

Counseling in Mexico: History, Current Identity, and Future Trends

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A brief history of the development of counseling in Mexico is presented. Counselor preparation, identity, and future trends in the profession are discussed.

The origins of counseling in Mexico are associated with the development of similar disciplines concerned with the general improvement of mental health and the treatment of its disorders, namely, disciplines such as medicine and psychology. Historically, the classical cultures of Mesoamerica had specific methods for understanding the human psyche, as did the Indians, Chinese, Babylonians, Egyptians, and Greeks of other cultures. Mexico, like many societies, has historically attempted to explain and understand the essential components of the human condition.

Historical Perspective

Prior to modern-day counseling, many pioneering mental health activities were achieved in Mexico. As early as 1557, with the publication of *Physica Speculatio* by Brother Alonso de la Veracruz (Robles, 1942), Aristotelian psychology was referenced. The first mental hospital in the Americas, the Hospital of San Hipólito, was founded by Bernardino Álvarez in 1567 in Mexico City. In 1774, Benito Díaz de Gamarra published *Elementa Recentioris Philosophiae*, echoing the worldview of Descartes along with the science of Newton. During this time, José Ignacio Bartolache, a professor of medicine, conducted the first experiment on hysteria in Mexico and, according to Robles (1942, 1950), possibly on the entire continent.

In 1835, Jesús R. Pacheco published *Summary Account of the Phrenologic System of Doctor Gall*. At the end of the 19th century, Ezequiel Chávez introduced a high-school-level psychology course (Robles, 1950). Later, in 1916, Enrique C. Aragón, a psychologist as well as psychiatrist, founded the first psychology laboratory in Mexico. Following his death in 1942, two posthumous publications were released: *Works in Neurology and Psychiatry* (1942) and *History of the Soul* (1944), both of which still influence present-day counseling in Mexico.

Thus, counseling in Mexico has its beginnings in psychology as well as psychiatry. Thirty years ago, influences from the United States and Europe began to increase in Mexico. Graduates from training programs in Mexico began to pursue master's and doctoral degrees in other countries. Consequently, significant advances in mental health took place in Mexico. At this time, it was observed by Mexican practitioners that in the United States,

the predominant professions covering mental health needs were psychiatry, psychiatric nursing, psychology, social work, and psychological counseling (or counseling). According to Neukrug (1999), psychological counseling arose in the United States from the fusion or integration of various mental health professions. The same phenomenon was occurring in Mexico.

With the advent of these trends in Mexico, modern psychology underwent a change in emphasis and eventually widened its scope to include so-called normal behavior. This included psychological problems resulting from physical illness, exposure to changing environmental conditions, family and career stress, and social strife. Today in Mexico, these historical precursors reflect what is known as psychological counseling.

Current Identity of the Mexican Psychological Counselor

The inclusion of normality in counseling and psychotherapy helped to further develop counseling in Mexico. Given that Mexico is currently in a process of transformation aimed at improving its standards of living, the need arose to train professionals to respond to the challenge of helping detect, analyze, understand, and resolve mental health problems in the different strata of Mexican society.

Because of various socioeconomic issues confronting Mexico, it has become necessary to train more professionals to meet the country's needs. For the same reason, interest has increased in developing an eclectic and integrative helping practice that is open to possibilities of alternative ways of providing assistance. In this respect, a solid academic background and training are necessary to exercise an integrative helping model. Consequently, in an 11-year collaborative effort between the United States and Mexico, the University of Scranton and Universidad Iberoamericana developed a bicultural master's degree program in community counseling (or *psychological counseling* as it is often referred to in Mexico) with a commitment to respond to the needs of underprivileged people in both countries. In Mexico, as a result of this effort, training is currently focused on bilingual counselors sensitive to cultural

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differences and capable of working within diverse populations, including the least privileged. Collins (from the United States) and Tena (from Mexico; 2004) wrote, "During a time of great concern worldwide, it is crucial that we do not lose our vision or our voice which is directed at the psychological, social, emotional, and economic needs of underprivileged people in both countries" (p. 5).

Historically, in Mexico, mental health and human development problems have been resolved through a variety of disciplines, including psychiatry, psychoanalysis, psychology, and human development, such that it has become necessary to define the identity of the psychological counselor in Mexico. The terms *counseling* and *counselor*, although unknown by most Mexican people, can elicit different meanings in certain sectors of society. The term *counselor* can be defined as an adviser, consultant, therapist, psychologist, or lawyer. This definition gives rise to a great variety of applications of the term, resulting in confusion regarding the role of the professional counselor in Mexico. The term *counseling* has been referred to more specifically as psychological support and psychological help; however, this vague definition lacks clarification.

The terms *counselor* and *counseling* (the act of guiding) combined with the term *psychologist* (relating to the psyche) has led Mexican helping professionals to the term *psychological counseling*. This is quite consistent with the American Counseling Association's (1997) definition, which indicates that counseling, or psychological counseling, is the application of the principles of psychology, mental health, and human development.

However, the acquisition of an identity for the psychological counselor in Mexico remains a challenge. One factor that complicates the development of an identity for the psychological counselor in Mexico is that university programs of study, syllabi, and textbooks are from the United States, whereas the social reality and cultural diversity of the two countries are different. Thus, Mexican psychological counselors are faced with the need to responsibly adapt U.S. educational and training materials to their own personal, social, and cultural realities. On the basis of the aforementioned information, Mexican psychological counselors have recognized the importance of strengthening their professional identity and developing the most effective therapeutic interventions and strategies to respond to the clinical needs of Mexican society.

■ Mexico's Needs for Mental Health Counseling

According to a report by the Mexican Research and Analysis Service, Division of Social Policy, mental health is closely linked to poverty in Mexico (Sandoval de Escudria & Muñoz, 2006). The risk of mental health problems has increased in many Mexican families because of the need for more members of the family to join the labor force, including mothers and children.

Furthermore, traditional male and female roles are changing within families, and environmental stressors are unfavorable for positive family communication and child supervision, all of which provoke additional stress that can lead to more mental health difficulties (Medina-Mora & Villatoro, 2005).

Unfortunately, many children and adolescents in Mexico need to work in order to contribute to family earnings. This puts them at a great disadvantage given that they cannot attend school. Consequently, they are exposed to exploitation, drug use, violence, sexual abuse, prostitution, and sexually transmitted diseases. Obviously, more psychological counselors in schools as well as in communities in Mexico can assist with these concerns, including career guidance and counseling (Canales & Blanco-Beledo, 1993).

Several national mental health issues are currently identified in Mexico. These include the need for services for individuals who have disabilities, abuse drugs, are pregnant teens, are older persons, are in indigenous and migrant populations, and/or are criminally mentally ill.

Disability in Mexico is often associated with poverty. This compounds the suffering and results in psychosocial imbalances, problems of familial disintegration, illiteracy, unemployment, and begging—all of which are associated with significant emotional stressors. People with disabilities in Mexico have been secluded from a number of opportunities and have not received adequate services by psychological counselors. Academic programs that prepare various types of professionals often do not include information about this topic, and common prejudices about disability have influenced perceptions in this area.

Similarly, drug use in Mexico has spread to nearly all social groups and is considered a major public health problem, in addition to being linked to criminal and violent behavior. Surveys have demonstrated that living on the street is the most important risk factor leading to drug use. For example, 56% of Mexican youth living on the streets have used drugs in comparison with only 5% of youth living at home (Dirección General de Estadística e Informática, Secretaría de Salud, México, 2000). The increased emphasis on educating and training more psychological counselors in Mexico can provide rehabilitation and substance abuse counselors to help with these national health care issues.

Public policy in Mexico has increasingly focused on the current phenomenon of teen pregnancy. Innumerable factors contribute to this problem, including lack of sexual and reproductive education, drug use, cultural patterns, and lack of opportunities for youth development. Likewise, the demand for health care services for older people, who use services 4 times as frequently as the rest of the population, presents one of Mexico's greatest health challenges. Moreover, approximately 45% of those older than 65 years of age lack access to social security benefits, a serious problem given the losses that gradually affect older Mexican adults, such as loss of income, friendships, spouse, property, and mental health capacity, and

that can generate a state of isolation and contribute to mental health difficulties (Public Health Department, 2005).

Indigenous communities as a whole are identified as one of the least healthy groups in Mexico; have the lowest levels of education, employment, and housing; and also lack in the community infrastructure necessary to attend to health problems. Chronic malnutrition is the principal health problem among indigenous children, making these children highly vulnerable to developmental delays and mental health problems. Moreover, their mental health is compromised by racism and discrimination. Sadly, the death rate among indigenous children in Mexico is 58% higher than that of nonindigenous children. Moreover, in many states in Mexico, children do not have access to mental health services (Cruz, San Martín, Gutiérrez, Fariás, & Mora, 2001).

Many Mexicans emigrate in search of greater options for survival. Through this process, migrant workers expose themselves, as well as their families and friends they leave behind, to innumerable stressors (e.g., adaptation to a new culture, discrimination, financial uncertainty, loss of identity). In addition, family and friends experience high levels of worrying about their loved ones' well-being. Furthermore, anxieties among emigrants and migrant workers can lead to alcohol and substance abuse and other risky behaviors. More psychological counselors trained in assisting families, including indigenous groups, are clearly needed in Mexico.

Unfortunately, one of the less successful examples of mental health management in Mexico involves the treatment of individuals who are criminally and mentally ill and are located in detention facilities and in specialized wings of psychiatric hospitals. This problem requires counseling services that cut across sectors, including legal and health systems. On the basis of the aforementioned scenarios, the World Health Organization has pointed out that the continued absence of well-structured mental health programs will perpetuate the vicious cycle of poverty and associated mental disorders (Hinkle, Kutcher, & Chehil, 2006).

In 1994, a national survey carried out in Mexico's urban areas reported a 15% to 18% prevalence of mental disorders in the general population. The survey noted that depression is the most common disorder, affecting nearly 5% of the male population and approximately 10% of the female population (Dirección General de Estadística e Informática, Secretaría de Salud, México, 2000).

More specifically, according to Medina-Mora and Villatoro (2005), severe depression in the urban area of Mexico City was found in 7.8% of the adult population and affects 2.5 times more of the female population. The prevalence of anxiety disorders was slightly lower than that of depression, affecting 8.3% of the population, with the most common diagnoses being agoraphobia without panic (3.8%) and social phobia (2.2%). Unfortunately, depression and anxiety disorders are often comorbid, and only 10% of people with multiple mental health problems in Mexico receive adequate

care (Benjet, Borges, Medina-Mora, Fleiz-Bautista, & Zambrano-Ruiz, 2004). Depression as well as schizophrenia and dementia have increased in Mexico in recent decades. This trend is likely the result of demographic and social transitions. Furthermore, ongoing economic crises have consequently added yet another view of the Mexican mental health epidemiology picture (Medina-Mora et al., 2003).

Future Trends

The amount of effort required to meet Mexico's mental health needs in the immediate future is extensive. For instance, adequate social and economic infrastructure does not exist in many places to even provide basic counseling services. Moreover, economic support to pay for psychological counselors is quite limited. The largest number of psychological counselors in Mexico work in hospitals, schools, universities, and child and adolescent centers, with 60% estimated to work in the private sector compared with 20% each in the public and nonprofit sectors (Hinkle & Saxena, 2006). At this time, the role of psychological counselors is not mentioned in the national mental health policy, and there is no formal national professional association for psychological counselors. Likewise, currently, there is no certification or licensure for psychological counselors. Furthermore, most are located in large cities, resulting in limited counseling services for the rural population.

Mexico needs psychological counselors dedicated to developing multicultural skills that enable them to affect social systems rather than exclusively focusing on individuals, as has been the traditional practice among national mental health professionals. To this aim, Mexican psychological counselors will need to remain vigilant so as to recognize areas for program development as well as examine their professional prejudices and stereotypes. For example, an HIV counseling program has been implemented in Tijuana, Baja California (Viani et al., 2006).

As the impact of counseling in Mexico increases, additional counselor training will be needed to focus on cultural, social, and economic differences. More efforts should be directed toward counseling less favored populations in Mexico whose mental health needs are not adequately addressed. Because economic disparities in Mexico are immense, more professional psychological counselors are needed to help improve the quality of life of marginalized Mexican communities.

As counseling develops in Mexico, psychological counselors will need to continually revise and reformulate their mental health theories and practices with the goal of promoting integrative services. Future training paradigms should permit psychological counselors to develop new intervention strategies that enable them to respond to an ever-changing Mexico, which is full of opportunities associated with cultural diversity but also experiencing the challenges of poverty and social inequity. Formulating new counseling techniques will

require Mexican psychological counselors to move outside of the general expectations of counseling espoused in the United States. Furthermore, clinical matters associated with gender, values, and counseling outcome will all be influenced by the changing elements of Mexican culture (Kunkel, Hector, Coronado, & Vales, 1989).

Similarly, as the profession grows, Mexican psychological counselors will need to integrate spiritual aspects into the counseling process. Religion and spirituality are sources of great strength for much of the population in Mexico. In many cases, in Mexico, including the client's religious and spiritual concerns in the counseling process can be the key to facilitating communication, problem solving, and the promotion of mental health.

Today, in Mexico, the development of counseling theories, techniques, and approaches, combined with the population's growing need for mental health care services, has created an opportunity for growth in counselor education, the possibility of accreditation of programs, and even certification. This clearly will necessitate the continued responsible and ethical development of the counseling profession in Mexico.

To date, Mexico lacks professional counseling standards for accreditation and certification. Although some psychotherapy institutes and associations have designed their own particular accreditation and certification systems, these are by no means widespread among Mexican psychological counselors.

To this effect, NBCC (National Board for Certified Counselors) International, a division of NBCC in the United States, has opened a field office in Mexico City. NBCC Mexico serves as a center for counseling advocacy and the exploration of credentialing and standards development of counseling professionals in Mexico. Related to Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation (see CACREP, 2009), one Mexican university (Universidad Iberoamericana) has submitted an application for its counselor education program.

In summary, Mexico has a long history rich in counseling-related activities. Like it is in many countries, counseling's past in Mexico is associated with medicine and psychology. Counselor education programs exist today in Mexico, and the future may likely hold accredited training programs as well as counselor certification. Many complex mental-health-related problems currently exist in Mexico; however, the opportunity to take action, to educate, and to strive for social justice are all attainable goals of the professional counseling community.

It is apparent that the Mexican public needs to be further educated about psychological counseling, including how it is beneficial to mental health promotion. The role of the psychological counselor also needs to be distinguished from other health service providers. It would be helpful if Mexico were to further recognize the historical deficiencies in national health policies, especially those concerning mental health. This could begin nicely with initiatives by the government for the support

of mental health services, psychiatric reform, and the proactive development of the profession of counseling.

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- (Note. Several Spanish titles have been translated into English without including the original Spanish.)
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