

Neuroethics in a “Psy” World

The Case of Argentina

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Abstract: Given the cultural psychoanalytic tradition that shapes the thought of Argentines and their current skepticism with regard to neurosciences when it comes to understanding human behavior, this article addresses the question of how a healthy neuroethics can develop in the country.

Keywords: Argentina; psychoanalysis; neuroethics; psychology; neuroscience

With the development of powerful new technology, neuroscientists are gaining a better (if still limited) functional and structural understanding of the brain. The expansion in the resources and substantive domains of neuroscience is prompting new questions about how to carry out research and the ethical implications of intervening in this organ. Neuroethics is an interdisciplinary and collective response to some of the challenges. Although it is not as developed as other areas of bioethics, the field is complex, pluralistic, and varied in perspective.¹

In the United States and Europe, neuroethics has developed quickly and is currently minimally recognized as an important subcategory of bioethics,² with a healthy body of research that addresses not only classical autonomy- and beneficence-oriented bioethical issues (e.g., confidentiality, privacy, safety, and the effects of some newly developed research methods) but also how new neuroscientific knowledge may affect basic beliefs about responsibility, justice, autonomy, personhood, and even the value of human life.³ There are a number of programs in neuroethics, regular conferences and meetings, the Neuroethics Society, and several books published on the topic, in addition to a few specialized journals.

In comparison, the attention that neuroethics receives in Argentina is more limited. This is not due to a lack of neuroscientific research, for the region contains a very active neuroscientific community that has engaged in research activities for many years.⁴ However, only now are we beginning to see an interest in a discussion of some of the ethical and social implications of brain science.

Even if the knowledge provided by neuroscience and its promising development is independent from cultures and traditions, a thoughtful discussion of the ethical and social issues raised by such knowledge is not. Granting that it may be possible to identify a common set of values, their relevance and application is often shaped by social contexts and traditions.^{5,6} In this article, I focus on one

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significant cultural current that neuroethics must consider in Argentina:⁷ general public regard for the psychoanalytic paradigm and its skepticism regarding the extent to which neuroscientific and neurotechnological progress can help us understand the workings of the mind. I trace the origin and development of psychology and the psychoanalytic narrative in the country and consider its long-lasting impact on Argentinean culture. I argue that neuroethics in Argentina is best understood in terms of the cultural relevance and prevalence of “psy” disciplines, and that neuroethics can be further developed and strengthened if it broadens its scope of analysis to include some of the issues raised by the prevalence of this paradigm.

Psychology in Argentina: An Overview

In Argentina, the practicing psychologist and the discipline of psychology itself have become part of the everyday landscape, shaping the language and traditions of a significant portion of the population.⁸ In general, the discipline has taken a specific form, reflecting a psychoanalytic ethos.⁹

It is true that psychology as a discipline developed prior to psychoanalysis, and that it has historically been different from psychoanalysis. However, for many people in Argentina, psychology *is* psychoanalysis. It could be argued that there is a good reason for this: most practicing psychologists even today are using some kind of psychoanalytically inspired therapy.^{10,11} In the last century, psychoanalysis has captured the imagination of Argentineans: psychoanalytic language pervades the public sphere, and psychoanalysis is popularly assumed to provide an adequate approach to all kinds of questioning and is deemed essential for channeling different kinds of social or moral discomfort.¹² The recipients of the analyst’s expertise include not only wealthy people but also those with fewer resources, who can receive therapy in public institutions.¹³

The influence of psychoanalysis has generally promoted a particular understanding of psychology in the public and sometimes even in its Argentinean practitioners. To illustrate, in general, American psychologists have a tendency to regard their discipline as scientific, and they worry when portions of the public see psychology as less than a science.¹⁴ Some specifically urge their colleagues to enhance psychology’s image by underscoring the scientific methodology of the field, and they complain about those psychotherapists that remain anchored to unscientific practices.¹⁵ Even some psychoanalysts in the United States and Europe appear open to making use of scientific concepts emerging from biology and neuroscience in general.¹⁶ In contrast, in Argentina several psychologists underscore the break between neuroscience and psychoanalysis, and psychoanalysts openly emphasize the unscientific and subjective nature of their craft, which is seen as a fundamentally humanistic and intellectual journey more akin to philosophy than to a medical technique designed to cure symptoms.^{17,18}

Although psychology started as a scientific discipline, in Argentina it is the psychoanalytic narrative that has endured and has given the discipline a particular character. It has made quite an impact on the general population, and on the formal education of psychologists, especially in public universities.¹⁹ But how did this happen, and how is this relevant to neuroethics? To answer these questions, it is useful to trace the origins and development of psychology in Argentina.

A Brief History of Psychology in Argentina

One of the perspectives ubiquitous in the history of intellectual life of Latin America is positivism, which became the instrument of both order and progress in the region in the mid-nineteenth century. Philosophically, positivism is the view that the only way to attain knowledge is by using a scientific method. It rejected metaphysics, emphasized the role of observation and experience, and sought to understand the relations between phenomena.²⁰

Whereas Iberian scholasticism had prevailed during the time of the colonies and was used as a justification of the power of Spain and Portugal in the region, positivism gave the recently formed countries the possibility to reinvent themselves, to become modern nations. With it, they adopted a different worldview, this time shaped by cultures that Latin Americans admired, in particular, the French and Anglo-Saxon cultures.

All Latin American countries felt the impact of this worldview; however, each adapted it to its own historical and cultural situation. Its educational, religious, and political significance varied across the region.²¹ However, despite particular differences, in Latin America positivism advanced a scientific culture and motivated the adoption of the methodology used by the natural sciences.

It is within this framework that we can see the birth of psychology in Argentina in the last decades of the nineteenth century. This first period of psychology was one of "psychology without psychologists."²² It was not practiced or even taught by formally trained psychologists; rather, it was carried out by philosophers, medical doctors, and psychiatrists.²³ It was not an autonomous specialty. Pragmatic in nature, psychology was concerned on one hand with issues such as national identity, desirable psychological traits, and race—inescapable topics in the history of ideas in Argentina. On the other hand, it focused on the mental health system and the condition of patients in public mental institutions.

At the time, psychology was characterized by (1) the influence of the clinical French approach;^{24,25} (2) the use of concepts, methods, and practices drawn from science; and (3) a certain reluctance to accept psychoanalysis. The first point is not surprising, for in the last two centuries French thought has been quite influential on Argentinean culture and on the intellectual Latin American elite in general.²⁶ Psychoanalysis, understood as any practice or therapy inspired by Freudian thought, initially entered the public discourse from French sources and mostly in medical circles.²⁷ Yet it is the more scientific underpinning that prevailed at the time: psychiatrists, still influenced by positivism, did not take psychoanalysis seriously, because of its lack of testable experimentation.²⁸

The years between 1930 and 1950 were characterized by a reevaluation of positivism and a rejection of some of its main assumptions. Intellectuals like Alejandro Korn in Argentina and José E. Rodó in Uruguay felt uncomfortable with the positivist worldview, which they saw as too materialistic and narrow minded. Rodó in particular famously urged young Latin Americans to adopt and preserve the ideals embodied by European civilization, specifically, French civilization.²⁹ Dissatisfaction with positivist approaches affected psychology as well: psychiatrists abandoned purely somatic approaches to mental disorders and became more open to alternative therapies that allowed for a more comprehensive vision of patients. Furthermore, psychoanalysis began to be discussed in different, non-medical contexts, and it had a growing mass appeal.³⁰ Some doctors adopted it as

a method of social criticism. It was introduced to psychology students and considered by some people an essential (although at the time not necessarily acceptable) component of modernity.³¹

In the late 1950s the creation of psychology as an autonomous discipline and the implementation of the first psychology majors and graduate programs in several public universities meant the beginning of a period of professionalization of the discipline.³² This period shaped the development of psychology not only because of the questions discussed (among them were issues such as how to understand the discipline and what were the goals of the psychologist as a professional)^{33,34} but also because psychoanalysis gained a special status, especially with the reception of the theories and doctrines of Melanie Klein—highly influential until the 1970s—and with the adoption of Lacanian psychoanalysis in the 1970s. By the 1980s psychoanalysis had become wildly popular not just as a methodology and therapy but also as an integrated body of knowledge to address both medical and nonmedical issues.

Psychology and Psychoanalysis in Argentina

The surge of popularity of psychoanalytic practice by the late 1950s and the 1960s is commonly related to a number of social, political, and cultural factors.³⁵ The expansion of the middle class—who were more likely to consume psychotherapy—and the changed role of women in society figure among the first of such factors. The anxiety generated by instability and political uncertainty and the experience of violence and repression count as political reasons for the development of psychoanalytic practice. With the social fabric eroded, people looked for meaning and privacy, and, allegedly, psychoanalysis provided a private and relatively safe environment for this.³⁶ Finally, the end of Peron's government meant funding for new cultural and scientific projects and the emergence and popularization of a number of intellectual trends that had been officially discouraged (if not downright prohibited) before. This made interest for psychoanalysis, a novel and allegedly progressive approach, grow.³⁷

However, Argentina is not known just for the prevalence of psychoanalysis but rather because of the predominance of the Lacanian version of psychoanalysis.^{38,39} Jacques Lacan integrated Freudian thought, phenomenology, existentialism, and structural linguistics in a theoretical approach that emphasizes the nature and role of language in constituting human beings as subjects. For Lacan, the world and the self become intelligible through two modes of representation: the imaginary and the symbolic orders. The first refers to phenomenological experience and the kind of intelligibility provided by images, including one's own; the second refers to the social world of linguistic symbols, and intersubjective and societal relations. Lacan believed that language forms and transforms the mind; thus the psychoanalytic encounter should focus on a patient's discursively shaped conception of herself and of society.⁴⁰

The rise of Lacanianism in Argentina is partly related to interlapping factors within the profession itself—specifically, issues about legitimacy, accreditation of practicing analysts, and social perception.^{41,42} In fact, by the late 1960s the popularization of psychoanalysis in Argentina had led to an abundance of schools and institutes offering psychoanalytic training and some kind of accreditation. However, Argentinean law established that only medical doctors could provide

psychotherapy, and that psychoanalytic accreditations from private societies and organizations were to have only symbolic value. Furthermore, the Asociación Psicoanalítica Argentina (Argentine Psychoanalytic Association [APA]) was highly selective when it came to who should be able to offer psychotherapy, and its members were quite accepting of the idea that psychoanalysis should be kept within the medical community. This led to a perplexing situation. Members of the APA were teaching psychoanalysis in psychology departments in places like Buenos Aires and Rosario, knowing that their students would not be able to practice as psychoanalysts.

Some tried to make sense of this by making a distinction between clinical and operative psychoanalysis, the first reserved to doctors and the second open to others insofar as it meant the application of Freudian ideas to nonmedical contexts.⁴³ However, ultimately, legal threats and devaluation from the medical community made it necessary to find a new foundation and source of legitimacy for the practice of psychoanalysis.⁴⁴ The more nonmedical analysts were rejected by the medical community, the more obvious it became that it was necessary to embrace a different model. This is what Lacanian theory provided: a model that was successful in legitimizing the profession when such legitimization was needed. Many Lacanian psychoanalysts defined themselves in opposition to their APA counterparts. They had degrees in philosophy or literature, not medicine. But despite their lack of medical background, they believed that they had the only correct reading of Freud, and thus they gave nonmedical practicing analysts a professional status that the more orthodox Asociación Psicoanalítica Argentina had refused to give.^{45,46} Their rebellious status led them to organize their own meetings and educational curricula and to hold activities in private venues.^{47,48} Their tendency to keep to themselves and work mostly privately came in handy during the eight years of military dictatorship in the 1970 and 1980s, when the psychology program at the university was *intervenido*, that is, placed under direct control of the president of the university. Lacanian analysts maintained their psychoanalytic community far from the public eye. Moreover, Lacanians' theory detachment from social problems and their focus on discourses and interpretations offered a way for many Argentines to escape the psychologically draining political and social conditions that they were enduring at the time and would even continue to endure in years to come.^{49,50}

By the end of the military regime, what had begun as a small psychoanalytic tendency became quite prominent in public hospitals and counseling centers. With the new democratic government came the creation of psychology as a wholly autonomous discipline with its own school (Facultad de Psicología); it was no longer just a major or program within the Facultad de Filosofía y Letras.⁵¹ Lacanianism became the reigning paradigm in the new Faculty of Psychology, which meant more psychoanalytically informed clinical psychologists.^{52,53} Thus, in the 1990s, while in the rest of the world more neuroscientifically oriented psychologies started to flourish, in Argentina many psychology curricula, particularly in public universities, were quite insulated from medicine and the hard sciences. Although at present the appropriateness of the Lacanian approach is questioned from many fronts, a Lacanian psychoanalytic master narrative is still present: one that makes a stark distinction between psychology as an experimental science and psychoanalysis, and one that seriously questions the advantages of embracing scientific insights when it comes to understanding the workings of the mind.

Psychoanalysts, Neuroscience, and Neuroethics

The past few decades have witnessed two important things in Argentina: first, the development of a more mature brain science, and, second, a reluctance on the part of many psychoanalysts to consider that understanding the brain is relevant to understanding the mind.

Local psychoanalysts base their opposition to neuroscience on three main reasons.⁵⁴ First, neuroscience, they argue, is too simplistic; its discourse rests on unjustified inferences that lead to empirical essentialism and a problematic renunciation of dualism. This entails limiting the significance of the unique psychoanalytic concern with understanding psychological phenomena and discerning mental meanings by examining and interpreting the patient's discourse and by producing a narrative.

Second, many analysts consider neuroscientific findings just part of a normalizing and homogenizing medical order that builds abstractions while obscuring the importance of the specificity, singularity, and subjectivity of the patient. As some put it, "neuroscience is possible only insofar as it renounces the subject and bets that it will find an organic cause."^{55,56,57} On this view, for all its glamour, neuroscience leaves real persons out of the picture.⁵⁸ Related to this is the idea that the neuroscientific ethos challenges even the notion of personal responsibility. As some argue, when confronting a patient with violent and aggressive behavior, neuroscientists will require tests looking for somatic reasons, thus making the patient not responsible for his or her condition, whereas psychoanalysts will promote a dialogue that implies making the patient take responsibility for the issue in question.^{59,60}

Finally, many local analysts have a tendency to see neuroscience as too "contaminated" by economic interests—specifically, those of the pharmacological industry. This does not lead to their rejection of psychotropic drugs in general, for analysts are quite willing to provide them in order to help the subject speak.⁶¹ But there is a belief that neuroscience is sometimes too focused on short-term and economically advantageous outcomes that analysts consider to be quite limited in curative power.⁶²

Considering their objections to neuroscience, one would think that psychoanalysts would embrace a discipline like neuroethics that critically examines and questions neuroscientific methodology and its attendant implications. And yet this is not what is happening. On one hand, it seems that ideological opposition to neuroscience has led to skepticism toward anything with a "neuro" prefix. On the other hand, many analysts appear to believe that because neuroethics seriously considers neuroscientific contributions to understanding the human mind, it is a discipline designed exclusively to support neuroscience and one particularly willing to hand over to science the discussion of issues (such as consciousness, freedom, and so on) that belong elsewhere.⁶³ As a consequence, there exists a tendency within the psychoanalytic community to look at neuroethics with either indifference or downright antipathy.

Now, if the psychoanalytic discourse were just one among many different, equally influential discourses in Argentina, then analysts' attitude to neuroscience and to neuroethics would not necessarily be of much concern. However, I have noted that the psychoanalytic paradigm is still quite powerful, and it captures the imagination of a significant portion of the population. So, considering this fact, can a healthy neuroethics develop in the country?

I think it can, and in fact the discipline will be enriched if it enters into dialogue with the cultural traditions that shape the thought of Argentines. In this context in particular, this means that part of the role of neuroethics is to clarify, examine, and promote reflection not only on the general issues raised by neuroscience but also on the more specific ones that are of concern to psychoanalysts.

In terms of clarification, there are a few tasks ahead. First, it is important to start a more public conversation on exactly how to understand neuroscience and what it can actually do. Analysts may be right in calling attention to the possible shortcomings of empirical essentialism, an essentialism that would seriously limit the significance of and unique psychoanalytic concern with understanding meanings and the role of discourse in discerning those meanings. However, is this the way in which all neuroscience proceeds? Many and maybe most good neuroscientists would say that neuroscience cannot wholly describe mental phenomena, at least not yet; notably, there is an irreducible subjective aspect that can only be captured by self-reflection.⁶⁴

Second, psychoanalytic concern with the issue of moral responsibility is worthy of careful discussion. Indeed, a review of the neuroethical literature shows that there is disagreement regarding the impact of neuroscientific thought on our understanding of moral and even legal responsibility.⁶⁵ But this does not justify an antineuroscientific attitude, nor does it justify claims that end up denying even the relevance of empirically well-established truths about the connection between mental activity and neuronal activity. As it has been argued, it is indeed neuroethics' job to avoid the trap of a psychophobic materialism (feared by so many psychoanalysts). However, this does not mean that the knowledge that science can offer must be undermined or is truly useless when trying to understand human behavior.⁶⁶

Although psychoanalysis and neuroscience could partner together,⁶⁷ it seems evident that there is no common ground between Lacanian psychoanalysis and neuroscience. Thus, at present it is difficult to see how Argentinean Lacanian psychoanalysts might want to cooperate with neuroscience or how neuroscientists might be willing to partner with Lacanians. They represent completely different paradigms and worldviews. However, this must not mean an end to the discussion. Neuroethics is best served by promoting a debate on the ethical issues raised by such mutual discredit and on the negative role that sectarianism, dogmatism, and claims of immunity to criticism play in the acquisition of knowledge.⁶⁸ Although at present we cannot expect cooperation between psychoanalysis and neuroscience to be the outcome of such debate, we can hope for better conceptual resources to deal with the issues and a richer and more informed discussion.

Concluding Remarks

At present, the impact of scientific research and the effects of neurotechnology on human beings not only as biological beings but also as moral beings are increasingly felt in medicine and in the humanities. Neuroethics expresses both a precautionary response to dealing with the ethical issues that rapidly developing science can actualize and an enthusiastic expectation of finding new answers to age-old philosophical questions. However, this discipline is not as established in Argentina as it is in developed nations.

It is reasonable to think that the future will bring even more ways of knowing, modifying, and possibly enhancing the brain. In turn, this will raise novel ethical issues. Considering the interconnectedness of neuroscientists who can work with colleagues from all over the world, it is not unusual to think that location is not as important. However, ethical issues (whether or not they are related to brain science) are socially embedded, shaped by customs, traditions, and values. Thus, it is important to study the impact of the advances of neuroscience while bearing in mind the social and cultural factors that shape people's thinking. In the case of Argentina, psychoanalysis is one of such traditions: rather than ignoring this fact, I believe that understanding it will help bring about a richer neuroethical discussion in the country.

Notes

1. For a review of different definitions, see Racine E. *Pragmatic Neuroethics: Improving Treatment and Understanding of the Mind-Brain*. Boston: The MIT Press; 2010.
2. I do not deal here with the issue of whether neuroethics deserves an altogether independent status.
3. For a sample of anthologies that deal with some of these issues, see Illes J, ed. *Neuroethics, Defining the Issues in Theory, Practice and Policy*. New York: Oxford University Press; 2006; Glannon W, ed. *Defining Right and Wrong in Brain Science*. New York: Dana Press; 2007; Farah M, ed. *Neuroethics*. Cambridge, MA: The MIT Press; 2010; Illes J, Sahakian B, eds. *The Oxford Handbook of Neuroethics*. New York: Oxford University Press; 2011.
4. In Buenos Aires, FLENI (Fundación para la Lucha contra las Enfermedades Neurológicas de la Infancia) was the first Latin American institution involved in the World-Wide Alzheimer's Disease Neuroimaging Initiative (WW-ADNI), an international effort to characterize neuroimaging, cerebrospinal fluid markers, and clinical predictors of conversion from mild cognitive impairment to the dementia characteristic of Alzheimer's disease. At present, one of the groups of this initiative is doing research on social cognition in schizophrenia, defining abnormalities of brain lateralization of emotion processing and theory of mind in affected patients and their unaffected siblings, trying to discern the contribution of genetic factors to observed alterations. INECO (Instituto de Neurología Cognitiva) is a medical and neuroscience research institute with a variety of research lines, including one that centers on the basic neural mechanisms underlying decisionmaking, emotional processing, autobiographical memory, and the neurobiology of consciousness. The Integrative Neuroscience Program at the University of Buenos Aires studies perceptual and cognitive aspects of socioemotional information processing and their cerebral correlates in people affected by autism spectrum disorders. Several laboratories at Fundación Instituto Leloir carry out studies on a variety of themes, from how brain functions are acquired, which genes are involved in the process, and how cells and tissues acquire their final architecture to trying to understand neurodegenerative processes that cause diseases like Alzheimer's and Parkinson's. The Applied Neurobiology Unit at CEMIC-CONICET studies processes of brain organization and reorganization and carries out experimental studies with humans and animals (primates and rodents). One of its projects involves the study of poverty's impact on cognitive development and the design of interventions aimed at improving children's cognitive performance through training interventions in laboratory, home, and school settings.
5. Lomber S, Illes J. The international dimensions of neuroethics. *Developing World Bioethics* 2009;9(2):57–64.
6. Chen D, Quirion R. From the internationalization to the globalization of neuroethics: Some perspectives and challenges. In: Illes J, Sahakian B, eds. *The Oxford Handbook of Neuroethics*. New York: Oxford University Press; 2011:823–34.
7. Of course, there are other factors as well, among them scientists' attitudes to neuroethics and philosophers' attitudes to neuroscience and its relevance, but those are common to other countries. In this article, I focus on one that is to a certain extent unique to the Argentinean context.
8. Dagfal A. *Entre Paris y Buenos Aires: La Invención del Psicólogo*. Buenos Aires: Paidós; 2009.
9. Plotkin M. *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina*. Stanford, CA: Stanford University Press; 2001.

10. Garcia H, Barbenza CM. Modelos teóricos de psicoterapia en Argentina: Actitudes y creencias de sus adherentes. *International Journal of Psychology and Psychological Therapy* 2006;6(3):381–96.
11. Muller F. Psychotherapy in Argentina: Theoretical orientation and clinical practice. *Journal of Psychotherapy Integration* 2008;18(4):410–20. Muller notes that although the situation is slowly changing in Argentina, psychologists involved in cognitive or other types of psychotherapy are still the exception to the rule.
12. Nancy Caro Hollander called Buenos Aires, Argentina's capital city, the mecca of psychoanalysis. Hollander NC. Buenos Aires: Latin mecca of psychoanalysis. *Social Research* 1990;57(4):889–919. For a recent commentary on this issue, see Romero S. Do Argentines need therapy? *New York Times* 2012 Aug 18; available at http://www.nytimes.com/2012/08/19/world/americas/do-argentinians-need-therapy-pull-up-a-couch.html?pagewanted=all&_r=0 (last accessed 29 Mar 2013).
13. Moreno J. Psychoanalysis in Argentina. *Journal of the American Psychoanalytic Association* 1995; 43:641–4.
14. Wilson T. Stop bullying the "soft sciences." *Los Angeles Times* 2012 Jul 12; available at <http://articles.latimes.com/2012/jul/12/opinion/la-oe-wilson-social-sciences-20120712> (last accessed 29 Mar 2013).
15. Littlefield S. Public skepticism of psychology: Why many people perceive the study of human behavior as unscientific. *American Psychologist* 2012;67(2):111–29.
16. Ansermet F, Magistretti P. *A cada cual su cerebro: Plasticidad neuronal e inconsciente*. Buenos Aires: Katz editores; 2006. A number of psychiatrists have made the same point. See, e.g., Beutel M, Stern E, Silberweig D. The emerging dialogue between psychoanalysis and neuroscience: Neuroimaging perspectives. *Journal of the American Psychoanalytic Association* 2003;51:773–801.
17. Lombardi G. El Psicoanálisis no es una neurociencia; 2001; available at http://www.psi.uba.ar/academica/carrerasdegrado/psicologia/sitios_catedras/obligatorias/114_adultos1/material/archivos/noesneurociencia.pdf (last accessed 29 Mar 2013).
18. Martinez H. O psicoanálisis o neurociencias. *Psicoanálisis y el Hospital* 2008;17(33):8–11.
19. Muller F, Zammito V, Oberholzer N, Iglesias MP. Psicoterapia e integración teórica: Los psicoterapeutas argentinos. *Revista Argentina de Clínica Psicológica* 2008;17:225–31.
20. Bethell L. *The Cambridge History of Latin America*. Vol. IV. Cambridge: Cambridge University Press; 1986.
21. In Mexico, e.g., positivism was associated with the political program of the authoritarian regime of Porfirio Díaz. For a discussion of some of these issues, see Ardao A. Assimilation and transformation of positivism in Latin America. *Journal of the History of Ideas* 1963;24(4):515–22; Nuccetelli S, Schutte O, Bueno O. *A Companion to Latin American Philosophy*. Malden, MA: Wiley-Blackwell; 2010, esp. chap. 5, 6.
22. Vezzetti H. Los estudios históricos de la psicología en la Argentina. *Cuadernos Argentinos de Historia de la Psicología* 1996;2(1–2); available at http://usuarios.multimania.es/tesispsico/mat_catedra/Vezzetti_estudios_historicos.pdf (last accessed 29 Mar 2013).
23. See note 22, Vezzetti 1996.
24. Klappenbach H, Pavesi P. Una historia de la psicología en Latinoamérica. *Revista Latinoamericana de Psicología* 1994;26(3):445–82.
25. See note 22, Vezzetti 1996.
26. Frondizi R. Contemporary Argentine philosophy. *Philosophy and Phenomenological Research* 1943; 4(2):180–6.
27. However, it is worth noting that psychoanalysis was already a presence in the region. Both Hugo Vezetti and Mariano Plotkin note that it is a mistake to think that psychoanalysis in Argentina started with the creation of the Asociación Psicoanalítica Argentina in 1942. See note 9, Plotkin 2001; Vezetti H. *Freud en Buenos Aires 1910–1939*. Bernal, Buenos Aires: Universidad Nacional de Quilmes; 1996.
28. See note 9, Plotkin 2001, at 17. Plotkin notes that most mentions of Freud were negative and based on what French psychiatrists had said.
29. Salles A. Rodó, race, and morality. In: Gracia J, ed. *Forging People: Race, Ethnicity and Nationality in Hispanic American and Latino/a Thought*. Notre Dame, IN: University of Notre Dame Press; 2011.
30. Vezetti H. Las promesas del psicoanálisis en la cultura de masas. *Historia de la vida privada en la Argentina*. Vol. 3. Buenos Aires: Taurus; 1999.
31. See note 8, Dagfal 2009, and note 9, Plotkin 2001.
32. Psychology became a major in the Facultad de Filosofía y Letras, which meant that it was academically connected to the humanities.
33. Vezetti H. Los comienzos de la psicología como disciplina universitaria y profesional. In: Neiburg F, Plotkin M, eds. *Intelectuales y expertos: La constitución del conocimiento social en la Argentina*. Buenos Aires: Paidós; 2004:293–327.

34. Klappenbach H. El título profesional del psicólogo en Argentina: Antecedentes históricos y situación actual. *Revista Latinoamericana de Psicología* 2000;32(3):419–46.
35. See note 9, Plotkin 2001, especially chap. 3.
36. See note 9, Plotkin 2001.
37. See note 9, Plotkin 2001.
38. Evans D. From Lacan to Darwin. In: Gottschall J, Sloan Wilson D, eds. *The Literary Animal: Evolution and the Nature of Narrative*. Evanston, IL: Northwestern University Press; 2005:38–55.
39. Lakoff A. The Lacan ward. *Social Analysis* 2003;47(2):82–101; see also note 8, Dagfal 2009, and note 9, Plotkin 2001.
40. Evans D. *An Introductory Dictionary of Lacanian Psychoanalysis*. London: Routledge; 2005.
41. See note 8, Dagfal 2009; see also note 34, Klappenbach 2000.
42. Dagfal A, Gonzalez ME. El psicólogo como psicoanalista: Problemas de formación y autorización. *Intersecciones Psi: Revista Electrónica de la Facultad de Psicología de la UBA* 2012;2(5); available at http://intersecciones.psi.uba.ar/index.php?option=com_content&view=article&id=152:el-psicologo-como-psicoanalista-problemas-de-formacion-y-autorizacion&catid=9:perspectivas&Itemid=1 (last accessed 29 Mar 2013).
43. See note 8, Dagfal 2009.
44. See note 8, Dagfal 2009; see also note 42, Dagfal, Gonzalez 2012.
45. See note 9, Plotkin 2001, at 210–11.
46. See note 42, Dagfal, Gonzalez 2012.
47. See note 8, Dagfal 2009, and note 9, Plotkin 2001.
48. See note 39, Lakoff 2003.
49. See note 9, Plotkin 2001, at 224.
50. Dagfal A. Entrevista. *Letra Urbana*; 2011; available at <http://www.letraurbana.com/articulo/438> (last accessed 14 Feb 2013).
51. The return to democracy also brought about new legislation that enabled those who have a degree in psychology to offer psychotherapy to patients. See Ley 23.277 Ejercicio Profesional de La Psicología, Buenos Aires, 1985 Nov. It is worth noting that, for Lacanian psychoanalysts, the law takes as a starting point a conception of psychoanalysis that they do not embrace: psychoanalysis as just one medical therapy among many other possible medical therapies. On their view, this kind of medicalization of psychoanalysis is mistaken. I thank Paula Castelli for discussion of this point.
52. Pujó M. Una nueva Babel. *Psicoanálisis y el Hospital* 2008;17(33):15–26, at 17.
53. See also note 8, Dagfal 2009. For Dagfal it is impossible to separate the influence of French thought on Argentina from the development and success of psychoanalysis. Dagfal claims that French thought systematically blocked more objectivist psychological lines of thought prevalent in other places.
54. I thank Paula Castelli for useful discussions of some of these issues.
55. See note 18, Martinez 2008, at 10. A similar view is held by others. See, e.g., note 17, Lombardi 2001.
56. Moscón J. De un discurso... *Psicoanálisis y el Hospital* 2008;17(33):12–14.
57. Muñoz P. Una polémica no tan actual. *Psicoanálisis y el Hospital* 2008;17(33):59–62.
58. This concern is particularly evident in the reaction in Argentina to the news about the recent ruling from the health ministry in France (where, until recently, the French medical establishment treated autism with some kind of psychotherapy) that calls into question the use of psychoanalysis as a treatment for autism. Chacon P. El autismo, ¿una causa perdida para el psicoanálisis? *Revista de Cultura* Ñ 2012 Oct 15; available at http://www.revistaenie.clarin.com/ideas/psicologia/El-autismo-una-causa-perdida-para-el-psicoanálisis_0_792520942.html (last accessed 22 Feb 2013).
59. See note 18, Martinez 2008.
60. Castelluccio C. La responsabilidad en psicoanálisis es ética. *Psicoanálisis y el Hospital* 2008; 17(33):149–54.
61. For a discussion of how this plays out in a psychiatric ward in Buenos Aires, see note 39, Lakoff 2003. This view is shared by several of the contributors to *Psicoanálisis y el Hospital* 2008;17(33).
62. See note 52, Pujó 2008, at 18.
63. This self-imposed ignorance regarding the role and content of neuroethics is shared by a few philosophers as well.
64. See, e.g., LeDoux J. *The Emotional Brain*. London: Phoenix; 1998. LeDoux believes that naturalism does not mean that human beings' subjectivity can be wholly accounted for by appealing to nature, nor does he deny the existence of a psychoanalytic unconscious.

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65. For a discussion of some of the issues raised, see Morse S. New neuroscience, old problems. *Cerebrum* 2004;6:81–90; Roskie A. Neuroscientific challenges to free will and responsibility. *Trends in Cognitive Sciences* 2006;10(9):419–23; Glannon W. Diminishing and enhancing free will. *AJOB Neuroscience* 2011;2(3):15–26.
66. Evers K. *Neuroética: Cuando la Materia se Despierta*. Buenos Aires: Katz Editores; 2010.
67. For a discussion of this issue, see, e.g., Kandel E. Biology and the future of psychoanalysis: A new intellectual framework for psychiatry revisited. *The American Journal of Psychiatry* 1999; 156(4):505–24; Lehtonen J. Dimensions in the dialogue between psychoanalysis and neuroscience. *International Forum of Psychoanalysis* 2010;19:218–23.
68. See note 38, Evans 2005.