

INVITED CONTRIBUTION

The Establishment of Cognitive Behavioural Therapy in Argentina

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Although Argentina is well known for the popularity of psychoanalysis, in recent years the field of psychotherapy has been expanded to include cognitive behavioural therapy. At present, cognitive behavioural therapy has become much more common in universities and postgraduate educational programmes in Argentina. This work aims to describe the development of cognitive behavioural therapy in Argentina. First, we will depict some general characteristics of psychology in Argentina. Then, we will refer to the first cognitive behavioural therapists in Argentina, highlighting the trajectories of the local main figures, and the events that paved the road for the development of this model in Argentina, such as the visit of Hans Eysenck to Buenos Aires, the impact of Aaron T. Beck's work, and the presence of Vittorio Guidano. Then, we will describe the various institutions that, in the 1990s, established the Argentinian Cognitive Therapies Association. Finally, we will describe the current development of cognitive behavioural therapy in Argentina, and analyse its characteristics and the challenges of local culture.

Key words: Argentina; cognitive therapy; development; psychoanalysis.

Introduction

Argentina is one of the countries with more psychologists per capita in the world. Out of an estimated total population of 40,000,000 inhabitants, there are almost 94,000 psychologists, from which it follows that there is one psychologist every 491 inhabitants. The number of students studying psychology is approximately 75,000. A bachelor's degree in psychology is offered by 10 national universities and 31 private universities. The University of Buenos Aires plays a very important role because a slightly less than half of the psychologists were trained at this university, which currently has 13,000 students (Alonso, Klinar, & Gago, 2014).

In Argentina, the qualification obtained by studying psychology is a degree in psychology. It allows graduates to practise as a psychologist. The responsibility of this role includes various activities ranging from clinical psychology to forensic psychology or educational psychology, to name some of the areas in which they could work as a psychologist. It is similar to a master's degree in the USA (Klappenbach, 2004).

The development of psychology in Argentina has a long history. The first chair of psychology took place at the Faculty of Law and Social Sciences in 1900 (Klappenbach, 2003). Psychology careers emerged towards the middle of the last century, and the first graduates of psychology are in 1960. Since the creation of psychology academic programmes, psychoanalytic training has dominated almost all psychology studies. In discussions regarding the training of psychologists, developed mainly in the 1960s, many psychoanalysts argued that psychoanalysis should

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be considered a theory, as well as a therapeutic and a research method, so its inclusion within the undergraduate programme would subsume different areas of the academic plan (Klappenbach, 2006). The psychoanalytic thought would dominate almost all training of psychologists from the early 1960s until the end of the military dictatorship in 1983, when the return to democracy took place. Even two decades later, the psychoanalytic basis of the academic training in most of the universities has not been modified.

Psychology usually focuses on a clinical approach, and often the role of the psychologist is confused with that of a psychoanalyst (Dagfal, 2009). A significant fact is the hegemony of Lacanian psychoanalytic thinking, which can be seen in the national universities of Buenos Aires, Córdoba, Rosario, and Tucuman, and most private universities (Vázquez-Ferrero & Colombo, 2008). In most universities, the role of education in research methodology is often very poor. We can cite as an example the University of Buenos Aires, in which the psychology course on research methodology is only one semester long, with a total of 50 hr of training (García, 2009) on a total of 2,940 hr that the whole academic programme of psychology has.

Another interesting factor in the development of psychology in Argentina is that state universities have been governed by a board since the university reform of 1918, consisting of three cloisters: teachers, graduates, and students. This fact implies that national universities are highly politicised and influenced by local politics. In the late 1970s when the experimental analysis of behaviour began to reach Latin America, this orientation was associated with capitalism and was strongly criticised because in universities the prevailing ideologies were linked to socialism (Mustaca, 2006), a fact that had an impact at the time of the emergence of cognitive behavioural therapy (CBT), a therapy that often receives criticisms unrelated to the therapeutic results but on the basis of political ideologies. An exception to the poor development of behavioural sciences in universities was

1

University San Luis (Piñeda, 2010). This university currently has a more eclectic formation and more emphasis on research, nevertheless, quantitatively; it is a university that has a minor weight in the total number of psychologists in Argentina, representing less than 1% of all graduates (Alonso et al., 2014).

Psychological treatments are so popular and socially accepted that the mandatory health coverage (it is a basic basket of services through which beneficiaries are entitled to receive healthcare benefits that include all health services both state and private) provides coverage of 30 psychotherapy sessions, renewable every year (Superintendencia de Servicios en Salud, 2015). The phenomenon of psychotherapy in Argentina has been described by many researchers (Balan, 1991; Klappenbach, 2000, 2006; Plotkin, 2003; Vezetti, 1989, 1996; Visakovsky, 2001), and occasionally it has been emphasised that to consult a mental health professional is not socially stigmatised (Dagfal, 2009; Romero, 2012).

In recent years, the field of psychotherapy in Argentina has expanded and has begun to include new models of psychotherapeutic care incorporating the practice of CBT. This transformation process began in the 1980s. At the beginning, CBT was axis of numerous controversies, but gradually it was incorporated into the formal education (public and private universities) of both undergraduate and postgraduate programmes (Korman, Viotti, & Garay, 2015) and non-formal educational institutions as professional associations or private mental health institutions.

In this article, we present the development of CBT in Argentina, emphasising the role of the Argentinian Cognitive Therapies Association (ACTA) as an institution that brings together most of the CBT therapists. For this purpose, we will describe how the first cognitive therapists discovered cognitive therapy and founded the ACTA, their featured professional careers, and the current state of CBT in Argentina.

Development of Cognitive Therapy— The ACTA

In the beginnings, by the end of 1970s, cognitive therapy was discussed in informal contexts mainly among psychologists trained in psychoanalysis who were curious about the new models of treatment. Many of them knew about these models on trips abroad, especially to the USA.

This period represents one of the most painful events in Argentina history, while a military dictatorship ruled the country from 1976 to 1983. It is estimated that 30,000 people disappeared, and it is described as a period of censorship and state violence, kidnappings, and executions of political dissidents and massive lay-offs in national universities (Romero, 2013). Many of the future cognitive therapists were part of this wrongful dismissal from universities. This generated that communication between professionals was not limited to formal knowledge spaces but to what became known as "the universities in the catacombs" (Sábato, 1996), which were informal networks of knowledge circulation as private study groups.

The ACTA was founded in 1992. Shortly after its founding, it became associated with the International Association for Cognitive Therapy (IACP), which means members of the ACTA receive membership in this association. As a diffusion mechanism, the ACTA holds periodic meetings from the time of its

foundation; the last meeting was the XXXIVth. Beyond the formation date of 1992, the interaction between members started much earlier and is often tied to professional stories and long-standing friendship.

ACTA Members and Institutions

Next, we will describe institutions, groups, and personalities involved in the ACTA foundations, which have had a strong impact on early CBT in Argentina. We will also highlight some events that we consider relevant.

The two main institutions that prompted the founding of ACTA were Aiglé Foundation and the Center for Cognitive Therapy. These were—and are still now—led by two strong personalities in cognitive therapy: Héctor Fernández Álvarez, PhD, and Sara Baringoltz. Both came from a psychoanalytic training, had taught at the University of Buenos Aires, and were made redundant from it during the dictatorship. After being dismissed, both worked at the University of Belgrano, sharing activities in the research institute of the university. Trips abroad for training and participation in various congresses allowed them to connect to the latest theoretical developments in English-speaking countries.

The Aiglé Foundation, led by Héctor Fernández Álvarez, has existed since 1977. In its beginnings, it started as an association of mental health professionals, interested in discussing and disseminating knowledge about psychotherapy. Thus, they organised courses and thematic seminars. The first seminar was issued on the psychoanalytic concept of transference, which shows that, initially, it was an eminently psychoanalytic institution. Aiglé became interested in cognitive therapy in the 1980s, and would be one of the first institutions to develop the teaching of CBT in Argentina and promote the formation of the ACTA. Fernández Álvarez has played an important role in spreading the cognitive behavioural model as well as the movement of psychotherapy integration (Fernández Álvarez, 1992). Indeed, the Aiglé Foundation has published the Journal of Clinical Psychological Argentina since 1992, which aims to promote that mental health professionals have access to the scientific literature on psychological clinic in Spanish. It is also the psychology journal with international best indexing in the area of Argentina.

The Center for Cognitive Therapy, led by Sara Baringoltz, also began as a study group in the early 1980s. In 1987, it was formally established as an institution of training in psychotherapy, promoting postgraduate courses and training today. Indeed, the first course on cognitive therapy was organised by this institution. This course was conducted by Camilo Castillón Suárez, a Chilean-born psychotherapist trained in the Center for Cognitive Therapy at the University of Pennsylvania, led by Aaron Beck (Korman, 2011).

An important event that has been remembered by many early cognitive therapists was Hans Eysenck's visit to Argentina in the early 1980s (Korman, 2011). Eysenck was invited to the First Argentine Congress of Psychotherapy, whose organisers were Fernández Álvarez (President) and Baringoltz (Secretary). Both recall the visit of Hans Eysenck as crucial for understanding the development of another school of thought, different from the prevailing one in the local context, in the early 1980s. They

describe a controversial and intense discussion between Eysenck and Mauricio Abadi, who was then the president of the Argentinian Psychoanalytic Association (Korman et al., 2015). Eysenck's personality and his polemical style left a vivid memory in these pioneers of the cognitive model in Argentina. Fernández Álvarez remembers attending several seminars with Eysenck during his visit and asking him about cognitive science. Eysenck replied that cognitivism was making the bet to recover the metaphysical hypotheses in psychology and clinical psychology, reopening the black box, and focusing the research on phenomena related to the soul and not with science. Both Fernández Álvarez and Baringoltz sought an intermediate position in this controversy, finding, years later, the solution in Aaron T. Beck's work.

The role of Aaron T. Beck deserves a special section in this context. From an institutional point of view, the ACTA deliberately sought to be associated with the IACP, led at the time by Beck, where he is currently honorary president. The ACTA was founded in 1992, 2 years after the IACP; 4 years after its founding, the Argentinian institution was associated with his counterpart in the USA. Then, when seeking institutional affiliation, the ACTA chose to be aligned to the IACP in the international context, escaping the controversy that had been going on since the early 1980 in the Association for the Development of Behavioral Therapies. That is, when searching theoretical identity and institutional positioning, the ACTA chose the model developed by Beck and his institution, avoiding the controversy that had been brewing within behavioural tradition regarding the validity of including cognition in behavioural treatments (Antony, 2003). Also, as most of the early cognitive therapists in Argentina had training in psychoanalysis, the motives that led Beck to develop cognitive therapy resulted similar to their own experience. Also, Beck had an integrative position regarding other psychotherapeutic models from his early writings (Korman, 2013), which allowed local therapists to integrate their experience as psychoanalysts with developments in cognitive therapy. Local cognitive therapists often say that "what happened to Beck is the same thing that happened to us."

Both Fernández Álvarez and Baringoltz have always had an integrated vision of cognitive therapy, which is reflected in the integrative nature of the ACTA with regard to the theoretical and therapeutic models of its members and institutions.

Another person who was part of the early days of the ACTA is the psychiatrist Herbert Chappa, who in the late 1980s founded the Institute for Integrative and Cognitive Therapies (CETEM) in the city of La Plata (Buenos Aires). His career is slightly different from Fernández Alvarez and Baringoltz's. Shortly after graduating as a psychiatrist at the beginning of the 1960s, he went to work at a hospital in Glasgow in the UK with Gordon Claridge, a pupil of Hans Eysenck in experimental psychology. This experience would be crucial in his later interest in scientific models of psychotherapy. Along with Fernández Álvarez and Baringoltz, they are considered as the three founders or "fathers" of the ACTA.

Another important person in the development of cognitive therapy in the local context was the Italian psychiatrist Vittorio Guidano. Guidano, along with Giovanni Liotti (1983), introduced a structural approach to psychotherapy, which included several theoretical models: behavioural therapy, social learning

theory, evolutionary epistemology, cognitive psychology, psychodynamic theory, and cognitive therapy. Guidano had a major impact on most of the groups that formed the ACTA, both from a theoretical point of view and from a personal level. In fact, Guidano died in 1999 in Buenos Aires while he was organising an institution, the Post-Rationalist Cognitive Therapy Center, along with the Argentine psychologist Juan Balbi. Also, the first members of the ACTA recognise that the idea of founding the association was Guidano's.

Since the founding of the ACTA and the emergence of the first institutions, CBT was gaining more space in higher education institutions. The first postgraduate course to be recognised by the Ministry of Education, in 1993, was the Master of Clinical Psychology Cognitive Orientation in the National University of San Luis. This programme was created by Claribel Morales Barbenza, PhD, who obtained a master's degree in the UK in the late 1960s and was one of the first to obtain the title of Doctor of Psychology in Argentina. In turn, she directed the doctoral thesis of Fernández Álvarez and Fernando García (one of the founders of the Aiglé Foundation), a fact that enabled the Foundation Aiglé to organise postgraduate courses at the National University of Mar del Plata and to create the Master of Cognitive Clinical Psychology at the University of Belgrano.

Eduardo Keegan, PhD, also had an important role in the institutionalisation of CBT and the training of new generations of cognitive psychologists, although in a later period. After a fellowship at the Institute of Psychiatry at the Maudsley Hospital (UK), in 1995 he created the postgraduate course in cognitive therapy in the School of Psychology at the University of Buenos Aires. In 2000, he was appointed Associate Professor of Clinical Psychology and Psychotherapy, the first major clinical course with a cognitive orientation in this school, which is attended by over 600 students per year (Korman et al., 2015).

The inclusion of CBT at the University of Buenos Aires has favoured the mass dissemination of this model. Thus, the number of psychologists and psychiatrists seeking training in cognitive therapy in Argentina continues to increase. This favours, in turn, the availability of courses for updating and training, in both public and private institutions and universities. At present, there are a large number of new institutions that offer training in CBT, recognised or affiliated with the ACTA.

Example of some of these new institutions are Foro Foundation, which provides specific training in dialectical behavioural therapy programme; Child and Adolescent Cognitive Therapy Team, specialising in children and adolescents; the Synchronicity Institute, which incorporates new models in CBT; Favaloro University, which includes training in CBT both in undergraduate and postgraduate courses; the Bio Behavioral Institute; Cognitive Therapists Association of NOA (Northwest Argentina); and Cognitive Therapist Association of the Litoral, just to name a few.

This growing number of institutions led the ACTA necessarily to adhere to international standards for accreditation of cognitive behavioural therapists, to certify the knowledge and training of therapists in this model.

There are currently two categories among the members of the ACTA: members and certified therapists. To be a member of the ACTA, it is necessary to be a psychologist or psychiatrist from a recognised national or foreign university and have training in

CBT, in any of the institutions recognised by the Association, without specifying the number of hours. However, to be a licensed therapist, in addition to these requirements, you must have verifiable training in CBT, including at least 350 hr of graduate courses in recognised institutions and at least 100 hr of supervision. So that these hours can be recognised, teachers and supervisors must be certified by the ACTA or the IACP, in the case of institutions or foreign teachers. It is also required to submit two letters of recommendation from cognitive therapists recognised by these institutions.

Conclusions: Further Directions of CBT in Argentina

When reflecting on the future of CBT in Argentina, most of the early cognitive therapists agree in saying that it is time for expansion. While in the 1980s it had a marginal character, it was consolidated in the 1990s, and now it is high time to expand. This transformation, along with the flow of information through various means of both formal communication (universities) and informal (Internet, radio, television, newspapers), has allowed CBT to progressively insert itself in different sectors/ areas of the Argentinian society: in the professional sector, the academic, and the general public who use it.

From the professional sector, Argentina's private health services have begun to incorporate training in CBT as a requirement for joining care teams. This trend is mainly based on the good results in research by cognitive behavioural treatments, which correspond to lower costs, both financially and as regards suffering, for patients with mental disorders.

In fact, CBT has been gaining ground worldwide in psychotherapy, thanks to the empirical support its treatments have and the specificity in treating various mental disorders (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).

However, although research is the argument about the effectiveness of CBT in Argentina, there are no local studies on the effectiveness of these treatments, since there is no tradition of research on psychological treatments in this country. Nevertheless, this has not affected the progressive increase in consumption of CBT. Thus, the lack of research on psychotherapy in Argentina represents a paradox between the growing social value of CBT and the evidence it has on the local context.

This phenomenon could be related to the social value of psychotherapy in the country, which does not necessarily coincide with those of other contexts. In this regard, a study explored the phenomenon of differences between psychotherapy in Argentina and the USA (Jock et al., 2013), obtaining interesting results. While patients in the USA attend psychotherapy due to referral from a doctor in Argentina, referrals are made from a more informal level, usually by recommendation of a family member or friend. This is probably due to the fact that in Argentina receiving psychotherapy, far from being stigmatised, is a valued and therefore a socially shared behaviour/experience.

We believe, therefore, that the challenge for local cognitive therapy in the coming decades will be to promote the production of local research on psychotherapy, so that the use of cognitive behavioural treatments can lay fit basis on concrete results, which will enable check-up on whether it is necessary to include aspects of local culture in the treatments. Thus, Argentina cognitive therapy can achieve real empirical support, and stop relying solely on foreign research and the social value of psychotherapy.

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