

Medical Psychology in Brazil

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In 1962, Psychology was officially accorded professional status in Brazil. Since then the profession has been undergoing continuous development, but the training of psychologists still suffers from flaws that are reflected in the public health service, SUS (Sistema Único de Saúde). However, SUS itself is also open to criticism: the service is badly distributed, the number of posts for psychologists is limited, and working conditions are poor. Nevertheless, many positive changes are occurring. These include plans to alter academic training to better meet the needs of the Brazilian population, an expansion of the roles played by psychologists in the health service, and increasing research activity. These and many other changes suggest that the progressive evolution of the profession in Brazil will continue.

KEY WORDS: health psychology; medical psychology; medical schools; Brazil.

April 2000 was the 500th anniversary of the discovery of Brazil by Portugal. The region now called Brazil was originally inhabited by native people who mainly lived in a coastal strip of the Atlantic forest about 200 km wide (Maestri, 1994).

Although originally colonized by the Portuguese, Brazil, throughout its history, has been influenced by settlers from many European and Asian countries, including Holland, Italy, Japan, Germany, and England. African peoples have also formed part of the country's population since its earliest days and, in more recent times, there has been significant immigration from other Asian and Latin-American countries, including China and Korea. Modern Brazil therefore has a multiracial population and a wide variety of cultures.

Geography also contributes to the country's great diversity. Brazil contains prairies, woodlands and deserts, innumerable rivers and lakes, and in the north, the Amazon rain forest.

Economics differentiates the various regions. The south and southeast (Rio Grande do Sul, Santa Catarina, Parana e São Paulo, Minas Gerais, Rio de

Janeiro, and Espírito Santo) are populous (1991 census) and wealthy, principally because these regions are more industrialized and contain São Paulo, the country's economic powerhouse and one of the largest cities in Latin America (Cherobim, 1986). In the north and northeast, on the other hand, the main activities are tourism, agriculture, cattle, and extraction of wood and minerals.

Cultural and socioeconomic variations can also be found within the cities where there are marked class divisions. In Rio de Janeiro, for example, the inhabitants of the hillside *favelas* (shanty-towns) are far less wealthy than those who live on the beach front, whereas in the north and northeast, the living conditions of the rural population are very different from those in the cities. There are also distinct regional variations in folklore, music, eating habits, customs, and accent.

The main religion in Brazil is European Catholicism (Barros, 1998), but Afro-Brazilian religions, such as Candomblé and Umbanda, also have their place. The Pentecostal branch of Protestantism is also represented, although it was only during the 1950s that this "movement" reached the common people (Souza, Gouveia, & Jardelino, 1998).

The Indians merit a special chapter in the history of Brazil. At the beginning of the fifteenth century, the population of the Tupi-Guarani nation alone is

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thought to have been about 1 million (Maestri, 1994), whereas today the entire Indian population is estimated to be just 350,000. The lifestyle, food, and religion of these people are particular to them, and their languages include a rich variety of dialects (Ribeiro, 1957; Schaden, 1962, 1967). Although there is little precise information, we know there are still a few isolated tribes living in the Amazon region who don't have any contact with the outside world.

PSYCHOLOGY AND ITS DEVELOPMENT

The first Psychology courses in Brazil appeared in the early sixties, and in 1962 the discipline was legally accorded professional status. Various legally constituted institutions were established at this time, such as the *Conselho Federal de Psicologia* (CFP; Federal Psychology Council) and the *Conselhos Regionais de Psicologia* (CRPs; the Regional Psychology Councils), and these organizations were given administrative and financial autonomy. Since then, these institutions have provided orientation, discipline, and regulation to the profession, and they have overseen professional behavior and ethical principles (Conselho Federal de Psicologia [CFP], 1999).

Brazil is the only country in South America where the profession is regulated, and to practice legally, a psychologist must enroll at a CRP (CFP, 1999), of which there were 13 in 1995. As a result of the volume of registrations in São Paulo state, the CRP-SP has been divided into a headquarters, serving Greater São Paulo city (the capital and its neighboring urban areas), and subdivisions, serving the state's other municipal regions.

Today, there are about 110,000 psychologists registered with the CRPs, with around 48,000 of them registered in São Paulo state. Indeed, the registrations in the south and southeast regions account for more than 80% of the total number of psychologists in Brazil.

In general, these numbers are growing fast because of the increase in the number of Psychology programs offered in Brazil. In 1983, there were 83 programs available, whereas 10 years later, there were 107. Today, in São Paulo alone, there are 60 Psychology programs available. However, only three of them receive government support (and therefore don't charge fees), whereas the others are run by privately owned colleges.

Of the approximately 48,000 psychologists in São Paulo state, 89% are women. Approximately half of all psychologists are registered in Greater São Paulo,

resulting in a lack of professionals in other parts of the state. This problem also exists in other regions of the country, including some state capitals such as those in the north.

In December 1997, in the metropolitan regions of São Paulo state, where 68% of the registered psychologists are concentrated, there were 1.47 psychologists per 1000 inhabitants.

EMPLOYMENT

In São Paulo state, 47% of psychologists are autonomous, 30% work under employment contracts, 11% work for the state, and 5% work for voluntary organization such as religious institutions. Looked at from a different viewpoint, 63% of psychologists work for private institutions and 24% work in public service.

Private offices are the predominant workplace for psychologists (42%), followed by industry (13%) and schools (8%). A further 8% teach and 1.5% work in research.

TRAINING

Brazilian universities follow the European style for the training of professionals. Psychology programs last at least 5 years (10 semesters), and after concluding the fourth year, students graduate with a bachelor's degree. At this point, they are also licensed to teach in secondary education colleges. After the fifth year, they need only register with a CRP, and pay a yearly fee, to work as professionals in any part of the country (CFP, 1999).

During the fourth and fifth years of training, Brazilian law requires that the curriculum include a series of supervised clinical placements in areas such as individual psychotherapy, psychodiagnosis, family orientation, and mental health. During these placements, the students work free of charge, mainly with the poorer sections of the community, although placements in other organizations and social services also occur.

The same basic curriculum for psychology graduation courses is followed throughout Brazil and, following a recent agreement, throughout all the member and associate countries of *Mercosul* (a South American trade alliance). The exact curriculum in each university is, however, adjusted to take account of regional cultural differences with the result that the

academic supervision and minor course requirements vary from place to place.

The training of psychologists has been severely criticized for not addressing the needs of the general population (Campos et al., 1992). These criticisms resulted in positive discussions between psychologists, their professional bodies, and the government, and have led to changes that increase the likelihood that Psychology will better address public needs.

Another failing of the system is related to continuing education, which is neither required nor regulated. It has been suggested that a regulatory role could be given to the regional councils but, to date, this has not happened.

To teach in a university in Brazil, a psychologist must have either a master's degree or a Ph.D. These higher degrees are gained in postgraduate programs lasting 2 and 4 years, respectively, which terminate in the presentation and examination of a thesis, followed by the publication of papers in scientific journals.

In 1994, according to census data, only 15% of registered psychologists had a master's degree, and just 3.4% had a Ph.D. However, 32% had completed a "specialization" course, which did not require the presentation or examination of a thesis.

Recently, there has been an increase in the numbers of psychologists pursuing these higher degrees either as a means of professional development or in order to continue in an academic career. This is particularly true of older lecturers and also new graduates interested in teaching in universities. In the mid-nineties, it became necessary to have a master's degree or a Ph.D. to teach in a university, whereas prior to this, only a specialization course was required. These changes have increased the scientific output of the country and have also resulted in the creation of new research centers.

As can be seen, the majority of the training of new psychologists is in the hands of the universities. Although national conventions and congresses are attended by students, this is optional, and international events are too expensive to allow participation by most students.

Financial limitations also have other important effects, particularly on the type of courses that students undertake. In Brazil, both public (free) and private (fee-paying) universities offer graduate and postgraduate courses in Psychology and related areas. Of the psychologists registered in São Paulo in 1995, 86% had graduated from private universities and just 12% from public universities (Statistics, Conselho Regional de Psicologia [CRP], 1995). Both have en-

trance exams, which are based on material studied during students' secondary education, but those of the public universities are generally more rigorous. Furthermore, the public universities rarely offer night courses, whereas these are common in the private universities, and working students therefore have little choice but to enter the private institutions. These factors result in a paradox: the majority of the students studying in the non-fee-paying, public universities are from higher socioeconomic classes than those who studying in the fee-paying, private institutions. However, the quality of public primary and secondary education, the only education financially accessible to the majority of the population, is generally insufficient to permit entrance into the public universities.

PSYCHOLOGY AND HEALTH CARE

In Brazil, the practice of medicine is highly prestigious. Psychologists are not held in the same esteem, but nevertheless they are expanding the horizons of the profession and can increasingly be found working in new areas in the health care area. Today, psychologists are not only active in traditional mental health settings but also in out-patient clinics, health centers, day hospitals, general hospitals, and medical schools, where they are affiliated with numerous departments, including psychiatry, pediatrics, orthopedics, obstetrics, neurology, gynecology, and intensive care. It appears that the health care community is gradually coming to understand more clearly the contributions psychologists can make in health care settings.

The actual number of psychologists working in the health care area is small, with just 4% working in the area of mental health, 5% working in general hospitals, 3% in health centers, and 0.1% in accident and emergency departments (figures are for São Paulo state, 1995).

Compared to physicians, psychologists have longer working hours and receive lower salaries. In São Paulo, 59% of psychologists receive salaries at or below 10 times the minimum wage; in the state of Mato Grosso, this figure climbs to 73%. (The minimum wage is currently about US \$75 per month.)

Although the Brazilian constitution provides for a decentralized health service to "protect and defend the health of the citizen," (Dallari, 1985), the actual system, called *Sistema Único de Saúde* (SUS) (the Unified Health System), leaves a substantial part of the population either unattended or, at best, poorly attended.

The intention of SUS is to provide unrestricted access to health care, but the system is unable to support the demands that are made upon it. Although private health companies help to relieve some of this demand, only the well-to-do can afford these services. Furthermore, SUS includes provisions for mental health assistance, whereas the private companies restrict access to these services to a limited number of sessions of psychiatric or psychological assistance, and even then there are restrictions on age, the pathologies that can be treated, and the procedures that can be undertaken.

Brazil has not implemented a system to evaluate patient satisfaction in relation to mental health services. However, there is a movement involving practitioners, users, their families, politicians, and others, to find alternative ways to attract attention to mental health issues and to move away from the outdated model of admission to psychiatric hospitals (Campos et al., 1992).

In 1997, among the 70,006 professionals working for the São Paulo State Health Department, 796 (1.1%) were psychologists. As the job market offers few opportunities to psychologists, many have been seeking new areas in which to work.

In Brazil, there is currently a debate as to whether psychotherapy, which isn't regulated by law, should be exclusively practiced by psychologists and psychiatrists or should be open to professionals from other disciplines.

Unlike physicians and dentists, psychologists cannot prescribe medication, and few psychologists directly admit patients to hospitals. Although few psychologists currently practice hypnosis, there appears to be an increase in the demand for courses in this area, but the medical profession is trying to restrict the practice of hypnosis to physicians.

Many psychologists, having few other options, wind up doing volunteer work for religious or philanthropic institutions. Here, together with other professionals, they work mainly with youngsters with problems related to drug abuse, sex, and teenage pregnancy, as well as in similar social work activities.

The use of the Internet by the country's psychologists, although constantly increasing, is limited, and it is mainly used for the exchange of information among professionals and institutions. Psychotherapy via the Internet has not yet been documented to be effective, and therefore is not a recognized technique. For this reason, CRP advises professionals who are working through this medium not to charge for their services until the results of more research in this area have been published.

Although psychologists are now gaining a place in the health care system in Brazil, much work needs to be done to increase the number of positions available, improve working conditions, and increase salaries. Furthermore, despite the fact physicians are held in higher esteem, psychologists are increasingly having their work on multidisciplinary teams recognized, and they are assuming leadership roles on these teams.

FUTURE OUTLOOK

The psychology profession in Brazil has expanded rapidly during recent years and has moved into previously unexplored areas, such as the sports psychology, forensic psychology, neuropsychology, and research. However, the failure to provide adequate coverage in the health system and the gap between professional training and the needs of the population have been harshly criticized, resulting in a constant degree of tension between psychologists and their professional bodies.

Spink (1992) highlighted three areas in which urgent changes were required, all of them related to education and training:

- Training is too heavily linked to the traditional model of medical practice.
- This model is divorced from the socioeconomic and cultural realities of modern Brazil.
- The majority of psychologists attend to the needs of the middle classes and pay relatively little attention to public health.

Although psychological assistance is supposed to be available in every public health center, there are, in reality, few positions for psychologists, and in this respect, the public health system is failing to serve the needs of the people. Furthermore, apart from the services provided by volunteers working for religious institutions, only the universities offer free psychological assistance to the poor.

In the area of mental health, psychologists have fought hard for the deinstitutionalization of patients and against some traditional psychiatry practices. Indeed, the Department of Health is actively supporting alliances between psychologists, physicians, and psychiatrists to update medical practices (Spink, 1992).

In December 1998, the member countries and associates of *Mercosul* (Argentina, Bolivia, Brazil, Chile, Paraguay, and Uruguay) signed the agreement "*General Ethical Principles for Member Countries and Associates of Mercosul*," which is intended to

normalize professional practice in these countries. The principles contained in this protocol range from ethics to the minimum curriculum for the technical, theoretical, and practical training of professionals (CFP, 1999).

There are many challenges for the psychology profession in Brazil. Changes in training, investment in higher education, increases in research, expansion of posts in primary and secondary health care, decentralization of medical centers, and better placements for professionals are all areas in which improvements are being pursued. Today, Brazilian psychologists are gradually establishing their roles in integrated teams and are to be found working at all levels and in areas as diverse as the legal system, health, sports, schools, and industry.

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