizo, academically successful).

“sometimes it is okay to break certain oppressive or unnecessary rules, if it is to produce (*a form of*) development” (male, middle class, mestizo).

A third discourse by interviewees highlights how being sabido can be straightforward *necessary to adapt and compete*;

“Life is like that. Sometimes you just have to do it (be `sabido`), otherwise you are left behind” (male, low-income, mestizo)

“unfortunately, current circumstances oblige us to do this type of (`sabido`) things. Necessity obliges us to do it” (female, low-income, mestizo)

During interviews, I asked some trainees for the reasons behind acting sabido (e.g., cheating). Some complained about *lack of adequate means* (e.g. “time”, “tools”), and said to feel overwhelmed by academic demands. In relation to these same issues, a teacher discussed in class how by setting extremely long assignments with ridiculously tight deadlines, “I would be forcing you to lie”. Many trainees use sabido practice with an altruist connotation: they recur to cheating or palanca in order to “*help*” *each other* to pass courses. Overall, acting “sabido” seems to be a widespread cultural practice in Guayaquil, that is reproduced by some subjects at the FPUG to different extents. It can be practiced by smart and “ethical” subjects, too: for example, an interviewed student with those characteristics who, smiling, confessed to have lied about his ethnicity to benefit from affirmative action. It seems to be commonly adaptive: regardless of your professional competence, “you won’t work” unless you use “palanca”, one interviewed teacher said. A grad-student and I once witnessed how this same teacher allowed

his/her students to cheat on a test: “Look, there is the future of Ecuadorian psychology”, the grad-student said to me, ironically.

5.1.3 Invoking science

Science is constantly invoked at the FPUG (see chapter 1 for historical contextualisation of this phenomenon). However, I did not observe any nuanced and reflexive discussion about what is truly “scientific” about local psychology. I interpreted this excessive use of the term as a form of compensation. Most performers at the FPUG are not properly trained in research methods yet, and scientific /academic at the University is still poor. This may create anxiety around the worth of one’s professional self. After all, if we are not “scientists”, what differentiates “our” (professional) community from “the” (lay) community? It may be that to solve such conflict, PI is constantly linked with a rhetoric – not necessarily a practice – of “science”. The term “science” has different local meanings at the FPUG (Table 6). To be scientific is linked with being “pilas” (see previous subsection), and also with the use of psychopathological language, tests, and a “neuro” approach (see following subsections).

Being “scientific”	Example
Thinking based on logical reason	A teacher tells the class that to examine the causes of a problem requires “a lot of logic from academic, scientific thinking”.
Engaging in academic events	A teacher welcoming the audience at a practical training event, saying: “we could call this event ‘scientific’, because we are going to learn a lot”.
Using technical jargon	A student referring to certain content as not being “scientific” enough, as it used simple words.
Knowing grand-theories	A teacher demanding “valid, scientific arguments” from the class, meaning they should name grand-theorists and their ideas.
Using “tests” and other instruments	A teacher claiming that psychological tests are rather similar than medical tests (with scientifically measured markers).
Researching and publishing	A desired ideal by many, but scarce at the moment (in a transitional phase).

Table 6 - Local meanings of "science"

Obviously, to conduct “scientific” research is far from being a problem *per se*. However, acritical regurgitation of a “scientific” rhetoric poses risks. More than once, events promoted as “scientific” were devoid of any discussion around epistemology,

methodological rigour or valid original findings. At other times, an excessive emphasis on being “scientific” resulted in devaluing and mocking altruist values. For example, a teacher who commonly defended “science” once told students in the backstage (see footnote 2, p.18, for the use of the term “backstage”). – with a proud smile on his/her face, and using a rather pejorative tone – to “go work in an NGO” if what they wanted was to “help” people. In contrast, a systemic teacher inspired in “second order cybernetics”⁶⁷ once told their postgraduate students in class that it is ok to embrace subjectivity in professional practice. Both positivist and non-positivist discourses around “science” exist at the FPUG⁶⁸. Regardless of this, numerous trainees seemed afraid of not “being” neutral and objective, echoing positivists concerns, and constantly framing their PI as “scientific”.

5.1.4 Tests

Using “tests” is one of the most visible strategies to be categorised as being “scientific” (Figure 23: Basic psychometrics; flags of State and Academia). “All psychological reports must include psychological tests”, an experienced clinical lecturer said. A different teacher warned the class that when they graduate, their jobs will require them to use “tests”, regardless of their field of practice. The instrumental and excessive use of these artefacts seemed to transform many trainees into psychometricians, with virtually none of them questioning the scant cultural validity of their instruments (i.e., virtually all tests used were *not* constructed in Ecuador). A backstage comment embodied this risk, during an event in the auditorium (on post-disaster intervention): The projector failed, and the speaker asked the audience if anyone knew about technology, and could fix the problem. A psychologist next to me said - in a low voice tone, and facetiously: “No. *All we know is tests*”.

⁶⁷ Which argues that no system can be observed without the observer affecting the system, and being affected by it (seminal ideas by scientist and philosopher Von Foester).

⁶⁸ Example of positivist views: objectivity/neutrality; replicability; generalisability; unity of science; measuring; examples of non-positivist views; particularism; reflexivity/acknowledgment of subjectivity and context; interpreting/understanding.

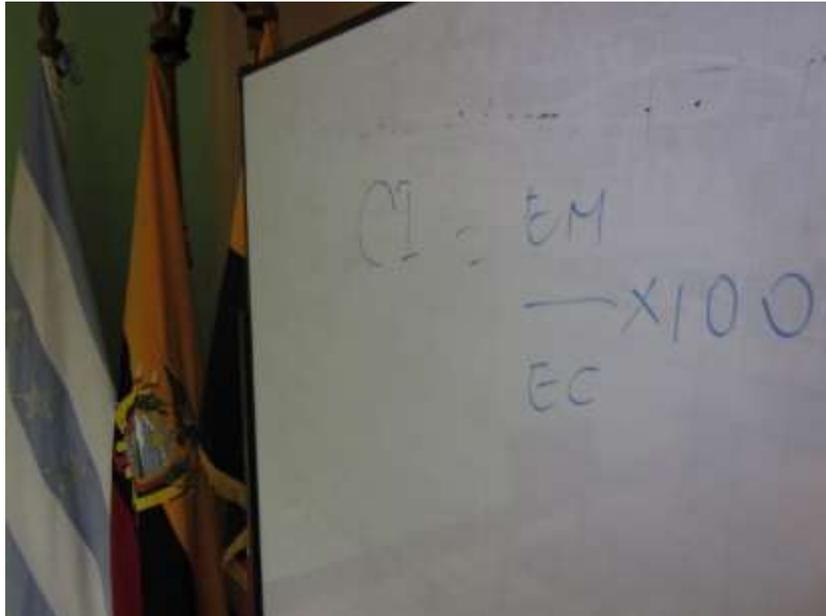


Figure 23 - Calculating intellectual coefficient

To acquire (legally, or as is common, illegal) copies of, be familiar with, and apply tests is a common practice. Many different tests were mentioned and/or utilised by performers during field work, especially tests from the USA. These included Spanish-language adaptations of:

Psychometric: MMPI, WAIS, WISC, PAI, 16PF, STAI, BDI, Millon, D-48.
Projective: TAT, Roschach, incomplete phrases (Rotter; Sacks), House-tree-person, and free “drawings”.

Even teachers who privileged subjectivity over “measurement” chose – or were structurally forced– to use tests. In the case of a psychoanalytically-informed teacher, s/he explained in class the criteria for selecting a “good” test; it should be

“good”, “easy to apply”, and ideally, “specialised” in a particular “pathology”.

In twelve months, I never heard the cultural validity of tests being questioned. Only when – during the last month of fieldwork – I brought up the critical issue in an informal chat with a clinical teacher, s/he acknowledged potential limitations. S/he said - probably influenced by my framing of the issue - that tests are just a “tool”, unable to replace clinical observation via interviews. S/he also told me that they taught this to students, although I did not have the chance to witness this teaching. In fact, I hear the same teacher in class telling students that writing a “psychological” report without “tests” would be as flawed as a medical report without biological markers (e.g. blood, urine).

5.1.5 Psychopathology

An important strategy to gain legitimacy as a “scientist” is to use psychopathological language. Fundamentally, this implies referring to the ICD10 and DSM5, and/or – to other nosographies - when discussing local suffering (Figure 24).. This can be potentially problematic.



Figure 24 - DSM5 taught in a class

Psychopathological language can *reify/objectify suffering*: it transforms experience into a “thing” that can be observed and manipulated either materially or symbolically. Suffering can be transformed into a “disorder”, a toxic “belief”, or a pathological “personality” that a subject “has” inside him/her (e.g. depression), or that embodies “what the person is” (e.g., irrational; neurotic; psychotic; perverse; a score on a personality “test”). “What does he *have*?”, asked a clinical teacher, discussing a “case” in class, embodying the reification/objectification practice. In many cases, to solve the mystery of what patients “have” or “are”, is an enigmatic, yet engaging puzzle, resembling a detective solving a “case” and discovering “variables that are *inside* the subject”, as put by a student in class (see Figure 32, covers B and C). The suffering of wider groups and communities can also be reified/objectified. Backstage expressions by students who researched gender-based “violence” within a “vulnerable” community:

s/he “*had* intra-family violence”

“I bet you the lady does not even *have* violence”.

They transformed a social and interactive problem such as “violence” into something one “has” inside oneself⁶⁹. Such use of psychopathology has pragmatic benefits for “our community”: it allows a common professional language, especially in institutional contexts. Yet, it can also lead to psychologists actually providing standard pseudo “medical” diagnoses, with little or no actual analysis of concrete experiences of suffering. As bluntly put by one trainee through a social media comment on the backstage:

Some psychologists “are simply *technologists*: simply copying and pasting diagnoses from a book”

The role of psychopathology is so important within “our community”, that it seems to interfere with humanising attempts to avoid “labelling” patients. For example, while a clinical teacher said in class that students should talk about “people with schizophrenia” or “people with addiction” – rather than “schizophrenics” and “drug addicts” - this was frequently not observed during sessions that followed. Similarly, warnings about avoiding psychopathological diagnoses after the April 2017 earthquake were only partially echoed, as students – and professional psychologists – did use terms such as “traumatic”, “anxiety”, “symptoms”, and others.

5.1.6 The “neuro” turn

Next to “psychopathology” and “tests”, a third way to associate oneself with “science” is through the invocation of neurosciences (Figure 25 and Figure 26). Following a global trend (Rose & Abi-Rached, 2013), the term “neuro” – linked with biomedicine - is valued as a commodity that legitimises allegedly scientific truths, and their practical applications⁷⁰. Within the institution, several students link their PI with expertise around brain structure, processes and chemistry, despite having a limited factual knowledge on this matter. Presently, psychologisation is – problematically (de Vos, 2012) – utilising neuroscience to globalise psy knowledge, taking reification into the realm of pathological nervous systems and genes.

⁶⁹ This resonates, partially, with arguments to treat violence (e.g., gun violence) as a “contagious” syndrome (Slutkin, 2017). Anthropological inquiry, in contrast, have associated violence with particular moral economies and adaptive gift exchange in contexts of States’ relative failures (Karandinos et al., 2014, p. 10). Researchers of Global Mental Health have suggested a “syndemic” approach: considering complex biological and non-biological interactions that result in distress, crossed by structural, social and cultural factors; yet, even this approach seems to rely heavily on biomedical epistemology (Mendenhall, Kohrt, Norris, Ndeti, & Prabhakaran, 2017)

⁷⁰ For example, neuro-education; neuro-marketing; neuro-business; neuro-leadership; and, of course, neuropsychology.

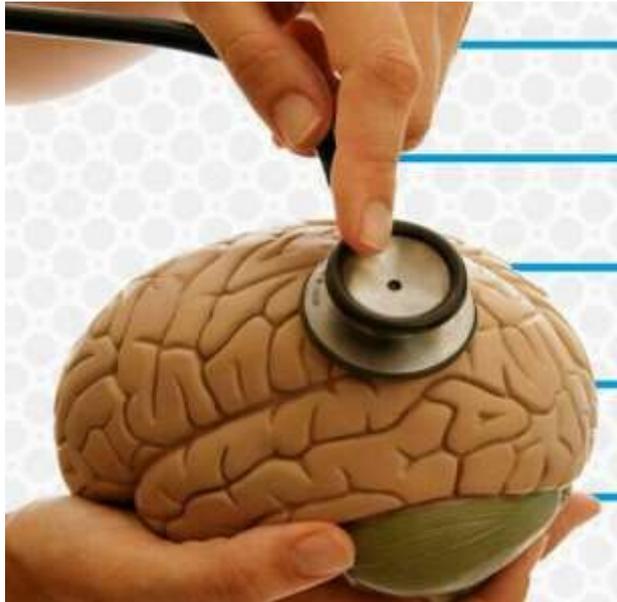


Figure 25 - Advertisement on "mental health" by local psychologists



Figure 26 - Logo designed by students for a "scientific" event

Despite aspiring to fuel their “scientific” identity through association with what is “neuro”, most FPUG teachers still emphasise the influence of “environment” over biological determinism. As put by a clinical lecturer:

Despite a potential biological “*predisposition* towards violence and delinquency”, “everything will depend on the environment where someone develops”.

Yet, even crucial opinions about the influence of historical and cultural context on Ecuadorian minds risk moving into the “neuro” language and its scientific aura. For example, a grad-student mentioned in class how Spanish colonisers used to “give fermented chicha” (alcohol) to indigenous workers during the colonial period, instead of fair pay (see chapter 1), arguing that this may be a distant cause of contemporary substance abuse problems; a rare exception of an otherwise silenced local colonial history, I thought. The fact that the indigenous peoples “spent all the time *embrutecidos* (dumbed) by alcohol” was said to have a biological, not cultural consequence: “this has impoverished our genes”, s/he said, as there is a “little bit” of both “Spanish” and “Indigenous” “in all of us”. The provocative idea was dismissed by the class, and the subject was changed.

There may be a legitimate academic aspiration to produce and consume “neuro” knowledge. However, its instrumental evocation for purposes of scientific legitimacy seems to prevail. For example: a postgraduate course was advertised to grad-students as covering “neuro” issues, next to technical procedures for helping families. During the three sessions, only five minutes were devoted to talking about the brain (one or two slides with basic structural images). The rest of the module – around fifteen hours – focused on psychotherapy, *not* neurological content. I interpreted the inclusion of “neuro” in the name of the course not as an academic necessity, but as a way to bring “scientific” legitimacy to the activity and the identity of those participating in it. During twelve months, I failed to observe any critical discussion around the “neuro” turn⁷¹.

5.1.7 Credentials and paid jobs

The previously mentioned strategies facilitate a fundamental goal of trainees – shaped by a competitive capitalist economy – which is to obtain a degree in order to access a paid job. Such goal was especially salient among low-income students aspiring social mobility, yet – obviously - not exclusive to them. Formal credentials are means to

⁷¹ In other Ecuadorian contexts (e.g., Quito), the “neuro” turn is also shaping the development of “neuro” post-graduate programmes, partly promoted by foreign (e.g., British) researchers (<http://psychologyecuador.blogspot.co.uk/>, accessed on 19/12/2016)

prestige -many address local professionals by their degrees: e.g., “psychologist”, “master”, “PhD” - and to potential jobs. Those without degrees (e.g., trainees; non-academic staff) do not enjoy such resources. This is a self-evident claim, and detailed data will not be reported here, despite numerous observations registered during fieldwork. An example of this was a workshop that took place at the FPUG auditorium – organised in collaboration with a local association of psychologists, and featuring a foreign trainer. The advertisement promised trainees they would learn how to:

“manage your personal brand”; “be the go-to psychologist in your field”; “improve your reputation”; “increase your number of patients, and, why not, also your income”.

Trainees are expected to balance their need for income with their different vocations and levels of qualifications. This process is affected by historical scarcity of resources (see chapter 1); cultural features such as “sabido” practices (see section 5.1.2, p. 156), and students planning their future according to the job market. For example, I heard reports of students with clinical vocations who ended up working in industrial, educational and legal/forensic contexts, as it was there where they found job opportunities (including numerous positions working for the State). Today, work around “autism”, next to other areas – specially education and business - seems to be promising field for some trainees.

5.2 Self – representation

At the FPUG, trainees’ PI is shaped by the wider structural and cultural forces mentioned in chapter 1 (capitalism, colonialism, imperialism) and those explored in the previous section of this chapter. However, before unpacking their negotiation of “dual belonging”, the way they depict themselves will be further explored.

Most trainees uncritically interiorise the identity of open-minded altruists and bright, curious scientists solving “cases”. Because CP understands PI as intersubjective, one way to approach trainee’s self – representation is to contrast it with the way people from “the community” represents them. People expect professionals to be expert listeners/observers, powerful quasi mind-readers, effective normative guides, and moral prototypes (see chapter 4). In contrast, most psychologists in training aspire to become (paid) scientific altruists; claim to study “mind” (or “psyche”) and behaviour; deny being mind-readers or moral advisors; and have an ambivalent relationship with the idea of being moral prototypes. The following paragraphs expand on this interpretation, based

on discourses by teachers and students, both in the front, and the backstage (quotations marks are used to present verbatim expressions by these performers)

As they see themselves as “scientists”, students deny being magical mind readers. They also have an ambivalent relationship with the idea of being moral prototypes. They complain about family, friends and “service users” expecting them to be perfect and flawless, while they also joke about it (Figure 27: social media meme shared by students: “psychologist: professional, analytical, objective, sensitive, cultivated, educated, good-looking, ethical, intelligent, romantic and almost perfect”). Some may truly believe to have a “superior intelligence” – as a drunk student seriously told me once at a party – or that they are especially interesting, “self-regulated” individuals. They are not supposed to “fight”, or to be “disrespectful”, “unfair”, “dishonest”, impulsive, passive, or disobedient of norms. Those helping “the community” in dangerous places such as Faraway are supposed to have, in addition to the qualities already mentioned, stoic bravery and commitment: Freire’s call for a “communion” with those “oppressed”. In this sense, the ideal PI of a psychologist embodies a locally normative ideal. In practice, of course, trainees and psychologist are far from being “perfect”.



Figure 27 - Psychologists are “almost perfect”

Importantly, a psychologist is not supposed to behave like “a patient”. However, “the community” can think that they are “crazy”, having many problems, and being unable to help themselves. This is an idea that psychologists can accept, and even playfully enjoy (Figure 28: meme shared by student in social media), but rarely on the frontstage. Students told me – half serious, half joking – how members of “our community” are “crazy” (some used the pun of “psico-crazy”⁷²), “neurotic” and “clueless”. Sometimes, quite practical problems may emerge around moral role expectations. A student, for example, had to confess in an external anti-drug workshop with teenagers, that s/he

⁷² “Psico-loco” in Spanish, similar to “psicó-logo” (psychologist).

smoked marihuana. This is a substance locally stigmatised by most people – whose negative effects are taught at the FPUG – yet some students, as one told me, do not frame “drugs” - specially not marihuana - as a “problem” itself.

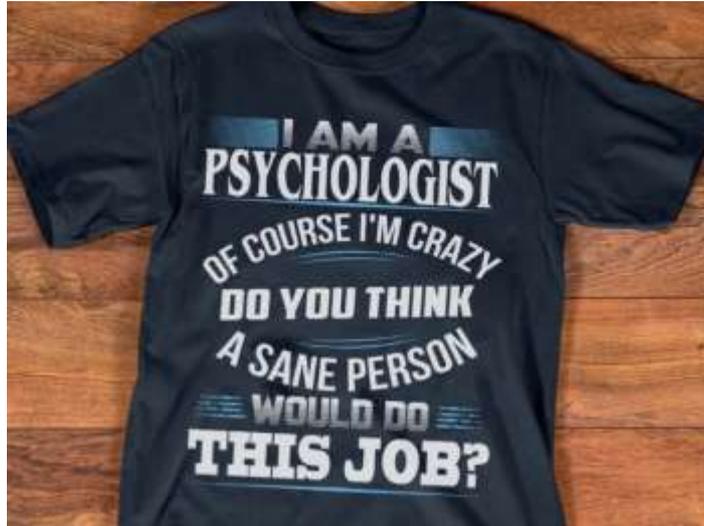


Figure 28 - Psychologists are "crazy"

Most psychologists can joke about their own alleged flaws and problems on the backstage. They also seem to enjoy being viewed as altruist – and even as “motivators” - who serve others and promote “awareness”: problematising certain situations, identifying “strengths” and prescribing solutions. They aspire to do so with “efficiency” and “efficacy”, in a “humanising” and “confidential” way. In clinical contexts, they “establish a symbolic connection” with patients, facilitate “catharses”, “prevent emotional problems” and give “emotional strength”, facilitate “resilience” and improve “communication”. In the context of community interventions, they “decrease the factors” that make a certain population “vulnerable”, discuss problems “in more depth” (e.g., “socialise” them) and provide “additional tools” to help solve them. They “gain the trust” and sympathy of the recipients, by establishing a “rapport”. I heard some psychologists describing themselves as “tutors”, having “more knowledge” and “more experience” than “service users”.

They claim to be scientists who “listen”, “understand” and “interpret” “individual particularities” and “behaviours”, including “disorders”. To do this, they listen and observe carefully, although a student once joked about them doing this because they “love gossip”. Then, they *talk back* to those being helped (e.g. providing allegedly neutral information, advice; and/or psychotherapeutic techniques). As self-declared scientists, they avoid being “subjective”: “a psychologist must be sensible, without

losing objectivity”, an interviewed student said. To do this, they avoid “transference” - understood as an intense emotional element to their relationship with the person they are helping – and focusing on rational “empathy”, more than purely emotional connection. Paradoxically, this emotional distance may lead some – for better or worse – to being “insensible” to others’ suffering (e.g. rape), as another student told me in the backstage. A particularly important rule is not to behave *only* as “friends” (i.e., avoid giving straightforward moral “advice”), and not to disclose morally-laden “personal” views to those being helped, especially around sensitive matters (e.g., abortion).

The next section will move from examinations of contextual forces and self-representations, into the intersubjective process of identity negotiation lived by trainees at the FPUG.

5.3 Negotiating dual belonging

CP understands identity as being intersubjective and contextually shaped (Parker, 2015a; Teo, 2015). This includes PI, which is said to be normatively fragmented, (Callaghan, 2014), multiple, multifaceted, and even “dual” – meaning that psychologists assume roles as both oppressors and oppressed (Prilleltensky, 2008). This section explores how such contextually-shaped PI is negotiated at the FPUG, and how trainees make sense of their belonging to both “the” and “our” community. The situated ethnographic evidence presented here challenges the notion of rigidly dichotomised identities, despite the significant normative power of professionalising discourses dictated by WEIRD psychology. The acceptance – resistance continuum regarding psychology does not fully disappear when a member of “the community” experience professional training.

In fact, I interpret the FPUG to operate as a space of “cultural inbetweenity” (Sonn & Fisher, 2003, p. 120). This is, a place where both the professional influence the popular, and the popular influence the professional. On the ground, dominant psychological discourse, at least at the FPUG, PI was not straightforwardly adopted by all. Nonetheless, it was an obviously powerful force within a psychology training institution – and despite room for agency - the negotiation of PI seemed to be shaped by contextual influences examined in chapter 1 (e.g., capitalism, colonialism, a regurgitated positive rhetoric), and the structural and cultural forces described previously in this chapter (see section 5.1, p. 153.). Numerous trainees learn to adjust instead of challenging normative discourses, a finding that supports the reflexive theoretical argument by

Prilleltensky & Stead (2012). Similar to what occurred in a South African university (Callaghan, 2008), sometimes those who did resist dominant discourses were labelled by peers and teachers as “conflictive”; for example, an atypical FPUG student that constantly challenge lecturers based on theoretical and epistemological grounds.

PI is constructed in an intersubjective context of “dual belonging”. Previous sections have already mentioned some examples of such duality: e.g. experiencing suffering and flaws while constructing themselves as “almost perfect” professionals. The following subsections explore the negotiation of dual belonging in three different senses: being sufferers and healers; seeking and advertising professional and non-professional healing; and being moral performers who covert their morality.

5.3.1 Sufferers and healers

The FPUG was described by an interviewed lecturer as a “healthy” and “cheerful” place. An interviewed student also referred to it as a space where one “breathes an air of freedom”, being “able to express who you are, what you think, what you feel”. There seemed to be some truth to this, but only to some extent. Trainees shared many experiences of suffering with those in “the” community that they aspired to help professionally (see chapter 4). Table 7 provides only a few condensed examples of such experiences, as observed and reported within the FPUG.

Sources of suffering	Example
Professionally diagnosed wounds	Some students diagnosed with “depression”, “anxiety disorders”, “dyslexia”, “epilepsy”, “substance abuse”, “disability”; and a couple of rare cases of highly functional “autism”, and, allegedly, of “schizophrenia”
Undiagnosed cultural wounds (discrimination based on class, race-ethnicity, gender, religion and/or region of birth)	Being victim of classist, racist or machista comments/jokes among students (e.g., being called “cholo”, “monkey”, “faggot”, “femi-nazi”, “bitch”, “irrational”, etc., either on the frontstage or the backstage). Students playfully mocking peers who live in deprived neighbourhoods, calling them “ñengosos” (stereotype of a marginal teenager, associated with poverty, being “cholo”, using drugs and being involved with gangs)
Institutional problems	Bureaucracy and infantilisation (e.g., excessive “paperwork”); some “bad” teachers, perpetrating “academic violence” and/or acting “sabido”; a problematic communication (e.g., “unclear” messages); and risks around technology (e.g., “cyberbullying”; being “sabido”: cheating on an online test)

Table 7 - Sources of suffering for “our community”

A group of trainees – apparently, a minority - had been diagnosed with a condition associated with mental health and social normativity: *professionally diagnosed wounds*. To be a psychologist and a patient seemed rather irreconcilable according to the dominant institutional culture. As said by a student during an informal chat, trainees had “unresolved issues”, and a few teachers urged their class to seek psychotherapy, as a formal requirement of the profession. There were debates across teachers and student – commonly on the backstage – about the ethical implications of “psychiatric” patients becoming psychologists, frequently framed as a matter of inclusion versus gatekeeping based on technical competence; the second criteria seemed to prevail. Being a “patient” had a negative connotation among most members of “our” community. This was embodied in the words spoken by a teacher to a student who allegedly over-reacted with anger to a negative comment by a friend: “What are you? A patient? Or are you going to be a psychologist?!”. In other cases – and this was quite common – it was trainee’s relatives who were “patients” (e.g., diagnosed with a disability or a mental health problem), causing stress and preoccupation to students, who tried to help them in different ways (e.g., social mobility, affirmative action; advise based on their training; contacts for referrals).

Most of the time, wounds were not professionally diagnosed but linked with structural and cultural violence: *cultural wounds*⁷³. Despite a palpable multi-cultural, inclusive and friendly environment at the FPUG, such cultural wounds were quite common, and trainees frequently used the term “bullying” to playfully refer to such violence linked with class, race-ethnicity, gender, religious identities or region of birth. Humour was a common strategy used by victimisers and victims to perpetrate or deal with such violence. Out of the numerous examples observed during fieldwork, only a few illustrative ones will be reported here.

Wounds can refer to trainee’s *social class*:

“eight dollars?! I won’t fucking buy it. I have no money” (student, after learning the cost of a clinical book she wanted to purchase)

(she “insulted” me, talking to me) “like I am a piece of trash”; (she told me): “I don’t know from which *arrabales* (deprived outskirts) you come from” (student - from a rural, low-income family - reporting an incident occurred to him during a heated discussion with a classmate).

⁷³ A term rarely used in literature, except for some cases referring to the suffering of indigenous populations (Bryden, 2008; Chandler & Dunlop, 2015)

“she makes me feel poor” (mestizo student, talking about a white-looking teacher who shared details about her “posh” lifestyle in class)⁷⁴.

An example of wounds around *race-ethnicity* was that of a low-income African – Ecuadorian student, who was the periodical victim of allegedly naïve racist jokes by some of his/her peers at the backyard. One day, I witnessed how s/he opted for an atypical response: instead of friendly joking back, or changing the subject – as it was common for all non-white students -, s/he replied with anger to the mestizo jokester: “what kind of Indian are you? You are not white: you are yellow just like shit. Blacks used to let ourselves be put down”, but “not anymore”. This ‘disruptive’ reply – which I only observed once during a 12-month period - caused conflict, yet, it was relatively effective in stopping jokes to his/her face⁷⁵. When I interviewed him/her months later, she said racism at the FPUG was “a type of violence that is not visible”: an “insult” to his/her “being”. A different interviewed African – Ecuadorian student also felt anger when facing racist jokes, but believed that confronting jokesters, in many cases was “simply not worth it”. African-Ecuadorians and indigenous students are an *absolute* minority at the FPUG.

As it occurs with other forms of violence associated with cultural wounds, it is not the FPUG itself which promotes racist expressions, but these are the result of wider culture, which each subject actualises it in his or her own way. For example, a white-looking, middle class grad-student working in a so called “marginal” area told me during an interview how his family of origin was racist, but s/he is not “like that”, as s/he has to work with African – Ecuadorian patients:

“my uncles (and) my grandparents are a little racist, but I don’t have those beliefs”; “I have an uncle who made a genealogic tree of my family”, saying “we don’t have any *cholo* or indigenous ancestry”

Wounds associated with *gender* are quite present, despite a formal rhetoric of feminism by the FPUG authorities. During a formal event within campus, female psychologists talked about the alarming rates of beaten, raped and killed women in Ecuador, yet the students in the audience paid little attention. Reactions in the *backstage* from a few bright – male - psychology students – and, days later, from a male teacher – were negative: The speakers were “feminazis”, “full of hate against men” and had a “repetitive discourse”. A particular student – who was a devoted Catholic, and one of

⁷⁴ I witnessed this type of episodes in class: At least two lecturers – both white-looking - made insensitive comments that caused low-income students to “feel poor”, I interpreted.

⁷⁵ Later, I knew the victim was in contact with African- Ecuadorian politicised activists. Note that, in the comeback, being an “Indian” was also used as an insult.

the “conflictive” trainees who challenged dominant epistemological discourses – also argued that women who were raped had it coming – and even enjoyed it - due to their “hysteric” personalities which inevitably attract “perverse” male personalities. He also told me – naming a specific gay student – that he would never take his son to a gay psychologist, fearing the child would be raped. For him, homosexuality was “a quite unhealthy characteristic”. Other bright students framed the “femi-nazi” term as a response to what they perceived as an exaggeration of feminist “ideology”: accusing all men of being “like animals”. More explicitly linked with gendered violence, I knew of *at least* a couple of female students and grad-students that had experienced sexual abuse themselves, or whose female relatives had been abused.

Wounds can also revolve around *religious identities*, and cultural identities that privilege non-professional healing (see next subsection for data regarding this). *Region of birth* can also be a potential reason for ethnic discrimination (i.e. being a person “from the Coast” – *costeño*-, or from the “highlands”- *serrano*). Regional stereotypes were once discussed in class: coastal people from Guayaquil (“monkeys”, in local slang) can be “sabido” and “filthy” (littering), while eating out, shopping a lot, and sleeping late. Highlanders (“serranos”), tend to be the opposite, while some can be “cheap”. Stereotypes can lead to harmful discrimination. A FPUG alumna– currently a renowned private practitioner – made a comment in the backstage about a highlander: “she is a piece of shit, like all `serranos’”. However, I never observed any of such comments at the FPUG. A highlander student confirmed that if his/her friends called him/her “serrano” – or most pejorative terms, such as “paisano” or “longo” – it was just in the form of friendly jokes.

In addition to professionally diagnosed wounds, and cultural wounds, there is a third significant source of suffering for “our community”: *institutional problems*. Complaints about these are pervasive within the FPUG. Especially – although not exclusively – about bureaucracy (e.g., excessive paperwork; poor logistic); and the technical and ethical competence of *some* teachers perceived by students as being “bad” (in contrast, others were labelled by them as being “excellent”). Some of these problems are linked with a global trend of audit culture and employability (Hart & Akhurst, 2017; Parker, 2014). Further details are not provided here due to confidentiality issues, and the specific scope of the thesis.

Trainees negotiate these tensions between being members of “the” community, and as such, subjects who suffer – occasionally even “patients” or potential “patients – and the

expectation of becoming paid scientific altruists who heal others, and are supposed to be moral prototypes. They are simultaneously sufferers and healers. They rely on the same sources for “being fine” than “the” community (e.g. family; friends; enjoyable leisure time, including alcohol, sports or art; many smoke and drink coffee) and are affected by poverty⁷⁶, crime and security issues (at least a few psychology students - my informants - came from families that have been involved with illegal trafficking), displacement, family problems, normative losses, alcohol, drugs, sex, pregnancy and sexual violence, among other culturally shaped problems. To borrow a term occasionally used in literature: a PI that includes this observed dimension would be that of “wounded healers” (Comas-Díaz, 2005; Davison, 2013; Kern, 2014), with cultural wounds being particularly pervasive.

5.3.2 Professional and non-professional healing

Coming from “the” community, trainees’ healing alternatives are almost always informal support and religious or folk healing that help them to “be fine”. In fact, I only heard a couple of cases of students seeking formal help from a psychologist, in contrast with the large majority who sought informal support. However, due to psychologisation and the systems of value promoted during training, there seemed to be a gradual shift or an intensification – *at least*, rhetorical – towards a preference for psychotherapy and other forms of professional healing⁷⁷. On occasions, they semantically and/or pragmatically integrate psychology with the healing culture they learned in “the” community, resulting in a hybrid, messy syncretism. This is illustrated, for example, in the words of an interviewed student discussing how psychologists get to “know” so much - “sometimes I think that psychologists are like *brujos* (sorcerers)” –; a grad-student/practitioner who told some patients that religious “faith is part of your health”; or unconfirmed reports of local psychologists prescribing bible reading to their patients.

Training itself is commonly a source of healing. For example, one recently graduate alumna told me how learning “developmental psychology” resulted in “a truly transcendental change” in her relationship with her mother. An interviewed student told me how she helped her mother to deal with the substance abuse problem of a family member: “I tried to talk to her not only as a daughter, but tried to explain to her a little bit

⁷⁶ Income was an obvious necessity; many students, informally, sold products (e.g., food) in hallways during breaks. There was at least one reported case of a student selling “drugs”.

⁷⁷ Long after fieldwork was finished, I was giving a lecture to young psychology students at the FPUG (in 2018): the entire classroom reacted with surprise and disbelief when I told them – antagonising with the hegemonic rhetoric by other teachers - that many times, when dealing with a problem, I prefer talking to a friend over talking to a psychologist.

of what I have received here (in training); and yes, I helped her a little". These type of cases were relatively common during fieldwork. In addition, some students coming from marginalised neighbourhoods preferred to spend as much time as possible at the FPUG, as to avoid what they perceived to be unpleasant and risky living conditions at home. This is, the FPUG experienced as a "healthy" place. Training at the FPUG can be interpreted as "free" psychologisation, which was perceived as a useful source of healing by some trainees, under this type of circumstances.

During training, *folk healing* was frequently disvalued. A health-related lecture is an illustrative example. The class discussed "folk" practices associated with "curanderismo" (see 4.4.1, p. 127). Students laughed after the teacher mocked the idea that such practices could treat problems such as "post-traumatic stress disorder", "panic" or "acute stress". S/he pledged for the use of *reason* to explain illness and healing. Students who came from families who used "folk" healing did not challenge the teacher. One of them did disclose this dimension of her identity to the class, and also vindicated the potential use of some "indigenous" practices, specifically about giving birth. About such indigenous practice, she argued that we could ask ourselves: "what about this can be useful to me?". The teacher dismissed the proposal and changed the subject, simply stating that the baby "suffers less" when born through westernised medical care. On a different clinical course, a teacher also expressed – half serious, half joking - that s/he would "worry" if students "believe in demons, witches, or *things like that*".

In contrast I knew of several students with a family legacy of folk healing; a grad-student said in class to believe "witchcraft" can "make us ill" (a comment ignored by his/her lecturer), and a grad-student who successfully used folk healing to cure her daughter's "evil eye". Nonetheless, not all trainees "believe" in folk healing. Two interviewed advanced students are examples of this. The first said s/he "don't believe in such things". The second told me that although folk healing is actually a "beautiful" part of Ecuadorian culture, s/he would not "use it", due to his/her "civilised part". I thought about coloniality, and the notion of psychology as "civilisation".

Something relatively similar occurs with *religious healing*. While several teachers and students are atheist or agnostics, a large number of them – hypothetically, the majority - seemed to be Protestant or Catholic. I even knew of a teacher who once invited students to pray in class (with those non-religious students later mocking such atypical incident, in the backstage). In some cases, aspects linked with religious identities (e.g.,

altruism; understanding the “soul”) are linked with the decisions of becoming psychologists. As put by a grad-student working for the State in a “marginal” area: “I was either to become a psychologist or a catechist, and I decided to become a psychologist”.

In an institutional context where reason is part of normative discourses, those with religious identities risk being framed as conservative, illogical, uncivilised, backward and unscientific. For example, I witnessed how a teacher called Jehovah’s witnesses an irrational “cult” in class. A student sitting next to her was actually a Jehovah witness, and politely challenged the lecturer, with a look of discomfort on his/her face. On a different day, I observed an atheist student giving a presentation where s/he explained religious faith as a cognitive bias: the “fallacy of divine reward” (the irrational expectation that God will solve one’s problems). In the room, there was a fervent Pentecostal student; I once went with him/her to a religious ritual where s/he experienced “the holy spirit” entering his/her body and healing him/her after feeling “a mix of joy and sadness”, as s/he later described the event. S/he did not challenge the cognitivist perspective taught in class. While some trainees kept their religious identities after training, others abandoned them in the name of reason and science. An interviewed student, for example, told me she “could not” remain a Catholic: “Yeah. I cannot, based on all the changes I have had (during training)”. Moreover, when I asked a graduating student how training had “changed” him, he claimed to have renounced to religion, becoming “more scientific”.

Trainees negotiate these tensions between seeking and advertising professional and non-professional healing in diverse ways. A salient example is that of a “pilas” (bright), middle-age female student living in a marginalised area, who was, simultaneously, a fervent Mormon and a practitioner of some simple folk rituals. In fact, the “protection” artefact portrayed in Figure 16, p. 131, was inside her home, protecting her family from a neighbour who put “faecal matter” at the frontage, with “evil” wishes. At the same time, she was learning to become an allegedly “scientific” professional. The Pentecostal student who felt healed every Sunday when “the holy spirit” entered his/her body was learning about unhealthy “irrational” beliefs. Curiously, s/he was also present in a health-related lecture when folk healing was discussed, expressing the normative view that such unscientific alternative is sought by low-income, rural or uneducated population (“the people”, in his/her words). The irony is that s/he was a low-income student him/herself, with strong religious beliefs. Had s/he internalised the language of the “oppressor”, as suggested by Callaghan (2008) in her South African study? Or was

s/he in a liberating transition towards renouncing a “backward” healing culture and becoming “scientific”? I can confirm that the second did not occur, at least when I met he/her again briefly, after graduation, more than a year after field work ended.

Trainees, and later, practitioners decide – aware of it or not - which dimensions of identity to separate or to integrate regarding healing. Some of them – what seemed to be the majority, at least based on dominant discourses – did their best efforts to keep their folk and religious beliefs separated from their professional practice. Others, integrate both systems of value, which can be interpreted as a form of cultural resistance, in a sort of “cultural inbetweenity” where two cultures with power differentials influence each other (Sonn & Fisher, 2003, p. 120). In words of an interviewed student, both the “natural (folk)” and the psychological can be “mixed”. Sometimes this can be observed in local ecologies, as confirmed by an interviewed positivist teacher who discussed - with a judgmental tone - this possibility for syncretism:

“on the street, you can see a sign, for example, saying ‘positive psychology’, but they also invoke chakras and whatnot, it is a fusion of a bunch of things. (Some) people who graduate here leave and then open a practice and provide whatever they like. They don’t see psychology as a science, but start mixing it with other type of techniques, such as middle-eastern (things), or shamanism, and things like that”

It seems that in the acceptance – resistance continuum regarding psychology, trainees and practitioners are *not always* nor *fully* “colonised” by psychologisation, and they find their own pragmatic – and sometimes syncretic - strategies when seeking or providing healing, in ways that are fluid, hybrid and messy.

5.3.3 Covert morality

One of the expectations held by John, and other members of “the community”, is for psychologists to perform as moral advisors (see chapter 4). As theoretically argued by Brinkman (2011), psychology itself can be considered a normative, “moral” science. Despite of this, as concluded by Callaghan (2008, 2014), what is moral – and thus “subjective” – tends to be detached from normative expectations within psychology training producing allegedly neutral/objective professionals. At the FPUG, a teacher once put it bluntly in the context of a clinical course: “our gaze must be fully aseptic”. Trainees negotiate the professional expectation of neutrality/objectivity while: a) performing a professional morality learned in “our” community; and b) integrating lay

morally-laden discourses learned in “the” community. However, in both cases the “moral” nature of their professional selves commonly remained covert.

Trainees learned a professional morality in at least three senses. First, they commonly adjusted to normative expectations to perform in ways that help them to accumulate material, symbolic and cultural capital (see section 5.1, p. 153). Second, being altruist, socially committed, and humanist embodied a particular morality. Third, they learned normative criteria for labelling subjects as *being* normal/healthy/functional or not. Most of these criteria came from WEIRD theories resulting in what Adams et al. (2017) may refer to as a coloniality of being. Training taught them how to transform experiences of suffering into morally-laden diagnostic categories (Table 8). Just to name one example: there are certain “indicators that mark functionality” said a teacher referring to local families.

Diagnostic nosography	Potential morally-laden transformation of suffering
Biomedical (ICD10/DSM5)	Transformed into <i>disorders</i>
Instrumental pragmatism (“tests” and other “instruments”)	Transformed into psychometrical/projective numbers and/or classifications
Cognitivist	Transformed into <i>wrong ways of thinking</i>
Psychodynamic	Transformed into pathological or pseudo pathological personality types shaped by unconscious - normative tensions, especially during childhood.
Humanism	Transformed into <i>individual failure to flow/connect with the here/now, and with oneself.</i>
Systemic	Transformed into <i>dysfunctional systems (i.e., families)</i>
Community psychology	Transformed in “vulnerability” or lack of “empowerment”

Table 8 - Morally-laden transformation of suffering

Trainees are taught these normative claims are not “moral”, but “scientific”. This results in the moral dimension of their PI being covert. To borrow the term used by Callaghan (2008): discourses that reflexively embraced such moral dimension of PI remained “ghettoised” at the FPUG. I observed only a few relative and marginal examples of non-dominant discourses. One example is that of a teacher who taught grad-students that is it acceptable – even recommended - to embrace our own subjectivity when conducting psychotherapy. Another is part of the content taught in “community psychology” courses. In one of such courses, for example, the teacher gave instructions to students

who were to engage in PPP with a particular “vulnerable” community: “all activities must be directed at the *formación* (construction/teaching) of values”. This view certainly conflicted with the health-related course where trainees were told to hold a “fully ascetic gaze”.

At the FPUG, trainees also integrate morally-laden discourses learned in “the” community into their professional rhetoric. An example of this is the professional use of the non-professional discourse around “loss of values”, which is widely present in the larger community of Guayaquil. Such discourse refers to the way families – specially mothers – teach children what is “bueno” (good/right) and what is “malo” (bad/wrong). In Ecuador – as in most of Latin America, family is highly valued, and so is the tradition of parental physical punishment to teach “values”. This has changed in recent decades, due to a discourse linked with psychologisation: that of minors’ “rights” and the prevention of “trauma” (Burman, 2008; Klein & Mills, 2017; Summerfield, 2001).

Despite adhering, mostly, to the former, some trainees at the FPUG expressed some nostalgia regarding traditional discipline, and at least one grad-student confessed to me that she had “a whip at home” to discipline her kids. In words of teachers and students, families need “respect”, “obedience”, “authority” and hierarchical “subordination”. If these “values” are not “inculcated” on children, issues such as domestic violence, rape, unwanted pregnancy, substance abuse or crime are expected to emerge, as a result of deficient “affection”, “communication” and “supervision”. A clinical teacher, for example, taught students how the main cause for increasing rates of substance abuse is that “values are being lost”. A student once told me how some teenage “H” addicts (nephews of a PPP “service user”) had “gone astray” because their mother had split up with their father, having numerous other partners. A different student once said in class how in “mono-parental families” “contact” is scarce and “values are lost”.

PI may also be shaped by lived experiences around family values within “the community”. An interviewed advanced student living in marginalised area, for example, told me how his/her mother worked, and was obliged to leave him/her at home unsupervised when s/he was a kid. Yet, s/he never joined gangs or tried drugs: “there was no one to take care of us”, yet the key issue is how “parents are inculcating values to their children”: “My mother always inculcated me that. Even if she was not watching, I knew what she had told me (differentiating right from wrong)”. In other cases, (not hers/his), parents teach values, but peer pressure has a stronger (negative) influence.



Figure 29 - Parents can be “toxic”

There is the moral strong assumption that suffering, “trauma” and non-normative behaviour in children and teenagers is explained by parents (specially, mothers) who did something “wrong”, be it by commission – e.g., “violent” parenting – or omission – e.g- not “inculcating values” (figure: Social media content shared by FPUG alumnus/a: "Toxic parents. What they are like, and why they produce harm"). A role – play during a post-graduate course – based on a real-life case - provides an illustrative input on how such morality shapes the identity and performances of psychologists in training (Figure 30)⁷⁸.



Figure 30 - A space for pedagogical role-plays

⁷⁸ A common practice was to use performer’s real names, risking connection with painful personal experiences. Psychodrama/sociodrama methodology strongly advises against this practice.

A low-income family sought professional help because a teenager was pregnant, and both her mother – raped and pregnant herself when she was a teenager – and her grandparents faced the moral dilemma of whether to allow her to have the baby or get an abortion. The diagnosis was given by an experienced teacher/therapist, after exploring their suffering for long enough:

“the problem” is that “there is no respect”, “there is no authority”, there is a “lack of limits”; the family feels “fear” and “guilt”; adult providers “work a lot”, but neglect “communication”, and “do not devote affection” nor “time” to the family.

This therapist avoided any concrete and timely moral advice (in this case, on abortion), which is a common expectation by “the community” (see chapter 4). Instead, the psychologist introduced his/her covert morality. S/he also sent them homework for the next session:

“bring” a written piece on “how would I like this family to be (or become)?”

Even though the family explicitly said by the end of the session that the moral dilemma of abortion “is the most serious one” for them at the moment, this was ignored, and the gaze was set on underlying family values. Moreover, the psychologist argued - through a rhetorical question – that their declarative urgent need was actually “the consequence” of the former. Highly emotional scenes were observed, for example, the mother’s acting-out (i.e. eyes closed, crying/screaming in pain for several minutes, while remembering her own rape). A grad-student performing as a psychologist ignored the loud noise, as to “give her some time”, and continued questioning other family members. A teacher stepped in to the professional role, while the woman spontaneously calmed down. S/he asked the grandparents: “when your daughter becomes like that, how do you feel?”. After they gave him/her details of their daughter’s own rape, s/he addressed the woman in a flat and barely empathetic tone: “your parents sent you to that place, and there you were raped”. Blaming the parents, I thought.

The morality learned at “the” community also shaped PI in a more subjective sense, this is, by expecting other psychologists to be moral guides (see chapter 4); and by choosing research themes based on their experiences as sufferers. An example of the first: I was once asked by a group of students during an informal social gathering if the behaviour of certain romantic couple was “good” or “bad”. “It is relative”, I replied. They insisted, that I answer the question “as a master”. Regarding the second way PI is linked with subjective morality, I observed frequently that the problems students decided

to study (e.g. schizophrenia; substance abuse; gendered-violence) were often related to their own personal histories and identities, and how these were integrated into training and practice. Some politically conscious students were interested in “community psychology” and similar approaches. Some religious students wanted to use psychological knowledge as part of their work within their churches. I met a student who was a former gang-member, and wanted to use psychology to help the youth stay away from crime and substance abuse. Many women and LGBT students engaged with feminist psychology. These choices were far from being neutral and objective.

I observed the moral dimension of PI on many other occasions during training, including a few additional role-play exercises during a postgraduate course. During one of such exercises, a psychologist told her hypothetical patient that her “emotion is not *‘bien’*” (good/right), as she needed to expressed herself more. The grad-student acting as a patient replied “I will try to (get) this, that I am feeling, to stop being *‘mal’* (bad/wrong)”. On a second occasion, a teacher taught grad-students to keep their “assumptions” out of the clinic: psychologists do not judge, but help the patient “judge his beliefs by himself”. When discussing a particular scenario - a patient forced to start therapy (i.e. by law-enforcement) - s/he contradicted such view. In such case, s/he said, it is “good” to help the patient realise things such as: “what a fool I was”, or “look at the way I have wasted my life”. It seemed virtually impossible to teach trainees how to perform as (covert) moral agents, without using moral language around right/normal – wrong/abnormal (see for example, Figure 31: a souvenir from a FPUG fair organised by students: “drugs are a waste of time. They destroy your memory, respect and self-esteem”).

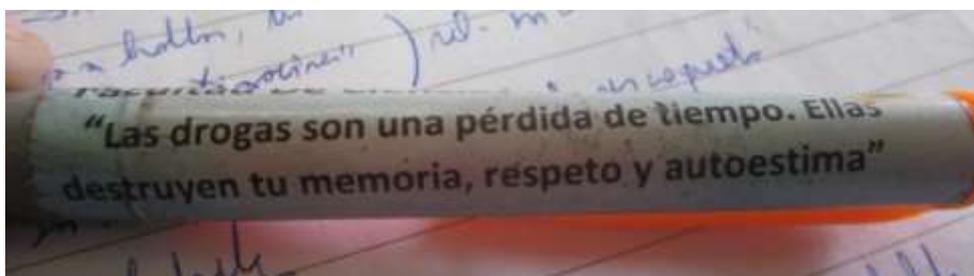


Figure 31 - Drugs are not good for you

Near the end of fieldwork, I interviewed some trainees, asking them if they saw their PI being linked with “morality” in any way. Some responses implied that moral judgement negatively interfered with adequate professional care. A FPUG alumna and young practising professional was emphatic:

“No, and definitely no. That is something I am always examining in myself. Always, always, always. And I attribute that to the training I was given”.

Training implied, ideally, being neutral and objective. In contrast, a grad-student/practitioner highlighted how, regardless of self-examination and being taught to be neutral and objective, the “personal” does influence the “professional”:

“sometimes people mix their shit with the psychological consultation”

An advance student agreed with this view, highlighting that “personal” morality - what is believed to “be right and wrong” - does influence “professional” practice, although it “shouldn’t be like that”. This occurs by means of covertly “inducing” subjects:

“if you are my patient and you come with an alcohol problem, or you smoke marihuana from time to time, based on my posture, on my criteria and my culture, I think that is wrong. Then what am I going to do? To try to get you to...I will not say `no; that is wrong´, I probably wouldn’t do it like that. But I would tell you `do you consider that it is right for you to smoke...?´. That is, *I induce you to realise that for me that is wrong, and that it should be wrong for you too*”.

A grad-student (working outside Guayaquil, in the framework of psychoanalysis and action-research) – and one of the few African-Ecuadorian trainees - also stressed how making moral judgments is negative for professional practice, while highlighting the need for reflexivity about potentially iatrogenic performances. S/he worked in a neighbourhood which house two rival populations. The division was based on geography, which made “sense” to both sides, reinforcing their “identity”:

“there, what takes precedence is the issue of respect, right? That each one respects its place. If I, as a psychologist, go there with ideas about them having to integrate, having to be the `happy community, all together´, it is like I’m going there to *violentar* (exert violence), right? “my role is not to say if that is `right´ or `wrong´, but to try listening to them, right? To see the sense of what is the use for them to develop, to act that way”⁷⁹.

In contrast with this view – which is congruent with some Freirean ideas – a less experimented student discussed the link between “morality” and his/her PI as follows, while expressing what I interpreted as an honest (even naively disclosed), yet little reflexive account:

To “improve the behaviour of a person, the most feasible is to inculcate: `what is what’s lacking? What is it that’s failing?´ and if he (or she) fails, in these

⁷⁹ This position approaches the intercultural respect rhetoric. Yet, it is not a “neutral” position: it is a deliberate moral performance by the professional, who does embody a morality (e.g., help-as-war is “wrong”; implicit values around peace, health, etc).

(certain) values, why not teach this person what is it ---what failures is it that he (or she) has, and this would result in a development in this person”

I have experienced myself the negotiation of a moral professional self in the past. For example, I was taught in a cognitivist undergraduate course to avoid words in therapy such as “should”, “shall” “need to”, “have to”, “must” (do this or that to solve your problem). Even when I clarified my allegedly non-moral role, and avoided such words, a few patients insisted on receiving moral advice from me, which is understandable if we accept that John and others in “the” community expect us to be moral advisors.

This thesis provides ethnographic data to support the theoretical argument that psychology “is, and ought to be a moral science” (Brinkman, 2011, p.1). Such data is consistent with research in South Africa which interpreted how normative discourses demanded for trainees to abandon their moral, “personal” selves in order to become psychologists (Callaghan, 2008). In the case of the FPUG, such morality – embodying the moral grammar of “the” and “our” community in a dual sense – is in fact, effectively and pragmatically *performed*. This is the case, despite a professional socialisation that is fundamentally based on a normative discourse that keeps this morality veiled and covert, enabling trainees to feel, and present themselves as neutral and objective scientists.

5.4 Conclusions

Chapter 4 illustrated how “the” community suffers structural and cultural violence, and tends to prefer non – professional healing, while expecting psychologists to be trustworthy moral scientists providing concrete, timely and cost-effective moral advice. Findings from this chapter suggest that, because trainees came - in diverse ways – from such wider “community”, they experienced what I understand as a *dual belonging*. Such concept points to their belonging to both professional and popular worlds simultaneously. They suffered and healed just as any other member of “the” community from their same social position and/or cultural identity as them, while learning to become psychologists. This shaped and hybridised their PI into a contingent and sometimes “messy” integration of both cultures. They seemed to integrate the culture and experience of “the” community into their PI development during training; at least to a certain extent, even if it is veiled or rendered invisible in their self – representation. There was a constant tension between compliance with WEIRD gold standards of science and neutrality, and resisting it – even if they are unaware of it – through effective performativity.

In the context of such identity negotiation, most trainees seemed to aspire to become employable, be “scientific” and help people at the same time. Becoming *paid scientific altruists* contributed to their “own personal development”, borrowing words from a bright young student (see section 5.1.1, p. 153). Such transformation required acting “pilas” (smart; bright; intelligent) or “sabido” (instrumental norm-breaking); invoking “science” (excessively, in little coherence with actual practice), use “tests” (excessively, with scant statistical and cultural validity); psychopathology (commonly, reifying context and experience into WEIRD professional nosography); and “neuro” language when possible (also excessively, in little coherence with actual practice). This is the type of PI most trainees seemed to pursue, in order to be successful in gathering material, symbolic, and cultural capital.

Despite a few marginal exceptions, there seemed to be *scant reflexivity* regarding the messiness and tension involved in their PI development. Additionally, the superficial and acritical use of a rhetoric of “science”, tests, psychopathology and “neuro” language suggests that the *technical and ethical quality of training may be limited*, a matter that will be revisited in further chapters.

These findings contribute to existing academic debates on the subject, supporting critical arguments. For example, those which present psychologists – in-tune with expectations from the community (see chapter 4) - as performative moral scientists reinforcing values from the wider moral grammar (Brinkmann, 2011), while highlighting the normative-moral power embodied in psychological discourse itself (Brinkmann, 2011; Foucault, 1995; Martín-Baró, 1998; Rose, 1996, 2015; Teo, 2015). They also are consistent with previous findings and arguments regarding the oppressive demand by mainstream psychology of separating “professional” and “professional” dimensions of selves, which can be accepted or resisted (Callaghan, 2008, 2014); identity differences between professionals and the community they help (Burton & Kagan, 2005); and the facing of an adjust – challenge dilemma, with adjusting being the “default stance” (Prilleltensky & Stead, 2012, p. 334).

However, findings from this chapter also stress how the development of PI does not always involve rigid dichotomies, as it is a partial and situated process. For example, even if there are “objective differences between the professional middle class and the excluded” (Burton & Kagan, 2005, p. 74), there are also many commonalities between both, including identities based on gender, race-ethnicity, and eventually, even social class (e.g., having lived in similar “marginal” neighbourhoods). Regarding findings by

Callaghan (2008), the separation of “professional” and “non-professional” dimensions of PI is not *only* a result of values around neutrality by WEIRD psychology, but is also an expectation of the wider community (see chapter 4), to which trainees belong. Such wider community expects them to be “impartial” moral prototypes who “act as psychologists”, not as “women” or any other non-professional identity category (see section 4.4.3, p. 137). And the adjust – challenge dilemma (Prilleltensky & Stead, 2012) may not be straightforwardly solved *only* through individual, reason-based decision making, but in “messier” ways. For example, trainees can *adjust* by acting “scientifically”, while simultaneously *challenging* via the actualisation of values from the wider moral grammar, such as family, respect, authority, being “sabido”, enjoying humour, and preferring non-professional healing (e.g. informal support, quality leisure time; religion; folk).

In fact, “our community” is made of wounded healers (Davison, 2013; Kern, 2014; Râbu, Moltu, Binder, & Mcleod, 2016; Yalom, 2003), with psychologised, diagnosed wounds, and undiagnosed cultural wounds. Some can, for example, resist seeking help from a psychologist, privileging non-professional healing while experiencing psychology training as a healthy space itself, obviously linked with psychologisation (e.g., getting “free” advise from books and teachers, as well as peer-support).

Overall, findings highlight the “messiness” and hybridity of PI, as the “popular” and the “professional” do not seem to have a *rigid*, clear-cut delimitation in the way subjects perform their subjectivity. Such identity negotiation seems to occur in a sort of “cultural inbetweenity”: “a zone where dominant and dominated cultures interact and mutually influence each other” (Sonn & Fisher, 2003, p. 120). Such symbolic “zone” which constitutes PI is intersubjective, but also shaped by powerful structural and cultural forces, with WEIRD psychology being one of them.

The following chapter will report findings on how psychologists at the FPUG were being taught to learn the values of WEIRD psychology, and use their professional power in order to provide the “gift of service” to the population, guided by a “help-as-war” metaphor.

Chapter 6 Help-as-war

The previous chapter unpacked how trainees construct their PI through a complex process – intersubjective, and shaped by power – in which they negotiate their dual belonging. The present chapter will highlight one of the ways in which the use of power is learned at the FPUG: the acritical assimilation of WEIRD psychology and the help-as-war metaphor.

6.1 Learning WEIRD psychology

The majority of training activities at the FPUG resulted in the regurgitation of psychological knowledge produced in WEIRD societies. What trainees end up learning seemed to be a strange hybrid or caricature based fundamentally in individualist and quasi-positivist views, with either technical limitations or ad hoc implementations (e.g. “adapting” foreign theories and instruments; a rhetoric linked with “community” or “humanism”). To illustrate this, I will unpack the coloniality of literature; the linking of the global with the local; how *psychologism* was observed locally; and the way trainees learned the help-as-war metaphor.

6.1.1 *The coloniality of literature*

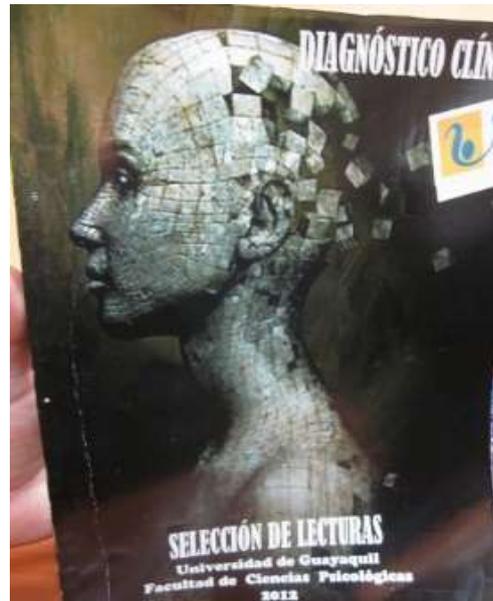
As reported in chapter 1, the FPUG exists in a Latin American and Ecuadorian context marked by an acceptance – resistance continuum, both in relation to capitalism/colonialism, and to dominant psychology made in the USA. This is embodied in the type of literature read by trainees (Figure 32). Covers B (“clinical diagnosis”) and C (“abnormal psychology”, translated into Spanish as “clinical psychology”) are based on hegemonic knowledge and tests originated in Europe and the USA, which was the case for most bibliography at the FPUG. Cover A (“writings for the 21th Century youth”), in blunt contrast, is associated with the highly political left-wing institutional tradition (see section 1.4, p. 38)⁸⁰. Cover D (“community intervention”) is a compilation of content associated with community psychology. There were, of course, other books (e.g. personality; family therapy; etc.) with diverse approaches, but this intentional “sample” illustrates the diversity of intellectual influences shaping PI. It was, however, the dominant psychological content produced in WEIRD societies which seemed to prevail (see chapter 7 for an account on how this influence translates into practice). Such

⁸⁰ This book with “Che Guevera” on the cover – and rather radical political ideas - does not seem to be used in class anymore. Yet, I saw it at several students’ houses, and it was also being sold – next to others – in a fair at the FPUG backyard one afternoon.

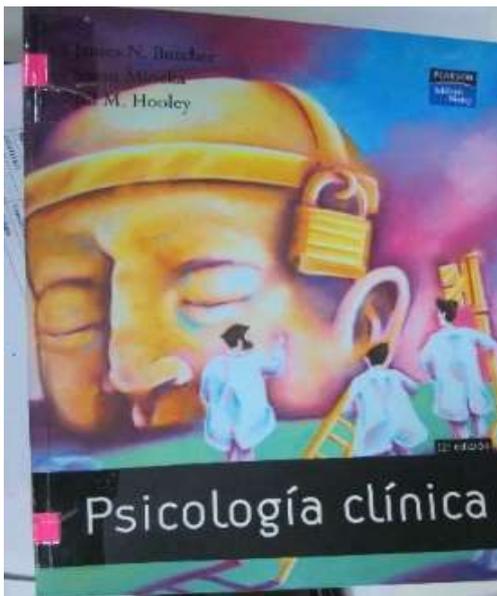
scenario configures literature and instruments (e.g., “tests) as expressions of coloniality that shape what to *know*, and how to *be* (Figure 33, used in a class presentation on developmental psychology).



Cover A



Cover B



Cover C



Cover D

Figure 32 - Diverse epistemologies: sample of book covers



Figure 33 - Child development: a white-looking boy solving a puzzle

The influence of Cuban psychology is still a palpable counterweight to dominant western psychology (see chapter 1). And a minority of marginal discourses did highlight the need for reading Latin American authors. A Cuban teacher, for example, instructed the class not to read “only the Cuban” literature, but also literature from other Latin American nations where “there is a serious production”. S/he even advised students to consider “Ecuadorian” perspectives. The problem, I thought, is that those perspectives are lacking, and, if they do exist, are often unpublished or poorly disseminated. In contrast, being familiar with, and passively learning, imported WEIRD knowledge – especially from grand-theorists - is a fundamental part of becoming a psychologist at the FPUG. Several textbooks were utilised, in addition to those portrayed in Figure 32, including, for example, those featuring Gordon Allport’s work on personality (1930s-50s, USA); Diane Papalia’s work on orthodox developmental psychology (1970s, USA); systemic theory literature based on several authors, such as Watzlawick, Minuchin and Satir (1960s-70s, USA); and Hernández Sampieri’s book on orthodox – quantitative and qualitative - research methods (Mexico, 1990s). I knew of one clinical lecturer that still evoked Gonzalez Rey’s concepts regarding healthy lifestyles, which were influenced by Soviet historical-cultural approach (Cuba, 1990s); this same lecturer also relied on standard psychiatric diagnoses and cognitive-behavioural theories which s/he considered “scientific”.

Clinical books with WEIRD content (e.g., covers B and C) used metaphors of the mind as a puzzle or lock, and of psychologists as experts (e.g., male, white scientists in white coats) who hold the key to solving the enigma (e.g. through “tests”, psychiatric

diagnoses, and/or “psychotherapy”). Even cover D illustrates the workings of coloniality. A book on “community intervention” featuring Freirean views depicts a group of smiling, white, blonde young people on its cover. Most people in “the community” do not look like that at all. The WEIRD subjects on this cover actually look like foreign “gringos”, as a student told me when I asked her about the incongruence embodied in the artefact.

Tests manufactured abroad (see section 5.1.4, p. 160) and international medical manuals (DSM5 and ICD10; see section 5.1.5, p. 162) were widely taught in clinical and health related courses (see Figure 24 and Figure 32). A friendly interaction in the backyard illustrates the way such manuals were used to prove one is bright and “scientific”: One student jokingly questioned the intellectual capacity of another; the mocked trainee replied: I “know a lot”, and started naming disorders, “according to” the “DSM5”, and the “ICD10”. International medical culture seemed to be influential in local training. Notions such as “trauma” were quite present. For example, a student defined “trauma”- relying on content from a US organisation and a Spanish author – as “an injury in our psyche”; some of the examples discussed in class revolved around US citizens affected by rape and military combat and torture. Local suffering seemed to be mostly absent from most textbooks.

The agenda of Global Mental Health (GMH) and the evidence based paradigm (EBP) were not explicitly salient (see section 2.3.2, p. 61, for context on GMH and EBP) . It may be that the FPUG had not been exposed to the latest global trends, due to a historical lack of resources (e.g., access to databases; exchange with international academics). Locally, “science” may be much more a rhetoric than a practice (due to historical context; see chapter 1). Psychology training may not be a profitable setting for promoting of EBP by national and international agencies, compared to psychiatry training. However, this last conjecture may not be plausible: I once heard a local psychiatrist talking about EBP in a local course (not at the FPUG), in a way that showed s/he had no idea about its common meaning. In any case, what seems like a reasonable hypothesis is the increasing presence of EBP – and maybe, of GMH - in the future, be it rhetorically or factually. Local mental health policy, for example, is heavily influenced by the WHO. Training at the FPUG is too. Figure 35 shows an online advertisement for a local course on “evidence-based” treatment for bullying. Figure 34 shows a slide – presented during an international conference at the FPUG – that reads: “Will I ignore scientific evidence and offer my patient a treatment that has not shown to be effective, just because it is the only one I know?”. This was the only time I heard “evidence based” discussed at the FPUG in over twelve months.

ICD and DSM diagnoses found some resistance, but largely implicit, and commonly lacking reflexivity. Many times tests alone were used, with no medical diagnoses. Psychoanalytic and humanist frameworks, for example, gave little importance to psychiatric diagnoses, or not at all. On occasions, diagnoses were merely descriptive, based on subject's narratives. "Semi/-structured" interviews were also utilised, although they were framed by some teachers as less "reliable" and more susceptible to "bias". At least a few performers were aware of the limitations of standardised biomedical diagnosis. For example, a clinical lecturer with a "scientific" self-representation once said to the class: "not all the criteria of the DSM-5 can fit the condition of the individual"; in some cases, "there is no *pure* diagnosis".

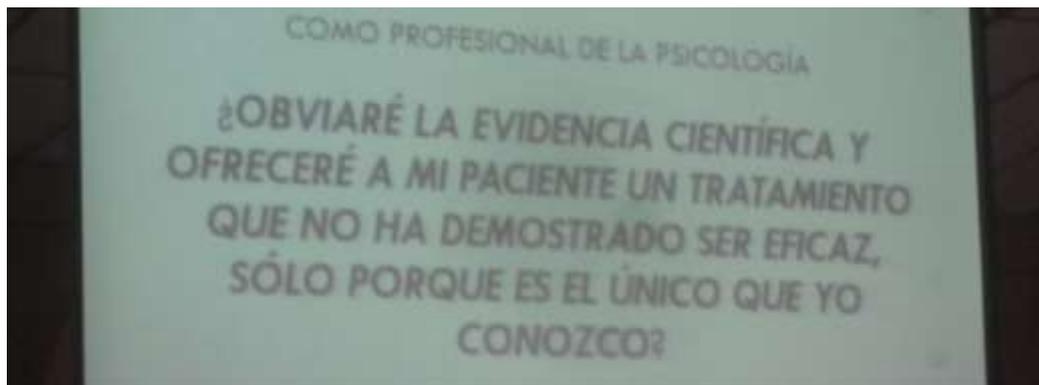


Figure 34 - Evidence – based treatment promoted by a Spanish lecturer



Figure 35 - Evidence-based psychotherapy for bullying locally advertised

Books can be used instrumentally by students. An advanced student, for example, showed me two lengthy textbooks (from USA and Spain, and both quite dated), saying that although he had no time for reading them, he would scan them for a few ideas to include in his graduation project. In fact, more than once, books were suggested in class by teachers and no one read them, due to time constraints or lack of interest. Superficial instrumentalisation can result in some students mentioning authors, but not

really engaging with their ideas. For example, I once observed a nervous student rapidly reading a slide during a class presentation, and instead of mentioning “William Worden”⁸¹ – whose ideas were being discussed – he read “J.William”. His peers were paying little attention, and neither them nor their teacher corrected him. In some cases, instrumental use of literature can lead to errors. On a noticeboard for example, an article talked about the ideas of B.F. Skinner, but displayed a picture of Chomsky in his place. The error remained on display for roughly two years, despite corrections made by a performer – plausibly, a student - with a black marker (Figure 36). A teacher told me later that most performers tend to ignore this noticeboard.



Figure 36 - A symbol of the risks of superficial instrumentalisation

Many books discussed “cases”, which students seemed to enjoy. For example, one of them told me that they “loved” a particular Spanish clinical book which includes cases, because “the information is concrete”, and it has “all the criteria” for diagnoses. Yet, most of these cases do not exactly embody the experiences of suffering lived by “the community”, and John’s voice is nowhere to be found in them (chapter 4). The *relative* exceptions may be books on “community psychology”, “popular education” or “human rights”, but even these do not reflect explicitly local social suffering. The Spanish book “loved” by the student, in contrast, included cases of several “sexual disorders” (e.g. “vaginismus”, “dyspareunia”, “paraphilia”). In another clinical book from the USA, cases included orthodox psychiatric diagnoses, decontextualised cases of “hallucinations”, a

⁸¹ A theoretician of bereavement/mourning/grieving

patient who was the son of a millionaire banker and a teenage girl suffering due to her acne. The quality of literature utilised was *diverse*: high quality and epistemological transparency in a few sources, and low in several others. But almost always, it referred to WEIRD criteria regarding knowledge and being.

6.1.2 *Linking the global with the local*

Despite Ecuador's constitutional anti-colonialism (see chapter 1) and some observed displays of national identity (Figure 37), psychologisation is clearly visible at the FPUG. After all, training assumes that "in all social areas, they need a psychologist", as taught to those entering the profession (see section 5.1.1, p. 153). In the local context, psychologisation has a particular characteristic: as illustrated in the previous section, most of the ideas and values psychologists learn in training – and then, disseminate to "all social areas" – are not locally produced; instead, WEIRD societies export them to us. This speaks volumes about coloniality, as experienced locally.



Figure 37 - Backpack with a State logo of "Ecuador"

During a public event within campus, I heard a powerful State representative inviting teachers and students at the UG to "decolonise" knowledge and achieve "intellectual sovereignty". In contrast with such rhetoric, most subjects assume that what is foreign is "good", and what is local is "bad". In the words of two students on the backstage and frontstage respectively (see footnote 2, p.18, for the use of the term "backstage"):

"We Ecuadorians have a low self-esteem"; "we have many foreign things, but little of our own".

A third interviewed student gave this answer when I asked about the difference between Ecuadorian and foreign psychology:

“they [foreign psychologists] are, like, they study more and are more advanced. In contrast, we don’t”

A grad-student and practitioner in a deprived area put the global-local problem in this way:

“There is *not* an Ecuadorian psychology. There is not much research here in our country, I think. Obviously, what we read comes from abroad. From other countries, other places. But, the difficult issue is to try to apply the theories we read to our setting, our social reality. Many things change then”.

The coloniality of literature (see previous subsection) aids, and reflects, psychologisation. A teacher once instructed the class to use one a particular instrument for their PPPs. It was legitimised, s/he said, because it was based on “the European system”, and was used by local State forensics. The presence of USA – “American” - “psy” associations (APA) was constant during training: both the psychiatric association (i.e., DSM5) and the psychological association (e.g., referencing style; some class content; a vague link with a local professional association), not to mention the marked influence from the United Nations (e.g. “human rights”; several commemorative days) and the World Health Organization (ICD10; decontextualised, global epidemiological data).

Training activities promoted by the WHO/European Union can sometimes be framed as “too gringo” (i.e. culturally unfamiliar), as a local teacher said in the backstage, after I introduced the topic in a critical manner by the end of fieldwork. Nonetheless, WHO content is constantly used. For example, a teacher once told the class about an upcoming “community intervention”:

it’s “very simple”, this is “a WHO model” and “you will apply this model in your PPPs”

Utilising foreign textbooks and instruments can be useful (i.e. being familiar with grand-theories and current academic discussions). However, their lack of cultural validity also makes them problematic. For example, a Spanish textbook used an unfamiliar term (“chivatazo”) while examining a clinical case; students did not know what it meant, and the meaning was never clarified. On one occasion, a student told me how an instrument they were told to use for a local research project had items poorly translated from English, which made no sense. A third student told me how a foreign teacher

demanded the use of a Cuban instrument, despite students' ignorance of its application/interpretation (later, they used a Spanish one). Crucially, I observed many times in class how decontextualised, globalised knowledge (e.g. universal standards of beauty; patterns in interpersonal attraction; prevalence rates of certain disorders) was uncritically evoked vis-à-vis local culture.

A disaffection for what is Ecuadorian was embodied in the discourse of one teacher, which was deployed both in the frontstage (class) and the backstage (informal interactions):

“I am Ecuadorian and everything, but the books written by Latin American authors are too superficial and sometimes badly written”; in contrast, there are “more developed countries”, “more important countries” than Ecuador; science is written in English “due to scientific reasons”; “neither Ecuador nor Latin America have made important contributions to clinical psychology”, as there is a local “scientific and professional underdevelopment”; thus, “it is pointless that we aspire to impose a (locally designed) format internationally”

When another lecturer with similar views was asked about the local academic culture, s/he argued that, in order to achieve “internationalisation”, universities should “not train students only for the zone where the university is located”, but “for all of the world”. Any parochial, and “patriotic” approach has negative consequences, in his/her view:

“This is third-world thinking. And because of that we continue ‘developing’, and never cease to ‘develop’”

Self-doubt about the worth of local academic culture can result in anxieties linked to stigma, which exists in the context of global-local power asymmetries. One lecturer, for example, expressed to me his/her worries about my research in the backstage: Europeans “see us like Indians”, as, unlike us, Europe and USA have the “best universities”. S/he feared that this thesis would contribute to a Eurocentric neo-colonial view, exposing the flaws and underdevelopment of Latin America. The project’s objectives were clarified at the time and tensions decreased⁸². Many students prefer foreign universities over local institutions, when given the opportunity, and when their life circumstances allow them to seize it (I am a living proof of this). They aspire to the thrill of living abroad while obtaining a Master degree from an international university. Then, when you return home, “people see you differently”, a student stressed. The most desired destinations for those aspiring to study abroad include: Spain, Chile and

⁸² The day after the reported interaction, a “pilas” student asked me for an ethical commitment, which I have tried to honour: write exactly what you “find”, without lying or painting a nicer picture.

Argentina, followed (far behind) by other Latin American nations. Only a minority, who are fluent in English – or are committed to becoming so – consider destinations such as the UK, Australia, or the USA.

Ecuadorian universities are expected to “decolonise knowledge” and achieve “intellectual sovereignty”. Yet, in practice, coloniality makes this problematic: I experienced this first-hand during my first mandatory activity as a hired lecturer, in the last month of fieldwork. A well-intended lecture on “entrepreneurship” and “innovation” was delivered by a Spanish academic, who critiqued local culture (i.e. mediocre academic culture in certain high schools and universities). S/he also urged the University of Guayaquil to train their students to become “entrepreneurs” and “innovators”, using Apple’s CEO Steve Jobs as a role model. I questioned this approach, and asked a question about ideology. The foreign scholar replied by declaring him/herself to be a “liberal”; s/he was not much worried about ideological issues. Despite other FPUG teachers being present, no more critical questions were asked. Just one of these lecturers intervened, to ask the foreign speaker, again, to diagnose the flaws of local education.

6.1.3 Local psychologism

Psychologisation and WEIRD psychology are commonly linked with *psychologism*: the use of individualistic psychological theories in order to explain phenomena that is actually shaped by context and power (Martín-Baró, 1986, 1998). I will provide three varieties of evidence to local psychologism: social media content; discourses expressed in class or during interviews; and four academic assignments (i.e., developing a “project”; a “fair” for “drug” prevention; and two role-plays).

Psychologism embodied in “memes” posted in social media by FPUG teachers and students was abundant, in my view. One of them – shared by a lecturer post – fieldwork read: *“you did not choose in which neighbourhood to be born in, nor your parents, nor the colour of your eyes, nor your sex. But you can choose your path. Nor faith, nor those who are blameable exist. Only you are responsible for what happens to you in life”*; left path leads to school, right path leads to jail (Figure 38). The first part of the text reasonably highlights agency; the second part is bluntly ideological – in the Marxist sense -, and neglects oppressive structural and cultural forces.



Figure 38 - Psychologism in a meme

Other memes also displayed what I interpreted as psychologism⁸³. A low-income student posted: “people are not poor because of the way they live. They are poor because of the way they think”. A teacher posted: “*Being poor is a mental state*, and not having money is a temporary condition”, attributing the quote to a rich film actor from a WEIRD country. The discourse of psychologism transcends the FPUG community. Two publicly known Ecuadorian psychologists posted: “positive psychology⁸⁴, happy classrooms, happy corporations, positive coaching”, next to an individual drawing a happy face; and “if you can believe it you can create it, it is exclusively up to YOU”, next to an image of an individual in a cosmic landscape. A poster in an NGO located in Faraway Hood, where a group of students did their PPPs read: “your attitude determines the successes that life may grant you”.

⁸³ Not to be confused with “psychologisation”, despite their close link. Psychologism refers to a reductionism that individualises and decontextualises suffering (Martín-Baró, 1986) . Psychologisation refers to the globalisation of WEIRD psychological knowledge and its insertion into fields of social life where it traditionally did not belong. (de Vos, 2012; Klein & Mills, 2017).

⁸⁴ “Positive psychology” may refer to the work of Seligman (2011), from the USA. In a recent convention held in Cuba (Hominis 2018), Seligman underplayed the ideological implications of his ideas. This position was heavily criticised by many psychologists, myself included.

I also observed such psychologism in discourses expressed in class or during interviews. More than once I heard a few different students - including some from low-income backgrounds - say in the backstage that people are poor because they “do not aspire more”, have a “mediocrity in their thinking”, lack “motivation” and a “desire to progress”, or are “conformist”. A low-income student said:

“poverty *does not exist*. What exists is the delusion of poverty” (i.e., a *belief* of being poor); there are not “poor people”, but people who “do not want to progress”

An interviewed teacher’s thought:

“having a poor education, these people tend towards delinquency. If they start studying in high-schools and universities, they usually drop out, because there is not perseverance at a cultural level: families do not transmit the desire to improve oneself in terms of education, and professionally”.

An interviewed, low-income student thought that *not* poverty, but lack of culture, self-esteem and skills caused, for example, substance abuse:

“Honestly, I don’t believe (the cause) is poverty”; “I believe that *lack of culture*, the *lack of self-esteem*, that is what is causing the use of these substances. *Lack of coping (skills)* regarding problems”

S/he finalised our interview with these views:

“*everything is up to oneself, (and) the decisions we make*. And that is what we do when we do psychology: to remind our patients - the subject - what values, which structures can he have in his temperament, in his character, to help him improve”

These views may be informed – at least implicitly - by clinical psychology, which a janitor told me – spontaneously – to be “la dura” (the one at the core) of all psychological practice. Repeating her teacher’s words, a student put it more bluntly during a class intervention: “clinical psychology is the essence of psychology”. A clinical (cognitivist) lecturer, for example taught that acknowledging “the environment” and its importance, “does not imply that the psychologist will improve the environment”; instead, “it is the subject’s perspective which will be modified”. This was later repeated in class by a student, while another posted online (months later): “Men are not upset by things that happen, but by opinions about things”(Epictetus)⁸⁵. A psychoanalytical lecturer taught that “clinical” psychology is “the study of the subject that is suffering”,

⁸⁵ Epictetus was a stoic Greek philosopher, enslaved in Rome.

and its individual coping skills and functionality. Context and structural-cultural forces, again, neglected due to psychologism.

Something similar occurred with the way “violence” was treated. Words by a FPUG alumna during a public event highlighted the key role of the concept: “violence is behind everything we diagnose: drugs, depression, etcetera”. However, psychologism led trainees to focus on personalities and direct interactions, while ignoring structural and cultural violence (a relative exception was “machismo”, evoked with some frequency); even more so, occasionally it led to the reification of violence as pathology: an individual or a family can “have” violence (see section 5.1.5, p. 162). Trainees associated the concept with that of “rights” and “vulnerability”, but it was frequently linked with the narrow idea of an adult hurting a child, a man hurting a woman, bullying, and such. Most of the time, victimisers were believed to be motivated by individual childhood experiences that emerged as “unconscious” relational patterns. This may be because, psychology was believed to be about finding “variables that are inside the individual” as a bright student once said in a class intervention.

I will now refer to four academic activities that I interpret as embodying local psychologism influenced by WEIRD psychology: developing a “project”; a “fair” to “prevent” substance abuse; a role-play of a workshop on sexual violence against children; and a role-play of a family therapy session.

A teacher assigned classroom groups to *design a “project”*. Informed by a request made by local high school teachers, a group of students proposed helping teenagers who “do not feel identified with Ecuador” (e.g. disliking traditional music) to develop “social, national and cultural values” and reinforce their manners and politeness. This tackled on globalisation and the influenced of WEIRD culture, I thought, although such term was not used. The teacher rejected the proposal, asking the class:

“Is that a matter for us, psychologists, to deal with? Can the causes be placed within the ‘psychological’? Are these ‘psycho-social’ or ‘socio-psychological’? If not, then “it is not our domain”.

Students agreed:

“it is not the scientific line that we have to follow here in psychology”

the “social” and “cultural” is more related to “sociology”

“there is nothing related to our profession there”

Based on this negative feedback, the group decided to focus on something “psychological” (e.g. “motivation”), and finally settled for a project on *individual*, instead of cultural, “values”, which was accepted by the teacher. Despite labelling the original “cultural” problem as being, still “important”, s/he addressed the class again: “when you become psychologists will you be working with cultural, social and national values?”. The classroom answered in the style of a choir: “no”. Days later, a bright student from this same group told his/her peers while working on the assignment: “remember we should not *be* so cultural, we have to *be* more psychological”. Psychologism was learned, I thought.

A second academic activity that embodied psychologism was a “fair” for “preventing” the problem of “drugs”. The social nature of such problem was acknowledged by teachers in several academic discourses: it was understood as a “scourge”, a “multi-causal” and “cross-disciplinary” problem, affecting primarily teenagers “at risk”, especially those from “low economic conditions”; “drug trafficking” and the influence of the “internet” was mentioned only occasionally in the backstage. In contrast, students learned in class that substance abusers “escaped” from family problems; had flawed “personalities”, lacking “coping skills” and proper “decision making”; were influenced by “genes” and “parts of the brain”, and many times required a psychiatric label (e.g., “dependent” or “anti-social” personality, having a “dual pathology”). When a teacher assigned advanced students to organise a “fair” in the backyard, such teachings – linked with psychologism – permeated the activity. The fair itself was shaped by globalisation and WEIRD agendas: it honoured UN’s “International day against drug abuse and illicit trafficking”; tellingly, the “fair” focused on individual “abuse”, and did not even mention the power and implications of “trafficking”.

The internal fair was aimed at “our” community, but served as a training exercise on how to “educate” and “empower” the youth from “the” community, such as the youth of Faraway Hood. The teacher embraced all creative proposals for the fair, but warned students: do not use “fear” of the negative effects of substances themselves; and do not use “content that is *fofo* (flabby; shallow)” and “far from reality”. During the class discussion, one student challenged the whole event – “drug prevention models do not work” in Ecuador, s/he said, and urged to actually listen to youth’s “needs” and “perceptions”. The critical view was quickly and easily diverted into other matters by both the teacher and the class.

During the fair, students did focus on fear and sometimes used shallow content. Next to pamphlets and crafted boards, they used recreational and artistic strategies to provide information about the negative effects of substances, and the need to “say no”⁸⁶. At one stand, a Spanish test was applied to the audience, measuring individual and family-level “risk factors”. In all stands, causes for substance abuse were said to revolve around family (e.g. lack of affection, communication or supervision) and the individual (e.g., failure to “say no to drugs”). A morally-laden individualistic gaze was explicit: those who “let themselves be persuaded by drugs”⁸⁷, were “mal” (wrong; bad), and were associated with “loneliness”, “death”, “failure” and “weakness”. In contrast, drug-free individuals were closer to “self-esteem”, they have a “life plan”, “patience”, “freedom”, “family” and “life”⁸⁸. Displacement, poverty, law enforcement problems, ideology, or the immense power of drug cartels in the global and local context were not discussed at the fair.

A different example of psychologism occurred during a role play in a community-oriented course, after a disruptive comment I made. A group of advanced students (“señoras mayores”, some of them living in places not so different from Faraway Hood) played the part of psychologists conducting a workshop for parents on the subject of sexual violence. I talked to them in the backstage, before their performance. They thought minors were raped as the result of: “poverty”, “overcrowding” and lack of “education” by parents (specially mothers); intergenerational “curses” within families; and/or “the perversion of the individual” (i.e. a “bastard” male rapist) who knows raping a little girl “is wrong” and may deserve being raped or killed himself, as one of the student fantasised. However, when they assumed the role of “professionals”, none of their context-sensitive views were disclosed, but their implicit blaming of parents – specially mothers - did; this illustrates a possible negotiation of “dual belonging” (see chapter 5), as much as psychologism.

⁸⁶ Echoing - unaware of it - Reagan’s failed call in the context of the “war on drugs”, starting in the 1980s. This was quite frequent at the FPUG: I once found a board from a previous fair citing a WEIRD science fiction author – arguing the use of drugs was “an error in judgment”.

⁸⁷ Here, substance itself is given agency, in an intuitive Latourian sense.

⁸⁸ The State commonly replicates this type of approach, usually spending large amounts of money: e.g. “motivational talks” by foreign individuals with no training at all on the subject, and culturally alien to the local youth; (<http://www.eltelegrafo.com.ec/noticias/espectaculos/22/raul-fue-victima-de-bullying>; <http://www.eluniverso.com/noticias/2015/02/16/nota/4561176/correa-justifico-rubro-charlas>; https://www.youtube.com/watch?v=Lcws_HNweiw); or the police giving talks in high schools (<http://www.ministeriointerior.gob.ec/prevencion-en-drogas-y-alcohol-es-una-prioridad-para-la-policia-previo-a-fiestas-de-diciembre/>)

Assuming their professional roles, the women played a sad YouTube video – the use of YouTube videos, including those from WEIRD origin, is a common practice at the FPUG -, invited parents to analyse the subject, and made a moral prescription: “protect your kids from sexual predators”. Performing as a parent – and thinking about Faraway Hood - I asked an intentionally challenging question: How can I protect my children if I live in an overcrowded house, and both my wife and I are busy working all day? Tense, they failed to answer. The teacher intervened to stress it was a “sensitive” topic, with parents being limited to “prepare the kids” to talk about rape after it happens. During the role-play, both a student and the teacher blamed *mothers* for the rape of their daughters, due to their insufficient supervision and not teaching them values (i.e., to avoid dressing provocatively); the word “blame” was not used, but implied covertly. On a different day, the same women who performed during the role – play commented on the backstage how low-income families fall into one of two categories: *the “poor”* and *“the miserable”*. The first, despite financial “limitations”, teach “values”, while the second do not. When I asked them why the “miserable” failed to teach these “values”, they mentioned two main causes: “family structure” and the “mother’s education”. Structural and cultural violence was neglected in their views this time.

A final example of psychologism at the FPUG is a role-play of a family therapy session (previously reported in section 5.3.3, p. 177). Family members - grandparents (who woke up at 5am to start working) and a mother - were providers, being structurally required to “work a lot” to secure survival and wellbeing. Although written homework was set by a psychologist, the grandparents were illiterate, as confirmed by their daughter during the session: She offered to help them with the assignment. Parents can be blamed – based on the covert morality associated with dual belonging - for not teaching the “right” values, while forces that constrain their agency to do so (e.g., historical educational exclusion; market demands; gendered power asymmetries resulting in sexual violence; gang presence) are ignored.

Despite the pervasive presence of psychologism, there were a few occasional discourses that more or less timidly highlighted structural violence:

One example of this was a discourse during training activities in a local psychiatric institution (not the FPUG). There, I heard a FPUG alumnus sharing findings from a study with a large sample; the complex conclusion: the cause of teens’ unwanted pregnancies was often that their mothers “are not exercising their maternal role adequately”; yet, this was often due to work demands that forced them to go out and

provide instead of staying home supervising minors. As I expected, capitalism was not mentioned, but at least there was a relative consideration of context. As put by a psychiatrist in a different event in the same institution: “abandonment is not necessarily rejection”, but the mother “has to go out to work”. A similar idea was echoed by a clinical lecturer at the FPUG, only in one occasion.

A second example involves the views of an interviewed grad-student who had experience working in Faraway Hood and similar places. She agreed that “communication” problems in families lies at the core of substance abuse, engaging in potential psychologism. However, she also highlighted the role of structural violence and its effects on subjects, without mentioning it explicitly. Such settings “are extremely dysfunctional places” (i.e. acute family problems and violence; fights with neighbours; police presence; bullets; crime; murders); “it is like they live in a dark tunnel, and further ahead there is only more darkness”. “there was a lot of desire to die”, “there was nothing else to do, and (drugs) were the fastest way to do it”. It seems that for some trainees – hypothetically, a minority – structural violence is acknowledged, but they either lack conceptual frameworks to incorporate it into their practice, or – influenced by the standards of WEIRD psychology – avoid this, framing it as being off-limits vis-à-vis the PI of a psychologist.

A third example revolves around students who lived themselves in areas such as Faraway, who added a relative counter-point for psychologisation, as expressed during their interviews. One of them provided a narrative that contrasted with psychologism’s discourse of poverty as individual “conformism”: “if you don’t have great expectations, you don’t have great disappointments”; living in marginalised area such as Faraway can “depress you”, and “make you feel bad”, resulting, among other issues, in consumption of “drugs”. His view echoed that of the grad-student introduced in the previous paragraph. A different student from a low-income background explained - without naming capitalism or deficient State policy - allegedly deficient supervision and teaching of values in a more complex manner:

“That is the culture today: in most homes fathers and mothers work. And those who take care of children are grandparents or elder brothers” (and sisters); “that generates a number of difficulties, because when children feel they are not understood by their parents, they go to the streets, and there are gangs, there are drugs”; “it is a little difficult, because one has to see how to have the adequate balance” (between work and family).

Again, at the bottom line is individual psychology: coping, leaning skills to balance work and family, *not* organising collectively and challenging structural and cultural forces. If women stay with abusive husbands, they are blamed of internalised machismo (e.g. “emotional dependency”; “mental maps”; “cultural things”). If they leave, they risk being blamed for breaking family structures. If they do not work, they are not productive, nor in-tune with contemporary “culture”. If they work, they fail to be good mothers and teach values. Professionals, however, failed to unpack such dilemma. Instead, teachers and trainees focused on three explanations informed by psychologism: blaming genetics, your family (especially, your mother), or blaming yourself.

With the exception of genetics, these translated into a focus on the *culture and education* of people living in places like Faraway Hood; not on the contextual forces that oppressed them. Low-income population were said to live a “culture of violence” (i.e., deficient communication; domestic violence; crime); a “low” culture; lacking “education”, “skills”, manners, good taste and “values”. Instead of incorporating context, psychologists and trainees focused on “subjectivity”, “deep” phenomenon, the “unconscious”, “emotions”, “memories”, “belief systems”, “personalities” and “competencies”, among others. Those who incorporated social, cultural, political or legal issues into their analyses and practice risked being labelled as not being “psychological” enough. Or as put by a psychoanalytically-oriented student on the backstage (the same that was considered “conflictive” due to his/her rare and occasional epistemological critiques in class), concerns and actions which neglected individual subjectivity turned trainees into “pseudo lawyers” and “frustrated social workers”.

6.2 Learning “help-as-war”

The WEIRD psychology and psychologism learned by trainees commonly translated into what I interpreted as “help-as-war”. Such metaphor – associated with the notion of coloniality - had itself complex consequences: cultural insensitivity, using instruments as dangerous weapons; and utilising education as a weapon that potentially oppresses those being “helped”.

6.2.1 A powerful metaphor

As CP highlights, professional performances imply the use of *power*. During fieldwork, I observed visible power differentials and hierarchies. For example, asymmetries between the centralised governance of the University and the FPUG; between FPUG

authorities and teachers, between teachers and students; between academic and non-academic staff; and overall, between performers with valued and disvalued cultural identities, who either comply or resist the dominant culture. This subsection, however, focuses on a specific phenomenon: The way trainees learned to use their professional power as inherently linked with an altruist rhetoric. Metaphors shape how we talk, think and behave (Fairgclough, 2013; Lakoff & Johnson, 2003). Under this assumption, I interpreted the altruist rhetoric learned in training as a “help-as-war” metaphor, which simultaneously embodied and constructed trainees’ sense of their identity and interactions. Evidence resonates with the idea that PI is shaped by psychologisation and linked with the idea of violence exerted in the name of civilisation (Mills, 2013). The following paragraphs include words used by teachers and trainees to illustrate this.

With altruist intent, and utilising their power, psychologists use certain “weapons” against “service users”. The goal is to destroy “resistances”, to make people “collapse”, to “force them” to disclose information which is “extracted” in order to find out “the truth”, and/or to convince them to “change” for “their own good”. The psychoanalytical footprint is quite evident here. “Weapons” are used contingently, requiring diverse “communicational skills”. For example, the suffering of children can be ‘instrumentalised’ to make parents accept their mistakes: as in a “violent” “boxing match”, the professional can make a “head-to-toe screening” for diagnosis; as a spy, the psychologist can bond - “by any means” necessary - with a child to extract information about his mother (a child in this position was referred to as “the secret weapon” by one student); acting like “friends” with patients, or being more aggressive with them, keeping “control” of the session (“techniques as to not let myself be put down”, as an experienced therapist described them in class). Beneficiaries of help (“patients”, “service users” or “clients”) are also antagonists to be proven wrong; as put by a meme shared by a student: “Psychology is the only business where the client is never right”.

Patients may also share the expectation of a ‘help-as-war-like’ interaction, ceding power to psychologists. John, for example, though some “good” psychologists can even help a patient who is being dishonest (i.e. lying to the professional). Using such techniques to help others implies a quasi-violent act which generates discomfort in the patient. As a young psychologist and FPUG alumnus/a put it:

“to cause them (patients) to generate this type of crisis, so that the development that is needed actually takes place”

The “application of certain instruments” (i.e. tests, questionnaires), concrete theories and psychotherapeutic techniques are less subtle, but highly powerful ‘weapons’ used to generate “crisis” and/or reveal “truths”. When deprived of these ‘weapons’ in general, and instruments and techniques in particular, psychologists lose their metaphorical armour of expertise and their professional role makes little sense to them, and probably to “service users” too. After all, they expect themselves to be “scientists” and people like John, and other lay performers, expect them to be powerful mind readers. Both expectations would be even harder to fulfil without performing “help-as-war” in some way. A grad-student, for example, shared with the class that – as part of an academic assignment during an external course – she had tried to ignore her rational assumptions when helping a (real) patient, and had tried to experience her “feelings” instead: “I don’t know what failed”, “when I first started to apply it, I felt I became, like, *unarmed* as a psychologist”.

6.2.2 Cultural insensitivity

“Help-as-war” clashed with a different rhetoric at the FPUG: that of intercultural respect. A community-oriented lecturer, for example, advised trainees: they should “respect” people’s “ethnicity”, gender, sexual preference and religion. They should “establish a bond” and “always pick up the words they use”. S/he also said: avoid being “mechanic”; if information you are looking to “capture” is not disclosed, “you don’t have any reason to bring it up” explicitly, but do it “subtly”; it “is important to capture the narrative” of a “service user”. During PPPs, students were told to avoid “saturating” patients with paperwork, too many home visits, or too many visitors at the same time, as this would imply “infringing their rights”. In contrast with his/her own views, the teacher assigned the use of tests with no cultural validity; and mentioned that “the community” would be grateful for whatever “psychological” or “psycho-social” help that is provided: “for them, everything is good”, and they will overlook any “mistakes” by students, as lay people are not familiar with “academic indicators”. When some members of “the community” refused to “collaborate”, s/he congratulated students who managed to “get data” from their metaphorical adversaries. I interpret this as the powerful help-as-war metaphor overriding the ideal of intercultural respect, which seemed to be a pattern during fieldwork.

To better understand help-as-war, the way culture was understood at the FPUG needs some examination. I interpreted three types of meanings for the term “culture”. This first referred to the classic academic understanding of the term: culture is *“the essence of a*

people”, - including shared “beliefs”, “religion”, “ideology”, “laws and norms” and “the economic system of a country” – as said by a teacher to a young group of trainees. Included in this view, there was “art”, which was commonly treated as a synonym of culture. Previously, students had brainstormed about the term, associating it with the “systems of value that govern a person”, “parameters”, “life styles”; “ways and traditions”; with groups based on “race; “social identity”; “clothes, hair colour, typical dishes”; “language”; “weather”. An interviewed grad-student illustrated such meaning with the metaphor of an “invisible blanket” that inescapably covers us.

However, it is the other two meanings of culture which are key to understand the legitimisation of the “help-as-war” rhetoric, in detriment of intercultural respect: *culture as a “level”* (i.e. status); and *culture as an exotic otherness*.

Many trainees believed – and were taught – that certain people “lack culture” or have a “low cultural *level*”, as said by a student and a grad-student respectively. Those in cultural deficit were commonly people with low formal education - who not coincidentally were from low-income backgrounds - and/or who privileged informal support and folk and religious healing while ignoring or resisting professional psychology. John, for example, would be someone with no culture, or lacking culture (see chapter 4 and section 7.6, p. 250). Trainees framed some of them as lacking manners and “values” (e.g., littering). Such cultural deficit was sometimes linked with rural identities. A grad-student once said that “our rural zone has a lack regarding culture”, and a student with a rural origin herself told me how in her town people were “ignorant”, “with no psychological culture”. This same concept was mentioned in class by an urban upper-middle-class lecturer: Ecuadorians “lack psychological culture”, in contrast to other nations (e.g. Argentina). Again, the coloniality of WEIRD psychology was visible.

Many times, culture was associated only with *an exotic otherness*. This was observed in clinical and community-oriented courses. For example, so-called culture-bound syndromes⁸⁹ (e.g. “Koro”, “taijin kyofusho”), were briefly mentioned only once, as some strange “beliefs” from distant “cultures”. At the same time, the lecturer taught students that “cultural variability” is “not so serious as to invalidate (WEIRD) diagnoses and treatment”, and that there exists “certain universality in the (WEIRD) disorders”⁹⁰. The same teacher, during a different class, referred to a fictional indigenous patient (from the USA), reporting symptoms of “sadness”, despite really “having depression”, but

⁸⁹ This term was not used; in fact, the term itself has been challenged by cultural psychiatrists (Jadhav, 2004, 2007)

⁹⁰ As with similar cases throughout the thesis, parentheses are mine

failing to “identify it”, or maybe “not wanting to express it”. The idea of historical oppression, or that of indigenous meanings around emotions different that WEIRD criteria, were not even discussed. In a similarly “exotic” way, the term “culture” was associated with practices which were shocking from an ethnocentric perspective (e.g., marriage with minors, done “in almost all Arab countries” or “terrorism” happening “in the middle east”, as students said during a presentation on human rights).

Some of these views around culture were present in assignments and quizzes, meaning that trainees must accept them –or at least, learn and memorise them - in order to pass courses. Cultural insensitivity neglected the view that a visiting teacher shared once in class: Ecuador is “multicultural”, and “each culture” implies “different narratives of a same reality”. Yet, this was an uncommon point of view and the WEIRD narrative seemed to prevail, shaping the way trainees learn how to help people like John, and others in “the community”. Understanding culture as a level/status or as an exotic otherness resulted in little reflexivity, and vice versa, shaping the way trainees - guided by “help-as-war” - attempted to give their professional gift to “the community”: those in cultural deficit with uncivilised or exotic beliefs. The rhetoric of intercultural respect operated as an ideal, but the rhetoric of ‘help as war’ passed over and allowed cultural disrespect as a mere collateral casualty of the battle (usually, without even realising it has occurred).

During PPPs, for example, working class women had to accept trainees visiting their home (without them having requested their help), and sometimes changing their schedules (e.g., requesting permission from their bosses to miss a work day; cutting short their family/leisure time). A minority of the women legitimately refused to even open the door to the professional gift: A student reported one of them to have said: “I do not want you to come in, because you are going to take away my time”. Instead of respecting her reasons, “our” community interpreted her “hostile” lack of “collaboration” as a product of being emotionally “hurt” by the fact that her adult daughter had “left her with the children” (i.e. in charge of them; maybe due to migration, or family problems). A lecturer who supervised the case said the problem was the woman’s “shame” and “fear” of disclosing personal information; psychologism, once again.

Despite this, a few students were indeed aware – and quite uncomfortable - with their war-like performance. One of them said in class: “I feel like I am *forcing* her (the woman she interviewed)”; “It was awkward”. Those who managed to “extract” the information they needed from non-collaborative subjects were congratulated by their supervisors -

even those advocating for intercultural respect- for having “captured data”. The main concern was embodied, I interpret, in a particular event: After joining a student during her interview to a woman living pervasive domestic and social problems, I asked her how she felt; she said: “good”; I could “*sacar* (extract) the information I wanted”.

6.2.3 Instruments as “weapons”

During fieldwork, I observed cultural validity being systematically ignored. This evidence is consistent with arguments made within CP and related fields (Jadhav, 2009; Parker, 2007). Out of the numerous observations pointing in this direction, one is particularly illustrative:

A “standardised” questionnaire was being designed in class, to be applied to “our community” (FPUG performers), asking about internal issues that affect them. Items were developed through class consensus (with the teacher exerting a considerable influence), while the diversity of local voices within the institution were not included. Most items, in my opinion, strongly induced answers. Intersectional identities were ignored. For example, “sex” was used, but not “gender”; Instead of asking about specific territories of residence, options such as “north” and “south” were offered, yet both deprived and wealthier neighbourhoods co-exist in both areas. The inclusion of “ethnicity” was discussed, which the teacher considered appropriate for inclusion (probably, knowing about my agenda). A student exposed him/her by referring to a class I had missed last week: “but last Monday you said it was not relevant”, and that “even nationality” was not relevant for this particular instrument. The issue of “ethnicity” was later revisited. The teacher decided to be consistent with his/her discourse from the previous Monday, saying:

“let’s erase that item (ethnicity), please. Because we are not making a study about the characteristics of the different ethnicities”.

However, there *are* different ethnicities in “our community”, with different minds and practices. The instrument was not piloted due to poor time management, and when it was applied, I knew from surveyed participants that items were unclear, and multiple choice answers did not allow them to express their complex, genuine opinions. On different occasions, instruments imported from WEIRD contexts were used, with a limited understanding regarding their cultural validity. For example, a teacher once introduced students to “D-48”, a nonverbal intelligence test, which requires the subject to use logic in order to solve numerical progressions expressed through domino chips.

Despite the instrument being culturally-bounded (i.e. crafted in Europe in the 1940s, in a military context, influenced by Galton's eugenic/statistical view of "intelligence"), the lecturer introduced it as "a culture-free test, this is, one which does not use vocabulary". It is difficult for trainees to learn how to develop and use culturally valid instruments, if the concept of culture itself was understood in such limited way, I thought.

Instruments and techniques can be particularly oppressive if those using them are not properly qualified – technically and ethically - to do so. A FPUG teacher, for example, told the class how his/her nephew was diagnosed by a psychologist from a public grade-school. The professional applied a test, and then used "humiliating phrases" to talk about his problem: he was almost "saying he was a psychopath", the lecturer complained. A psychologist who used to work for the State narrated to me quite a dramatic event, that she heard about from a former patient. Such patient – the mother of a boy later, diagnosed as "autistic" - told her she had been assessed by a public psychologist. Referring to her former healer, the woman told my informant: "that psychologist gave me the gun to kill myself"; "With what he told me, he gave me the gun to kill myself". The "gun" was symbolic, and the result of a poor diagnosis, and a complete lack of sensitivity. The professional had told her that her son had an intellectual disability, and that the boy was sexually "abused" by his father (the psychologist who narrated this to me thought it was impossible to conclude this from just one session). Yet, the father had died two months ago, and the woman was mourning his death. My informant concluded that better training - including "specialised" training and "supervision" - is a priority to avoid "iatrogenic" interventions.

6.2.4 Education as "weapon"

The *help-as-war* metaphor led to efforts to educate those who "lack" culture by any means necessary, with the risk of accepting the disrespect for local worldviews as collateral damage, a mere casualty of war (see chapter 7 for how this translated into practice). Training at the FPUG taught this lesson in relation to at least two endeavours: educating those who prefer non-professional healing; and conducting "popular education" which, despite evoking Freire's work, failed to honour it.

6.2.4.1 "Educating" those who prefer non-professional healing

While an indigenous alterity is vindicated in formal policies and other symbols (Figure 39), it can be neglected and even ridiculed and demonised during training. Unlike John,

and many other members of “the community”, many professionals assumed that folk healing is of a “lower” culture in relation to psychology.



Figure 39 - An exotic indigenous alterity: mural on campus

I observed an example of this when – atypically – folk healing was discussed in a health-oriented course. The teacher said that psychologists, differently than folk healers (e.g. “curanderos”), rely on *reason*, and do not use artefacts linked with metaphysical forces and fortune-telling. S/he invoked education by saying: “we must question many things from popular knowledge”, as “there is an explanation for everything”. The example s/he used was the rubbing of the egg ritual (the same used by my neighbour in Faraway, see section 4.4.1, p. 127; and section 7.3, p. 228). S/he explained how the little candle-like stripes observed in the ritual are actually molecules solidified through heat. To treat “the community” as capable of logical reasoning (e.g. learning how molecule solidification works) is itself a way of respecting them, I thought. However, to assume there is nothing professionals can learn from folk rituals is far from respect. Help-as-war definitely overrode intercultural respect, as the teacher taught the class to be aware of how “the community feels”, and to “understand the idiosyncrasy of the people one is going to work with”. The aim, s/he said, was to “ally” with folk healers, as they enjoy “credibility” and “trust” within “the” community. Not to ally with them as equals, I thought, but as an instrumental tactic to educate a population with a “lower” culture, based on the professional culture of reason-based WEIRD psychology.

The implicit – and sometimes, explicit - call to “educate” those who prefer non-professional healing shaped the way dual belonging was negotiated by trainees (see chapter 5). Discourses from interviewees illustrate this. Some reproduced the anti – folk dominant professional culture; and others call for tolerating folk healing with caution. None considered the possibility of equal value to both healing cultures: the professional and the non-professional, or to make sense of the powerful structural forces that shape both.

The anti – folk discourse was explicit in a few interviews. For example, I asked an advanced student who “don’t believe” in folk beliefs what s/he would do with a patient who did believe in “such things”: “what would I do? (laughter), I would explain that there is no significant basis to believe in that”, s/he said. However, most discourses tolerate the existence and potential value of non-professional healing, as long as it does no harm and do no threat professional practice:

“if it works for them (folk healing), they should keep going. But if not, they should look for something else” (e.g., the psychologist) (advanced student)

(it is) “respect-worthy”, yet “is *malo* (wrong/bad) when it interferes with the role of the psychologist” (advanced student)

“one must respect the beliefs of the person, as long as they are not hurting anyone” (FPUG alumnus/a)

Some of the reported ways through which non-professional healing can “hurt” people included malpractice and fraud due to poor regulation (although this is also a potential problem with local professional psychology, I thought). This cannot only result in physical, but also “psychological” suffering (i.e., giving iatrogenic advice/prescriptions). Additionally, some folk healers were said to “make a profit out of it and con people”. Even when non-professional healing (i.e. informal; folk; religious) is tolerated, the prerogative to “educate” the people who believe in it seemed to persist. In class, they were commonly framed as holding “popular beliefs”, a “low” culture, and “certain resistance and prejudice” towards professional help. A grad-student working as a clinical psychologist in a marginalised zone shared an interesting case, which illustrated how – even when tolerated – non-professional culture can be devalued:

A “brujo (sorcerer)” from Cuba came to see me as a patient (after having romantic problems); “what happened with your `science`? I asked him, to mess with him”; he asked to “throw little bones” (part of a folk ritual) during the

psychotherapeutic session (the psychologist allowed this, but applied WEIRD behavioural/cognitivist techniques)⁹¹

Quality leisure time and informal support within the logic of community interactions – which seems to be people’s main source for well-being – was given little consideration during training. For example, an advanced student – in the backstage – questioned the culture of certain community, because they spent more money on large TV screens and speakers than in increasing the safety of their front doors. The student was ignoring that TV, movies, and music were quite important for wellbeing in most local neighbourhoods, including those considered “marginal”. Investing in a safer front door may be less important in some cases, and quite important in others, depending on specific neighbourhoods and circumstances. For example, a different student who used to live in a similarly marginalised area said that in her “hood”, “the house doors remained open, because the culture there was based on that: on trust, because you are in a ‘barrio’”, “there is little fear that people will break into your house. Because it is a ‘barrio’, everybody knows each other” (in wealthier urban areas this is uncommon, as people is less “sociable”, and do not “help” each other, she said). In different circumstances, safety may be extremely important. For example – as reported by an interviewed grad-student – cases were women who are victim of severe violence by their male partners need to feel protected; even in this cases, the professional engaged with psychologism and psychologisation, saying that when safety was insufficient, women “developed anxiety crises; adaptation disorders, or post-traumatic stress disorder”.

During fieldwork, I never heard anyone vindicating the value of non-professional, culturally familiar sources of wellbeing and healing. For example, the potential benefits of indigenous folk culture. One lecturer, in the backstage, and aware of my agenda, stressed how the “Huaorani”⁹² may share some holistic concepts with “organismic” psychological theories (e.g. Goldberg; Maslow), and lamented that there was no local research on developmental psychology based on indigenous samples. To said that his voice was marginal would be an understatement.

6.2.4.2 Invoking Freire’s “popular education”

Despite the existence of courses based on the “community psychology” tradition, the way culture was understood at the FPUG visibly contradicted the very foundation of

⁹¹ The sorcerer’s clients where from wealthy neighbourhoods of Guayaquil.

⁹² Indigenous tribe from the Amazonia

such tradition. Help-as-war is epistemologically and ethically incompatible with ideas by Freire and Martín-Baró. At the FPUG, it seemed that everyone was *at risk* of learning and performing “help-as-war”, regardless of their position in the acceptance – resistance continuum in relation to dominant psychology. Because arguments by critical psychologists against those who accept dominant PI are well-known and self-evident, I will focus here on the way courses associated with resistance - e.g. “community intervention and popular education” and “pre professional practice (PPP) - taught help-as-war to students.

These type of courses did teach some Freirean ideas, which were part of formal course content. For example, it was said by a teacher – invoking the intercultural respect rhetoric - that communities have “norms and values” based on their own “cultural heritage”, which was shaped by “what is socioeconomic”; by “ideology”; by a “historical moment”; and by “the services they receive”. The teacher urged students to develop “*political-social skills*”: respect the “identity” of “the” community; and promote participation that is “democratic”, “liberating”, “concise” and “dynamic”, as people participate “because they want to”, they must not be forced through “an external technocratic imposition”. Trainees needed to listen to local voices, as “all views enrich the identification of a problem”⁹³. This type of skills is what “legitimises” our work, s/he said. A second set of skills was labelled as “scientific-technical”: using a “scientific method for research”, be it quantitative or qualitative. “Action-research”, for example, was a highly valued method.

Despite this Freirean rhetoric, community-oriented courses were less influenced by classic Marxism and theology of liberation, and much more influenced by a contemporary discourse around “rights”, “vulnerability”, “psychosocial” interventions and “empowerment”, globalised by the United Nations and the WHO. This finding supports arguments discussed by critical scholars regarding instrumental depoliticisation (McKenna, 2013). In addition, I observed cases of limited theoretical and methodological clarity, and little consistency between rhetoric and practice. For example, the teacher failed to clarify the difference between “community” and “ethnicity”, when asked by a student. And there was a systematic confusion by several teachers and students about differences between “research” and “intervention”, and how to rigorously undertake “action-research”.

⁹³ A curious contradiction is that despite the existence of many “excellent” lecturers, some “bad” ones completely neglect these political-social skills when teaching our own community.

During PPP activities, the help-as-war metaphor gained salience, and the “external technocratic imposition” that the teacher warned against was actually the rule more than the exception. One of the advanced-stage PPPs that I observed had the goal of “diminishing the factors that make a population more vulnerable”. To do this, students were instructed to fill “fichas” (charts; paperwork) and “socio-demographic questionnaires”, via “interviews”; applying “instruments”: “projective” or “psychometric”; and, in some cases, “work with” the beneficiaries of help. By adjusting to institutional demands, students got to submit formal reports in order to pass courses (and later, graduate and access jobs). I observed routinisation, audit culture and other structural and cultural forces (see section 5.1, p. 153) taking over the “liberation” rhetoric. Despite some positive experiences, numerous students and teachers complained. A student, for example, used the words “horrible” and “decadent” to describe his PPP experiences during a class discussion. Another, in the backstage, said - half serious, half joking - that PPP are “useless”, as we always “do the same” thing, which will transform us into “PhDs in sociodemographic questionnaires”. Part of the staff agreed: “one thing is said, and then a different thing is done”, said a teacher, while a directive stated during a meeting that the FPUG had not provided students with the “tools” to address “psychosocial problems”.

In fact, what was done during PPP (i.e., “working” with the people) resembled more typical forms of psychoeducation, laden with covert morality (see section 5.3.3, p. 177). As put spontaneously by an interviewed advanced student:

(the psychologist) “is the only one who can – through ‘psychoeducation’ - teach and help individuals to change perceptions, and those *malas* (wrong; bad) structures, those *malas* (wrong; bad) beliefs that we have”; for example, “*facilismo* (looking for quick fixes, with little effort)”

This student had taken a course with the teacher that invoked the Freirean rhetoric, cited in a previous paragraph. During such course, the teacher contradicted him/herself. For example, a student told the teacher that some members of “the community” were unable to attend a “talk” due to their work schedules. The lecturer replied with authority: they should “ask for permission” (from their bosses):

“we tell them they have to come, and they just have to come”

This is a use of power that is anything but Freirean. The way education was taught to the class as the solution for “vulnerable” families was also not liberating at all:

“sometimes the family does not act in the right way because it does not know any better”, the teacher said, as “many of these families” have “a low cultural level”, and hold incorrect “cultural beliefs” (e.g., “machismo”).

More preoccupied by students reaching a set number of “cases” than constructing a liberating pedagogy with “the” community, the teacher called the attention of one trainee for not bringing the two mandatory “cases” for supervision in class: “and you did not *check* the rest of them (community-members)?”, s/he said with a tone of condemnation. This is certainly not treating the people as subjects, but as objects.

Psychoeducation – even if it is done by invoking Freire – can result in a strategy for psychologisation and, thus, for psychologists accessing material and symbolic benefits. This has been argued within CP (de Vos, 2012), and evidence from the FPUG seems to support this idea. One of the fundamental objectives of psychoeducation seemed to be marketing the discipline: to “promote psychology itself”, as said in class by the teacher of a health-related course. Such promotion can fuel the ideological concealment of structural determinants, even in the context of activities done in the name of “community psychology”. For example, the same teacher invoking Freire in earlier paragraphs told students to replicate the following view during their pedagogical visits to “the” community:

“social position is *not* the most important” thing to emphasise, but the fact that “we (the community) are a *familia educativa* (educational family)” and “our kids go to school together”; “these are the values that we *introduce*”

I interpreted this as help-as-war, noble intentions notwithstanding. The students learned to “*introduce*” a discourse that stressed a positive common identity as parents, while ignoring other contextually-shaped identities: e.g., unemployed or exploited labourers, displaced, mostly non-white citizens; or oppressed women. Those who resist the discourses trainees “introduced” in their community via psychoeducation were usually framed as conflictive, little “collaborative” or “lacking (psychological) culture”. The goal – even in courses inspired by the Latin American legacy – was said to be “gaining the trust” and sympathy of the recipients of help, by establishing a “rapport”, and convincing them that their professional gift is “for their own improvement”: “they are here to help them”. By any means necessary, and mostly, helping our own community, I thought.

6.2.5 Identity, power and reflexivity

Previous sections have highlighted how PI shapes, and is shaped by, power relationships; and that reflexivity around this was notoriously scant within “our” community. Even when I interviewed them, teachers and trainees – including bright ones and culturally wounded ones - struck me as displaying very little critical thinking about such matter. It may be that they did not have enough contact with critical literature, or that role expectations made them detach my questions about their PI with power, capitalism or coloniality.

Their lack of reflexivity and critical thinking implied overlooking key historical and epistemological aspects. For example, most teachers and trainees defined psychology as a “science”, without any reflexivity. As put by students during an entry-level lecture: psychology is “the science that studies human behaviour”, does so “through the psyche”, deals with “the affective part” and also with “parts of the brain”; their teacher agreed: it studies “the human psyche”, including “emotions, perceptions, feelings”. At other times, “subjectivity” was said to be the discipline’s subject. With an incipient exception, I did not hear any critical view regarding the “scientific” nature of psychology, or its complex historiography. This finding is consistent with well-known arguments within CP and related fields (Pavón-Cuéllar, 2017; Rose, 1996).

I interpreted the lack of reflexivity regarding history in three non-exclusive ways: there were – in words of students - some “bad” teachers who did not stimulate critical thinking (e.g., lacking factual knowledge; perceived as boring or “difficult” by students); ideology rendered invisible the discipline’s historical complicity with capitalism, colonialism and imperialism (see chapter 1); and – in some cases – such silence appeared to be linked with a contemporary coloniality – of *knowledge* and of *being* - regarding, for example, race-ethnicity. An example of such coloniality: I asked an African-Ecuadorian student if trainees were taught about Herbert Spencer and social Darwinism: “they don’t teach us that”, s/he said. I explained such ideas, and asked if “that” should be taught. S/he said “no”, as it would only exacerbate racist comments and jokes from his/her peers. On a few occasions I asked advanced students – including bright ones - if they knew anything about these and other historical subjects (e.g., volkerpsychologie), and got the same response: they did not. I heard colonialism being mentioned in class only once, by a grad-student (associating it with substance abuse); her tangential comment was ignored by her peers and teacher.

Plenty of content had a clearly positivist footprint, either explicitly or implicitly. I did observe a few examples where performers addressed epistemological issues with relative reflexivity. For instance, a teacher telling students during the first day of class that there are diverse theories that can be equally valuable, and this is why the FPUG's name mentions "sciences", instead of "science" in the singular. Or two students spontaneously discussing - in the backyard - if psychology was a science or not. These were incipient exceptions. In contrast, a group of students learning epistemology ignored basic distinctions (e.g., positivism - hermeneutics), yet were regurgitating - inconsistently and unclearly - postmodern ideas associated with "chaos theory" and "fractals", which made them sound "scientific". In what was an atypical episode, an advanced student - the same who was occasionally labelled as conflictive, and who accused context-focused trainees of being pseudo lawyers (see the final paragraph of section 6.1.3, p. 196) - challenged the biomedical epistemology of a health-oriented course. S/he was silenced by the teacher, who argued they should stick to the content established by national higher education authorities.

During an interview, I asked an advanced student about the core PI of psychologists trained at the FPUG; her words illustrate how most interests and practices are ideographic:

"we love mystery", "we like to complicate ourselves, because if you enter mathematics, well, two plus two is four, or physics' formulas...but at the end there is a solution. But in psychology you are treating with behaviour, with the history of a person", "each person is a different world, so in psychology we don't know what world are we going to find. So, it is the curiosity of knowing how to deal with each case" (Female, 24, African Ecuadorian).

Learning and performing the help-as-war metaphor contradicts the view that the "history" of each person and of each community matters; that each one "is a different world", and that "each case" should be dealt with in a particular, ideographic manner, while respecting their culture and needs. Teachers and trainees displayed what to me was an alarmingly limited sense of reflexivity around these issues.

6.3 Conclusion

The previous chapter illustrated how trainees negotiate their dual belonging; learn to perform as veiled moral agents; and develop scant reflexivity, as their training seems to have both technical and ethical limitations. Findings from the present chapter are consistent with such interpretations. They also illustrate how the learning of WEIRD

psychology results in a PI heavily shaped by the ideal of performing help-as-war. There seems to be a sort of vicious circle when help-as-war pairs with existing technical and ethical limitations.

Help-as-war is a metaphor with analytic value. Such category refers to the way local trainees were taught to understand their PI as being civilising agents that used psychology - fundamentally, WEIRD psychology- to help people by destroying their defence mechanisms, educating them in what they are “lacking”, and changing parts of their culture considered unhealthy (i.e. a “culture of violence”, or their ignorance regarding “scientific” professional healing). Such help focuses on individuals and, at best, small groups. Based on their dual belonging, trainees’ civilising mission is - hypothetically - expected to include the civilisation of themselves, their family and their friends. This is consistent with what occurs in other contexts in the Global South regarding coloniality, psychiatrisation and psychologisation (Jadhav et al., 2015; Klein & Mills, 2017; Mills, 2013; Watters, 2010). The process appears to be occurring within a logic of coloniality of knowledge and being, shaped by global capitalism (Adams et al., 2017; Mignolo, 2017; Quijano, 2000). Observed psychologism is also bluntly consistent with formulations that denounce decontextualisation and victim-blaming, with parents – specially low-income parents (and even more specially, mothers) - being potentially affected by it (Burman, 2008; Martín-Baró, 1998).

A key issue seems to be the technical and ethical quality of training. Chapter 1 already illustrated the regional and national history of oppression that resulted in both limited national budgets – including funds assigned to public universities -, and the negative role of violent political struggles and corruption within the University of Guayaquil. This translated into lack of adequate technical training (e.g., historical lack of access to funding, qualified teachers and literature). In a sort of vicious circle with the help-as-war metaphor – influenced itself by the coloniality of WEIRD psychology -, this can result in a particularly dangerous outcome. Not only psychologists who are little reflexive, or that have toned-down the radical calls by Freire or Martín-Baró, but agents with a potentially violent and iatrogenic power that will not help to advance neither psychology – be it dominant or critical - nor social change. A pending task for the *conscientización* of local subjects is to discuss why has this happened, which structures, processes and groups are responsible, and how can we address this challenge.

Findings support existing critical arguments against globalisation in the psy field (Bracken et al., 2012, 2016; Jadhav, 1995; Jadhav et al., 2015; Jain & Jadhav, 2009;

Mills, 2013; Summerfield, 2001, 2012). At risk of oversimplifying the phenomenon, it could be argued that contemporary Ecuadorian psychology has been, indeed, “colonised” by WEIRD psychology: the professional culture of USA literature, theories and methods. Science is not written in English “due to scientific reasons” - as a FPUG lecturer argued in class – but due to the historical global power of Anglophone nations.

However, findings also provide an additional nuance: that of situated hybridity and messiness. Locally, psychologisation seems to contribute to ideological harm at a “macro” (political, economic, cultural) level, while potentially healing subjects at “micro” and “meso” levels (groups and individuals, including poor, marginalised people seeking *alternatives* to “be fine”). This interpretation speaks about the dialectical contradictions of social reality. If we evoke the posture of Minglolo (2017), we would understand psychologisation as a western “virus” infecting minds and identities in the Global South (p.39). However, it is not *only* that. Pragmatically - at a “group” (i.e. family) and individual level – it seems to provide some wellbeing. It is true that the agenda of, for example, Global Mental Health (Kohrt et al., 2015; Patel, 2012), can perform *help-as-war*, as denounced by their critics. However, to get stuck in a radical global versus local impasse does not seem to reflect the complexity of the phenomena, and “good ethnographic research can make a significant contribution to moving beyond this impasse” (Jain & Orr, 2016, p. 688). This ethnography – critical as it is – suggests the negative workings of WEIRD power is not an absolute. For example, some trainees who graduate can hybridise notions such as “positive psychology” with religious or folk treatments of different kinds. Also, at least, at the FPUG – soviet and Cuban authors associated with resisting such WEIRD knowledge had also “colonised” local minds. This illustrates the “duality” and multiplicity of PI and the hybrid identities of psychologists shaped by both professional and non-professional influences, global and local, Marxist-inspired political struggles and the more powerful value of modernisation sold by positivist accounts regarding “science” and progress. Overall, a “non-colonial” psychology would be impossible in literal terms, as academic psychology is a European product, later consolidated in the USA, and exported to the rest of the world - Ecuador included.

A process of *conscientización* regarding our own PI would benefit from including the notion of dual belonging and help-as-war, as explored so far. However, a key element would also be necessary. One that is often neglected in arm-chair theorisation and ethical-political calls within CP: ethnographic interpretations of real life interactions between “our” and “the” community in specific settings. The next chapter will not focus

on self-representation or training content, but on how trainees *perform* their PI in their attempt to provide an allegedly altruist “gift of service”.

Chapter 7 Professional performances as liminal exchanges

How did trainees *perform* their PI when interacting with “the” community? This chapter will answer such question by presenting a critical and integrated narrative that does not frame data as objective facts, but as partial and context-dependent (Martin-Baró, 1998), suggesting “a range of interpretive possibilities” (Holmes & Smyth, 2011, p. 153) while accepting “contradictory moments” that enable new “connections and unexpected openings” (Haraway, 1991, p.196). As a narrative and analytical strategy to engage in such dialogue, I revert to the two working concepts utilised in the previous chapters – dual belonging and the help-as-war metaphor – while developing a third one: that of *liminal exchanges*. Interpretations are meant to stimulate further academic dialogues, not to be accepted as unequivocal empirical facts.

7.1 Encounters as liminal exchanges of gifts-commodities

Liberation psychology rely heavily on Freirean views when addressing PI. These views call for an ontological change: being born-again, converted, in “communion” with the oppressed; we should trust them; “liberate” them and be liberated alongside them; and, fundamentally, have a critical “dialogue” with them, including spaces where they can criticise us. Professional - popular encounters are *prescribed* as a respectful, culturally sensitive, engaged and mutually beneficial partnership between “our” and “the” community, seeking social justice. Findings presented here are interpreted at the light of these views. Nonetheless, I propose that a data-driven dialogue about such encounters can be enriched by interpreting them as a matter of *liminal exchanges*, informed by a few key anthropological insights regarding gift exchange⁹⁴.

Originally used by anthropologists, *liminality* is a term that points to either a transitional phase or a positioning that belongs to both sides of a threshold simultaneously, among other analytical uses (Slater & Coyle, 2017; Thomassen, 2009; Turner, 1967). In the literature review (chapter 2), the presence of the term was evidently limited. Hart & Akhurst (2017), for example, used it briefly to describe transitional phases during training. In the handbook edited by Parker (2015) it is used only a few times, in the context of wider discussions on transnational relationships (p. 389), the identity of

⁹⁴ I initially had this idea during fieldwork, as a psychologist referred to the altruist “gift of service” given by professionals (see section 5.1.1, p. 144). This led me, in much later stages of analysis (post-fieldwork), to engage with a few key anthropological formulations and develop a working concept that I called “pseudo commodified gift exchange”. In late stages of writing, I concluded that such concept was ambiguous, and replace it for “liminal exchange”.

disabled subjects (p. 383), human emotions (p.49) and intellectual positions within CP (p. 439). In the encyclopaedia edited by Teo (2014), the term is used only once, to discuss transdisciplinarity (p. 1987). In contrast, and much more theoretically-focused, Slater & Coyle (2017) have argued that Foucauldian technologies of power operate through *liminal* events: thresholds where individuals' known self *becomes* a new self.

In this chapter I use the term “liminal” not as referring to a transitional state or event, but more broadly,⁹⁵ as describing a conceptual positioning that dwells across a blurry analytical boundary. Specifically, the category of “liminal exchange” aims at conveying a very concrete idea: what is exchanged in professional – popular encounters can be interpreted - simultaneously, in different ways, and to different extents - as an altruist gift and a structurally determined commodity, or as situated in the threshold between both.

In the early 20th century, French anthropologist Marcel Mauss (2002) theorised about gift giving in non-capitalist North American indigenous communities. In these settings - unfamiliar with “the notion of price” (p. 59) – gifts had both “material” and “sentimental” value, transcending the calculative utilitarianism of a “tradesman morality” (p. 83)⁹⁶. Gift exchange was a matter of both morality and political economy, creating “mutual interest, giving mutual satisfaction” (p.106), while “stabilising relationships” (p. 105). Further theorisation highlighted how gifts are given based on “the idea which the recipient evokes in the imagination of the giver” (Schwartz, 1967, p. 2). Such exchange implied reciprocity, constituting “delayed transactions that imply a negotiation in time, a sense of duty and owing, and a strong moral obligation to repay” (Ferraro, 2004, p. 79). In gift-giving, there is an “unstated but real assumption that there will be reciprocation”(Ashworth, 2013, p. 3). Important for the examination of PI, gift-giving also “serves as a generator of identity” (Schwartz, 1967, p. 2), establishing who is the giver and who the receiver, and what type of relationship is stabilised in the process.

Contemporary medical anthropologists have discussed the gift given by blood and organ donors as “the gift of life” (Sharp, 2000, p. 315), while proposing the term “biovalue” to highlight the overlapping nature – the liminality, I argue - of gift and commodity that exist in this type of exchanges, occurring in market economies (Lynch & Cohn, 2017; Scheper-Hughes, 2007; Waldby, 2002). In these scenarios, researchers

⁹⁵ Liminal: “2. Occupying a position at, or on both sides of, a boundary or threshold” (Oxford English Dictionary: <https://en.oxforddictionaries.com/definition/liminal>).

⁹⁶ Not to be confused with individualistic theories around exchange and/or equity within USA social psychology.

had also examined the “tyranny of the gift”: the receiver’s – “psychological and moral burden” towards a gift that is perceived to be “extraordinary” and, thus, “inherently unreciprocal (sic)” (Fox & Swayze, 2013, p. 40). In these cases, Scheper-Hughes (2007) argues, “the gift-giver may lord it over the recipient and may feel proprietary toward the recipient of their largesse” (p.509). These inputs may be valuable to unpack how professional – popular encounters shape the PI constructed by FPUG trainees.

In the contemporary psy field just a few authors seemed to have *explicitly* referred to their professional – popular encounters through narratives of gift. Yalom (2003), for example considered to be exchanging gifts with his patients, but did not seem to mention its overlapping with commodity. Patients’ narratives have been argued to be gifts given to the therapist (Spencer, 2016). Williams & Arrigo (2000) mentioned “the gift of assistance” given by mental health professional to the population (p. 216), highlighting how self-representation as altruist gives benefits professional’s “psychic life” (p. 220), but not mentioning their income or social life. In contrast, some authors within CP have examined professional – popular encounters in the context of psychologisation, understood as matter of commodification, but not mentioning gift-giving. de Vos (2012), for example, argues that subjectivity is utilised as a form of commodity, based on a process of extraction conducted by psychologists which perpetuates capitalism. My interpretation of his valuable argument is that it seems to refer to one-directional workings of power, this is – sometimes well-intended - powerful psychologists – for the benefit of capital - extracting subjectivity from the population. In a similar vein, other critical authors tend to highlight political economy in Marxist terms, while neglecting or underplaying analysis around gift-giving during professional encounters (Parker, 2007; Ratner, 2015).

A liminal exchange is rooted in material conditions, commonly turning that which is exchanged into a commodity in the context of structurally violent market economies. However, in some contexts, for example, but not exclusively, a “service user” exchanging their time and subjectivity (not *directly* their money) for professional service in a public facility or NGO – the exchange is not *only* about commodification in an orthodox sense. It includes other intersubjective dimensions and levels of analysis.

As this chapter will illustrate, liminal exchanges take place in contingent ways, requiring situated evidence. The next sections presents situated ethnographic data from Guayaquil, relying on dual belonging, help-as-war metaphor and liminal exchanges as rhetorical and analytical resources.

7.2 Overview of professional performances

During the first months of fieldwork, I made preliminary, informal questions to several practicing clinical psychologists working in places similar to Faraway Hood, regarding the clinical demands of their patients. Answers by three of them illustrate such demands: most people suffered due to “addiction”; “violence”; and minors who disobeyed adults (their mothers took them to see the professional). Mood and personality “disorders”, a psychologist said, were only “very few”. One interpretation would be that such disorders were underdiagnosed. Although this may as well be true – considering limitations in training – I suggest that psychologists’ reports confirm some of the conclusions from chapter 4: “the” community suffers due to structural violence and moral dilemmas, much more than from any psychiatric or psychological “disease”. In order to help this people, trainees – students and grad-students – adopted mostly an eclectic and instrumental approach: “whatever the patient needs”, as one of the clinical psychologist put it. During their performance to provide such help, aspects of dual belonging and help-as-war – as unpacked in chapters 5 and 6 - became salient in several ways.

The analysis of *dual belonging*, for example, highlighted how class and cultural identity did matter (despite being notoriously overlooked by practitioners); how suffering bonded the “professional” and the “personal”; and how professionals could perform as humans, citizens and fellow members of the wider community, rather than isolated, objective and neutral scientists. A few examples of this:

During a PPP visit to a place not so different than Faraway Hood, a group of shirtless children playing in their front yard playfully called us – students and myself walking down a street - “gringos!”; I interpreted this as a generator of identity: we were class and cultural outsiders⁹⁷. On a different occasion, a grad-student said to her peers in class, referring to a “case” she had just presented: “all of this has to do with me”; it was “emotionally very hard”. Her daughter was her patient’s age, and – as her patient -, her mother was about to undertake serious surgery. A third example illustrates this. While volunteering with a group of students after the 2016 earthquake, we felt deeply moved by human suffering and ethically compelled to help. During our trip, students – using some of my “professional” behaviour as a model – made physical contact with those being helped – a few of them even hugged them. After receiving our “gift of service” – providing basic information, tranquilising children or adults in distress, giving our

⁹⁷ A “gringo” (USA-based) NGO operated in this community

presence and affective support – one small community shared the notoriously scant food they had with us. This deeply moved me; as I thank the man who arranged such gift to us, he replied: “you pay kindness with kindness”. I felt this was beyond any professional – popular boundary.

Help-as-war was also visible in the performances I observed. During an informal lunch before reaching a “vulnerable” and “marginal” community - the same where children would later call us “gringos” - a student made a revealing comment in the backstage (see footnote 2, p.18, for the use of the term “backstage”): teachers “want us to make them unlearn what they have learned in their culture”. A different group of students intervening in a similar community said to be changing a “culture of violence” for a “culture of peace”, relying on WEIRD theories. Jokingly , one of this students said on the backstage how their performance resembled that of “Herbalife”, a USA-based transnational corporation, who claims to improve low-income people’s life; the student may had ignored that the corporation was also accused of scams⁹⁸. On a different occasion, I observed Daniela, a grad-student, providing help in a State Health centre to a mother and her son - an unemployed, allegedly “depressed” young man, diagnosed with epilepsy. The man walked out in the middle of the session, leaving his mother to talk to the psychologist. When I later asked the professional about the main problem of these two subjects, she blamed “education”: “the lack of knowledge” regarding child-raising, highlighting how “not knowing leads to many things”, ranging from “sexual abuse” to “epilepsy”, and how “the culture they have tells them that this is normal” (i.e. thus, not seeking professional help).

The following sections will report four case studies in more detail, highlighting not only the way dual belonging and help-as-war were performed, but the type of liminal exchanges that took place. Cases include: students during a PPP intervention in Faraway Hood; a grad-student and clinical psychologist in a Health Centre; the way trainees and professionals “educate” and/or “repair” subjects; and the way John (see section 4.3, p. 125) was treated by professionals. All cases took place in “marginal” and “vulnerable” settings, and are focused on violence, substance abuse and interactions associated with “values”. Each case will be presented independently, as to not lose their own ideographic richness. However, the chapter will finalise with a conclusion section that integrates insights from all four case studies.

⁹⁸ <http://www.herbalife.com/> ; accusations of a “pyramid scheme” in ‘poor’ nations: <https://www.theguardian.com/business/2016/jul/15/herbalife-ftc-fine-200-million-pyramid-scheme-label>

7.3 Case study 1: My “vulnerable” neighbour has “poor reasoning”

Students conducted home visits to mothers of 5-12-year-old students at an NGO located in Faraway Hood. They interviewed them by using a structured questionnaire from Spain; gave some basic information, and were expected to make referrals when necessary. Then, they had to write a report in order to pass their PPP course. I accompanied some students during this process. Here, I will report a revealing case: that of the trainees’ encounter with Martha and Janet, my two bored neighbours (see section 4.2.3, p. 122). Both women had kinship ties to each other, were in their late 30s, and came from a rural background (they, or their parents, migrated to the city). The focus will be Martha, who had recently separated from an abusive husband, and moved with her five-year-old daughter into Janet’s home, a location unknown to the man. Details on interviewers are omitted due to confidentiality; it can be said, however, that they were young female students who – to different extents - lived in “marginal” places themselves. Martha’s interviewer will be referred to as Kathy.



Figure 40 - Students screening for gendered violence

On the final report – which Kathy and others wrote with the help of a student considered “pilas” (bright/smart) – Martha was described as a “case” and a “service user”, whose problem was “vulnerability” due to mistreatment from her husband. Such mistreatment continued, the report stated, due to Martha’s “poor reasoning” (see below). Martha’s

family background was reported: she had an alcoholic father who mistreated her and her mother; and became an orphan after a car accident, being raised by her aunt. The report mentioned how she started “working” and “providing” at an early age; she had scant formal education, and had worked as a cleaner in a wealthy neighbourhood, and, currently, as an informal vendor. It also highlighted her history of suffering due to “jealousy” from her two last male partners, and current discrepancies in parenting styles. This included not only the father of her daughter, but Janet, as she “spoiled” the child, obstructing Martha’s attempts to teach values utilising firmer strategies (this even made Martha considering going back to her husband, where she can exert discipline without Janet interfering). The report also mentioned Martha’s enjoyment when playing bingo and spending time with her family.

While we entered Faraway we were initially anxious due to the risk of getting mugged (I had not moved there yet). Their home was quite poor, constructed with rudimentary materials, and very small (I felt it was overcrowded, with at least five people living there). It was the afternoon, but Janet’s husband was sleeping in a bed next to us: a shirtless, tattooed man, wearing a golden necklace. He eventually left, and the interview continued. Kathy and Martha were not alone in the room. I was there, after asking for consent; a second student (observer) was also there. Janet was present, in fact, she joined the conversation during the last part of the interview. Martha’s daughter was too, for the most part (see below). Also present, was Kathy’s boyfriend, who was *not* a psychology student, and was only there to protect his girlfriend from the perceived dangers of the area; this, of course, implied a major issue regarding confidentiality. I felt the encounter was very friendly. By the end of the interview, Martha and Janet even made humorous comments that made everyone laugh, while we finished drinking the glass of artificial juice we had been offered at arrival.

PI can be interpreted from both the written report, and Kathy’s encounter with Martha:

The report mentioned what in my view were irrelevant facts like Martha being born through a C-section (the influence of biomedical clinical records, I thought), but omitted some key information. For example, Kathy did not ask, nor reported, about Martha’s ethnic identity; her class identity was only discussed through euphemisms: as a child, she “did not enjoy material comfort”, “due to her low economic level”. The social embeddedness of subjectivity was virtually absent from the report. In contrast, the obvious influence of psychology training was salient (see chapters 5 and 6). Trainees

explained Martha's suffering in these words, in a section entitled "psychological appreciation" (cited authors are from the original report):

Martha adopted "characteristics inherent to a traditional feminine role"; which is "invested by violence" (Allport, 1954). She – "without logical appropriation"- "repeats parameters that sustain the lived circle of violence, naturalizing abuse in relationship with her childhood experiences" (Ortiz, Rivera, 2000). Such experiences marked her "desarrollo personalógico" (personality formation) (Vygotsky). There are "feelings of inferiority" that lead her to attempt an "excessive control" on her daughter (Adler). As a "strategy", she "self-eliminates" by "going back to her partner", as she considers "home" as the "ideal place to exert control over her daughter". There is a "paradox in her discourse": she "installs again the circle of violence, due to a poor reasoning", as she is "always seeking the company and affection that were absent during her childhood and adolescence" (Horney, 1945). Her family of origin "created" in her a "family model that today replicates itself": a "familia ensamblada" (assembled family). She "sobredimensiona" (overdoes) her "real role", controlling her daughter in ways that are "coercive" and "threatening", as to "compensate the threat to power that her husband exerts when he mistreats her" (Ares, 2000). There is "irritability" and "negative affection". Why is the "situation of violence sustained"? because the "service user" "interprets" the "situation" based on the model of "her family of origin" and "her previous relationship". There is a "paternalism", a sense of women "belonging to men", and "episodes of hostile and benevolent sexism" (Jost, 2011).

They also included a biomedical diagnosis of her suffering (ICD10 multi-axial model):

1. *clinical/relevant*: Z62.820 ("upbringing" problems); 2. *development/personality*: Z60.0 ("life-cycle" problems); 3. *somatic* states: Z00.0 (no medical problems); 4. *psychosocial stress*: moderate level; 5. *global activity*: 71 (start) and 80 (end).

This interpretation of the causes of Martha's suffering highlights aspects of PI constructed during training: psychologism (a focus on her *personality*, *not on structural class oppression*) and the influence of psychiatry/psychopathology; a conservative focus on family (disvaluing assembled families); the core value of reason (poor reasoning leads to suffering); moral-normative judgment (stating what is "logical" and "reasonable", and what is adequate, "poor" or "excessive"); the use of technical jargon; and diverse theoretical influences (e.g., personality psychology, systems family therapy, social psychology of gender) originated mainly in Europe and the USA (despite the inclusion of a vague mention of Vygotsky, and of a Cuban author; which relates to the sort of hybridisation of psychology training described in chapter 1, where WEIRD knowledge prevailed). The report also mentioned childhood experiences, as trainees claimed in a different section that the "affective factor" was limited during her childhood; the influence of psychoanalysis could be interpreted here: a fixation with what

happened in her “family of origin”, and past experiences that keep shaping her ideas and feelings in the present. Their ICD-based diagnoses underlines the instrumental importance of psychopathology, while reflecting what trainees were taught by a lecturer in a health-related class: Z codes⁹⁹ are the “codes of psychologists”.

Dual belonging required for Kathy – at least implicitly, as it occurred –to negotiate her PI in terms of shared cultural wounds, beliefs in both professional and non-professional healing; and covert morality.

Kathy and Martha embodied some shared dimensions of identity associated with potential cultural wounds: female gender (a central focus of this particular professional intervention), and - at least, to some extent – class (being both from low-income backgrounds, although with relative power differentials). Kathy did not reflect on this common ground, not incorporate it into her intervention. She held a strong belief in the religious healing carried out in her temple each Sunday; in contrast, she had expressed in class that folk healing - such as the rubbing of the egg ritual (which Martha practiced; see section 4.4.1, p. 127) – were lower forms of culture sought by “the people” (meaning low-income, rural or uneducated population). Kathy never inquired into Martha’s culture during her intervention, so she never found out about her preference for folk healing. Overall, the soon-to-be-psychologist seemed to try to keep professional and non-professional identities separate, probably based on the “scientific” aura she was taught to maintain (see chapter 5).

Kathy was able to make the issue of covert morality explicit when I interviewed her, months later. Then, she expressed the view that she – as other trainees and professionals – do “induce” the people she helped in terms of what is “right” or “wrong”, contradicting on the ground the hegemonic rhetoric of prescriptive objectivity and neutrality. Despite the use of psychopathological language and academic theory, part of what they were doing, in practice, was using the power of their discourse to teach/reinforce values from the wider moral grammar, I thought. Based mainly on her religious identity, Kathy, for example, held conservative values and a tendency for morally-laden opinions. During her visit to Martha and Janet, I interpreted this not-so-covert morality in her professional discourse. For example, she utilised a metaphor around pollution for judging Martha’s habit of using physical punishment with her daughter:

⁹⁹ Z Codes are used when a person discusses a specific problem with a health professional; the problem may or may not influence the person’s health, and *the person may or may not be “sick” or “ill”* (<http://apps.who.int/classifications/icd10/browse/2016/en#/XXI>).

(beating her) “is *not right*”; such issue “needs to be cleaned”

When Janet intervened in the conversation and complained about her own teenage daughter being “malcriada” (“badly raised”; misbehaved), Kathy “blamed” her by saying:

“you said she is ‘malcriada’, but it was you who raised her”

Moral prejudice regarding non-nuclear families was also present in Kathy’s discourse, highlighting how there is “always” risk for sexual abuse by stepfathers, without analysing the social influences that shape this local reality; she asked Martha:

“when there are reconstructed families there are always things that happen. Have you not noted anything strange with your daughter?” (what she really was asking, is if the stepfather had abused the child)

To what extent did Kathy’s attempt to provide help can be analysed in terms of help-as-war and liminal exchanges?

First of all, the way non-professional subjects perceived Kathy’s identity is important to unpack (see chapter 4); at different points, both Martha and Janet mentioned spontaneously their view that psychologists are powerful moral guides capable of modifying behaviour that is “wrong”, “bad”, “excessive” or of “poor” quality. Martha, for example said to Kathy that due to her “strictness” with her daughter, her ex – husband told her she “needed a psychologist”. Janet also shared that her husband had told her that due to her aggressive reactions, she needed one, too: in fact, “a psychiatrist, not only a psychologist” (illustrating the porous borders perceived between the two identities, with the second reserved for more severe cases). I ran into Marta and Janet spontaneously in the neighbourhood once, and asked them if they had any message for the trainees that were visiting them; they said half serious, half joking: tell them “to brainwash” the kids, so they “obey” us. The identity they attributed to Kathy and her student peers was that of powerful moral agents, not only reading mind and behaviour, but changing it. They expected the gift of timely and effective moral advice leading to the reinforcement of moral grammar (children obeying adults; faithful and loving male providers; stopping women from reacting aggressively against their male partners; mothers avoiding excesses or deficits in their strictness); such reinforcement can potentially lead to sustaining the status quo, I thought. Months later, they also told me they found their daily routine “boring” so they were happy to have visitors and chat;

being informal vendors, they also tried to sale cosmetics to the students after their visit (I did not confirm if this occurred).

Did they receive this desired gift? Was it delivered under the influence of a help-as-war metaphor? First of all – just as in the previous cases – there was a certain tyranny of the gift: the women did not seek trainees and requested it; it was trainees who reached for them, entered their homes and delivered it. Trainees briefly asked them to sign a superficial consent form, but never really made explicit, verbally, that they were free to reject the gift. This was considered a quasi mandatory activity, led by the NGO where their children went to school. After a few visits, some trainee referred to Janet’s second son as a “secret weapon” to make her mother disclose intimate information. During the previously reported interview, Kathy’s insistence on discussing sensitive topics made Martha cry, and probably distressed her daughter (see below).

Let us unpack the liminal exchange as it took place during such interview; the gift given by Kathy:

After making explicit the academic ends of the intervention, Kathy explained Martha what she aspired to give to her: she wanted to understand the problems of her family (“problemática”), asses their needs “from the (perspective of the) speciality of psychology”, and if necessary, provide help in the form of general guidance and a referral. After extracting information from Martha – her metaphorical adversary, and recipient of her help – she learned that the woman had not yet discussed the issue of the lived domestic violence with her daughter. Then, she subtly evoked her mind-reading ability, and provided some moral advice:

“When are you thinking of telling the *bebe* (child)?”; “I have observed that she (her daughter) is very intelligent” and that she “is more clear than you think” (about the issue). When you tell her, “try to be calm, to understand her, because she is only five years old. Because, anyhow, she considers him her father”. You should “try to breathe”, and to “think what you are going to say”, because the child “does not understand yet”.

By judging what is right or wrong, and by telling Martha what she *should* do, Kathy’s performance was moral; again, far from being “scientific”, and in this case, closer to that of a friend giving concrete common sense advice. When she gave this advice, Martha was about to cry. Her expression of sadness had been increasing with each question; note that her daughter had been present during this sensitive conversation. Kathy remained in silence for a brief moment. Then, she lovingly asked the child to go play

outside, and proceeded. She told a crying Martha that the most important thing is that “*querer es poder*” (to *want* equals to be *able to*; the power of will), and that “communication is the base”. Here I interpreted psychologism again, neglecting the social embeddedness of subjectivity (is not enough to want something, but the social structure needs to enable it). The gift given during the sessions was embodied in the prescription written on the final report: (we) “recommend attending family therapy, as for her to be offered parameters that help her improve her lifestyle”.

In contrast, Kathy and her peers received a valuable gift from women like Martha and Janet. They were “cases” that provided time, allowed them to enter the privacy of their homes, and generated data to write reports and pass PPP courses, allowing students to move closer to the goal of graduating. As in the previous cases, trainees were little reflexive around this, perceiving themselves mainly as givers of advice, space to unburden, motivation and a referral; but apparently failing to grasp the magnitude of the gift they were receiving from the women.

Months after their encounter, I interviewed both Kathy (at the FPUG); and Martha and Janet (at their home). Martha and Janet said to be, overall, happy with what they received, as there was no professional service of the kind in the area, to the best of their knowledge; “therapies, is it? what they give (to people)?”, Janet said. They were aware that trainees had “analysed” them; the women had felt “comfortable”, “calmed” and able to “unburden” (expressing the “anger” and “frustration” they *felt* resulted in lightening the “weight upon” them, they expressed). For Martha and Janet, the most important things in life are survival (i.e., “to be alive”), and their “children”. Thus, they would have desired that, as part of their gift, trainees had come “more often” to provide “more therapy with the children”, or to explain them how to “behave” with them. They also said that the referral for “family therapy” was never materialised: Kathy and her peers just finished extracting the information they needed, and left. Martha and Janet were aware of the gift they gave to the students:

“it was like a thesis to them, right?”¹⁰⁰; something “to *help them* approve their course”; something “for the university itself”, as “they were being evaluated”.

In contrast, students did not seem to be aware of the gift they were given. I made a timely and strategic disclosure of Martha’s expectations (shared with me in the backstage) to Kathy. The trainee acknowledged the incongruence regarding expectations:

¹⁰⁰ The fact that I mentioned my PhD before may have influenced this answer.

“she considered me like her salvation board, as if I was going to change her daughter’s ‘chip’ in order for the daughter to be different”; “*se estrelló* (“she crashed”), because she didn’t get the chip to be changed”.

Martha did not get the gift of her daughter being “brainwashed”: she “crashed”, according to her helper. Kathy was aware of the limitations of her (pre) professional gift. “Do you think you helped her?”, I asked. She replied:

“yes and no. Yes, because I gave her certain guidelines from my perspective, and with my limitations” (being still a student); “no, because I would have liked for the lady to enter some kind of therapy programme”; this was not possible because “the practice ended there. So we couldn’t do more. I don’t know if as part of some workshops that are planned they will call her sometime. Although you know that when you submit the paperwork, that (process) is closed, and dies right there”.

I discussed the matter with other students who conducted similar interventions in this same community. When I asked if they felt they had “helped” those in “the community”. Some answered:

“No. I feel frustrated because of that”; “it was only asking (questions), nothing more”

Students’ failure to provide the gift as expected by the women may be a matter of technical-ethical limitations, including scant supervision, the issue of consent, several answer-inducing questions, “saturating” women with constant visits and paperwork (occasionally, lying in some reports), and insufficient skills (as I observed when I joined a few other students to their home visits in this area). For example, Kathy’s discussion of domestic violence in front of Martha’s daughter was shocking to me, as the student was forcing the woman to disclose episodes of wife-battering, in a context that was inappropriate, to say the least. However, it may not *only* be a matter of technique, but about the WEIRD versions of community psychology actualised in powerful institutions operating under the logic of a market economy and a centralised State. The FPUG required “cases” to train a large number of students, and to justify the institution’s social relevance; the NGO requested its beneficiaries to “collaborate”, convincing them that student’s intervention will help them, also justifying that the institution is doing its job. None engaged in a Freirean dialogue. Nonetheless, students and their supervisors aspired that the women would “trust” them; “be open”; get “hooked”; allow them to display “empathy”; and feel “comfortable” around them. Echoes of the tyranny of the gift, I thought.

7.4 Case study 2: Giving “a mother’s love”

One of the most painful expressions of gender-based violence occurs when a female subject is raped; so much more, when she is under-aged and the perpetrator is her father, stepfather, uncle or cousin. I encountered this reality when visiting Anna at her workplace: a public medical setting focused on women’s health. It was located in a neighbourhood where – as other informants confirmed – there were many problems, including severe and systematic family problems, machismo, and “drugs”. Anna was a middle-class female mestizo (with white skin tone) in her 50s (Figure 41)¹⁰¹. In her consultation room, she wore a white medical coat. In the middle of our interview, she was interrupted: “doctor”, someone called her, telling her there was an emergency: a teenage girl in labour would not let physicians touch her. Anna apologised to me, and asked me to please wait while she attended the call.



Figure 41 - Anna showing classmates a Russian doll

After about twenty minutes, she returned and narrated what had just occurred. The girl had been raped by her father. She was only 12. She was African – Ecuadorian, like many others in this particular neighbourhood. “What did you do?”, I asked Anna. She

¹⁰¹ Anna also showed sympathy to me, partially because she knew the work of my late father (a Spanish-Uruguayan folk musician, politically committed to left-wing values).

replied using the soft and affective voice tone she seemed to have used with the patient:

“First, I told her, ‘hi, my love’, are you the girl that does not let anyone touch her? ‘Oh, my *chiquita* (my little one), why did no one tell me this before? Look, you are now in labour work. The doctor needs to see if your uterus – which is inside your body – is opening up. Because the uterus has to be completely open for the little baby to come down. If you don’t let yourself get checked, the doctor will not know. So, the doctor has to insert her fingers, to see what is going on”.

The patient told her “It hurts a lot”. Anna replied: “yes, it hurts, but it is the only way we have to know”. The professional continued her intervention:

“I will give you a trick: when this happens, you will breath with all of your soul. Let’s rehearse: take a deep breath. See how good you do it? How *chevere* (cool), how good you are doing it. Come on my love, let’s go there”.

Then they entered the medical consultation office. Anna told her: “My child, we have no choice. We just have to do it. There is no other way”. Then the girl lay down. She kept screaming: “Do not touch me! Do not touch me!”. Anna told her: “my child, I am here next to you. I will tell you when you have to breathe”. She also told her: “I will ask the doctors to please perform an operation (C-section) so you won’t suffer or feel anything”. Finally, the girl let the doctor examine her, although “*pegó un grito hasta el cielo* (she screamed so loud that the scream reached the sky)”. Anna told her: “see how good you did it?”. The psychologist managed her practical objective:

“She was trembling. Screaming. Desperate. But anyway, she had it done”

Anna’s performance – and the information she shared during the interview - revealed interesting aspects of her PI, some of them associated with dual belonging. Namely, the value of motherhood; the role of feelings; help-seeking behaviour shared with “patients”; the reinforcement of popular values through professional discourse, as reported in previous cases; and the role of her gender and political identity.

In the previous case, Kathy – the student – asked the daughter of Martha – the “service user” - to leave the room, using a loving and caring tone, that of a motherly figure, one could argue (see previous section). Anna believed a “mother’s love” to be a key element of the suffering she was dealing with, and attempted what I interpreted as an effort to provide such motherly love to her young female patient; she brought up the issue spontaneously:

“I hugged her a lot, I pressed her against my chest. These are girls who, sometimes, have never received a caress, never had a mother’s love”

When hugging her distressed patient, she was closer to acting like a surrogate mother than a “scientist”, despite wearing a white coat and being called a “doctor”. More broadly, this also links with the role of feelings in professional practice. Her patient’s suffering seemed more related to lack of affect – in Anna’s view – than with “poor reasoning”, as in the case of students diagnosing abused women. Moreover, Anna’s own feelings, I assumed, played a role when she decided to press her patient against her chest while talking her with affection. I asked Anna how she felt while doing so:

“I did not have time to feel what I was feeling” when it occurred; “my interest was for the girl to be alright. How do I feel now? It’s like a *sacudón* (shake). Like something shook me”.

She told me sometimes it feels like a “shake”, and sometimes the feeling is “rage”, for example, in the case of a grade-school teacher who mistreated her son. Yet, routine usually makes the job tolerable: “there comes one patient, then another, then another. And then it dilutes”. Importantly, when her patients get better, that “cheers” Anna up, and generates “joy”: “there is plenty of satisfactions, too”, she said. This highlights that PI is not only about intellectual positions of being aligned with certain theory or method, but with human responses that professionals have as subjects facing the suffering of others, especially – yet not exclusively – in marginalised contexts heavily harmed by structural and cultural violence.

Anna also shared some help-seeking behaviours with her “patients”, illustrating dual belonging quite clearly. For example, she used to have a regular taxi driver that picked her up after work: “once I was in the taxi, I wouldn’t stop talking”, while “he listened, and listened, and listened”. Like most psychologists, she does not seek professional psychotherapy regularly. She thinks this is due to “laziness”, or the “high fees” of private practitioners¹⁰². She once went, many years ago, but she said to have behaved “as any other patient”: “one feels slightly better, and then says farewell to the psychologist”. This is what most of her patients do now: they “start their treatments, but do not conclude them”; “as soon as they feel a little better they leave”. It may be that most psychologists are not *significantly* different from their patients, albeit – obviously – being more influenced by psychologisation.

¹⁰² This reveals her predilection for private healing, instead of public. Because many public psychologists can be their colleagues, confidentiality may pose an additional challenge, making private a more attractive option. Of course, there is also a class dimension (Roberts, 2006, 2012, 2013).

When I asked Anna about the potential association of professional practice with her non-professional “identity”, she invoked a rhetoric around the gift of service (she did not use such term but that of a “calling to serve others”), which I interpreted to be associated with her political and gender identity (and vaguely, maybe, even with a sort of “spiritual” identity):

“Let’s see. If I am ruled by the dollar, then I will try to have as many patients as possible in little time. Or to exaggeratedly increase my fees. And I will do a good job, but in exchange for a large sum of money. Then yes, it depends on who I am. On what I want. On what I need. On what are my spiritual necessities. Also, if I want to satisfy my *vocación de servicio* [call for serving others], then that [money] takes a secondary role. That, while (simultaneously) acknowledging the immense importance that money has in our lives in order to satisfy our external needs”

Here, she was also referring, I interpreted, to the notion of gift exchanges, although limited to viewing the professional as the only one making a gift. She had expressed leftist political views in the past, so she critiqued market economy, implicitly advocating a type of exchange not based on profit, but on altruist “service” given to those in need; however, she was relatively reflexive about the role of market economy in constraining these possibilities. This illustrates well how psychologists’ PI - in terms of their encounters with “the” community in certain contexts (e.g. public centres or NGOs) - could be analysed nor as straightforward commodity, nor as straightforward altruist gift. It is a phenomenon, that hybridises both notions. Nonetheless, – as it occurs with the hybridisation of “critical” Latin American and USA- based psychology at the FPUG – the power sustaining one of the two tends to prevail: in this case, I interpret, it is the power and constraining effect of market economy. She was also reflexive about the limitation of her work in other senses; she said: babies should live in “good” families, “but, well, because that does not occur, and is out of my reach, I (just) do what I can”.

Other structural and cultural constrains seemed to have shaped Anna’s PI and her views regarding her patients, which I interpreted as being associated with her political and gender identity. According to Anna, rape and incest – and more broadly, “violence” – is pervasive in the neighbourhood where she works: many babies are not born into “good” families. She conducted regular psychoeducational interventions where she shared with pregnant women information about “psycho-motor development” of babies; during these activities, she said,

“I, necessarily, talk about violence. About intra-family violence”; about “the mother; their life projects; their sexual and reproductive rights; and what to do about violence” (e.g., legally).

The role of gender is self-evident, I thought: a woman helping other women in a cultural context of machismo/sexism that results in many being sexually abused by men. Anna’s political identity was not explicit in her practice, but I could interpret its influence on two occasions during the interview. First, when she addressed the issue of a “mother’s love”; she explained her view by saying that these were frustrated working-class mothers; raped and pregnant teenagers have

“busy, working mothers. And when they (mothers) come (home), they unburden all the stress against them (teenagers)”

More broadly, she mentioned that the “violence” lived in the neighbourhood transcended individual and family levels, but was somewhat associated with the hardships of making a living in deprived areas where “people only think about here and now: today I need this, period”; she expressed:

“it is not only intra-family violence, but from citizen to citizen. Is not only within families, but on the street”; there is “intolerance towards the other”; “very high levels of stress”, as people have to “earn a living day after day” or because they are always “defensive” (expecting someone to hurt them)”

Her discourse regarding “violence” – as in the previous case – also embodied how her PI was not mainly “scientific” in practice, but her performance worked to reinforce/reproduce some values of the moral grammar (e.g., peace; respect; tolerance); she described her patients as people

“who live violence; live in violence; generate violence; and possibly will *have* violence. In fact, there is no respect for minors, no respect for the elderly”; there is a “lack of education in values and responsibilities; in harmony; in a *cultura de la no-violencia* (non-violent culture)”

Here, we see a discourse regarding a “culture of peace”, similar to the one from the “Herbalife”-type of intervention done by students (see section 7.2, p. 226). In contrast, Anna held a more politicized analysis of such reality. Simultaneously, she also, – very subtly – reified violence as a pathogenic agent that people “have” (see section 5.1.5, p. 162), echoing the way previous cases have approached suffering through psychologisation. Her performance seemed to be just as morally-laden as the others; she not only promoted “values”, “tolerance”, “respect”, “responsibilities”, “harmony” and “non-violence”, but that babies must live with “a *good couple*”, in “a *good home*”.

Even though she saw “the” community as being in deficit regarding such values and such culture of peace, the influence of the help-as-war metaphor seemed much subtler and implicit than in Kathy’s case (see previous section). She felt to be of service to the people by teaching and providing such education, values and affection within the confines of her workplace. In this sense, her performance may have had the aim of civilising them according to WEIRD standards. However, she seemed aware of the limitations of her work, not so much in the sense of needing to respect the local culture, but in that structural and cultural constraints beyond her individual power were causing most of the suffering she was trying to alleviate.

Anna’s PI seemed to be associated to her gender and political identity, and to the wider moral grammar. She evidenced some level of reflexivity regarding the structural and cultural forces that shaped her identity and limited her power; in contrast, she did not mention anything about the gift that her patients potentially gave her – at least not in such terms, nor explicitly -, which may have included – directly and indirectly - the “joy” she felt when satisfying her “spiritual needs” to be of “service”, and, of course, her status and her monthly salary. On daily bases, Anna faced the shocking outcomes of structural violence. This is probably why, during a class discussion, she disagreed with the ideas of a teacher who prescribed neutrality. Anna was not neutral. She was affective, relatively critical, and performed almost as a loving surrogate mother for her pregnant – and often abused – young female patients in a notoriously deprived neighbourhood.

7.5 Case study 3: “Educating” and “repairing” subjects

The present case study does not focus on a single professional encounter as the unit of analysis, but in the culture of pedagogical and therapeutic interventions to either “educate” or “repair” subjects, especially as in relation to “drug” abuse. This includes observations that enlighten our understanding of PI, regarding: psychoeducation and specialised treatment in institutions for formal education (high-school); health (general practice; “rehabilitation centres”) and prison.

As in the previous cases, teaching “values” to potential or factual sufferers – here, substance abusers - is a key dimension of PI, highlighting psychologists’ dual belonging. Their professional discourse is not purely “professional” (i.e., isolated from the non-professional), but a powerful device to reinforce the wider moral grammar. I found one observation quite revealing, as I register this text in the board of a school

where students conducted their PPPs: “educate the children, to avoid punishing the adult”; some time later, I spotted the same discourse in a small poster displayed at a FPUG office:

“it is easier to raise strong children than to *repair* useless men”

As observed in several discourses – both non-professional and professional - the focus to prevent or alleviate suffering – in the case, that linked with substance abuse – is teaching “values” to subjects (specially but not exclusively minors). Echoing the help-as-war metaphor, this is supposed to help them even if it implies making them “unlearn” their local culture (see chapter 6). It may actually help some, or many, yet to “educate” and “repair” allegedly “useless” subjects seems semantically closer to *help-as-war* and a Foucauldian reinforcement of societal status quo, than it is to actualise a PI based on a “communion” with the oppressed as prescribed by Freire. Such help – which I interpreted in several cases to be help-as-war – was usually discussed in terms of “socialisation”, “education”, “psychoeducation”, “promotion” and “prevention” of health for “the” community. If these failed, substance abuse may be prone to occur, leading subjects to either health institutions, or to prison¹⁰³.

High-schools are one of the settings where psychoeducation takes place. I will use the case of Angela and Mike as a proxy to briefly examine experiences lived in this type of settings:

I met Angela – the teenage daughter of a grad-student – in a small, informal Christmas gathering, which her mother invited me to attend (the woman was a fervent Catholic, illustrating her dual belonging). Angela gossiped with us about Mike, a young clinical psychologist (FPUG alumnus) working in her high-school, where he gives periodical “talks” about “drugs”. Angela told me that although the consumption rate in her high-school is allegedly low, many of her classmates play games in which they mimic the act of inhaling “H” (using powdered juice, instead of the narcotic), and then acting “happy”. She also complained about Mike’s professional gift: too much text in slides, and tiny fonts; and repetitive content that “enter through one of our ears and leaves through the other”. Moreover, she mentioned that in the institution, “almost everyone” practises

¹⁰³ There are visible economic and technical limitations in both the health and the penitentiary systems in Ecuador, shaping the way substance abuse is addressed by psychologists (see chapter 1, for historical context on local impoverishment). For how drug prevention is taught at the FPUG, see section 6.1.3, p. 191. By 2019, for example, the State failed to control violent riots and murders within the penitentiary system.

“cutting”¹⁰⁴, yet Mike’s interventions around the problem are perceived by some as being boring, limited to going and “talking” to the psychologist at his (mandatory) request. Again, mandatory activities resulting in a sort of tyranny of the gift, I thought.

Health institutions are a second field where both psychoeducation (“educating”) and therapy (“repairing”) takes place (Figure 42).



Figure 42 - Unrequested “prevention” on “drugs” at a health centre’s waiting room

I will use Peter’s narrative as a proxy to briefly examine experiences lived in some public health settings:

Peter was a grad-student who worked as a clinical psychologist in one of such places, located in a deprived neighbourhood. Next to the centre, there was a park where a group of young people consume “H” and/or cocaine freebase. I observed this, as I visited Peter’s workplace to interview him. According to him, “socialisation” was “not made properly” (Figure 42), and in his many years of working there, only two patients had sought help related to “drugs”. Peter also mentioned shortcomings around law enforcement: the park “will soon be full” (of consumers); “the police go in; they check them”; people hide the substances, and “nothing happens”. Peter’s facial expression while saying this reminded me of Anna’s comments implying the structural and cultural limitations of her work. As Mike did at his high-school job, Peter seemed to express a PI that was not focused on Freirean “communion” with the community. In fact –highlighting his dual belonging - he engaged with relative frequency in “sabido” practices, such as

¹⁰⁴ Within the FPUG, “cutting” was described in a class exposition as associated with a “lack of emotional intelligence”, a “way to release emotions”, and an “emo” culture. It was said to be a “symptom”, not a “disorder” (although immediately, it was described as a “disease”, and the criteria for self-injury disorder from the DSM was mentioned). Possible “causes” are “family problems” and “bullying” at school. The wider social context was not mentioned, and the student who was presenting prescribed “a reasoning (based) treatment”.

secretly leaving his consultation during working hours. I did not observe this in other health centres, where there is stricter supervision and where professionals followed most formal norms.

When subjects failed to be “educated” – by “popular” and “professional” agents - they were expected to be “repaired” at health-oriented institutions. One of these can be primary health centres themselves. I knew how this was done, based on an interview with one of Peter’s classmates (a male clinical psychologist working on a different public primary health centre in a deprived area); his expressions highlighted scant technical planning:

“They (the State) started to pressure us, right: we have to open groups, because of the drug problem”; “we make therapeutic groups. I don’t have an elaborated plan, but I do want to design it”; “we talk about the experiences of each one of them”; “we don’t only talk about drugs, I also give them talks about violence, other themes, evens sexuality”; “we also play sports. We play once a month”

However, most of the “repairing” was expected to be conducted in specialised health centres for “addiction”: “rehabilitation centres” where numerous psychologists worked (Figure 43¹⁰⁵). An absolute minority of these were directly operated by the public health system (I had reports that in at least one of them, scant technical planning was also tangible); the rest were operated, by NGOs or privately. Many privately owned centres tended to have notoriously limited resources - including lack of properly trained specialists – and some have been accused of using direct violence as therapy – an explicit, extreme and carnal manifestation of the help-as-war metaphor, I thought. Dual belonging played a role here, including – but not limited to - religious identities and sabido practices. Many centres healed through a “higher power”, and many psychologists were Christians/Catholics. I knew of a FPUG alumni that planned to engage in “sabido” practices by running an unregulated centre, charging for “tests” conducted by unsupervised and underpaid psychology students.

I had the opportunity to visit one prestigious rehabilitation centre, in the context of external training activities. There I met psychologists and the patients they “repaired”; the latter were mostly poor, non-white young people (including a few former gang members). Further details are omitted due to confidentiality. However, some insights regarding PI can be shared. Psychologists’ performance was shaped by an institutional model of operating a “therapeutic community” (based on USA and European theories,

¹⁰⁵ This picture was shared by a clinical psychologist (an FPUG alumnus/a) in a private WhatsApp group. Faces had been removed.

and Latin American experiences); a quasi-military discipline; and – as in previous cases - a morally-laden discourse (e.g., accepting one’s “flaws” and learning “values” such as respect and honesty). The gift given to patients included hope for recovery; peer support; spaces to talk – as in previous cases -, concretely, about the difficult life experiences they had with their families of origin or in the rough neighbourhoods where they lived.

Psychologists working at the Centre looked like scientists - they wore white coats, and were sometimes referred to as “doctors” (such as Anna in the previous case) – while performing as both very strict disciplinary agents and caring and supportive figures. Their PI was also shaped by their apparent place in the power hierarchy: less status than psychiatrists, and higher status than non-professional “experiential operators” (i.e. recovering “addicts” who help others). Some operators from the centre – as one told me in the backstage – accepted psychologists’ “cultural baggage” (i.e. professional knowledge) to “help me” and “work on me”, while antagonising with some of their views (e.g., psychologists’ stress in environmental, and not genetic causes for addiction), and – as I interpreted from his non-verbal communication – probably disliking psychologists’ disregard for operators’ non-professional knowledge. To “work on me”, I thought, also implied a sort of power that could be linked with help-as-war: for example, to destroy defence mechanisms and unveiled an allegedly hidden truth.



Figure 43 - Clinical psychologist in a "rehabilitation centre" for "drugs"

Due to recurrent relapses, “addiction” was framed by most psychologists as a chronic disease. Non-professional subjects also had concerns around this, including the fact that context remained untouched after subjects were rehabilitated. Martha – my neighbour from Faraway that was labelled as unreasonable by students - told me during an informal interview that she was relatively sceptical about psychological healing for addiction: even if subjects are healed, they are then placed back into the context that made them ill, with families that yell at them and “disturb their minds” (in

centres such as the one I visited, family therapy is indeed part of the process). John (see chapter 4, and the next section of this chapter) also questioned the efficiency of treatment during an informal chat: “you leave with even more cravings for smoking (illegal substances)”.

Concerns about “rehabilitation” were also present among trainees and practitioners, a few of whom highlighted – rather implicitly – the role that structural and cultural forces had on “addiction”. A few students – evidencing their dual belonging as healers and sufferers - asked me to recommend a “good” centre to refer their relatives or friends; it was hard for me to do so, considering the structural limitations of the local health system. During an interview, a student (female, low-income, mestizo) made a comment rather similar to Martha’s regarding the recovery of a close relative: s/he had gone to a rehabilitation centre, but relapsed due to family problems and the availability of the substance:

“it was useless for him/her to be in rehabilitation, if then s/he came back to the place that was the trigger for that (drug problem). And it is the same, because as I told you, when I got out of the house, you could find little kids there, who had drugs made available for them. So, s/he (the recovered relative) gets out, and the history repeats”

Peter- who worked at the health centre where psychoeducation and “socialisation” failed – also highlighted the availability of the substance in the local context:

“drugs are available, they are everywhere, in the corner, sold over there, they are in high schools, it is very easy to buy it”

One of the few – relatively - reflexive expressions regarding structural and cultural limitations that I heard was articulated by Daniela (a grad-student and clinical psychologist working in a different deprived area; the same who blamed “culture” and “education” for the epilepsy problem of a man; see section 7.2, p. 226). During our interview, she highlighted how chaining “addicted” teenagers is one of the few choices low-income mothers have. Albeit most professional discourses condemned this as violation of patient’s rights, Daniela justified the legitimacy of such practice when agency is constrained.

“imagine that she (a mother) has him chained, not because she is a bad mother, not because she is negligent, but because it is the only way she has to save the life of her son. Because there is no other way. If she brings him to a health centre, there is no medicine. And what do I do if I have no money to buy it? What do I do? If I bring him, he can escape in the middle of the street, between

moving cars. I got to see that (escape situation) three times”; “if (the State) orders: ‘unchain him’, then who is going to take care of him?”; “the house is made out of cane” (so a chain is the only way to secure him not leaving); professionals should “go there and give him medication there, under those conditions, until his brain is back to being as it was before, and he can himself go walking to a health centre”

I interpreted this as illustrating the structural and cultural forces that shaped her messy and hybrid PI itself (see chapters 1 and 5; e.g., psychopathology and “neuro” language, but also some awareness of context): she was capable of critical and reflexive comments, yet her clinical practice did not seem overtly critical nor reflexive. Moreover, her discourse – professional and “personal” – did not inquire about the inequalities behind the scenes she had lived: Why are mothers living under such conditions? Why does the health system lack resources? Why had the State not controlled the lucrative business of drug trafficking? Why did a wealthy mother could seek better care for his “addicted” son or daughter, while poor mothers are forced to chain them? These issues were absent from her discourse and, hypothetically, from her practice.

Echoing Foucault, psy discourse does not only “repair” allegedly “useless” substance abusers in health institutions, but in prison. Daniela had worked as a clinical psychologist in a local prison in the past; when I asked her about a potential association between “morality” and psychology during our interview, she did not think of the morality of her own practice nor her dual belonging. Instead, she referred to the moral flaws of subjects to be repaired; she thought morality “supposedly doesn’t exist in many patients (inmates)”; they were hardly “rehabilitated”

“because there is a dissocial disorder, let’s assume. So, I cannot ask that person to work on certain values, or psychoeducational things like that, which you could work on with children, for example”

I visited the prison where Daniela used to work. There, I met psychologists and the patients they “repaired”, a group of male inmates voluntarily enrolled in a “drug” rehabilitation programme (mainly for opioids like “H”). Both inmates and professionals complained about institutional problems associated with power struggles between staff (e.g., legal; health), poor logistic, and the sabido culture, among other. Just to name a few: weekly planning was inconsistent; film projections which inmates enjoyed were constantly interrupted or censored (banning “violent” movies); and drugs were smuggled into the building due to the breaking of norms and temptation of corruption: “who controls those who control us?”, a psychologist named Robert told me in private. When I first met inmates in the yard – with surprisingly scant supervision - I felt anxious

regarding my safety, as many inmates were convicted for violent crimes; my anxiety disappeared as my interaction with them progressed in a friendly and empathetic manner. I did not have the chance to observe any clinical intervention, but only a recreational one: a film projection (bootlegged DVD). Robert was in charge of the activity, which was attended by inmates at the yard: they wore shorts and flip-flops, almost all shirtless, settling in a few hammocks and on the floor, in front of the improvised screen. After this, I interviewed Robert, who was *not* a FPUG grad-student, but a young alumni of a psychoanalytically-oriented private university. Some of his peers were in deed FPUG alumni.

Robert's PI was shaped by the institutional context where he worked. As was the case with health-oriented "rehabilitation centres", he and his peers had to behave like strict disciplinary agents, while also being caring and supportive figures, at least to some extent. Inside the consultation room he shared with peers, I spotted diagnostic charts; hand-made crafts; and a chart on the wall entitled "scale for rating events", with options going from "terriblitis" to "awesome". The term "terriblitis" illustrates the *influence of biomedicine* (the "itis" suffix is common in labels of infectious and/or inflammatory illnesses); *infantilisation*, (treating adults like children), and dual belonging, in the sense of professional discourse appropriating a common-sense term such as feeling "terrible".

Robert told me, smiling, that the "clinic" was "very rich here", and patient's narratives were "as if they were a confession". This expression of his professional self was not only shaped by the institution – I thought -, but by the influence of his psychoanalytic training: patients "confessed" both aspects of their crimes and their intimate ideas and feelings; the psychologist performed as a secular priest enabling catharsis, or a pseudo-lawyer, I interpreted. Robert told me common themes in the clinic were "mourning; revenge; repressed anger; numbing thoughts; jealousy; and a tendency to assault others". He integrated an instrumentalist approach to biomedical classification, with his theory of choice:

"here we use the ICD10", but we "adapt", looking for "fast psychotherapeutic effects"; focusing on "transference, trust, bonding", and making patients "question themselves"; sessions can be interrupted after certain "jokes" and "laughter", because there, "the unconscious is revealed".

In this particular context, psychiatrists were associated with the tranquilisation of severely mentally ill inmates – these patients had their own separate ward, where they remained permanently medicated – and the provision of "drugs" (e.g. pills "to sleep") to

inmates who required them. Such prescribed drugs, Robert told me, are “like honey” to them, who waited for the psychiatrist’s weekly visit as their chance to access these pills. As illustrated by Martha and Janet’s expression – the two women with “poor reasoning” – a psychiatrist is for severe cases, and had the power of medicating; psychologist’s PI is associated with less severe cases who needed their morality and behaviour changed through non-pharmacological methods (e.g., psychoeducation; talking therapy; recreational and relaxing activities).

As for the role of feelings – just as Anna felt “shaken” or enraged after some of her interventions – psychologists working in prison are faced with their own emotions. Far from being “scientific” in particular moments when patients share painful life stories, they perform simply as fellow human beings, based on empathy. As Anna, they also feel emotionally charged after helping others. Daniela, for example, confessed to me that she once cried next to her patient in prison, although his/her professional role prohibits such behaviour. She told me a male peer had done this too. This trivial and understandable human reaction – being emotionally moved when facing the suffering of a fellow human being – is an interesting dimension of dual belonging, and the impossibility of being *exclusively* a neutral and objective scientist. Psychologists seemed to relate to their own diagnosed or undiagnosed wounds, or that of their relatives (see section 5.3.1, p. 170); and/or to respond empathetically to those of others.

Psychologists seemed to deal with “drugs” through the “education” and/or “repair” of potential or factual “consumers”. Be it in a high-school, a health institution, or prison, dual belonging enters such pedagogical and therapeutic process. Practitioners find ad-hoc – occasionally “messy” - strategies to integrate or hybridise their “professional” selves (e.g., looking, talking and acting like scientists: giving information on drugs and its negative effects, using the language of psychopathology or “neuro” approaches) with their popular/personal selves (e.g., teaching values of the wider moral grammar; responding affectively to suffering; in some cases, having “addicts” in their own families or circle of friends; dealing with sabido practices). There was space for some critical insights regarding the role of context in causing and sustaining “addiction”, but reflexivity seemed notoriously limited. Psychologism prevailed. The demands of the powerful institutions where practitioners worked – inserted in a market economy with a strong State presence – shaped the ways in which they negotiated their dual belonging, and their adjustment or challenging of the system; I interpreted adjustment, compliance and resignation to be a common response. Such institutional power also shaped the liminal exchange that took place.

What was the liminal exchange here? And was it shaped by the help-as-war metaphor? In the case of preventive “education” (psychoeducation), the exchanged gift-commodity was information about “drugs”, moral guidance (e.g. how bad drugs are for you; what interactions and activities are healthy or unhealthy) ideally, a space to talk and/or relax, and the advice to seek help from professionals if needed. In return, psychologists received the gift-commodity of subjects’ time and attention, justifying the relevance of their jobs (e.g., having certain number of sessions done per day/week) and thus, reinforcing their expert status and allowing them to receive their salaries. This was help-as-war, to the extent that the gifts were mostly unrequested – echoing, again, the tyranny of the gift – and based on foreign artefacts, and instead of trying to understand the culture and needs of the receivers (e.g., the structural and cultural influences on addiction; the meaning of a “drug” for teenagers), they framed the problem, once again, as a lack of values, which professionals are supposed to teach.

In the case of “repairing” (rehabilitation: health facilities and/or prison), the gift is rather similar, with the pivotal feature of an intensification of a disciplinary performance (stricter teaching of “values” and norms) with a relative caring/supportive role; and a higher demand for disclosing intimate information (e.g. catharsis). This intensifies the nature of help-as-war, even more so in the many cases where punishment was used (including the direct violence denounced in several, usually unregulated, centres). Some recipients may value the gift they received. For example, a group of inmates told me how before their rehabilitation led by psychologists, they were unhealthy, skinny, and selling their food for drugs; now, they are better. In contrast, John believed health-oriented rehabilitation was ineffective, leading to more cravings; and Anna - the psychologist providing a sort of “mother’s love” – told me several of her male patients were “aggressive” ex-convicts and that prison had not provided “a true rehabilitation”. It may be that help – including help-as-war – has a potentially benefit outcome at an individual and family level, at least in some cases. However, psychologists’ PI – and its social embeddedness - does not seem to lead them to Freirean dialogues about “drugs”, nor to reflexive, critical and transformative initiatives.

7.6 Case study 4: Remembering John

As a final “case”, I will refer back to John to illustrate a liminal exchange between him and a psychologist (for an introduction to John, see section 4.3, p. 125). Despite being very friendly with me and a few other people, he was known as someone with a bad temper, which he said was associated with anger and frustration due to problems

related to “home” and/or “work”. He did not seek any professional help to control his temper. Instead, he used popular strategies, that he described as follows:

“I lay back, calm myself down; if not, I go to the toilet, water my head, I refresh my brain, and, calmed, I start breathing in air”

After months of friendly interaction, John disclosed some experiences which were more unusual than a simple bad temper: He had a history of substance abuse, which started at age 14 - inhaling toxic glue – and moved into consumption of cheap chemicals derived from cocaine-paste. He had also experienced eventual visual hallucinations, while intoxicated, yet never sought professional help: “I realised I was unwell, but I never went to see a psychologist”. During a brief time spent in prison, he did talk to one, as it was mandatory (again, echoing the tyranny of the gift): the professional “made questions”, such as: “how are you being treated? How is the food?”.

John narrated his problem to me. For the past eight weeks he had been occasionally hearing voices calling his name; seeing unusual human-resembling shadows; feeling “fatigue” and that the back of his head was “hot”. He thought something might be wrong with his “neurons”. He needed “help” (i.e. diagnosis and treatment). He also said he was “not ashamed” of it; the very mention of this, I thought, highlighted stigma associated with mental illness. In the role of a patient, he transited between different healing systems in search for such help.

Hypothetically, he might have used non-professional healing sources at his disposal, including enjoying as much time as possible with family and friends, watching DVDs, or reading the Bible. Initially, he talked about the problem with a few people he trusted, including friends (or quasi-friends) who were also psychologists. For example, he asked a psychology student for a diagnosis; the trainee told him the problem was linked to his history of substance abuse. John asked me the same later on, but I just listened empathetically, gave some very basic information and avoided giving any certain and concrete diagnosis. In this way, I was not doing what he expected me to do as a psychologist/friend (see section 4.4.3, p. 137).

John requested what many psychologists may frame as the gift of service: he sought help at a public health institution. He went there with a male relative, and was seen by a “doctor”: a female “psychologist”. She requested him to be honest, so she could help him; he did so. She asked “about my parents, my family”, if “they get along well”, he said. A machine was placed in his head (probably, for neurological diagnosis) and John

was told that nothing was wrong with his brain. He was then prescribed medication that he described as a “syrup” that was like “nutrition for the brain”. A follow-up appointment was booked after this first visit.

What was the gift exchange between John and the psychologist? She – and other medical staff (e.g., neurologist) – had used medical technology to, apparently, discard that John’s “brain” was biologically affected; yet prescribed a “syrup” that John interpreted as “nutrition for the brain”. John gave the psychologist – and other staff –, first of all, what I thought of as *a chance*: he had never sought professional help to deal with his unusual experiences in the past. On that occasion, he actually gave professionals his time, trust and access to his body and to private information, which allowed them to justify their work at the health institution, maintaining their status and their salaries. Was this the gift John had requested? He told me that the “syrup” actually helped alleviate his symptom. However, he also was unsatisfied with the way the gift was delivered.

I knew about such dissatisfaction through informal chats with both him and the relative who accompanied him to the health institution. The “doctor” had not been “human”, his relative said. For example, when John disclosed his substance abuse history – and current (relative) abstinence -, the psychologist said: “I bet he will go back” (i.e. relapse), with an accusatory gesture. I thought this highlighted the professional’s dual belonging, in terms of stigmas and prejudice existing in the wider culture. John had told them to feel “fatigue” and being unable to walk, yet staff were keen to discharge him as soon as possible (perhaps due to optimal management of limited resources, I thought). The female psychologist told him to wait, as a different professional (probably a neurologist) would see him, to give him a “talk”. John told me in anger how he felt devalued and disrespected by this professional, as the doctor entered the room, asked who the patient was, looked at him, and - instead of immediately helping him - walked away to watch a football game on a TV in a room nearby. Later, when the psychologist approached him again to talk, John refused: she had shown no “authority”, he thought, as the male doctor did not follow her instruction to help him.

As in previous cases, this can be interpreted as either scant technical-ethical training by professionals and/or help-as-war, both influenced by powerful institutions where psychologists work. As help was requested by John, I did not interpret any tyranny of the gift in this sense. If any, it may be that the psychologist – and other staff – thought their job was especially valued by low-income patients, so these were expected to accept the

gift in whatever conditions it was given. I remembered the words said in class by a FPUG community-oriented teacher: “for them everything is good”. It is in this sense that help-as-war may have been at play. Of course, it may also have been a matter of scant technical and ethical training at the FPUG and other universities, as well as unethical norms within health institutions, or their breaking due to the wider *sabido* culture. The fact that John may have been perceived as a difficult or conflictive patient may also have been a challenge for professionals.

Sometime after his rather failed gift exchange with “doctors”, John finally got a concrete diagnosis that he found satisfactory. It did not come from the professional sector, but the popular. The diagnostician was Linda, John’s cousin:

“you know what my cousin said it was? It so happened that my little dog (‘Queen’) was sick, and the rheum around her eyes...it appears that it is bad to rub that on one’s face. And I used to bathe my little dog, I removed her rheum and (unintentionally) rubbed it on my face”; this makes you “see dead people, (and) visions (hallucinations)”.

Scientific evidence for this belief may not exist, yet for John this made sense, and gave him a feeling – or an illusion - of certainty. He did not dismiss the professional hypothesis about “drugs” being the cause of his symptoms, but believed this could only explain “headaches” (feeling hotness in the head) and some experiences a psychologist might label as paranoia. In contrast, the “visions” were best explained as a product of the “rheum”, he thought. John – as trainees- did not hold a single “popular” explanatory model after his encounter with psychologists and health staff. As with trainees’ dual belonging, he also seemed to have hybridised professional and popular-folk explanations, transiting both worlds in his sense-making journey.

In his case – as it is common (see chapter 4) – nonprofessional help was more valued than professional most of the time. Despite some of them viewing him as having a bad temper sometimes, he valued greatly his family and friends. He told me that years ago relatives had taken him “out of the (dark) place” he was in, during the low points of his substance abuse history. He told me: when I feel “afflicted” (e.g. worried, sad), I talk to “someone I can trust” (e.g., “your brother, your sister, or some friend that you trust”). By talking to them, “you get rid of stress, you forget about that (problem)”. Actually, John had a high regard for genuine friendship:

“I value a friend who truly helps me, (who) gives me advice, (who) is not *creído* (vain; self-centred)”, but “*sencillo*” (humble; approachable)”.

A friend who “truly” helps is honest, proposes enjoyable activities (e.g. sports) and gives concrete, well-intended advice leading to “change”. Such a friend tells you:

“forget about that, no le des mente (don’t mind it; avoid thinking too much about it)”; he “tells you the truth, so you are, like, born again, because that person is helping you and making you change”

Ideally, help is provided by a small support network of friends:

“because I see you are afflicted; I give you my hand to take. I tell you ‘come’ – not just me, an entire group (of friends) do – we give you our hands. So, you can be born again”

In certain scenarios (e.g., a man with a “broken heart”, after a difficult breakup), friends also need to be persistent when visiting their suffering peer:

“but you will not only go one day. *A friend is a friend*: every day you insist and insist. Let’s say, for one month”; otherwise, “he (the suffering man) goes back to the same (distress)”

Right next to family and friends was John’s dog “Queen”: He would take good care of her, cooked dinner for both of them, and enjoyed her company very much. Unfortunately, he lost “Queen” a few months before my fieldwork ended. I learned this in a dramatic way, as we both spotted her dead body floating alongside garbage by the shore of the Estero Salado, during a visit to John’s home. He confessed to be very “sad” about this loss, which he knew had occurred some days ago.

There seemed to be an incongruence between John’s values around healing and the professional gift given to him. He valued “trust” and genuine “help” from people performing as committed “friends”, in the context of a stable, meaningful affective relationship. Instead, he was asked a number of questions about substance abuse and family relationships (potentially providing plenty of socio-demographic data and generating paperwork), given a “syrup” for the brain, and, he felt disvalued and disrespected by staff. His choice of a popular explanation provided by a family-member (the “rheum” as cause of hallucinations), is, thus, unsurprising. Even if he considered some aspects of the professional explanation as part of his sense-making. He did not return to the public health institution.

For him, giving an altruistic gift to help others was held in high regard. When able to do so, he had, for example, invited beggars to lunch, or give them spare change, understanding that they begged out of “need”. He seemed to have expected to be

treated with the same level of altruistic politeness and respect, both in his daily life, and in health contexts.

Here, I have transformed John's experiences into an ethnographic "case" for academic purposes. However, John was not a "case". He was a human being, and this needs to be remembered. For John, the most important things in life, he told me, were: "family", "work", "friends" (but only those "*de corazón*": genuinely engaged, heart-felt), and overall, "anything that benefits me". I was fortunate enough to receive the generous gift of his "trust" (which helped me access "data" to write part of this thesis), and to be considered a "friend" by him. This bond was built upon smiles, politeness, mutual respect and genuinely talking – and especially, listening - to each other. This required disrupting some rigid role expectations: For example, that academics are not supposed to be friends with poor, uneducated people with low-status jobs within campus.

One day, John and I were chatting, and he introduced the theme of the "end of the world". He thought that this event would not be a dramatic apocalypse, as predicted by biblical prophets or new age speculators: It is when each one of us dies, that our world ends, he said. By 2017, I was informed that John died, unexpectedly, due to sudden health problems. I wonder how much his distressing experiences in life were accountable for his early passing. My own emotional bond with John and his memory highlight how PI cannot be truly detached from moral, affective and empathetic experiences as human beings, persons, citizens, and fellow members of "the" wider community with particular social positions and cultural identities.

Transforming John's experiences into a "case" will, hopefully, help us academics and practitioners understand more about the culture and needs of those we label as "marginal" and "vulnerable"; and also to understand our own PI better. To some extent, it may not be the complete end of the world for John, if we manage to use his "case" as input to help other members of "the community" who, like him, may be expecting a professional gift which is fairer, and more genuine, affective and respectful than the one he received when he gave professional psychology a chance.

7.7 Conclusion

Findings strengthen the validity of conclusions presented in chapters four, five and six, while illustrating how liminal exchanges can take place in specific settings and circumstances, shaping, and being shaped by PI. I categorised interpretations from this

chapter into *four conclusions*: the performativity of dual belonging and help-as-war; the limitations of community psychology; the performativity of liminal exchanges; and the suggestion that psychology training and practice may need to accept its reformist vein.

The *first conclusion* refers to the way dual belonging and help-as-war are performed. The *dual belonging* of trainees, as inferred from their interactions, refers to their gender, class, race-ethnicity, religious and political affiliations, and their duality as both healers and sufferers (i.e. their potential or factual diagnosed wounds, or undiagnosed cultural wounds). Yet – with a few relative exceptions (e.g. a psychologist telling colleagues: “all of this had to do with me”) - these were not reflexively explored, nor incorporated into practice. Dual belonging also referred to trainees’ performances as moral agents, which is consistent with critical arguments (Brinkmann, 2011; Foucault, 1995, 2007, Rose, 1996, 2015). They not *only* reinforced normativity through explicit diagnoses, but by reproducing values from the wider moral grammar (e.g., respect; honesty; peace; the value of nuclear families) packed in a professional discourse. Local psychologists hybridised professional and popular-folk cultures, performing as friends or relatives – especially, mothers, and/or and secular priests/nuns – while trying as hard as possible to look like scientists (e.g., white coats in health context), talk like scientists (e.g., psychopathology; theory) and behave as scientists (e.g., attempting to measure minds via tests). Because training – and the wider society - had taught them that the professional dimension of their selves – rhetorically linked with “science” - granted them high status and power, it was this dimension which they aspire to display, evoking narratives drawn from WEIRD psychology to frame suffering. Despite of a rhetoric and desire for “science”, their performances were far from being neutral, nor “scientific” in terms of methodological rigour, let alone consistent with the positivist notion of an evidence-based approach. Belonging to both professional and popular worlds, some trainees (e.g., Anna) promoted professional psychology, but they themselves did not frequent such type of help, preferring – as John – non-professional healing (e.g., friends and family; relax/fun; informal chats; religion).

The performance of help-as-war *translated into practice in at least* three non-exclusive senses: “opening up” subjects; the tyranny of the gift; and disrespecting the culture of the recipients.

Firstly, help-as-war may imply the “opening up” of subjects who are “closed”: destroying their defence mechanisms, making subjects “collapse”. Even if subjects consent to receive such help, the psychologist expects, and is expected to have tools to

extract a hidden “truth” within them; any harm affecting the recipient (e.g., cultural violence) is viewed as a casualty of the metaphorical war. Secondly, a sort of “tyranny of the gift” (Fox & Swayze, 2013; Scheper-Hughes, 2007) can be interpreted when help was mandatory or quasi mandatory (e.g. NGOs; high-schools; some public health initiatives “inviting” subjects to participate): a gift that subjects can hardly refuse, thought by professionals – usually mistakenly - as valuable and desired. A third sense in which help-as-war can be expressed is by disrespecting the recipients’ culture and experiences. Here, a teacher’s expression is self-evident: poor people are believed to be happy with whatever help is provided: “for them everything is good” (see section 6.2.2, p. 206). Moreover, professional helpers can blame some expressions of the popular culture as causes of suffering, framing it as a culture of “violence”, and viewing people as ignorant subjects needing the gift of “education” and “values” that psychologists provide. Help with a “civilising mission” (Mills, 2013), where potential epistemicide (Santos, 2014) is viewed only as casualty of a war to colonise the minds of subjects: the need to “unlearn” their culture for their own good. People is believed to be in deficit of culture and education, using – as is common in the mental health field – a “deficit-model language” (Williams & Arrigo, 2000, p. 229), and leading well-intended community – oriented initiatives to become “corrosive” and potentially detrimental (Hart & Akhurst, 2017). In an analogy with exploited workers who are structurally forced to accept oppressive work conditions – and ideologically convinced to feel grateful for these -, low-income patients may be forced to accept the “gift” given by psychologists in NGOs and public institutions.

The third-sense of help-as-war is not exclusive to psychology. It is not *only* a case of “theory countertransference” in which academic theories delimit the way we think about reality (Hoyt, 2001, p. 1014), but seems to be associated with the coloniality of knowledge (Mignolo, 2017; Quijano, 2000). For example, a physician working in a place similar to Faraway Hood told us during lunch – a FPUG trainee was present - how the most prevalent problems there were respiratory infections and digestive problems among children. He blamed their culture, specially their mothers for allowing them to drink polluted water, and play outside where there is garbage, sometimes animal excrement, and even their dead bodies (Figure 12). Why is their water polluted, stray animals not controlled, and garbage not properly collected in the first place? If not outside, where else can children play? These problematising questions promoting *conscientización* where not asked. Psychologists who work, for example, around

prevention of domestic violence, or substance abuse, seem to also privilege psychologism over *conscientización*.

Help-as-war – as any help and any war - is ethically debatable. It can result in epistemicide regarding, for example, valuable popular-folk healing practices (Napier et al., 2014); e.g., religion, Martha’s “rubbing of the egg” in Faraway Hood, etc. However, “unlearning” aspects of one’s culture is a political process which is not always negative. It can be interpreted as a matter of cultural freedom (Sen, 2006). We can, for example, “unlearn” parts of our culture linked with classism, racism or sexism; or “unlearn” significant parts of our culture that are shaped by ideology, in the Marxist sense (Ratner, 2009, 2014). Take the case of John to illustrate the help-as-war versus intercultural respect dilemma. Should he be “educated” through scientific beliefs, or should his popular-folk beliefs on “rheum” as the cause of hallucinations be “respected”? What is the ethical thing to do? Key factors that make a difference in the outcome of help-as-war may include considerations of power, reciprocity, fairness, transparency, and the consent and reflexivity of all subjects involved, all of which are prescribed in Latin American critical tradition of community psychology.

The *second conclusion* of this chapter refers, precisely, to the limitations of a critical community psychology, when translated into practice. Psychologists read Freire during their training, and were demanded to conduct numerous hours of community-based learning (PPPs). Despite of this, dialogical action and *conscientización* were completely absent from the cases analysed in this chapter (even in case 1, which was an explicitly community-oriented intervention). Instead, all Freirean warnings preventing against cultural invasion and banking education were ignored (see section 2.3.3, p. 64), thus, in my view, many teachers, trainees and practitioners who thought to be helping the people were “grievously self-deceived” (Freire, 2005, p. 61). Why did this happen? I interpret at least two non-exclusive influences: historically-rooted limitations in technical-ethical training (also concluded in chapters 5 and 6); and the pervasiveness of a globalised WEIRD community psychology working under the constraints of both a centralised State and coercive market forces.

Market forces impose the employability agenda, turning critical training into more of a rhetoric than a practice. Such agenda promotes the need to compete in order to access a well-paid job in the private sector and/or the need to obey bureaucratic and standardised procedures similar to those utilised in community work conducted by State institutions (jobs that many trainees aspire to access). Findings are consistent with what

Hart & Akhurst (2017) concluded in the South African context, which resulted in a training that was potentially anti-oppressive, yet “corrosive”. By corrosiveness, they refer to institutional demands, bureaucracy, instrumentalism and psychologism associated with the “neoliberal” agenda of “employability”, which result in trainees - paradoxically – being taught to “challenge orthodoxy and yet comply and perpetuate it” (Hart & Akhurst, 2017, p. 13). According to the authors, trainees, do not focus on help, but in generating an “educational `product’” for “consumers” (p.13). This is also consistent with critiques regarding the toning down of Freire’s more radical ideas (McKenna, 2013). Curiously, data presented here highlights how this corrosiveness and toning down can occur even under progressive and – plausibly- well-intended governments that categorise their public policy as “socialist” and rely on an anti-colonial national constitution.

The influence of limitations in training (i.e., cultural sensitivity; ethics; supervision; self-care) and WEIRD professional roles shaped by market and State also make a “serious” and radical transformation inviable. This may be due to cultural gaps that – if not deal with – can result in help-as-war. While trainees are implicitly taught to “insert” scientific knowledge in “the community”, people they met usually do not “believe” in psychology (e.g., pilot study); this gap – which has a class dimension – may result in trainees and professionals who “do not even know” how to face local suffering (Martín-Baró, 2002, p. 71). In addition, there are many risks in Faraway and similar places, referred mainly to crime, but also to long commuting and poor hygiene (e.g., findings from chapter 4). Not to mention – as reported by a few informants – issues of job instability (e.g., constant rotation¹⁰⁶), and morally dubious “sabido” practices (e.g., unethical behaviour by peers or bosses). Additionally, direct contact with painful narratives of violence is emotionally demanding - a “shock” in word of Anna, and “numbness” that “hurts”, in words of a student sharing her feelings after interviewing a woman in Faraway Hood. Despite the occasional use of diverse strategies – e.g. entering risky places in groups; respond calmly to muggings scenarios; requesting local protection; wearing vests or coats as symbols that some criminals “respect” - these challenges may difficult a radical rebirth and transformation.

The *third conclusion* of the chapter refers to the way professional – popular encounters can be interpreted as *liminal exchanges*.

¹⁰⁶ And presently (2019), due to austerity policies implemented by the Government.

Several exchanges took place on the ground. Preliminarily, these can be framed as “gift” exchanges. Trainees, in their view, offered “the gift of service”, which essentially was *their time and presence, a space to talk and relax, and (veiled) moral advice*. Of course, context shaped how this gift was given. For example, psychoeducation was standard; paperwork and bureaucracy at institutions was too; Anna provided a sort of motherly love to some of her distressed patients; John was referred to a doctor who gave him a “syrup” for the brain; and in spaces for “drug rehabilitation” – including a prison ward – the gift of service may involve strict discipline and the potential use of symbolic or physical punishment. “The” community gave them the gift of *their time and presence, their consent, their trust, their compliance, personal information about themselves and their families, their private thoughts, emotions and memories; all of this, indispensable for trainees to learn their profession, be awarded their degrees, secure their social status and their paid jobs*; also, they gave them *the chance to satisfy their vocation to help others*. Even if there were risks involved (see previous paragraph), trainees were either keen and/or institutionally requested to engage in the exchange. In order to access the “gift” of subjectivity, some “sacrifice” is usually needed from trainees. As put by an interviewed student: “sometimes we have to make those sacrifices, in order to be able to *receive* that experience, which is our intention”.

Was this an economic exchange? Or was it purely altruistic? The first would imply that what was exchanged were commodities; the second would imply that what was exchanged were “gifts”, where the giver expected nothing in return. What makes the exchange liminal, I argue, is that that which was exchanged seemed to be positioned in the threshold between both.

Critical psychologists leaning towards an *economic* reading would probably refer to Marx (1977). Cases presented here portrayed trainees from a public university exchanging their “service” through NGOs and public institutions. They are not privately hired psychologists. Thus, strictly speaking, their work is not productive (i.e. it does not produce surplus value, at least not *directly*), and their “service” is not a commodity (i.e., it is not exchanged for money or any product/service, at least not *directly*). Their “service” is produced - and reproduces itself – in capitalism at a different level. First, it indirectly produces surplus value, by keeping workers who use public health and education “healthy”; this translates into fit for work, and ready to keep producing surplus value for their private employers. Second, the service is exchanged for a symbolic artefact that has a specific use value: information regarding subjectivity that is indispensable to write reports which allow them to pass courses and/or retain jobs. Not

to mention the role of psychologists as ideological agents at the level of superstructure, or the thesis that public institutions where they work (i.e., the State) serve the interests of the bourgeoisie (Marx & Engels, 2017).

A second reading of these encounters is that of a gift exchange (Mauss, 2002). Trainees offered a gift: the “gift of service”, which had both “material” and “sentimental” value (p.83), and potentially created “mutual interest, giving mutual satisfaction” (p.106), while “stabilising relationships” (p. 105). The exchange “serves as a generator of identity” (Schwartz, 1967, p. 2), including PI: trainees viewed themselves as the givers and “the” community as the recipients; paid scientific altruists encountering “vulnerable” and “marginal” population that allegedly need their professional gift. If the existing relationships are ones of power asymmetries, then psychology may be contributing to stabilising an oppressive status quo, despite the best intentions of many of its practitioners. Stabilised asymmetries refer to the relation of professionals and non-professionals, but also to a larger scale dynamic (intended and unintended benefits for the State, universities, publishers, American and trans-national professional associations, and pharmaceutical companies, at the expense of less powerful regions, nations and subjects). Associated with the help-as-war metaphor, some scenarios resulted in the tyranny of the gift, where givers – trainees/psychologists- “lord it over the recipient and may feel proprietary toward the recipient of their largesse” (Scheper-Hughes, 2007, p. 509).

The economic reading, I would argue, is correct; specially because it incorporates notions of power; and how psychologisation aids capitalism, and vice versa (de Vos, 2012; Parker, 2007; Watters, 2010). However, it does not explore the PI of psychologists in terms of subjectivity and intersubjectivity as performed in their particular interactions. In contrast with the economic approach, a particularistic cultural reading may refer to what it *means* to be psychologist for trainees in specific contexts. From an EMIC standpoint, local psychologists are giving the community the “gift of service”; to do this, they utilise a scientific aesthetic – in some cases, quite caricaturised – as to listen and help people who are believed to be in need for professional help. Psychologists have a certain “call to serve others”; a prosocial tendency, or an “orientation towards the Other” (Kullasepp, 2006, 2008, 2011, 2014). This reading takes subjectivity and intersubjectivity into account and, again, seems plausible in most cases. However, it also underplays the key role of psychologisation and power, and ultimately, that of capitalism.

The analytical category of *liminal exchange* may open up space for making sense of this complexity, integrating both levels of inquiry. Exchanges portrayed in this chapter suggest psychologists were not giving a gift nor exchanging a commodity per se, but their performance hybridised both, positioning in a blurry threshold; they kept the “commodified” dimension veiled, as they failed to reflexively acknowledge the “gift” they were getting from “the” community, nor the ideological charge of their professional gift in relation to capitalism. Echoing the notion of “biovalue” – where concepts of gift and commodity overlap (Lynch & Cohn, 2017; Sharp, 2000; Waldby, 2002) – psychologists could frame their exchanges as a matter of (*inter*) *subjective value*: a type of liminal exchange of gifts-commodities where subjectivity is shared – in the Freirean sense – but also exchanged in diverse ways that lead to symbolic, affective, ethical and material satisfaction for both communities, in the context of capitalism (without challenging it, at least in the cases portrayed here).

In fact, trainees and the people they aspired to help included a crucial symbolic element as part of their mutual gift: their very own *subjectivity*. de Vos (2012) rightfully highlights how the subjectivity of “service users” and “patients” is treated as a commodity that is “extracted” from the population in order to sustain both capitalism, and the material, symbolic and cultural privileges of psychology. Data from this chapter supports such claims. However, the subjectivity of the psychologist is also part of the exchange. Listening to peoples’ histories, problems and needs is not as other commodities in the market, or as other services with use value. It requires a reflexive, affective, ethical and morally-laden subjective participation, where the healer’s own identity – and their diagnosed wounds and undiagnosed cultural wounds – play a role (of course, the degree of disclosure will vary¹⁰⁷). This crucial issue – the “exchange” of subjectivity - seems to be mostly neglected by both parties – and by the administrative State apparatus -, based on ambivalent expectations of neutrality, objectivity and efficiency. Of course, the exchange in terms of gift can be unequal, when people give to psychologists an account of their suffering, and psychologists limit to give back a standardised narrative (i.e. limited to a “diagnosis”). This exchange itself can be conceptualised as culturally violent (Galtung, 2003) and a form of help-as-war (see chapter 6), in-tune with existing critical arguments (e.g., Bracken et al., 2016; Jadhav et al., 2015).

¹⁰⁷ Subjects can choose –or be normatively made to “choose”- how much subjectivity they are willing to include as part of the gift (e.g., there are “resistant” patients who do not talk much, not “collaborating”; and most psychologists avoid sharing personal information about their identity, wounds or values to “service users”).

A fourth and final conclusion is that psychology training and practice may need to accept its reformist vein, even if “revolution” is kept as an ideal by some critical psychologists (myself included). This is consistent with critical arguments that stress the need for revolution – both in society and in psychology – but highlight how such radical change is impossible as long as psychology operates vis a vis a capitalist structure (Parker, 2007; Walsh-Bowers & Gokani, 2014). To some extent, it is consistent with warnings made by Martín-Baró (1998) himself, regarding the limited possibilities of psychology to actually liberate people in isolation of wider social movements aiming at radical political change and social justice.

Professional performances analysed in this chapter suggest that – when it does not incur in blunt cultural violence - psychology can contribute to some reforms in the direction of partial and situated social change, at best. To represent ourselves as doing more than that – or being able to do more than that in the short or medium term - would be self-deception. Anna, for example, could hug her poor patient and help her through her pain, but not stop structural gendered violence, or capitalist exploitation. Trainees may help poor mothers to unburden by talking – even if they transcend their view of them a “poor” thinkers -, but will not transform educational structures that fail to promote critical thinking and intercultural knowledge. “Rehabilitation” programmes – even if they improve their technical quality – could help poor “H” addicts – or others, such as John -, but would not transform the structures and culture that gave birth to drug cartels and State failure to deal with these. A pessimist posture may result from knowing that trainees and psychologists were unable to engage in radical action, even if they were trained under a rhetoric of being “critical” and “solidary”, in a country with an anti-colonial constitution and policies declared as “socialist” and “revolutionary”. However, a pessimist posture would be unfruitful, both in the academic and the political arena. In the next chapter, I expand the discussion and propose possible ways to deal with this complex scenario regarding psychology training and practice (see chapter 8).

Conclusions from this chapter do not pretend to be essentialist. Negotiation of dual belonging occurred in diverse ways. So did the relationship of help: trainees did help people by teaching values like peace and respect; sharing discourses based on reason, facilitating relaxation and play, listening, talking and even hugging people in severe distress, and making referrals that could potentially alleviate their suffering; simultaneously, many were – in different ways and to different extents – neglecting and disrespecting some dimensions of local culture; benefiting from institutional norms that obliged people to be subjected to their professional power; blaming the victims of

structural and cultural violence for their own suffering, and ideologically aiding capitalism by relying in psychologism and neglecting *conscientización*. Efforts to position a community-approach within psychology are plausible, despite of incongruence with practice due to structural and cultural forces. Liminal exchanges – or a potential reformulation of such notion - intends only to be an analytical category that would enable complex, messier and hybrid approaches to professional identity and professional – popular interactions. Such category may help us transcend the common ground view that psychologists are *only* harmful agents working for the benefit of capitalism, or *only* altruist professionals with a pro social tendency. Or the view, in Freirean terms - which date back to politically effervescent 1960-70s - that there are simply psychologists who are “serious” about helping the oppressed (i.e., aiding liberation), and those who are not (i.e. aiding oppression). The paradox is that both can be true, in different ways (Prilleltensky, 2008). Marxist readings need to consider experiences and meanings lived by psychologists in particular settings. Readings focused on experiences and meanings need to consider the key role of capitalism and its ideology in shaping such experiences and meanings. This makes the analysis of PI and psychological practice less rigid, and invite us to image diverse ways through which we can engage with both academic inquiry and the fight for social justice.

Chapter 8 Conclusions

I will present this concluding chapter in three sections. Firstly, I will answer the research question. Secondly, I will further discuss conclusions in relation to findings from a few key studies that showed a relatively critical approach to the subject of trainees' professional identity. And thirdly, I will articulate findings into a pragmatic discussion on potential strategies to transform psychology training programmes into more "critical" endeavours.

8.1 Answering the research question

In the field of Critical Psychology – including the variety known as "liberation psychology" -, authors have urged us to study psychologists' professional identity (PI). In words of Burton & Kagan (2005), the field has a theoretical "bias" (p. 67), begging for more "original work" (p. 74). CP needs to scrutinise psychologist's "roles"¹⁰⁸(Moane, 2003, p. 100) and challenge their "everyday practices" (Barrero, 2017, p. 224), while gathering "evidence that links the local to the global" (Fine, 2012a, p. 435) with a focus on "diverse local contexts" (Klein & Mills, 2017, p. 12). As put by Parker (2007), this implies that researchers "turn the spotlight on the psychologists" (p.208). Based on these calls, this thesis asked the question: "*How do psychologists in contemporary Ecuador construct their professional identity?*"

The answer I provide here is data-driven, non-essentialist, and based on my interpretation of discourses, practices and artefacts registered during a 12-month ethnographic inquiry at a particular Ecuadorian University. I have interpreted that the local context results in a professional identity that is best analysed through the categories of dual belonging, help-as-war and liminal exchanges, suggesting a type of PI that is relatively porous and non-dichotomised, shaped by power, but negotiated in context-dependent and subject-dependent ways in a sort of acceptance – resistance continuum. Evidence suggests that historically rooted structural and cultural violence, both local and global, actively shapes the PI proposed by "dominant" psychology and/or results in significant barriers to any endeavour seeking to construct a type of PI radically committed to being "critical" and transformative of social inequalities. This, even when – as it occurred in Ecuador during the ethnography - policies labelled as "socialist" or "anticolonial" are in force. If this is the case, it may be that psychology – including

¹⁰⁸ Globalised psychology produced in Western Educated Industrialised Rich and – allegedly - "Democratic" countries (e.g., USA, Spain).

“critical” psychology – needs to accept the reformist vein of its theory and practice, even if revolution is kept as a rhetoric and a political ideal for many professionals. I derived this idea from the conclusions of the eight chapters presented in the thesis.

Chapter one gave an account on how local psychology emerged as a European importation linked with wealthy, white and educated local elites, who were either descendants of Spanish colonisers or mix-raced “mestizos” aspiring to adopt the culture of the former. From early times, local psychologists aspired to be “scientists”, while having philosophical interests, disputing blurry boundaries with psychiatry and education, and being influenced by academic racism. Currently, local psychology is intellectually diverse (Cruza-Guet et al., 2009; Smith & Valarezo, 2013; Valarezo, 2013), co – existing with popular and folk understandings of wellbeing and distress that have resisted colonial power in diverse ways (e.g., shamanism, curanderismo, Christian/Catholic religion). Rather similarly, psychologists too can either construct identities shaped by dominant psychology, or resist it by adhering to the more context-sensitive and “critical” community tradition; the former strategy seem to prevail. Presently, such acceptance – resistance dynamic occurs in a Republic that, throughout the 20th century, experienced exploitation, racism, machismo, right-wing dictatorships associated with the power of the USA, neoliberalism, a fragmentation and debilitation of the left political parties, effervescent social movements, cognitive injustice, and – more recently - a decade of a self-declared “socialist” and anticolonial democratic government (the “citizens’ revolution”, 2007-2017).

Chapter two presented a literature review, while chapter three stated the critical ethnographic methods utilised in the research. Current arguments in Critical Psychology (e.g., Parker, 2015a; Teo, 2015) have major implications for the way professional identity is understood and prescribed. For example, the idea that identity is shaped by context and power, and can include both oppressed and oppressive dimensions, with professionals either adjusting or challenging role expectations in complex ways (Prilleltensky, 2008; Prilleltensky & Stead, 2012); the fact that WEIRD psychology – exported from Western Educated Industrialised Rich and, allegedly, Democratic nations – pervades the Global South through a logic of coloniality ; or the claim that there are substantial structural and cultural challenges for any endeavour self-declared as “liberating” of “oppressed” communities (Burton & Kagan, 2005; Campbell, 2013; Fryer & Duckett, 2014; Fryer & Fox, 2015; Hart & Akhurst, 2017; Parker, 2007). Some evidence to support these arguments has been published, with diverse levels regarding authors’ critical approach (Callaghan, 2003, 2005, 2006, 2008,

2012, 2014; Castagno & Fornasari, 2013; Castro-Tejerina, 2014; Covarrubias, 2013; Estrella, 2009; Hinojosa & Carney, 2016; Kottler & Swartz, 2004; Kullasepp, 2014; Larreamendy-Joerns, 2013; Perrotta, 2006; Rodríguez & Seda, 2013; Romo & Cruz, 2015). However, a critical ethnography providing situated knowledge on trainees' professional identity – including ecological observations of their professional – popular encounters- , seemed to be missing, and evidence from Ecuador was virtually absent.

Four key points can be distilled from conclusions in chapter 4, which explored what “the community” may need from psychologists. Firstly, as expected, there are cross – cultural commonalities regarding suffering and wellbeing. For example, that people in so-called “marginal” and “vulnerable” communities suffer the most due to structural violence, and tend to prefer non-professional healing alternatives, discussing mental health through the plain language of “being fine”. Women appear to be the most common seekers of help by psychologists, hypothetically due to their cultural roles of nurturers. Secondly, there seems to be a tension between psychologisation, and a local resistance to it. Such resistance to psychology may be associated with two non-exclusive factors: structural barriers in accessing psychological services, and psychologists' apparent shortcoming in their responsiveness to local culture and needs. Thirdly, when seeking – or being forced to seek – help from psychologist, people view them as expert listeners/observers, powerful mind-readers, and moral advisors who ideally are moral prototypes themselves; what they expect from professionals is trustworthy, timely and cost-effective moral advice. I interpret that, problematically, the community expects a performance that is both neutral and morally-laden. This finding is consistent with the view of psychologists as moral scientists (Brinkmann, 2011). The fourth point is rather obvious, but sometimes underplayed in the local rhetoric of community-oriented training: entering so-called “vulnerable” and “marginal” communities can be dangerous for outsiders, which may cause legitimately fearful and cautious psychology trainees and practicing professionals to think twice before conducting a Freirean engagement.

Chapter five concluded that trainees' professional identity can be analysed through the notion of a *dual belonging*: the fact that they belong – materially and symbolically - to professional and popular worlds simultaneously. Regardless of obvious variability, trainees embodied in one way or another local features such as the value of nuclear families, humour, sabido practice (instrumental norm-breaking), classism, racism and machismo, and preference for non-professional healing (i.e., religion, folk, alcohol, sports, support from friends and family). At the same time, they construct an aspirational professional identity of paid professional altruists, which is more easily

achievable by adjusting to expectations dictated by structural and cultural forces, such as the value of being smart (“pilas”), “scientific”, using tests and the language of psychopathology, and recurring to “neuro” terminology, in order to access credentials, jobs and money. Their identity negotiation is complex and messy, resulting in a subject-dependent and context-dependent hybridisation of professional and popular cultures. Trainees showed scant reflexivity regarding this process of identity construction, which occurred under the influence of some technical and ethical limitations.

Dual belonging is not a reification of an allegedly stable and factual reality. It is an analytical category that highlights how the boundaries between professional and non-professional sectors - in mental health care (Kleinman, 1980), for example - are much more porous, hybrid and messier than what their delimitation may suggest. The fact that subjects do not have a *single fixed* identity is not new, and had been argued by well-known authors in diverse fields (e.g., Bauman, 2005; Sen, 2006; Tajfel, 1981). For example, it has been theorised that “oppressor” and “oppressed” are not context-free rigid binaries (Prilleltensky, 2008; Sonn & Fisher, 2003). Psychologists seem to transit a space of “cultural inbetweenity”: “a zone where dominant and dominated cultures interact and mutually influence each other” (Sonn & Fisher, 2003, p. 120).

However, to a large extent, *power* will dictate which culture has the greater influence in specific contexts and situations (Ratner, 2009, 2014). Findings are consistent with the argument that adjusting to dominant professional roles may be the “default stance.” (Prilleltensky & Stead, 2012, p. 34), in the context of an acceptance – resistance continuum regarding WEIRD psychology. This may also be associated – to some extent – with a type of double consciousness (Du Bois, 2006), as trainees in academic/professional contexts try to make sense of a stigmatized dimension of identity, namely those non-professional dimensions of self (e.g. being superstitious, religious, “black”, racist). Findings are consistent with conclusions by Callaghan (2008), in that the power of dominant psychology tries to depersonalise and remove subjectivity from professional identity, with trainees “playing the game” of responding to such expectations. In this respect, they also highlight how not only the university, but the wider community expects psychologists to be neutral; for example, performing as a “psychologist”, not a “woman” (see conclusions from chapter 4). One, out of many possible interpretations, may suggest that coloniality - being a wider cultural process -, has positioned professional psychologists as allegedly neutral scientists.

Chapter six addressed such coloniality within psychology training, linking it with a help-as-war metaphor. Such metaphor is an analytical category which stresses how psychologists frame themselves as helpers who frequently need to use rather violent “arms” in order to provide their help. These “arms” are often WEIRD theories and methods (e.g., tests and other techniques), including education (e.g., psychoeducation, health promotion and prevention, workshops in “the” community). Those being helped are frequently viewed as people in need and subjects in deficit. Thus, if any degree of cultural invasion (Freire, 2005) or potential epistemicide (Santos, 2014) takes place, this is understood as a necessary collateral damage of the battle. Due to their dual belonging, trainees’ civilising mission seems to include civilising themselves, their family and friends, by internalising the values and theories of a WEIRD psychology. Such psychology had a very evident tendency to individualise problems that are economic, political and sociocultural (what Martín-Baró termed “psychologism”). Reflexivity regarding this metaphor and its workings seemed scant, as I did not observe any reflexive discussion on this matter during the ethnography. The help-as-war metaphor, operating within a context of technical limitations in training, seemed to fuel a sort of vicious circle, which can not only result in the toning down of radical calls for social change (Freire, 2005; Martín-Baró, 1998; McKenna, 2013), but in the stagnation of psychology, both dominant and critical.

As with dual belonging, the help-as-war metaphor is not an essentialist category. Linguistics and philosophers (Lakoff & Johnson, 2003), as diverse other critical discourse analysts (Fairclough, 2013; van Dijk, 2015), have highlighted how metaphors used by powerful groups shape the way subjects think about themselves and others. In the local context, the help-as-war metaphor seems to shape how most psychology trainees think of the “service” they provide. It was an underlying metaphor, part of a hidden curriculum (Kentli, 2009) that antagonised with what otherwise was a rhetoric praising intercultural respect. The metaphor resonates with critiques of psychologisation and psychiatrisation: “violence with a ‘civilizing mission’ (Mills, 2013, p. 106), that contributes to a “greater social good” (Callaghan, 2014, p. 1510). In Ecuador, this project for psychology exists, at least, since its importation at the turn of the 20th century, in the context of a national modernisation process led by a liberal revolution (de Veintimilla, 1906). Then, it was reinforced and perpetuated during governments of various political tendencies, including the “citizens’ revolution” (2007 – 2017), despite its well-intended anti-colonial and intercultural public policy and rhetoric.

Chapter seven provided four conclusions that further illuminate the way we may think about psychologists' professional identity from a critical viewpoint.

First, it provided evidence drawn from professional – popular encounters at the grassroots level, on how dual belonging and help-as-war can operate. Interactions actually highlighted the context-dependent and subject-dependent nature of identity negotiation. Commonly, trainees performed as pseudo friends or relatives (e.g., mothers) - not as neutral agents - while attempting to preserve a “scientific” aesthetic, and utilising WEIRD theories and methods. Trainees displayed non-professional features in professional contexts (e.g., being “sabido”, using humour, coherence with political or religious values, connecting to their suffering and wounds, or those of their relatives) and used their performative power to integrate the wider moral grammar (i.e. teaching/reinforcing values) into professional discourses. All of this remained mostly veiled due to their scant reflexivity, commonly representing themselves as altruist scientists able to leave “subjectivity” out of their professional performances.

As for the help-as-war metaphor, this was performed in at least three senses: opening up subjects (i.e., “destroying” their defence mechanisms; make them “collapse” in order to “extract” a hidden “truth”); coercing people as to be subjected to psychological power (i.e. through mandatory or quasi mandatory “invitations” to participate in professional activities), which resulted in a sort of tyranny of the gift (Fox & Swayze, 2013; Scheper-Hughes, 2007), this is, the illusory idea that people desire the professional gift and should not be able to refuse it; and to disrespect people's needs and culture (i.e., framing recipients of help as lacking certain “values”, making them “unlearn” parts of their culture, blaming such culture for their suffering). This type of help frequently resulted in cultural violence (Galtung, 1969, 2003), psychologism (Martín-Baró, 1998) and potential epistemicide (Santos, 2014), but most trainees and professionals interpret it as a necessary outcome, a mere casualty of a metaphorical war occurring for people's “own good”. What trainees did in practice had little of intercultural respect, and plenty of help-as-war. As with dual belonging, the lack of reflexivity made trainees unaware of this problematic metaphor.

As any help, and any war, help-as-war is ethically debateable and context – bounded. It may be, I suggest, that the metaphor resulted in help at individual, and maybe relational level (e.g. space to take and relax), while doing harm at a wider level (e.g., ideologically justifying inequality, and disrespecting cultural diversity). Evoking existing arguments (Prilleltensky, 2008), trainees could be framed, simultaneously, as helping the

oppressed in some ways, while oppressing them in others. Evidently, help-as-war is a metaphor which is incompatible with “liberating” endeavours based on rigid and absolute dichotomies between oppressors and oppressed, and between “liberators” who help those oppressed, and violent “cultural invaders” who impose ideology – in the Marxist sense – into the community. This interpretation takes us to the arena of community psychology.

Indeed, the second conclusion of chapter seven is that there are important limitations to actually performing the identity of a community psychologist in the way it was originally prescribed by Freire (2005). A process of *conscientización* was absent from all professional – popular interactions, despite trainees having read Freire, and being required to conduct community-oriented courses and numerous hours of practical training within so called “marginal” and “vulnerable” communities (e.g. Faraway Hood). Most trainees displayed legitimate fear for their safety when entering so-called “marginal” and “vulnerable” places, while privileging the passing of courses over a deeper engagement with social suffering. Findings support critiques to community psychology, which points out their limitations, even within the “critical” Latin American tradition (Burton & Kagan, 2005; Campbell, 2013; Fryer & Duckett, 2014; Fryer & Fox, 2015; Hart & Akhurst, 2017; Parker, 2007). This results, indeed, in a sort of “superficially liberalized version” of hegemonic psychology (Fryer & Duckett, 2014; Fryer & Fox, 2015), or a “conservative `community psychology” (Parker, 2007, p. 164)

Findings illustrate how even radical critical frameworks historically linked with aspirations for a “revolutionary” social change, can find significant barriers when translated into practice. In the case of Guayaquil, these barriers are, arguably: historically-rooted limitations in technical – ethical training, with important economic and cultural consequences of over twenty years of neoliberalism; the influence of WEIRD community psychology; and the power of both free market logic; and a centralised State with a – well intended - modernising agenda for development, which included standardised WHO models and language, and an audit culture that seemed to privilege managerial and centralised control rather than disruptive creative thinking and bolder, bottom-up initiatives. More practically, trainees engaging with deprived communities need to accept that a “sacrifice” is implied, as they deal with tangible risks, cultural gaps, difficult commuting, poor hygiene, institutional and political tensions and instability, listening to painful narratives of violence and suffering, among other.

The third conclusion of chapter seven revolves around the analytical value of professional – popular encounters understood as *liminal exchanges*.

Such notion dialogues with a Freirean approach, while stressing how psychology trainees and practitioners working in NGOs and public institutions engage in a type of exchange that is not entirely altruist nor entirely commodified, but situated in a liminal space, a threshold between both. Gift giving is rarely purely altruist, even less so under capitalism; commodification in professions of “help” operating through public or third-sector institutions is rarely purely commodified, even under capitalism. Trainees’ common self-representation was that of scientific altruists who were giving the “gift of service” to the population. They did give something potentially helpful to subjects: their time and presence, spaces to talk, unburden and relax, and (veiled) moral advice. The subjects they “helped” definitely gave something helpful to trainees: time and presence, data – sociodemographic, personal and private information – as to write reports indispensable to access degrees and retain jobs; and the chance to satisfy trainees’ “call to serve others”. In many cases, people’s suffering – reified as psychopathology – operated as a virtual commodity that sustained the institution of psychology itself. Arguably, benefits of this exchange are higher for “our” community than for “the” community, and thus, non-reciprocal. However, as with dual belonging and help-as-war, lack of reflexivity during and after their training led psychologists to ignore the nature of the exchange. By ignoring the gift they were receiving, they “might have difficulty showing well-demeaned gratitude” (Ashworth, 2013, p. 18). As provokingly expressed by Slaney (2016) in relation to counselling training, I interpret findings as suggesting that psychology “as a profession depends on people on low or no incomes” (p. 99), who either reach, or are reached by, public institutions and NGOS.

If there are ethical debates around “rights to the body” in health-related fields (Sharp, 2000, p. 299), it would be necessary to reflexively consider who has *rights to the subject* – specially people “on low income” - when trainees and professionals exchange gifts-commodities with the population. In the mental health field, for example, “there is an assumption that the gift of treatment is a dividend worth having and, of course, an award the recipient wants to receive. At best, this belief is spurious” (Williams & Arrigo, 2000, p. 230). As argued by de Vos (2012) psychology aids the modernist project by “extracting” subjectivity from the community, and generating material and symbolic profits for the State, universities, NGOs and private business. This seems to be true in Ecuador. However, the exchange in public and third-sector institutions does not seem to operate *only* as unidirectional processes of extraction. Instead, it could also be framed

as gift exchange with the potential of alleviating suffering, but also of becoming violent and tyrannical in many cases.

Liminal exchange attempts to be an analytical category that bridges notions of professional – popular dialogical action (Freire, 2005) inherent to liberation psychology (Martín-Baró, 1998), with anthropological insights regarding altruist gift-giving under capitalism (Fox & Swayze, 2013; Lynch & Cohn, 2017; Mauss, 2002; Scheper-Hughes, 2007; Waldby, 2002). In Freirean terms (see section 2.3.3, p. 64), trainees’ PI was far from any dialogical approach, and much closer to banking education and cultural invasion, with many in “our” professional community being “seriously self- deceived” (Freire, 2005) regarding their relationship with “the community”.

To discuss this in terms of liminal exchanges has the potential to open up new analytical paths, while also working as a reference frame to promote trainees’ reflexivity – e.g., regarding psychopolitical validity (Prilleltensky, 2008) - in operative terms (e.g., what are we “giving” the community, what is the community “giving” us). It allows both “the” and “our” community to think about such exchange, what structural and cultural forces shape it, who benefits from it, who request it, and if it is consensual and reciprocal, or is it rather “tyrannical”, in the sense that it is hard to refuse, or results in psychologists feeling – materially or symbolically - “proprietary toward the recipient of their largesse”. (Scheper-Hughes, 2007, p. 509). If this is the case, help can become “a threat to the recipient’s independence, as well as a perversion of genuine assistance, given the gift’s calculated nature (Williams & Arrigo, 2000, p. 231). To highlight the liminality of exchanges across the gift – commodity porousness seems consistent with the ethnographic data presented in the thesis. It also leads us to a conclusion involving complexity and complementarity. Both materialist and discursive levels of analysis regarding power are necessary, as – even if it is the infrastructure which shapes ideological discourses - both are interdependent (Campbell, 2013; Fairclough, 2013; Gramsci, 2011; Montero, 2010; Prilleltensky, 2008; Sonn & Fisher, 2003; van Dijk, 2015). Marxist readings of professional - popular exchanges need to consider situated experiences and meanings, while cultural readings focused on experiences and meanings need to consider the key role of capitalism and ideology.

The fourth conclusion of chapter seven is a useful pathway into a broader issue derived from the answer given to the thesis’ research question. It may be that - based on the limitations imposed by capitalism and coloniality, and on the context-specific and subject-specific nature of identity negotiation – psychology training may need to accept

its reformist vein, even if “revolution” is kept as an ideal for some subjects (see section 8.3, p. 276 for further discussion of this interpretation).

The thesis conclusions highlight how professional identity is not best analysed in rigid, purist, dogmatic, or dichotomist terms. The training institution studied here, for example, was born out of leftist activism in the early 1980s, followed by over twenty years of neoliberalism in the country. In such neoliberal context, those leftist students who fought for a “liberating” psychology training, toned down their rhetoric and practice. It may be that they behaved as “revolutionaries” and liberation psychologists as long as they were involved in student’s organisations, “but stopped being so in the moment they received their degree or their first salary” (Martín-Baró, 1998, p. 147). Ideology, employability, audit culture, the pervasive influence of USA psychology, and certain cultural practices (i.e., a fixation with “science”; the “sabido” culture; corruption), put structural limits to their revolutionary aspirations. Instead, a hybridised reformism emerged, limited to invoking soviet and Cuban authors, and doing service-based learning in “marginalised” settings, while invoking the Good – Living popularised by the 2008 national constitution.

Thus, local professional identities seem to challenge rigidly dichotomised classifications. Trainees do not fit *perfectly* into separate groups. They are not *either* fully hegemonic, dominant, mainstream, positivist, colonised, WEIRD psychologists contributing to oppression; nor fully community, critical, counterhegemonic, anticolonial, socially engaged psychologists who resist oppression and commit to liberation. They seem to be located in a less polarised space within such gradient: a dual and/or liminal symbolic space. Similarly, they conduct themselves in a way that is not *exclusively* “professional” nor exclusively “popular”. Trainees hybridise these diverse influences when they construct their professional selves in context-dependent and subject-dependent ways.

Having answered the research question, the next section will briefly expand on how these findings dialogue with those from a few relevant studies.

8.2 Further discussion on published evidence

As the previous section illustrates, findings from this thesis support well-known theoretical and ethical arguments within Critical Psychology (Martín-Baró, 1998; Parker, 2015a; Teo, 2015), such as the pervasive role of power, psychologisation, psychologism and scant reflexivity. However, they also seem to challenge, at least partially, radically dichotomist categorisations that are either explicit or implicit in these

claims. This section briefly expands on the dialogue such findings can have with those from a few relevant empirical studies (see chapter 2), which had displayed diverse degrees of critical analysis on the subject.

Trainees at the FPUG, for example can be said to embody an ad-hoc, situated type of “mestizo consciousness” (Hinojosa & Carney, 2016), as they integrated professional and non-professional selves into their identity. Non-professional dimensions included diagnosed wounds; and also undisclosed cultural wounds, including those linked with class (Estrella, 2009), and with racism and machismo. Local trainees did embody a prosocial tendency constructed dialogically (i.e. intersubjectively), as concluded by Kullasepp (2014), but such construction was heavily limited by power structures, and – as observed by Perrotta (2006) – by struggles for capital, in the Bourdieusian sense of the term. Their “consciousness” about their PI and the role of power and capital was, however, notoriously limited, due to their *scant reflexivity*, something that – to a lesser degree – was also concluded, for example, by Castro-Tejerina (2014).

As concluded by Callaghan (2014), trainees experienced tensions between professional and “personal” dimensions of identity, as institutional power demanded they renounce the second in order to become, allegedly, “scientific”. Local students also “played the game” of representing themselves in this way, but, in practice, they actually performed their dual belonging. Dissent was - usually implicitly and subtly - policed by teachers; however, there was so little open dissent that I observed this only a handful of times in over a year, and even then, challenging comments were very brief, arguably superficial, and easily dismissed. I did not hear CP being mentioned, not even in community-oriented courses where issues of “culture”, “identity” and “empowerment” were quite common. In fact, the culturally invalid influence of WEIRD psychology made in the USA – denounced in South Africa (Callaghan, 2008; Kottler & Swartz, 2004) - was quite influential in such community-oriented spaces, usually implicitly.

A potential interpretation of these findings may be the one suggested by Callaghan (2008): that trainees (i.e. the “oppressed”) have incorporated the language of globalised psychology training (i.e., the “oppressor”). This is one way of interpreting the data from Guayaquil. However, it could also be argued that psychology did not only “oppressed” trainees, but was also one among many sources of sense-making and the alleviation of suffering for themselves and others, next to non-professional systems. This is not to say that psychologisation is not oppressive, but that “oppression” is not a fixed, essentialist category. We can infer a *two-folded narrative* here: one about the

oppression of WEIRD psychology, and one about the resistance of non-professional identities that – not rhetorically, but *pragmatically* – failed to be vanished from PI. It must also be noted that not only institutional power – influenced by WEIRD psychology – attempts to expel the non-professional from PI, but some members of “the community” may also expect trainees to “act as psychologists”, leaving other identities outside the relationship of help (see chapter 4). Reflexivity regarding the issues described in the previous and present paragraph were virtually absent at the FPUG.

As highlighted by Latin American empirical literature, the thesis’ findings do suggest PI is limited by institutional constraints, epistemological and managerial tensions, market economy, and specific contexts for practice (Castagno & Fornasari, 2013; Covarrubias, 2013; Larreamendy-Joerns, 2013; Rodríguez & Seda, 2013; Romo & Cruz, 2015; Silva Neto & Guzzo, 2016). The main critique that I make to most of the valuable evidence published in Latin America and reviewed in this thesis, is that its analysis of power is relatively superficial, while the impact of power on PI – as findings from Guayaquil suggest – seems immense. For example, Covarrubias (2013) interprets that psychology has an “undoubted legitimacy”. He did not consider what the potential beneficiaries of psychological “help” actually think (e.g. psychologists as the least healing option) and expect (e.g. concrete and timely moral advice), nor the unintended outcomes of psychological interventions at a macro level. My conclusions have attempted to contribute to such missing analysis, by adopting the perspective of Critical Psychology as a way to complement and problematize such valuable body of work.

8.3 Pragmatic strategies for a “critical” training

This section will discuss potential strategies to transform the way psychologists are trained, in order to construct a professional identity that is more in-tune with the values and ideas of Critical Psychology. It is necessary to explore not only who we, psychologists, are, but “specially, who we should be” (Martín-Baró, 1998, p. 167).

As suggested by findings, an *absolute and radical* “conversion”, “rebirth” and “personal transformation” of psychology trainees into “liberating” agents (Freire, 2005; Martín-Baró, 1986, 1998) seems incongruent with current performances, and, arguably, unviable in the short term. This is so even in the Ecuadorian context, where – since 2008 – the constitution is “anticolonial”, promoting “Good Living”, and pursuing values of social justice, with intense State control over the University of Guayaquil. Causes for such unviability seem to point at the logic and ideology of capitalist free market; the

coloniality of WEIRD psychology, audit culture, top-down planning and context-bounded and subject-bounded negotiation of dual identity, help-as-war and liminal exchanges.

The conclusion that psychology – even “critical” psychology – needs to embrace its reformism has direct implications in relation to the *revolution versus reformism* debate. For socialist theoreticians, revolution implies a full take of State power, while reformism advocates bottom-up, gradual transformation through existing institutions (Rooksby, 2011). A professional identity of the “revolutionary” type, would lead trainees to “make connections between psychology and radical politics” (Parker, 2007, p. 1), while reformism means to use “conventional” psychology to produce individual and small-scale changes but – allegedly - without “making existing systems less oppressive” (Walsh-Bowers & Gokani, 2014, p. 53). Such debate underlies – directly or indirectly - many of the current discussions within critical and “liberation” psychology (Austin & Prilleltensky, 2001; Burman, 2012; Burton & Gómez, 2015; Burton & Kagan, 2005; Fine, 2012a; Fryer & Duckett, 2014; Lykes, 2000; Moane, 2014; Montero, 2010; Montero & Sonn, 2013; Parker, 2007, 2015b; Prilleltensky, 2008; Prilleltensky & Stead, 2012; Ratner, 2015; Sonn & Fisher, 2003; Walsh-Bowers & Gokani, 2014) .

Pragmatically, the PI of local trainees is that of reformists, at best. Using “tests” to screen for gendered violence, hug and comfort raped girls, or “educate” people on the importance of seeking professional healing, avoiding “drugs” and seeking interpersonal “respect”, “peace” and healthy “communication” will probably not revolutionise the capitalist, colonialist, racist, sexist and unequal local and global order. Even less so, when technical and ethical training is insufficient, which paradoxically can result in a “compensation” leading to intensified claims of clinical “expertise” by psychologists (Szasz, 2007, p. 19). The trainees I met did help *some* subjects – including themselves, and their friends and family -, as people in distress will potentially feel better when listened, hugged and given moral advice. However, from the “revolutionary” standpoint of radical politics, “even the most well-meaning psychologist contributes to alienation” (Parker, 2007, p. 1). Even when psychologists declare to be doing “liberation psychology”, some scholars may call us to “repudiate” such practice, calling it “false” and deceiving, due to an alleged decontextualisation and ambiguity regarding Martín-Baró’s ideas (Ratner, 2015, pp. 71–72). This is, I interpret, the view that any psychology that is not Marxist enough, is only reformist, and thus, alienating and harmful.

Here, I will revert to Martín-Baró himself to address the revolution versus reformism debate, and open up a transition to propose what can be done regarding psychology training and the PI it produces.

To follow a purist logic regarding psychology training, I think, would be pragmatically difficult, and ethically controversial. Purist theoretical debates about what would a “true” liberation psychology training and practice be – as important as theory is – may not be the best way to engage in a “praxis” that is “committed with the suffering and hope of Latin America’s peoples” (Martín-Baró, 1986, p. 14). Inspired by C.W. Mills, Martín-Baró (1998) himself argued: “let it not be the concepts which convoke reality, but let reality be the one that seeks the concepts” (p. 314).

Just as it may be the case with Freire (Campbell, 2013, p. 57), Martín-Baró would probably accept an “updating” of his work on liberation psychology. Martín-Baró (1990) himself suggested this in a prologue to one of his books from 1985, saying that any social scientist would hardly be “completely happy with his previous work” (p. VI), because of “the walk of history, which shows new facets of human reality”, and because the very same “scientific understanding of facts and processes tends to evolve: other aspects are observed, other information is acquired, some estimations are modified” (p. VI). In a Marxist sense, he knew ideology veiled people’s eyes into the causes of their oppression. However, he also urged us to “discover” all the “rich” “potential of virtues of our peoples” (Martín-Baró, 1986, p. 14), not “educating” them in a top-down manner, but through Freirean *conscientización*.

He claimed that “operationalising” a liberation psychology in university programmes would indeed imply “the danger of undermining its radicalism” (Martín-Baró, 1998, p. 143). Nonetheless, he embraced pragmatic efforts to do this, over theoretical dogmatism and purism. For example, when discussing students’ political organisations, Martín-Baró (1998) critiqued “extremist postures regarding academic training, that in no way make a change possible” (p.147). Indeed, grounding “liberation” theory to specific training context in less radical ways is risky;

However, it is necessary to take that risk, but also to establish those mechanisms of continuing critical assessment that allow flexible modification of aims, according to demands and historical junctures. To not descend into concretion is one of the most dangerous ideological deceits: it is easy to accept concepts and theories when they are not more than that: abstractions. To avoid what is concrete, under the excuse of purism, is a form of intellectual escapism and useless dogmatism” (Martín-Baró, 1998, p. 143).

I interpret that, in a way, Martín-Baró accepted the reformist limitations of psychology – even “liberation” psychology – and embraced situated praxis or what other authors have recently called “messy pragmatics” (Pillay, 2017, p. 139). After all, he was not only a Marxist liberation theologian – and obviously, revolutionary, in this sense -, but was also influenced by pragmatism and symbolic interactionism. His words support claims of authors such as Ratner (2015), regarding the “abstraction” and toning down of some psychologists doing “liberation psychology”. However, they also can be interpreted as a critique to some of Ratner’s purism, which can potentially attack “concrete” anti – oppressive actions on bases of not being “true” liberation psychology. It may be that “liberation” requires an honest reflexion about the limitations of liberation itself, and plenty of prospective political pragmatism. Instead of undermining the endeavours of the “critical” community of scholars, it would be more productive – theoretically, politically and pragmatically – to cooperate locally and globally to join transformative efforts. This, while accepting – as suggested by some authors (e.g., Burton & Gómez, 2015) - that we are diverse, that oppression and liberation are complex, that top-down solutions based on State power are crucial but not sufficient, that the political and the psychological cannot be detached, and that resistance requires creativity and balancing activism with self-preservation

On this note, I will suggest what the University of Guayaquil – and potentially other universities - can consider doing as to promote a more “critical” psychology training programme.

First of all, it should be clear that universities have only relative control over trainees’ conscience, so they cannot fully supervise or guarantee the type of PI that they will perform after graduation:

Let us not ask from the University that which it cannot give, nor try to make it into something it cannot be. We either believe in the operation of science and conscience, or we do not. If we believe, we shall let it operate; if we do not believe, and we want our societies to change, the best thing we can do is to leave the university and dedicate ourselves to other type of work¹⁰⁹ (Martín-Baró, 1998, p. 157)

Universities can hardly be absolute spaces for “liberation”. Even well-intended initiatives focused on “development” can result in “servility to oppressive powers” (Martín-Baró, 1998, p. 149). Liberation would not be achieved primarily through an increase of low-

¹⁰⁹ He seemed to mean radical political work

income students – a goal actually achieved by the State at the FPUG-, as – if *conscientización* is neglected – this would only “increase the number of potential oppressors” (Martín-Baró, 1998, p. 152). Even more so, considering that universities – reproducing the wider culture - can operate as toxic landscapes, embodying stigma and discrimination associated with cultural identity. Global capitalism and coloniality negatively affects local access to databases (where both “hegemonic” and “critical” literature can be found); and access to work published in English, a foreign language not spoken by most locals. By “believing” in the “operation of science and conscience”, I suggest Martín-Baró was referring to the need to embrace risks and uncertainty, which may include not fixing PI to an essentialist and immutable theory, or a rigidly prescribed political project. Instead, again, I interpret he was referring to the need to embrace situated uncertainty and messy pragmatics, with *conscientización* as a methodological north. However, the limitations for liberation at universities should not imply passivity and resignation.

Following Martín-Baró (1998), I echo the idea that universities can become *relatively* “liberating” projects through two types of mechanisms: *structural* and *complementary* (p.143). Structural mechanisms involve a powerful institutional “head” committee ideologically committed to “liberation”, who design policies and curriculum, manage budgets, hire critical/competent teachers, and link methods and evaluation with *conscientización*. Complementary mechanisms include specific courses, community-based learning/social service; and extra-curricular activities by students and teachers focused on *conscientización*. Importantly, Martín-Baró did not view top-down and bottom-up strategies as incompatible binaries: both “are not necessarily exclusive; on the contrary, a great part of their efficacy depends on their mutual implementation” (Martín-Baró, 1998, p. 155). This consideration of articulated structural and complementary mechanisms seems to be the cornerstone to achieve a more “critical” psychology training.

The case of Ecuador highlights how structural mechanisms - as essential as these are - are not enough to sustain “critical” professional identities, if the value of complementary mechanisms – specifically, bottom-up dialogical action - is underplayed.

Since 2011, the University of Guayaquil had – theoretically – a powerful structural mechanism in force: the intervention of State commission in charge of fixing institutional problems, and advancing training and research into the type of “socialist”

and “revolutionary” ideals associated with the Good Living¹¹⁰, anti-colonial postures, and the fight for “cognitive justice” (Santos, 2014).

The “citizens’ revolution” affected psychology training at the FPUG in a top-down manner, making the “Good Living” (e.g., human rights) a transversal value. This, however, did not seem to lead to a “revolution” in the PI constructed by psychologists, in the strict sense of the term. The modernisation agenda (e.g., funding post-graduate training abroad; hiring more teachers and civil servants, etc.) was a priority, while the State – and the academic community - did not engage enough, it seems, in bottom – up dialogical action in order to associate training with “radical politics”. Some “critical” values going back to the political struggles on the 1970-80s remained part of the FPUG identity (e.g. being “critical” and “solidary”). Yet, they were not being translated into practice, which was anything but radical (e.g., producing “services”; being “up-to-date”; adopting the globalised language of orthodox public health; a pervasive bureaucracy).

As findings from this thesis illustrate, structural mechanisms were key, but not enough. Maybe because, among other influences – and despite of a socialist rhetoric - an epistemic *market* was still thriving (e.g. publishing, access to well-paid jobs for teachers with postgraduate training and/or political connections, etc.), and “epistemic markets are made and directed by institutional value systems that are protecting themselves from possible future dangers to themselves” (Valsiner & Brinkmann, 2015, p. 381). In-group *conscientización* within our academic community may lead to critiques towards such epistemic market itself, and powerful people associated to it. In order to advance psychology training, such process needs to be seriously undertaken. For example, to ask ourselves the question of why do we have the technical and ethical limitations reported in this thesis’ findings, while looking into global and local history, economy, politics and culture for answers.

Let us take the case of coloniality to illustrate what can be done, and what probably cannot be done in terms of a “critical” training.

¹¹⁰ The Good – Living implemented by the “citizens’ revolution” decreased economic inequality and advanced citizens’ rights, benefiting many historically oppressed communities. However, it resembled more a reformist and modernising project, than an orthodox revolution, achieving unquestionable social change, but without being radically anti-capitalist, nor culturally progressive in some respects

Just as to think that we can fully and easily “decolonise ourselves” (Dudgeon & Walker, 2015, p. 291) and decolonise “society” may be “depressing” (Pillay, 2017, p. 136), to construct a decolonised psychology training is virtually impossible in absolute terms. Catholic/Christian religion, for example, has a colonial origin. Presently, it is one of the ways of cultural resistance regarding WEIRD psychology, despite having harmful ideological consequences – in the Marxist sense. Such religion allowed the emergence of theology of liberation in the 20th century, which heavily shaped the “liberation psychology” proposed by Martín-Baró. He himself was a Spanish priest trained in the USA, who identified himself as Latin American, and used quantitative methods. Marx was European, but his theories have aided academic analysis and political struggles in the Global South (Chibber, 2013). Purism, dogmatism and rigid dichotomies would probably not help decolonisation. If it is true that we are “oppressed” by WEIRD psychology, it is also true that we can creatively and critically utilise some theories and methods from WEIRD psychology in order to resist such oppression, if we are reflexive and strategic enough during training and practice.

It may be possible to *partially* “decolonise” psychology training – and the PI it produces – in at least two senses: through local-global alliances that embrace “enabling contradictions” – such as the example describe in the previous paragraph - in the search for “global cognitive justice” (Santos, 2014); and through small-scale reforms (Pillay, 2017). This, without ignoring the key role of the State, and of structural mechanisms. Enabling contradictions refer to reflexive, critical, contextualised and strategic interactions with any system of knowledge and practice (Santos, 2014, p. 238). For example, interacting with “western” artefacts (e.g., human rights, Marxism, feminism; WEIRD psychology, psychiatry or psychoanalysis) in order to advance local “critical” and culturally-sensitive initiatives. The goal should be “greater reciprocity”, bidirectional “transfer of knowledge” and research “co-ownership” between global and local agents (Mills & White, 2017, p. 202). Small scale reforms are performative changes by trainees, teachers, managers and others staff who “do things differently” (Pillay, 2017, p. 136), as to “crack” oppressive systems and institutions (e.g., the aspiration of this thesis itself).

Engaging in strategic alliances and small-scale critical initiatives is not about revolutionising psychology overnight, as decolonisation is not that simple (Carolissen et al., 2017). Instead, it is about finding creative ways to “re-adjust some basic myths on which much of Occidental psychology is based” (Valsiner & Brinkmann, 2015, p. 383), which may be accomplished through *conscientización* (Freire, 2005) in both “our” and

“the” community”. Pre – colonial understandings of mind and wellbeing should not be romanctised (Teo, 2015, p. 249), but evoked as means to promote collective memory with potential to rethink the present including redefining what psychology is, and should be (Capella et al., 2019; Martín-Baró, 1998). An “Ecuadorian psychology” with decolonial aspirations – as similar projects in the Global South - would require a critical consideration of global – local dynamics, the key role of culture and power, and the rejection of both colonial universalism and parochial localism (Capella & Andrade, 2017; Jahoda, 2016).

I argue that PI should not be rigidly and explicitly connected to “radical politics” in a dogmatic manner, because this would be an ineffective strategy that underestimates the structural limitations to its viability, at least in contexts where an actual political revolution is not in place¹¹¹. In Ecuador, for example, under a decade of allegedly “socialist” reformism embedded in a “revolutionary” rhetoric, this was not an entirely successful strategy, as the State may have undermined the role of bottom-up dialogical action. To explicitly link PI with “radical” Marxism, feminism, decolonisation, or any other political project of such kind is unlikely to agglutinate the diversity of political values configured by trainees’ dual belonging. It can also neglect important subjective and intersubjective levels of analysis and potential help, on the basis of not focusing radically enough on “macro” structures (Ratner, 2014). Finally, explicitly associating PI with “liberation” may sound “pompous and pre-judgmental of the consequences of one’s work” (Burton & Kagan, 2005, p. 67). Even if we make “radical” critiques to psychology, we should avoid turning CP into extremist “anti-psychology”, a concern shared by Martín-Baró (1998) himself. I do not argue this for the sake of defending psychology’s disciplinary agenda, but to preserve its potential to make real contributions to social change in diverse ways, and to diverse degrees of “radicalism” depending on specific subjects, contexts and strategies.

We can invite every psychologist to engage in radical politics through dialogical action. However, we must accept diversity and agglutinate all trainees and practitioners who sympathise with values of equality and reject neoliberalism and other forms of oppression (e.g., McGrath, Walker, & Jones, 2016). For this, we need to “do things differently” (Pillay, 2017) and accept global and local “enabling contradictions” (Santos, 2014). Such project would require, at least, two important features: intensifying

¹¹¹ And even then, this may be an aspiration detached from the diversity of PI at the ground level, and the workings of psychologisation; e.g., Cuba (García, 2013).

reflexivity and *conscientización*; and avoiding rigidity, purism and essentialism, without neglecting the key role of economic and political power. In practice, this translates into the acknowledgment of the key role of “the State”(Campbell, 2013, p. 57), while recurring to “a *patch- work of responses*, recognising the value of a pastiche of context-specific tactics and home- grown strategies of resistance from one setting to another” (Campbell, 2013, p. 57). In terms of PI constructed during training, the role of teachers that teach through “example” – as said by a bright student during her graduation speech - would be pivotal: “ultimately, the teacher is the most immediate model image that the student has regarding what a professional ought to be, or not” (Martín-Baró, 1998, p. 151). Next to funding, planning and political will, we need qualified teachers who also “foster a critical view and an emancipatory political conception” (Silva Neto & Guzzo, 2016, p. 221). This is a challenge, as the PI of many teachers, by means of ideology, may be “closer to the bourgeoisie than to any other social class” (Martín-Baró, 1998, p. 157).

In order to work towards this type of psychology, we may need to “soften” CP’s most “essentialist and ‘rigid’ aspects” (Campbell, 2013, p. 57). The commitment to change inequality would not be “softened”, but the intellectual and practical ways of accomplishing change would. It may be argued that the core logic of economic exploitation remains the same since times of Marx, Freire or Martín-Baró. Even if this is true, there are limits to Marxist analysis: not every single aspect of human life can be explained as a product of class struggle – as highlighted by Marxist themselves (Eagleton, 2012) - nor can *all* the complex dimensions of intersubjective identity construction. Marxism addresses what is a *fundamental* aspect of social reality, but not *all* aspects. In terms of PI, trainees and practitioners who are more, or less, “radical”, need to find collective ways of making sense of their professional selves. One, among many other possibilities, is to adopt the role of “psychologist-activists” who “recognize the multiple ways they can use their power to combat oppression” (Nadal, 2017, p. 943). I argue this approach would not betray the core values of liberation psychology, as long as the *conscientización* defended by Martín-Baró (1998) remains central during training (p. 143) and identity construction (p. 167)

Psychology training programmes - and the PI they shape - face pivotal dilemmas. As put by Ardila (2007): “a very decisive point is to recognize that we do not have all the answers and that, in some cases, we have only begun to formulate the questions” (p. 912). The present thesis is a modest ethnographic contribution in this sense. A number of questions remained unanswered, regarding the relation of psychology training with

policy-making (including the recent political changes in Latin America); the potential counter hegemonic globalisation of psy training; dealing with rapidly changing and digitally interconnected societies, and with the diverse expressions of direct, structural and cultural violence. One question that may englobe these issues would be how can we construct a psychology training programme that is “critical”, aware of context and culturally sensitive? This thesis provides some insights to answer this question – with implications for practitioners, universities and policy-makers -, however, this requires further research.

As findings suggest, being “serious” about engaging with the oppressed, “converting” to the people, being “rebirth” into a “new form of existence” (Freire, 2005), and experiencing a deep “personal transformation” to pursue “liberation” (Martín-Baró, 1986) is not an absolute condition, and cannot be accomplished by *exclusive* means of any training programme. We should not “ask from the University that which it cannot give” (Martín-Baró, 1998, p. 157). As implied in the thesis’ findings, professional identity cannot be fully controlled by institutional bureaucracy. I am well aware that simply restructuring a programme is not enough, but in the context of universities, it seems like a reasonable step forward. Additional actions include other type of structural mechanisms, and specially – as I had already stressed – complementary, bottom – up mechanisms based on *conscientización*.

While acknowledging this complexity, I present a broad, preliminary and tentative proposal for what a “critical” and culturally-sensitive training may look like, based on the thesis’ findings (appendix 9). Such proposal suggests the inclusion of both “hegemonic” and “critical” perspectives in courses, promoting interdisciplinarity, glocality, cultural sensitivity, critical thinking, creativity and reflexivity, while attempting to be as responsive as possible to local culture and needs. The proposed programme should not be taken as a prescription based on expertise, but as a preliminary idea that needs to be revisited in the context of dialogical action and further participative research, before any consideration regarding its implementation.

To finalise, I insist that my conclusions should not be generalised or taken as an essential “truth”, but as situated knowledge with enough cultural validity to contribute to ongoing debates in Critical Psychology regarding the professional identity of trainees and practitioners. My identity, values and concerns shaped my research question and how I answered it. There were “messy” – sometimes unpredictable - circumstances (e.g., geographical, cultural, language-related, administrative, disciplinary,

epistemological, methodological) that shaped the entire project (see section 1.6, p. 47, and chapter 3). Conclusions could be significantly different, if data would have been gathered under different conditions (e.g., if I had attended certain FPUG courses when taught by different teachers; or in a time with less institutional tensions; or if supervised and examined by scholars from different disciplines). In fact, the current scenario (June, 2019) has *dramatically* changed. There is a rise of neoliberal and neo-fascists governments in the Latin American region. The Ecuadorian “citizens’ revolution”, as we knew it, came to an end with the abrupt shift in policy made by president Lenin Moreno – which evidently betrayed the leftist political project that the people elected in 2017. Since October 2018, there is a new State intervention at the UG, which is openly unsympathetic to the previous government and its influence on the training institution. Bearing this in mind, I modestly aspire to contribute to ongoing critical academic debates on professional identity, given that it is an under-researched area. And hopefully, even to stimulate current and future psychologists to think carefully about *who we are*, and *who we need to be*, in order to resist oppression and contribute to social justice.

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Appendix 1 Sample of back-translated data

Back – translation confirmed the accuracy of the author’s original translation. Discrepancies in style/form were minimal, while the sense and meaning of the original data remained the same.

Translated	Back - translated
<p>P. 80: “I feel like there is a spirit that enters my body and gives me strength”</p>	<p>“Siento como si un espiritu se metiera en mi cuerpo y me diera fuerza”</p>
<p>P. 95: “everything” in the world is controlled by “politicians” and by “the wealthy”</p>	<p>“Todo” en el mundo esta controlado por lo “politicos” y “los ricos”</p>
<p>P. 116: “are not here physically”, as they “transcended into another dimension”, but who “live in our memories”, allowing us to be “close to them”, in a way that “transcends human logic”</p>	<p>“No estan aqui fisicamente”, ya que han” trascendido a otra dimension”, pero quienes “viven en nuestras memorias”, permitiendonos “estar cerca de ellos” de una forma que “trasciende la lógica humana”.</p>
<p>P. 117: “the science that studies human behaviour”, does so “through the psyche”, deals with “the affective part” and also with “parts of the brain”</p>	<p>“la ciencia que estudia el comportamiento humano” y lo hace “a traves de la psiquis”. Trata con la “parte afectiva” y tambien con “partes del cerebro”.</p>
<p>P. 119: “clinical psychology is the essence of psychology”</p>	<p>“La psicología clínica es la esencia de la psicología”</p>
<p>P. 190: “all activities must be directed at the <i>formación</i> (construction/teaching) of values”</p>	<p>“Todas las actividades deben ser dirigidas a la formación de valores”</p>
<p>P. 244: “especially among the lower socio-economic strata the profession and practice of psychology is not well-known”</p>	<p>“Especialmente en el estrato social mas bajo, la profesion y practica de la psicologia no es muy conocida”</p>

<p>P. 247: “poverty <i>does not exist</i>. What exists is the delusion of poverty” (i.e., a <i>belief</i> of being poor); there are not “poor people”, but people who “do not want to progress”</p>	<p>“La pobreza no existe. Lo que existe es la illusion de pobreza” (i.e., creer que eres pobre). No hay “gente pobre” sino gente que “no quiere progresar”</p>
<p>P. 249: “I feel like I am <i>forcing</i> her (the interviewed woman)”; “It was awkward”</p>	<p>“Siento como si la estuviera forzando (a la mujer entrevistada)”; “Fue raro/incomodo”</p>
<p>P. 253: “I like it (listening and helping), but it numbs me”; what the “lady” just said is “spinning in my head” and “it hurts”.</p>	<p>“Me gusta (escuchar y ayudar), pero me entumece”; lo que “la señora” dijo está “dando vueltas en mi cabeza” y “me duele”</p>

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Article

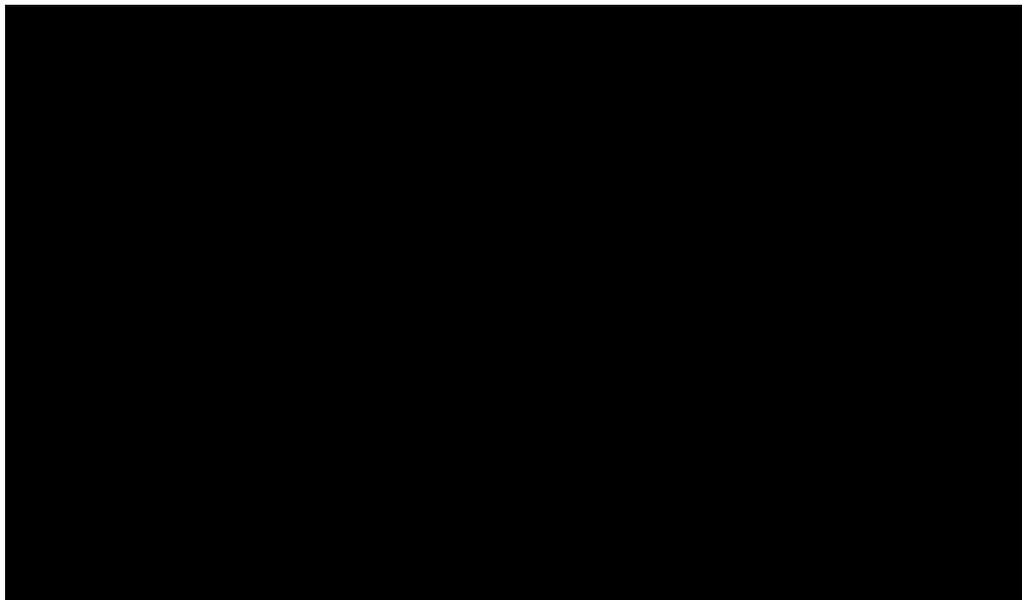
History, Violence and Collective Memory: Implications for Mental Health in Ecuador

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Appendix 3 Pilot study

Capella, M. & Jadhav, S. (2017). Key challenges for public mental health in Ecuador.

Presented at the International Workshop: “Mapping New Voices: Towards a Latin American Perspective in Global Mental Health, PLASMA (Platform for Social Research on Mental Health in Latin America), Paris, France, June 2017.

ABSTRACT

In the rapidly evolving field of global mental health, local voices and concerns - especially those from the “developing world”, or “global south” - are at risk of being further marginalised. In 2014, the Ecuadorian State launched a progressive national mental health plan, which highlights the importance of local culture. What are the key challenges that policy-makers, professionals and communities face in order to translate such policy into effective practice? This ethnographic study explores this question through critical analyses of policy, and of the narrative of twentythree key local informants from Guayaquil, Ecuador. Four challenges were identified: the pervasive role of direct, structural and cultural violence; paucity of intercultural dialogue; a topdown, vertical standardised approach to policy implementation; and scant cultural sensitivity in professional training. The authors argue that it is by understanding local cultural practices that the new mental health plan is likely to be locally responsive. Insights from this preliminary study offer potential for informing other nations facing similar scenarios.

INTRODUCTION

During a public address in Ecuador, State representatives discuss the new mental health policy.

The setting is the usual: a political rally ‘vibe’; patriotic symbols; a live audience; and a Kichwa-speaking indigenous translator. Media coverage is notorious and the event reaches millions. Speakers mention stigma linked to “disorders”; the importance of adequate parenting to prevent “drug addiction”; and – in a remarkably serious tone – the recent death of a teenager in the city of Guayaquil, due to lack of substance abuse recovery treatment. In contrast with the overall tone of the address, a powerful speaker decided to make a joke (a common practice in this type of events): he implied that the indigenous translator sitting close to him was mentally ill. I sympathised with the notorious, well-intended and urgent efforts to advance mental health policy. But I also found the language rather standard, and the joke quite puzzling (vignette derived from field notes, MC, 2014).

Ecuadorian mental health faces complex issues. Since the neoliberal governments of the 1980s, well-intended efforts to advance policy have stagnated due to “ a breakdown in public health” (Breilh, 2008, p. 747). Presently, the country has a new constitution that promotes “Good-

Living”: human rights and social justice; respect for a multi-cultural identity; and ecological consciousness(Asamblea Constituyente, 2008). In this context, mental health is formally viewed as a right that requires urgent attention after decades of neglect. In 2014, a new mental health policy was designed. Among other goals, it aspires to improve “quality of life”, emphasising “promotion” and “prevention” of “psychosocial problems” (Ministerio de Salud Pública, 2014a, p. 42); and to alleviate “mental suffering” (Ministerio de Salud Pública, 2014a, p. 46). However, such well-intended policy faces several challenges, as will be reported in the present paper.

Ecuador is a middle-income nation located in the northwest of South America, with a population of around 16 million people. It used to be a Spanish colony (1534–1822)(Capella et al., in press); ...

and today the vast majority speak Spanish and are Christians (mainly, Catholics). However, the population is remarkably heterogeneous. More than 70% of the people categorise themselves as Mestizos (mix-raced). Ethnic minorities self-categorise as Montubio (from the coastal countryside, 7%); Afro-Ecuadorian (7%); Indigenous (7%); and White (6%). There are material, symbolic and cultural inequalities in operation, including harmful “machismo” (sexism); classism and racism; and problems associated with gang violence and drug addiction (Cruza-Guet et al., 2009). Well-intended local mental health professionals address local suffering, but the historical construction of their disciplines (Capella et al., in press) – based on potentially valuable “western” knowledge – jeopardises the cultural validity of their practice (Jadhav, 2009).

Progressive policy-making, as vital as it is, falls short in guaranteeing a locally responsive delivery of care. For this, local challenges need to be addressed on their own cultural terms (Bracken et al., 2016; Napier et al., 2014). Although some context-sensitive accounts do exist (Cruza-Guet et al., 2009), ethnographic data around these challenges seems to be missing in Ecuador. This paper fills such gap, providing valuable knowledge for policy-makers, professionals and the communities being served by them.

METHODS

The preliminary study focuses on Guayaquil, the largest Ecuadorian city. The study involved “a short, intensive period of research” (Helman, 2007, p. 17), which demanded intense ethnographic skills (Silva Ríos & Burgos Dávila, 2011) to generate data “rich in life experiences of the subject population” (Goepf et al., 2008, p. 309). It identified “key actors, issues, sentiments, resources, activities and locations” (Carley, Bigrigg, & Diallo, 2012, p. 301), based on two data sources: an official media address to the nation discussing mental health policy (Secretaría Nacional de Comunicación, 2014); and interviews with 23 key actors. It relied on purposive sampling, and recruitment based on snow –balling. Questions were adapted according to the interviewee’s cultural background¹.

The sample was diverse regarding ethnicity and gender; participants came from different health care sectors (Napier et al., 2014). They were interviewed in several sites: private building (N=1; high-ranked retired State representative); public building (N=1; mid-rank active State representative); private practice centre (N=1; private psychologist); mental health care centre (N=5; two high-ranked psychiatrists - A and B- ; one general physician - GP; one administrator; one medical student); university (N=9; two psychology teachers – A and B - ; one sociology teacher; three advanced psychology students – A , B and C- ; one retired janitor; one administrative assistant; one indigenous street vendor); local NGO within a marginalised community (N=2; one religious leader/directive; one elementary school teacher; two female community members – A and B); and upper-middle households (N=2; one retired NGO psychologist; one cleaner who lives in a marginalised area). Further details are omitted due to confidentiality.

Field notes and interview transcripts were read in detail; organised into recurring relevant themes (Ryan & Bernard, 2003); and critically analysed, focusing on potential challenges for policy-makers, professionals and communities (Fairclough, 2013; Thomas, 1993). Analysis was guided by the conceptual and ethical concerns of the authors, who reflexively consider themselves as fundamental instruments of inquiry. The first author (MC) is Ecuadorian and mestizo (mix-raced). The second author (SJ) is Indian. Both share identity features, being: male; born in post – colonial nations; mental health professionals; and academics interested in the co-construction of minds and culture, with a focus on marginalised communities. The first author gathered and analysed the data, while the second author supervised the process, and provided important analytical inputs.

Findings are presented in the form of vignettes derived from field notes and interviews. All indented content corresponds to verbatim quotes of interviewed participants. The voice of the first author (MC) is also present in some vignettes, as to contextualise and clarify some translations.

FINDINGS

Challenge 1: Violence

The concept of violence is probably one of the most useful to examine local mental suffering in Ecuador. Here, it is understood as any avoidable situation that results in an infringement of human rights to survival, wellbeing, identity and freedom (Galtung, 2003). Violence operates through three interrelated forms: Direct violence (e.g., physically or symbolically harming an specific individual); structural violence (e.g., collective exclusion based on class, race and gender); and cultural violence (i.e. ideological normalisation of the previous two, e.g., through science, arts, media and advertisement). The following sub-sections detail the different forms through which the population experience violence.

1.1. Poverty

Poverty is the most obvious and visible form of violence affecting people's lives:

“not having the basic things is already abuse, and that affects your mental health”
(religious leader)

To have enough “just to survive and pay expenses”. For example, feeling “sad” when “a relative of us dies “and we are “not able to cover the expenses” (cleaner).

Poverty is a structural problem associated with many others, as the following subthemes illustrate.

1.2. Displacement

Poverty forces many people into displacement – being obliged to leave one's home, and sometimes, one's family:

“my son died. His wife went to Spain [to work]. She left me the kids. That was the [beginning of our] family disunion” (community member B).

“big trucks come to destroy your house? In the middle of mother's day? Women crying, weeping bitterly, `my home! my home!`, and the children staring at the mother: `what happened to mommy? Why is she crying like crazy?` ... They built that for years, lived there for years, and in little time [they lost it] ...that trauma will be carried by a person for a long time” (religious leader)

Displacement dismantles support networks and identity-sustaining community affiliations. Locally, this has been associated with the operation of land traffickers and their private or public accomplices, as well as wider economic and cultural forces.

1.3. Access to education and health

Poverty also affects access to education and health. Parents living in marginalised areas aspire an upward social mobility through their children's education:

we are “worried” if “the kids” will “finish high school or not. We are worried if the kids will be able to win a scholarship, to go study in a different countryⁱⁱ. The same with acquiring books” (cleaner)

As for health, the population seem to value recent advancements, but remain critical around some shortcomings:

“health is public now” and “everybody gets themselves checked at health centres, but sometimes there are medications one has to buy” (cleaner)

there are no available psychologists near some participant’s homes [maybe there are not any, or the women have not heard of them] (cleaner; and community member B). public mental health services work “just halfway”, and “reality is not the way they [the State] portrait it sometimes” (Retired janitor)

“much is lacking”, including “economical” and “human” resources (psychiatrist A).

Current policy in Ecuador guarantees public access to health and education. Despite these significant efforts, there is still much to accomplish, including not only physical, but cultural access, and assessing the quality of the education and health care that is provided.

1.4. Crime and drugs

A major problem is that of crime and drugs:

“there are many kids that are losing themselves through that drug thing. (...) Every time more groups [gangs] gather”. [A neighbour of mine was threaten by a gang]: “she had to hid”, as “they can beat her, they can rob her” (cleaner)

“I have patients that tell me `doctor, I cannot be calm. I cannot go home with safety. I have to look left. Right. Behind. I can get mugged`. That creates anxiety” (GP).

A systematic feeling of being exposed to risks (i.e., getting mugged, hurt, raped or killed; having your children being offered “drugs” or invited to join “gangs”) seems to be negatively affecting the mental health of the population. The problem of crime and drugs seems to be quite complex, and linked with macro influences, such as law enforcement, and crucially, access to education and employment.

1.4. Physical, verbal and sexual abuse within families

Some of the wider expressions of violence – poverty, displacement, crime and drugs – interact with everyday life within local families, resulting in direct forms of interpersonal violence, including beatings, insults and sexual abuse:

“mommy suffers a history of abuse. Daddy also is an addict, he drinks a lot, they fight a lot” (religious leader)

“there is a man that is ill. I don’t know if he is depressed or what. Because his son enjoys drinking, he even smokes [illegal substances]. Then, when he comes, they [the family] have, like, a terror, they are scared of him, they stay really quiet because the boy sometimes comes home a little aggressive, I think he has even beaten his dad” (community member B)

A daughter was raped by her father. A psychiatrist who dealt with the case told me the mother told the victim in therapy: “your father already apologized to you, what else do you want?”. While telling me this, the psychiatrists yelled: “can you believe this son of a bitch mother!” (Retired NGO psychologist)

Women are specially affected by most of these problems, and a culture of machismo (sexism) seems to be an important underlying cause.

1.5.Unwanted teenage pregnancy

Unwanted teenage pregnancy – plausibly, due to lack of timely and adequate education, or to non-consented intercourse – is also affecting local families. This was brought up by a local psychologist:

“risky pregnancies” are increasing; including unwanted teenage pregnancy (Teacher A).

Just as with violence lived indoors within households, women seem to be particularly affected, and both poverty and machismo may be impeding females to access timely and culturally congruent information and alternatives regarding their sexual and reproductive health.

1.6. Violence within institutions for training and delivery of care

Violence is not only a problem that is “out there”, in the community. It can permeate institutions such universities; and NGOs and State institutions attempting to alleviate mental suffering:

“It was terrible. I did not want to come [to work]. I was like that for a period of one to two months. [Economic] necessity made me come all the way here ... aggressions continued, I was ignored many times, that is how I felt. This psychologist [her boss] said hi to everyone but me ... it was a terrible thing” (administrative assistant) “there is the case of a psychologist who was doing a Master degree here in this Faculty. [A] grade school teacher. The media exposed the way she treated a special [disabled] child: she tied him up, she covered his mouth” (Retired janitor)

“rights were violated within the very institution, which eventually caused my decision to resign” (Retired NGO psychologist)

Such institutional violence can revolve around particular cases of irregular management of funds (that would be otherwise destined to development projects), and about covering up cases of interpersonal violence (e.g., sexual abuse within an NGO). Educational institutions – elementary schools, high-schools, universities - are also spaces where violence can be reproduced, potentially affecting children, teenagers and young adults. This stresses the core importance of focusing on these institutions too, and not only on external communities labelled as “marginal” and “vulnerable”.

Although Ecuadorian policy understands violence as a public health problem, many diagnoses and interventions seem to be neglecting its “social determinants” (Ministerio de Salud Pública, 2014a, p. 32). Today, the challenge is to conceptualise and intervene around such social determinants in a way that is both ethical, and intellectually robust, ecological, crossdisciplinary, and culturally sensitive.

Challenge 2: Paucity of intercultural dialogue

A great part of successful mental health interventions will rely on intercultural dialogues. A starting point, is to acknowledge the distinctive cultures existing across policy-makers, professionals and communities; the strengths and limitations of religious and folk healing; and the different patterns of distress expressed in clinical encounters.

2.1. The culture of policy-makers

Policy-makers have the inherent challenge of dealing with bureaucracy:

“what an art the bureaucracy has to invent strange names” (powerful State representative, during a public address).

On the backstage of a health institution, Psychiatrist B shared similar views around unnecessarily difficult names. In addition to bureaucratic language, policy makers also deal

with routinisation; political manoeuvres; instability; and work overload. With a sad voice tone, a key informant said:

“demagogy makes you torn everything...the biggest problem was indifference, or perhaps indolence” (Retired State representative).

There are problems of work overload due to lack of qualified staff; and mental health initiatives depend heavily on “the ideological tendency of the country’s leaders, and particularly of the Health Ministers”; “this subject generates in me, in certain way, unconformity, because my expectations have always been above the accomplishments that have taken place”. (active State representative).

The “Good-living” rhetoric is present in official discourses around mental health, but also, the pervasive influence of international agencies:

“the view of mental health that have been maintained has always been in accordance with what the WHO (World Health Organization) poses” (active State representative).

Finally, it is interesting to observe how - despite declarative respect for cultural diversity (e.g. indigenous identities) and the suffering of mental health patients – policy-makers can use humour to deal with such sensitive issues (i.e. the joke about a mentally ill indigenous translator, at the beginning of this paper). Clearly such jokes do not have the intention of harming the mocked person, who is able to joke back in a friendly manner. However, they do reveal an interesting cultural feature of the wider local culture.

2.2. The culture of professionals

Psychiatrists and psychologists are heavily influenced by knowledge emerging from the WHO. The difference is that the former operate from a core biomedical standpoint, while the second claim to focus more in both introspection, and social context. Even so, psychologists can also display excessively technical language. For example:

To be mentally healthy can be defined as “developing a [higher] level of consciousness”; for people to “free themselves from neurosis (Psychologist, private). mental health was defined as “the set of actions, attitudes, personal determinations, that a subject has regarding the mediation and the use he gives to external elements that favour a state of wellbeing, but that, at the same time, he has abilities to cope with circumstances that can place him in situations of distress” (Teacher A).

Disciplines such as sociology can have a more contextual approach:

Mental health is linked with “dignity”; income, work conditions; “recreation”; and receiving emotional support from his or her “family nucleus” (Sociology teacher).

In a mental health institution, I also heard a professional (Administrator) joke about “the mad”, and about issues linked with social class and ethnicity. It seems that, just as policy-makers, humour is also used by professionals to deal with some rather sensitive issues

2.3. The culture of “the community”

Policy-makers and professionals commonly refer to the lay populations they care for as “the community”. It must be noted that – although potentially sharing many characteristics – there are different and heterogeneous groups or people within and across different communities and territories (Wacquant, 2016). Here, authors report findings based on the interviewed

nonprofessional participants. Among them, many are unfamiliar with the different meanings of the term “mental health”:

If asked “what affects your mental health?”, replies can denote puzzlement: “I don’t even know what to tell you (Community member A).

People seem to prefer questions such as “what worries you?”, or “what makes you sad?”, and instead of being mentally healthy, they tend to use simpler expressions such as “to be fine” (to experience wellbeing):

“to be fine” means “that one is fine mentally, in all of one’s aspects” (Retired janitor).

To “be-fine” means having “a good work environment, a good family environment...if you are fine in those aspects, you have, like, [resources] to endure, to face many things” (administrative assistant).

The potential professional-popular incongruence is not only about language, but about trust and cultural familiarity:

“generally, a person does not believe in psychologists. The people from low classes and below do not believe in them... [they think they] do not need a psychologist” (Retired janitor).

“Everybody has the conception that a psychiatrist is for the mad” (elementary school teacher).

Regarding psychosis, the population tend to use the common terms of “craziness” or “madness”. Family is a remarkably important cultural institution, linked with both suffering and wellbeing, as reported, for example, by the suffering cause by “family disunion” (Community member B).

Although not explicitly present during the study interviews, humour is widely used by the population, many times joking around disvalued identities linked with class, race-ethnicity, gender, among others.

This intercultural dialogue between policy-makers, professionals and communities is pivotal, although usually rendered invisible due to reductionist notions of “culture” restricted to what is exotic and unfamiliar. The three type of social performers – policy-makers, professionals and communities - have their own characteristics, although – as seen in the case of humour – they can also share some aspects of the wider culture.

2.4. Religion and folk healing

In a remarkably Christian country, religion is expected to play some role in the alleviation of suffering. Christian ethos and values may be in operation, and a sense of trust and community build with local religious leaders and congregations:

“Mental health is a product of your history...I speak in very simple terms: mental health depends a lot with your capacity for love, with your capacity to serve...many times they [communities] don’t [go to see a psychologist] ...there is an increment of small churches, catholic, protestant, from diverse groups...people want to participate in a moment of cult because they feel good, they feel happy, their mental health is restored (religious leader)

Religious leaders seem to be doing an important job as healers:

... [a woman] came looking for me. We talked for a good while and at the end she said to me: Father, you know? I feel relieved (religious leader).

Christian values permeating healing is not restricted to religious leaders, but can also be observed in professionals:

A doctor working with mentally ill patients thinks that Christianity brings “mental peace” to people, and that “the individual that has high values, the individual that is a believer, - who believes in Christ’s doctrine with all its spiritual values of charity - he is a healthier individual” (GP).

Equally, folk healing – including imported “alternative” medicine; and local indigenous or syncretic rituals – are common alternatives that the population use to feel better. An example:

An informant told me: “when I get angry my head hurts” (Community member B). Once she was medicalised due to her headaches, but this did not take away the pain; “then we went to the Chinese. They took me and started to put some needles. They rubbed me, and then ‘tuc’! [cracked my neck] I started to feel better. I went only two times. They took away the headache”.

Compared to the professional culture of psychiatry and psychology, religious or folk healing seems to be more culturally accessible for some communities:

“shamans, I mean, all those limpieas [cleansings], all of those that are part of our culture and that - [briefly laughs] seems incredible - they [communities, sometimes] have more access to that than to a fully installed health centre...the scientific approach is slower, and maybe it give less hope to people (Teacher B).

2.5. Patterns of distress

Just as there are many strategies for healing, there are many ways to express suffering. Each patient utilises culturally-shaped patterns, or idioms of distress. Headaches, for example, can be one of these:

[something] enters one’s mind, I think, from thinking and thinking, one submits to it and becomes - what do I know? - it worries one, it makes one ill...[it comes] from the family itself, sometimes from the troubles, from people not having [money], because me, myself, my head always hurts (Community member B).

A lady told me the other day “father, father, my head is about to burst (...) [she] came here, we talked a good while (...) she cried the whole time, said things: “my husband this, my son that, my mother-in-law this” (religious leader)

Although in severe cases pharmacological treatment may be necessary, the risk of medicalising what is originally socio-cultural (e.g., moaning; violence; excessive work demands) is everpresent. Two examples:

[after the death of my brother], he [private physician] drugged me, I was like boba [clumsy, foolish], I sat, I was sleepy... [my son told me:] this that they are giving to you are drugs, don’t be taking them, otherwise your body will get used to it and you will not be able to stop having this (Elderly woman, community)

I suffered a lot from anxiety...I barely ate because I just studied all the time...First she [private psychiatrist] prescribed me the “sleeping therapy” (...) she prescribed me some dugs and I slept. But later, with time, she gradually

took them away and she did like, we talked, we chatted (elementary school teacher)

2.6. A revealing case

The authors insist in a pivotal idea: culture is not only about the exotic and unfamiliar. That being clarified, this section will finalise with a case that illustrates how challenging intercultural dialogues can be:

Today I met met Myriam, a young Catholic indigenous street vendor, originally coming from a village in the highlands. She was inside University campus, sitting outside a building where psychologists are trained. Her native tongue is kichwaⁱⁱⁱ, while mine is Spanish, so our communication was not fluent. She did not understand what I meant by “mental health” or “psychology”. She used a kichwa term to describe madness (I roughly noted it down as “mushpa”, but this might be misspelled). She said you become mushpa after sleeping in the “páramo” [top of a mountain]. If there is a sunny day, you would go to sleep in the shadowy area of the páramo, and then you would hear a “scream”, you “get scared”, you “wake up”, and this is how you “catch the paramo”. Somehow this was related to the place being very “bravo” (tough, angry, wild); “in our paramo there are angry bulls”, she told me. “even if it is mancito (meek/tamed)”, the bull “just gets bravo”. She told me “this is why you cannot sleep there”, and that “no one knows” where the scream comes from, “no one shows up when they scream”. One time she went to the paramo to shepherd with her father and she felt asleep. “Then my daddy screamed, I woke up scared”, but “no one showed up”, she said. “My father was not there”. It turned out that “I went to shepherd by myself” and “my daddy had not followed me”. Catching the paramo can be cured. A “pill” can be used, or you can “go again with fruits that you will leave there”. This needs to be done as soon as possible, otherwise is incurable. This narrative is radically different from those used by policy-makers and mental health professionals. In fact, is quite different from the popular views of the majority of local mestizos.

The current mental health policy mentions that local cultural dimensions could “lead” to “mental disorders” (Ministerio de Salud Pública, 2014a, p. 17) or to “stigma” around receiving psychiatric and psychological care (Ministerio de Salud Pública, 2014a, p. 30). It adheres to regional treaties (i.e. the Caracas declaration from 1990) concerned with the problems of indigenous populations and urban marginality (Ministerio de Salud Pública, 2014a, p. 38). And it declares problems such as “drug consumption” as being “motivated” by “socio-cultural” factors (Ministerio de Salud Pública, 2014a, p. 65). Overall, the policy advocates for a truly intercultural care that respects human diversity. The challenge is to translate such rhetoric into sensitive and respectful human encounters.

Challenge 3: A top-down, vertical and standard approach to policy

Current mental health policy is well-intended, although it is difficult to “know how possible or feasible it is to implement what is written” (active State representative). Two cultural barriers obstacles for such implementation seem to be: bureaucracy and standardisation; and the difficulty of dealing with diversity.

3.1. Bureaucracy and standardisation

Bureaucracy and standardisation are an almost inherent part of some local institutions:

To be honest, everyone works “para el papel” [for the paperwork], to present everything nice, even I do, right? ...but when addressing the issue, raw, reality, it is quite different (religious leader)

Today, at municipal-level programmes, “simply, there are some policy and recreation generalities, that are imposed or placed within all sectors as standardization. When in reality, population is not standard. It will never be standard, even more in such [marginalised] places (Sociologist)

To apply the same protocols, diagnoses and treatments to remarkably diverse population can result in an alarming neglect of the cultural validity of such interventions, ignoring the “raw reality” of local communities.

3.2. Diverse values and agendas

It can be difficult to find common ground between institutions with diverse values and agendas: I observed tensions between the State and a few NGOs. Official discourses embraced the possibility of “mixed administration models, in which they [NGOs] help us” (powerful State representative, during a public address). However, individuals in power within certain institutions can have a different view:

“what the Government will want to do is to absorb us, but that is going to be very difficult. We do better than the State” (Administrator).

This tensions seem to revolve around colliding values (i.e. charity versus rights) and certain political agendas.

To write a mental health policy is a seminal initiative to address mental suffering within local communities, an attempt to “recuperate the lost time” (powerful State representative, during a public address). Policy promotes both “permanent intersectional and intern coordination” and community “empowerment” (Ministerio de Salud Pública, 2014a, p. 43). The challenge is to find disruptive, creative and ethical efforts from all stakeholders, in a way that acknowledges, and respectfully deals with local diversity.

Challenge 4: Scant reflexivity and cultural sensitivity in professional training

No mental health policy can succeed without enough, and properly trained mental health professionals. Among others, of psychiatrists and psychologists, professionals commonly associated with the alleviation of “mental” suffering.

4.1. Psychiatry training

The discipline of psychiatry is moving towards a rhetoric based on a community-approach, and training seems to be changing in a potentially positive direction:

Psychiatric training is moving away from an “asylum conception” (Psychiatrist A) and including community-oriented approaches such as “liaison psychiatry” and “group interventions” (Psychiatrist B).

However, numbers seem to be an important problem:

“a lot of psychologists come out from universities, but psychiatrists are just a few and every time there are less” (Psychiatrists A).

An interaction with medical students provides a proxy on why this might be occurring:

due to an excessively packed schedule, “they are teaching us psychiatry in a very quick way”, “a very boring way. It’s too many books that they tell us to read and nothing concrete can be drawn from that. Everything is too general. It makes one to not really enjoy studying the course” (Medical student).

I asked s/he and a few others there if they wanted to become psychiatrists. They laughed, and said no.

4.2. Psychology training

Problems with psychology professionalization are others. Although numbers are high, the quality of training seems heterogeneous. Some views are positive:

Clinical psychologists are congruent with current policy, as they emphasize “family, the community, etcetera” (active State representative).

Many think that is better for students to be trained as general psychologists, “focusing in different areas: childhood, adults and everything” (administrative assistant).

Local academics perceive that some psychology training programmes – through internships conducted in marginalised communities – have brought mental health closer to popular suffering (Teacher B):

“immediately after viewing certain contents, they send us to carry on certain actions with the community” (Student B).

Key training institutions focus on “a psychosocial approach”, and some advanced students are already hired by the State as “community promoters or educators”, among other positions (Teacher A).

Other narratives challenge this positive portrait:

“The quantity is ok, but what about the quality? ... there are too many shortcomings regarding the administrative part” (Student A).

“We are still trapped by the academic training”: it is difficult to have “alliances with neighbourhoods”, and sometimes “students can have very little participation in the social projects” (Teacher A).

Psychologists trained in this institution have worked in local NGOs, but some of them have not shown a “deep” commitment to help others: “they did not have that passion. They were only ‘psicólogos de título’” (degree-only-psychologists) (religious leader).

The theories and methods that psychologists are learning also represent a challenge, as these tend to be imported, and representing a wide range of – frequently antagonistic – approaches to diagnoses and treatment. These include, mainly, cognitive; psychodynamic; and systemic approaches focused on families and communities. Based on reports by students, they are learning:

European classics (e.g., Piaget; Freud; Foucault); textbooks and compilations from Latin America (e.g., Cuba); and imported psychometric and projective tests, many imported from the USA (students A, B and C).

Students are not only faced with making sense of all of these rather conflicting epistemologies, but with contradictory messages around their critical and reflexive thinking around such content. The case of tests:

Although tests use “words that many times are not used in our Ecuadorian context” and probably “won’t give a truly valid information” (Student A), such content is “determined or proposed by professors” (Student B): “Maybe one adopts a passive role, simply resigned to what the teacher says” (Student B).

To include testing as an important part of their training has also a link with the popular culture:

“people want you to speak to them in numbers about how they are psychologically: well or unwell” (Student A)

A brief micro-observation from the narrative of a teacher seem to illustrate a different potential problem: students might be being trained to impose (i.e. “insert”) their own professional assumptions to the population, instead of establishing a true intercultural dialogue (see challenge 2). A professional identity linked with “science” might be part of this phenomena:

A teacher thinks that the role of a mental health professional in communities is “to support them in their strengths, in order to insert a little bit the scientific know ...[stops and rephrases his statement] But, more that inserting scientific knowledge, it is to act scientifically regarding their problems” (Teacher B).

4.3. Training and cultural violence

The problem of violence was previously reported in the context of challenge 1. However, training is particularly at-risk of engaging in a systematic form of cultural violence: ideologically justifying oppression and blaming the victim. An example around machismo: A woman found her husband cheating on her, and confronted him. Drunk, he responded by beating her. She went to see a public mental health professional (female, in her late 40s), who told her:

“what do you gain by being every day with the cantaleta [to repeat the same thing over and over]? the same... and the same? Your husband is going to hostigarse [get tired of it] and will go ... he will go and the other one [the mistress] will be happy because she will say ‘that one threw him away’” (cleaner)

The training of this professional reveals that, plausibly, reflexive discussions around structural and cultural violence were missing, and she ended up blaming the victim and reinforcing potentially harmful stereotypes. She reproduced culture, instead of challenging its oppressive dimensions. It is urgent to train mental health professionals to reflexively unpack their role as either unmakers or perpetrators of cultural violence, both in “the” communities outside campus, and inside their own training institutions. This will – to a great extent - help them engage more with the population, especially with the social sectors which are more oppressed and marginalised. There may be cultural identities that render such engagement problematic (e.g., class; race-ethnicity; gender). Even so, a reflexive training that offers effective “tools” which fit local suffering seems to be needed. I asked a psychologists why mental health professionals do not engage more with marginalised communities. The reply:

“Why don’t we go towards the dispossessed classes? Because we don’t have the tools ...maybe is because we ourselves have a hopelessness. And then, what are we going to promise them? What can we promise them? What? What change can we promise them if there is nothing to sustain it?” (Psychologist – private).

4.3. “Tools” (skills) to help communities

Based on interviewed subjects, it is possible to propose some guidelines for a responsive training providing important “tools” to help local communities. The population will benefit of professionals who are:

Passionate and engaged: their approach is “very personalised”, as there is affection, “devotion” and “vocation” involved (powerful State representative, during a public address).

They are guided by “altruism”, developing “a very deep relational capacity” and helping “the really needed people” (religious leader).

Their communication is “informal and warm at the same time” (Student C). They behave “as a friend” (cleaner).

Trustworthy: they “keep confidentiality” and “listen”; a patient can “express him or herself with tranquillity” (Student C). It should be “someone of one’s trust”, so you are “able to unburden” (cleaner)

Aware of interactions, culture and context: They examine “why relationships – affective, close ones – are the way they are” (cleaner). They acknowledge that “you are a fruit of your context” (religious leader), and “know about gender” issues and other local problems – both clinical and social (Student C).

Accepts the role of a helper/guide: They “guide” people (cleaner), giving them “tips” (administrative assistant) and “information” to develop “their [own] tools” to achieve wellbeing (Psychiatrist B). They offer “warmth”, but avoid making “the person dependent” (Student C).

Accessible and in-tuned to the community: It is them who “reach” communities, so these “do not have to move all the way there”, to a mental health institution (GP). Their help is sought because they are close, and “belong” to a local health centre or NGO (Community – elderly woman). They work close with local “leaders”, as these “like to be noticed” (Retired NGO psychologist). They help communities to “organise, to gain conscience and demand their rights” (Teacher A).

A drive to transcend basic training: They are constantly interested in “self-education”, aspiring “to know a little more, not only what the university teaches” (Psychiatrist A).

Mental health policy mentions the vital importance of training (Ministerio de Salud Pública, 2014a, p. 43). The authors argue that this might be one of the key fields through which to advance local mental health. The challenge is for professionals to be trained as reflexive and critical agents (including reflexions around identity, power and context); sensitive to culture; and genuinely engaged with human suffering.

DISCUSSION

A key idea presented in this paper revolved around direct, structural and cultural violence (Galtung, 2003), and its conceptual relevance to understand experiences of mental suffering (see challenge 1). Such violence includes: poverty; displacement; drug trafficking and consumption; domestic violence; and unwanted pregnancy. Policy-makers and professionals also may think of turning their eyes into the violence that may exist within their own institutions for mental health training, care, and policy development. Such reflexive self-examination may lead to assess if the theories and methods upon which the mental health field is built are allowing a genuine intercultural dialogue (challenge 2); and are flexible enough as to fit the

diversity that exists among local performers (challenge 3). Mutual trust and respect seems to be a pivotal requirement for policy to be locally responsive (Napier et al., 2014).

In order to understand violence, intercultural dialogues, and the existing diversity existing in Ecuador, culture needs to be seriously addressed. It needs to be detached from a meaning of exoticness, and be linked with familiar, everyday practices. For example, to examine subjects such as humour – so widely used by performers from both professional and popular sectors – may be valuable. Jokes and puns are not only associated with friendly, relaxed interactions. They may also express a reaffirmation of hierarchies (Goldberg, 1997); cultural resistance (Cardeña & Littlewood, 2006); or the reinforcement of social values and power relationships through mockery (Billig, 2005).

Higher education is a strategic field (challenge 4). The formal goal of policy is to train mental health professionals with “technical and ethical skills” necessary to improve “coverage”, “quality” and “cultural appropriateness” of care (Ministerio de Salud Pública, 2014a, p. 43). To achieve this, it is first necessary to understand how professional cultures and identities operate (Kullasepp, 2011); and how trainees learn to engage with local suffering. If used as a transformative practice to unmask cultural violence (Freire, 1970), education holds a key – maybe the key – to advance local mental health. How does culture shape the training of psychiatrists and psychologists in Ecuadorian universities? Are they being adequately trained to face the challenges described here? Further research is needed.

In order to successfully translate policy into practice, local ecologies of suffering need to be nuancedly examined on their own cultural terms, and from diverse disciplines (Jadhav et al., 2015). After all, context-bounded, concrete experience is what seems to configure people’s (inter) subjective states of wellbeing and suffering. For example, the to-be-fine category found in the popular culture of Ecuador, relates to findings from places as distant as Norway, where “how one is doing” seems to be more salient for patients than discussing specific clinical symptoms (Moltu et al., 2017). Even if such symptoms are clinically relevant, people live them “as part of more important phenomena, such as how one functions with family, children, or at work” (Moltu et al., 2017, p. 7).

To engage with ecologies of suffering, we need “a more penetrating kind of public health” (Breilh, 2008, p. 747). Researchers, policy-makers and practitioners may need to consider being more reflexive and critical in the way they use globalised categories; and more sensitive to local meanings and experiences. A paradigm change seems to be necessary:

Latin American researchers have insisted that in order to develop a critical epidemiological paradigm we must intertwine three complementary transformations: first, the rethinking of health as a complex, multidimensional object, submitted to a dialectical process of determination; second, innovation of methodological categories and operations and, third, a transformation of the practical projections and relations of mobilized social forces (Breilh, 2008, p. 747)

Ecuadorian mental health policy, rightfully attempts to move into what is communitarian, intercultural and intersectional. This may require “a cross-sectoral approach and engagement across health and social care sectors, as well as with service users and carers” (Battams, 2016,

p. 4). In pursuing such approach, policy-makers and professionals will need to explore collective agency (Bandura, 2004; Topor et al., 2011), and how it leads particular communities to interact with the life choices that are structurally made available to them (Cockerham, 2005). Globalising and scaling up mental health services seems to be insufficient, even potentially harmful (Bracken et al., 2016). Culture needs to be seriously incorporated in the design and implementation of policy, as to neglect it constitutes one of the biggest barriers for “advancing the highest attainable standard of health worldwide” (Napier et al., 2014). A human, bottom-up approach may be needed, “built on fundamental recognition and acceptance” (Moltu et al.,

2017, p. 10). Ecuadorian psychologists have recently made an urgent call to take these ideas seriously (Capella & Andrade, 2017). The future of public mental health relies on the professional and popular response to those calls.

FOOTNOTES

ⁱ For professionals, questions revolved around “mental health”, “policy”, and their perception of local experiences of suffering in marginalized urban areas. For community members, questions revolved around what made them “worry” or “sad”, and how they deal with such problems (including if they go see a psychologist or psychiatrist or not). ⁱⁱ This option has become a new aspiration for many working-class families, due to a policy of State university scholarships to study both in Ecuador and abroad. ⁱⁱⁱ The same language spoken by the indigenous translator portrayed in the vignette that opened this paper

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Appendix 4 Guide questions for semi- structured interviews

A set of guide-questions were used for formal, semi-structured interviews with individuals and groups. Its use was flexible, adapting both content and language to each specific context, and to the characteristics of each interviewee. For example, specific questions referring to training were asked exclusively to academic performers. Guide-questions included the following (in no specific order, with the exception of two broad questions about local and institutional culture at the beginning; and socio-demographic data at the end):

- How would you describe the local culture (Guayaquil)?
- How would you describe the institutional culture (FPUG)?
- What are the things that worry you the most? What causes these?
- Based on your views/experience, what are the main worries affecting the wellbeing/mental health of people in so-called “marginal” areas of Guayaquil? What causes these?
- What do you think about the training you have received so far?
- How would you define what “culture” is?
- What has been taught about “culture” during training?
- Do you think there is a link between “culture” and the work done by psychologists, or not? If so, please explain.
- What are the core features of “Ecuadorian” psychology?
- Psychologists trained at the FPUG are diverse. What do you think they all have in common?
- Why did you choose this profession?
- Do you think the way we feel and think “outside” our professional roles influences the way we provide care to patients, or not? Please, explain.
- Did studying psychology changed your way of being and thinking in some way, or not? Please, explain.
- What paradigm or theoretical approach do you rely on?
- What do you think about shamanism and/or “curanderismo”?
- What do you think about religion?
- How would you define “violence”?
- Is “violence” justified in any particular context, or not?
- Do you think there is a link between “violence” and the work done by psychologists, or not? If so, please explain.
- What has been taught about “violence” during training?
- Have you observed, lived, or heard about experiences of violence within the training institution?
- Is there a link between the work of a psychologist and problems such as classism, racism and machismo – among other forms of discrimination – or not? Please, explain.

- What are the most important things in life?
- What are your most remarkable “values”?
- What are the characteristics of a “good” psychologist?
- What are the characteristics of a “good” patient?
- Is there a link between the work of a psychologist and the subject of “morality” and “values”, or not? Please, explain.
- What can you tell me about the local “sabido” culture?
- Do psychologists act “sabido”, too, or not?
- Why do local people frequently act “sabido”?
- How is “humour” experienced within the training institution (and/or work place)?
- What do you think of puns/jokes that mock/discriminate others (e.g., racist, classist or sexist jokes)?
- Is making this type of jokes “good” or “bad”? Why do we make them?

Sociodemographic data (socio-cultural identity): Age, gender, family members /family history, area of residence, religion, ethnic identity, class identity; for psychologists/trainees: year of study (or graduation), aspired occupation in the future (or current occupation).

Is there something I missed? Something I did not ask, and that you think is important?

Is there anything else you would like to say/add?

Appendix 5 Use of Atlas.ti during early stages of analysis

Code Manager [Hit THESE-DATA-ANALYSIS]

Codes Edit Miscellaneous Output View

Search (Name)

Families

Show all Codes

- 1.SOCIAL-ACTORS (87)
- 2.DEFINING-PSYCHOLOGY (15)
- 3.CURRICULUM (71)
- 4.CAPITAL-PSY (56)
- 5-VALUES-PSY (83)
- 6-NEOCOLONIZATION-RISKS (5)
- 7-TECHNOLOGY (6)
- 8-COMMUNICATION-PROBLEMS (12)
- 9-REGULATION-NORMS-FREEDOM-SUPERVISION (56)
- 10-INTERSECTIONALITY (40)
- 11-HUMOUR (31)
- 12.CONFORMITVS-CRITICAL (5)
- 13.WOUNDED-HEALERS (5)
- 14-COSTS-DIFFICULTIES-of-HELPING-RT (47)
- 15.LEARNING-about-SUFFERING (79)
- 16.DIV/INTER/BE-around-SUFFERING (70)
- 17.The-POPULAR/voices-of (187)
- XXX-THE-OTHERS/UNCATEGORISED-NET (137)

Name	Grounded	Density	Author	Created	Modified	Families
SYMB_class~	79	0	Super	09/10/20...	31/03/20...	17.The-POPULAR/voices-of
EXPECTATIONSoPSY_professionals	69	0	Super	09/10/20...	11/03/20...	2.DEFINING-PSYCHOLOGY
COMMUNIC_uncan/misused_categories	62	0	Super	09/10/20...	11/03/20...	8-COMMUNICATION-PROBLEMS
POLITICS(campus)-	60	0	Super	09/10/20...	09/10/20...	XXX-THE-OTHERS/UNCATEGORIS...
MARKET_competence_inte~	56	2	Super	03/10/20...	28/03/20...	4.CAPITAL-PSY
SABDO_breaknom-PRACTICAL	51	1	Super	09/10/20...	06/11/20...	9-REGULATION-NORMS-FREEDO...
PSY+RELIGION	51	1	Super	18/11/20...	11/03/20...	10-INTERSECTIONALITY
BIBLIOGRAPHY/AUTHORS(used)	50	0	Super	17/10/20...	19/10/20...	3.CURRICULUM
TRAMITOLOGIA_BUREOCRACY"	48	0	Super	09/10/20...	31/03/20...	9-REGULATION-NORMS-FREEDO...
Language-TECHNICAL_JARGON	46	1	Super	12/10/20...	07/03/20...	8-COMMUNICATION-PROBLEMS
EXPECTATIONSoPSY_population	44	0	Super	12/10/20...	31/03/20...	17.The-POPULAR/voices-of
FOOD	42	0	Super	25/10/20...	28/03/20...	XXX-THE-OTHERS/UNCATEGORIS...
BACSA(psy)(subtle)	42	1	Super	09/10/20...	23/10/20...	10-INTERSECTIONALITY
Power_relationships-subtle	37	0	Super	09/10/20...	28/03/20...	XXX-THE-OTHERS/UNCATEGORIS...
MORAL(right/good/adequate)/NMORAL	37	1	Super	23/10/20...	31/03/20...	5-VALUES-PSY
language "malas-palabras"	37	0	Super	09/10/20...	11/03/20...	17.The-POPULAR/voices-of
PSY-CRITICAL-STATEMENTS(content/power)	36	0	Super	14/10/20...	10/03/20...	12.CONFORMITVS-CRITICAL
QUEVEDOSMO(+)	35	1	Super	09/10/20...	26/03/20...	9-REGULATION-NORMS-FREEDO...
CULTURE_limited(PRUG-cognitive-behavioral	34	0	Super	09/10/20...	09/10/20...	3.CURRICULUM
TEST_valued	33	5	Super	13/10/20...	03/11/20...	15.LEARNING-about-SUFFERING
TEST_valued	33	3	Super	09/10/20...	16/12/20...	4.CAPITAL-PSY
psychomafias	33	1	Super	09/10/20...	28/03/20...	15.LEARNING-about-SUFFERING
subido "palanca"	32	1	Super	09/10/20...	18/10/20...	9-REGULATION-NORMS-FREEDO...
TRAINING_content#fairs	29	0	Super	13/10/20...	11/03/20...	3.CURRICULUM
TECH-for-learning~	28	0	Super	17/10/20...	31/10/20...	7-TECHNOLOGY
SUPERVISION_REQUIRED	28	2	Super	09/10/20...	10/03/20...	9-REGULATION-NORMS-FREEDO...

Appendix 6 Photographs of the training institution



The FPUG front



Backyard. Path leading to outdoor cafeterias and sports courts.



Backyard spaces before teaching term started



Library study/reading space. In the back is a portrait of Dr. Fortunato Safadi, (left-wing) psychiatrist, a seminal historical figure at the FPUG.



Auditorium. Off-frame: portraits of all FPUG Deans (1980s – present)



Hallway on the ground floor



Pathway by the Estero Salado, next to the FPUG.



One of the two main entrances to UG



A road outside campus. Traffic, stationery, photocopies, printing, food.



Example of an informal worker within campus



Students waiting to be helped by administrative staff ("secretaries").



Maintenance staff carrying chairs. Orders being given by administrative staff.
Students in the back.



Graduate student wearing a Ministry of Health vest in class



Left: Old graduation projects piled on a library shelf. Right: Painting in a room where viva examinations are held, portraying Simón Bolívar, Christ in the cross, the flags of Ecuador and Guayaquil, and revolutionary motifs (1987)



The landscape of an academic meeting after lunch. FPUG Directives and administrators/teachers present.



CCTV surveillance still in operation: both safety and discipline

Appendix 7 Training programme 2015 – 2016

Year	Semester (term)	Course	Total hours (class + autonomous)
<i>APPROVAL OF LEVELLING COURSE</i>			
ONE	1	English I	160
		Computing I	80
		Human development	160
		Personal development: psychology, art and sports I	120
		Biological foundations of psychology	160
		History of psychology	160
	2	English II	160
		Computing II	80
		Personal development: psychology, art and sports II	120
		Epistemological foundations of psychology	160
		Research methods I	200
		Social psychology	160
TWO	3	English III	160
		Computing III	80
		General psychology I	200
		Developmental psychology I	160

		Research methods II	160
		Psychology of communication	120
		PPP I	80
	4	English IV	160
		General psychology II	200
		Developmental psychology II	160
		Personality psychology I	200
		Psychology and human rights	120
		PPP II	80

Appendix 8 Formal Ethics clearance: UCL & FPUG

UCL RESEARCH ETHICS COMMITTEE
ACADEMIC SERVICES



23 April 2015

Dr Sushrut Jadhav
Division of Psychiatry
UCL

Dear Dr Jadhav

Notification of Ethical Approval

Project ID: 6444/001: Psychology's culture and care delivery within marginalized communities of Guayaquil, Ecuador

I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that I have approved your study for the duration of the project i.e. until August 2016.

Approval is also subject to the following conditions:

1. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.
2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

Reporting Non-Serious Adverse Events

For non-serious adverse events you will need to inform Helen Dougal, Ethics Committee Administrator (ethics@ucl.ac.uk), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events

The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

With best wishes for the research.

Yours sincerely



Professor John Foreman
Chair of the UCL Research Ethics Committee

Cc: Manuel Palacios, Applicant



UNIVERSIDAD DE GUAYAQUIL
Facultad de Ciencias Psicológicas
DECANATO

Oficio 250
Guayaquil, febrero 18 del 2015

To
The Chair
The UCL Ethics Panel
University College London
London, UK

Reference: Proposed research project on **“Psychology’s culture and care delivery within marginalized communities of Guayaquil, Ecuador”**. *Principal Investigator: Dr Sushrut Jadhav, PhD. student: Mr Manuel Capella, MSc.*

Dear Chair, UCL Ethics Panel:

I am delighted to know that Dr. Sushrut Jadhav and Mr. Manuel Capella, Division of Psychiatry, UCL have proposed a unique research project on the above-mentioned subject at the Faculty of Psychological Sciences at the University of Guayaquil.

The Scientific Committee have gone through the proposed research proposal and conclude it is an original and crucial study. Indeed, we would warmly welcome this research project to be conducted at our Faculty, subject to the ethics approval by UCL. I shall be most grateful if the UCL Ethics Panel considers and approves this proposal. It is a neutral cost for our Institution and yet generates significant insights for our training programs. In particular, the conclusions derived from this study are likely to have major implications for future policy and training of psychologists in Ecuadorian Public institutions.

The Scientific committee from the Faculty of Psychological Sciences have no ethical concerns about hosting this proposed study, subject to approval by UCL Ethics committee.


Maria Quindé Reyes, MSc.
Dean, Faculty of Psychological Sciences
Universidad de Guayaquil



Appendix 9 A preliminary and tentative proposal for a “critical” training”

This proposal is meant to be used in the context of a process of in-group *conscientización* within the academic community of the FPUG (and even, expanded into similar processes in external communities where trainees live, or will be expected to work). It could also guide dialogues in other universities globally, if this is considered appropriate by local academic communities.

As transversal strategies, I suggest the following:

- Starting each course with basic content on history and epistemology
- Providing space for criticism on the strengths and limitations of all theories and methods taught in class
- Utilising local case studies in all courses, including lived experiences by trainees, both “personal” and “professional”
- Keep bureaucratic control into an *effective* minimum, while allowing creativity and critical thinking in both theoretical and practical activities
- Include discussion on dual belonging, the tension between intercultural respect and the help-as-war metaphor, and issues associated to liminal exchanges, in each course
- Discuss psychopolitical and cultural validity in each course
- Utilise dialogical action via *conscientización* in all pertinent courses, and in creative ways; also, recur to this method in periodical workshops with all academic (and non-academic) staff
- Include literature from scholars from both the Global North and the Global South, but always scrutinise readings through reflexivity and critical thinking, with the notions of coloniality and cognitive justice in mind. Set the goal of gradually producing culturally valid local textbooks.
- Include training on software, digital networks and English language, framing them as tools for glocal communication (this can be split into several specific courses over the entire training programme).
- Knowledge, skills and attitudes need to be set for each course. Knowledge should include information to be learned, both from textbooks, and from local cultural wisdom; skills need to include critical and reflexive examination of learned content, as the ability to use such knowledge to analyse and help local subjects; attitudes need to include values – that are usually already declared in the institution- , such as

“solidarity” and “critical” thinking, with a special ethical focus on the way trainees will respond to existing direct, structural and cultural violence.

- Trainees need to know from the very start, and throughout the programme, that undergraduate training will not be enough in order to access specific work fields, due to technical and ethical reasons, and other contextual constraints; he or she will need to undergo quality postgraduate training, and should demand the State to provide such opportunity for them, for their own wellbeing, and that of the wider society.
- Make continuous efforts to guarantee that teachers are performing as suitable role models for students in terms of technical and ethical competence, including critical thinking and reflexivity.

Regarding the entry process, this is relatively standardised at the University. Nonetheless, I suggest the following considerations:

- The “levelling” process need to include reflexive counselling regarding career choices, which includes essential elements of what psychology actually is and does; the professional identity of psychologists (e.g. dual belonging, the help-as-war metaphor; and liminal exchanges); their potential alternatives for work after graduation; ethics; and consideration of other career choices, in the case passion, engagement and vocation seem absent.
- Examination should not *only* be based on a quantitative “pass” of “levelling” courses, or on the score of a standardised written entry exam; it should involve some culturally-sensitive form of assessing the factual or potential passion, vocation and engagement of the candidate, once he or she has learned all the basic contextual and subjective implications of becoming a psychologist, and reflexively discussed these.

YEAR	SUGGESTED COURSES
Year 1	<ul style="list-style-type: none"> — A critical historiography of psychology — Epistemological foundations of psychology (with a pluralist approach, including discussions on “Epistemologies from the South”). — An introduction to social sciences and the study of subjectivity — General Psychology: and introduction to hegemonic and critical perspectives — Psychology, power and normativity (including discussions on ethics) — A dialogical exploration of professional identity: dual belonging, the help-as-war metaphor and liminal exchanges — Performing as professionals: role play training I
Year 2	<ul style="list-style-type: none"> — Neuropsychology: hegemonic and critical perspectives — Social psychology: hegemonic and critical perspectives — Developmental psychology: hegemonic and critical perspectives — Communication and discourse: hegemonic and critical perspectives — Personality: hegemonic and critical perspectives — Introduction to scientific research (including discussion on historical, epistemological, methodological and ethical issues, with a focus on critical pluralism). — Performing as professionals: role play training II
Year 3	<ul style="list-style-type: none"> — Quantitative research: methods, strengths and limitations (including discussions on statistical, cultural

	<p>and psychopolitical validity)</p> <ul style="list-style-type: none"> — Qualitative research: methods, strengths and limitations (including discussions on statistical, cultural and psychopolitical validity) — Family: a context-sensitive interdisciplinary approach — Community: a context-sensitive interdisciplinary approach — Psychological practice and intercultural sensitivity (including discussion on class, gender, race-ethnicity, religious and political affiliation, and professional, folk and popular culture) — Performing as professionals: role play training II — Performing as professionals: cases A (concrete practice in real life settings)
Year 4	<ul style="list-style-type: none"> — Wellbeing and suffering: hegemonic and critical approaches (with a focus on orthodox psychopathology, and wider notions on social suffering and structural-cultural violence). — Clinical and health psychology: hegemonic and critical approaches — Work and Organizational Psychology: hegemonic and critical approaches — Educational psychology: hegemonic and critical approaches — Community psychology: hegemonic and critical approaches — Performing as professionals: cases B (concrete practice in real life settings) — Translating training into locally responsive help: community-based practice

<p>Year 5</p>	<ul style="list-style-type: none"> — Graduation project (conventional research or systematisation of a pre professional intervention experience, including critical and reflexive discussion on selected epistemologies, theories, methods, conclusions and ethical-political implications). — Exit exam (a written exam of key concepts learned throughout the programme, showing that the trainee is able to use them critically and reflexively, in order to analyse and propose professional “help” in relation to local case studies) — Glocal Networking workshops with advanced trainees from other regions of Ecuador, Latin America and the wider Global South (space for networking and dialogical action, focused on the exchange of personal experiences; research interests; concerns regarding jobs and professional roles; professional or research networks and unions; anti-oppressive endeavours and social movements, among other).
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