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Samaresh Rao

April 9, 2019

Psychoanalysis in Buenos Aires: An Ethnographic Approach

by

Sam Rao

Xochitl Marsilli-Vargas  
Adviser

Spanish and Portuguese

Xochitl Marsilli-Vargas  
Adviser

Hernán Feldman  
Committee Member

Susan Tamasi  
Committee Member

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Sam Rao

Xochitl Marsilli-Vargas

Adviser

An abstract of  
a thesis submitted to the Faculty of Emory College of Arts and Sciences  
of Emory University in partial fulfillment  
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Bachelor of Arts with Honors

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## Abstract

### Psychoanalysis in Buenos Aires: An Ethnographic Approach

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This thesis aims to accomplish two goals: (1) to explain how psychoanalytic discourse has been diffused in Buenos Aires and become an object of cultural consumption and (2) to analyze the multifamily, a type of group therapy session in psychoanalysis, via ethnographic examples in order to understand its function as treatment. Argentina as a nation has the world's highest proportion of psychoanalysts, and the capital city of Buenos Aires is considered to be a global center for the discipline. I am interested in specifically how psychoanalysis works beyond the bi-personal relationship of the professional (analyst) and patient, more so in terms of the impact it has on the masses of Buenos Aires. My analysis of multifamily sessions serves to provide real-world examples of psychoanalytic treatment in action and dynamics at play during interactions between participants. Finally, I draw conclusions based on common themes derived from the examples and the broader impacts of the multifamily.

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## Acknowledgements

I would first like to thank my parents, Sally Namboodiri and Sudhakar Rao, for always being there for me on this journey. Without your love and support, I wouldn't be where I am today!

To my brother Sanjay, thanks for always supporting my interests and understanding the difficulties of college life and research. I always appreciate you acting as a role model for me in so many ways!

I also want to thank everyone I worked with as a Fox Center for Humanistic Inquiry (FCHI) fellow. Your feedback has been invaluable and forced me to think critically about my own work and how it could be improved and applied beyond its own context. Special thanks to Alexandra Llovet and Daniella Gonzalez, my peers in the Spanish and Portuguese Honors cohort, for critiquing my work and cheering me on as I worked throughout this academic year. We did it together!

To Dr. Susan Tamasi, thank you so much for accepting a spot on my committee and working with a project outside of your field! I appreciated your thoughtful questions during my defense!

To Dr. Hernán Feldman, thank you for introducing me to Buenos Aires and Argentina. I will never forget my summer abroad trip and the experiences I had. Your expertise in Buenos Aires and Argentina was essential in helping me complete my project!

Last but certainly not least, I would like to thank my advisor, Dr. Xochitl Marsilli-Vargas, for taking on the challenge of introducing me to this research area. In addition to your outstanding scholarship and research abilities, I consider you to be an even better mentor and friend. Thank you for everything!

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## **Introduction**

The basis of this project was born in the fall of 2017, when I began my research assistantship under Dr. Xochitl-Marsilli Vargas as part of the Research Partners' Program (RPP) at Emory University. I began to help Dr. Vargas by transcribing notes from recordings of multifamily therapy groups in Buenos Aires, Argentina, and at the end of the Spring 2018 semester, presented a poster at the Emory Undergraduate Research Symposium detailing how these sessions could be used to describe the national mental health culture. At this time, we agreed to turn this project into an honors thesis to further develop the research I had already done into a complete body of work.

Originally, we had planned on making the thesis a comparative analysis of the primary mental health treatments in Argentina and the United States. Argentina, with such a strong psychoanalytic presence and tradition, prioritizes the "talking cure" that comes from psychotherapy; on the other hand, the United States' medicalized model primarily employs prescription of drugs to treat mental health patients. However, because of various factors, including IRB concerns and time constraints, this concept became unrealistic and untenable. It would have been too difficult to get enough data to adequately represent the American mental health perspective, and even so, the broadness of the concept would have been very challenging to make specific enough in only one academic year.

Instead, I have decided to focus on Argentina and how psychoanalysis works as treatment, specifically looking at multifamily sessions, which are psychoanalytic therapy groups. The structure of the thesis can be broken down into 7 parts: (1) a biography of Freud and the birth of psychoanalysis, (2) key psychoanalytic concepts and terms, (3) history of the diffusion of psychoanalytic discourses in Argentina, (4) psychoanalysis as a cultural phenomenon, (5) the



history and ideas behind the multifamily concept, (6) ethnographic examples, and (7) conclusions. **This thesis is by no means a definitive evaluation of the effectiveness of psychoanalysis within this context, but rather an opportunity to detail a practice, a country, and a culture that views mental health through a unique lens. My goal with this project is to highlight important examples of the types of interactions at work in the multifamily and their ramifications.**

This project has relevance not only because it highlights a unique perspective, but also because it provides examples of people facing situations that are universal and not limited to Buenos Aires, Argentina or Latin America. As mental health is becoming more visible as an issue in the United States and worldwide, it is important to examine other models of treatment to evaluate our current systems and what can be improved. As an aspiring physician who wants to work in mental health, I am interested in how we build narratives and how those narratives affect the way we understand ourselves and the world around us. I believe the work I have done effectively offers a different view of mental health and can be used to think more openly about its treatments.

### **Biography of Freud**

Sigmund Freud was born on May 6th, 1856 in Freiberg, Moravia under the rule of the Empire of Austria in present-day Czech Republic. Because of economic troubles and persecution of Jews like the Freuds, his father, Jakob, decided to move to the town of Leipzig in 1859 and a year later to Vienna, where Freud would spend the vast majority of his life. Freud demonstrated outstanding academic achievement during primary and secondary school, showing great interest and dedication to his studies. He also had a gift for languages, being able to master Latin, Greek,

French, English, Spanish, and Hebrew. His talents allowed him to start medical school at Vienna University at only 17 years old.

After graduating medical school in 1881, Freud began a 3-year medical residency and his first work in mental health in Theodor Meynert's psychiatric clinic in May of 1883. This sparked his interest in neurotic diseases, or diseases of the nervous system, and he published research papers leading to his appointment as a lecturer.

Freud's trip to Paris in 1885 via an academic fellowship was a turning point in developing his interest for neurotic disorders. Freud studied under French doctor Jean-Martin Charcot, known as the father of modern neurology. Charcot's work with hysteria and hypnosis greatly impacted Freud, and Charcot became a role model for him as a scientist-physician. Freud's observation of Charcot led him to abandon his prior interests in neural anatomy and research to pursue psychopathology and clinical work.

The beginnings of psychoanalysis can be traced to an interaction that a friend and colleague of Freud's, Joseph Breuer, had with a patient Bertha Pappenheim (known as "Anna O." in her case history). Bertha exhibited a strange and complicated illness that involved her speaking only English and not her native German and caused her to exhibit multiple personalities. Her own description of her symptoms led to a new form of therapy:

"Breuer happened to visit during one of these trances, and she soon began to describe what had upset her that day, including her hallucinations. Relating it to Breuer seemed to bring her relief, and he began to visit regularly during this time each day so that she could talk to him. Some time later, she related how one of her symptoms began, and after doing so, she stopped suffering from it. Realizing what had happened, Bertha then talked through her other symptoms one by one, talking about them as they came about, and in doing so resolving the trauma that had caused them. Eventually Breuer began to visit Bertha in the mornings as well, inducing a hypnotic trance during which she could continue to talk. A significant part of his days were now taken up with this one patient, for over a year".<sup>1</sup>

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<sup>1</sup> Ruth Sheppard, *Explorer of the Mind: The Illustrated Biography of Sigmund Freud* (London: André Deutsch, 2012), 35.

This form of therapy was described by Pappenheim herself as “a talking cure,” actively engaging in discussion with Breuer instead of passive treatment with hypnotization. Breuer relayed the details of this case to Freud, and the success of her treatment led him to incorporate the talking cure in his own private practice.

Freud’s work *The Interpretation of Dreams* was published in 1899, serving as a consolidation of dream theories Freud had been contemplating at the time. Freud’s experience with patients recounting dreams led him to examine their meaning, in terms of what they represent not only in biological and neurological functions but also regarding broader mental processes. Freud argued that dreams contained “manifest” content, or experiences from the previous day that would provide the imagery of the dream, and “latent” content, which reflects an unconscious desire from the dreamer. The act of interpreting the meanings of dreams, which mirrored his analysis of psychoneurotic symptoms, became part of a greater purpose to analyze the unconscious mind to make it conscious, leading to the birth of the term and the field of psychoanalysis.

### **Key Psychoanalytic Terms and Concepts - 1. Repression and the Unconscious**

If there exist unconscious wishes, desires, and emotions that we have that we are not aware of, then there must be some process that inhibits our realization of them. This concept is known as repression, or the act of “turning something away, keeping it at a distance, from the conscious”.<sup>2</sup> Freud describes repression further: “As we have seen, there are ‘repressed’ wishes in the mind...the theory of repression, which is essential to the study of the psychoneuroses,

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<sup>2</sup> Stephen Frosh, *Key Concepts in Psychoanalysis* (Washington Square, New York: New York University Press, 2003), 20.

asserts that these repressed wishes still exist - though there is a simultaneous inhibition which holds them down".<sup>3</sup> Repression, according to Freud, is one defense mechanism aimed towards keeping unconscious impulses at bay. It is the job of the psychoanalyst to "break through" the defense mechanisms in order to understand the true wishes and desires of the analysand (the person being analyzed) and treat them properly because repression keeps anxiety-producing material unconscious, which is detrimental to the individual.

Freud divides repression into 2 different categories: *primal repression* and *repression proper*. *Primal repression* is repression that acts on basic drives. These basic drives are biological impulses that are characterized by mental representations that are repressed from birth so that they can ever be known by the person. Freud describes this type of repression: "It is a mistake to emphasize only the repulsion which operates from the direction of the conscious upon what is to be repressed; quite as important as the attraction exercised by what was primarily repressed upon everything with which it can establish a connection".<sup>4</sup>

The second type of repression is known as *repression proper*, or the repression of something that has already become conscious to send it back into the unconscious. Stephen Frosh likens *repression proper* to the unconscious security forces of the mind policing repressed material so that it does not threaten the individual's personality. Freud explained this by claiming that this is the work of the ego managing the id according to his theory of the mind. Repression, however, is not a foolproof process. Weaknesses in repression can be revealed in dreams, distressing events, and slips of the tongue (i.e. Freudian slips).

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<sup>3</sup> Sigmund Freud, *The Interpretation of Dreams*, ed. and trans. James Strachey (United States: Basic Books, 2010), 255.

<sup>4</sup> Frosh, *Key Concepts in Psychoanalysis*, 21.

## **2. Transference**

Transference is the phenomenon of redirecting feelings and emotions towards a person, usually an important one to the analysand, to another person in the present moment. As Freud explains, “a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment”.<sup>5</sup> Transference in psychoanalysis aims to explain why a person may demonstrate strong emotions towards people they have never met or aren’t familiar with intimately (i.e. “love at first sight”). Much like repression, the goal of the analyst is to make the process of transference conscious to the analysand. In theory, the psychoanalyst becomes the object or target of the analysand’s emotional response in order to demonstrate the existence of the phenomenon. Not always, though, is transference apparent to the analysand; its unconscious nature makes it difficult to distinguish between what’s real and what’s not.

## **3. Model of the mind**

Freud would continue to work to develop a model of the mind into the early 20th Century, which culminated in *The Ego and the Id* (1923). In it, he defined his 3 components to the mind: the id, ego, and the superego. The id, which comes from the Latin word for “it,” represents the basest biological impulses a person has (hunger, sex, etc.) and is completely unconscious. The id is driven by the pleasure principle, that its needs must be satisfied in the moment. For example, a baby will cry until he or she is attended to. The id has no boundaries within itself, merely acting to fulfill its needs as they arise.

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<sup>5</sup> Ibid, 88.

The ego, or the “the self,” is the subject of consciousness of an individual (however, it is also present in the unconscious). The ego operates on the basis of the reality principle, that there are limitations of what is possible in the external world, and its goal is to get around those limitations. Freud argued that the ego and id are closely related, with the ego coming up from the id: “We shall look upon the individual as a psychical id, unknown and unconscious, upon whose surface rests the ego”.<sup>6</sup> This close relation between the two allows the ego to keep the id “in check” using repression.

The superego, or the “over-I”/ “over self,” is an idealized, internal sense of right and wrong to perfect behavior, contradicting the reality principle. Like the ego, it is present in the conscious and unconscious. At first, parents teach right from wrong which is internalized by their children. Freud also believed that the superego part of the mind is the cause of religion, which sets such standards for right and wrong.

Freud created a useful metaphor to understand the relationship between the 3 parts of the mind. He compared the relationship between the ego and the id to rider on top of a horse. The energy of the horse, much like the energy of the id, is harnessed by the rider and ego. However, the horse, if not controlled, has the strength to throw the rider off. Freud described the superego as the father of the rider sitting next to him in a chariot, always pointing out where he went wrong.

#### **4. Dream Theory**

Freud believed that dreams were essential to understanding the inner workings of the human mind, and dream theories became central in the development of psychoanalysis. He had

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<sup>6</sup> Ruth Sheppard, *Explorer of the Mind*, 65.

been interested in dreams in his youth, and frequently would record details of his patients' dreams as well as his own. The analysis of dreams was important to Freud because he believed that they represent and reveal the processes at work in the unconscious mind, the ultimate subject in question for psychoanalysis. Freud's complete theory rests of 4 main points: (1) dreams are used as biological function to help with sleep, (2) dreams contain information from the previous day, (3) dreams don't include infantile wishes, and (4) there exist processes to avoid repression by the ego to achieve wish fulfillment in the dream.<sup>7</sup> Freud believed that dreams were a tangled distortion of associations and ideas that, when analyzed properly, would uncover unconscious truths about the dreamer. Freud preferred to use free association to analyze dreams; the subject would simply talk about the content of the dream and then mention their feelings on top of it. However, in cases where free association wasn't helpful, he relied on recurring objects or characters as symbols to do the analysis. For example, a king and queen could represent the dreamer's parents.<sup>8</sup>

Thus, the main aim of psychoanalysis is to uncover the unconscious practices that direct our behavior. This is an extremely innovative and particular way of understanding the psyche and human action. In the following section I will describe the history of how psychoanalysis developed in Buenos Aires and later explain how this practice became ingrained in Buenos Aires culture. I will also detail some historical facts through the lens of some of the main explanations that historians of psychoanalysis have postulated in order to understand how this particular practice has surpassed the clinical setting, becoming an object for cultural consumption.

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<sup>7</sup> Ibid, 39.

<sup>8</sup> Ibid.

## **History and Diffusion of Psychoanalysis in Buenos Aires**

Argentina is a country located in the southern part of South America, sharing borders with Chile, Uruguay, Paraguay, Bolivia, and Brazil. It is the second-largest country in South America behind Brazil and ninth-largest in the world in terms of size.<sup>9</sup> The nation is divided into 23 different provinces and has a population of 44 million, around one-third of which live in the capital city of Buenos Aires.<sup>10</sup>

The role of psychoanalysis in Argentina, particularly in Buenos Aires, is unique and exceptional in terms of its impact. The act of seeing a psychoanalyst, psychiatrist or psychologist in other contexts is often considered to be extreme and as a last resort; one does not tell others that they are seeing a professional as easily as they perform other mundane activities, such as going to the gym or grocery store. However, in Argentina the act of seeing an analyst is so ingrained in the culture that it has become part of daily life for a large portion of the urban population.<sup>11</sup> Today, there are more than 60,000 practicing psychologists in Argentina, and more than 63,000 students studying psychology in the nation's public universities alone.<sup>12</sup> The process that led to such a high number of mental health professionals, as well as the involvement of psychoanalysis in the professions of psychology and psychiatry, is multi-faceted and complex in nature which I will attempt to explain in this section.

As a country that encouraged European immigration in the late 19<sup>th</sup> and early 20<sup>th</sup> Centuries in an attempt to organize the nation, Argentina experienced a dramatic change in the demographics of its population. Between 1880 and 1930, an estimated 7 million European

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<sup>9</sup> "South America :: Argentina — The World Factbook - Central Intelligence Agency," Reference, CIA World Factbook, accessed January 29, 2019, <https://www.cia.gov/library/publications/the-world-factbook/geos/ar.html>.

<sup>10</sup> Ibid.

<sup>11</sup> Alejandro Dagfal, *Entre París y Buenos Aires: La invención del psicólogo (1942-1966)*, 1st ed. (Buenos Aires: Paidós, 2009), 29.

<sup>12</sup> Ibid, 29-30.



immigrants had come to Argentina and by 1914, more than one-third of the population in Argentina consisted of foreigners.<sup>1314</sup>

This immigration, in part, led to important consequences in altering the makeup of Argentine society. The boom in population along with economic modernization and an improved education system provided a new demand for reading, including texts written about psychoanalysis.<sup>15</sup> In addition to these factors, the modernization of Argentina made daily discourse more socially liberal. Mariano Ben Plotkin, an Argentine historian who has published extensively on psychoanalysis in South America, explains: “Customs and mores that had once been rejected became acceptable. Relations between the sexes and sexuality in general could now be discussed openly”.<sup>16</sup> The psychoanalytic theories of Freud attempt to explain such phenomena and became open to public consumption and incorporation into daily discourse.

However, immigration did bring new challenges for the nation, including a mental health crisis in which many immigrants were institutionalized in mental hospitals. Plotkin describes the phenomenon:

“Once welcomed as a coveted seed for the country’s civilization, by the 1910s immigrants were seen as instigators of class and social conflict. At the beginning of the century, citing ‘scientific’ evidence, nationalists argued that uncontrolled immigration would degrade the national race by incorporating large numbers of degenerates into society. The fact was that for a variety of reasons, immigrants constituted a large proportion of patients in mental hospitals. The image of the ‘crazy immigrant’ became an important element in the Argentine popular imagination during the first decades of the century”.<sup>17</sup>

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<sup>13</sup> Ibid.

<sup>14</sup> Mariano Ben Plotkin, *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina* (Stanford, California: Stanford University Press, 2001), 6.

<sup>15</sup> Mariano Ben Plotkin, *Freud in the Pampas*, 38.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid, 16.

Argentina was not prepared to deal with such a crisis. Many of the mental hospitals in Buenos Aires suffered from overcrowding, a problem exacerbated with the failure of the healthcare system to keep up with the growing population.<sup>18</sup> In addition, the changing demographics of the patient population (poorer with chronic conditions) in these hospitals left Argentina ill-equipped to accommodate their needs.<sup>19</sup> This situation led to broader discussions on how to best treat the mental health of the population.

Psychoanalysis within the Argentine context was not established with the intention of using it as a “mass cure” for the population; it started solely as a medical tool.<sup>20</sup> Its beginnings can be traced back in large part to the academic influence of France in the late 19th and early 20th Centuries. Horacio Piñero, who was a doctor and one of the first psychology professors at the University of Buenos Aires, designed the first Argentine experimental laboratory in mental health after the French model. Many Argentine intellectuals would study in Paris and adopted French ideals, especially positivism during this period.<sup>21</sup> The adoption of these ideas in Argentina led to the standardization of the nation’s education system, including the creation of the first public universities.

However, positivism and the natural sciences never became fully entrenched in Argentina. In the 1930s, antipositivist movements fought back, and natural science viewpoints were not implemented strongly enough to have a lasting impact, especially when compared to countries such as Brazil and France.<sup>22</sup> These events actually flipped back in the other direction;

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<sup>18</sup> Johnathan D. Ablard, *Madness Is Buenos Aires: Patients, Psychiatrists, and the Argentine State, 1880-1983*, Ohio University Research in International Studies Latin America Series 47 (Calgary, Alberta: University of Calgary Press, 2008), 56.

<sup>19</sup> Ibid.

<sup>20</sup> Alejandro Dagfal, *Entre París y Buenos Aires: La invención del psicólogo (1942-1966)*, 1st ed. (Buenos Aires: Paidós, 2009), 29.

<sup>21</sup> Ibid, 37.

<sup>22</sup> Ibid, 31.

psychology and mental health studies actually consolidated into disciplines based in subjectivity rather than objectivity, with a stronger connection to psychoanalysis and the social sciences.<sup>23</sup>

What occurred, rather, was a re-appropriation of French ideas. Ángel Garma and Celes Cárcamo, a Spanish and Argentine psychiatrist, respectively, studied in Paris with French psychoanalysts. It was there that both men had the first conversations about establishing a national psychoanalytic association for Argentina, which eventually became the Asociación Psicoanalítica Argentina (APA - Argentine Psychoanalytic Association) in 1942. Alejandro Dagfal explains that the development of this association, as well as the acceptance of French ideas, was not a passive process:

“The process of reading does not imply a passive reproduction, but rather an active appropriation, that interprets the model given the particular situation in which the reader finds himself...in that sense, even if it is said many times that Argentina is a mirror into Europe...one must add that it is an unique and capricious one that distorts all that it reflects according to its own perspective”.<sup>24</sup>

With the establishment of the APA came a national organization of what Dagfal calls the “disciplinas psi,” or the studies of psychology, psychiatry, and psychoanalysis. During this time period (1942-1955), psychoanalysis consolidated into a clinical practice and the study of psychology expanded greatly within the domains of education and the workplace.<sup>25</sup> Throughout the next period in Dagfal’s history (1955-1966), a cultural revolution democratized Argentine society, changing the education system and consequently the nature of psychology.<sup>26</sup> Psychology professors at major universities incorporated more authors who portrayed psychoanalysis in the vein of social sciences and the humanities.<sup>27</sup> These educators saw psychology in the same light,

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<sup>23</sup> Ibid.

<sup>24</sup> Ibid, 44-45.

<sup>25</sup> Ibid, 46.

<sup>26</sup> Ibid, 47.

<sup>27</sup> Ibid, 48.

as a field based in human “sense” and intuition rather than natural science. It was during this period that psychoanalysis began to transition from being a medical tool once enjoyed only by an elite class in Buenos Aires towards a discipline to be disseminated broadly.

The expansion of psychology as a profession in Argentina also played a large role in the diffusion of psychoanalysis as a discourse. Towards the end of the 1950s, in the first disputes of the role of psychology, many psychoanalysts and psychiatrists supported the rights of psychologists to practice psychotherapy (the first establishment of psychologist as an official profession happened in the city of Rosario in 1955).<sup>28</sup> It was because of this that psychoanalysts and psychiatrists became points of reference for psychological studies in Argentina as the field expanded throughout the second half of the 20th Century, and ultimately played a large role in its diffusion on a national scale.

Shifts in methodologies in treating mental patients occurred as well. Psychiatry treatment in Argentina had previously been dominated by the discourse of the somatic style, in which health and consequently mental health could be explained entirely by understanding the inner workings of human physiology. This idea falls under the ideology of positivism, which states that justifiable claims and assertions can be proved or disproved with empirical evidence. During the 1920s, Argentine psychiatry began to move away from purely employing the somatic style and instead sought to include a more complete picture of the mental patient. According to Plotkin, this departure from the purely somatic approach “facilitated the acceptance of psychoanalysis within the psychiatric community and in broader intellectual circles...”<sup>29</sup> Spurred by these ideological changes, a group of psychiatrists founded the Liga Argentina de

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<sup>28</sup> Ibid, 48-49.

<sup>29</sup> Mariano Ben Plotkin, *Freud in the Pampas*, 19.

Higiene Mental (Argentine League of Mental Hygiene) in 1929, promoting new forms of treatment including psychotherapy and psychoanalysis.<sup>30</sup>

Another contributor to this change in viewing mental healthcare was a result of the redefinition of the role of psychiatry. In Argentina and worldwide, psychiatry was shifting its focus from controlling madness to becoming a specialized branch of medicine to treat the symptoms of patients. Jorge Balán, a prominent Argentine researcher, provides context:

“In Argentina, as in the rest of the civilized world, psychiatry was changing - from the end of the last century - from being the official setting of vigilance and control of madness, towards specialized treatment of illnesses that the State did not worry about. This broad field, found between madness and mental health, demanded a significant change of the image of the profession. The interest towards psychotherapy and mental hygiene were associated with this change in environments: from the institution that isolated sick people from their means in the hospital and clinical setting, and from hospice psychiatry, to the comprehensive physician who focuses on the emotions and behavior of his or her patients”.<sup>31</sup>

In other words, the new view of the purpose of psychiatry changed the way in which patients were treated. This ideological shift in psychiatry from the management of madness to the specialized treatment of patients with diverse symptoms in part led to movements of and interest in mental hygiene and psychotherapy mentioned in the previous paragraph.<sup>32</sup>

### **Psychoanalysis as a Cultural Phenomenon**

The previous section explains how psychoanalysis and the mental health professional fields (psychology and psychiatry) became intertwined to diffuse this discourse on a large scale. According to a 2015 estimate, there are 194 psychologists per each 100,000 inhabitants in the Argentine population; for comparison, the country with the second highest proportion, Finland,

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<sup>30</sup> Ibid.

<sup>31</sup> Jorge Balán, *Cuéntame tu vida: una biografía colectiva del psicoanálisis argentino* (Planeta, 1991), 34.

<sup>32</sup> Ibid, 35.

has 57, and the United States, fourth on this list, has 30.<sup>33</sup> The growth of the psychology career has been exponential in the past half-century: in 1965, there were 454 graduates in psychology in Argentina; in 2015, there were more than 100,000.<sup>34</sup> The results become even more staggering when considering statistics from Buenos Aires alone. Since the creation of the psychology “major” in the University of Buenos Aires in 1957, there have been almost 40,000 graduates, accounting for 62% of all graduates in national public universities.<sup>35</sup> A 2015 quantitative study estimated that there were 48,000 active psychologists within Buenos Aires municipality alone, making up almost half of the total number of psychologists in Argentina with a proportion of 1,572 professionals for each 100,000 inhabitants.<sup>36</sup>

However, it is important to ask the following question: how does psychoanalysis function outside of the professional realm? The answer is that psychoanalysis became and still is today an object of cultural consumption that has spread far beyond the Buenos Aires intellectual elite to be enjoyed by society at large. The following are examples of how psychoanalysis as a cultural phenomenon manifests itself today.

Pope Francis, a native of Buenos Aires, visited a psychoanalyst when he was the leader of the Jesuit order of Argentina during the country’s military dictatorship. Francis explained his reasons for going: “For six months, I went to her home once a week to clarify a few things. She was a doctor and psychoanalyst. She was always there”<sup>37</sup> This shows that even a prominent

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<sup>33</sup> Modesto Alonso and Doménica Klinar, “LOS PSICÓLOGOS EN ARGENTINA: Relevamiento Cuantitativo 2015 (Resultados preliminares),” 2015, [https://www.researchgate.net/publication/311703215\\_LOS\\_PSICOLOGOS\\_EN\\_ARGENTINA\\_Relevamiento\\_Cuantitativo\\_2015\\_Resultados\\_preliminares](https://www.researchgate.net/publication/311703215_LOS_PSICOLOGOS_EN_ARGENTINA_Relevamiento_Cuantitativo_2015_Resultados_preliminares).

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> Harriet Sherwood and Angela Giuffrida, “Pope Reveals He Had Weekly Psychoanalysis Sessions at Age 42,” *The Guardian*, September 1, 2017, sec. World news, <https://www.theguardian.com/world/2017/sep/01/pope-francis-psychoanalysis>.

religious figure such as Pope Francis, who represents a source of knowledge and wisdom, can participate in psychoanalysis without feeling uncomfortable. It also demonstrates the power that psychoanalysts wield within Argentine society; Francis, an essential leader in his field used to giving guidance, became the one seeking it from a psychoanalyst.

Pope Francis is not the only famous Argentine to have done psychoanalysis. The current president of Argentina, Mauricio Macri, sees a psychologist named Jorge Luis Ahumada.<sup>38</sup> Since information about public figures is often sought after by the media, several outlets have asked Ahumada for details on President Macri and the nature of their therapy sessions. This is yet another example of how psychoanalytic professionals are public figures in Argentine society, and that they hold a type of social power that goes beyond their relationships with patients.

The next is an Argentine newspaper comic strip:



It reads: “I did Freudian therapy, Lacanian therapy, Jungian...Gestalt...Behavioral, and I finally know who I am. I am a guinea pig.”<sup>39</sup> The symbolism in this art is very evident and explicit: the

<sup>38</sup> Clarín.com, “Quién es el psicólogo que atiende a Macri hace 25 años,” accessed April 8, 2019, [https://www.clarin.com/politica/psicologo-atiene-macri-hace-anos\\_0\\_SyIsp4IK.html](https://www.clarin.com/politica/psicologo-atiene-macri-hace-anos_0_SyIsp4IK.html).

<sup>39</sup> “Miguel Rep,” accessed April 8, 2019, <http://miguelrep.com.ar>.

subject/analysand sitting on the couch (as is routine practice during one-on-one psychoanalysis sessions) recounts all the types of therapy he has done, based on different famous psychoanalysts, and claims that his identity comes from being a test subject for each practice. The man in this art represents Argentina, which has become a testing ground for psychoanalytic theories.

This segment of a daily news broadcast effectively demonstrates the impact of psychoanalysis in Argentina.<sup>40</sup> They talk to Mariana Compiano, a college student who originally was pursuing a career in economics and business but switched to psychology. She explains that “[Her original career choice] seemed very cold, I wanted more contact with people, something more social, and then I changed to psychology”.<sup>41</sup> This shows that Argentine society values interpersonal contact, and that the bi-personal relationship between mental health professionals and patients in the clinical, therapeutic setting is fundamental and significant.

Later, Plotkin offered his take on the position of psychoanalysis in Buenos Aires: “in a meeting of middle-class people...to question the existence of the unconscious is akin to question the virginity of Mary in front of a council of bishops”.<sup>42</sup> Here we see that belief in psychoanalysis is almost a type of religion and defying it would mean defying part of the city’s identity.

The video also highlighted other forms of mental health treatment in Argentina: Carlos Saavedra, president of the Association of Psychologists of Buenos Aires, says that there is also a high rate of consumption of psychopharmaceuticals, including sleeping pills and anti-anxiety drugs among older people. From this information, it is clear that mental health is highly

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<sup>40</sup> RT en Español, *Argentina, La Más Obsesionada Del Mundo Por El Psicoanálisis*, accessed March 22, 2019, <https://www.youtube.com/watch?v=xWcnpSjr74g>.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.



prioritized in Argentina; although psychoanalysis and psychotherapy are essential, other forms of treatment are sought out as well. Saavedra also went on to make an interesting comment about Argentine identity: “We come from generations of immigrants from various waves, and very much desire to define how we are or who we are...for each foreigner that visits us, we have to ask them, ‘how are we [Argentines] seen [elsewhere], in Spain, France...in the United States, in Italy?’...we need some way of telling us what we are like”.<sup>43</sup> Here, Saavedra is mentioning the fact that what it means to be Argentine is complicated because a significant part of national identity comes from other countries, especially Europe, and that it is in a way easier for a foreigner to identify. This also highlights how strongly psychoanalysis has been ingrained in Argentine culture, to the point where it is not questioned and simply accepted as part of the lifestyle. According to Tiziana Fenochietto, a psychiatrist at an emergency hospital in Buenos Aires, there is nothing unusual about seeking mental health treatment: “There is no taboo here about saying that you see a professional two or three times a week...on the contrary...it is chic”.<sup>44</sup>

Psychoanalysis has also permeated television and advertising. The following citation is an advertisement for a car company in Argentina called Car One.<sup>45</sup> In the video, a mother brings her son to a psychologist for a vocational test to determine what type of profession will best suit him in the future. The psychologist, in his response, details all of the problems that arose during their session, including problems with the superego and “fears that weren’t original,” much in the same way that a mechanic would describe additional the problems with a car that they repaired. Because of this, the psychologist charges much more than the original test the mother intended to

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<sup>43</sup> Ibid.

<sup>44</sup> Simon Romero, “Do Argentines Need Therapy? Pull Up a Couch,” *The New York Times*, August 18, 2012, sec. Americas, <https://www.nytimes.com/2012/08/19/world/americas/do-argentines-need-therapy-pull-up-a-couch.html>.

<sup>45</sup> PuntoClave Rosario, *Psicoanalista Mecánico*, accessed March 22, 2019, <https://www.youtube.com/watch?v=CRNpPdNe5gs>.

pay for, as is often the case when people get their cars repaired. At the end of the commercial, the tagline reads “Luckily, psychologists are not like mechanics. Luckily, *our* mechanics are not like mechanics”.<sup>46</sup> Here, the company is making a comparison of their mechanics to the psychologists of Argentina, both of whom don’t try to find “problems that aren’t there” to make more money. This once again demonstrates the position that psychologists and other mental health professionals hold in society, as even car companies use it to create imagery that portrays them in a favorable light. In addition, the idea of having to go to a psychologist to “fix” personal problems is compared to going to a mechanic to fix car trouble, a mundane and universal action.

In this section I tried to demonstrate bringing examples from different sources (newspapers, advertisements, comic strips) that psychoanalysis in Buenos Aires has somehow entered the discursive realm of public consumption. Psychoanalysis has transformed into a cultural artifact that through its intertextual capacity is taken out of the clinical setting and is inserted in different contexts creating different discourses.<sup>47</sup>

In the next section I will analyze how psychoanalysis is performed in multifamily sessions. Since having access to one-on-one analytic sessions is impossible for confidentiality reasons, Professor Marsilli-Vargas suggested to conduct research at the multifamily psychoanalytic sessions in Palermo neighborhood. She had already conducted fieldwork there before, so access was easy. The purpose of the next section is thus to explain the actual functioning of psychoanalysis in a setting that uses Freud’s ideas for therapeutic engagement.

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<sup>46</sup> Ibid.

<sup>47</sup> Charles L. Briggs and Richard Bauman, “Genre, Intertextuality, and Social Power,” *Journal of Linguistic Anthropology* 2, no. 2 (1992): 131–72.

## **History and Framework of the Multifamily**

Psychoanalytic treatment takes on many forms in Argentina, one of which is the multifamily session. Jorge E. García Badaracco is credited as being the father of multifamily psychoanalysis in Argentina, a type of group therapy which encourages participants to bring their family members in an open setting. García Badaracco started his first multifamily in the Borda Hospital in Buenos Aires in 1960 with a small group of psychiatric patients and their relatives, making multifamily psychoanalysis a fairly new phenomenon.<sup>48</sup> Today, multifamily psychoanalysis is popular in Argentina (particularly in Buenos Aires) with many organizations offering free sessions open to the public.

Originally, Freud understood psychoanalysis as primarily being carried out through a bi-personal relationship. As discussed previously, the form of treatment or “cure” comes through free association in the presence of another person and in doing so, making the unconscious conscious. Freud favored the one-on-one relationship of classical psychoanalysis compared to group therapy, noting that patients would “regress” and feel pressure to unite with the emotional problems of the group, sacrificing individual identity to form a common group identity.<sup>49</sup> However, Freud himself learned throughout his life the difficulty inherent in being able to produce such profound and significant psychological breakthroughs. In that sense, individual psychoanalysis is limited in its ability to tackle and solve problems.<sup>50</sup>

Modern medicine is also somewhat limited in its ability to treat and resolve problems psychological in nature. García Badaracco explains that even though these problems certainly have a biological component that shouldn't be ignored, there are other aspects of treatment that

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<sup>48</sup> Jorge E. García Badaracco, *Psicoanálisis multifamiliar: Los otros en nosotros y el descubrimiento del sí mismo*, 1st ed. (Argentina: Paidós, 2000), 33.

<sup>49</sup> Ibid, 22 - Freud outlines these ideas in his 1923 work *Group Psychology and the Analysis of the Ego*.

<sup>50</sup> Ibid, 16.

patients require that can't be measured purely by empirical evidence. "Of course human problems have an organic and biochemical facet. It would be silly to try and renounce the benefits that an appropriate medication could provide a psychiatric patient. But mental patients need much more to be able to leave the hospital and reintegrate back into society".<sup>51</sup>

It was in this vein that García Badaracco started multifamily psychoanalysis, as a complementary alternative to the existing treatments (both medical and talk-based therapy) for mental health. García Badaracco believed that the multifamily group is a form of treatment that could be used in place of medication in certain situations.<sup>52</sup> Originally, the idea of multifamily groups scared many psychoanalysts because of the potential danger that exposing others to the mental illness of patients would present. In addition, the fear of the large group could cause a much stronger sentiment for the patient compared to a smaller group or a bi-personal setting. However, García Badaracco has observed that the larger group actually creates a more open environment that is more comfortable: "the large group gives more of a guarantee, as if in that context there would be more emotional security for everyone".<sup>53</sup> The multifamily group presents an opportunity to focus on and tackle universal human problems in a way that a small group or individual psychoanalysis cannot.

García Badaracco also emphasized the curative aspect of the family as an advantage to this form of mental health treatment. He noted that the exchange of experiences and ideas between patients and their family members enriches everyone involved. More importantly, the multifamily session created an environment in which the dialogue between relatives to better understand the problems they each face: "the fixed role of each member of a family – the

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<sup>51</sup> Ibid, 17.

<sup>52</sup> Ibid, 19.

<sup>53</sup> Ibid, 28.

patients and the ‘healthy’ others...becomes more flexible within the context of the multifamily group thanks to the contributions of all of the members”.<sup>54</sup> In other words, the multifamily session functions as a place that values all its participants and reciprocal learning, which can stop the dehumanizing mentality of psychiatry to separate mental health patients and actually rehumanize patients undergoing mental health treatment.<sup>55</sup>

Another advantage to the multifamily concept is that it stimulates self-help, making the participant and active agent in their own treatment. García Badaracco explains that the processes of self-help are enhanced in the multifamily setting and actually changes the role of the psychoanalyst: “[The phenomena of self-help] are boosted in the sense that I include myself in the framework of the exchanges as a catalyst of enriching emotional processes, in place of playing the [role of the] psychoanalyst with an understanding that [I] know and therefore necessarily will inhibit the potential of each participant”.<sup>56</sup> García Badaracco here references the fact that there is more pressure on psychoanalysts in smaller settings to be expected to know the “correct” interpretation or association which negates the contributions of the patient. However, in the multifamily, its egalitarian nature lends itself well to valuing the perspective of each member, leading to more organic and productive exchanges of ideas.

The multifamily concept also is meant to benefit those who listen as well. Central to the framework of the multifamily is that the exchange of ideas can be received by those who simply listen has a therapeutic element in itself. García Badaracco believed that ability of another participant’s contribution to “resonate” with someone else does not ultimately require a response from others to be beneficial. The Ditem Center, the place where I attended multifamily therapy

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<sup>54</sup> Ibid, 18.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid, 324-25.

sessions, believes that “participation is always active, both for those who participate and for those who only listen, leading to an exchange of resources and learning among all”.<sup>57</sup> Therefore, the multifamily concept is an open-minded one that values each participant regardless of their level of participation.

### **Ethnography**

My first experience attending the multifamily sessions was on the night of Thursday, June 7<sup>th</sup>, 2018. I arrived at the Ditem Center, a building in the middle of Buenos Aires’ Palermo neighborhood. The first thing I noticed was how familiar everyone was. I knew to expect that a lot of the participants would know each other, but I was a bit surprised how long people chatted before the session actually began. In a way, the multifamily acts as a social event for the participants; in addition to providing the therapy, it is an opportunity for members of the group to catch up and meet new people they would not have otherwise. This showed me that the multifamily concept is ingrained in the culture of Buenos Aires to the point that it serves more than its ultimate purpose of providing therapy; it is part of the way of life. This practice has been socialized to the point that it has become a community gathering, and members identify as being a part of this group.

The room in the Ditem Center is set up in a series of circles, with the psychoanalysts sitting in the innermost circle and with others in the outside circles. I could tell after coming for multiple weeks that regular participants had a favorite spot in the room, most likely to be able to sit with the people they know well. Although it was fairly easy for me to tell in the first session who the psychoanalysts were, the setup promoted a sense of equality among the group. In larger

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<sup>57</sup> “Centro Ditem - Centro Ditem,” accessed March 25, 2019, <http://www.fundamitre.net/cditem/index.php/component/content/article/79-fundacion/84-gmf?Itemid=437>.

multi-family sessions that my advisor had attended, this setup was not possible because the psychoanalysts would sit on a stage in a large auditorium. However, with around 70 to 80 participants, there was enough room so that psychoanalysts and participants could sit together without separation.

With regards to the participants in the sessions I attended, the vast majority of them were adults over the age of 18. Although the groups I attended consisted of mainly older, middle-aged adults, there was a mix of younger participants as well. With each session I attended, I could better perceive who pertained to families (parents and children together) based on their participation. This was important for me to understand because dialogue between family members was frequent and dominated much of the discussion.

The session usually started with one of the psychoanalysts introducing themselves and offering someone in the group a chance to start off, usually a regular participant. The structure is very egalitarian; anyone who wants to share simply has to raise their hand and a microphone is passed to them. The multifamily framework values all contributions in terms of their potential to provide insight and healing for the entire group; although the multifamily is led by the professionals in the room and is considered a clinical exercise, it is designed to create a natural openness that temporarily breaks down rigid levels of authority. In the sessions I attended, participants would share a problem in their lives and other participants (including psychoanalysts) would respond with their own experiences to try and not necessarily “fix” the problem, but to offer insight. The psychoanalysts in these sessions would encourage participants who respond to make their answers relate to the original participant’s experience.

Despite the democratic nature of the session, the psychoanalysts did wield power when necessary. For example, a few participants would involve political stances as part of their

expression of sadness and anger they were experiencing. One woman complained about the government when talking about not having enough money (Argentina has been faced with an economic downturn recently, with the value of the peso, the national currency, declining). The psychoanalysts dismissed this participant and the content of her message. While I understand how a debate about politics in a therapy session could be problematic or counterproductive, this decision brings into question what subject matter is appropriate for the session. Wouldn't it be fair to say that the economic status of the country would certainly have a mental health impact on the population? This example demonstrates that even in a talking cure model there exists a type of prescription on the part of the psychoanalysts: some types of talk are more valuable than others. Whereas the multifamily session would seem to be completely democratic, not all material is seen as pertinent to the curing or healing process.

The nature of the discussions varied greatly; subject matter ranged from personal tragedies to the particular mood of a participant on a certain day. Although it was impossible to predict what would come up during a session, almost all of them developed a distinct theme; responses tended to build upon an original thought proposed early on in the session. For example, one might start the session off talking about experiences of parents demanding things from their kids, and then others would build on that idea with their own parental or youth experiences.

## **Methods**

In order to accurately analyze the Argentine perspective of mental health through psychoanalysis, I needed a data set from which to draw information. With my mentor and thesis advisor, Dr. Xochitl Marsilli-Vargas, having attended and recorded audio from multifamily



therapy sessions in psychoanalysis for her research in Argentina, we decided that they would be ideal sources for evidence. The design of the sessions encourages anyone to participate and share whatever they are comfortable with, and therefore can reveal how each participant views the session as therapeutic. In addition to using recordings made by my mentor, I attended 5 of these sessions throughout June and July of 2018 in Buenos Aires as an observer. My analysis in this section will include data from both.

The “data” for this project is purely the experiences of others and the narratives they tell. The best way to observe the manifestation of mental health is listen to these narratives. Experiences analyzed in this section can include a variety of things, including stories, original writing, relationships, etc. All data was transcribed from notes, and names are omitted entirely in order to protect the privacy of the participants. The goal of the analysis was not to determine the ultimate validity of multifamily psychoanalysis, but rather to describe its function as mental health treatment on a case by case basis.

### **Example #1**

The conflict between a 22 year-old woman and her mother dominated several of the sessions I attended at the Ditem Center. The original dispute centered around the daughter failing to pick up her mother at the airport. The daughter explained that during that day, she learned that her best friend’s father had passed away and had gone to be with her friend to support her, forgetting about having to get her mother. She later expressed how close she felt to her friend’s father, and how his loss affected her emotionally almost as much as it did her friend. Her mother, upset that her daughter never came to get her, had to take a taxi to get back home. Even after she

had explained to her mother the reason why she had not come to the airport, her mother was still upset with her for not being responsible and acting uncharacteristically.

This story served as a microcosm of their relationship. The daughter repeatedly referenced this incident as an example of a larger problem; she saw her mother as manipulative and so demanding to the point where nothing she did would ever be “good enough”. It seemed to me that at this point in time, the daughter and mother had irreconcilable differences.

At the last session I attended, the mother came after repeated suggestions from many members of the session, despite the daughter’s reluctance to bring her. She warned repeatedly that her mother would “put on a performance” to hide her true feelings and the actual nature of their relationship. After all, the ultimate philosophy of the multifamily concept is to bring relatives together, especially parents and kids, to try and solve problems. After continuing their argument about the airport situation, the mother expressed that as the parent she did not have the liberty to express her feelings or to be the center of attention as her daughter does, straining their relationship. She also wanted them both to “speak in plural,” to symbolize family unity instead of taking sides, with mother and daughter against each other. The daughter was also thinking about leaving Argentina for the United States to study, and her mother was against the idea, wanting them to mend their relationship.

This situation was interesting for many reasons. First, it illustrates well the purpose of the multifamily session; for family members to better understand each other, especially parents and children. It is clear that the generational differences of parents and their children can cause problems in their relationships, specifically the expectations parents place on their children and vice versa. Ideally, the multifamily affords an opportunity for each group to understand why these differences exist between parents and children, and in a large group, others can attest to

similar experiences and give credence to what has been said. However, this certainly does not mean that the multifamily session is a sort of echo chamber where everyone agrees; in fact, it is often the case that arguments such as this one arise as a result of the multifamily.

Second, this situation reveals the conflict between individual and group very clearly. Throughout the sessions, the daughter would repeatedly say “you don’t know my mother,” in an attempt to dissuade people who thought they understood or could relate to her experience and had some idea of what was going on. I think her point was that even though there is a universal component to human experience, it doesn’t mean that every situation is the same, or that each person would react to it in the same way. That does not dispute the therapeutic element of shared human experience that García Badaracco was striving to create, but it does complicate the nature of human problems and their solutions. Coming from the United States, a culture which extols the uniqueness of the individual and observing participants in the multifamily sessions, who put great value on the power of the collective, the contrast between these 2 ideologies was prominent to me in this case.

Passionate family situations such as this one also can create sides of the argument in the multifamily. In another session, the daughter argued with an older male about the role of parents and children in families. It became clear that participants would feed their own personal experiences when commenting on the situations of others. Even as an unattached observer without close contact with participants, I felt myself siding with the daughter, basing her feelings on my own family experience. What stuck with me was that the daughter affirmed her stance despite the interventions of third parties in the session. This situation is an example of a complicated relationship without a straightforward solution or understanding, and would be difficult for any form of treatment, much less multifamily psychoanalysis.

However, this doesn't mean that the multifamily session did not provide useful insight into this situation. From the perspective of the parent, several participants offered that in many cases parents just want what's best for their kids, which leads them to demand a lot, sometimes too much from them. Although what they think is best might not always line up with what their children think is best for them, parents believe that they are trying to do right by their children. This mentality shouldn't negate all potential mistakes on the part of the parent, but it can explain them to a certain degree. With this in mind, parents among participants in the session were able to compare their experiences and problems with their own parents to those with their children, giving value to both points-of-view. In addition, one participant mentioned that grief can create situations that cause people to behave uncharacteristically. This provided a possible understanding as to why the daughter did not come to pick her mother up from their airport.

### **Example #2**

The second example involved a grandmother grieving for the loss of her daughter, who had died in a car accident. She detailed the extremity of her sorrow, and especially lamented the fact that her daughter's son, her grandson, was without a mother. She said that "I am my grandson," referring to the fact that she shared the solitude and sadness that he now faces. She also mentioned having feelings of not wanting to live anymore and the survivor's guilt of living on without her daughter.

Although it was a very sad and emotionally charged moment for everyone at the session, the responses were very illuminating. One of the psychoanalysts at the session responded that "there are no words" to adequately express the accident, the aftermath, and how she feels. This stood out to me because it expressed that he could not say anything to her that would change

what happened to her daughter nor change her outlook on the situation. It also expressed to me that he didn't pretend by saying that the emotional scars of the accident would heal or improve over time. Perhaps most importantly, though, was that no one, psychoanalysts included, tried to analyze how she felt to try and "explain" it. It was a validation that in life, many times periods of intense emotion such as the grief this participant was experiencing don't have a simple explanation or solution.

The other aspect of this example that stood out was the power of the group to provide an open environment for sharing. I was particularly struck by the directness with which she spoke about the whole scenario. In the United States, discussion of intense or traumatic experiences in front of large groups is different, and often stems from the members sharing a specific experience (i.e. AA, veterans' groups, grief groups, etc.). Attending the multifamily session requires no such qualifier, as they are free of charge and open to the public.

Especially surprising to me was how open she was about her suicidality in front of a large group. This example gives plausibility to García Badaracco's argument that the large group provides emotional security. Although this person was experiencing pain and suffering at such an extreme level, she was comfortable enough to open up to the group about it.

### **Example #3**

A 22 year-old woman explained how she had been feeling at the time having recently graduated from college and received her diploma. While this theoretically should be a time of happiness and accomplishment, she described the anxiety that she felt in that moment and had been feeling for quite a long time. The root of this anxiety for her comes from the desire to be perfect, not only in academic achievement but in everything she partakes in. During her time speaking, she was noticeably upset and crying throughout.

The more interesting part of this example is that the girl's father was also present at the session. She had mentioned the demanding nature of her father as part of the cause of her anxiety. When he was asked to respond, he became emotional but avoided providing personal details in his response. It was perhaps implied that he might have had similar problems with his father, but after one of the psychoanalysts requested him to elaborate, he chose not to.

The performative aspect the multifamily session affords can provide participants a unique opportunity to express themselves in a way that isn't always available in daily life. While I would certainly not doubt the validity of the struggle that this woman was going through at the time, the session could be seen as a way for her to gain the sympathy of others to have her problems be recognized on a larger scale. This not only can work to validate the problems themselves of the participant, but also can make them feel important and that their stories matter. The responses that came afterwards showed solidarity with the participant and the difficulties she was facing.

The relationship of father and daughter takes center stage as well. It was clear to those in the room that the father became uncomfortable with his daughter's criticism of his parenting, yet at the same time remained respectful of her opinion and voice. In my view, this situation made me question the role and value of privacy in the multifamily setting. Is the only form of privacy to elect not to speak? What happens if someone mentions someone else in their comment, and is the other person obligated then to respond?

#### **Example #4 (Recording)**

The next example details the story of a father who had fallen on hard times. He was dealing with significant financial problems and a divorce with his wife, and that these problems

seemed inescapable, ones that he simply couldn't get out of. He mentioned being very afraid, having anxiety and insecurity about the future. The conversation about him and the nature of his relationships with his wife and sons (one of his sons attended the session) ran the entire length of the session (about an hour and a half).

This example was the only one I encountered in which financial considerations were taken seriously and incorporated into the multifamily session. Although it was not the ultimate focus, and that participants are encouraged to form their responses within the realm of their own experiences and relationships with others, this man's financial concerns clearly were the cause of a large part of the sadness, frustration, and anxiety he had been facing at the time. He complained that he had wanted to go on a trip to Bariloche, Argentina and needed money from his wife, and that she agreed to give him only 400 pesos, which he said wasn't enough to even buy a piece of chocolate. This anecdote became an important part of the discussion into broader issues of the lack of communication within this family.

The son also detailed his perspective of the situation, saying how he didn't enjoy spending time with his dad because of his mood. When he asks his father what is wrong, he said that he always gets the same type of responses of fear and anxiety. He also recounted the drinking problems in his family with his brother and mother, and how the deterioration of his parents' relationship "contaminated" the entire family. This was another example of putting relatives in a combative position, which opposes the purpose of the multifamily: for parents and children to understand each other. When one or both of these parties believe that achieving this understanding is futile or impossible, it creates a gap that is very difficult to close. In this case, it was hard for the son to take his father seriously because he had been acting the same way for a long time and was skeptical that things would change.

Something else I took from this example was the importance of the role of the father as a provider. While I certainly cannot speculate exactly how anyone feels, much less the father in this example, I sensed that it was possible that he felt some shame being an economic burden and having to ask others for money. In fact, it reminded me of another man at one of the multifamily sessions I attended at the Ditem Center, who had to give up the house he inherited from his father also because of financial reasons. In a smaller group session that takes place after the conclusion of the large group, one of the psychoanalysts commented that the guilt of losing the house that had been passed down from his father had caused many negative emotions for the participant. For these two men, I suspect that the financial struggles that they face cannot be easily separated from their feelings, which is what multifamily psychoanalysts encourage them to do.

#### **Example #5 (Recording)**

The next example is the most unique of the ones I've chosen. A young man decided to express his feelings in his own original writing. He chose the word "ghetto" as a metaphor to describe the setting of his suffering, and that he finds it nearly impossible to escape this ghetto. He used the term because his grandfather was able to survive life in a ghetto when he was younger. The participant said he finds himself in the ghetto, wanting to escape it, but it is also where he feels comfortable and is part of his identity.

Here, the nature of the multifamily session affords expression of one's self and one's ideas in a multitude of forms. The participant clearly felt no fear of judgement which could have impeded his desire to share his writing with the group. Perhaps more importantly, self-expression takes center stage as it always does in the multifamily session. When I think about my own life, I



have had very little experience in front of a larger audience talking about myself and my own private life; when I do so, it is usually to present something separate as a type of academic, musical, or athletic performance. However, for regular participants in the multifamily, this is a skill that is encouraged, celebrated, and in some ways required. Although no single member is forced to participate, the democratic nature of the session permits anyone to do so, whether they be young or old, male or female, etc. In a way, the self-expression in the multifamily is its own art form that is made possible by the cultural acceptance of psychoanalysis as a discourse and the power of the talking cure to heal.

Another interesting question that arose in the session was the conflict between sharing stories about suffering as a way for the group to heal and forcing participants who do share to re-live painful or traumatic experiences. Is there a line where sharing with the group can actually cause more harm than good for the participant depending on the situation? While someone may share for any number of reasons, and that there is usually no pressure to respond, involving one's personal experience for the betterment of the group could lead to retriggering of past negative emotions and the expense of the individual.

### **Example #6 (Recording)**

The participant recounted his relationship with his parents, who had gone through a bitter divorce when he was 10 years old. He compared the divorce to a death in his family, because his father became so detached from them. The fracture in the relationship between his mom and dad only deepened after the divorce; he remembered them always fighting and yelling while they were married, but afterwards there was almost no communication. He recounted his mother's

friends telling him how bad his father was, and how his father would only listen to him if he had taken his side and insulted his mother.

The part above all other things that upset the participant the most was that his parents never truly acknowledged him nor gave him the attention he deserved. He is an engineer and works for one of the best companies in Argentina and always received good grades in school, but was never validated by his parents for his accomplishments. However, he does support them economically, and struggles with having to tell his father that he gives money to his mother. He also went on to explain that his father could never be pleased with anything, describing how he said that he didn't like his son's apartment when everyone else did.

Another participant shared a similar experience with the group as well. His father in his words, is alcoholic, psychopathic and cruel, and his mother would defend his father, causing the participant to hate his parents. He told the story of having to leave Buenos Aires to go to a bad high school in Montevideo, Uruguay and how his family fractured, with the rest of his family still there as he stayed in Buenos Aires. He had started psychoanalysis since the age of 15 and had seen more than 20 different analysts in his life. He did mention how after going to this multifamily session for about a year he was becoming more and more comfortable in the group, increasing his willingness to share; he said that at the time it was his first experience sharing in the multifamily about his personal troubles.

One response, from a father of 3, set off an interesting discussion. He described the issues he had with his 3 kids, and then explained that when a man marries and becomes a father, he is still "childish" and immature in a way because he is not prepared for fatherhood and still has the mindset of being young. However, with respect to the 2 prior examples, one of the psychoanalysts posed an important question: what if fathers don't change or grow out of their

“childishness”? In both cases, the participants mentioned that their fathers see themselves as blameless victims that have been wronged and their difficulties in trying to reason with them.

In this instance, there is no clear solution or preferred method as to how the sons should continue. One respondent said that the first participant should be truthful with his father and tell him how he feels, but the fact that his father hasn't changed over the years makes it unlikely that it would change their relationship. As I mentioned before, inherent in the multifamily is the belief that problems with relationships can be mediated, improved, or even resolved with dialogue. In these cases, it becomes nearly impossible to do that if one of the people in the relationship don't want to participate in the dialogue (privately or in the multifamily setting) or if they aren't willing to change their point of view. Even in the case where both people are present as in Example #1, that does not always bring closure with both parties having reached an understanding. In these cases, I thought that the burden of having such a difficult relationship with a parent would be so great that it would have been better for both of them to try to distance themselves from their fathers when possible. However, the other participants were seeking to explain their fathers' behavior. While this is certainly not unjustified, and that there is no right or wrong answer as to what the participants should do, it illustrates the point that the curiosity to discover why we behave in certain ways is an underlying motivation to come to the multifamily. It is extremely humanistic in that sense, that we can understand ourselves better simply by being around each other and talking.

### **Example #7 (Recording)**

This final example is of a woman who told of her relationship with her mother. She said that her mother never really loved her and favored her brothers over her when she was young. Despite graduating from college in Peru, a major achievement for her, her mother did not come to the ceremony. When the participant's father died, her mother told her that "there is no one to defend [her] now". She talked about her mother refusing to give her money later in her life.

What shocked me was not necessarily the content of the participant's story, but rather her own interpretation of her relationship with her mother. She said that she did not hate her mother, deciding to remember the good things about her (her mother had already passed away). This was one of the few times where a participant seemed content with her situation and had already resolved whatever issues she used to have with her mother. This led to an interesting discussion, however; one of the psychoanalysts said that "parents can be diabolical," expressing the idea that in some cases it is difficult to perceive whether or not a parent truly loves his or her kids. Because many of the discussions of the multifamily revolve around parent/child relationships, it was eye opening to hear an example like this where an analyst would so openly criticize the parental figure. This is not to say that he was trying to criticize all parents, rather that he was conceding that parenting without love creates issues that aren't easily fixed, as evidenced by previous examples offered in this section.

### **Conclusions**

In this thesis I intended to present a somehow comprehensive description of psychoanalysis beginning with Freud's ideas and methodologies in order to situate what in my view is a very specific methodology that somehow permeated the cultural discourses in Buenos

Aires. However, the question remains how a particular episteme such as psychoanalysis was able to circulate so widely in this particular context. I explained how psychoanalysis entered the public institutions in Buenos Aires, creating extensive accessibility and thus becoming available to larger audiences.

My ethnographic work in multifamily psychoanalysis is brought here in order to illustrate the internal functioning in its clinical practice, but also to understand better the concept of the “talking cure” and its resonance through what Freud called unconscious impulses and drives. While at first glance it may seem that the multifamily and the cultural expressions of psychoanalysis (e.g. advertisements, news, etc.) are different spheres, in my research I learned that the two are somewhat inseparable; the multifamily is constituent of the broader discourses of psychoanalysis. In this section I will present a summary of my results, discuss future directions, and establish this work’s importance.

First is that Buenos Aires became an ideal testing ground for psychoanalysis. With a wave of European immigration in the late 19<sup>th</sup> and early 20<sup>th</sup> Centuries, Argentina as a nation was seeking to define itself. In this attempt, whether it was intentional or not, psychoanalysis and Freudian thought became part of this definition. The development of the national public education system and a desire among intellectuals to include psychoanalysis in their curricula helped bring the practice to the masses. This greatly increased the number of professionals practicing psychotherapy in Buenos Aires and allowed psychology to be included with psychiatry and psychoanalysis in Dagfal’s “disciplinas psi”. It was at this time that psychoanalytic discourse became more available to the public.

Today, psychoanalysis in Buenos Aires is abundant. From the evidence and examples shown in the previous sections, it is clear that psychoanalysis goes beyond the private bi-

personal relationship between the analyst and the analysand; it is everywhere, including popular media. Within the same Palermo neighborhood where I attended the multifamily sessions, there was a small area that used to be nicknamed “Villa Freud” which still has a very high proportion of psychotherapists, in addition to being home to psychoanalytic bookstores and a Freud-themed café.<sup>58</sup> At the present time, the restaurant is called *Veleta* and it is located close to Plaza Güemes.

Psychoanalysis also crosses class boundaries. Argentina has a universal healthcare system that the government provides for its citizens, which aids access to psychoanalysis as treatment. Many insurance plans also cover a set number of therapy sessions per year. In addition, the multifamily sessions are free. However, a significant number of psychoanalytic professionals are located in Buenos Aires, creating an imbalance of access compared to the rest of the nation.

Psychoanalysis, especially the multifamily session, contains a social element that makes it a part of normal discourse and daily life. In analyzing examples of news stories and advertisements, I showed how psychoanalysis is just as much an object of cultural consumption as much as it is a practice in Buenos Aires. The multifamily session further ingrains psychoanalysis into the culture because it is an opportunity for members of the community to come and see friends and meet new people as well. These events are open to the public with no registration required to participate in a particular session. Even though I only attended 5 sessions and didn’t know anyone, the other participants were very courteous and friendly to me and my advisor. There was a strong sense of group identity among the participants, and each time I went they were always welcoming of new members.

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<sup>58</sup> “Villa Freud in Buenos Aires,” Atlas Obscura, accessed March 22, 2019, <http://www.atlasobscura.com/places/villa-freud>.

In addition, there is also a traditional aspect for the multifamily session that was easy to observe. Although there were more older people than younger at the sessions I attended, it was not difficult to see different generations of Argentines and the members of families together. The idea of the multifamily session is something that can be passed down to generations so that younger participants, when they have children, bring them to sessions and so on. Incorporating psychoanalysis into the family structure has certainly contributed to its lasting popularity.

The performative aspect of sharing in the multifamily session is central to its understanding. The spoken word has the ultimate value, and to engage with other participants means engaging with the narratives at hand. This necessitates the group to trust the participant and to believe the narrative that they create. As seen in Example #1 and #3, the multifamily session can be an opportunity for participants to not only be heard by others but to receive validation that their perspective matters. Here I am not trying to criticize the multifamily concept, but rather point out the limitations of talk therapy of having to rely on the narratives of others to gain insight, especially in a large group setting with many different points of view.

On the other hand, the multifamily's democratic nature and openness creates a culture of sharing that does bring a benefit for participants. People come to the multifamily session not only to participate and gain insight into their own problems, but also to help create an intimate community. One example for me stands out: during one of the sessions, a man passed out chocolates to people on their way into the session and said he did so because he wanted to make others feel welcome. Albeit a small act of kindness, this man represents well the culture of the multifamily, which is one of inclusion and respect.

From my own experience attending the sessions, even though I didn't come with the intention of participating, I feel that I have gained insight not only into how real-world

psychoanalysis works in Buenos Aires, but also into problems and life struggles are universal and can be applied outside of this context. While there can be no perfect form of mental health treatment, and the multifamily is no exception, I was grateful for the level of humanity I encountered as an outsider. If there is one thing the multifamily has created, it is to prioritize the human connection as a source for healing that is not limited to the professional-patient relationship.

An interesting future direction of this work would be to trace personal histories of a sample of participants who have been attending multifamily sessions for an extensive period of time (i.e. 10+ years). In addition to interviewing each participant one-on-one, I would offer an in-depth look at the impact of the multifamily on individuals over a longer time frame, measuring how the nature of their contributions in sessions changed (or not) over the years. Due to the singular environment the multifamily affords, this would be a more thorough investigation of how people are affected by it and its function as a treatment form.

Another direction for this work would be to complete what I had originally intended to write, a comparative analysis of Argentine and American mental health. More specifically, I wanted to compare the two predominant methods of mental health treatment in each country: the talking cure in Argentina based in psychoanalysis and psychotherapy and drug therapy in the United States. In pursuing that project, I would gather quantitative data on mental health outcomes in addition to the qualitative ethnography I had done in Buenos Aires. In addition, I would interview psychiatric patients in the US to be able to make a complete comparison between the two. As someone interested in entering the mental health field and as a researcher, it is important for me to study a variety of treatment methods and be critical of the healthcare system we have in place. What aspects work well? Which ones could be better? Although I am in



no way an authority in this field, asking these questions is a beneficial exercise that can lead to more insight and awareness.

Mental health has become more and more of a public health issue in the United States. According to estimates from the National Alliance on Mental Illness (NAMI), around 1 in 5 adults have some form of mental illness (18.5%), or 43.8 million people, and approximately 1 in 25 adults (4%, 10 million people) have a serious mental illness that disrupts one or more major life activities.<sup>59</sup> Of the population with a mental illness, only 41% have received treatment for their condition; the number improves to 63% for those with serious mental illnesses.<sup>60</sup> In addition, suicide is the 10<sup>th</sup> leading cause of death in the US and 2<sup>nd</sup> leading cause for people aged 10-34.<sup>61</sup> From this data, it is clear that not only is there a large portion of the American population suffering with a mental health disorder, but that the majority is not receiving treatment.

While it is difficult to speculate the how the multifamily concept would be received in the United States, creating more spaces for larger groups of people to talk openly about their mental health could certainly benefit. Each individual has different needs, and the multifamily is not meant to be all-encompassing, but there exists a need for more accessible treatment for the population. This is not to say that there are no forms of impactful American group therapy, but clearly there needs to be more access to care when more than half of the population with mental illness is not receiving it. Creating more environments of inclusion and connection with others is important, and we need more communities that embrace those values.

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<sup>59</sup> “Mental Health By the Numbers | NAMI: National Alliance on Mental Illness,” accessed March 22, 2019, <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

On a personal note, I have dealt with mental health issues in my family and have never talked publicly about them. I've also observed the stress and anxiety of the student body throughout college, particularly at prestigious university such as Emory where expectations of students are very high. By doing this project, my view of mental health has changed. By listening to and attending the multifamily sessions, I have a better understanding of how treatment can work in a different way, in a public setting. I have also learned that part of what it means to be human is to struggle, both in ways we can see (physically) and ways we cannot (mentally, emotionally, etc.). The multifamily and its participants embrace this, and if nothing else, creates a setting that validates the struggles of others, whatever form they may take.

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### **Appendix 1: Original Spanish Versions of Translated Quotes**

“La operación de lectura no implica una reproducción pasiva, sino una apropiación activa, que interpreta el modelo a partir de la situación particular en la que se halla el lector...en ese sentido, si bien se ha dicho muchas veces que la Argentina es un espejo de Europa. Para no caer en un lugar común, habría que agregar que se trata de un espejo singular y caprichoso, que deforma todo aquello que refleja según su propia perspectiva” (Alejandro Dagfal, *Entre París y Buenos Aires*, 44-45).

“En la Argentina, como en el resto del mundo civilizado -desde fines del siglo pasado- desde el lugar oficial de vigilancia y control de la locura, hacia el lugar del tratamiento especializado de malestares que no preocupaban al Estado. Ese campo difuso, ubicado entre la locura y la salud mental, exigió una fuerte revisión de la imagen profesional. El interés hacia la psicoterapia y la higiene mental estuvo asociado a este cambio de espacios: desde la institución que aislaba a los enfermos de su medio a la sala hospitalaria y al consultorio externo, y desde el psiquiatra del hospicio, encargado de la represión, al médico comprensivo de las emociones y de la conducta de sus pacientes” (Jorge Balán, *Cuéntame tu vida*, 34).

“Por supuesto que los problemas humanos tienen una faceta orgánica y bioquímica. Sería una necesidad pretender renunciar a los beneficios que le pueda brindar una medicación apropiada a un paciente psiquiátrico. Pero los pacientes mentales necesitan mucho más para poder salir del hospital psiquiátrico y volver a integrarse de alguna manera en la sociedad” (Jorge E. García Badaracco, *Psicoanálisis multifamiliar*, 17).

“El rol fijo de cada integrante de una familia -el paciente y los otros “sanos”...se flexibiliza en el contexto del grupo multifamiliar gracias a los aportes de todos los integrantes” (García Badaracco, *Psicoanálisis multifamiliar*, 18).

“El grupo grande daba mayores garantías, como si en ese contexto hubiera más seguridad emocional para todos” (García Badaracco, *Psicoanálisis multifamiliar*, 28).

“Antes bien, los [fenómenos de autoayuda] incrementa en la medida en que me incluo en la trama de los intercambios como un agente catalizador de los procesos de participación emocional enriquecedora, en lugar de oficiar de psicoanalista entendido que ocupa el lugar del que sabe y entonces necesariamente inhibirá las potencialidades propias de cada uno” (García Badaracco, *Psicoanálisis multifamiliar*, 324-325).

“La participación es siempre activa, tanto para quienes intervienen como para aquellos que únicamente escuchan, dándose un intercambio de recursos y aprendizajes entre todos” (Centro Ditem Website – *Grupos multifamiliares*).



## Appendix 2: Quantitative Estimate of the Number of Psychologists in Argentina (2015)

# LOS PSICÓLOGOS EN ARGENTINA Relevamiento Cuantitativo 2015 (Resultados preliminares)

ALONSO, Modesto M., KLINAR A., Doménica  
Facultad de Psicología, Univ. de Buenos Aires.  
Email: argentina.psicologia@gmail.com

En este informe se exponen los resultados preliminares de una aproximación cuantitativa sobre las/os psicólogas/os en Argentina en 2015. Los datos presentados muestran el estado del relevamiento al 15 de noviembre de 2016, habiendo respondido un 44% de las Universidades y un 58% de los Colegios y Asociaciones de Psicólogos. La tasa de respuestas es aún media, por problemas de acceso a Internet, que han impedido a algunas instituciones actualizar sus datos hasta la fecha. Se ha recurrido entonces a fuentes alternativas, o se ha dejado la última información oficial recibida y se hace constar en el cuadro. Este relevamiento se realiza desde 1993, a través del contacto directo con las Universidades con Facultad/Carrera de Psicología, Asociaciones y Colegios de Psicólogos de las provincias y C.A.B.A., FEPPA, diversos organismos públicos y colegas. En los cuadros se informa sobre: 1- Universidades de Gestión Pública y Privada: año de creación, total de egresados, ingresos y egresados de alumnos en 2015; total de alumnos en curso, totales comparati-

vos y porcentajes de participación; 2- Distribución geográfica de profesionales de la psicología realmente activos (menor al total de matriculados) y su relación con la población local; datos 2015/2016 sobre habitantes por profesional y sobre la cantidad de profesionales cada 100.000 habitantes; 3- Evolución histórica de la cantidad de profesionales, cantidad de carreras, facultades y programas de psicología desde 1965 al 2015; 4- Síntesis de relaciones cuantitativas entre los valores obtenidos y entre estos y otros indicadores socio demográficos. En términos generales se aprecia que en Argentina han egresado desde los años sesenta hasta 2015, más de 100.000 psicólogos, de los cuales estarían activos actualmente unos 50.000 en las provincias. La baja diferencia entre egresados y activos se vincula con su registro de recibidos y sobre registro de activos. Los datos de C.A.B.A. son estimativos, sobre unos 60000 matriculados se desconoce cuantos tienen matriculación compartida, pero los activos podrían ser varios como el total de las provincias. Este relevamiento sobre el año 2015 continúa.

DATOS DE UNIVERSIDADES CON CARRERA DE PSICOLOGIA											
UNIVERSIDADES DE GESTIÓN PÚBLICA	CREACIÓN	EGRESADOS TOTAL	%	EGRESADOS 2015	%	INGRESOS 2015	%	ALUMNOS TOTAL	%	GEN. FEM. %	GEN. MASC. %
UNIV. DE BUENOS AIRES	1857	39655	62,3	1364	42,1	2328	22,4	12745	20,1	79	21
UNIV. NAC. DE CORDOBA*	1958	7074	11,1	782	23,8	2837	27,4	10755	17,5	79	21
UNIV. NAC. DE LA PLATA*	1958	5849	9,1	285	8,7	1465	14,2	12270	20,0	79	21
UNIV. DE ROSARIO*	1955	4308	6,7	319	9,7	1068	10,3	5652	9,2	S/D	S/D
UNIV. NAC. DE TUCUMAN	1959	3748	5,9	181	5,5	997	9,6	6534	10,0	87	13
UNIV. NAC. DE MAR DEL PLATA	1986	2190	3,4	159	4,8	936	9,0	3719	6,0	S/D	S/D
UNIV. DE SAN LUIS*	1958	479	0,7	69	2,1	231	2,2	1444	2,3	78	22
UNIV. NAC. DEL COMAHUE	2004	344	0,5	105	3,2	451	4,4	8447	13,7	S/D	S/D
UNIV. AUTONOMA DE ENTRE RIOS*	2000	82	0,1	4	0,1	39	0,4	915	1,5	S/D	S/D
TOTAL UNIVERSIDADES NACIONALES 2015	63939	100	3288	100	10344	100	61479	100	80	20	
UNIVERSIDADES DE GESTIÓN PRIVADA	CREACIÓN	EGRESADOS TOTAL	%	EGRESADOS 2015	%	INGRESOS 2015	%	ALUMNOS TOTAL	%	GEN. FEM. %	GEN. MASC. %
UNIV. DEL SALVADOR	1956	10770	28,9	563	24,6	1400	21,8	7144	27,5	62	38
UNIV. ARG. J. F. KENNEDY*	1964	7100	19,0	205	9,0	457	7,1	1946	7,5	75	25,0
UNIV. DE BELGRANO	1964	4690	12,6	58	2,5	115	1,8	312	1,2	75	25
UNIV. DEL ADONQUAGUIA	1966	1909	5,1	110	4,8	281	4,4	978	3,8	84	16
UNIV. CATOLICA ARGENTINA**	1969	1594	4,3	158	6,9	103	1,6	189	0,7	82	18
UNIV. ABIERTA INTERAMERICANA*	1997	1336	3,6	133	5,8	460	7,2	1709	6,6	80	20
UNIV. CATOLICA DE SAATA	1996	1236	3,3	101	4,4	235	3,7	1411	5,4	81	19
UNIV. CATOLICA DE CUYO	1969	870	2,3	53	2,3	120	1,9	809	3,1	S/D	S/D
UNIV. CUENCA DEL PLATA	1994	821	2,2	98	4,3	376	5,9	1793	6,9	77	23
UNIV. DE MORON	1999	750	2,0	104	4,5	153	2,4	834	3,2	83	17
UNIV. DE LA MARINA MERCANTE	1997	699	1,9	52	2,3	134	2,1	581	2,2	79	21
UNIV. DE FLORES*	1995	691	1,9	41	1,8	231	3,6	624	2,4	78	24
UNIV. MUSEO SOCIAL ARGENTINO**	1968	572	1,5	15	0,7	63	1,0	189	0,7	79	21
UNIV. EMPRESARIAL SIGLO XXI	1998	566	1,5	60	2,6	996	9,3	1137	4,4	79	21
UNIV. CIENCIAS EMPRESARIALES Y SOCIALES*	1996	506	1,4	53	2,3	240	3,8	790	3,0	80	20
UNIV. CATOLICA DE LA PLATA*	1982	462	1,2	33	1,4	42	0,7	169	0,7	84	16
UNIV. DE PALERMO*	1998	428	1,1	118	5,2	237	3,7	870	3,3	S/D	S/D
UNIV. ADVENTISTA DEL PLATA	1991	411	1,1	50	2,2	56	0,9	240	0,9	79	21
UNIV. CATOLICA DE SANTA FE	2002	400	1,1	79	3,5	132	2,1	892	3,4	S/D	S/D
UNIV. DEL NORTE "S. T. DE AQUINO**"	1972	258	0,7	23	1,0	37	0,6	272	1,0	S/D	S/D
UNIV. ATLANTIDA ARGENTINA**	1995	180	0,5	20	0,9	152	2,4	317	1,2	78	22
UNIV. CATOLICA DE CORDOBA*	1968	177	0,5	28	1,3	59	1,0	265	1,0	83	17
UNIV. DE CONGRESO	2004	174	0,5	18	0,8	195	3,0	638	2,5	75	25
UNIV. MARIONIDES*	2002	166	0,4	27	1,2	52	0,8	185	0,7	S/D	S/D
UNIV. CATOLICA DE SOG. DEL ESTERO*	1995	144	0,4	23	1,0	37	0,6	272	1,0	81	19
UNIV. ARGENTINA DE LA EMPRESA*	2004	123	0,3	20	0,9	145	2,3	477	1,8	55	45
UNIV. DE MENDOZA*	2005	94	0,3	16	0,7	106	1,7	357	1,4	S/D	S/D
UNIV. CAECE	2005	83	0,2	15	0,7	23	0,4	83	0,3	76	24
UNIV. BARCELON*	2005	39	0,1	9	0,4	62	1,0	197	0,8	83	17
UNIV. FAWALORO*	2007	16	0,0	0	0,0	45	0,7	110	0,4	90	25
INST. UNIVERSITARIO ITALIANO DE ROSARIO	2008	5	0,0	3	0,1	27	0,4	124	0,5	80	20
UNIV. AUSTRAL	2014	0	0,0	0	0,0	58	0,9	83	0,3	94	6
TOTAL UNIVERSIDADES DE GESTIÓN PRIVADA 2015	37278	100	2286	100	6410	100	29887	100,0	79	21	
UNIVERSIDADES DE GESTIÓN PÚBLICA	63939	63,2	3288	59,0	10344	61,7	61479	70,3	80	20	
UNIVERSIDADES DE GESTIÓN PRIVADA	37278	36,8	2286	41,0	6410	38,3	25897	29,7	79	21	
TOTAL UNIVERSIDADES	101217	100	5574	100	16754	100	87466	100	80	20	

\* Última información recibida, aún no actualizada por la fuente.

DISTRIBUCIÓN GEOGRÁFICA DE PSICÓLOGOS/AS ACTIVOS/AS 2015/2016						
Zona	NÚMERO DE PROFESIONALES	% SOBRE TOTAL	POBLACIÓN ESTIMADA 2016*	% SOBRE TOTAL	HABIT. POR PROFES.	PROF. POR 100.000 HABIT.
CAP FEDERAL (C.A.B.A.)**	48000	48,8	3054267	7,1	84	1572
BUENOS AIRES	21371	21,7	16.659.931	38,6	760	128
CORDOBA	7412	7,5	3.567.654	8,3	481	208
SANTA FE †	6268	6,4	3.267.532	7,5	542	142
MENDOZA †	2300	2,3	1.885.551	4,4	820	122
TUCUMAN	1520	1,5	1.592.878	3,7	1048	95
ENTRE RIOS	1484	1,5	1.321.415	3,1	890	112
NEUQUEN	1262	1,3	618.745	1,4	491	204
SAN JUAN †	1254	1,3	738.959	1,7	589	170
SALTA †	1225	1,2	1.333.905	3,1	1098	92
SAN LUIS †	710	0,7	475.351	1,1	671	149
CHUBUT	677	0,7	566.822	1,3	837	119
CORRIENTES †	610	0,6	1.070.283	2,5	1755	57
MISIONES	593	0,6	1.189.446	2,8	2006	50
CHACO †	559	0,6	1.143.201	2,7	2045	49
JUJUY	500	0,5	727.780	1,7	1456	69
LA PAMPA	458	0,5	343.056	0,8	749	134
SOG. DEL ESTERO*	442	0,4	828.097	2,2	2100	46
RIO NEGRO †	390	0,4	688.874	1,6	1782	56
SANTA CRUZ †	343	0,3	320.469	0,7	934	107
FORMOSA †	290	0,3	579.250	1,3	1997	50
CATAMARCA †	233	0,2	395.885	0,9	1703	58
T. DEL FUEGO, A. e IAS †	220	0,2	152.317	0,4	692	144
LA RIOJA †	190	0,2	367.728	0,9	1935	52
Totales	98311	100,0	43131966	100,0	439	228
Subtotal sin Cap. Fed.	50311	51,2	40077699	92,9	797	126

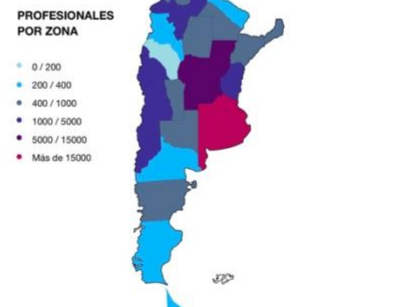
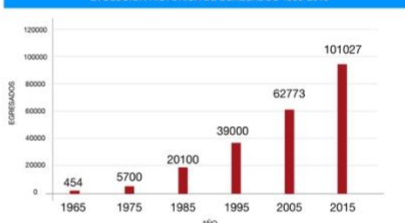
\* Nota: 1- No actualizado por la fuente; 2- estimado; 3- fuente FEPPA; 4- matriculados  
 \*\*INEC 2013 Estimaciones y Proyecciones de Población 2010-2040. Serie Análisis Demográfico. Nº 35 y 36.  
 †C.A.B.A. Estimado según matriculados y restante según matriculación compartida.

EVOLUCIÓN HISTÓRICA							
AÑO	1965	1975	1985	1995	2005	2015	
PSICÓLOGOS EGRESADOS	474	5.700	20.100	39.000	62.773	101.027	
UNIVERSIDADES PÚBLICAS	6	7	7	7	10	9	
UNIVERSIDADES PRIVADAS	3	10	10	16	28	32	
UNIVERSIDADES TOTAL	9	17	17	23	38	41	

### UNIVERSIDADES CON FACULTAD O CARRERA DE PSICOLOGIA: 1965-2015



### PROFESIONALES EVOLUCIÓN HISTÓRICA DE EGRESADOS 1965-2015



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### COMPARACIÓN INTERNACIONAL 2014\*

PAÍSES	PSICÓLOGOS CADA 100.000 HABIT.	POBLACION 2014
ARGENTINA***	193,99	**42.669.500
FINLANDIA	56,95	5.443.486
NORUEGA	54,28	5.081.923
USA	29,62	322.583.006
DINAMARCA	12,78	5.640.185
FRANCIA	10,77	64.641.278
COLOMBIA	10,70	48.928.704
ESPAÑA	5,71	47.066.404
CHILE	5,19	17.772.871
PERU	5,06	30.789.077
ECUADOR	2,53	15.982.551
MÉJICO	2,11	123.799.217
BOLIVIA	1,30	10.847.690

\* FUENTE: ATLAS MENTAL HEALTH 2014 - WHO (Datos parciales) [http://www.who.int/mental\\_health/inventories/atlases/atlas2014/](http://www.who.int/mental_health/inventories/atlases/atlas2014/)  
 \*\* Población según INDEC  
 \*\*\*Según población estimada 2014 que publica el INDEC y número dado de 82.738 psicólogos activos, la tasa por 100.000 es de 193.99 psicólogos.

### SÍNTESIS

31%	Instituciones Universitarias con Psicología como Facultad/Carrera	80% Fem.- 20% Masc.	Relación de Género: Estudiantes (Vár. Fem. 55-60%)
41 / >70	Cantidad de Universidades/Programas	4,2%	Porcentaje sobre total de estudiantes universitarios (2014)***
9	Univ. de Gestión Pública	3,7%	Porcentaje sobre total de egresados universitarios (2014)***
32	Univ. de Gestión Privada	4,7%	Porcentaje sobre total de egresados universitarios (2014)***
5.574	Egresados 2015	32%	Psicólogos en Residencias Nacionales No Médicas 2015*
101.217	Total de Psicólogos Egresados (a)	166.187	Médicos total país (2013)†
98.311	Estimación de Psicólogos Activos (b)	394	Médicos por 100.000 habitantes (2013)†
2.906	Diferencia (a)-(b)	3.130	Médicos por 100.000 habitantes en C.A.B.A.(2013)†
87.466	Cantidad de Estudiantes	61.499	Matriculación compartida médicos en C.A.B.A. (2013)†
16.754	Estudiantes Ingresados 2015		
1+1-2	Relación Egresados / Egresados		
1+			

