

# Psychology in Cuba: A symposium

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## Introduction

Steve Melliush,  
University of Leicester.

The subject of psychology in Cuba raises interesting questions about the nature of psychology in a socialist society compared with a psychology developed under a capitalist system. For many psychologists on the left, dissatisfied with the individualistic focus of western psychology, Latin America and Cuba have offered a vision and hope of a different form of psychological practice. Cuba, with 50 years of revolution, demonstrates that a different psychology can be constructed that takes account of context and is not so solely focussed on the individual or the intrapsychic. As is described in the following articles, Cuban psychology may appear to have similarities to psychology in Western countries but, in its practice and its theory, it is distinct and reflects the wider Cuban cultural context. The development of psychology in Cuba reveals that it has drawn on a wide range of sources and traditions of psychology from other countries but has done this in a pragmatic way allowing an eclectic practice to emerge which has served as the basis for theory formation, the overarching theory being the *cultural historical approach*.

This series of articles is based on a seminar that was held as part of the Annual Cuba Research Conference at Nottingham University in September 2010. The series consists of articles by three Cuban psychologists; Roberto Corral Ruso, Neysa Domínguez Suárez and Aida Torralbas Fernández, describing different aspects of Cuban psychology. These are followed by two commentaries by Mark Burton and María Castro, both psychologists working in the UK. The first article by Roberto Corral Ruso describes how the history and development of psychology in Cuba was aligned with the socio-political changes within Cuban society following the revolution and how the health and education reforms led to a shift in consciousness of the population and a transformation in the nature of psychosocial practice. Neysa Domínguez Suárez's article describes the nature of psychological practice today within the Cuban health system and how

psychology has become integrated into all levels of healthcare provision and into a range of preventative and health promotion practices. Aida Torralbas Fernández, in her article on gender violence against women in married relationships, reminds us that, even within a socialist system, gender relations must be looked at critically. She raises important issues about the need for Cuban psychologists to take greater account of gender in their practice and to raise awareness about the issue of psychological violence against women.

María Castro then offers a commentary informed by her interest in social constructionist ideas and based on her personal experiences of the Cuban health system and Cuban culture. She raises the importance and centrality of 'context' in Cuban psychological thinking and how there is no separation of the 'person' from their 'context'. This frame of reference provides an integrated contextualised knowledge that informs all psychological practice in Cuba and also all revolutionary health programmes. María raises the importance for UK psychologists to engage critically with these ideas and how Cuba offers a model for developing theorisation within UK psychology.

Finally, Mark Burton's commentary considers the similarities and differences between psychology in socialist Cuba and the capitalist world and what this tells us about the nature of Cuba and its revolution and about the nature of psychology in its social context – the extent to which a different psychology could be constructed, and also about how psychology in capitalist countries may be distorted by that system.

# The development of psychology in Cuba in the period of the revolution (since 1959)

Dr. Roberto Corral Ruso

Facultad de Psicología, Universidad de la Habana

The appearance and the development of psychology in Cuba during the revolutionary period can be characterised by two aspects. The first aspect is external, referring to the contexts that promoted and encouraged its development. The other aspect is internal and refers to the conditions that were required to create it and to guarantee its sustainability and development. In this paper I consider each of these aspects.

The external aspect can in turn be expressed through a socio-political dimension, the cultural base and the existence of other disciplines and professional practices that contributed to the scientific and professional development of psychological science. In the case of Cuba, the revolution led to a total change in the socio-political conditions that encouraged the development of the social sciences and of professional practices devoted to caring for people. These changes can be summarised in the guarantee of equality for all citizens before the state and in the use of government resources to offer free public services with unlimited access. These changes produced the immediate expansion and improvement in the health system, with the extension of a wide range of free services; the setting up of a national system of education that eliminated illiteracy and differentiated to promote a service of quality; and the guarantee of social security for all citizens. These changes demanded the attention and development of the social and human sciences. From the beginning of the revolution clear demands were established that these sciences should focus on the improvement in the quality of life of all citizens and governmental regulations were proposed to achieve this goal.

In terms of the cultural context, the revolution promoted a change in the consciousness and customs of the citizens, with recognition of the best of the national culture, the search for national self esteem, political independence and human solidarity, and at the same time, the emphasis in a national identity that was open to the understanding and recognition of other cultures as equally valid, and in the development of a national expression through the arts, the professions and the sciences. In this sense, the purpose of the new social sciences was cultural, not simply technical, and this was a declared aim from the

beginning: the creation of a culture that would promote the best of the humanist tradition and also be capable of being extended to all citizens without any form of exclusion.

The existence of other established professions such as medicine and pedagogy, and the appearance of other collateral sciences, increased the relevance of psychology in support of their existence. Practice in both medicine and pedagogy required redesign to take account of the need to offer a free and universal service and so they had to look for new ways of working, more precise investigation of their outcomes and advances, and the promotion of a better quality of life for the citizens through the services they offered. Also, the demands of a new model of health and of the mass education system required a change in the consciousness of the people and of groups of professionals connected to these practices. Psychology as science and professional practice was seen as being able to contribute to these ends.

In terms of the internal aspect, the creation and development of psychology as a science and professional practice required various fundamental decisions. In the first place, it demanded cultural recognition of the profession and the extension of the professional practice of psychologists to assume new roles and to change their professional practice. In this way the profession was recognised, with the requirement that it was to be a public service. Although in the first years of the revolution, the tradition of private practice was respected for some specific cases. Other consequences on the professional practice of psychologists were the gradual modification of the traditional practices of assessment, diagnosis, treatment and rehabilitation. These were applied individually in the case of health, and there was an urgent need to change it into more collective and faster forms. The practices linked to education of children and adolescents, which were transformed into a differentiated and high volume service, were adequate to the need of specific tasks, like the attention of groups of different ages or children with special needs or developmental difficulties. The technical necessity of conducting evaluation and diagnosis more collectively, group therapy, the involvement of communities in solving their problems, the greater popular autonomy, all were demands that obliged the psychology profession to modify the themes of importance, the professional tools and instruments, the conditions of application and the theories used to support it. As the country defined better the direction of the social project, the tasks asked to be undertaken by psychology professionals increased, with a growing

emphasis on the profession being more collective and interdisciplinary, without abandoning the practice with the individual subject.

The second condition refers to the creation of institutions for research and the production of knowledge and the dissemination of research work and theories through the publications, scientific events and promotions. In Cuba, there were not stable research institutions or a body of knowledge that permitted orientation to the theoretical principles and demanding practices of the world. There were of course professionals who had received a general training from abroad and used psychology, like teachers and some who researched on specific themes, but in an isolated way. Although some of these professionals achieved notable and relevant work, they did not establish their own scientific tradition. One of the first defined actions from the beginning was the accelerated training of psychological researchers and other social scientists in other countries outside Cuba that offered grants and the possibilities of training. Also, emphasis was placed on the creation of scientific journals and the promotion of scientific meetings of psychology and of social science. The promotion of research was guaranteed through our own system of scientific grades that did not exist before and had previously depended on foreign institutions. These actions meant that in the eighties there were groups of researchers, research centres and the production of books and articles that established the work of Cuban psychology with clear cultural characteristics and its own social project. The general theoretical base shared by the majority of professionals and that seems to fit best with the social project was the philosophy of dialectical materialism and its Marxist elaboration, that gradually moved away from the dogmatic interpretations of the soviet era and incorporated, without losing its principal features, other contemporary currents, especially those within the psychology and social sciences in other Latin American countries. As a specific psychological theory, the cultural historic approach of the soviet psychologist L.S Vygotsky and his followers was the most widespread and popular, but there were also other theoretical directions linked to the demands of psychological practice in Cuba. It must be noted that an obligatory official theory was never established; on the contrary the search for free ideas was encouraged, with the only demand that they sustain an ethically rigorous profession with a vocation for social service.

The third condition was the creation of psychology teaching in the universities and the formation of intellectual capital required to achieve the tasks outlined. In pre-revolutionary Cuba, there were few psychology professionals and if the

task was to develop this system of psychological public service it was necessary to increase the quantity and quality of the professionals. Faculties and departments of psychology were established, books edited for teaching produced, and teachers trained about general themes and specific practices. This all occurred simultaneously with the extension of the professional practice. The approach to the training was eclectic, with no specific theoretical orientation. Until the mid seventies the teaching curriculums of the soviet universities were used in an attempt to improve the theoretical quality of the training, but by the end of the eighties a more balanced training was established that allowed the provision of a general common basic training for all students, an effective specialty and more options. In these moments the training had achieved considerable intellectual capital that has begun to define its aims and that is capable of proposing to the government ways to achieve the increased wellbeing and quality of life of the citizens, in line with the purposes of the Cuban social project. It is a path with many difficulties and with the risk of errors but it is a viable path.

Cuban psychology has the merits and the quality needed to be recognised internationally, for its science, the achievements of its professional practice and the quality of its graduates

# The work of the health psychologist in Cuba

Neysa Domínguez Suárez

Departamento de Psicología, Universidad Médica de Holguín Mariana Grajales  
Coello

The national health system with its aims, structure and functioning constitutes the basis for the development of the work for health psychology.

The health system is organised into three levels of care: primary, secondary and tertiary which meet 80%, 15% and 5% respectively of the health problems of the population and are the contexts in which psychologists work to achieve their aims of promoting healthy life styles, prevention and treatment of illness, and rehabilitation.

The primary care level offers the most variety of work for the health psychologist since through the direct connection to the community it is possible to direct the promotion of health and the prevention of illness.

This primary care level consists of polyclinics and family doctors and its work is organised in a general programme called the Family Medical Programme which regulates the tasks, activities and functioning of the staff involved.

The polyclinics have two or more 'basic work groups' and these correspond to the size of the population that they attend. Each team or 'basic work group' is integrated with the doctors and nurses that cover the same area.

The psychologists plan their work in the following way:

- Analysis of the state of health of the population
- Characterisation of families according to the family functioning
- Classification of the population into four groups: healthy, at risk of disease, ill and people with the secondary consequences of illness.

These ways of categorising the community, the family and the individual allow the psychologist to have a holistic view of the individual.

The roles of the psychologist include:

- Educational assistance: this refers to the actions of promotion, prevention, treatment and rehabilitation of the individual, groups (families and groups of workers) and community;
- Teaching and training: give pre-registration and post graduate classes about care or educational activity depending on the mode and method of teaching to the different specialties that constitute the polyclinic;
- Scientific research: linking scientific knowledge to practice so as to solve the scientific problems that the psychologist encounters.
- Organisational administration: the psychologist can occupy administrative positions and can provide advice in relation to the distribution and organisation of services based on research into the quality of care and the satisfaction of the population.

Activities include:

- Promoting healthy lifestyles, for example better nutritional and eating habits, hygiene, sexual and reproductive health etc.;
- Illness prevention with at risk groups, for example, with groups of smokers in order to prevent cancer and respiratory illnesses, working with groups of adolescents and young people to avoid teenage pregnancy;
- Healing of patients through attending to their mental health care.



- Rehabilitation through professional, family and social recovery. For example with people who have suffered cardio vascular problems or who are hemiplegic.

This work is organised into different programmes for individual or collective care oriented to different age groups according to their category of health status (healthy, at risk of disease, ill and people with sequelae of illness). These programmes include: programmes for family care, mother and child, older adults, chronic illness, sexual health and reproduction and mental health (which also includes programmes for alcoholism, suicide).

The mother and child programme offers an example of how the psychologist works. Psychologists provide educative groups for pregnant mothers before, during and after the pregnancy and also provide education about the new born, carrying out promotional and preventive interventions. Moreover they attend to those pregnant mothers at high obstetric risk in order to help them cope with their health problems and make early diagnoses of delay in psychological development. They also attend to the disorders of each age group, tailoring psychotherapy as required, diagnosing and attending to learning difficulties and providing information and advice to families that have a child with chronic illness, facilitating rehabilitation where needed. This example, allows one to appreciate the integration of all the actions in individuals, families and communities that are inseparable in the professional's intervention.

The principal objective of the work of the psychologist in all these programmes is directed towards the promotion of healthy life styles and to avoid or reduce risk factors, to diagnose early and intervene early, to treat and minimise the impact of illness.

Here it is evident that the health psychologist must work like a clinical psychologist. This model of working is not without problems but we constantly try to perfect it to achieve the best professional intervention and consequently a better quality of life and wellbeing for our population.

# The professional training of the clinical psychologist and violence against women in the marital relationship

Aida Torralbas Fernández

Universidad de Holguín

Violence against women is one of the many situations that clinical psychologists face in their consultations. Although the phenomenon of violence against women necessitates a multidisciplinary approach, when any professional feels the case 'gets out of hand' there is always the option of referring for the attention of a psychologist. To be able to adequately deal with cases where gender violence against women is manifested in the marital relationship, the clinical psychologist must have sufficient knowledge about the phenomenon to allow them to identify it, to know its characteristics and to manage it. Given that we live in a patriarchal world where relationships between men and women imply a subordinate role for the latter and this is assumed as natural, gender violence can often escape recognition even by professionals; but on many occasions it is the cause of female distress due to conflicts between what is assigned and what is assumed.

Physical and sexual violence are relatively easily recognised due to their manifestations and harmfulness. However, psychological violence, always implicit in the former, has various expressions not easily identified as such, and this can cause psychological problems of various degrees of severity.

Psychologists are faced with different factors that undermine the appropriate training to identify the phenomena of gender violence. Firstly, despite the reality that gender imposes on every human being even from before birth, during the various cycles of primary, secondary and pre-university teaching, there is little emphasis on educationally imparting knowledges about this theme that would allow for any critical analysis of it. Formal education not only transmits knowledge through a set curriculum, but also provides informal and undeclared knowledges that contribute to the construction of each individual's conception of the world. These informal knowledges called the "hidden curriculum", with respect to the gendered dimension of reality, also convey and legitimate the knowledges stipulated by the dominant culture, in this case patriarchal. Research on sexism and education demonstrate the multiplicity of spaces and forms through which sexism and sexual inequality are produced and

reproduced. This shows us that pre-university training does not bring with it the knowledge that would permit a critical vision of gendered reality.

During their university career, there is no planning that allows the adequate training of psychologists in these topics; in the curriculum design for our discipline there is no reference to the theme of gender. Moreover, psychology is an '*androcentric*' science where the various theoretical schools of psychology talk of 'man' to refer to the 'human species' and the only theoretical school that makes an allusion to a difference is psychoanalysis and it refers to the female as castrated and incomplete.

In whichever field where the psychologist or any professional of social sciences perform their work, it is necessary a consciousness of gender issues in the professional, but it is specifically in clinical practice that it has particular value. Psychotherapeutic intervention can function as a form of social control and taking into account that therapy is not an objective and impartial scientific method, but an institution that reflects the cultural values where it is conceived and practised –and we live in a patriarchal culture– the model of mental health is influenced consciously and unconsciously by that which therapists desire for their clients based on the same parameters. If the psychologist achieves the redefinition of gender related phenomena they would be able to make visible much of the problem situations, which are currently incomprehensible to those suffering them, and they could reorient the management of the same. This would also influence the control of the counter-transference processes, since it highlights that the responses of the therapist will be marked by important unresolved emotional conflicts resulting from a lack of gender consciousness.

Providing information and raising awareness about the problem of gender violence against women has been introduced as a priority in the policies that guide the work of the WHO, because of the importance of making known the impact it can have on the various health programmes; as it is considered to be one of the most significant causes of morbidity and mortality. The health professional, and above all the psychologist, has a privileged position for identifying and supporting women victims of violence.

The phenomenon is complex and the solution of the problem situations involves professionals from various sectors and their training is necessary so that this problem does not continue to pass by them unnoticed. The clinical psychologist has a high status, recognition and social influence, therefore, training clinical psychologists to enable them to identify the diverse manifestations of gender

violence against women must be a priority, as the first step to achieve efficient actions that attenuate and eliminate the lamentable consequences.

# Commentary: Psychology in Cuba as example of possibilities for psychology in the UK

María Castro

University of East London

To situate myself in this commentary, I shall first mention some aspects of experience that have an influence in my thinking and in how I hear what my Cuban colleagues communicate.

As a Clinical Psychologist, the epistemological basis of my work was enriched by my doctoral degree at the University of East London. Its social constructionist philosophical stance (Gergen, 1985), coupled with my personal ethos, was fertile ground for my developing a narrative framework (White & Epston, 1989). For over seven years, I practiced within NHS Services for Older Adults, although I disagreed with much of what was going on in the contexts in which I worked; I thought it was important to remain within them to offer an alternative voice to dominant medicalised discourses and a choice for people on healing journeys. However, the toxicity of these environments increased with internal and local changes, proliferating guidelines and constraints imposed at government level (e.g. NICE Guidelines for Schizophrenia), and my opposition was no longer sustainable at such proximity. Fortunately, I was offered the opportunity to extend my thinking and praxis in higher education, with like-minded colleagues in the same course I trained.

Personally, there are two key things I should point out, albeit briefly. One, I experienced health services as a relative/carer, when my mother had an extensive assessment and treatment at Havana's International Centre for Neurological Restoration (CIREN in Spanish). Whilst the service had room for improvement, the integral care provided was light-years ahead of services in this country – I say this even from the power position of a professional, not a user, in the UK. The team really did work in a multidisciplinary way together with the person requiring attention and their relative/carer; all views were equally considered to compose a cohesive care plan and all staff, including porters and cooks, held the continuity of the plan (Sentmanat, 2003). Two, living in Cuba, being married to a revolutionary Cuban artist, and Cubans thinking of me as one of their compatriots (although I have Spanish nationality), has afforded me a rich lived experience of the multiple, often (apparently) contradicting, realities of Cuba. Despite, or precisely because of this multiplicity,

Cuba is a very unique place in the world, by virtue of the influence of the socialist system central to any positioning Cubans may take in the world, their own and the world beyond; the rest of the nations, based as they are on a capitalist system (with good outcome or not).

For me the importance of contextualisation in the meaning-making processes is always clear, regardless of more or less obvious similarities. This is sharply brought into focus by Cubans' distinct (however diverse) sense making or co-constructing of the world, inevitably permeated by their very particular socio-political and economic system. The representations of our Cuban colleagues make explicit aspects of their particular frames of reference for consideration in getting closer understandings of psychology in Cuba and, at a macro level, of Cuba. Indeed, Roberto Corral has presented the development of psychology in Cuba from its very commencements in a bidirectional relationship with the triumph of the Cuban Revolution on the way to positive social change, free access to health and education and so on; Martí's, Maceo's and later Che's ideas of a new man in a better world are actively pursued. The social, political, environmental, and scientific (and all aspects of being) are recognised as interlinked and Roberto Corral makes resulting benefits and challenges transparent, whilst western psychologists tend to neglect if not obscure these links.

The examination of cross-cultural psychology (Al-Issa & Tousignant, 1997) has exposed difficulties such as the lack of equivalent words in other languages for mental health problems as they are labelled in modern western psychiatry or 'symptomatology' being construed in different ways, for example somatisation in the East versus psychologisation in the West. My own cross-cultural working in deprived inner London areas has served to alert me to the dangers of colonising people's ideas with those dominant in the West; modern colonisation being a more subtle form of oppression (Foucault, 1981) often renders it invisible, thus making resistance even more difficult. Perhaps these concerns have less weight when the 'rules of engagement' have to be negotiated from scratch –and there is an awareness and explicit effort to not make any assumptions and be transparent about one's own groundings– in conversations with Cuban colleagues and Cubans generally. For I propose that in Cuba there may be equivalent concepts and psychologisation processes, yet the very meanings of both are radically different by virtue of the radically different frames of reference at work. To use a construction metaphor, it is not only that we call the building materials something different or what we end up building is

different, already the materials employed and the ground on which to raise the building are different! Consequently, Cubans hold very different *overstandings* (I think altitude allows a broad, overarching, more complete look) of what we – whether I like it or not I too am influenced by the capitalist worldview– may think essential concepts and notions. For example, the idea of the individual and individualism dominant in the UK ripples through services’ planning and delivery. Conversely, when Cubans think of the individual, they do not separate the personal from the collective, and this can be observed at all levels, from everyday social interactions to service provision. As highlighted earlier by Neysa Dominguez, revolutionary programmes of attention –revolutionary both in the sense of being part of the larger project of the Revolution since 1959, and in the sense of being radical practice still today– including psychological services, centre on health promotion and are both integral (multidisciplinary) and multi-level. Perhaps more pertinent to psychological practice, even the idea of illness is not dislocated and, instead, is commonly seen as a health–illness process linked to all social and environmental, without the mental versus physical health divide (Roca & Pérez, 1999; Pérez, 2006). Some of the implications of this conceptualisation in relation to theoretical approaches and clinical practice have been touched on by Roberto Corral, Neysa Dominguez and Aida Torralbas but are worth exploring further regarding possible developments in our particular local and wider contexts.

Aida Torralbas’ study in gender violence against women and her expressed interest in the power relationships within therapeutic relationships in the context of particular cultural discourses that shape psychologists’ own *symbolic subjectivity*, in Aida Torralbas’ own words, is an audacious ‘inward’, but contextualised, scrutiny into the profession. The expansion beyond the discipline of psychology to theorise these complex issues is not only a way to enrich psychology via interdisciplinary knowledge transfer but also a demonstration of freedom and humbleness in the profession. Further, this is for me yet another instance representing the embodiment of the unity of individual–collective (that we only exist in–relation), allowing integrated contextualised knowledges, which is largely evident in the psychological sophistication of the Cuban people; even my 9–year–old Cuban stepson visiting London did at a glance question the lack of *solidarity* (his word) in our society!

In sum, psychology in Cuba, finding its theoretical roots in the USSR and Latin America, provides a very different backdrop to psychology in the UK. Cuban Health Psychologists’ focus on health promotion and illness prevention within

communities marks a great difference, whilst on hearing about psychoeducation undertakings one may easily assume that it is the same labour their counterparts in the west engage in, when very different premises are driving these efforts and, thus, any commonalities are likely to be superficial. Mark Burton points out the evolution of psychology in Cuba since the Revolution tell us about Cuba as a society but also *about psychology both as discipline and as possibility* (sic). Indeed, exchanges during training and beyond would afford invaluable learnings for us, although making changes at distal levels (Smail, 1993) would necessitate a serious long-term commitment in the praxis of what Freire (1970) termed 'conscientization'. For psychologists like Mark Burton and I, and many others in the UK who engage in critical thinking (e.g. Parker, 1999), future interchanges in both directions, including trainees having access to overseas placements, can really be exceptional opportunities to advance developments towards the theorisation and practice of preferred possibilities for the profession.

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# Commentary: what can Cuban psychology tell us about Cuba and about psychology?

Mark Burton

Manchester Metropolitan University

I am concerned here to look at psychology in Cuba from the perspective of a dissident Western psychologist. Psychology owes its dominant models to the North American university, itself serving business interests. As Danziger (Danziger, 1990) has shown, North American psychology offered a generalised model of the human, free from social context that purported to enable the prediction and control of human behaviour. Moreover individualism provided the ideological resources for psychology and its concepts. Other roots of psychology, for example Galton's work on individual differences, or the introspectionism of the early German experimentalists also took individualism as an unproblematic definition of the terrain of the discipline. This individualism that suffused psychology was rooted in the dominant capitalist ideology of the individual who enters into contracts with other individuals in a market system. The current domination of decontextualised cognitive behaviour therapy in clinical psychology typifies the problems of a discipline inextricably linked to the capitalist world view.

I want to argue that the experience of psychology in Cuba since 1959 tells us something about Cuba as a society and about psychology both as discipline and as possibility. It is a comparison of the similarities and differences between psychology in socialist Cuba and the capitalist world that can tell us about the nature of Cuba and its revolution and about the nature of psychology in its social context – the extent to which a different psychology could be constructed, and also about how psychology in the capitalist countries may be deformed by that system. Since it would be unreasonable to expect the Cuban system to be a perfect socialist paradigm, the experience of psychology in Cuba also tells us something about the achievements and limitations of that social experiment. It will not be possible to explore all of this here, but some key dimensions of these questions can be identified, perhaps to identify some areas for more systematic investigation.

## 1) Roots and influences

Cuban psychology has diverse roots as Roberto Corral's talk demonstrates (see also Bernal and Rodríguez, 1992; de la Torre, 1995). It has not been simply an imitation of soviet psychology (González Rey, 1995), although this has been an important and productive influence, especially the contributions of the Karkhov school and its successors: the cultural-historical and activity theory approaches, which as Roberto Corral notes, have been particularly apt to the practical tasks of psychological work in revolutionary Cuba. Rather, it has also been fed by elements from the Cuban "national project" (from the social thought of thinker-activists of the independence struggles - Martí, Hostos, Varona, to specific post revolutionary developments from Cuba itself - e.g. in mental health care, health psychology, psicoballet), by other Latin America-specific influences, by North American psychology and continental European models. Cuban psychology as previous speakers have affirmed has always been eclectic, studying psychology from various sources and using whatever is useful. Even when the soviet influence was at its height, it

*..did not represent a monolithic process without contradictions. On the contrary, it represented a period of fertile polemic, an important antecedent in the maturation of the different tendencies that characterise Cuban psychology today.*  
*González Rey (1995: 73).*

## 2) Theory versus practice

De la Torre (1995) demonstrates that practice has dictated theory rather than there having been an a priori approach. This is has some similarities with the approach of Martín Baró's approach of *realismo crítico* - where

*"It shouldn't be theories that define the problems of our situation, but rather the problems that demand, and so to speak, select, their own theorisation."*

(Martín-Baró, 1998: 314), and this development of theory can, as Neysa Domínguez Suarez's talk on health psychology indicated, be more practical and adequate than what we see elsewhere: contrast the integration of social psychological understanding of health in health promotion programmes with the largely atheoretical approach to the same area in the UK in its use of technocratic behaviour change models along with fashions such as social marketing and 'nudge theory'.

### **3) Psychology and the system**

To a Marxist psychologist familiar with critical approaches elsewhere in Latin America (e.g. those within the tradition of Latin American praxis (Burton, 2004; Burton & Kagan, 2005; Flores, 2009; Martín-Baró, 1986; Montero, 2000; Montero & Sonn, 2009; or see <http://liber-accion.org/>), however, Cuban psychology can seem surprising. Those minority approaches from elsewhere in Latin America, are in one way or another, system critiques with a problematic of exclusion, oppression, and extreme human rights abuses (Agger & Buus Jensen, 1996; Lira & Castillo, 1991; Martín-Baró, 2000). The situation of Cuban psychology is inevitably different. As both Roberto Corral and Aida Torralba Fernández have indicated, psychology in Cuba can and does make visible the ugly, the inconvenient, the contradictions of the society, as issues for collective resolution. However it does this *dentro de la revolución*, within the system. So to the extent that Cuban psychology is system-critical it is so in the sense of 'critical friend', as part of the broadly unified national project.

### **4) Coexistence of traditional and non-traditional approaches**

Again for a critical or dissident psychologist from the West, some aspects of Cuban psychology can seem disturbingly familiar. To illustrate, from my own experience, I took part in a Cuban symposium on developmental disability. While my paper was in the tradition of critical social policy and ideology critique (see Burton, 2006), the Cuban contributors spoke on the use of orthodox psychometric tests in the description of disabling conditions – we did not find much by way of points of contact! Cuban psychologists have asked for our help in acquiring such tests. These are tools that the Western psychologists most sympathetic to Cuba tend to be suspicious of, with their origins in the categorization and exclusion of disabled persons. Yet, when used in the Cuban context, it could be argued that such orthodox psychological techniques have a different meaning, a different social function (or as Maria Castro terms it, a different frame of meaning). That is not so different from the best practice here, where accurate understanding of where a person is starting from, what they find difficult, is essential for the maximization of opportunity, of inclusion and support as a citizen. However, given the tendency in Cuba for special needs to be met in special places, this is by no means certain. Nevertheless, other Cuban colleagues have been keen to explore more inclusive approaches (for example in the programme for developmentally impaired persons and their families run by Maritza García and colleagues from the Faculty of Psychology at the University of

Havana). So we could see the use of orthodox psychological tools not as the strange use of incompatible, ideology laden technology, but the flexible and creative selection of appropriate tools from diverse conditions – *bricolage*. Perhaps a little of both things is actually going on.

A classic example of the appropriation of orthodox psychology for different purposes is told in a ‘founding myth’ of Cuban psychology (de la Torre, 2006), where the psychologist Gustavo Torroella was provided by Ernesto Guevara with funds and an air ticket to obtain selection tests from the USA for use in the revolutionary armed forces. Interestingly, the interest of the revolutionary leadership in psychology came from Che’s own education in Argentina (where psychoanalytic approaches have long been hyper-developed) and from influence of Bernabé Ordaz, Director of the Psychiatric Hospital in Havana(see <http://www.granma.cu/ingles/2006/mayo/lun22/22bernabe.html>), a key nucleus in the early post revolutionary development of Cuban psychology (de la Torre, 2006). Both Fidel Castro and Vilma Espin have also supported the development of psychological work (González Rey, 1995).

### **5) The societal construction and constitution of psychology**

All of this raises questions about the construction and constitution of psychology. In recent writing on the problem of individualism in dominant traditions of psychology I proposed a counterfactual mind experiment. What if psychology had emerged not in the bourgeois university but in the working men’s institutes linked to the institutions of the labour and cooperative movement in, say, North West England in the late nineteenth century, or in the enlightened if tributary society of 12<sup>th</sup> century Córdoba? What would it be like? But there is a real ‘counterfactual’ example in our world today, psychology in socialist Cuba that perhaps holds clues about a more adequate psychological praxis not beholden to Capital and the State under capitalism.

It is perhaps suggestive that the space for Cuban psychology appears to have expanded during first the rectification programme of the 1980s and then the difficult conditions of the special period (de la Torre, 2006). These periods represented not so much a retreat from socialism as a pragmatism of it, creating more space where psychology could take on roles as under-labourer’ in what I still take to be a socialist and national project with considerable popular support. This both bounds the scope of Cuban psychology and defines the discipline. It tells us that psychology does exist in a socialist society – it would and will exist in a future socialist society with fewer compromises and

constraints – but although there will be family resemblances with bourgeois psychology, and with psychology in socialised systems within capitalist states, it will look distinctly different. Our Cuban colleagues refer to the dimension of psychological sophistication of a person or people: but in a post capitalist economy and society that sophistication is likely to have content different from that of the psychologisation that permeates our society, with its ideological messages of personal responsibility and culpability, of competition and self interest. For the outsider, and without wanting to romanticise it nor make claims for it that cannot be defended, Cuban society and the “Cuban psyche” do provide glimpses of that alternative way of being as a self in a social world. In a similar way, Cuban psychological practice, societally situated as it is, does indicate that another psychology is possible, just as another world is possible.

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