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How coloniality shapes the making of Latin American Psychologists: Ethnographic evidence from Ecuador

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Abstract

This paper provides ethnographic evidence on how coloniality shapes the making of Latin American psychologists. A critical ethnography was conducted at a psychology training institution in Ecuador, consisting of twelve months of participant observation; forty-one semi-structured interviews; and analysis of academic discourse, photos, videos and relevant social media content. The research was guided by the tradition of Critical Psychology – specifically Liberation Psychology – and Critical Discourse Analysis. Findings suggest the pervasiveness of coloniality in the making of Ecuadorian psychologists and, hypothetically, of others in Latin America and the wider Global South. Interpretations also highlight the non-essentialist, non-dichotomist, ‘messy’ nature of such processes, a consideration which may advance current ethical and analytical debates on decolonisation. Echoing ongoing critical arguments, authors suggest that a ‘help-as-war’ metaphor is a category with potential value to contribute to such advancement, an approach that has important theoretical and pragmatic implications for researchers and practitioners.

Keywords: professional identity, psychology, global mental health, critical ethnography, critical discourse analysis, Latin America, Ecuador, Global South, colonial, metaphor
Introduction

The globalisation of hegemonic psychiatric and psychological knowledge can result in colonial cultural violence. This is a well-known idea within the community of critical psychiatrists (Bracken et al., 2012; Bracken, Giller, & Summerfield, 2016; Jadhav, 1995); and critical psychologists (Barrreto, 2017; Parker, 2007; Pavón-Cuéllar, 2017; Teo, 2015), including those ascribed to the Latin American tradition of Liberation Psychology (Martín Baró, 1998). In fact, Liberation Psychology examines forces that oppress subjects, “many of which have their origins in histories of colonization and continue through global multinational and capitalist structures” (Moane, 2014:1079–1080). Arguments within Liberation Psychology are relatively consistent: epistemological and pragmatic resistance to the acritical regurgitation of globalised knowledge, and a desire to transform psychology into a field working with, and for, those oppressed by structural and cultural violence (Martín Baró, 1998). However, despite the existence of valuable armchair theorisation and reflexive accounts, there is a need for evidence in order to advance such agenda, including critically analysed “evidence that links the local to the global” (Fine, 2012:435).

This paper presents ethnographic data gathered at a psychology training institution in Ecuador. Data was gathered in the context of a more comprehensive ethnographic research which explored the local construction of professional identity from the perspective of Critical Psychology, with a focus on Liberation Psychology (Capella, 2019). Findings presented here relate to two research objectives of that project: providing ethnographic evidence on the diverse ways in which undergraduate and graduate psychology students construct and perform their professional identity, and propose potential analytical categories that could advance academic dialogues. When analysing the ethnographic data, authors addressed the following questions: Is the professional identity of local psychologists colonised? If so, in which ways? What analytical categories would help us to grasp the complexity such process?

Findings illustrate how the coloniality implied in the globalisation of psy knowledge from WEIRD (western, educated, industrialised, rich and, allegedly, democratic) nations into psychology training within the Global South is quite evident. Authors suggest that one of the ways through which such coloniality can be interpreted is
through a ‘help-as-war’ metaphor. While findings support most critiques of
globalisation, they also suggest that armchair theorisations of the global versus the
local assume a deadlock. Evidence is needed to advance this discourse and reiterate
that “good ethnographic research can make a significant contribution to moving
beyond this impasse” (Jain & Orr, 2016, p. 688). Such evidence can potentially aid the
academic and ethical-political project of decolonising psy professions, this is, to
achieve some form of subversion of power asymmetries involving knowledge from the
Global North and the Global South (Martín Baró, 1998; Mills, 2013; Pillay, 2017; Santos, 2014).

Examining the link between the global and the local requires a conceptual clarification
of three interlinked concepts related to complex power relationships: coloniality, psychologisation and psychologism. Coloniality refers to a historically-
rooted structural and cultural power derived from a colonial logic, which is pervasive
in contemporary human societies both in the Global North and the Global South
(Mignolo, 2017). It shapes what we should know and who we should be. In provocative
terms, Mignolo describes such logic as a ethnocentric western “virus” (2017:39), one
that can infect the minds and practice of psychologists, who may judge normality in
terms that disregard “its fit for local ecology” (Adams et al., 2017:14). This is
problematic if we accept the value of ecological approaches and intercultural respect
in the fields of psychiatry and psychology (Capella & Andrade, 2017; Jadhav, Jain,
Kannuri, Bayetti, & Barua, 2015). By psychologisation, we refer to processes “by
which psy-knowledge becomes dispersed and globalised” (Klein & Mills, 2017:1991),
even into “fields which are supposed not to belong to the traditional theoretical and
practical terrains of psychology” (de Vos, 2012:1). Finally, by psychologism we refer
to the way psychology can divert the focus from “oppressive structures” into “individual
and subjective factors” (Martín Baró, 1986:222). These three core concepts are
examined in this paper, highlighting their analytical value, but also problematizing their
essentialist and dichotomist use.

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1 This and other quotes from Spanish sources had been translated by the first author.
Processes that can be interpreted through these concepts have long reached the Global South, including Latin America. For example, through a moral call by the Global Mental Health Movement (GHM) to globally ‘scale up’ WEIRD knowledge (Patel, 2012). Such agenda relies upon an Evidence-Based Paradigm (EBP), which works on the WEIRD assumption that the best evidence is quantitative and approached mainly through the lens of orthodox epidemiology and clinical trials. While considering some possible benefits for those suffering from mental illness in the Global South, many critical scholars and practitioners have opposed the agenda of GMH, on epistemological and ethical bases (e.g., Bracken et al., 2016). Ethnographic inquiries associated with such critiques have illustrated the potential violence inherent to GMH (Jadhav et al., 2015; Jain & Orr, 2016; Mills, 2013).

Discourse is key to the expression, reproduction and contestation of coloniality, and metaphors are a key part of discourse. Metaphors are powerful, they shape the way people think, live, and experience suffering (Lakoff & Johnson, 2003). Understandably, it is an area of interest for critical discourse analysts (Fairclough, 2013). One of the ways coloniality may express itself is through a ‘help-as-war’ metaphor (Capella, 2019), this is, to provide help in a way that frames the recipient as a potential adversary to be ‘collapsed’ for their ‘own good’—changing parts of their culture; destroying their defence mechanisms; and extracting a hidden “truth”. This echoes the idea of violence “in the name of progress” (Mills, 2013:68), and, as the evidence here will suggest, leads to complex ethical and clinically relevant concerns.

Suffering in Ecuador is shaped by its troubled past and its contemporary reality (Capella, Jadhav, & Moncrieff, 2019; Cruza-Guet, Spokane, Leon-Andrade, & Borja, 2009). Most people (71.9%) categorise as mestizos (“mixed race”), 7.4% montubios (rural coastal people), 7.2% African-Ecuadorians, 7% indigenous and 6.1% white. The vast majority speak Spanish, and are religious (Catholicism, followed by other Christian faiths). There is salient poverty, classism, racism and gendered oppression. The globalised language of epidemiology frames ‘mental’ suffering, primarily, as ‘mood disorders’ and ‘substance abuse’, while teenage pregnancy is also a major problem (Ministerio de Salud Pública, 2014; Panamerican Health Organization, 2012). The State faces these and other challenges with scarce resources, while declaring its interest in providing intercultural and community-
oriented care. Notably, the national constitution is anti-colonial, declaring to be “against all forms of colonialism” (Const., 2008), to which extent such well-intended ideals had been accomplished is still a matter of debate.

Methods

In the context of a critical ethnography on the professional identity of psychology trainees in Ecuador, the first author conducted a 12-month period (2015-16) of participant observation (Capella, 2019). Such technique was complemented with semi-structured interviews with 41 subjects, the vast majority from low-income/middle-income backgrounds (25 undergraduate psychology students; 6 graduate psychology students; 5 teachers of the psychology programme, at the undergraduate level; 1 cleaning/maintenance staff at the psychology facility; 2 informal workers in campus; 2 recipients of pre-professional help in deprived areas). Analysis included academic discourses, photographs, videos and social media content.

The selection of participants was purposive and strategic, conducted through snowballing, and based on fluid ecological interactions during fieldwork. The purpose was to explore the construction of professional identity from the perspective of critical psychology. Thus, the ethnographer privileged the selection of subjects who had key inputs to offer (based on their roles in the field vis-a-vis the subject and critical perspective of the research), and/or whose identities were disvalued by hegemonic local ideology (e.g., based on place of residence, class, ethnicity and/or gender). As the ethnographer attended diverse courses –mainly with one group of advanced undergraduate psychology students (who also conducted pre-professional community practice as part of training) and one group of graduate students (the majority of which were also clinical practitioners)– he also collected data related to academic discourses. For example, expressions used by teachers and trainees during class sessions, but also in other locations within and outside campus, and the overall approach and content of several of their textbooks and written reports. Findings presented in this paper include only excerpts relevant specifically to the exploration of the help-as-war metaphor, in relation to coloniality, psychologisation and psychologism.
Following Madison (2005), the study aspired to unpack unjust power asymmetries “through the overt polemics of the researcher” (p. 6), understanding each participant as an active subject, not an “artifact captured in the ethnographer’s monologue, immobile and forever stagnant” (p. 10). Such polemics were salient during data analyses, and much less so during most field work interactions which were driven by efforts to retain an emic approach. The ethnography was conducted ‘at home’ (Dongen & Fainzang, 1998), given that the first author is an Ecuadorian psychologist. The first author selected a ‘strategic site’ –the training institution– from where he “followed” participants into other spaces –e.g., sites for pre-professional practice (Marcus, 2009). Data were considered from the standpoint of critical discourse analysis, with a focus on domination and resistance. Discourse was analysed in relation to “extra-semiotic elements in relevant practices, institutions and events” (Fairgclough, 2013:226). A social wrong was identified –associated with the potential cultural violence of dominant psychology– analysing obstacles to address it, its role in sustaining the status quo, and alternatives to transform it (Fairgclough, 2013).

As institutions of its type in Latin America, the strategic site has a turbulent political past, including the influence of oppressive dictatorships during the cold war era, being resisted by teachers and students (Capella & Andrade, 2017). WIERD psychology began to be taught since the 1960/70s –in such political context– next to other approaches associated with soviet and Cuban psychology. Since the 1980s, and for over twenty years, neoliberalism became the dominant ideology. More recently (2007–2017), the training institution was influenced by a national policy of ‘Good-Living’: a focus on rights, equality and environmental sustainability (Asamblea Constituyente, 2008). Presently (from 2017), national policy has shifted again to the right of the political spectrum, also influencing the strategic site. In practice, the examined training programme had an eclectic and diverse approach. Despite the significant presence of courses related to community psychology –including some teachings by Freire (1970)– most textbooks and practices were in-tune with WEIRD psychology. Further institutional details are omitted due to ethical considerations.

While this paper has the main strength of contributing to international dialogues based on critical ethnographic data, it also has some limitations. It does not present further macro-sociological analyses, comparative ethnographic methods, nor extended
discussions related to wider critical and community-focused literature. In addition, other voices of subjects not formally associated with psychology are absent, and require much further attention in future research.

The role of ethnographer – gathering and analysing data – corresponded to the first author, a male, mestizo Ecuadorian critical psychologist, with clinical and social expertise, trained in Ecuador, Spain and the UK; he studied in the strategic site around fifteen years ago, and currently works there as a lecturer and researcher. He did not have a job association with the institution when the ethnography was conducted (except for one month, towards the end of fieldwork). The second author (SJ) was the primary supervisor of the research and contributed with analytical and stylistic inputs; he is a male, Indian, cross-cultural psychiatrist with expertise in the UK and abroad. Both authors share the view that the mental health field has an ethical imperative of becoming more responsive to the experiences, culture and needs of the people, especially those who had been marginalised the most, locally and globally. While having particular positionalities, their own identity is related in different ways to a “history of colonization and disenfranchisement” (Madison, 2005:9). In this sense, findings are meant to be read as partial and situated (Martín Baró, 1998).

Findings

Interpretations are presented under four interlinked sub-sections: ‘foreign things’ and ‘third-world thinking’; the WEIRD and the local; psychologism; and help-as-war.

‘Foreign things’ and ‘third-world thinking’

Training included decontextualized WEIRD knowledge, uncritically evoked vis-à-vis local culture: “we have many foreign things, but little of our own”, said a student in class. In the words of an interviewed student: “we Ecuadorians have a low self-esteem”. What is “foreign” was quite valued: “they [foreign psychologists] are, like, they study more and are more advanced. In contrast, we don’t”, said a different interviewed trainee. A graduate student –who worked in a deprived urban area– said during her interview:

“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”.

URL: http://mc.manuscriptcentral.com/cirp Email: cirp-peerreview@journals.tandf.co.uk
Examples of the value given to what is ‘foreign’ were many. In class, a teacher legitimised a Spanish instrument to screen gendered violence, essentially because it was based on ‘the European system’. Knowledge emerging from the World Health Organization (WHO) was visible at academic fairs, open houses, and classroom content commemorating ‘official days’ (e.g.: gender-violence day; substance abuse day, etc.). A teacher told the class about an upcoming “community intervention”: it’s “very simple”, this is “a WHO model” and “you will apply this model”.

Time constraints, a managerial approach, and lack of reflexivity seemed to lead to ‘simple’ actions and ad-hoc use of foreign ‘instruments’. There were a few minor exceptions during fieldwork, usually in the context of private conversations with the ethnographer. For example, a student questioned the cultural validity of a questionnaire poorly translated from English; and a teacher –after the ethnographer suggested the theme by the end of field work– said that the content of a recent local course promoted by the WHO and the European Union was “too gringo” (i.e., culturally unfamiliar).

A different type of discourse was explicit about valuing what is foreign and disvaluing what was framed as local “third-world thinking”. For example, the same lecturer who prescribed the “simple” WHO instrument, in confidence, expressed to the ethnographer some worries: Europeans “see us like Indians”, as, unlike us, Europe and USA have the “best universities”. The teacher feared that the ethnography would expose the flaws of local training. A different lecturer, during her interview, critiqued local “patriotic” views: “This is third-world thinking. And because of that we continue ‘developing’, and never cease to `develop’”. A similar idea was held by a third teacher –usually in private, but occasionally in class– at different times during field work:

“...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”

Coloniality, and –apparently– marginal and non-conscious resistance to it, were interpreted in these and other local discourses.
**The WEIRD and the local: “No pure diagnoses”**

Literature utilised in the training programme was diverse, and illustrated hybridity across hegemonic and non-hegemonic sources. However, coloniality was easily interpreted, as most textbooks included WEIRD content, which most teachers and students considered the gold standard to be framed as knowledgeable. This included content from the USA and Spain; ICD; DSM; Gordon Allport’s work on personality; Diane Papalia’s work on orthodox developmental psychology; systemic theory regarding family (e.g., Minuchin, Satir), among many others. The teaching of history was also illustrative of coloniality. The ethnographer failed to find a student who was knowledgeable on the nuanced and complex –many times, violent– history of psychology. Instead, the myth of Wundt’s laboratory, and seminal figures (e.g., Freud, etc.) took over the dominant narrative. When the ethnographer asked a black student why she was not taught about social Darwinism or theories by any African-descendant or indigenous psychologist, she said: “they don’t teach us that”. She thought it should not be taught, as it would potentially lead to racist comments and jokes among the student body.

Two examples of WEIRD literature were salient to the ethnographer. The first, a compilation of instruments for evaluation and diagnosis, mostly WEIRD tests. The second, a book on ‘abnormal psychology’ originally edited in the USA (translated as ‘Clinical Psychology’, with a biomedical and cognitive orientation), with ‘cases’ that were not always congruent with most local problems experienced by the majority of Latin Americans (e.g., the suffering of USA war veterans, sexual pathologies such as vaginismus, a troubled son of a wealthy banker, a teenager suffering due to acne, etc.). The two WEIRD books had covers that used metaphors of the mind as a puzzle or lock, and of psychologists as experts (e.g., male, white scientists in white coats) who held the key to solving the enigma (e.g. through tests, psychiatric diagnoses, and/or psychotherapy).

In contrast, there was another type of literature, less common, which seemed to orbit towards different forms of resistance. Particularly –but not exclusively– the literature utilised in courses associated with community psychology, popular education or human rights. Soviet cultural psychology (e.g., Vigotsky) was a major influence at
the institution since the late 1990s, although its teaching—with some exceptions—was not especially salient at the time of the ethnography. One radical example of non-WEIRD literature was a political book entitled Writings for the 21st century youth (with a picture of “Che” Guevara on the cover). Apparently no longer in use—but utilised for several years before the ethnography—this artefact embodied the effervescent left-wing political past of this particular institution, and the Latin American tradition of a Marxist psychology. Even in courses with a very salient biomedical and cognitive approach, relatively subtle forms of resistance could be interpreted. For example, a lecturer teaching one of such courses said in class: “not all the criteria of the DSM-5 can fit the condition of the individual”; in some cases, “there is no pure diagnosis”. As for explicit critiques to WEIRD theories, only once, in private, a senior lecturer—aware of the ethnographer’s interest—complained that developmental psychology taught locally was not predicated on indigenous experiences.

Some students said they did not have enough time to read, or displayed little interest in reflexive reading. This frequently resulted in some of them citing authors, but not engaging with their ideas. This was the case, for example, with a book widely utilised in community-related courses. It included Freire’s views regarding liberation and respectful intercultural dialogue, but this seemed incongruent with the way students—and teachers—were discussing and applying such ideas. Moreover, the book cover depicted a group of smiling, white, blonde young people, which contrasted with the non-whiteness of the local majority. The subjects on this cover actually look like foreign “gringos”, as a student said when called to attend to the incongruence embodied in the artefact. Again, coloniality seemed present, even domesticating and instrumentalising critical Latin American authors.

Literature and artefacts explicitly linked with GMH and EBP were not salient during the ethnography. There were only two exceptions. The first, a lecture by a Spanish psychologist, who invited the audience to rely on “scientific evidence” and offer patients treatment that had “shown to be effective”. The second, a psychiatrist from an external institution, who mentioned—at a different training programme—how EBP was not based on outcomes of clinical trials with large samples, but about doing “whatever works for a specific patient” (thus, evoking a meaning that is contrary to the international use of the term). These—as those previously mentioned—can be
interpreted as relative subaltern expressions of resistance, despite the fact that the local cultural landscape seemed fertile for “foreign things” that would help Ecuadorians overcome alleged “third world thinking”.

*Psychologism: “Everything is up to oneself”*

Psychologism was prevalent in the interpretations derived from the ethnography. One example refers to the idea that poverty is an individual problem. The ethnographer heard this on several occasions inside the training facility, usually during informal chats, sometimes said by low-income students. Poor people, some discourses highlighted, “do not aspire more”, have a “mediocrity in their thinking”, lack “motivation” and a “desire to progress”, or are “conformist”. In the words of a low-income student: “poverty does not exist. What exists is the delusion of poverty” (i.e., a belief of being poor). A different low-income student said during her interview, when discussing substance abuse in deprived settings: “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”. They finalised the interview with these spontaneous and revealing 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 [individual] structures can he have in his temperament, in his character, to help him improve”

As said by a bright student in class, psychology seemed to be about findings “variables that are inside the individual”. This applied to many situations, including placing violence and addiction inside the individual, rarely addressing the political and economic system that shapes suffering. As put in class by the same cognitively oriented lecturer who rejected “pure diagnoses”, “the environment” is important; however, this:

> “does not imply that the psychologist will improve the environment”; instead, “it is the subject’s perspective which will be modified”.

There were only a few relative exceptions of resistance to psychologism. For example, a psychologist-postgraduate student during an external training activity, highlighted that mothers’ failure to guide their teenage daughters may result in unwanted
pregnancy, but that work demands—and time constrainstr—placed on those mothers also played a role. A lecturer shared a similar idea in class in one occasion, and a low-income interviewed student said that work demands can make it difficult for parents to “take care of children” properly, resulting in kids increasing their chances to joining “gangs” or do “drugs. A different psychologist-postgraduate student told the ethnographer during her interview, that people living in deprived areas—she had worked with many of them—experience life as if “they live in a dark tunnel, and further ahead there is only more darkness”. A low-income student living in one of such places, confirmed during an interview that such settings can “depress you” and “make you feel bad”. Despite these subtle, relative and marginal forms of cultural resistance, psychologism seemed to prevail.

**Help-as-war: The “weapons” of Psychology**

“So, in all places: the psychologist. In all social areas they need a psychologist” (Psychologist, high-rank Faculty manager, during a formal ceremony).

As illustrated by the preceding quote, there seemed to be a dominant institutional ideology which justified psychologisation; even if those being “helped” by psychology did not request it or even resist it. The ethnographer interpreted this as a help-as-war metaphor. Such metaphor will be unpacked in the following paragraph, through verbatim expressions stated by students and teachers during fieldwork.

Driven by altruism, powerful psychologists use certain “weapons” against “service users”. The aim is to destroy “resistances”, make subjects “collapse”, “force them” to reveal information which is “extracted” in order to unveil “the truth”, and/or to persuade them to “change” for “their own good”. “Weapons” are used in diverse ways, requiring various “communicational skills”. For example, children’s distress can be instrumentalised to lead carers into accepting their parenting mistakes. As in a violent “boxing match”, psychologists can make a “head-to-toe screening” for diagnosis. As a spy, psychologists can bond—“by any means” necessary— with a child to extract data about her mother (a child in this position was referred to as “the secret weapon” by one student). They can act like “friends” with patients, or being more dominant with them, keeping “control” of the session (“techniques as to not let myself be put down”, as put by an experienced therapist lecturing a course). Beneficiaries of help (“patients”,
“service users” or “clients”) are also antagonists to be proven wrong; as expressed by a meme shared by a student on social media: “Psychology is the only business where the client is never right”. A practicing psychologist said that in order to help patients to “develop”, professionals need to generate in them a “type of crisis”. Those not accepting psychology’s help, need to be somehow forced to do so, “for their own good”, so they can “develop” by taking them out of their various deficits. If there is any disrespect for their subjectivity, needs or culture, this is just a mere casualty of the war.

On a few occasions, the ethnographer heard an institutional rhetoric praising and prescribing intercultural respect. This is, to respectfully consider subjects’ language, gender, ethnicity and daily schedule. However, this well-intended discourse only occasionally translated into practice. In fact, the opposite seemed to be the unwritten norm.

Most teachers and trainees seemed to share a narrow concept of “culture”, considering some cultures “lower” than others. For example, there were at least a few trainees from rural and/or low-income backgrounds who stated that their own communities were “ignorant” and lacked “psychological culture”. A different example was that of a teacher who praised intercultural respect, but also demanded their students to “get”, “extract”, and “capture” data from subjects, even if the later refuse to “collaborate”. The teacher, good intentions non-withstanding, once said in class that “the community” would be grateful for whatever “psycho-social” help that is provided: “for them, everything is good”, and they will overlook any “mistakes”, as lay people are not familiar with “academic indicators”. A different example highlights the “higher” place of WEIRD biomedical culture. As put by a clinical teacher, referring to ICD10 and DSM5 diagnoses: despite the existence of “cultural variability”, it is “not so serious as to invalidate diagnoses and treatment”, thus, there exists “certain universality in the disorders”. The same teacher, on a different occasion, echoed this idea by saying that a hypothetical indigenous patient (from the USA) who reported “sadness”, really had “depression”, but was either unwilling to “express it” or unable to “identify it”. On a health-related course, another teacher asked students to delete the only item about respondents’ ethnicity from an ad-hoc questionnaire. His reasoning illustrated how notions of cultural identity were superficially approached:
“Let’s erase that item, please. Because we are not making a study about the characteristics of the different ethnicities”.

By “erasing” cultural identity of its technology, dominant local psychology embodied the universalism inherent in most orthodox WEIRD biomedical epistemologies.

Certain “instruments” were utilised as necessary “weapons”. Most of these were “foreign things” –especially from Spain and the USA– used with no discussion on their validity, including their cultural and psychopolitical validity. For example, a teacher once referred to the “D-48” intelligence test in class as a “culture free test”, because solving its numerical progressions –presented through domino chips– required no “vocabulary”. Obviously, an instrument like the D-48, which “measured” a construct like “intelligence”, created in a British military context from the 1940s, and influenced by eugenic and positivist ideas, was not “culture free” (Domino, 1968).

The ethnographer interpreted that most local instruments were shaped by, and shapers of ‘help-as-war’. The same seemed to occur with a sort of *meta-instrument*: that of thinking through WEIRD theories which exclude non-logical dimensions of professional selves. For example, a post-graduate student shared in class how, in the past, and as part of an academic assignment, she tried to ignore her rational assumptions when seeing a patient, and open up to her own “feelings” instead. The psychologist said to the classroom: “I don’t know what failed, when I first started to apply it, I felt I became, like, *unarmed* as a psychologist”.

The influence of coloniality in the meta-instrument of thinking about subjectivity included a major implication: help-as-war shaped the way most teachers and trainees understood “education” and “psychoeducation”. Two examples illustrate this, referring to health and community-oriented courses respectively.

*Example 1*

On the rare occasions when non-professional healing cultures were mentioned on a health-oriented course, it was usually to reinforce its “lower” status. The teacher stated in class that professionals should be familiar with “curanderos” (local folk healers), not as equals, but in order to, instrumentally, “understand the idiocrasy of the people”, and be associated with some of the “trust” people had in them. Assuming that non-professional healing was irrational, the lecturer argued –relying on reason, “science”
and psychiatric diagnoses— that “we must question many things from popular knowledge”. For instance, he argued that new-borns “suffer less” with C-sections compared to less “scientific” indigenous birth giving practices. Teacher and students once laughed at the possibility that folk rituals could be effective to treat experiences of mental illness. Answers during interviews seemed to reflect this view. A student, for example, said that if a patient held folk beliefs, she would explain that there “is no significant basis to believe in that”. In other cases, students would tolerate such beliefs, as long as they do not interpret them as doing harm, or as a threat to their professional power. As put by a different student: folk healing is “respect-worthy”, but “is wrong when it interferes with the role of the psychologist”. Psychoeducation—as health promotion and prevention, and as part of therapy— is supposed to change “lower”, non-professional beliefs.

Example 2

The second example of psychoeducation interpreted as help-as-war, was that of a two-module community-oriented course, with a theoretical and a practical component (the later taking place through NGOs, in urban neighbourhoods considered “vulnerable”). While the course included some content based on the Latin American critical tradition (e.g., intercultural respect), it also seemed influenced by WEIRD knowledge (e.g., orthodox epidemiology, the “WHO model”, a language of “psychosocial” professional “intervention”, “empowerment”, “risks” and “vulnerability”). During a small informal lunch with trainees held in one such location, before the first “practical” session, the ethnographer asked what was the goal of such intervention. A student replied, with certain resignation and cynicism: “they [teachers] want us to make them [community members] unlearn what they have learnt in their culture”. Another student echoed such a view when she was interviewed by the ethnographer, stating that a psychologist “is the only one who can, through ‘psychoeducation’, teach and help individuals to change perceptions, and those wrong structures, those wrong beliefs that we have”. Note the use of “we”, which highlights how coloniality was probably influencing the way she thought of her own—allegedly “lower” and “wrong” culture. In this sense, help-as-war was also against herself, and allegedly for her benefit. Paperwork and instrumentalisation were pervasive during the course. As put
by a student, joking during an informal chat, such activities would turn trainees into “PhDs in sociodemographic questionnaires”.

Lecturers at the health and community-oriented courses both expressed ideas in class that echoed help-as-war. For example, the health lecturer, said that psychoeducation was also an opportunity to “promote psychology itself”. The promotion occurred even if people resisted the WEIRD healing culture of psychology. The community lecturer – who had taught in class about some community members as people with “low cultural level”– sometimes seemed more worried about students completing a set number of “cases”, than about social change. On one occasion, a student reported that some “cases” had not attended a particular “talk” because of their work schedules: “we tell them they have to come, and they just have to come”, said the trainer, with a firm voice, reinforcing professional power. Psychoeducation, even that of “community psychology”, was in place to help people “unlearn” parts of their culture for their own good, even if they did not want to.

Help-as-war was quite influential during the “practical” component of the community-oriented course. Most of the subjects in a community “visited” by students were working class women with busy schedules, which included paid and unpaid (i.e., domestic) labour. Most would “collaborate”, accept being interviewed and answered socioeconomic and psychosocial questionnaires. In some cases, this meant asking permission from their bosses to skip a day’s work. An absolute minority of the women would not “collaborate”. One of them said to a trainee, who waited at her doorstep: “I do not want you to come in, because you are going to take away my time”. This was interpreted through psychologism during supervision: the woman was said to be “hostile” because of “shame” and “fear” of talking about her problems. The student expressed at the supervision session: “I feel like I am forcing her”, “It was awkward”. Most teachers and students, especially when they did not find any explicit “resistance” from people, did not seem troubled by this relationship of “help”, one that may have deeper implications than those perceived by local performers.

Discussion
Coloniality –and a lack of reflexivity regarding its working– can certainly be interpreted from the evidence presented here, sometimes in very explicit ways. Such evidence supports many international critiques in the fields of psychiatry and psychology (Barrero, 2017; Bracken, Giller, & Summerfield, 2016; Bracken et al., 2012; Callaghan, 2014; Jadhav, 1995; Parker, 2015; Pavón Cuellar, 2017; Teo, 2015). Moreover, coloniality seems to shape the way “community psychology” is locally taught. Thus, it domesticates the critical Latin American tradition, which becomes “formalised and incorporated into conservative “community psychology”” (Parker, 2007:164). These expressions of coloniality can be interpreted as a type of war “in the name of progress” (Mills, 2013:68), which finds little or no criticism by the very agents who –usually inadvertently– embody it. Well-intended psychologists may well collude with this cultural violence, but probably view themselves as benevolent altruists.

It may also be the case that some of the culturally violent practices observed in Ecuador were not the result, mainly, of WEIRD psychological theories shaping rhetoric and practice per se, but of institutional lack of funding in the Global South, specially, in institutions funded by the State. Better funding enhances the prospects of improving the technical and ethical qualification of teachers, and enable access to international databases which include both hegemonic and critical literature, among other forms of necessary capital to gain cognitive democracy (Santos, 2014). Existing asymmetries in this sense can also be interpreted as a form of coloniality. As put by Pavón Cuellar (2017), the wealth available in the Global North has been gathered, partially, at “our expense” (p.21), by taking resources that Latin America could have used to improve funding for education and health, among other human rights.

Findings suggests coloniality is not best analysed as a purist and dichotomist matter. For example, the international trend of GMH and EBP seemed rather absent at the strategic site, although –giving the influence of DSM and ICD frameworks– these may permeate the local landscape in the future. No less important, many local professionals may accept there is no “pure diagnoses”, and some cultural resistance is present, even if it seems to be relative, possibly marginal, and frequently non-conscious. As subjects become psychologists, they dwell in an acceptance-resistance continuum regarding coloniality –the first being the choice by default (Prilleltensky & Stead, 2012). Sometimes, they may hybridise aspects of both poles. A discursive and
analytical device such as help-as-war may aid the task of complementing and deepen armchair theorisation with ideographic research on subject-bound and context-bound construction of specific professional identities.

As with any help and any war, coloniality, its metaphors, and ways of resisting it, are subject to ethical and analytical debates. We suggest that framing coloniality as a “virus” (Mignolo, 2017), is probably unfruitful, unless we assume that viruses operate in complex ways, and also include potential vaccines. This may open up new analytical pathways, and overcome dichotomist categorisations of entire settings, institutions and subjects as absolute agents of either coloniality or decolonisation. A similar approach may be relevant for debates regarding radical politics and intercultural respect. Martín Baró (1998) critiqued certain “extremist postures regarding academic training that in no way make a change possible” (p. 147). He also suggested that updating theory can be necessary: as “other information is acquired, some estimations are modified” (Martín Baró, 1990, p. VI). Evoking this idea is not meant to decontextualize his critical vein, nor is it a call to neglect psychopolitical validity (Prilleltensky, 2008), or to turn away from ‘macro’ structures (Ratner, 2015) or even ‘radical politics’ (Parker, 2007). Instead, it is an invitation to epistemological humility, and to consider diverse ways to analyse and pursue social change (Campbell, 2013).

Many Latin American voices have called for decolonisation (e.g., Mignolo, 2017). In the case of Ecuador, its constitution is explicitly anti-colonial, yet it seemed to have failed to decolonise its knowledge production in a radical sense. This speaks, again, of the complexity of the help-as-war metaphor, and the role of the colonial matrix of power. Powerful institutional structures sustaining the status quo make decolonisation a remarkably difficult process (Dudgeon, Bray, Costa, & Walker, 2017). Thus, many professionals avoid a serious engagement with it, and simply mention “decolonisation” as an empty “evocative and provocative term” (Pillay, 2017:136). In the context of the ethnography reported here, such concepts were not explicitly evoked by participants.

It seems that, mostly, teachers and students in such Ecuadorian institution—as, hypothetically, others in the Global South—seem to be thinking and performing through the influence of the help-as-war metaphor, non-consciously and with scant criticism. Contributing to something close to liberation, and decolonisation, may benefit from
enhancing group consciousness (Freire, 1970), with the possibility of utilising the help-as-war metaphor itself as a re-signified strategy for resistance, if specific groups of psychologists in each particular setting decide to do so. Given the complexity and open-ended nature of the ethnographic evidence presented here, this is expected to enable constructive dialogues and actions, both globally and locally.

We agree with a pragmatic approach to the decolonisation of society in general, and the decolonisation of psychiatry and psychology in particular. This implies accepting “enabling contradictions” (Santos, 2014): North-South and South-South dialogues which may include integrating diverse –sometimes contradictory– theories and practices with the goal of achieving social and cognitive justice. In order to do this, we may need to embrace “messy pragmatics” (Pillay, 2017:139), avoid the idealisation of “precolonial realities” (Teo, 2015:249), and take seriously the difficulty of any type of liberating decolonial project in spaces for psychology (e.g., Carolissen et al., 2017), and other professionals related to mental health. By doing so, we may “amplify short-term resistances and do things differently”, including a critical scrutiny of higher education structures and processes (Pillay, 2017:136-137). In fact, such an approach is key, if we agree with the rather provocative view that any university can operate as a “postcolonial fortress” (Pillay, 2017:139). In order to advance such a project, there is an urgent need for more situated evidence that allows the emergence of new analytical pathways.

Conclusion

Relying on ethnographic data, the authors of this paper interpret the salient presence of coloniality in the field of Latin American psychology. Such coloniality manifests itself in diverse ways, including the training of Ecuadorian psychologists and, hypothetically, of other professionals concerned with mental health in Latin America and the wider Global South. While facing this major challenge, findings also highlight how coloniality involves complex, non-essentialist, non-binary, subject-bound and context-bound processes shaped by power. Thus, echoing existing arguments, the metaphor of help-as-war is proposed as a discursive and analytical tool to address such complexity. Critical theory is vital to unpack cultural processes related to psychiatry and psychology, in Latin America, and elsewhere. While acknowledging this, findings also
underline the value of situated evidence –with sufficient cultural and psychopolitical validity– as a means to address analytical and ethical deadlocks derived from purist armchair theorisation. Such a project may contribute to a pragmatic approach to decolonisation and related processes of liberation, while accepting a diversity of analyses and practical actions with potential for advancing the construction of global and local cognitive justice.

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Declaration of interest

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