

# Psychology and Psychotherapy in Cuba Today: Important Figures and Theoretical Aspects

Raul Ernesto García

*Universidad Michoacana De San Nicolas De Hidalgo*

## Abstract

On the basis of earlier research, an analysis of a broad range of publications and a series of interviews, this article brings together, and then offers a preliminary evaluation of, some of the leading ideas and concepts in the development of psychology and psychotherapy in Cuba during the last four decades of the 20<sup>th</sup> century, and up to the year 2002. It briefly identifies and analyzes the work and diverse theories of several key figures in Cuban psychology and psychotherapy, whose influence on the theory and practice of new generations of psychologists and psychotherapists is still clearly evident today. Thus, it discusses the status and critical projection of those approaches as part of an initiative that seeks social and individual transformation in the context of the reality of post-revolutionary Cuba.

*Keywords:* Psychology, Psychotherapy, Cuba.

This paper is primarily concerned with describing the specific schools of thought of the authors who have made major contributions to the development of psychology and psychotherapy in post-revolutionary Cuba. This initiative sets out to gather the different – though closely related– individual perspectives encapsulated in the thought and works of each figure. I feel it is especially important to present each approach in detail so that each author is represented as an individual subject (despite the risk of omitting certain tendencies, traditions, postures, confrontations and mutual relationships). I decided to write in this way because, while the recent articles I have been able to review on psychology and psychotherapy in Cuba refer, to a greater or lesser extent, to the authors mentioned in this essay, they opt for a synthetic approach to these topics that limits itself to covering only the general outlines of the fundamental tendencies and development of the discipline, rarely pausing to highlight the specific content of those works or the thought of the protagonists themselves. I consider it important to emphasize those specificities in spite of the limitations and partialities that my elaboration might contain. Two classic works by Medardo Vitier on Cuban thought come to mind: *Las ideas en Cuba (Ideas in Cuba, 1938)* and *La filosofía en Cuba (Philosophy in Cuba, 1948)*, which discuss at great length the human or individual profile of those intellectual figures; but I would add that on the basis of my experience of studies and research in Cuba, I developed the distinct impression that, for reasons of a cultural and historical nature, the figure of the *author* emerges with tremendous force: while in other analyses it may well be possible to develop an “authorless” discourse, in this study I found it impossible to omit the authors, and their respective symbolic weight. It is my weighted opinion that what prevails in Cuban thought and discussion revolves around authorship. Indeed, it seems difficult to refer to Cuban thought without mentioning the thinkers’ names and understanding them as people who actively embodied Cuban thought in a concrete social and theoretical setting. This is, of course, a very particular way of approaching and organizing the theme of

the article. I am personally acquainted with many of the authors mentioned in the text, interviewed some of them, studied under others, and even had close personal relationships with a few. Thus, offering this essay constitutes a way of expressing the recognition and respect I hold for all of them as individuals, and for their intellectual contributions, though some aspects might not be covered as deeply as I would have wished (such as their theoretical tensions, the supra-subjective relations they generated, and the contradictions and tendencies that would most certainly interest critical psychology). In fact, the criterion that defines the order of presentation of the authors examined in this work reflects the significance they had for me in terms of my own theoretical and professional training during that period of my life; complemented, of course, by their teaching and publishing activities. I might perhaps go so far as to say that the article could be entitled, paraphrasing Marta Shuare (1990), *Psychology and psychotherapy in Cuba as I see it*.

### Introduction

During the last four decades of the 20<sup>th</sup> century, the development of psychology in Cuba constantly centered its attention on the search for, and analysis of, categories that would make it possible to project an integrating character into the subjective world view of the human being and the determinants of his behavior. These efforts led to diverse elaborations concerning the category of *personality* as a complex expression of psychological regulation in humans. While developing and advancing in this process, the imprint of conceptions and approaches from different parts of the world came to take on great importance. It was precisely the interplay of psychological currents and schools of thought inserted into the continuity of scientific thought on the island that, throughout its history and events, made it possible to impede dogmatism in the theoretical elaborations that were generated in that setting, though unevenly in different universities in the country.

One of those influences was a distinct French presence: such psychologists as J. Piaget and H. Wallon (even Bresson) visited Cuba from the 1960s to the early 1970s, while other visitors included R. Zazzo, P. Fraisse, B. Zazzo, to name but a few, all of whom collaborated with Cuban psychologists in constructing an advanced, qualitative focus for evaluating the psychic development of the child, implementing research on that subject, and fomenting experimental psychology (Guevara, 2002). Similarly, we can recognize the influence of J. Nuttin at the Universidad de Lovaina, who significantly stimulated the study of human motivation and explored the temporal dimension in personality analysis. It is interesting to note that the Faculty of Psychology at the Universidad de La Habana had scholarship agreements and programs with France and Belgium prior to those it forged with the former Soviet Union (a country that would later supply Cuba with a great deal of theoretical information in psychology, as the reader shall see below). Nor can the Hispanic-Soviet influence of the 1960s be forgotten, in the form of Soviet psychological thought, introduced largely through the figure of Diego González Martín and the ideas of I. Pavlov (Guevara, 1993; González Serra, 1998).

On another front, the technical assistance that Cuba received from the socialist countries of Eastern Europe in the early 1970s influenced the area of social psychology and the psychology of work (Rodríguez, 1990). Years later, the celebration of the “Encounters with Marxist Psychology and Psychoanalysis” (De la Torre, *et al.*, 1993) presented currents of Argentinean psychoanalysis to Cuba through, for example, the thought of E. Pichón Riviere,

who left his mark on work in both social psychology and clinical psychology (Guevara, 1997; Calviño, 1997).

In the 1980s, international exchanges increased, especially among academic psychologists and those active in the health sector, while contacts with Latin America were established and consolidated. Those developments led to the organization of the *XXI Inter-American Congress of Psychology* that took place in Cuba in 1987 (González, 1995). Meanwhile, a current in psychology of Marxist-Soviet orientation, with its own outstanding scientific figures and research directions, began to exercise its influence and became inserted into the world of Cuban science, especially after the year 1975.

In this way, the theoretical formulations of psychology in Cuba (a nation immersed in the complex vicissitudes of social transformation and institutional life; De la Torre, 2009; González, 1995) were significantly enriched by access to the growing body of studies that shared a common denominator in their attempt to apply psychological science and employ it in the search for mental health, for a materialistic and dialectical focus, and for a theoretical, methodological and political prism whose origins are to be found in Marxist thought; but also because those studies represented an important effort in science to develop the positions and arguments of so-called Marxist psychology (Calviño, 2000). In this regard, we could briefly mention some of the significant figures of Soviet psychology whose work has been the object of study and assimilation in Cuba; namely, authors like L.S. Vygotsky (for his historical-cultural conception in psychology, the development of the higher, specifically human psychic functions mediated by the conscious and language, the idea of the unity of emotion and intellect through the concept of experience, the psychic development of the child based on the concepts of “social-situational development” and the “zone of proximal development”); A.N. Leontiev (for elaborating the category of “activity”, his reflections on the motivational milieu, and his concept of personal meaning in psychology); S.L. Rubenstein (for the integral study of the psychological world of humans, man’s social activity as the objective expression of his psyche, the active nature of the subject as it emerges in social-historical determinism, his capacity for independence and conscious orientation in the world, and the development of self-consciousness); L.I. Bozhovich (for the attempt to explain and systematize the different stages in the development of the child’s personality based on the concept of the social situation of development through ontogenesis, the study of motivation in children and adolescents, and the analysis of ideals and self-evaluation in determining conduct); B.W. Zeigarnik (for developing the so-called *pathopsychology*, that from the starting point of general psychology deals with resolving problems that arise in the practice of clinical psychiatry, and formulating *psycho-corrective* actions in the field of psychological intervention). Turning to the more specific field of psychotherapy, we find the work of V.N. Miasischiev, who proposed the importance of re-establishing adequate self-regulation in the subject as a fundamental condition for eliminating certain pathological states in psychology. Miasischiev insisted upon the need to analyze personality during the psychotherapeutic process and to utilize persuasion and pedagogical methods as means of producing change in a person’s attitudes, a crucial element in recovering his/her health.

The presence of Soviet psychology in Cuba generated a profound theoretical and methodological influence on psychological thought and research and, at times, an overestimation of its importance; though these circumstances did not impede either a broad and varied theoretical production or intellectual discussion. In this regard, Fernando González Rey observes that,

The overestimation of Soviet psychology led many psychologists to erroneously identify themselves with Marxist psychology, which meant that other approaches lost legitimacy [and] came to be judged as superseded or inadequate; though this conceptualization did not lead to the suppression of the study of any of the traditional schools of psychology in teaching programs... This stage, in which Soviet psychology exerted great influence, also represented a moment of legitimization for Marxist thought in our psychology that facilitated the consolidation of our identity among the many affiliations with different schools of thought that characterize contemporary psychology (...) The emphasis on the postulates of Soviet psychology was not a monolithic process free of contradictions. On the contrary, it was a moment of polemical fecundity, a key antecedent in the maturation of the different tendencies that characterize Cuban psychology today (González, 1995 A, p. 93).

In addition, it is important to mention the influence and (subsequent works of critical evaluation) that the series of psychological approaches called *third force* or *humanist* have exercised on different Cuban authors. Here, the names of C. Rogers and G. Allport stand out among others who focused their attention on the personal-psychological development of humans using such categories as the tendency towards actualization and mature personality (González, 1985; González & Valdes, 1994; Calviño, 1998).

It must be emphasized that while all these products of Soviet psychological science, together with other advances in the international field of psychology have exerted –indeed, still exert– a significant theoretical influence on the development of psychology and psychotherapy in Cuba in recent decades, the elaboration of Cuba’s own psychological and psychotherapeutical thought has not been confined to simply *reproducing* ideas from afar, but has developed a clear tendency towards originality through reflections and interpretations that incorporate, in one way or another, the theoretical content of a *humanistic* character and a *social orientation* produced by the trajectory of Cuba’s own philosophical and scientific thought (De la Torre, 1997; De la Torre, 2009).

## **Diversity in Psychology in psychology and psychotherapy: some important exponents**

### **Psychiatry in Cuba: Context and direct antecedents of psychotherapeutic activity**

Psychiatry in Cuba received a significant theoretical and practical influence in the 1940s and 50s from the Spanish psychiatrist *Emilio Mira y López*, whose books and articles were widely circulated in Cuba thanks, in part, to the close relationship he developed with the renowned Cuban psychiatrist *José Ángel Bustamante* (Bustamante, 1975; Bustamante, 1968). Mira y López’ work also influenced the development of psychological thought in Cuba through the psychologist *Alfonso Bernal del Riesgo* (Bernal, 1959 A; Bernal, 1959 B), who presented ideas similar to those of the aforementioned Spanish writer (Guevara, 2002; García, 2002). This influence becomes evident upon reviewing the bibliography that Bernal consulted, as well as the direct information added by his disciples. With respect to that information, Bernal not only admired Mira y López but even invited him to collaborate in his program in General Psychology; a clear reflection of the affinity of their ideas and postures in psychology. The conception of psychiatric activity that Mira y López and Bustamante evolved in Cuba was founded upon considerations of man in the global, unitary sense, a being in constant and multi-determined transformations. Man was also to be studied as part of the concrete world in which he acts; *i.e.*, not in the abstract. In this sense, Mira y López spoke, for example, of a “unitary, evolving, multidimensional, comprehensive conception of man” (Mira, 1952, p. 55); *unitary* because he is conceived as a *biopsychosocial* whole; *evolving* because he is in

constant transformation; *multidimensional* because he must be thought of in terms of his past, present and future dimensions, and taking into account his economic, cultural and historical baggage; and *comprehensive* in the sense that it alludes to each person as a unique, unrepeatable individual. According to Mira y López, man must be studied in his world and in his dialectical trajectory.

Cuban psychiatry, through its own lines of development, has defended the importance for clinical psychiatry of reaching adequate diagnoses of mental illness and its dialectical relation with the human being who suffers from it. *Hiram Castro López-Guinard and Guillermo Barrientos* affirm that, “Good clinical psychiatry must become profoundly familiar with both the theoretical illness and the patient who suffers from it: In order to arrive at an understanding of the man in each particular case, the psychiatrist must employ, primarily, the clinical method” (Castro & Barrientos, 1988, p. 2). This means that it is imperative to get to know the person his human dimension, and these authors suggest the use of the clinical method for this purpose, emphasizing the importance of anamnesis and of exploring the social history of the subject as a means of arriving at a “reliable” diagnosis that will function as the guide to an adequate form of therapy. According to these reflections, the psychiatrist (especially those who are licensed physicians) must never omit a deep probing into the psychological and social aspects of the patient (the *integral evaluation* of the human being that delves into the possible psychosocial causality of the problem to arrive at an understanding of the person), which entails, due to its breadth, the work of multidisciplinary or interdisciplinary teams that foster the health of a subject who lives in an uninterrupted relation with his surroundings. In considering the environment that encircles the subject, Castro and Barrientos include as objectives of psychiatric therapy not only curing (*i.e.*, the complete restoration of altered functions and a return to stability and equilibrium) the patient or at least relieving his symptoms and pathological signs, but also, in their words, “increasing wellbeing and facilitating the patient’s happy re-incorporation into his social milieu as a socially useful citizen” (Castro and Barrientos, 1988, t II, p. 41).

These two authors also posit that in the health-sickness process the biological, psychological and social aspects that make up the healthy, or ill, person are inseparable, and that it is indispensable to offer the patient, insofar as this is possible, an integrated form of medical care. They sustain that the *psychosocial development* of the person is a key point in psychiatric care because it propitiates “a more integral understanding of man interacting in his collectivity and (a more integrated comprehension) of his mental health or illness” (Castro & Barrientos, 1988, p. 3). Castro and Barrientos conceive of psychosocial development as “the set of interrelationships of the individual with society throughout his life” (Castro & Barrientos, 1988). For this reason, pondering the *healthy* psychosocial development of a person involves taking into consideration economic, social and cultural determinants, social relationships, community organization, the technical-scientific level, and how all these factors are assumed, nuanced and interpreted by the individual during his ontogenetic development in order to achieve a specific, unique, unrepeatable synthesis that is the *person*. Indeed, psychosocial health must be conceived not only in terms of “adaptation” and “equilibrium”, but also with regard to the individual’s capacity for *self-improvement* in his specific and contextualized relation with his environment.

Barrientos and Castro also reflect upon the preventive projection of psychiatric practice; that is to say that psychiatry should not limit itself to just studying and treating the symptomatic period of the illness and the patient’s ensuing rehabilitation or social reincorporation, but must also promote health, which means devoting serious consideration to the problem of

education. Through the contributions of various relevant figures, psychiatry in Cuba gives importance to the vital history, or life experience, of the subject to be treated as a necessary element in psychological diagnostics, for analyzing the causes of disorders, and for intervening in the individual's personality. This is the case of such contributors as *Luis San Juan Pérez, Dr. Isidoro Sánchez Díaz, Miguel Valdés Mier, Edmundo Gutiérrez Agramonte* and Guillermo Barrientos, among others (García, 1990).

But other psychiatrists also express ideas related to the *humanization* of clinical work. *Ricardo González Menéndez* affirms that “the integral assessment of the psychiatric patient at the specialized levels of specific attention requires an interdisciplinary approach that takes into account the contributions of the psychiatrist, psychologist, social worker, nurse and occupational therapist (...);” adding that it is important to “utilize all possible sources of information in the patient's family, work, and social environments. Treatment must consider utilizing biological, psychological and social resources oriented towards resolving the salient pathological problems, as well as those determined by the illness' repercussions on the subject and his milieu” (González, R., 1998, p. 20). In effect, this alludes to contextualization as a necessary element in both the evaluation and treatment of the subject. González also favored the possibility of promoting health in relation to the development of personality within the family. With regards to the doctor-patient relationship, he proposed establishing *mutual participation* and underlined that it is important for the psychiatrist to create positive relationships with both patients *and* their family members, all the while cautioning the specialist to never think that his purely technical dexterity will suffice to guarantee adequate diagnoses and treatment. According to González, many cases “present disorders whose predominantly psychosocial origin makes the human approach indispensable between those who seek medical care and those who provide it and (...) even in predominantly psychosomatic maladies, the interaction of the biopsychosocial levels in man call for an affective interchange between therapist and patient to recover lost health” (González, R., 1998, p. 144).

Interpersonal relationships in the context of psychiatric therapy thus become key aspects to be considered in the field of medical care. Thus, the suggestion is to assume constructive critical attitudes in clinical work experiences, increase information, obtain broad, detailed knowledge of the subject –and of oneself– establish genuine bonds of respect, attention and acceptance, and be tolerant in the face of possible frustrations.

Thus, González Menéndez defines psychotherapy as the “utilization, in the context of a positive doctor-patient relationship, of resources that act through psychological means on one or more persons for the purpose of reestablishing or promoting the patient's creative adaptation to his environment” (González, R., 1996, p. 49). Psychotherapeutic procedures must be guided by objectivity and a focus that is multifaceted, historical, systemic and utilitarian with regards to transformative social practices. This means eliminating prejudices when assessing cases, studying phenomena multilaterally, conceiving of man and his environment as a process of development “in which knowledge of the ethno-social-cultural and experiential aspects becomes essential to understanding his conduct; a focus that considers the subject as both the integrator of, and being integrated by, multiple systems (...); and active participation in pondering and resolving problems” (*Idem.*, p. 54). In psychotherapeutic practice the patient must be viewed as a product of his own dialectical interaction with the natural, cultural and social environment, a process in which both conscious and unconscious motivations participate. Personality is the fruit of such interactions in their relation to important experiences and intersubjective bonds of meaning.

Hence, every problem that a person seeks to resolve through psychotherapy must be an object of systematic interpersonal communication. Added to this, González Menéndez also emphasizes –when psychotherapeutic goals of a re-educational or re-constructive nature are involved (González R., 1998, p. 154)– the importance of “ascertaining what has already occurred in the patient’s life,” which leads to examining the domain of the subject’s past experience. In fact, among the psychotherapeutic resources that González proposes is *studying the patient’s life history*, in addition to examining such issues as the *exteriorization of interests* and *bibliotherapy*.

In Cuban psychiatry, social and humanistic elements have even been incorporated into psychotherapeutic currents of a predominantly behaviorist approach. This is the case, for example, of the works of *Miguel Sorín* (Sorín, 1989), who in an original perspective insists on the need to situate psychiatric practice in a social psychological model that counterbalances the predominant biological model of medical attention, which enthrones the “somatic” approach that separates the illness from the person and his cultural world while promoting pharmacological treatment (Sorín, 1989). Sorín, in contrast, posits that what should be fostered is a psychological conception –in this case, of a behaviorist bent– that does not constrain itself to the purely medical-nosological aspects of psychiatric problems. According to Sorín, family doctors should practice psychotherapeutic techniques as part of the medical care they offer, not only because such elements humanize and broaden care, but also because the family doctor who can best come to know the patient because they live close by in the same community. On this topic Sorín (1989) writes,

In his office, a general practitioner or specialist receives a human being suffering from an illness. The family doctor also receives one, but if his functions were limited to that he would not be a real family doctor. He is in a situation that allows him to ascertain and detect how psychological problems [or] problems of intrafamily relationships, manifest themselves, to what degree they affect [the patient], and why they occur; problems that make life monotonous, that cause suffering on their own, or that complicate conventional medical situations or conditions in the nosological model” (Sorín, 1989, p. 8).

Sorín suggests making a diagnosis of the “domestic situation” and, wherever possible, carrying out a prophylaxis of the problem that the subject might be confronting. Thus, psychotherapy becomes the only legitimate professional attitude for dealing with psychological problems that so often occur in the context of family practice: “it is precisely when psychotherapy is practiced that medicine (...) achieves its best, specific quality” (*Idem.*, p. 10).

Here, Sorín stresses the importance of adopting a *problematic focus* in the medical psychological model of therapeutic work, and points out that, “The problematic focus by no means sets aside the medical focus, but does individualize and solidify it” (*Idem.*, p. 13). He also distinguishes clearly between psychotherapy and the doctor-patient relationship (Sorín, Córdova and Pérez, 1977), warning that while the latter may well have a certain psychotherapeutic virtue, it can never replace the problematic-psychological focus and the performance of psychotherapeutic practice when this is required. Sorín proposes adopting an integrated approach to psychotherapy that includes biological, psychological and social aspects when assessing the subject’s behavior; though this entails evaluating the complex character of psychic activity (cognitive-affective-connative integration of psychic phenomena; degrees of consciousness, learning mechanisms, social value of behavior, etc.). He recognizes that for psychotherapy to be effective the patient must be *motivated* to reach a cure and to change, and goes on to specify a set of *general principles* of psychotherapeutic

action that center on the ability to listen, to express oneself, to understand the subject, and to arouse his interest in the process; though in his *basic and specific operating principles* of psychotherapy, he proposes elements of a behaviorist ilk, including reinforcement, extinction, punishment, cognitive reorganization, modeling, imitation and relaxation (Sorín, 1989, pp. 25-39).

Even so, when Sorín speaks of the “steps towards a concrete, individualized psychotherapy,” he mentions other aspects that effectively contribute to personalizing the process; for example, biography:

The physician will inform the patient that before beginning psychological treatment he must first find out what he is like, his character, his personality, the nature of his relationships with family, and people in general (...) a ‘hot’ biography that impacts the patient himself as he writes it and recalls his emotions, fears, joys and sorrows, his hates and loves, his shames and pride; all that which has left its imprint on him since infancy, on his relations with family, with other children at school, and in the neighborhood (*Idem.*, pp. 42-43).

And this process should include the active performance and participation of the patient; establishing life goals or objectives; and evaluating “psychotherapeutic aids” according to the interpersonal and systematic context of the problem.

According to Barrientos and Castro’s (1988) assessment of psychotherapy in Cuba from the vantage point of psychiatry, one of its most important sources was psychoanalysis, though it later diversified into dissimilar variants. In this process, figures like *Sagredo, Acosta, Córdova, Pérez Villar, Galigarcía* and *Ares*, among others, stand out. Before the triumph of the Cuban Revolution, psychotherapeutic practice, based primarily on psychoanalysis and cultural schools, –including Sullivan’s– was constrained to in small circles in the capital and to private, confidential spaces. Later, in the early 1960s, psychotherapy was not –indeed, could not be– granted priority in social actions related to mental health. Psychiatric attention urgently demanded other, more useful, actions, definitions and modalities, more applicable to the new social and political context. Hence, traditional psychoanalytical practice as it was then known could not satisfy the requirements that the new social reality demanded of psychiatric care; requirements that included (among others things) the ability: a) to be applied within the functional infrastructure of public health institutions; b) to supply broad coverage over an ample field that include the most common psychiatric afflictions and a wide range of sociocultural levels in the population; and, c) to elaborate therapies that did not require long-term, intricate procedures. Barrientos and Castro go on to state that:

Although for a period of time the need for assistance and the intense demand shifted the psychotherapy that had been practiced in our milieu onto a second plane –as the conditions did not exist that would have made it possible to satisfy the demand for care through treatments of that kind– for some time now the development of our attention has set off an explosion of interest in that technique. Of course, the aforementioned development is thanks to the presence of techniques capable of confronting the high demand in a society in which it is our obligation to adequately attend to all those in need. This entails elaborating sufficiently productive technical modalities that can be applied to all patients who require care. Thus, this increased interest in psychotherapy is characterized by the increase in techniques with high productivity” (Barrientos & Castro, 1988, p. 233).

Ricardo González Menéndez, meanwhile, affirms that among Cuban psychiatrists psychotherapy involved an anti-sectarian projection that:



Permits the use –for the patient’s wellbeing– of all the resources contributed during the scientific development of our specialization. Those who visit our service at the Psychiatric Hospital in Havana and participate in its psychotherapeutic process will find that in the institute this takes place in the framework of a therapeutic community that over the past twenty years has consistently utilized the modality of a system of gratification based on tokens, where individual and group sessions of psychotherapy are conducted with dynamic, rational, didactically-inspired, meditative, behavioral, and systemic modalities that express the five fundamental, international theoretical guidelines of psychotherapy. What is most surprising, however, to those interested in Cuba’s profile in psychotherapy, is the diversity of models, which are structured in accordance with the experience and criteria of different working groups for the sole purpose of assuring satisfaction of this demand at no cost in this important modality of medical attention (González, 1996, p. 55).

### **Psychological notions of culture, personality and lifestyle in the conception and practice of psychotherapy**

*Juan Jose Guevara Valdés*

In 1962, Juan Jose Guevara Valdés was re-admitted to the Faculty of Psychology at the Universidad de La Habana. He was a psychologist with earlier training in philosophy who had worked since his student days with the psychologist Alfonso Bernal del Riesgo (from whom, as he later recognized, he received an important influence in the development of his criteria and reflections in psychology and psychotherapy). Years later, Guevara became a professor and then a professional colleague of several of the researchers and professors who would become significant figures in current Cuban psychology.

In Guevara Valdes’ view, psychology and psychotherapy are significantly related to the milieu of conceptions of the world and life, an element of a philosophical nature that must be present in both the specialist, through his psychotherapeutic practice, and in the transformations that take place in the person as a result of psychotherapy. As *personality*, a human being entails an indissoluble relation with culture (which he receives, transforms and creates), and with the other human beings who surround him in his life: ancestors, contemporaries and descendents. It is for this reason that his world must always be of a historical, cultural and temporal nature, framed by the limits of his own life as an individual. In this sphere, education, communication, temporality and the capacity for logical thought are initial aspects to be considered in terms of their ability to act upon the psychology of an individual, all elements that are indispensable if the subject is to actively appropriate his culture, select it, transform it, and create it; which means that that man can make himself a *persona* in the setting of social life.

Guevara holds that social and historical conditions are determining factors in the psychological development of man in relation to biological conditions. Thus he writes:

While man’s nature is unquestionably biological, his essence is social and his experiences are tightly linked to the functioning of the central nervous system. If his conscious experiences are predominantly a function of the cerebral cortex, then we cannot lose from view the connection that exists between the functioning of the brain and the social being, without which the former would not realize its potentials and would acquire the character of an extra-historical product that lacks all concrete materialization (Guevara and Zaldívar, 1996, pp. 4-5).

Later he adds that, “our field of specialization obliges to study each man as a historical being, one eminently social, concrete and individual” (*Idem.*, p. 13). Without setting aside his biological conditions, psychology must make its object of study the human being from his social milieu, because it was there that he acquired his culture and that his personality was produced; that is, his psychological specificity.

Guevara points out that as an individual’s thought develops through the different ontogenetic stages, in the social context and the world of things and relationship with others, it carries the general meanings of the culture and society in which he is situated. But it also bears *the mark of the subject who lives them*; that is, the most specific meanings of his own life, which means that a certain system for understanding and comprehending reality, a system with its own logic of individualized, personalized, thought, nuanced by that subject’s own sense of life, gradually emerges and becomes stabilized in the subject. Thus, in order to work with *individual subjectivity* it is necessary to *conceive it in the continuity of the world in which he participates*, in the dialectic of “making and unmaking oneself, of being and no longer being.” Therefore, in psychotherapy one must consider the individual in this essential aspect that is the explanation of his being, his possibilities, his person, and so work with the autonomy and conscious regulation of the subject, where he can live from intentionality and offer autonomous responses. Acting upon human psychology, then, means, in essence and based on knowledge of the culture, helping the subject to *think*, to “trigger thinking about himself,” which simultaneously entails pondering the world.

In the event that a subject’s system for understanding reality is so deficient and the reality in which he acts becomes so absurd, so difficult to understand and to be assumed autonomously by that subject (since a certain type of relationships controlled by others is unjustly imposed upon him), and in the event that this provokes worries, anxiety, insecurity or even fear of reality and fear of living in the subject, it will be necessary to lead the subject to begin to learn to *act in life*; which means, in a sense, promoting a process of reeducation and reorientation with respect to initiative and taking an active role; striving to enable the person to live among others, to love life with the most constructive character possible; an issue that will also entail more-or-less radical *transformative actions* of his world and his relationships.

Guevara’s conceptualization emphasizes the importance of the *time and place* in which the person develops. It is from the condition of a historical being that it becomes possible to understand a subject in the process of forming and transforming his personality and individuality during his lifetime. His existence is temporal and takes place within the social relationships of the place, or places, where he lives. He thus assimilates individually the social-historical and cultural inheritance of his era. As a result, it is through knowledge of the individual’s biography, his life, his time and place, and his historical existence that one comes to know the man himself in his psychological projection. Guevara observes, “For he who walks the paths of human psychology and asks, first, for the man and the person he is, probes his existence in the world. Neither man nor the individual exists in the abstract. What exists is always a person in a society, in a time, and in a space, in a place; the paths of psychology abut on those of philosophy, and this is not only unavoidable, but necessary” (p. 6).

Developing the psychological world of a person means that he must live his existence to the fullest in “an intentional and continuous striving to take maximum advantage of the possibilities of his human time and thus fulfill the meaning of his life” (Guevara, 1989, p. 8). He who loses time loses part of life and ceases to be fully human. The person’s physical

place, his humanized geographical environment, and his place in the system of economic and cultural relations in an economic-cultural setting all play, for Guevara, crucial roles in the ulterior psychological development of that person. He alludes to the hypothetical case of changes in cribs and child-raising in two children who are free of any kind of biological lesion; one of them European from a developed nation, the other from a rural, underdeveloped country, and the repercussions that this could have on each one's perspectives on life and the development of their psychological potentialities. The best possible conditions of life must be achieved (adequate alimentation, sensorial stimulation, teaching and educational system, health services, etc.) in order to aid those subjects to appropriate with relative ease the culture that surrounds them and thus develop their psychological possibilities. In today's world, this means essentially *the praxis of social transformation*. Thus, entering someone's psychological world entails knowing his life, biography, the economic, social, cultural and familiar site in which he has lived, the dialectics of his development, his past, present and future –both real and imaginary– and his possibilities and limitations with respect to creating or re-creating an attainable future that involves intentionality and vital becoming.

In effect, Guevara (1993) underscores the importance of this “individual intention to be” that a human being may possess in the world of men and things as a condition of maximum development. This intentionality must be directed toward a *desire*, a loving; towards fulfilling the meaning of life in this subject who at a given moment can define and renew: “an unstable and interactive equilibrium of perceptions, needs, motivations and values that constitute the internal space of life and that under certain conditions of development will form a hierarchy of the person's own experience of existence and lead him to acquire new feelings about himself” (p. 10). In this regard, Guevara affirms that the person could give meaning to his life and existence only upon achieving a certain cultural level, an idea that proves eminently important: “[Y]es, the possibility of being a person is given to man and the meaning of his existence will depend on his level of access to the culture of his time, space and place” (*Idem.*, p. 23). He continues: “the promise (...) of his realization as a person is always given to man, his realization, or lack of same, is first a social responsibility and, after attaining a certain level of culture, an individual responsibility” (*Idem.*, p. 23). Following this logic, it is only by achieving, or attempting to achieve, the meaning of life of the person that that life can become creative and productive.

Similarly, Guevara Valdes insists that the psychologist must use the diagnostic process to reach “true knowledge of the person,” and thus surpass that which is circumstantial and superfluous; adding that, “the capacity to go beyond the image, to go behind the mask and arrive at the person is an act of reflection free of prejudice, free of beliefs, that makes it possible to know the motivations of the actions of the other, the meaning of the person's actions, the meaning of his existence” (Guevara, 1993, p. 18). Guevara also stresses how important it is in this process to maintain full respect for the subject who is to be known, and that the specialist must strive to raise his own technical and cultural level.

In psychological diagnostics, the psychological orientation, clinical psychology, psychotherapy, and education to improve life, respect for the other is absolutely necessary, [respect] for the subject, for other people, and this is only possible when we free ourselves of dogmas and prejudices. It always presupposes a desire for self-improvement in the scientific and cultural levels of the psychologist himself, and the need to know ourselves, our subjectivity in all its solitude, and our prejudices, so as to avoid projecting ourselves on the other, or confusing ourselves with those of the subject (*Idem.*, p. 36).

Guevara also expresses a reflection on the importance of first examining the subject's level of autonomy and consciousness (self-determination and knowledge of self) before analyzing the demands that reality makes upon the subject, which can cause stressful experiences in him.

In Guevara's view, developing an autonomous personality is a fundamental aspect. In this context, he offers a statement that not only illustrates, but also recalls, a similar reflection by Alfonso Bernal del Riesgo: "human beings who for one reason or another are limited in their thinking, in their desires, and in their acts, who have no real commitment to decision-making, cannot develop an autonomous personality" (*Idem*, p. 53). For Guevara, *thinking, desiring and doing* are key points in developing an autonomous personality, while for Bernal *remembering, understanding and changing* in the three temporal dimensions are the essential steps in psychotherapy if the subject is to come to reevaluate his life and foment his psychological integration. Thus, if we complete one idea with the other, the result is: *remembering-thinking* (in the past); *understanding-desiring* (in the present); and *changing-doing* (in the future), all with the intention of helping the subject achieve autonomy and vital self-determination, which in Guevara's words means that the subject becomes capable *thinking for himself*.

Finally, the attention that Guevara paid to the "capacity to rectify oneself" is worthy of note. When present, this element becomes a crucial aspect in the dynamics of human self-help. His work has extended to include conceptual reviews of the notion of stress and its relation to the cultural and social dimensions of the individual; postures that he has elaborated in conjunction with other scholars at the Universidad de La Habana (Guevara, Zaldívar & Roca, 1997). The work and ideas of Juan Jose Guevara Valdés constitute a source of orientation, and premises for new elaborations by future generations of psychologists.

*Fernando González Rey*

A graduate of the School of Psychology at the Universidad de La Habana in 1973, González Rey has developed a conception of human personality based on the principles of dialectical-materialism that posits the idea of the cognitive-affective unity of human beings and, through a meaningful experience in concrete research, he also suggests the existence of different levels of psychological regulation, which are configured in a relation of dependence on the subject's possibilities for achieving self-determination, autonomy and reflections or evaluations in an adequate and independent manner. A related idea concerns the implications for the subject of the underlying motivations of his personality.

For González Rey, the development of personality can be conceived when the subject, "...is the conscious bearer of a posture with respect to life, that he develops and expresses through his thought and active reflection on his different concepts, convictions and evaluations, which lead him to orient his relations with the world and the people around him" (González *et al.*, 1982, p. 9). The subject may potentially develop his capacity to self-regulate his activity in life by orienting himself on the basis of objectives and ends that constitute a finished expression of his reflections and of his personal, active elaboration, sustained by the key motivations that guide his behavior. He further states that, "The higher level of personality as subject of activity is related to the higher level of his capacity for self-determination (...) for positing mediating objectives [that are] carriers of a high personal elaboration expressed not only by his essential motivational tendencies, but also through his general conception of the world upon which those tendencies are based" (González, 1985, p. 163). Moreover, self-determination will propitiate stability in the psychological content of the subject.

González Rey also presents the idea that a developed personality presupposes a certain culture in the subject, and that this (culture) significantly influences the development of his personality. Even the level of information that the individual attains will have meaning in the processes of regulation and self-regulation of conduct, as that information becomes individualized in the subject and comes to be constituted as *personalized information*. To reach higher forms of regulation, however, one need not have a high level of culture in general but, rather, must commit his personality; *i.e.*, meaningfully orient it through specific, determined motivations that will transform the subject into an enlightened individual with respect to this aspect of his life, thanks to which he can now personally value and give meaning to his acts in the different “committed aspects in his motivated activity.”

González attributes great importance to human motivation, and in this sense sustains that we can speak of “higher motivation” as a system only when it defines “stable lines of behavior oriented to distinct ends” (González *et al.*, 1982, p. 43); lines that are conscientiously self-determined by the subject. Thus, higher motivation will be present when the subject becomes capable of self-determining his behavior. Human motivation must then be studied in the very process of mediating his regulatory functions through self-awareness, which corresponds to a higher psychic function in man. These human motivations must also be studied at their different levels of hierarchy and with respect to their varying potentials for regulating conduct. Motivation also influences capacities by optimizing their effective expression in activities and propitiating their development.

Furthermore, González Rey ponders the future of the subject as an element of psychological regulation inextricably associated with the motivational base that determines the person. Hence, he writes that, “[Upon] reaching a certain level of self-awareness, the character of motivational regulation is immediately transformed into mediation, such that man begins to set future goals that he justifies conscientiously so as to be able act in consequence of them; the level of justification of these objectives depends on the signification of the motivations that determine them” (*Idem.*, p. 44). He holds that the motivations of a more dominant nature that orient the subject toward essential life objectives (that González calls *orienting tendency*) depend not only on his particular experience –as we will see later– but are also inserted intensely into the subject’s future. “One motivation of personality becomes one of its orienting tendencies when its potential to mobilize transcends the current situation that the subject is living to project itself with special force onto his future life, expressed psychologically in proposing stable objectives in regard to the future (projects), ideals and intentions” (González, 1985, p. 125). This *orienting tendency* will be mediated by a conception of the world that the subject assumes conscientiously through his ideological position before life. Moreover, these fundamental motivations play an important role in the subject’s equilibrium and stability, for they can allow him “deep levels of gratification through their constructive expression in diverse areas of life” (*Idem.*, p. 126) that can become a focus of attention for psychotherapists who attempt to achieve a *healthy* psychological expression in a particular subject.

González also underlines the importance of historical conditioning as a function in personality formation as an integrating element of psychological regulation. Historical conditioning has not only a social dimension but also an individual one: “historical conditioning (...) is present not only in man’s phylogeny but also his ontogeny, where it is expressed in the subject of activity. The historicity of the subject of activity is revealed in the specificity of his reflection of the world, which is produced through the psychological formations and particularities that have remained stable in his personality throughout the

history of his social relationships (*Idem.* p. 26). In this sense, the subject's individual history is a crucial element in his psychological development. Indeed, the subject's conceptual value system (one of the operations of personality) and the psychological sense he gives to reality will be expressions of the subject's bonds to reality itself and his own individual history formed in personality. This, according to González Rey, leads us to think of "individual historical determinism" (González & Mitjans, 1989, p. 12). Here, social-historical determinism acquires a psychological dimension through the individual's unique and unrepeatable history.

At another moment González suggests that, "From infancy man is immersed in a social environment in which he lives interacting with a complex world of values, stimuli, demands and alternatives that in their specificity for each individual determine, on a psychological plane, mechanisms and paths of interaction with that milieu. These mechanisms and ways of interacting develop through the historical becoming of personality and make up the complex psychological world of man, making possible a certain autonomy over the social on an immediate plane. It is precisely this characteristic that allows the subject to emerge as regulator of his activity" (p. 26). González assumes the specificity of the psychological phenomenon through the social determinant. This consideration is predominant in relation to the basically biological foundations of the psyche (upon seeking the explanation of the psychological) because while the latter (biological foundations) play an indispensable role in the genesis of the psychological, they are superseded by the psychological aspect itself, a new quality whose specificity cannot be explained by those biological foundations alone. González shows that, "Man as personality is essentially social because his social relations define both the contents and the paths of psychological regulation, for it is in these relations that the person defines his psychological individuality within his human specificity" (p. 26).

González Rey then stresses the role of self-awareness and self-evaluation in human personality, elements through which the subject takes on an active, transforming attitude towards both his surroundings and himself that thus constitute aspects of an active nature in his formation, of change and development in his psychological world and his personality. What is important here is the fact that self-awareness and self-evaluation (knowledge of, and attitude towards, himself) can be conceived as key elements in the search for the capacity for self-transformation in humans (through a self-educating function), an aspect related to the possibility of *potentiating* health in the subject.

In a similar vein, González focuses on the problem of education and its potential for developing the subject's psychological world. Education should not be thought of as the mere transmission of knowledge to the child that is to be repeated later (*i.e.*, not the simple accumulation of information), but as a process through which the individual should achieve the development of personality. Educate, also, to be *healthy*; that is, to seek health through education and re-education: "clinical consultations should not be only places of healing, but also of education for the patient," (González & Mitjans, 1989, p. 257). Teaching can be a creative act in which the subjects—both teacher and student—take on active roles, "the teacher in his expression towards the students and in the interaction with them, and the students in accumulating the material that the teacher offers and in configuring his own meaning" (*Idem.*, p. 107). In effect, creative teaching will be a substantial element for educating personality, though this *educative* process will also be *unlimited* because in the trajectory of his life the human constantly learns and develops. Society as a whole performs an educational function; hence education, in the general sense, is linked to the possibility of learning to live in a committed, creative and self-determined way that in a certain sense means *healthily*.

González Rey writes, “The most self-determined, flexible, creative subjects, those with more varied interests, have greater resistance to external stressors than do individuals of rigid, normative ways with more limited interests” (*Idem.*, p. 113). These aspects and personality development itself (the individualized, qualitative integration of the subject’s knowledge and experience) are indeed related to individual health.

González also stresses the importance of educating a healthy way of life for man – *lifestyle*– (how one organizes life and devotes time to different life objectives), which allows the subject to express his essential aspirations and confront the inevitable contradictions and frustrations of life. Thus, when one thinks of educating for the general health and psychology of a subject, the process cannot be limited to simply attaining the absence of symptoms, but must also consider the individual’s lifestyle and *psychological self-regulation*. *Psychological health* is, therefore, related to the capacity to assimilate the alternatives and contradictions that life offers the subject and to blandish, insofar as possible, his self-determination.

Some of González Rey’s more recent theories also deserve mention, especially those that refer to the category of *subject* in the theory of personality development. González establishes both a relationship with, and a differentiation between, the concept of subject and personality by pointing out that traditionally the study of personality has presented positions that assume a mechanical, linear and immediate relation between personality and behavior, and thus lose any theoretical possibility of including in one sole unit the dimension of the subject in and of itself. González (1995) defines the psychological subject as “the concrete individual, bearer of personality who, as essential, permanent characteristics of his condition, is real, interactive, conscious and willful” (p. 61). According to this author, the individual achieves the condition of subject at the moment in which he acquires the capacity for self-determination, conceives his own objectives, and is consonant with them in his willful activity; *i.e.*, at the moment when his personality is configured. On this point he observes that “On this path, the subject gains independence and creativity and even, in the cases of greatest personality development, feels the need to follow personal principles congruent with his individual history; this process forms an essential part of the development of personal identity” (*Idem.*, p. 61). González also states that subject and personality, though not the same thing, together make up individual subjectivity. The subject acts in expressing and developing his personality and, simultaneously, develops through this process. At the same time, personality is an essential determinant of the subject’s expression and growth. The relation established between subject and personality will entail points of contact, complementation and limits that arise distinctly in each concrete individuality. González (1995) affirms that, “the subject is the source for the study of personality; the real, individualized expression that personality assumes during its development, always produced in a concrete individual whose development becomes subject” (p. 64).

Personality, meanwhile, constitutes a synthesis of diverse psychological factors, but ones delineated by the very nature and function of the *personological* level: the motivated regulation and self-regulation of individual subjectivity. Personality and subject thus constitute diverse expressions of subjective-individual growth in which one is not exhausted in the other but, rather, both sustain common points of development and, at the same time, contradictory points in which the development of one does not necessarily imply that of the other.

In addition, González attributes great importance to communication in relation to the subject and the configuration of personality in the context of human development, arguing that

communications systems in which there exist subject and personality cannot be extracted from the process of development of individual subjectivity. Communications systems constitute the setting in which this development must take place. Referring to the specific case of psychotherapy, González states that we are dealing with a process of human relations that demands a climate of respect, security, empathy, trust and the desire to express oneself as basic aspects of any satisfactory realization. The specificity of the psychotherapeutic relationship lies in its goal that, “in the most general sense, is educating the person or persons involved in said process, which presupposes, according to the problem to be confronted, achieving an influence over the subject that translates into a change of the aspects that limit and affect him, even on the margins of his own consciousness” (p. 125).

According to González’ criteria (1993), psychotherapy is necessary for “any individual in whom the psychological is part of a psychic and/or somatic affectation” (p. 126), and not just for people with ‘mental disorders.’ He insists that the influence of education in psychotherapy is necessary, such that in the field of health, orientation and psychotherapy are intimately related processes. Moreover, the subject’s historicity constitutes an additional aspect to be considered in psychotherapeutic practice. He writes that:

The individual expresses himself and develops historically; permanently involved in a system of diverse interrelationships that have a psychological meaning in accordance with his personality and the moment at which he finds himself in the condition of a subject of his psychological regulation. However, in this complex relation, one must discriminate the historical from the current one in three systems; that is, the system of relations relevant to the subject, in personality, and in the subject himself (*Idem.*, p. 127).

Therefore, the objective of psychotherapy is not always to bring about personality change in the subject but, rather, to change his inadequately organized subjective configurations through the becoming of his experience. The ultimate goal is not simply for the individual to achieve a new ‘understanding’ of his conflicts or problems (so direct advice and suggestions to “improve” the patient’s life do not suffice), but for the psychotherapeutic space to promote a process of development of *new necessities* through communicative relations.

González Rey has also worked on contemporary epistemological reflections related to psychological science and its applications (González, 1996, 1997), and his work continues to be a fundamental moment for the future of psychological science in Cuba.

#### *Dionisio Zaldívar Pérez*

The area of psychological health was also a central focus of another Cuban psychologist, one with greater systematization in a career that he has devoted to psychotherapeutic activity, in both its theoretical and methodological dimensions. Dionisio Zaldívar Pérez graduated from the School of Psychology at the Universidad de La Habana and went on to earn his doctorate. He has published numerous books and articles related to psychotherapy and worked as a professor at his *alma mater*.

Zaldívar affirms; “That to develop and elaborate a psychotherapeutic theory one must begin from methodological-philosophical premises concerning man, the concept of personality, and never cease to conceive of man as a social and natural being who simultaneously is a subject of activity but also consciously reflects and transforms his reality (Zaldívar, 1985, p. 4). In accord with some of the ideas expressed above, Zaldívar considers that the therapist is also an educator, for through his action he contributes to changing the attitudes of the subjects he attends. Moreover, by following a certain method he will use primarily the word as the means



through which the subject, “recovers self-regulation of his functions” (*Idem.*, p. 6). Thus, psychological health is pursued by educating, an education that must be addressed towards achieving the full *autonomy* of the subject in regulating his potentialities.

In his conceptualization of psychotherapy, Zaldívar (1985, p.9) suggests that it can be defined as, “the sum total of knowledge and methods used in treating personality disorders and problems,” thus arguing that psychotherapy should be oriented towards acquiring knowledge of the subject’s personality in order to foment, eventually, “changes in [its] organization or structure ” (*Idem.*, p. 9). The goal should not be limited to simply resolving presumed conflicts of a conjunctural nature, but aim to achieve a moment of maturation in the subject in the hope of achieving a more adequate adaptation (improved functioning) in the face of problems in his surroundings, and to foster the integration of his personality, which would allow him to project and use his potentialities; an aspect also related to the idea of self-transformation. Similarly, in referring to clinical psychology, Zaldívar posits that its first task is precisely to “evaluate the personality and the factors that are important for its harmonious integration” (Zaldívar, 1985, pp. 19-20). Even in the field of “clinical” psychology itself, which refers to the predominantly *medical* aspect of psychological science –that entails, fundamentally, work oriented towards the goal of mitigating symptoms or eliminating the suffering in the patient produced by some morbid process– Zaldívar affirms and assumes the need to study personality; that is, to analyze the fundamentally psychological in the relation, an element that lends a *humanistic* dimension to his conceptions. He also pointed out that, “the (clinical psychologist’s) first task is to comprehend the individual, for without this understanding, orientation and treatment will be impeded, and could produce results contrary to those expected” (*Idem.* p. 20).

Zaldívar (1985) also values the importance of the subject’s conscience in implementing psychological support as a means of achieving the changes in attitude that should occur through the dynamics of therapy and exchanges between psychologist and individual: “... patients with a clearer consciousness of their disorders seek to change some aspects of their personality” (p. 23). For Zaldívar it is especially important to evaluate, within the different criteria involved in the subject’s situation and environment, the *criteria of the person’s emotional independence*, which means attempting to break his (supposed) extreme dependence of that individual (that is somehow linked to the disorder in question) on family members or significant others; all of which presupposes carrying out actions of a psychological character as a means of potentiating the subject’s capacity for self-determination.

Zaldívar (1985) seeks to evaluate what he calls *criteria of intelligence*, that in his words means broaching the, “relation between intelligence and the person’s capacity for self-analysis and processing and integrating experience” (p. 24). This approach reveals, once again, the posture in psychotherapy of relating the subject’s thought about himself –self-assessment– to the *experience* he has acquired in his life.

At another moment when this author refers to the theme of planning in psychotherapy (1985, pp. 28-31), he stresses the following aspects, among others: a) having a theoretical conception of human personality; b) learning as much as possible about the individual who is under psychotherapeutic treatment (*i.e.*, the need to know not only the subject’s intellectual level and its specificities in his intellectual functioning, but also his personality in the past so as to explore the possible origins of the pathology); c) knowing the image the person holds of himself and his interaction with his family in the present and past; d) becoming familiar with

the characteristics of his interaction with his surroundings (work, school, etc.); and, e) knowing the subject's deepest motivations and necessities, the degree and manner of satisfying them (or not), and his secondary needs. In this way, Zaldívar deals with elements related to the subject's life history (which transcends the strictly individual to reach the familiar, interpersonal and societal environment), and the individual's self-evaluation and fundamental motivations, reflected in his becoming and dynamic self; all on the basis of the theoretical integration of the *psychology of personality*.

With respect to the issue of diagnosis, Zaldívar subscribes to the idea that offering a psychopathological-psychiatric classification as a means of detecting a nosological entity in which to situate the subject to be treated does not suffice for the psychologist, for he must reach an explanation and comprehension of the alterations of the subject's personality (*i.e.*, a truly psychological diagnosis of the subject that will, inevitably, be complex, unique and unrepeatable). And this means analyzing the development of the subject's personality and his relationships throughout his life. Thus, Zaldívar attributes great importance in psychotherapeutic work to the so-called *case study technique*, which contemplates the need to examine the subject as a unique individual with his own characteristics, molded in conditions and relations that were specific to his existence; seeing him as a total personality (holistic principal) whose needs and motivations are determinant and, where necessary, understanding the individual through genetic principles; *i.e.*, his performance and development.

Zaldívar (1987) has striven to incorporate the fundamental theories and methodologies of Marxist thought into configuring a psychotherapeutic system that is congruent in this sense. In effect, once having established and formulated some basic principles of Marxist psychology, he suggests developing the influence of psychotherapy through positions and actions that are coherent with this conceptual theoretical analysis; for example, he stresses *the principle of determinism*: "the psyche is determined by lifestyle and is modified when lifestyle is transformed" (p. 65). He also underlines the importance of recognizing *the historical, social (and cultural) formation of the subject's personality and the need to study and transform it on the basis of the subject's own activity and context*. As a result, he emphasizes the *personological* approach to the study of psychological disorders. However, he also holds that in performing therapeutic practice from a Marxist orientation it is not enough to simply recognize and employ those Marxist categories, for one must, "rethink psychotherapy from the methodological base afforded by dialectical materialism as a method of knowing and transforming reality (...)", though this is only possible "on the basis of a dialectical negation that, taking advantage of the positive aspects of the aforementioned contributions in the history of psychotherapy, permits a synthesis of this thought that crystallizes into something greater" (Zaldívar, 1991, p. 11).

Zaldívar has worked on evaluating the psychosocial elements of the process of health-illness. On this topic, he comments that regardless of the fact that the determination of man is dialectical and biologically, psychologically and socially complex, his essence as individual and personality emerges through the *social dimension* more than biology; so pathology, illness and psychological distortion or disintegration –as long as there is no organic lesion– depend primarily on social conditionings: culture, education, interpersonal relations, family, etc. Following this logic, Zaldívar turns his attention to the "development and maintenance of behaviors, of a lifestyle that contributes to sustaining (psychological) health, and includes analyzing the "motivations for leading a healthy lifestyle" (p. 7). This process also entails information on the subject and his education and, finally, will have a nexus with the relations and conditions imposed by the socioeconomic formation into which the subject is inserted.

The last point to consider is the idea that while the psychotherapeutic process involves an educational projection in which the therapist plays a fundamental role, the changes sought in the subject are not the sole responsibility of the therapist. Zaldívar (1991) writes: "...we cannot think that the patient is a totally passive being, or an empty vessel to be filled by the therapist; we must see in the therapeutic relationship the dynamic aspects that come into play, and that depend not only on the attitudes and behaviors of the therapist, but also on the attitudes and behavior of the patient, who must be the active subject of his own change" (p. 97). This *active character* that Zaldívar attributes to the subject may explain why he used (as one option of psychotherapeutic practice) a system of printed pamphlets on self-instruction, written for diverse patients on such themes as assertive training and aids to quit smoking. He has also offered reflections on the nature of *stress* in contemporary life (1996), and on the current theoretical review of *psychological intervention* in general, and psychotherapy in particular (Zaldívar, 1998, 2001). Thus, Zaldívar Pérez' work today represents an obligatory reference on the development of psychotherapy in Cuba.

*Manuel Calviño Valdés Fauly*

After completing his undergraduate studies in the School of Psychology at the Universidad de La Habana in 1971, this author earned his Doctorate in Psychological Sciences in 1981. Calviño has focused his attention on the study of personality, human motivation and the category of "personal meaning," a topic expounded upon significantly in the work of A. N. Leontiev. He has also worked actively in the area of psychological orientation through the mass media.

For Calviño, man's *biopsychosocial* unity represents a general, programmatic statement for psychology, but one insufficiently developed and represented in concrete, conceptual elaborations and professional practice. He maintains that the general theoretical discourse of the science of psychology is consistent with but a few points of the discourse of psychological practice and psychotherapy; *i.e.*, there is no total identity [and] biological, psychological and social unity is more declarative than operative. Of course, it is well known that biological and sociocultural aspects are relevant to psychology, but the question of "how this relevance is produced" remains largely unknown, as do the means involved. While this statement is shared theoretically, in practice, according to Calviño, it does not constitute a problem, or does so only at the moment when those elements break off as intermediating variables that help discern to what degree one is dealing with a specific social or biological problem or situation. The psychological is distant from these two points and relatively independent. In any case, the affirmation in question is taken as a fundamental declaration issued to situate the spatial axes along which psychology thinks, not as a precise, exact conceptual and *praxiological* representation. The psychological comes to mean something like "an emergence" from biological and social aspects, though it is not directly deducible from either one.

The cultural condition contributes to the functionality of the processes of psychological integration in humans. To the degree in which an individual attains a more conscious, clearer assimilation of culture, of the flood of knowledge, of human wisdom, he obtains more favorable bases for achieving psychological harmony and completeness in his life. Calviño considered this inherent in all *humanist* thought: he who knows more has greater possibilities to know what he wishes to do with his life, what his life means, and how he can conduct it. However, he also points out that while knowledge is a necessary, useful and favorable

condition, it is not sufficient. An individual can know, can accumulate knowledge, but that might not suffice to achieve full psychological integration. In psychotherapy, beyond any procedural technology, there always lie the goals of informing, of cognition, “knowing” is present and holds a key place in the process. Calviño recognizes that this point is fundamental in psychological and psychotherapeutic practice; how a subject can appropriate the world, the interpretation he makes of it, the meaning he can attribute to his relationships all become new knowledge that he may or may not, use. In and of itself, this knowledge produces a condition of change, promotes change, though it is neither the only nor a sufficient condition of change in the person.

Referring to *education* and its importance for the life of a human being and his psychological world, Calviño underlines that, without doubt, this aspect may be crucial to the person’s healthy, integrated formation; though he emphasizes that education can also cause a subject to fall ill. He affirms that when education contains rigid patterns, when decisions unrelated to the individual are communicated to, and thrust upon, him, he somehow suffers psychological disintegration. Nonetheless, education as formation for life (which means that through education the subject becomes aware of himself as a person and gains consciousness of his needs, thus fomenting the development of habits and abilities) with no expectation that the subject will assimilate closed patterns and styles of thinking, knowing and acting, that will prove fundamental to his adequate, harmonious psychological development. Calviño observes that education is capable of creating conditions that stimulate certain modifications in people, but this does not mean that through his “pointers” the psychotherapist can totally take the subject’s place, or role, and so “do the things for him” (Calviño, 1993; García, 1993). This effort leads to failure for, after all, only the subject exerts such “sovereignty” over his actions. There is an unavoidable moment in any system of influence that is, precisely, *the subject*, his determinations, his decisions, his possibilities, so if there were an *all-powerful* weapon in the psychological development of humans, it would be the individual himself, with his abilities, conditions, decisions and choices. This is fundamental for the psychotherapist, who must not see himself as an “educator” in the sense of someone who “dictates” what is to be done, or how to do it “well” when the subject errs. Indeed, this would have to be considered an illicit exercise of professional authority, for the life of each individual is his own. Psychotherapy, then, must be a confrontation, a psychological exchange between two individuals seeking orientation in life. In the long run, any attempt to “influence” the individual directly usually turns out to be insufficient because psychic functioning is essentially defined and structured from “beyond” that explicit functioning. If this were not the case, then everything would be very simple indeed and there would be no need for psychologists.

When he approaches the question of the relation between psychological illness and health, Calviño comments that this idea –perhaps Freudian in its origins and foundations– has somehow imposed itself on psychology. “Illness” and “health” in psychology have been catalogued socioculturally through the canons and values that predominate in a certain historical moment and that the society defines, expresses and assumes as foundational. In this sense, the limits between health and illness are flexible, but in Calviño’s judgment there is an individual criterion for defining psychological health and illness: that of wellbeing *vs.* ailing; in other words, *how the person feels*, which could well give rise to a very clear frontier. Now, without question, there is a dialectical integration of the elements of reality that tends towards developing healthy, or unhealthy, ways of living; but in his view that integration must be seen precisely on this plane and not on that of health and illness. In his psychotherapeutic practice, Calviño tends to speak of having before him “needy” subjects; that is, patients who, due to

certain events in their lives, have developed a process of *displeasure*, or *unwellness*, and thus seek in psychology a means of ridding themselves of the negative emotional experience. The cause of such events, their real contents, their origin, and specific ways of processing them will emerge from the dynamics of psychotherapy and so cannot be known *a priori*. The subject *needs* to escape from the condition that is oppressing him, and though he *demand*s it of the therapist he is, in fact, demanding it of himself *through* the therapist.

Other elements that Calviño considers significant in the process of getting to know the subject are evaluating his life history and encouraging him to reflect upon it consciously; a theoretical aspect that can be represented in terms of pre-dispositions, attitudes, beliefs, values, and prejudices that at one time psychology seemed about to abandon but to which it is now returning. At some point, psychology lost its way in an attempt to become a “pure” science –if you will– one filled with highly abstract concepts and a meta-language that pushed to one side *that which is most important: human as everyday beings*. Much has been said and done with regards to “reflex,” “activity,” “personality,” and “ideals,” while scant attention has been paid to envy, vanity, jealousy, distortions, fantasies, dreams, desires, frustrations, and fears. Yet these are very real concepts in everyday psychology, of real, concrete people, and so must be rescued. All these elements must be taken into account in the subject’s life history: what has happened to this individual, his achievements and frustrations, what marks his experience left upon him, what are his points of view, his styles of reacting, and of behavior; aspects that constitute the foundations upon which individual projection is structured, upon which one establishes and conducts one’s life. Clearly, the subject’s life and history create their own life, and this aspect is fundamental in the phase of diagnostic impression. It is important to know what the subject’s life has been like in order to later probe the ideas of origin, identity and rootedness. According to Calviño’s criteria, the psychotherapeutic process necessarily passes through this period for it must discover and bring to light this reality of the subject, seek to determine the elaborations that led him down the road toward wellbeing or illness. In this way, the subject will be able to project himself towards the present and even into the future.

Calviño states that he agrees, in principle, with the reflection that discovery, arranging a hierarchy of fundamental motivations, and achieving an adequate self-evaluation constitute the key aspects that will eventually allow the subject to attain the full expression and development in his psychological world. However, he emphasizes the need to give serious consideration to the situational elements that can produce unforeseen determinations in the subject. He suggests that one refrain from making the voluntarist and utopian vision of man an absolute, for it conceives of the individual as knowing what he desires, where he is going (whether or not he actually does is of little import, as he can find out because that requirement is present in the existing reality of his life). Hence, the goal is for the subject to establish as clearly as possible his most important values, ideals, and determinations. Calviño indicates that *often these elements do not form part of everyday functioning*; crucial elements in his quality of life?– yes, but not as part of the subject’s everyday functioning. According to Calviño, this functioning obeys instinctive elements established in the subject, such as beliefs, dispositions, customs, and habits, rather than the reflexive, ideal, or evaluative dimension that, therefore, need not be the only, or the distinctively fundamental, way of understanding psychological development. To this aspect of discovery and ranking of motivations and basic personal ideals, Calviño attributes a qualitative connotation for they represent a higher form of functioning and psychological integration, but in his view they are not the elements that typify human being in terms of volume, intensity and regulating strength. What is required is *a more realistic, adequate and contextual representation* of that human being, and this led Calviño to ponder the concept of *need*. The individual imposes

himself on his desires, but even this reaches its limits at some point, because those desires also express the fundamental realities of his life. Man is contradiction, difference, unity of old and new, of the current and the future, of past and present, and it is out of these opposed positions that his life emerges, which is integrated and conflictive. An individual is the integration of being the subject of his needs but also of his motivations and decisions; a subject determined by, but also subject of, his determinations, who knows and does not know; congruent and incongruent. This was Calviño's most global theoretical representation, his concept of the human being. And it was from this foundation that he developed his psychological practice.

A subject's future, his life projects, and his long-term plans are also important from the psychological point of view, but according to Calviño they do not typify the everyday functioning of human existence either. Rather, they intervene with a potential character. The subject requires immediate gratifications and achievements because his temporal perspective is limited, his needs can be transported, dissuaded, and calmed but never disarticulated. Here Calviño recognizes the capacity for self-determination and self-transformation in the person as manifestations of psychological development and integration, but warns of the need to consider –behind each self-determination– a whole set of determinations that are alien to the subject, that cannot be referred to him in terms of conscious control, voluntarism or preconceived decision. Self-determination is on occasion *external determination*.

Calviño insists that psychology must be the science of *everydayness*, like the mirror in which humans look at, and find, themselves, not only in the moments of the most general abstractions, but also in the concrete and specific identifications of their lives.

Calviño (1998 A) also critiqued psychotherapeutic practice in Cuba. In his view, it is necessary to develop short-term conceptual references and practical instruments of psychotherapeutic intervention, but this does not mean abandoning long-term psychotherapeutic processes when they are required, for the goal is to “achieve a better tuned psychotherapeutic action in terms of its limits and capacity to impact” (p. 4). In his words, “Above all, it is about having a more flexible and varied system of resources for psychotherapeutic interventions that give the professional a greater capacity to not only adapt to the conditions (of the situation, the patient and himself), but also to achieve a productive impact” (*Idem.*, p. 8).

Calviño also mentions the debate surrounding the presumed *eclecticism* in psychotherapy as opposed to “integrative” and “systematic” focuses, arguing that,

The issue of integration in psychotherapy cannot be reduced to a new form of ‘disguised eclecticism’ (...) An alternative to integration is plausible, but supposes differentiating clearly the possibilities associated with each logical-constructive level or space. At the essential epistemological and theoretical-conceptual levels integration is nothing more than the construction of a new model or paradigm also built by assimilating the experience of other models. Thus, it cannot be a contingent-situational task. Its temporal perspective is medium- or long-term. However, at the level of practice, in the space of the pragmatic various possibilities exist that can be exploited with no risk of essential modifications in theoretical models. It does entail a change of attitude on the part of the professional, [who must] move from a predominantly theoretical-conceptual style to one that is predominantly theoretical-praxiological (p. 13).

Even so, Calviño points out that it is important to overcome the divergent epistemologies typical of the history of psychology, and consider epistemological models of convergence or integration, but this entails discovering the *how* and the *why*:

A divergent epistemology sustains a practice that ‘dissolves’ the patient’s individuality to convert it into a diagnostic category. The selective function that the therapist exercises on the patient (analyzable-not analyzable; neurotic-not neurotic; superficial-profound) is usually perverse. Its perversity resides not only in the ‘taxonomization’ (labeling function) but, above all, in that even when the patient is accepted he is inevitably subjected to the ‘therapist’s method’ (...) If the therapist evaluates according to the criteria defined by a certain institutional model, and that model is at least unipolar and restricted (in the sense that being unique, it is the only means of pondering the problem), then there is no alternative space for the peculiarities of the patient. The unity of psychotherapy lays in method, its diversity in the patient, [but] method is imposed on the patient by the therapist (...) This decision cannot be left in the hands of the patient or those of the therapist [but] emerges from the relation between them” (*Idem.*, p. 14).

Therefore, Calviño posits that the identity of the therapist must, “center on a relation of aid,” not of curing; that is, on an attitude of professional intervention that is neither definitive nor definitory, but that adapts itself to the existing conditions in order to attain the best probable effect. The psychotherapist establishes a relation with an individual who has a personal history, configures certain specific psychological peculiarities, forms part of a given culture, social, economic, racial group, etc., and has a set of needs that are recorded in his “behavioral modes of realization”, and include certain customs and a certain philosophy and life project. The subject is, “what others have made of him and what he has done with that which others have made of him” (p. 18). Thus, psychotherapeutic intervention must always place itself *in situ* (“the context in which the relation subject-professional takes place and acquires a particular meaning;” “physical, temporal and symbolic space;” “the representation that patient and professional make of the relation;” and the entire ideo-concrete sustenance or support of the relation”), which entails structural and organizational, as well as procedural and idiosyncratic (representational) aspects. Calviño observes that, “The entire history of a person is sub-edited in each case to the task of being in a concrete life situation, including that of orientation. Each situation is relatively specific in relation to any other, and recognizing a subject means always placing him in a situation (*Idem.*, p. 18).

Calviño stresses that the psychotherapeutic relation definitely includes a commitment with a person who is striving to do something for his wellbeing, health or happiness, and that this is what gives meaning to the experience and to professional practice. Thus, the commitment acquired and the conditions of realizing it call out to the ideas of efficiency, productivity, and the search to assure that therapy makes the best possible impact. Calviño has also worked on a constructive criticism of Marxist-oriented psychology (Calviño, 2000), and on configuring an operational scheme for psychological orientation (Calviño, 2000 A).

### **The social-community orientation and the psychology of health**

*Miguel Angel Roca Perara*

Roca is another scholar who has participated in both psychotherapeutic reflections and praxis in Cuba. He completed his undergraduate studies in psychology in 1977 and his doctorate in Psychological Sciences in 1994, and has elaborated critical postures in clinical psychology and child psychotherapy. He studies the role of clinical psychology in social practice using a constructive, integrative focus that recognizes both the unitary nature of the health-illness process in the psychological milieu and its *biosocial* contextualization. He cautions of the need to shift clinical reflection from psychopathological models towards a psychological

model still in construction that articulates with interdisciplinary work to promote the subject's health. According to Roca, psychological care must consider the *personological* ambit in the health-illness process, taking into account the individual as a person, together with his attitudes towards life and his specific social situation. As a result, he suggests that the clinical psychologist must go beyond the –impersonal– concepts of 'office' and 'case' to, "immerse himself in the community and human groups; his interest surpasses diagnosis and treatment to reach the dimension of prevention and rehabilitation; concerning himself not only with mental illnesses but also probing the psychological factors of disease; and moreover, strive to become a specialist dedicated to promoting good health in the population" (p. 14). Roca underscores the possibility of performing psychotherapeutic interventions that enable people to optimize their relations with the environment, an approach that demands training in social and developmental psychology. In his work, Roca proposes a modality of study in child psychotherapy that stresses the need to comprehend the child as a being in process of development who "cannot be understood without taking into account its personal life history" or "apart from its current situation" (Roca, 1998, pp. 62-63); a focus with a triangular connotation: the relationship with the child; the relationship with the parents; and the relationship with the requirements of the system itself. Indeed, he considers not only the active nature of the child in psychotherapy but also the functions of parents, family and even community, which leads him to proffer a set of professional actions and attitudes of a *humanistic* kind: acceptance, empathetic comprehension, emotional communication and respect for others (*Idem.*, pp. 20-25).

The *community orientation* of Roca's psychological reflections also emerges in his analysis of social support as an aspect that can participate positively or negatively in the health and welfare of subjects immersed in interpersonal interactions and the behavioral, physiological and/or perceptual dynamics of the links they establish with the world (Roca & Pérez, 1999).

Roca has also evaluated the cognitive perspective of psychology as a function of psychotherapy and promoting health in the subject, and developed a theoretical systematization of its functions, resources and perspectives for application in clinical psychology (Roca, 2000), all of which has grown out of his experience in professional practice and educational labor.

#### *Francisco Morales Calatayud*

A psychologist since 1968 specialized in the psychology of health, and a practicing physician in the field of health sciences, Morales Calatayud has taught psychology at the *Instituto Superior de Ciencias Médicas* in Havana, and participated in diverse tasks in the areas of medical care and research. Also, he has been active in developing a graduate program in the Psychology of Health at that institution.

He observes that the psychology of health is a field currently in construction, erected on the basis of preexisting elements in psychology and other, related, disciplines; one that recognizes its emergent, unfinished character in both the conceptual sphere and practical applications. Still, he emphasizes that the projection of this discipline must be connected to a multidimensional, contextualized vision of the human being. The role of social, cultural and community aspects stands is especially important in promoting psychological health, as are the roles of subjectivity and individual behavior. He writes, "As human beings, we live in concrete social circumstances, inserted into a mode of production in which we occupy a given position. Natural circumstances and one's own biological endowments acquire meaning in relation to reaching a level of health or of the development of one or more specific illnesses; which can only be understood in this context" (p. 24). Hence, the



psychology of health must focus on “studying the subjective and behavioral components of the health-illness process and medical care (...) The psychology of health is interested in studying those psychological processes that participate in determining healthy states, the risk of illness, the conditions of illness and recovery, and the interpersonal circumstances that are manifested in the process of providing health services” (*Idem.*, p. 55). In addition, Morales insists on the need to pay attention to so-called psychosocial phenomena and their meaning in individual health through the complexity their expression entails, which means considering the role of internal regulation of behaviors related to health and illness as a, “product of personal history expressed as the individual acts in a succession of specific situations that take on differentiated meaning” (*Idem.*, p. 75). Later, he reviewed a variety of specific aspects of promotional work and health prevention of psychology and evaluated the discipline’s priorities and perspectives in that perspective. Morales’ work also has taken its place in the constructive trajectory of thought and practice in Cuban psychology and constitutes a significant point of reference (Morales, 2011).

### *Jorge Grau Abalo*

This author/psychologist has also influenced generations of young professionals in Cuba through his teaching, research and practical work in several national institutions. He graduated from the School of Psychology at the Universidad Central de Las Villas (1972), and earned his Doctorate in Psychological Sciences in 1982 at the Lomonosov University in Moscow. Grau has been involved in different professional activities related to clinical psychology; for example, as a professor at the Universidad Central de Las Villas and in teaching hospitals, where he gained clinical experience working with colleagues and disciples. He has also practiced psychology and guided therapeutic groups of neurotic patients, women with gynecological ailments, and children suffering from hospitalization syndrome, among others. In the 1983-1988 period he was the first Head of Psychological Services at the Clinical Surgical Hospital *Hermanos Ameijeiras* in Havana, and then, until 1990, served as a Consulting Professor at that hospital, where he did important clinical work and research. In this capacity, he supervised research that centered on the “internal profile” of different illnesses, and on developing a theoretical and instrumental model to study stress and emotions from a medical-psychological perspective (Grau & Portero, 1985). In addition, he has been important in promoting the development of *pathopsychology* in Cuba in the domain of clinical psychiatry and research (Grau, 1988; Grau & Mas, 1988), to which *L. Oliva* and *C. Trujillo* have also made outstanding contributions (Oliva & Trujillo, 1984, 1988).

One cornerstone of this focus is that psychotherapeutical activity takes the form of a labor of “psychocorrection”, or rehabilitation, of the subject, through actions designed to prevent incapacity and maintain or reestablish the subject’s personal, work-related and social status. This entails the psychological study of *personality* conceived as a complex grouping of orientations and motivations, the system of attitudes (including those addressed towards *illness healing*), and determining the social positions of the subject in relation to the different groups in which he participates. Here, health-related actions involve social-psychological research into communication and the subject’s institutional and family interrelationships, as a means of responding to the clinical problem discussed above.

### *Other important figures*

During its development, clinical and psychotherapeutic work and promoting health in the field of psychology in Cuba (Morales, 2011) has been associated with the theoretical-

professional activities of different researchers and educators. The work of *Lourdes García Averasturi* stands out (García & Rodríguez, 1983), for she has stressed the need to practice a psychology that pursues the optimal development of personality throughout the life-cycle as a means of integrally promoting health, achieving psychological wellbeing, and increasing the patient's performance capacity through coordinated actions of promotion, diagnosis, treatment and social rehabilitation. García Averasturi also focuses on *positive psychology* and vindicates the active character of the subject and his *internal strength* to procure wellbeing and personal development (García, 2003).

Another figure, *Elisa Knapp* (1987), has worked in the fields of clinical psychology, education and research related to somatic clinical activities. But other names also stand out for their projection in different areas of research and professional practice, among them: *Diego González Serra* (motivation and personality, 1972, 1987, 1990); *Reynaldo Rojas Manresa* (sex and marriage counseling, 1991); *Eduardo Cairo Valcárcel* (neuropsychology, 1982, 1989); *Armando Alonso Álvarez* (clinical psychodiagnostics, neuroses, 2004, 1994, 1987); and *Patricia Ares Muzio* (family therapy, 1990).

### **The importance of life experience and future projects in the subject's self-discovery and development: Psychosocial, clinical and educational work**

*Armando Pérez Yera*

In central Cuba there is a second pole of psychological thought centered on the Universidad Central de Las Villas, where a School of Psychology has been operating since 1961. Researchers there have also elaborated a series of ideas regarding the conceptions described above in this article (Herrera & Guerra, 1999). Among other figures, the work of Armando Pérez Yera (Ph.D. in Psychological Sciences, 1989) stands out for its significant development of theoretical and methodological positions in the social-psychological study of personality, not only for diagnostic purposes, but also in the area of intervention.

For Pérez, in all societies the process of personality formation is influenced first and foremost by education, though this varies according to the individual's socioeconomic status. Humans are not *born with personality*; rather, *personality* (with all its nuances and irreproducible particularities) *is forged* through the process of assimilating life experiences through culture inter-mediated by others. At some point the human being, while forming himself as personality, becomes able to participate actively in self-education. It is precisely during this ontogenetic process that new psychological systems, such as self-evaluation, ideals, and life projects are configured and come to acquire great importance as means of self-educating personality and endowing the individual with a high motivational value. They also intervene in self-regulation of behavior. Thus, Pérez has worked systematically in research on *future projects vis-a-vis* their retrospective relation to the meaning of life (the subject's fundamental motivations) and the person's life experience. He attempts to take an integral approach to human activity "based on what sustains it, as a function of what it achieves, and in its future projection" (p. 3). His reflections conceive the psychological unity of the subject's past, present and future; one focused as a system without divisions that establishes its own adjustments.

Since personality is a psychological formation (that represents an important moment and advance in individual development) that regulates the active, conscious relation of man with the world, human being as personality, which regulates behavior precisely in three temporal

dimensions: past, present and future. According to Pérez, the principal guide for, and factor of, psychological development is the future dimension. Therefore, as he writes, that “personality is not only the measure of what he has been, of what he will come to be, as a function of what he is”, but also “is to the extent that he will be” (*Idem.*, 1987, p. 5). In this dialectic and as a means of regulating his behavior, the subject incorporates the personal and social experience he has accumulated, the current situation, and a possible or potential future situation, subjectively elaborated.

When Pérez speaks of *personal life experience*, he is referring to a series of occurrences that become key points for the later modification of the path that the individual follows through life (which entails a certain decision-making process), events that involve a strong emotional and affective implication (that will depend, precisely, on the degree of the subject’s active participative in the process). In Pérez’ words, life experiences can be referred to as, “that grouping of the experiences of people and events that have occurred in his life, that due to their importance and transcendence may be more, or less, directly related to the form of the individual’s behavior and occupy a high position in the hierarchical structure of motivations at distinct degrees of consciousness-raising, while acting as conditioners in certain psychological qualities, from the most elemental ones to the highest levels, such as convictions, values, and ideas” (p. 6). Life experience is not made up of events as such, but of the way in which the individual experiences them, reflects upon them, and lives them on the plane of subjectivity. In this logic, “man only presents himself as personality when he knows his history” (*Idem.*, p. 6). In a certain sense man can only emerge as personality when he knows himself and is capable of critically evaluating his history.

Pérez also explores human motivation and its contents, suggesting that motivations cannot be studied as isolated units that lead the subject to immediate behaviors, but must be seen as an *integrated system* in their complex function of regulating behavior mediated by self-awareness. He mentions that within the structure of the motivational sphere there is a nucleus of determining motivations that shape “the meaning of man’s life with its essential manifestations and, therefore, occupies a hierarchical position in the higher level of personality regulation” (*Idem.*, p. 8), and that in this way it becomes possible to develop the self-regulatory system (*i.e.*, the capacity for self-determination) that is expressed primarily in the self-evaluation of the individual and in his projects. In effect, self-regulation takes place on the basis of an adequate self-evaluation (of abilities, needs, possibilities and visions of oneself as subject) that allows the individual to set goals that are well-adjusted to his possibilities and so achieve personal realization and, moreover, avoid the frustrations that can affect him and, consequently, the society in which he lives.

Thus, Pérez affirms that life projects or the future projection of the motivational sphere that leads the subject to “designate the psychological reality that comprehends the organization and realization of an individual’s fundamental motivational orientations through concrete plans for his future activity. Hence, future life projects consist of units that integrate all the activity of the personality and carry out a function of directional, evaluative, instrumental integration of personality orientations with their possible means of concrete achievement in activity” (*Idem.*, p. 9). Somehow, life projects come to sum up the subject’s past, present and future as a function of personal regulation, including means; that is, routes that lead to their satisfaction (“what the individual desires to be and what he is going to do”). Pérez states that it is only the individual’s realization of such projects (in relation to himself, his life and the world) that assures attainment of a certain degree of self-realization in the subject, and his psychological wellbeing. He then relates the adequate, consistent and well-founded projection

of the future in the subject with his capacity for self-determination, and writes that, “Personal decision-making in the face of the multiple situations of choice of life projects commits the entire personality, motivations and values, and emerges as an act of self-determination that supposes an adequate foundation of the entire process of making life decisions, from choosing essential objectives and the self-programming of tasks, to the possibility of assuming personal responsibility for his acts” (*Idem.*, p. 11). Pérez’ writings manifest continuity with other ideas mentioned above and his studies stimulated several research initiatives at the Universidad Central de Las Villas, especially in the 1980s (thesis and coursework) in the area of personality, that have extended the theoretical positions described while enriching arguments and interpretations on such topics and issues as: the *relation between life projects and the meaning of life*; the *relation between life projects and personality lifestyles*; *methods for the integrated study of life projects*; the *relation between the level of elaboration and structure of life projects and life trajectory*, among others. Pérez Yera has also participated in training several new generations of psychologists. His approaches to research on personality and his own posture in this field are important referents to be taken into account by researchers in central Cuba.

#### *Leonardo Rodríguez Méndez*

Another important name in central Cuba is that of Leonardo Rodríguez Méndez. Since graduating in 1982, he has worked as a professor of psychotherapy and as a psychotherapist in the School of Psychology at the Universidad Central de Las Villas, while conducting studies and various research projects clearly attuned to Jorge Grau’s reflections in the field of *psychocorrection* and its applications (Rodríguez, 1989).

In Rodríguez’s view, psychotherapy consists in influencing, in some way, the patient’s whole personality. The work of assisting a person to recover his psychological health means ensuring that a certain educational consequence results, regardless of the clinical proposal of the psychotherapeutic program applied. Rodríguez (1989) insists that the psychopathological diagnosis is, *a priori*, an especially important aspect of the integrated approach to the psychotherapeutic process, but because psychotherapy is an action of an eminently psychological character, psychological diagnoses are fundamental. Thus, he establishes that the specialist must ascertain certain aspects of the personality of the subject he is to treat – fundamental motivations, intellectual capacities, family elements, and the social-psychological conditioners of his development– and work with them. Only thus can this labor take on a truly *humanistic* character. Rodríguez paraphrases Miasichev: “In men, unlike animals, the role of the traces of prior experiences is so great that all reactions depend incomparably less on the current situation for they are determined much more greatly by past experience” (p. 6). This orientation leads him to follow the criterion that the psychotherapist should conduct himself “in good measure by following his personological, dynamic and multifaceted diagnosis” (*Idem.*, p. 6) that, among other elements, sheds light on the individualized expression of the disorder or alteration that the subject manifests. In effect, according to Rodríguez, the very nature of psychotherapy entails considering and respecting the subject’s individuality, which is indispensable if the subject is to become an active party to, and participant in, the psychotherapeutic relationship. This is not only an ethical obligation of the psychologist, but also a technical requirement of his work.

Rodríguez focused on the field of the *self-discovery* of the subject and his personal self-critical (self-evaluative) participation in analyzing the difficulties that arise. He was influenced by the ideas of A. Adler on the “psychotherapy of lifestyle” that, despite their

shortcomings in terms of theory and method, present a series of elements that Rodríguez deemed positive; for example, their scope and educational projection, their retrospective promotion of a broader, improved self-awareness, awakening in the subject a valorative emotional attitude towards himself and, finally, potentiating new forms of self-regulation in him.

Through his approach, Rodríguez (1993) gave greater importance in the psychological formation of the subject to his capacity for self-education, and self-transformation (once the basic structures of personal functioning –self-awareness, self-evaluation, ideals and proposals, etc.– are configured) than to education itself, the latter conceived as a *system of external influences* received during the early stages of ontogenetical development. In fact, he valued examining the subject's life history and past experience because his self-awareness and self-evaluation participate actively in them. Also, he conceived of the establishment of a motivational organization and the discovery, or reformulation, of the meaning of life as “important means of confronting and blocking neurotic development.”

Rodríguez also saw in the future dimension of the subject's psychological world a valuable element for the psychotherapeutic process, because through them it is possible to change his attitudes towards life and its difficulties and achieve activation for his future situation, which has not yet ended, and is in some way still controllable by him. Consequently, Rodríguez (1993) affirms that a concern for the problems of self-regulation and self-determination must be taken as a principle of psychotherapeutic work, perceived through the educational character of that process, which somehow adopts a self-educating character in the subject as a function of promoting autonomy and stability in the psychological integration that the person may achieve.

As mentioned above, when Rodríguez writes on the term *psychocorrection*, he develops a clear theoretical-practical continuity from Grau's positions and the focus on *pathopsychology* in the work of Bluma Wolfonna Zeigarnik (Zeigarnik, 1989). Here, he takes the perspective of personality study as it relates to morbid processes and states and, on the basis of a psychological model, conceives of psychological intervention as a system of *psychocorrective actions*. This focus leads him to insist on probing the field of personality, procuring its activation against illness, and in this way, directing the psychologist's actions not towards the subject's symptoms, but towards the psychological characteristics of the person himself: *i.e.*, emphasis must be placed on expanding preventive work in psychology, over and above the therapeutic process itself.

Finally, Rodríguez (1989) identified multi-disciplinary action as an indispensable condition for the success of psychotherapy; that is, conjugating medical and psychological therapies with interventions into the sociocultural conditions that act upon the person. For him these elements constituted a *biopsychosocial* unit, though he also observes that training in psychotherapy involves, first and foremost, training in psychology.

*Luis Felipe Herrera Jiménez*

A practicing psychologist since 1982 and doctor of Psychological Sciences since 1989, Herrera has worked in the field of medical psychology for several years, in addition to his work in psychotherapy, education, and research since early in his professional life. His principle concerns from 1985 to 1995 dealt with the use of psychotherapeutic intervention techniques with children and adolescents with retarded psychological development, mental

retardation, and behavioral disorders, studies in which he applied a combination of individual and group psychotherapies (Herrera *et al.*, 1987; Herrera & Herrera, 1987).

Herrera has promoted what he called *didactic-activating techniques*, which employ strategies with a double objective: to achieve instructional-educational objectives and, at the same time, eliminate or ameliorate symptoms and *afectogenetic* situations. During this stage of his career he was heavily influenced by Roger's humanist thought and transactional analysis –especially the ideas of Kertesz (Kertesz, *et al.*, 1975) and the classic historical-cultural focus. Since 1996, Herrera's scientific research has centered on creating models of therapeutic intervention based on the neuropsychology of children and adolescents with retardation and leukemia, and of adults with neuropsychological disorders caused by hypertension, cerebral-vascular accidents, and schizophrenia.

He has developed his opus through a neuropsychological focus and a belief that the psychotherapeutic process must systematically evaluate the state of vigilance, the tone and control of mental states, and how patients process information and plan and verify actions. Herrera considers it possible to relate neuropsychology (as a basic theoretical tenet) with the psychotherapeutic process to foster methodologies that permit the activation of the patient's potentialities and possibilities in general. Thus, psychotherapy is conceived as a form of social interaction in which a qualified professional strives to help another person, client or patient so that he can act and feel better from the psychological point of view, and thus contribute to a more rational and coherent exercise of his possibilities.

Herrera's reflections (2001) have been extended into the school environment, where he has developed important studies in the area of *school psychotherapy*, an approach that entails using psychological resources in the school setting to eliminate or reduce symptoms or situations that affect the development of the personalities of children and adolescents, or that interfere with the scholastic activities of teachers and other members of the school community. School psychotherapists generally interact with the affected students, their families, teachers and others who attend to them in the institution while also, of course, applying didactic-activating techniques to simultaneously satisfy instructional-educational and therapeutic objectives (Herrera, 2001 A). Thus, Herrera's work constitutes another point of reference in the development of psychology and psychotherapy in Cuba.

### **Other theoretical-practical apertures and diversifications**

Many figures from central and eastern Cuba stand out in the field of theoretical and practical work in psychotherapy: *Vivian Guerra, Edgar Romero Monteagudo, Yuri Gómez, Emilio Nieto, and Mayra Rivero Herrera*, to mention just a few (García, 2002). Specifically in Santiago de Cuba, *Aristedes Guerra Martínez* was a leader in child psychotherapy in the late 1960s and 1970s. Later, another child therapist, *Elizabeth Grey Galán*, made important contributions. She trained in Santa Clara under the guiding hand of the child psychologist *Isidoro Sánchez*, and later became a well known educator in the field of child psychology and psychotherapy; indeed, she taught the first child psychologists trained in Santiago de Cuba: *Mireya Quizán Alonso* and *Teresa Castellanos Luna*. Other important names in this area are those of *Eduardo Montoya* and *Bertha Martínez Pacheco* (Gómez, 2002).

*Joaquín Gómez del Castillo*

In eastern Cuba, the name of Joaquin Gómez del Castillo, originally from Sancti Spiritus and with a degree in psychology from the Universidad Central de Las Villas (1967), stands out. Since graduating, he has worked in the educational domain of psychology in and around Santiago de Cuba. He has imparted courses on psychotherapy in the area of Medical Psychology for medical students at the School of Medicine, and as a professor of psychotherapy in the psychology program at the Universidad de Oriente since its founding in 2001-2002. Gómez organized the first psychotherapy group attended by a psychologist in Cuba's eastern provinces in 1968, where he broadened the scope of the application of clinical psychology. His early theoretical-technical training was in psychiatry, but he was largely self-taught because at that time psychologists had no opportunity to receive institutional academic education in psychotherapy; indeed, there is still some resistance in psychiatry to allowing psychologists to conduct psychotherapy, for the role of the latter is considered to lie in the area of psychodiagnostics.

So Gómez del Castillo began to probe currents of *psychodynamics* and concentrate his efforts on individual cases with a marked psychogenetic component referred to him by psychiatrists at a time when demand and pressure were intense because so few professionals were available. Added to this, the population's demand for psychotherapeutic care grew steadily with time, even among people who were not undergoing psychiatric treatment. On this situation, Gómez (2002) comments:

It was a decisive step towards diversifying and deepening work among our colleagues. When we practice psychotherapy in cases that are being attended by another professional, including psychopharmacological treatment, the result of our work becomes blurry. The psychologist with only his resources (...) must strive to perfect himself or remain in mediocrity. In my view, this was what detonated systematic study at large fashionable schools. Psychologists began to try to become more familiar with techniques and perform them better. The anti-psychoanalytical curtain that curtailed our progress has weakened and, though there was little literature, we became acquainted with behavioral techniques and, however poor, began to receive information on cognitive approaches, especially rational-emotive ones (s/p).

In fact, Gómez has developed psychotherapeutic work experiences (especially at the individual level) in specific lines related to diverse theoretical-methodological systems in the discipline. What emerges from his work are aspects of so-called rational-emotive therapy in relation to different types of patients; of non-directive psychotherapy; of training in social abilities; of brief psychotherapy; of problem-solving therapy; and of systematic desensitization; among others. His work in the development of psychotherapy in eastern Cuba is also important because his critical and anti-sectarian vocation have led him to defend and promote participation by young professionals in psychology in Santiago de Cuba in different labors and projects in psychotherapy. Some of these professionals are *Alejandra Botalín Aguiló*, *Maria Carmen López de Queralta Prado*, *Nilvia Leonor Rodríguez Zaldívar*, *Otoniel Vázquez Monnard* and *Elisa Rizo Munder*; all of whom are university professors in institutions of higher learning in Santiago de Cuba. Some are currently disseminating contemporary tendencies in psychoanalysis and re-reading literature on the Freudian model. Thanks to this group of young psychologists—with Gómez del Castillo—a series of workshops on psychotherapy has been offered at the University del Oriente for psychologists in the eastern provinces, and foreign psychologists have been invited to participate in courses there, including Theo Ijzermans, a Dutch psychotherapist who is an authorized supervisor at the Albert Ellis Institute in New York, and Anna Gronberg, a Swedish psychotherapist; both of

whom have shared programs on rational-emotive therapy and behavioral variants. Other contemporary foreign psychotherapists have also given courses and workshops in Santiago de Cuba; for example, Cristina Saunders from England, who trained various professionals in the region in the so-called brief psychotherapy approach, a type of psychotherapy that focuses on problem-solving and has generated great interest among psychotherapists in eastern Cuba. Also worthy of mention is the Canadian, James Henderson, who has worked in psychoanalytical therapy and the so-called psychotherapy of the self.

### *Joaquín Blanco Marrales*

Among other psychologists of note in the field of psychotherapy in eastern Cuba we find Joaquín Blanco Marrales, a graduate of the Universidad Central de Las Villas in 1979. Most of his experience has been in the area of assistential work in Camaguey and, later, in Santiago de Cuba, where he has worked primarily with patients suffering from a variety of emotional and neurotic disorders. His work attempts to critically integrate diverse theoretical sources (including cognitive, humanistic and systematic approaches) and apply them to the areas of self-esteem, communication, and interpersonal and family communication (Blanco, 2002). He stresses the present domain of the individual, but dimensions it through the participation of the past in the form of experiences that affect the future in terms of life projects, though the search for, and realization of, the latter must not come at the cost of sacrificing the necessities of life and experiences in the present. In his conceptualization, the nucleus of personality lies in the sphere of self-esteem, which is susceptible to modification at any time. In his extensive assistential work, Blanco has also developed different specific applications, such as phobia desensitization, sexual dysfunction therapies, and relaxation therapy for pregnant women with arterial hypertension, among others.

Santiago de Cuba's psychological and psychotherapeutic community continues to develop in terms of both its diversity and its concrete applications. Among its important figures we would mention: *Roberto Cuzá Malé* (group psychotherapy), *Alberto Cobián* (hypnosis), *Yolanda Mercerón* (community corrective processes and work with adolescents), *Iliana Díaz* (psychological attention to critically and terminally ill patients, brief psychotherapies), among others (Gómez, 2002).

### ***Final Considerations***

As should be abundantly clear at this point, the variety of areas of interest that have developed in psychology in Cuba by its proponents project towards psychotherapy a whole series of shared theoretical-methodological elements concerned with recognizing and assessing the biopsychosocial integrity and importance of the temporal dimensions in the personal life of subjects. Other recurring ideas of great significance include assimilating the active character of the individual and its cultural implications for the process of psychological integration and disintegration. Other frequently broached issues are the impact of education on the subjective expression of the person, and the place and role of the subject's personality, which have played an important part in psychotherapeutic processes in Cuba. Finally, it is evident that many contemporary Cuban psychologists are working, in one way or another, to ground psychotherapy from a historic and cultural perspective, while advancing in the validation and application of different psychotherapeutic methods and, indeed, participate in attempts to attain a professional practice oriented towards integration and convergence (when configuring models that assimilate the experience of other paradigms), rather than acritical



eclecticism, all in the context of procuring the satisfaction of the many kinds of psychological needs that appear in Cuba today.

The basic activities of so-called clinical psychology, configured through their historical evolution, include spaces for evaluation, treatment, research, education, consulting and administration (Bernstein & Nietzel, 1988). While clearly during his professional life the typical clinical psychologist will devote time and effort to a combination of these labors – more to some, lesser to others– several differentiated tendencies have developed in the distribution of professional functions (Garfield & Kurtz, 1974, 1976). The element that stands out in diverse studies and surveys is the predominance of treatment-related activities, while evaluation and research are less frequent. Teaching, consulting, and administration show variable results, but always lag behind therapeutic activities.

Indeed, the diverse actions of the clinical psychologist are related to efforts to help people resolve their psychological problems, and are cataloged as actions of treatment or intervention. This field includes the labors of orienting, training, behavioral modification and, especially, psychotherapy. Thus, clinical psychology today, in all of its professional diversity, rests upon the support provided by psychotherapeutic activity as one of its most consistent nuclei. Dionisio Zaldívar (1985) observes,

Although in the field of clinical psychology the specialization in psychodiagnostics is admitted, in research methods (where it is recommendable that both exist in the training of future clinical psychologists) and in psychotherapy, we can say that in order to become an effective clinician, it is necessary to have a certain knowledge of psychotherapeutic methods, and to have gained some experience in the psychotherapeutic relationship with diverse patients; for it is practically impossible to offer diagnostic suggestions with respect to types of treatment if one does not know how the individual might evolve; clearly, offering psychodiagnostic indications in the absence of psychotherapy is inefficient” (p. 20).

Psychotherapy thus becomes one of the most important factors for individual and/or group transformation in both clinical and social practice. In addition, theoretical formulation in clinical psychology, manifested in the numerous, current models or paradigms (psychodynamics, social learning, phenomenology), constitutes, in turn, the conceptual-methodological foundations of psychotherapy, which are translated in different cultural, academic and assistential contexts into specific forms of interventional work. In any case, the exercise of global understanding while offering individualized explanations and interpretations that occurs in psychotherapeutic work, and gives congruence and a certain meaning to technical actions, is owed to the reflections and ideas that emerge mainly from the science of psychology, particularly clinical psychology.

In other words, psychotherapy becomes an active arm of clinical psychology in its search for social praxis in a multi-vocational (but not mechanical) articulation that simultaneously promotes diverse, concrete possibilities of realization and progress while maintaining relative autonomy. If clinical psychology is called to evaluate, explain and comprehend the psychological condition and functioning of the individual, to evaluate his personality and his interactive contexts as a means of offering the help he requires to recover, or reach, his potential of emotional health and active integration into his environment, then psychotherapy constitutes the space for intervention that most significantly facilitates and promotes the restructuring of individual subjectivity. Thus, Zaldívar (1998) also views psychotherapy “as a transforming action, a facilitator of growth that allows the subject who experiences this type of relation to establish a new type of relationship with his therapist and bring about a change in his cognitions, feelings and affections, as well as in his behaviors. This involves modifying

the way in which the subject structures and organizes his experiences, and the ways in which he relates to the world” (pp. 15-16).

In post-revolutionary Cuba, the first School of Psychology was created at the Universidad Central de Las Villas in 1961, followed by the founding of a second school at the Universidad de La Habana in 1962, to promote its expansion as a scientific discipline. According to data from Roca (1987), around 1966 many of the first graduates trained in a traditional conceptualization of clinical psychology found work –for the first time in the nation’s history– in the National Health System, where they did work related to psychiatry under a more individualized perspective towards mental health, especially in the field of clinical psychodiagnostics through the application of psychological testing. With time, the scientific-technical development that Cuban psychology achieved allowed it to broaden the functions of clinical psychology to include such activities as prevention, rehabilitation and psychotherapy. This is confirmed by observing the study programs for clinical psychology in the country’s universities and their evolution. In fact, since the University Reform of 1962, in which therapeutic training for students of clinical psychology was limited and closely tied to psychiatry through the *Principios y técnicas fundamentales de la terapéutica psiquiátrica 1 and 2* (Consejo Superior de Universidades, 1962, pp. 79-82), the contents of those programs has been modified in accord with social needs and the emergence of professional interventions within the discipline of psychology.

Thus, in the early 1970s, the study plan at the School of Psychology called ‘Plan A’, was already being used, though it did not become official until 1975. That curriculum included the specialization in Clinical Psychology, as shown by detailed courses focusing on psychotherapy, such as ‘Psychotherapy in Adults’ and ‘Child Psychotherapy’. In the mid-1980s, ‘Study Plan B’ was implemented in the Psychology program (allowing students to graduate with a degree in General Psychology). This change consolidated the academic content of psychotherapy as part of psychologists’ clinical training at the Universidad Central de Las Villas and the Universidad de La Habana. It is interesting to note that by 1985 the area of Pathopsychology was included in the program at the Central University of Las Villas, while the Universidad de La Habana introduced the field of Clinical Psychology and Health. Also in the 1980s, ‘Study Plan C’ was implemented, before being institutionalized in 1990. ‘Plan C’ included courses on General Psychotherapy, Child Psychotherapy, and The Psychology of Health as autonomous areas.

Thus, it is clear that the development of the training curriculum for the clinical field in general, and psychotherapy in particular, involved the mutual influence in social practice that was instituted in professional interventions and scientific development in the country. In this way, with the passing of time the clinical psychologist no longer limited himself “to just the psychiatric patient, the mentally ill, or the subject with psychological alterations, but could also devote his time and attention to psychological factors that are present in all illnesses, from a paradigm that holds that the process of mental health is an integrated one that also concerns itself with preventing illness and promoting improved levels of good health” (Roca, 1987, p. 8).

It is in this sense that the development of psychotherapy from clinical psychology (and not just psychiatry) in the context of Cuban socialism contributed to the process of personalizing and socializing attention to problems and disorders of a psychological kind, because it considers in greater detail the theoretical domain of *personality* and its evolution, its subjective-experiential aspects, and gradually surpasses the medical conception of individual

healing as it moves towards instituting *a community-contextualized vision that addresses prevention, promoting health and developing the potentialities and capacities of the subject in order to achieve constructive interventions in the environment*. As De la Torre and Calviño have stated (1997), “After the Cuban Revolution, when the tendencies imported from North American psychology strove to demonstrate that psychology (whether behaviorist, community, or some other kind) could change the course and perspectives of our countries, what occurred in Cuba was that the transformations that the country experienced were, to a great extent, the factors that changed the direction of psychology” (p. 24).

Finally, I believe that the critical condition of psychology in Cuba has developed to the degree in which it promotes an increasingly significant review of the ways in which certain theoretical-practical variants have been placed on a hierarchy, some above others, and applied ideologically to the process of institutionalization; but also of the ways in which psychology promotes its own potentialities, divergences and apertures in relation to the realities of the country in recent years. It is in this sense that the historical forms of the construction of the dominant theoretical modalities and alternatives in psychology have evolved and, with them, the recognition of not only the complex, changing character of what is to be studied, but also its eminently political character (Calviño, 2000; De la Torre & Calviño, 1997; González, 1995 A, 1995 B, 1998). To conclude: because of the very complexity and extension of the discipline, its complex character must become a key object of future research.

#### References

- Alonso, A. (1987). Algunas aplicaciones de la teoría de L. S. Vigotsky en la psicología clínica. *Revista Cubana de Psicología* 1987, 4 (2), 35-44.
- Alonso, A. (2002). La interpretación cualitativa en la técnica de Rorschach. *Revista Cubana de Psicología* 2002, 19 (1), 36-42.
- Alonso, A., & Rodríguez, R. (1994). *Diagnóstico y tratamiento de la neurosis a partir de un enfoque personológico*. La Habana: Hospital Psiquiátrico de La Habana.
- Arés, P. (1990). *Mi familia es así*. La Habana: Editorial de Ciencias Sociales.
- Barrientos, G., & Castro, H. (1988). *Tendencias actuales en psiquiatría. Experiencia cubana*. La Habana: Editorial Científico-Técnica.
- Bernal, A. (1959 A). *La base real de la psicoterapia*. La Habana: Impresiones Masón.
- Bernal, A. (1959 B). *Psicología y enfermedad*. La Habana: Universidad de La Habana.
- Bernstein, D., & Nietzel, M. (1988). *Introducción a la psicología clínica*. Mexico: McGraw Hill.
- Blanco, J. (2002). Entrevista realizada por Raúl Ernesto García R. Santiago de Cuba, June 2002.
- Bustamante, J. A. (1968). *Psicología Médica*. La Habana: Editorial Ciencia y Técnica.
- Bustamante, J. A. (1975). *Psiquiatría transcultural*. La Habana: Editorial Científico Técnica.
- Cairo, E. (1989). *Neuropsicología*. La Habana: Universidad de La Habana / MES.
- Cairo, E. (Coord.) (1982). *La neuropsicología, una nueva rama en el conocimiento psicológico*. La Habana: Editorial Pueblo y Educación.
- Calviño, M. (1993). “Entrevista realizada por Raúl Ernesto García R.”, La Habana, May 1993.
- Calviño, M. (1998 A). “Premuras y corduras en psicoterapia”. *Revista Cubana de Psicología*, 15 (1), 3 - 19
- Calviño, M. (1998). *Trabajar en y con grupos. Apuntes de experiencias y reflexiones básicas*. La Habana: Editorial Academia.

- Calviño, M. (2000 A). *Orientación psicológica. Esquema referencial de alternativa múltiple*. La Habana: Editorial Científico-Técnica.
- Calviño, M. (2000). *Temas de psicología y marxismo. Tramas y subtramas*. La Habana: Editorial Félix Varela.
- Castro, H., Barrientos, G. (1988). *Psiquiatría*. La Habana: Pueblo y Educación.
- Consejo Superior de Universidades (1962). *La reforma de la enseñanza superior en Cuba*. La Habana: Colección Documentos.
- De la Torre, C. (1997). *Psicología Latinoamericana. Entre la dependencia y la identidad*. La Habana: Editorial Félix Varela.
- De la Torre, C. (2009). Historia de la psicología en Cuba. Cincuenta años de psicología. Cincuenta años de revolución. *Revista Electrónica Internacional de la Unión Latinoamericana de Entidades de Psicología* 2009, 17.
- De la Torre, C., & Calviño, M. (1997) "Logros, problemas y retos de la psicología en Cuba". *Revista Cubana de Psicología* 1997, 14 (1), 23-40.
- De la Torre, C., Volnovich, J. J., Calviño, M., Grozz, P., Guevara, J. J., Delahanty, G., Guinsenber, E., & Bauleo, A. (1993). "Repasando la historia: a diez años del primer encuentro entre psicoanalistas y psicólogos marxistas". *Revista Cubana de Psicología*, 10 (2-3), 190-191.
- García, L. (2003). La psicología positiva: del modelo de la reparación al modelo del fortalecimiento. *Hojas Informativas. Colegio Oficial de Psicólogos de Las Palmas*, 56 (II), 1-5.
- García, L., & Rodríguez, L. (1983). La psicología de la salud en Cuba. *Papeles del psicólogo*, 10,11, 1-7.
- García, R. (1990). *Algunas consideraciones acerca de la psicoterapia en Cuba. Emilio Mira López y Alfonso Bernal del Riesgo: valoración y presencia de sus ideas*. Trabajo de Diploma. Tutor: Juan Guevara. La Habana: Facultad de Psicología, Universidad de La Habana.
- García, R. (1993). *Psicología y psicoterapia en Cuba*. Informe de investigación. Santa Clara: UCLV.
- García, R. (2002). *Periodización del desarrollo de la psicoterapia en Cuba. Aproximaciones y perspectivas*. Tesis en opción del grado científico de Maestro en Psicología Clínica. Tutor: Dionisio Zaldívar. La Habana: Facultad de Psicología, Universidad de La Habana.
- Garfield, S. L. & Kurtz, R. (1974). A survey of the clinical psychologist: Characteristics, activities and orientations. *The Clinical Psychologist*, 28, 7-10.
- Garfield, S. L. & Kurtz, R. (1976). The Clinical psychologist in the 1970's. *American Psychologist* 1976, 31, 1-9.
- Gómez, J. (2002). *Apuntes para la historia de la psicoterapia en Santiago de Cuba*. Santiago de Cuba: unpublished material.
- González Serra D. (1987). Problemas teóricos y metodológicos de la psicología y su expresión en el estudio de la motivación. *Revista Cubana de Psicología*, 4 (2), 45-50.
- González Serra, D. (1990). La autonomía de la personalidad y la determinación social en los procesos de anticipación. *Revista Cubana de Psicología* 1990, 7 (2), 117-127.
- González Serra, D. (1972). *La teoría de J. Nuttin sobre la personalidad y la motivación*. La Habana: Instituto Cubano del Libro.
- González Serra, D. (1998). González Martín: Marxismo y ciencias del psiquismo. *Revista Cubana de Psicología*, 15 (1), 74-81.
- González, F. (1985). *Psicología de la personalidad*. La Habana: Editorial Pueblo y Educación.
- González, F. (1993). *Personalidad, salud y modo de vida*. Mexico: UNAM.

- González, F. (1995 A). La psicología en Cuba. Apuntes para su historia. *Revista Temas*, 1, 69-76.
- González, F. (1995 B). Acerca de lo social y lo subjetivo en el socialismo. *Revista Temas*, 3, 93-101.
- González, F. (1995). *Comunicación, personalidad y desarrollo*. La Habana: Editorial Pueblo y Educación.
- González, F. (1996). *Problemas epistemológicos de la psicología*. La Habana: Editorial Academia.
- González, F. (1997). *Epistemología cualitativa y subjetividad*. La Habana: Editorial Pueblo y Educación.
- González, F. (1998). Los valores y su significación en el desarrollo de la persona. *Revista Temas* 1998, 15, 4-10.
- González, F., Bratus, B., Febles, M., Roloff, G., González, D., & D'Angelo, O. (1982). *Algunas cuestiones teóricas y metodológicas sobre el estudio de la personalidad*. La Habana: Editorial Pueblo y Educación.
- González, F.; Mitjans, A. (1989). *La personalidad su educación y desarrollo*. La Habana: Editorial Pueblo y Educación.
- González, F.; Valdés, H. (1994). *Psicología humanista. Actualidad y desarrollo*. La Habana: Editorial de Ciencias Sociales.
- González, R. (1996). *Psicoterapia del alcohólico y otros toxicómanos*. La Habana: Editorial Científico Técnica.
- González, R. (1998). *Clínica psiquiátrica básica actual*. La Habana: Editorial Científico-Técnica.
- Grau, J. (1988). "El trabajo del patopsicólogo en la clínica psiquiátrica". In: *Patopsicología. Compilación de artículos* (pp. 138-160), Santa Clara: UCLV.
- Grau, J., & Knapp, E. (1988). La investigación patopsicológica contemporánea: su significación teórica y práctica. In *Patopsicología. Compilación de artículos* (pp. 54-68), Santa Clara: UCLV.
- Grau, J.; Mas, M. (1988). Las investigaciones patopsicológicas de la personalidad en la clínica somática. In *Patopsicología. Compilación de artículos* (pp. 12-35), Santa Clara: UCLV.
- Grau, J. & Portero, D. (1985). Perspectivas del estudio del 'cuadro interno' en las enfermedades. *Revista Cubana de Psicología*, 2 (1), 20-25.
- Guevara, J. (1989). *Una reflexión sobre la psicoterapia*. La Habana: Universidad de La Habana.
- Guevara, J. (1993). *La persona y el tiempo*. La Habana: Universidad de La Habana.
- Guevara, J. (2002). *Reflexión sobre el pensamiento psicológico cubano*. La Habana: unpublished manuscript.
- Guevara, J. & Zaldívar, D. (1989). *Psicología Clínica e imagen del hombre*. La Habana: Universidad de La Habana.
- Guevara, J.; Zaldívar, D., & Roca, M. (1997). *Reflexiones sobre el estrés*. Santa María: U.F.S.M.
- Herrera, L. (2001 A). Salud mental e institución escolar: un tema para reflexionar. *Revista Actas Pedagógicas*, 5 (5), 39-46.
- Herrera, L. (2001). *Orientación y psicoterapia escolar*. Catamarca: Universidad Nacional de Catamarca, Argentina.
- Herrera, L. & Guerra, V. (1999). Actualidad y perspectiva de la formación del psicólogo en la Universidad Central de Las Villas en Cuba. *Infocop. Suplemento informativo de Papeles del Psicólogo. Colegio Oficial de Psicólogos, España*, 74, 33-37.

- Herrera, L., Moreno, M., Collet, J., & Morenza, L. (1987). Estudio del pensamiento en niños de 7 a 9 años con retardo en el desarrollo psíquico. *Revista Cubana de Psicología*, 4 (2), 9-17.
- Herrera, M. & Herrera, L. (1987). Experiencia de intervención psicológica con un grupo de niños nicaragüenses con retraso mental ligero. *Revista Cubana de Psicología*, 4 (2), 51-57.
- Kertész, R., Del Casale, F., Kerman, C., Savorgnan, J., & Slipak, B. (1975). *Introducción al Análisis Transaccional. Los juegos psicológicos*. Buenos Aires: Paidós.
- Knapp, E. (1987). Algunas cuestiones de la Psicología Clínica. *Revista Cubana de Psicología*, 4 (3), 9-16.
- Mira, E. (1952). *Psiquiatría*. Buenos Aires, El Ateneo.
- Morales, F. (1999). *Psicología de la Salud. Conceptos básicos y proyecciones de trabajo*. La Habana: Editorial Científico -Técnica.
- Morales, F. (2011). La investigación en Psicología de la Salud en Cuba: experiencias y potencialidades. *Estudios de Psicología* 2011, 16 (1), 23-30.
- Oliva, L. & Trujillo, C. (1988). "B. W. Zeigarnik y la patopsicología". In *Patopsicología. Compilación de artículos* (pp. 1-4), Santa Clara: UCLV.
- Oliva, L. & Trujillo, C. (Eds.) (1984). *Psicología soviética y problemas clínicos*. La Habana: Hospital Psiquiátrico de La Habana.
- Pérez, A (1987). *Proyectos vitales en estudiantes universitarios. Ciclo de investigaciones*. Santa Clara: UCLV.
- Roca, M. (1987). La psicología clínica en la práctica social. In M. Roca, & J. Guevara (Comps.), *Selección de lecturas de psicología clínica*. (pp. 7-15). La Habana: Universidad de La Habana.
- Roca, M. (1998). *Elementos básicos de psicoterapia infantil*. La Habana: Editorial Academia.
- Roca, M. (2000). *Psicología clínica. Una visión general*. La Habana: Editorial Félix Varela.
- Roca, M. & Pérez, M. (1999). *Apoyo social: su significación para la salud humana*. La Habana: Editorial Félix Varela.
- Rodríguez, A. (1990). *Transitando por la Psicología. Antes y después de la revolución*. La Habana: Editorial de Ciencias Sociales.
- Rodríguez, L. (1989). *Lo metódico y lo metodológico en psicoterapia*. Santa Clara: UCLV.
- Rodríguez, L. (1993). Entrevista realizada por Raúl Ernesto García R., Santa Clara, April 1993.
- Rojas, R. (Coord.) (1991). *Terapia y orientación sexual y matrimonial*. La Habana: Universidad de La Habana.
- Shuare, M. (1990). *La psicología soviética tal como yo la veo*. Moscú: Progreso.
- Sorín, M. (1989). *Psicoterapia y médico de familia*. La Habana: ECIMED.
- Sorín, M., Córdova, A. & Pérez, J. (1977). *Lo psíquico en propedéutica médica*. La Habana: Pueblo y Educación.
- Vitier, M. (1938/1948). *Las ideas y la filosofía en Cuba*. La Habana: Ciencias Sociales.
- Zaldívar, D. (1985). *Introducción a la psicoterapia*. La Habana: Universidad de La Habana.
- Zaldívar, D. (1987). "Algunos problemas teóricos y metodológicos en el campo de la psicoterapia". *Revista Cubana de Psicología*, 4 (3), 59-70.
- Zaldívar, D. (1988). Incidencia de los factores psicosociales en el proceso salud – enfermedad. *Revista Cubana de Psicología*, 5 (3), 15-21.
- Zaldívar, D. (1991). *Teoría y práctica de la psicoterapia*. La Habana: Universidad de La Habana.
- Zaldívar, D. (1996). *Conocimiento y dominio el estrés*. La Habana: Editorial Científico Técnico.
- Zaldívar, D. (1998). *Alternativas en psicoterapia*. La Habana: Editorial Academia.

Zaldívar, D. (2001). *La intervención psicológica*. Morelia: IMCED.

Zeigarnik, B. W. (1989). *Introducción a la patopsicología*. La Habana: Editorial Pueblo y Educación.

.

**Contact details:**

**Raul Ernesto García**

Universidad Michoacana De San Nicolas de Hidalgo

E-mail: [raulgarciar@gmail.com](mailto:raulgarciar@gmail.com)