

4 The Psychoanalytic Field in Buenos Aires

In Buenos Aires there is a lack of engineers and a surplus of psychoanalysts.

Popular saying

I always say that if you are in Argentina and you go to a gathering, let's say of educated middle class, but not necessarily, and you happen to question the very existence of the unconscious it would be like being at a synod surrounded by bishops and questioning Mary's virginity.

(Digo siempre que si uno está en la Argentina y va a una reunión, digamos de clase media ilustrada, pero no solamente, y se le ocurre cuestionar la existencia del inconsciente se debe sentir como estar en un sínodo de obispos y cuestionar la virginidad de María.)

Mariano Ben Plotkin

Psychoanalysis occupies an important position in Argentina, partially and symbolically structuring other fields and many discursive arenas. We can find psychoanalytic narratives and concepts outside the clinical setting: in newspapers, TV and radio shows, sports, theater, and advertisements, among many other forums. Psychoanalysis in Argentina, but especially in Buenos Aires, is not only an institutionalized form of a therapeutic practice but also a way of relating to the world. This means that psychoanalysis has become a framework that helps to explicate some experiences of

everyday life, influencing ways of acting and thinking and nurturing social identities and lifestyles. There is a direct relationship between the clinical and pedagogical institution of psychoanalysis and everyday experience (see Plotkin 2001; Plotkin and Ruperthuz Honorato 2017; Visacovsky 2001).

A signature statement of psychoanalysis is that particular acts, verbal or not, will stand for something else (*When you say x, I hear y*). There is a figurative meaning to actions, saying, and hearing. But it is not always verbal. For example, I was once sharing food with friends in Buenos Aires, and after cutting a tart, I accidentally handed someone a knife from the blade rather than from the handle. “Why are you doing this?” my friend responded. “Are you trying to tell me something?” I did not understand and gave no answer, but another friend replied to the interjection, “Stop projecting your own neurosis onto other people.”

This kind of interaction, where something I said or did was interpreted as meaning something else, was a common experience throughout my fieldwork. At the beginning of my research, I concluded that in Buenos Aires, many individuals have a tendency to “overinterpret things.” It was not until later that I started to realize it was a reflection of something else: the prevalence of psychoanalysis as an interpretive framework, clearly expressed through listening practices. In Buenos Aires, people have habituated their ears to listen to that which is not said. They look for meanings that are attached not to a particular referent but to a particular framework of interpretation: psychoanalysis.

Some of its followers and disseminators think of psychoanalysis as a clinical theory of universal properties, immune to the specificities of each national or regional adoption. According to Plotkin and Mariano Ruperthuz Honorato (2017), one of the peculiarities of writing a history of psychoanalysis is that in important sectors among diverse psychoanalytic movements, there is the belief that only those who have experienced psychoanalysis and, in some extreme cases, only analysts are able to understand the field. For these individuals, psychoanalysis cannot be thought of as a field: “Psychoanalysis would not be susceptible of being analyzed with the methodologies and analytical tools of the social sciences because its development would happen outside of the social practices. This view situates psychoanalysis almost in the place of an *a priori*, a unique and pre-determined object, that would emerge as ‘situations’ in the different cultural spaces where it became to a certain extent rooted” (13).¹

But, in pushing back against the idea that psychoanalysis is not a field, Plotkin and Ruperthuz Honorato have argued that precisely because it has

evolved into different schools, each with claims of expertise, psychoanalysis is, in fact, a clear example of Pierre Bourdieu's definition of the field as hierarchical and shaped by fights for resources and legitimation. Being a field, as they show in their work, psychoanalysis developed unique features and specificities inside the different countries in which it grew.

The way psychoanalysis has manifested in the United States is a useful example of how it takes on the specificities of each community in which it lands. It has been argued that in the "optimistic" United States, psychoanalysts would rebel against Freudian ideas of irreversible determination of character, favoring instead a sort of individual reform through therapy (for examples of this trend, see Erikson 1993, 1994). In her classic book *Psychoanalytic Politics*, Sherry Turkle (1992, xxiii–xxiv) explains that "in America, where there is no strong intellectual tradition of the Left, optimistic versions of Freud focused on an adaptation to a reality where justice was rarely challenged." By contrast, in France, where there is a strong intellectual and political Left, psychoanalysis "became deeply involved in radical social criticism, and French social criticism became deeply involved in psychoanalytic thinking" (xxiv).

Argentina also developed its own interpretation of psychoanalysis. As in Paris, Buenos Aires embraced the abstract theories of Lacan, even becoming disseminators of his ideas to other countries.² Far from sharing an "optimistic" outlook with the United States, residents of Buenos Aires explain the pervasiveness of psychoanalysis in their city by pointing to what many, including scholars and analysts, describe as the "melancholic character of Argentines." For example, the constant repetition of writer Jorge Luis Borges—"Argentines are Europeans in exile"—suggests to many that immigration created a "motherless anxiety that prompts Argentines to seek some kind of reassurance, something that analysis provides," as one renowned senior analyst told me.

Studies about the diffusion of transnational commodities, lifestyles, and knowledge demonstrate the importance of the local conditions of reception (see Latour 1993, 2001; Plotkin 2001; Turkle 1992). In other words, the diffusion of ideas, concepts, and even goods does not remain unchanged but is provided with meaning according to prevailing local modes of cultural interpretation (Inda and Rosaldo 2002). Forms of knowledge defined as "expertise," such as psychoanalysis, do not escape the rule; although they have cognitive universal pretensions, they are primarily social practices rooted in cultural traditions and networks of signification, composed, performed, and appropriated in particular contexts.

This chapter looks into the specificities of this form of knowledge in Argentina: what does psychoanalysis mean in the Argentine context, what are the particularities of this practice, who are its disseminators, and how is this practice learned? The brief reconstruction of the historical context in which psychoanalysis has been conceptualized by scholars, mental health providers, analysts, and students in Buenos Aires will focus on the institutional training needed to become an analyst. This is an important element, since becoming an analyst is a long and sometimes difficult process that is frequently indexed as “learning how to listen,” contributing to the creation of a genre of listening and ultimately its circulation in the country in a diversity of social contexts. This chapter also pays attention to the hegemony of psychoanalysis inside the Buenos Aires National University (UBA), which helps to explain how psychoanalysis has been institutionally favored to the detriment of other psychological specialties that historically have been relegated to secondary status.

A BRIEF HISTORY OF THE PSYCHOANALYTIC FIELD IN BUENOS AIRES

Using data from 2015 to 2017, depending on the country, the World Health Organization estimated that Argentina has 226 psychologists—including psychoanalysts—for every 100,000 inhabitants, the highest number per capita in the world. Costa Rica, which ranks second, has 142 psychologists per 100,000, followed by the Netherlands (123), Finland (109), and Australia (103)—rates that are around half or less than half that of Argentina (World Health Organization 2021). By contrast, the United States has only 30 psychologists for every 100,000 inhabitants.³ A recent study on Argentina by Modesto Alonso, Paula Gago, and Doménica Klinar (2015) shows that the proportion grows in the capital city of Buenos Aires to an astonishing rate of 1,572 psychotherapists (or even by the most conservative estimate there are at least 750 psychotherapists) for every 100,000 inhabitants, more than three and perhaps up to seven times the national ratio.

What specialty do these psychotherapists actually practice? As stated by several historians and specialists, the numbers are tricky because psychoanalysis is often confused with other forms of mental health therapeutics (Dagfal 2009; Lakoff 2006; Plotkin 2001; Vezzetti 1983). When I interviewed the late Germán García, an internationally prominent figure within the school of Lacanian psychoanalysis and director and founder

of the Descartes Center, a training institution for Lacanian psychoanalysis in Buenos Aires, he insisted that the majority of the people who call themselves psychoanalysts are, in fact, psychologists. “Every time I speak to French, Italian or Spanish people,” he told me, “I got tired of explaining to them that there are not that many psychoanalysts in Argentina. [Argentina] is the only country where the psychologist is called psychoanalyst. In Spain, for example, there are sixty thousand, or eighty thousand psychologists, who knows? But they call themselves psychologists, and they say, ‘I am a clinical psychologist,’ ‘I am a cognitive psychologist.’”⁴

Germán García and other scholars are pointing to the semantic intersection of different mental health disciplines. In Argentina, psychoanalysis has *somehow* overlapped with other disciplines that have in common the idea of a therapeutic as the means to heal some emotional distress and the idea of mental disorder. Accordingly, psychology and even psychiatry are part of the exchangeable semantic nuance when one refers to the practice of psychoanalysis, and vice versa. People use the word *psychologist* when they are going to analysis, the word *psychiatrist* when they are referring to a psychologist, or the colloquial *el loquero/la loquera* (“crazyologist,” jokingly referring to experts in dealing with “crazy” people).⁵ Psychoanalysis is thus inserted into a broader field of mental health that scholars of psychoanalysis in Argentina refer to as *el mundo psi* (the psy-world) (see Balán 1991; Dagfal 2009; Lakoff 2006; Plotkin 2001; Visacovsky 2002).

Yet sharing a semantic reference does not fully explain how or why psychology, psychoanalysis, and sometimes psychiatry are so often conflated in Argentina while, in most of the world, the fields remain separate.

This question has been the research focus of Alejandro Dagfal (2009), a psychologist and author of the erudite book *Entre París y Buenos Aires: La invención del psicólogo* (Between Paris and Buenos Aires: The invention of the psychologist). He explains what he calls the “cultural French exception,” pointing to the connection and exchange between Paris and Buenos Aires to understand how, in Argentina, psychology followed an alternative path to the cognitive paradigm linked to the Anglo-Saxon scientific tradition. Through the French influence, Buenos Aires subtracted much of the biological component of psychology and inserted instead a subjective dimension that draws the field closer to the humanities. Another contributing factor is that there were few psychology professors when psychology entered the curriculum at public universities (1955 in Rosario and 1957 in Buenos Aires). Thus, many philosophers, self-taught amateurs, and psychiatrists with some psychoanalytic training taught psychology, bringing their

conceptual framework to the emerging field. Dagfal (2009, 31) writes, “In our country there was a big anti-positivist reaction during the 1930’s, after which the experimental or naturalist modern currents, from any direction, didn’t have a strong resonance inside the universities.” Psychoanalysis became a dominant force in this period and did not leave its hegemonic position, “unlike Brazil and even France, where psychoanalysis became threatened by more scientific approaches after the sixties, and had to fight to maintain its central place” (31). As a consequence, the “Argentine exceptionality”—the counterpart of the French exception—was born. As Dagfal notes, “Buenos Aires not only mirrors Paris, but creates its own image, its own hybrid idea of the reflected image” (47).

The close relationship between France and Argentina, extending beyond psychoanalysis, is complex and well documented (see Carpintero and Vainer 2004; Dagfal 2009; Plotkin 2001; Vezzetti 1983, 1996). This historical association allowed many psychologists in Buenos Aires to closely follow philosophical and political debates originating in France.⁶ The “subjugation,” as some authors have called it (see García 2005), of Buenos Aires to French culture has been one of the most recognized points of departure for understanding the idea of an Argentine exceptionality.⁷ In the case of psychoanalysis, it made its way into learning institutions through the psychology curriculum. Also, because Argentina has one of Latin America’s oldest and most extensive public welfare systems, the synergy between the university (also public) and the health system allowed psychoanalysts to extend their practice beyond the private clinic, reaching vast sectors of the population through free services at public hospitals (Balán 1991). Since the 1970s, the same political and economic crises that undermined those public systems strengthened the role of psychoanalysis as an interpretive and therapeutic tool (see Damousi and Plotkin 2009; García 2005).

Psychoanalysis also benefited from a growing client base at the right time. In the 1960s the social sector comprising the natural potential clientele for psychoanalysis—a relatively affluent and highly educated middle class—expanded quickly.⁸ As a result, changes in traditional concepts about family and women’s role in the home and in society opened another area for the reception of psychoanalysis (Plotkin 2001). Previously, the International Psychoanalytic Association (IPA) had accepted only medical doctors to practice and study psychoanalysis.⁹ But as Jorge Balán (1991) points out in his book *Cuéntame tu vida* (a title that roughly translates as “Tell me about your life” and was inspired by the Spanish title of Alfred Hitchcock’s 1945 film *Spellbound*, which revolves around psychiatry, love, and

dreams and features sets designed by Salvador Dalí), in Argentina the wives of some of the main historical figures that brought psychoanalysis into the country began practicing as psychoanalysts without licenses. Hence, the estrangement of psychoanalysis from medical institutions made it an attractive career for women whose entrance into medicine was frustrated by the medical establishment.¹⁰

The IPA prohibition was lifted in 1967 when the association passed Resolution 2282, which stated that psychologists could be medical auxiliaries of doctors and, as such, could perform some peripheral clinical observations (always under the general supervision of a medical doctor). However, in 1985, and coinciding with the university's creation of a subject field of psychology separate from the school of humanities, where psychology was previously housed, that resolution was repealed, authorizing psychologists to perform psychotherapy (Carpintero and Vainer 2004). During the period when only medical doctors were admitted to the IPA and the Argentine Psychoanalytic Association (APA), the relationship between psychologists and psychoanalysts was problematic because psychoanalysts "embodied a kind of paternalistic elitism, where they would show in their private clinics to psychologists the secrets of a practice that supposedly they should not practice, and the benefits of a practice they could never have access to" (Dagfal 2008, 28–29). In this era, psychoanalysis created a sort of cultlike culture among intellectual elites. According to Alejandro Vainer, the estrangement of psychoanalysis from the medical realm turned the APA into a "big family," blurring the boundaries between a professional practice and a "way of living." This created a discourse that psychoanalysis, like a religion, should be a project that transforms the individual as well as society (Vainer 2014).

Throughout the modernization process and social restructuring that Argentina experienced after the 1960s, psychoanalysis became "simultaneously used as a therapeutic method, a means to channel and legitimize social anxieties, and an item of consumption that provided status to a sector of the population obsessed with the concept of modernity" (Plotkin 2001, 72).¹¹ Above all, it became an interpretive system. According to Plotkin, "if neurosis was *the* modern disease, then psychoanalysis was *the* modern therapy to deal with it, and it was touted as such by numerous magazines and other publications" (73). At the same time, the reaction of the middle classes against President Juan Perón, whom they perceived as authoritarian and antiliberal, employed psychoanalytic concepts: they judged his regime "schizophrenic" and "neurotic," beginning a long tradition of describing political and economic circumstances through a psychoanalytic frame.¹² To this day, the appropria-

tion of psychoanalysis as an interpretive instrument by the intellectual Left—and to a lesser extent, the intellectual Right—is an important factor in the dissemination and legitimization of psychoanalysis in Argentina.¹³

To understand the relationship between Freudianism and the Left in Argentina, it is imperative first to recognize the difference in cultural consumption between what historian Hugo Vezzetti calls the “plebeian” culture and the elite cultural circles. In Vezzetti’s (1996, 129) view, Freud entered Argentina’s Left through an *izquierdismo plebeyo de masas* (a plebeian, mass-oriented leftism), thanks, in part, to the Left’s political agenda of introducing the “great” authors to the masses. Affordable editions of Freud’s texts began to circulate among the “plebeian” masses in the 1930s. Freud was well received by his new readership, Vezzetti speculates, because of the open character of his work and, as other critics have argued, the essayistic nature of his writings (131). The most acclaimed cultural journals of the early twentieth century, such as *Nosotros*, a literary magazine published from 1907 to 1943, and *Revista de Filosofía*, which catered to the cultural elites, were not immediately drawn to Freud’s ideas and sometimes openly criticized them.¹⁴ It was not until the late 1960s, especially with the introduction of Lacan’s ideas, that the more “enlightened” Left began to embrace psychoanalysis.¹⁵ The introduction of Lacan’s theories—focusing deeply on listening and resonance—would contribute to the dissemination of psychoanalytic listening as a genre.

But the Left often kept its distance from psychoanalysis. On important occasions the Left considered the IPA and the APA as protecting the interests of the ruling class.¹⁶ Also, as historian of psychology Luciano García (2016, 33) discusses, the theories of Ivan Petrovich Pavlov were “the only competitor that psychoanalysis had in Buenos Aires in the forties and fifties.” In the 1950s and 1960s, the Pavlovian school, or reflexology, played an important role at the University of Buenos Aires. Psychiatrists that wanted a theoretical connection with the official Marxism of the Communist Party formed this school. Psychoanalysis had been rejected for being a “product of the bourgeoisie,” and thus Pavlov and his followers offered the possibility of integrating ideology and psychiatry.¹⁷ Psychoanalysis and reflexology fought to have a prominent space inside the public university. As Juan Carlos Volnovich, a psychiatrist in training during those years, recalled, “In that era there were roundtables with Marie Langer, with José Itzigsohn, and others. There were times where the fight between the reflexologists and the psychoanalysts was not resolved. It was like a Boca-River [the derby between the two most popular Argentine soccer teams] of mental health” (cited in Carpintero and Vainer 2004, 173).¹⁸

The decline of the Pavlovian approach was crucial to the consolidation of psychoanalysis. Through its links to the Communist Party, the Pavlovian school was strong in the public university from 1957, when the subject field in psychology was created, to 1966, the year of the anti-Communist and anti-Peronist military coup d'état. After 1966, psychoanalysis gained the upper hand in the psychology department. Historians credit three important issues that made room for psychoanalysis at the expense of Pavlovism (see Carpintero and Vainer 2004). First, reflexology's theories were clinically weak. Second, several reflexologists already had one foot in psychoanalytic theory and used psychoanalysis as a personal therapy. And finally, *la noche de los bastones largos* ("the night of the long batons") in 1966—a violent dislodging of students and teachers who had occupied the university to protest the political intervention by the military government, which wanted to revoke the academic freedoms established in 1918—made many reflexologists lose their institutional positions at UBA. Many renounced their jobs as an act of solidarity, and some never got these positions back.

In 1959, Enrique Butelman, the second director of the emerging department of psychology, invited José Bleger, one of the few psychoanalyst members of the Communist Party and one of the most influential figures in establishing psychoanalysis in Buenos Aires, to teach the introduction to psychology course. Bleger had just published a book titled *Psicoanálisis y dialéctica materialista* (Psychoanalysis and materialist dialectics), which led members of Argentina's Communist Party to ostracize him. According to Gervasio Paz, a member of the Pavlovian school, Bleger "was criticized starting from the title; first for putting psychoanalysis before Marxism and second for putting dialectics before materialism. In other words, Hegel before Marx" (cited in Carpintero and Vainer 2004, 174). Nonetheless, Bleger's classes "captivated from the beginning a student body as eager for a new psychology as for a meaningful social and political commitment. Thus, the first psychologists to graduate from the UBA had a unique training, which, among other authors, included Freud and Marx, [Alfred] Adler and [Carl] Jung, [Melanie] Klein and [Kurt] Lewin, [Georges] Politzer and [Daniel] Lagache" (Dagfal 2007).¹⁹ From this point forward and continuing to the present day, psychoanalysis has been an extremely important subject at UBA.

The entry of Lacanian psychoanalysis into Argentina in the 1960s had a significant impact on the dissemination of psychoanalysis outside of the clinical setting. Unlike the psychoanalysts affiliated with the IPA-connected institutions, which required a medical degree to perform psychotherapy,

most Lacanians did not come from the medical profession, and many were not psychologists either. Rather, their training and previous activities were linked to philosophy and literature. This circumstance, added to Lacan's focus on linguistics and structuralism, favored the emergence of a new kind of figure: the "intellectual psychoanalyst," less attached to the strictly therapeutic dimension of psychoanalysis and more to the intellectual currents of the time (Plotkin and Visacovsky 2008). Thus, psychologists with no medical degree found a welcoming space where they could develop their interests in psychoanalysis, which the APA, through the prohibition of the IPA, had previously denied them. According to Sergio Rodríguez (1998), a psychoanalyst who elaborated a list of the "good" and "bad" things that Lacanian psychoanalysis produced in Argentina, Lacanism "saved Freud and psychoanalysis from disappearing from our country." At a time of mounting discomfort toward the APA for being too centered in "Kleinian theories" and of struggles between different sectors within the APA—resulting in the renunciation by Plataforma and Documento of their affiliation with the association for being too conservative—Lacan came to offer a more "creative" and broader alternative. Lacan's formulation that "an analyst only authorizes himself"—with all the problems this created—allowed for a proliferation of students of psychology who focused on a more humanistic ideal and, above all, were able to become analysts without a medical degree. Thus, the "return to Freud" that Lacan proposed entered Argentina through a noninstitutionalized psychoanalysis.

Lacan was introduced to the Argentine intellectual milieu by Oscar Masotta, a charismatic, self-taught philosopher, aesthete, and later psychoanalytic theorist. Although Masotta never ceased to define himself as a Marxist, his link with the leftist parties was tense, to the extent that his intellectual activity did not match the models of the "committed intellectual" (reflected in Jean-Paul Sartre's ideals) or "organic intellectual" (*à la* Antonio Gramsci) that prevailed at the time (Longoni 2017, 18). He was the first translator of the works of Lacan into Spanish, and in 1974 he founded the Escuela Freudiana de Buenos Aires (Freudian School of Buenos Aires), modeled on Lacan's *École Freudienne de Paris* (Shullenberger 2016, 417). In 1964 Masotta gave his first public talk on Lacan at Torcuato Di Tella University, with the title "Jacques Lacan o el inconsciente en los fundamentos de la filosofía" (Jacques Lacan or the unconscious in the fundamentals of philosophy). This historic talk is posited as the first incursion of Lacan into the country. By 1969 Masotta taught The Ideas of Jacques Lacan course at Di Tella, which would become his institutional home.

In Argentina, as in France, between 1962 and 1967 structuralist discourses began to replace Sartrean humanism, and Lacanian work played an important role. In Argentina, left-wing psychoanalysts considered Kleinian psychoanalysis conservative and ideologically reactionary. Through Louis Althusser, they found in Lacan the “return of Freud” that allowed them to question Kleinian ideas. If Masotta was Lacan’s introducer, not only in Argentina but in the Spanish-speaking world, Lacan’s ideas spread thanks to Althusserian structuralism. By the early 1970s, Masotta had become the point of reference for Lacan’s ideas in Argentina, and interest in Lacan’s work began to expand from the same kinds of projects that Masotta had been developing: philosophy study groups, conferences in nonpsychoanalytic or APA spaces, and several publications (Carpintero and Vainer 2005). Masotta left Argentina on December 7, 1974, and after a brief stay in England he settled in Spain, where he continued training people on Lacanian psychoanalysis. His abrupt departure has been explained as a combination of two factors: the repressive atmosphere of prosecutions and assassinations that would culminate in the 1976 military coup and his personal aspirations of learning German and doing his own readings of Freud (Carpintero and Vainer 2004; Izaguirre 2009; Vezzetti 1998).

The strong presence of Lacanian psychoanalysis in Buenos Aires prompted many detractors and critics. The main critique regarded Lacanians’ supposed obstinacy in a difficult, baroque rhetoric and its “surrealist nuances” (S. Rodríguez 1998, 1), which enabled an elitist, cultlike following. The political critique can be exemplified by León Rozitchner, Masotta’s friend and collaborator in the leftist journal *Contorno*, who expressed that Lacanism was “a group that excluded precisely analysis—in my view Lacan excluded it—from everything that had to do with the social problem” (cited in Carpintero and Vainer 2005, 124). A strong critique thus came from the Left for the so-called individualism of Lacanian psychoanalysis and his distance from social medicine. Also, Lacanians’ emphasis on reading texts more than working in the clinic created friction among the more traditional analysts.

Another important aspect of the dissemination of psychoanalysis outside the clinic is the circulation in popular magazines, journals, and periodicals of psychoanalytic columns of varied degree of difficulty and specialization. In a country of virtually full literacy and a strong readership culture, women’s magazines of the late 1950s and early 1960s developed weekly and monthly editorials directing women toward new ways of getting to know themselves through such techniques as psychotests and quizzes wherein women psychoanalysts became “experts” in women’s

issues (Plotkin 2001; Vezzetti 1983). The emergence of these printed materials coincided with developing discourses about the family as a vehicle for individual self-fulfillment rather than as a mere cell for the reproduction of the species.

One important editorial source for the circulation of psychoanalysis was the publishing house Paidós, founded in 1958. Initially devoted to child psychology, it was the creation of Enrique Butelman, the second director of the UBA department of psychology, and Gino Germani, a renowned sociologist of Italian origin who was at the forefront of reviving Argentine sociology and was one of the promoters of the psychology department at UBA. Thanks in part to the avid readership of the local public, and to the decline during Francisco Franco's rule of publishing activity in Spain, which had previously been a main source of print media in Argentina, Paidós prospered very quickly. Butelman and Germani created numerous collections whose common denominator was the desire to expand the intellectual and scientific arena with novel authors and create more subjects of research. A decade later, "these former students of philosophy and literature would not only manage one of the most important publishing houses in the field of the human sciences, modulating the tastes of the public with the choice of books they translated or published, but would also be in charge of the country's first two academic departments devoted to psychology and sociology" (Dagfal 2007).

Thus, the circulation in lay magazines of topics and discussions infused with psychoanalytic theories and the proliferation of books on psychology, psychiatry, psychoanalysis, philosophy, and sociology helped to circulate humanistic and social theories about the self outside the clinical setting. More recently, the proliferation of radio and TV programs that broadcast live sessions between analysands and analysts or that show psychoanalysts analyzing television celebrities and sports icons, as well as advertisements that use the figure of the analyst in its most iconic representation, contributes to the circulation of psychoanalytic language in Argentina. All of these factors were decisive in the evolution of psychoanalysis and its eventual manifestation as a genre of listening in the country today.

THE PEDAGOGY OF PSYCHOANALYTIC LISTENING

To recognize the circulation and expansion of psychoanalysis in Buenos Aires it is important to understand the steps necessary to become an analyst—particularly the crucial role that listening plays in this process.

In Argentina, psychoanalysis is part of a broader psy-world, and its boundaries are not always well defined. As a result, it often surpasses its own discursive ground. For example, the orthodox practice of psychoanalysis in Argentina—the highly ritualized private contract between a psychoanalyst and an analysand—takes many forms. Psychoanalysis is offered at public hospitals and at small public clinics where there is no couch but a desk that separates analyst and analysand. These exchanges last between twenty-five and thirty-five minutes instead of the fifty-minute average of Freudian psychoanalysis, and there is no payment, which in the practice of traditional psychoanalysis is a precondition to analysis.²⁰ Psychoanalysis also takes place in groups in the form of multifamily sessions inside a large auditorium with several psychoanalysts and as many as eighty analysands in the room. There are also TV shows where people are “analyzed” before the cameras, as well as comic books illustrating the vicissitudes of analysis, among many other representations.

By being part of the psy-world, psychoanalysis gets to share different positions within society, and sometimes these positions are not entirely within the doxa. For example, one psychoanalyst I spoke to who does not consider himself an “orthodox psychoanalyst” (he rarely uses the couch, does group analysis, and works at the hospital on twenty-four-hour shifts) admitted that he finds the “overuse” of the *psy* stem problematic.²¹ “The prefix *psy* or *psycho* can be followed by anything,” he said. “You can find ‘psychotarot’ and aberrances like that everywhere. . . . In this career we don’t sign blueprints, you know; architects have to sign something.”

This critical point of view expresses two different propositions. The first is the creation of cultural hybrids that continue to be part of the psy field, no matter how unorthodox they may be. The second involves the legitimization of a social arena that has surpassed its own limits. Until 2005, when a master’s degree in psychoanalysis was created at UBA, there was no psychoanalytic degree recognized by the university system.²² Instead, psychoanalytical institutions recognize the training they provide but do not certify the students.

The question of how (or by whom) a psychoanalyst becomes legitimized remains an open one. Currently, in order to practice in Argentina, an aspiring psychoanalyst must have a *licenciatura* (a five-year degree that is between a bachelor’s degree and a master’s) in either psychology or psychiatry. But the question of how to confer legitimacy is still part of a large, ongoing debate in Argentina and in other countries, including France and the United States, where psychoanalysis is still strong (see Lézé 2006). Nevertheless,

the *licenciatura* in Argentina provides a powerful foundation in psychoanalytic theory and the listening practices associated with psychoanalysis and represents an important element in the broader presence and circulation of psychoanalytic listening in the country. Generally speaking, the lack of specific degree-granting institutions has not diminished the prestige or prevalence of psychoanalysis in the study of psychology, either at the university or in the most prominent training institutions for people hoping to practice clinical psychology professionally. On the contrary, psychoanalysis remains central to these institutions. Hence, these educational and post-graduate training contexts have also been important for the growth of the listening practices associated with it. What I refer to as the genre of psychoanalytic listening in Argentina is partly rooted in these clinical contexts. The rest of this chapter provides an overview of these educational and training experiences and highlights the importance of psychoanalytic listening in the analyst's development and, consequently, its eventual circulation outside the clinic.

Public University: University of Buenos Aires

People aspiring to work in the field of psychology and mental health will typically have their first formal exposure to the theories and practice of psychoanalysis during psychology training at the University of Buenos Aires (UBA), the largest and most prestigious university in the country, with more than three hundred thousand registered students. The curriculum for this path of study is overwhelmingly geared toward psychoanalysis, psychopathology (Lacan), and clinical psychoanalysis. As a result, from the very beginning, people interested in working in psychology will be strongly influenced toward key elements of psychoanalysis and its specific listening models.

Within the syllabus of psychology at UBA, the number of classes devoted to Freud, the so-called French and English schools of psychoanalysis, psychopathology (Lacan), and clinical psychoanalysis significantly outnumber other specialties, including behavioral, cognitive, and developmental psychology (Facultad de Psicología, n.d.). Indeed, there are eight elective psychoanalytic options compared to only one course in systemic theory, one in group therapy, one in legal psychology, and so on. And because the curriculum is also the dominant framework used in the entrance exams for key professional pathways after university study—exams that will affect where future psychologists can work, whether they can compete in the world of private health insurance, and what kind of private practice they will be able

to develop—the overwhelming curricular focus on psychoanalysis is also built into larger economic and professional incentives, further solidifying its central influence for the psychological field.

The popularity of psychology as a degree in Argentina is considerable. In 2004, for example (the most recent year for which data are available), there were 24,052 psychology students registered at UBA (Universidad de Buenos Aires 2004, 82). If students registered in psychology at other universities and postgraduate institutions are added in, the total number of registered psychology students in the country is 62,243, of whom 37.6 percent are at UBA. The overwhelming majority of students are focused on developing careers where they work directly with patients in a clinical setting. During my research, I interviewed over a hundred psychology students at UBA and found that 84 percent wanted to pursue a clinical psychology career compared to the remaining 16 percent, who wanted a different career path, mostly in cognitive brain research or some kind of biological psychology. These numbers help illustrate what I witnessed during my own experiences attending psychology classes at UBA: the courses in psychopathology, psychoanalysis, and clinical psychology are so popular that there is not enough space for all the students who want to attend. Classrooms that can usually seat sixty students hosted one hundred or more. Students sit on the floor or stand during class. In comparison, there are approximately fifteen to eighteen students (sometimes even fewer) in behavioral psychology and neuroscience classes. The massive attendance starts to decrease after the third year, and not everyone registered finishes the degree. According to recent statistics (Alonso, Gago, and Kilnar 2015), 1,542 students come out every year with a psychology degree at UBA, most of whom become clinical psychologists.

Training the Psychoanalytic Ear: The Public Hospital

The heavy emphasis on psychoanalytic theory and psychoanalysis during the five years of study for the *licenciatura* is also a major emphasis of the entrance exams for the postgraduate program in clinical psychology in Argentina's public hospitals, which is considered the most prestigious path toward a career in psychology. This too has an important impact on the larger structuring of the field.

For aspiring psychoanalysts in Argentina who have obtained a *licenciatura*, there are several possible paths, with different levels of complexity. The three most common paths are to apply for a paid *residencia* (residency) or an unpaid *concurrancia* at a public hospital, which lasts four or five years,

respectively; to enroll at one of the many psychoanalytic associations that offer training for clinical supervision for approximately two to three years; or to start a private clinical practice. No matter which path they take, aspiring psychoanalysts must themselves undergo analysis throughout their lives, an experience that plays an important role in the way they learn to listen to themselves, and to their analysands, psychoanalytically.

The most prestigious path is to obtain a paid residency at a public hospital. As part of the application process, applicants must take a competitive one-hundred-question, multiple-choice exam administered by the government health department in each city. Aspiring residents in Buenos Aires take a standardized test meant to assess their knowledge about general psychology.²³ Designed by a group of psychologists with different areas of expertise, the test changes each year and reflects the psychology curriculum at the University of Buenos Aires. Students with the highest exam scores and top undergraduate grade-point averages are offered the residencies. The whole process is meant to be a fair competition that will result in a meritocratic and democratic practice, and anyone with a degree in psychology can compete.

Although the residencies at public hospitals officially prepare graduates to work in clinical psychology rather than psychoanalysis, the entrance exam is heavily focused on the latter. In each of the last eleven years, for example, out of the one hundred questions on the Buenos Aires exam—which is developed specifically to test for a comprehensive knowledge of psychology—forty-seven to fifty-five were directly related to psychoanalysis. The questions are either about classical psychoanalysts (Freud, Lacan, Klein, and Donald Winnicott) or more recent psychoanalysts (Eric Laurent, Silvia Bleichmar, Henri Ey, and others). For example, in 2015 the first twelve questions were explicitly related to Freud's texts and the next seven about Lacan's theories, followed by questions about Laurent, Diana Rabinovich, Klein, Winnicott, and other psychoanalysts. In total, forty-seven questions were related to psychoanalysis that year. Meanwhile, other fields of psychology, such as cognitive, systemic, behavioral, and structural, were underrepresented on the exam. Psychoanalysis is by far the most important theoretical framework needed to get a position at a public hospital.

Because of the prestige and the funding, the competition for a paid residency at a public hospital is fierce. Each year eight hundred to one thousand new graduates apply for approximately twenty-eight to thirty open positions. There are many benefits of getting a residency—including the training, exposure to patients of different backgrounds, the slow acquisition of expertise,

and the professional prestige and symbolic capital—and together they put residents in a strong position to compete for tenured positions at public hospitals and to be part of the *pre-paga* system (private medical insurance), which will increase the likelihood of financial security. Despite the entrance exam's heavy focus on psychoanalytic theory, neither the residencies nor the tenured positions are psychoanalytic jobs. Instead, they are open to clinical psychologists, and depending on the student's preference (and luck), the position can be at a children's hospital, a women's hospital, a mental health emergency service, a psychiatric institute, or a private clinic.

But because of the extensive studies necessary for the exam, which is devised to reflect the psychology curriculum at the University of Buenos Aires, and because the vast majority of advisers in public hospitals are psychoanalysts, central elements of psychoanalysis and psychoanalytic theory—and the broader focus on psychoanalytic listening—remain at the center of this professional path. Indeed, many of the psychoanalysts working at public hospitals that I spoke with use both *psychologist* and *psychoanalyst* to refer to their profession. However, they use mostly psychoanalytic terminology to talk about their patients—for example, the word *Other*, which they emphasize is spelled with a capital *O*, referring to the Lacanian idea of radical alterity; or the term *unconscious*, to define the purpose of analysis; or *desire*, as in the *desire of the analyst*, the libidinal force that makes possible the analytic experience.²⁴ This should not come as a surprise, since the curriculum that informs the field of psychology is so heavily influenced by psychoanalysis, socializing professionals to speak inside a particular psychoanalytic ethos.

The other way of obtaining a position in the public hospital system is through *concurrencias*, a less prestigious path than a paid residency but one that nevertheless immerses people in the professional vocation of psychology and inculcates in them key tenets of psychoanalysis, including psychoanalytic listening. A *concurrencia* is a five-year commitment to work four hours, three or four times a week, at a public hospital and perform similar duties to those of residents. Both *concurrentes* and residents are exposed to patients after approximately three weeks of working at the hospital, both receive clinical supervision from senior psychologists/analysts (at least 85 percent of the supervisors are psychoanalysts), and both are expected to spend 60 percent of their time in clinical training and 40 percent in patient care. Residents, however, work eight hours a day, five days a week, for four years, whereas *concurrentes* work part time for five years and do not handle emergencies. The rotation between external, internal, and primary

consultation also varies. But the main difference between a resident and a concurrent is that *concurrente* positions are *ad honorem*, or unpaid.²⁵

From a merely economic perspective, *concurrencias* represent free labor. Yet since there are so few paid residencies, many aspiring residents are forced to get a *concurrencia*. Each class of *concurrentes* provides 6,400 hours of free labor a week or 1,664,000 hours over the course of five years. But because training in a public hospital is considered the most prestigious, and because of the strong influence of psychoanalysis in this training—which remains central to the broader field in Argentina—*concurrentes* accumulate important professional capital during these years. By working at a public hospital, with its strong emphasis on psychoanalysis, they are inserted into the institutional framework of mental health, where they can compete for a tenured position (one must be a resident or a *concurrente* to apply for a permanent position in a public hospital). After the completion of the residency/*concurrencia* at a public hospital, the analysts in training has only six months to apply for an open position. This is a strict limit. And since there are so few openings, many *concurrentes* stay past their five-year commitment to keep their status and wait for an opening. This strategic move helps both the public institution—which receives free labor for an extended period of time—and the *concurrente*, who will have a better opportunity to get a tenured job at this institution when and if there is an opening. Another form of capital that *concurrentes* develop is that they become more appealing to private health insurance agencies, which value hospital training over any other kind.

While *concurrentes* gain symbolic capital during these years in a hospital, another important reason they pursue this path—through five long years of unpaid labor—is that “there is a strong ideological component of supporting public institutions in Argentina,” as Diana Rabinovich, a prominent psychoanalyst who was a personal friend of Lacan, told me. And there is another factor—one that points to the importance of the knowledge sharing among the field’s leading psychoanalysts. The *concurrentes* may be in a position of financial difficulty, but the opportunity to work with prominent supervisors in the field is highly valued. For example, as Alberto, a second-year *concurrente*, explained when I asked about working without a salary for five years: “The term *ad honorem* is a beautiful one. It is an honor to bring this service to the hospital, and what we charge, we charge with our formation. I mean, the people whom we work with and who supervise us, and what those people give us back to our professional formation—it gives us what an ATM [automated teller machine] could never give to us.”²⁶

Most supervisors at the public hospitals, even while working *ad honorem*, are well known and respected analysts and have successful private practices. They have accumulated enough symbolic capital to make a comfortable living. So why spend many hours supervising new residents and *concurrentes*? The answer can be summarized in the response of a well-known psychoanalyst who supervises new residents and *concurrentes* at the public children's mental health hospital, who told me, "It is absolutely imperative that we [renowned psychoanalysts] support public health systems to avoid the mercantilism structure of private health corporations. If we don't do it, who will?"

Working as a supervisor, with no economic remuneration, at a public hospital represents an act of support for a fair system that will provide quality services even to those who are unable to afford them. It also signals the analyst as a good person, and, more selfishly, it helps analysts to develop their own schools of thought. Unpaid positions not only invest subjects with experience and knowledge and the opportunity to be part of an institutional organization; they also mark individuals as occupying specific social positions that are immersed in a sea of ideological constructions, ethics, and power relations.

Residencies, *concurrencias*, and unpaid supervisions exemplify the strategic nature of the psychoanalytic field in Buenos Aires. Inside the mental health institution, being exposed to patients from different socioeconomic and cultural backgrounds is highly valued, and economic remuneration—although highly desirable—is not the key motivation for this social field (at least in the early stages). The exposure to different circumstances (i.e., internal patients, external patients, emergencies), the process of getting inside the public hospital structure by way of the entrance exam, and the opportunity to study and work alongside prominent psychoanalysts create specific symbolic capital that—considering the state's lack of institutional mechanisms for recognition—provides an alternative legitimization in the training of psychoanalysis. After being trained, or working at a hospital for four or five years, the capital accumulated during those years is there to stay, playing an important role in helping aspiring psychoanalysts secure careers in the field.

By developing key exams based on psychoanalytic theory, and with 85 percent of the supervisors in public mental health hospitals being psychoanalysts, Argentina's mental health field has developed an inherent strategy that has transformed psychoanalysis into the dominant professional capital, surpassing in prominence other psychology specialties. It shows that defining the boundaries of the field of psychology, and determining who is

inside that field, is a matter of constant struggle (Bourdieu 1992). But it also shows that, in Argentina, psychoanalysis is clearly dominant in that struggle.

An additional aspect of the training received at public hospitals that directly informs the development of a practice strongly based in psychoanalytic theory is the exposure to patients and cosupervision, which also highlights the importance of psychoanalytic listening practices. Once defined as the “talking cure,” psychoanalysis has always emphasized language. By being able to articulate into words the unconscious (repressed) drives that guide our behavior, one can liberate oneself of such disturbances as neurosis, anxiety, and hysteric episodes. But as Lacan suggests, another way of understanding psychoanalysis is by listening in a particular way. Psychologists in Argentina described to me how one can “become” an analyst by switching the ear and listening in a particular way. There is a performative act by switching the ear into psychoanalytic listening that provides the listener with social attributes; in this particular case, it transforms the subject into a psychoanalyst.

This idea—that listening is one of the key components to becoming an analyst—is commonly held among psychoanalysts in Argentina. The mastery of particular listening practices defines whether or not you have become an analyst.

For example, Celia, a fourth-year resident working at the children’s mental health hospital Tobar García, recounted the following story:

Last year [2011] we were in the hospital emergency room when a woman of about fifty was admitted with some scratches and small wounds in her face. She seemed scared. You could tell she was from a low-income background and she didn’t look right. But despite the fact that she was bleeding—she had a cut next to her right ear—she asked to talk to the psychologist. My supervisor, Dr. F., and I went to see her. She sat down and started talking almost without looking up, about the problems she had with her husband, and her fear that *la nena* [referring to her youngest daughter] was going out with the wrong crew. I was very moved when suddenly, Dr. F. interrupted her and told her, “Why don’t you make an effort and *tell us what you really want to say*.” Immediately after that, the woman began to cry and said, “I have cancer, I am really scared, and I don’t know how to tell my family.” It was shocking! Evidently Dr. F. *was able to listen to something that I, despite all the work I have been doing in the hospital, couldn’t hear*. That’s the kind of training that we receive in the hospital. And I don’t think that there is a better place to be exposed and understand what analysis is about.

Celia's comments about being exposed to psychoanalytic listening, and her admission that she did not master it, were common in interviews with residents and *concurrentes*. They frequently described their experience working inside the public hospital as if it were a world with its own modes of communication, and one day they would learn this language, as well as how to listen. As one third-year male *concurrente* described it: "It's all about paying attention to the signs. They can be verbal or not. You have to learn to read between the lines; *you have to listen*. Yeah, *it pretty much comes down to listening, something that can take a life to achieve*." He also noted, as he described his own problems trying to understand the "human psyche," that things are "not really what they look like on the surface."

As many residents and *concurrentes* at public hospitals regularly affirmed, listening is a pivotal element that analysts have to learn to become effective psychoanalysts. Aspiring analysts are exposed to psychoanalytic theories throughout their undergraduate education, but they regularly articulated the importance of training their ear. To be able to provide psychoanalysis inside the public clinic, many people pointed out, they need to *listen* as a psychoanalyst. For example, Alicia, a young psychologist/analyst who had been working in the drug and alcohol division of the mental health hospital Florentino Ameghino for the past five years and who had recently started to see individual clients at her private practice, described how her work required her to develop an ability to listen psychoanalytically. When I asked if she considered her work with clients at the hospital to be psychoanalysis, she pointed to listening in a particular way as being the determining factor:

It depends how you define psychoanalysis. For me, I don't need to have a couch, a quiet space, and a picture of Freud on one of the walls to do psychoanalysis. When I am talking with my patients, *I'm listening as an analyst*, and that's how I think psychoanalysis is done inside public hospitals. It is far from being an "orthodox kind of psychoanalysis" [*she makes quotation marks with her fingers*], which would be closer to what I do at home, but what really defines psychoanalysis for me is the *psychoanalytic listening (la escucha psicoanalítica)*.

Like Alicia and Celia, descriptions of a specific practice of listening were common among those training to become analysts in the public hospital in Buenos Aires. Nevertheless, it is interesting to note that it was not until

recently (from 2004 on) that analysts—other than Lacanians—began to write about listening practices in psychoanalysis (see Akhtar 2013; Connor 2004b; Wilberg 2004). Freud never fully developed the listening component of his remarkable theory. It was Theodor Reik and Otto Isakower, two of his closest disciples, who would later develop a theory of listening in the psychoanalytic field. In Argentina today, however, the idea of learning how to listen *differently* is fundamental in the analyst's training, and while not always explicitly stated, it is always there.

Learning and Listening at the EOL and the APA

Large numbers of Argentine psychoanalysts develop the listening practices associated with psychoanalysis at one of the many postgraduate psychoanalytical training institutions that operate in the country. Enrolling at such an institution is the second-most common path to becoming an analyst in Argentina (though a small percentage of recent graduates do both—start a residency/concurrency and enroll at a psychoanalytical institution). Hundreds of institutions offer psychoanalytical training, some more popular than others, some more difficult to enter than others, and some affiliated with international and more prestigious institutions. Two of the most important and internationally recognized psychoanalytic institutions in Argentina are the Escuela de la Orientación Lacaniana (EOL) (School of the Lacanian Orientation) and the Asociación Psicoanalítica Argentina (APA) (Argentine Psychoanalytical Association). The EOL is part of the Instituto del Campo Freudiano in Paris (ICFP) (Institute of the Freudian Field in Paris), and the APA is part of the International Psychoanalytic Association (IPA). Both institutions have played an important role in the historical trajectory of psychoanalysis in the country, and each is in high demand among aspiring analysts. Both have high standards for admission (though they are sometimes flexible) and are recognized as being among the best institutions in Buenos Aires. In contrast with public hospitals, where 90 percent of the focus is on the patients, these institutions focus more on the theoretical aspect of analysis. While there are clinical modules where particular cases are analyzed, the majority of courses are geared toward developing an understanding of Freud, Lacan, and other renowned analysts' theories.²⁷ Although the pedagogical and training methods for aspiring analysts are different from those in the public hospitals, these institutions also contribute to the genre of psychoanalytic listening in Argentina.

School of the Lacanian Orientation

The EOL provides the equivalent of a master's degree in psychoanalysis through the ICdeBA (Clinical Institute of Buenos Aires), a postgraduate private institution founded in 1992, where Jacques-Alain Miller (who is married to Lacan's daughter and owns Lacan's copyright) is a member and constant visitor. Its mission is to "teach and disseminate the philosophy of Lacanian psychoanalytic orientation throughout different levels: teaching, research and clinical practice" (Escuela de la Orientación Lacaniana. n.d.). While Freud and many other authors are part of the curriculum of the institute, the core of the program is to understand and apply Lacan's teachings through his writings, as well as through texts of renowned analysts who have engaged with Lacan's theories. Consequently, all of Lacan's and Miller's books and essays are assigned. No matter what subject is being reviewed (e.g., transference, trauma, anxiety), it is always centered inside Lacan's framework.

The school follows a semester model. During my research, I attended two introductory classes for almost an entire semester that are mandatory for students: psychosis and neurosis. Most classes are restricted to registered students, and the director of the ICdeBA in 2012 made sure that I understood she was making a big exception by letting me attend (she later told me that she was curious to know what an anthropologist would say about the ICdeBA). The classes last two hours and are taught every other week. They are held inside a big room and enroll between 100 and 120 students. The classes on neurosis are always packed, whereas classes on psychosis have many empty chairs.

While students pursuing a *licenciatura* at the University of Buenos Aires and other universities include people from different socioeconomic backgrounds, those who go on to study at the ICdeBA are mostly middle and upper-middle class. Women make up the majority of the student body but by a smaller percentage than at UBA. Since the classes are graduate seminars, everyone already holds a psychology title, and many already have a private practice. An economic investment is necessary to have a private practice, so from a financial standpoint, the program is more elitist than that at UBA.

The most noticeable aspect of the classes, and of the institution as a whole, is the personality cult around Lacan. As a Freudian psychoanalyst told me when referring to Lacanians: "They are immersed inside a hierarchical structure, and they will always be, because no one knows what

Lacan said, not even Lacan! So the interlocutor, translator, or the person who ‘thinks he knows’ would always be in a position of power.”²⁸

The format of the two classes I was able to observe followed a lecture style. An expert in a particular topic would present a Lacanian concept or text, followed by a period of questions. The lectures were mostly theoretical and very dense, with many mathematical symbols that made it almost resemble a physics class. Every concept presented was transformed into a mathematical algorithm. For example, the presenter would explain that if a patient uttered a word that the analyst thought was a signifier, the analyst should annotate S_1 . If the patient continued to utter that specific signifier in relation to another signifier, the algorithm would read something like this:

$$S_1 \rightarrow S_2 + 1$$

Where S_1 symbolizes the emergence of the first and *master* signifier, the arrow represents the connection to the second signifier, and S_2 characterizes the second signifier (also known as the field of knowledge) attached to +1, indicating that it was uttered twice. This basic formula will take many forms, and many other symbols will be added, depending on the concept.²⁹ Consequently, knowledge about the symbols was required to understand the lectures, which resulted in classes where almost no one participated. Instead, students were taking notes incessantly and quietly.

This formulation, $S_1 \rightarrow S_2 + 1$, is relevant to psychoanalytic listening because the chain of signifiers that roam the analysand’s psyche is what creates the *resonance* that certain sounds (signifiers) produce and to which the analysand is unable to assign a concrete referent. During the classes I attended, there was direct allusion to this phenomenon. Listening psychoanalytically entails the suspension of attention to tune in with the resonance in the analysand’s psyche.

Although there was no one particular class dedicated to developing a theory about listening in the psychoanalytic encounter, listening was an important element in class discussions, and it was mentioned in almost every class I attended—especially when the presenter discussed the analyst’s role as an *escuchante* (listener) whose function is to make sure the analysis takes place by listening to the patient through a psychoanalytic framework. In other words, analysis will not begin until the analyst *listens* psychoanalytically. This idea is best exemplified through a conceptualization that is of special importance for Lacanian psychoanalysis: the “preliminary interview,” a notion that, according to most Lacanian psychoanalysts,

is key for the development of a successful therapeutic encounter (Lacan 1997). Lacan's expression "preliminary interview" is in some ways similar to Freud's ([1913] 1958) "preliminary treatment." The expression indicates that there is a threshold to be crossed to enter into the analysis—but not simply the threshold the analysand crossed when entering the analyst's office. It is a preliminary working period, prior to analysis proper, which begins only after a rupture of some kind occurs within the exchange—"a cut," as Jacques-Alain Miller describes it, "that qualifies a change and determines a before, a preliminary, and an after. This cut corresponds to the crossing of the threshold into a new social bond, which in our case would be the analytical discourse" (Lacan 1997, 41).

The success of this preliminary interview is directly related to the cultivation of the analyst's listening skills, and it is a point that has lasting import for understanding the centrality of listening to psychoanalysis and the expression of this form of listening as a genre. Indeed, as Ernesto Sinatra (2004, 17)—a friend of Miller, a full-time professor at the EOL, and one of the most influential interlocutors on Lacan's ideas in Buenos Aires—describes it in his book *Las entrevistas preliminares y la entrada en análisis* (Preliminary interviews and entry into analysis):

The beginning of analysis is not an automatic procedure that will be secured just through a number of encounters between patients and analysts. It requires a particular device in order to develop the conditions for the possibility of analysis. The preliminary interviews fulfill this need, and it is essential to evaluate that that person, in that moment and no other, will begin a psychoanalytic treatment with that specific analyst. One session—and sometimes more—is needed to make an evaluation. And it is in this session that the analyst must *listen carefully* to see if the possibility of analysis opens.

Sinatra discussed this idea in more detail during a class I attended at the ICdeBA and told the following clinical vignette: A man called, saying he had a question that needed an answer, and asked if he could have one, and only one, clinical session. Sinatra explained that this was an unusual request, but he agreed to the meeting because it piqued his curiosity. The man's question was simple: his girlfriend did not want to have intimate relations with him, and he wished to know why. Throughout the session, the patient kept talking about the woman and how he felt humiliated by her lack of response toward him. Right when he uttered the word *humiliation*,

Sinatra recounted, the patient started talking about his father, describing him as an absent figure who had treated him badly throughout his life. At some point, when the patient was about to mention his girlfriend's name, he uttered the first syllable of his father's name instead. At that moment, the patient realized that his girlfriend was precisely the type of woman his father would like, possessing all the characteristics that his father would approve of. After this "discovery," the patient became quiet. Sinatra then stopped the session, and the patient asked to continue the treatment.

This preliminary interview, according to Sinatra, represented a success. In this particular case, he could detect a possibility for analysis because, as he explained to the class, he was listening through a psychoanalytic framework:

As analysts, you have to pay attention to the words, but not too much attention. The purloined letter (*la carta robada*) is always there, in your face, but you have to let intuition run first. If you look too much for it, you won't find it. I was annotating things while the patient was talking, and at one point I had written: *novia y padre* (girlfriend and father), as the two signifiers that began to organize the discourse in that moment. At some point, as I looked back to my notes, I read: *no vía padre: no había padre* (no father way: there was no father). *I did not listen to this homophony consciously*, but I was able to capture the essence of what the analysand was trying to express, by *listening not to the content of the words, but to the signifying chain*.³⁰

The next session, Sinatra asked the students if they had questions, since he did not have time for inquiries during the previous class. The students seemed intrigued about the interpretation (or listening) of the binomial *novia-padre*. One student offered a different reading: "After looking at my notes, I realized that the interpretation presented was not accurate. It seems to me that the subject's discourse is not referring to *no había padre*, but to *no vi al padre* (I did not see the father) instead. The fact that he chose a woman who humiliates him, who replicates what the father does, and the fact that this is a woman that the father would like, or approve of. For me it represents that he wasn't able to *see* his father in this woman."

Sinatra warned about the temptation to overinterpret. "Following that reasoning," he explained, "we can even say that the binomial can be interpreted as *vía del padre* (via/through the father). Overinterpreting is risky—risky in that there is an aggregated plus on our behalf, that is coming from us, not from the patient." He then referred to a classic oxymoron that Lacan

(1997) adopted “learned ignorance” (*docta ignorantia*), a sort of “wise ignorance” that allows the subject to suspend all referential meaning and “let the analyst to be taken by the occasion.” This, according to Sinatra, is what the analyst in training should do: suspend all judgment and will to interpret and let “ignorance” guide the session.

The pedagogical question crucial to Lacan’s own teaching is: Where does a text (or a signifier in the patient’s speech) make no sense? In other words, where does it resist interpretation? Where does what the analyst sees and reads resist understanding? Basically, where is the resistance to knowledge (what Lacan calls ignorance) located (Lacan 1998)? The problem that the student of psychoanalysis inside the Lacanian framework will face is “how to ignore what he knows” (Gorney 1978, 20). In Lacan’s (1968, 242) own words: “There is no true teaching [psychoanalysis] other than the teaching which succeeds in provoking in those who *listen* an insistence—this desire to know which can only emerge when they themselves have taken the measure of ignorance as such—of ignorance inasmuch as it is, as such, fertile—in the one who teaches as well” (emphasis added).

When I asked Sinatra how an aspiring analyst is trained to become immersed in an analytical framework, he answered that the position of alterity is indispensable: “Knowledge is what is already there, but always in the Other. Knowledge is not a substance but a structural dynamic. It is not contained by an individual but comes about out of the mutual apprenticeship between two partially unconscious speeches that both say more than they know.” Dialogue is thus the condition through which ignorance becomes structurally informative in analysis. It is the ignorance of referential meanings—through the Other in each partaker—that will allow some kind of communication that will surface as such only after the fact.

TABLE 4.1 Binomial Novia–Padre (Girlfriend–Father)

Novia–Padre	Girlfriend–Father
No <i>había</i> padre	There was no father
No <i>vi</i> al padre	I did not see the father
<i>Via</i> del padre	Via/through the father

The students of psychoanalysis at the EOL are thus pushed to “learn by unlearning” in an environment that fosters the ignorance necessary to establish a dialogue between the analyst and the analysand’s unconscious. When Lacan argued that the unconscious is structured like a language, what is at stake for the unconscious is precisely grammar, which has to do with repetition, a pattern. Here is where Lacan’s ideas about resonance appear. The students need to find those signifiers that will give shape to a discourse that appears as a resonance of particular words uttered by the analysand. If the analyst is able to *listen* to these words unconsciously, analysis is possible. Hence, the preliminary interview, as the key moment for deciding whether there will be analysis, is a listening exercise where knowledge will become evident if the analyst is listening inside this particular genre. Analysts must develop trust in self and must “let go” of reference first.

The formulations I witnessed at the EOL circulate outside the clinical setting. I am not claiming that these interpretations are the same as those produced by a trained psychoanalyst or have equivalent value. But the idea that words have meaning beyond their pure denotation is present in Buenos Aires’s culture, in the addressivity form *What you really mean is. . .*. These classes allowed me to understand where this form of communication comes from.

Argentine Psychoanalytic Association

The APA is the oldest psychoanalytic institution in Buenos Aires and is more traditional than the EOL. While it differs in important ways from the EOL, the APA, through its extensive teaching programs in psychoanalysis and psychoanalytic theory, shares its emphasis on the role of listening in the psychoanalytic encounter.

The APA takes pride in being part of the IPA, which was founded by Freud in 1910. When reading about its history, APA members believe that the introduction (or “discovery,” as it is framed) of Freud in Argentina is the result of a society “marked by immigration and a lost past trying to make sense of their loss and their new environment” (Melgar and Rascovsky de Salvarezza 2004, 23). The APA was founded by a group of young professionals, both immigrants and Argentines of European descent, who in 1942 decided to create a unified institution that would encompass medical, psychiatric, and psychoanalytic theories (Carpintero and Vainer 2004; Vezzetti 1996). Ángel Garma, a renowned Spanish psychoanalyst who was analyzed by Theodor Reik and later immigrated to Argentina, was one of the founders and the

first president of the APA. In the 1950s, thanks to the active role of some APA members who worked at the University of Buenos Aires in different capacities (as professors, lecturers, and administrators), psychoanalysis was introduced to the public university.

The APA, through the Instituto de Psicoanálisis Ángel Garma, provides a four-year program to become an analyst that includes a range of classes relevant to psychoanalysis. Among the most important requisites to become an analyst are attending weekly analytical sessions with a current member of the APA throughout the duration of the program; engaging with Freud's work by taking at least twelve courses dedicated entirely to Freud's theories; selecting seminars that are pertinent for the student's chosen specialization; and completing at least two supervised clinical sessions. One example of a specialization that students can choose is sports and psychoanalysis, dedicated to understanding the transference relationship between the athlete, the manager, and the public; the development of narcissistic personalities among participants; the representation of violence inside a game, and so on. Other specializations focus on new media technologies and the psyche, sociological approaches to the self, and eating disorders, to name just a few. There are also many introductory classes that are mandatory for all students, on topics such as the Oedipus complex, introduction to the clinic, and repression and the unconscious. Additionally, students of psychoanalysis at the APA are encouraged to attend meetings at the Multi-Family Structured Psychoanalytical Therapeutic Communities (MFSPT; see chapter 2), as they provide opportunities for students to witness clinical cases and learn about multisessions in psychoanalysis.

The APA is one of the most important psychoanalytic institutions in Buenos Aires; it has smaller branches in different provinces (e.g., Córdoba, Mendoza) that are interconnected, with a significant number of registered students among them. The APA provides what it calls "Freudian psychoanalysis," and unlike the EOL, where in some cases sessions can last only five minutes, it provides the traditional fifty-minute sessions and is less interested in finding the structure of signifiers than in paying attention to the historical account of the analysand. But there is an element in which both institutions coincide: the importance of listening in the clinical setting. As one of the clinical directors at Institute Garma told me:

The institute's focus is on clinical practice. We provide the students with all the necessary tools to understand the works of Freud. But obviously, that's not enough. You can know in theory how to launch an aircraft, but it is not

until you try and experiment with the theory that you learned that you know what to do. Here, our emphasis is on the clinic, which means that students early on are exposed to patients. It is the transference relationship in the clinic, where the student will learn *to listen to the unconscious of the patient*. There is no other way to learn how to be an analyst but to *sit down and listen to your patients*.

The APA has had many detractors (including the psychiatrists linked to the Communist Party and practitioners of positivist medicine), and yet it continues to be an important institution in Buenos Aires. Through *Revista de Psicoanálisis* (Psychoanalysis magazine), the first psychoanalytic publication in Spanish, founded in 1943 (and now with nearly eighty uninterrupted years of dissemination), the APA has become a constant presence and one of the disseminators of the most current ideas and developments in psychoanalysis in different academic and scientific circles in the Spanish-speaking world.

The APA's emphasis on the clinical formation of the aspiring analyst makes it an attractive option for psychologists who are more interested in clinical practice than in theoretical inquiries. That the APA's founder was analyzed by Theodor Reik could help explain why listening is such a strong component of psychoanalysis in Buenos Aires, rather than the focus on language that is common in Anglo-Saxon countries.³¹

* * *

The specificities of psychoanalysis in Argentina—that it entered public universities in the 1950s after being mainly introduced by European immigrants and rapidly developed into a local autonomous field; that aspiring analysts show a commitment to working for years inside public hospitals without any economic incentive; and, more importantly for our purposes, that there is an explicit metalistening in which talk about listening practices is present, demonstrating that listening is one of the most important aspects of analysis (i.e., when the analyst listens inside a psychoanalytic framework, analysis is realized)—mark the country, and especially the city of Buenos Aires, as a unique place where psychoanalysis became a social practice.

In Buenos Aires, this listening practice has traveled outside the clinic and has become a way to listen in everyday conversations. The history of the psychoanalytic field is not linear and has introduced many social actors and institutions that belong outside of the psychoanalytic doxa, even though

they are also a quintessential part of it. It is by the performative aspect of listening (psychoanalytically) that new subjectivities and professions emerge—listening creates an analyst.

There are many potential explanations for why psychoanalysis has become so prevalent in Buenos Aires—some historical, some more based in folklore. I am less interested in *why* than in *how* it circulates and has become a social way of interacting in Buenos Aires. Listening becomes a key piece of the puzzle: it is one of the main traits that maintain the circulation of psychoanalysis outside of the clinic.