Introduction

Whilst the shadow of the Holocaust implored us to consider the notion of moral universals, such as the concept of human rights, the idea of liberal autonomy as the unquestionable basis of a global concept of moral philosophy is problematic. The core of the communitarian position in regards to moral philosophy is such a critique of Enlightenment rationality and liberal humanism as the basis of moral philosophy. In the communitarian view of ethics, values are constructed within communities and are contextualised to particular cultural, social and historical settings. Given that psychiatric disorder, and the concept of mental health generally, are socially constructed this perspective is quite compelling in regards to psychiatric ethics.

Core Concepts

Communitarianism

Communitarianism is a secular moral philosophical theory that has both moral and political applications. It is considered a desultory group of theories, which have been divided into ‘militant’ and ‘moderate’ forms (Beauchamp & Childress, 2001). The main point of cohesion in this moral philosophy is their criticisms of Rawlsian liberalism (Rawls, 1971; Rawls, 1993), in particular the priority of rights and duties over a conception of the good and the primacy of the individual over the collective. The ‘militants’ such as Charles Taylor (Taylor, 1985b; Taylor, 1989; Taylor, 1988), Michael Sandel (Sandel, 1981; Sandel, 2006) and Alisdair MacIntyre (MacIntyre, 1984; MacIntyre, 1988; MacIntyre, 1990) saw people as constituted by communal values and as best able to achieve a good life through community life. They argue for an intersubjective understanding of the practices of an individual, not understandable in isolation. Community can be seen as geographical ‘communities of place’, ‘communities of memory’ linked by a historical narrative, and ‘psychological communities’ who share common moral sentiments (Bell, 2004). The latter are perhaps akin to what Engelhardt described as “moral friends” who share a ‘contentful’ moral philosophy, as against the negotiated norms of “moral strangers” in a pluralistic society (Engelhardt, 1996).

MacIntyre's concept of 'good' relates to individual psychology, rather than a form of social life (MacIntyre, 1984). MacIntyre's alternative view is to argue that ethics reside in group practices occurring within a particular cultural and historical context (MacIntyre, 1998). Hegel distinguished 'Moralität' (an individual liberal morality) and 'Sittlichkeit' (a community based morality linking
individuals to their community) (Hegel, 1952). In considering the *Sittlichkeit*, Hegel sees morality not as a subjective process, but one embodied in a community of legal relationships and moral standards and social institutions (Gutman, 1985). We can approach the lives of individuals living within a social life in terms of those customs or conventions. These customs are internalized in the process of socialization or acculturation. Charles Taylor interprets Hegel's project as one of reconciling the ontological tension between rival notions of man either being part of the natural and social world or the Kantian view of humans as autonomous and self-determining free individuals (Taylor, 1975). Hegel reconciles the two by constructing both the natural and social worlds as expressions or embodiments of a 'Geist'. In doing this Hegel argued that any adequate account of the human subject must rely on an understanding of persons existing in interaction, and becoming individuals only through participation in an intersubjective reality. Charles Taylor sees that Hegel was ultimately wrong, taking the view that Hegel's contribution to moral philosophy was to provide a richer perspective on the individual and his or her relation to society. Taylor seeks to locate morality outside of the individual subject (Taylor, 1989). Taylor argues that the Enlightenment doctrine of autonomy and self-sufficiency inflict a process of "atomism" on Western culture (Taylor, 1985a). He rejected this view, arguing that ethical norms make no sense outside of a particular socio-cultural and historical context.

David Bell attempted to lay out a communitarian "ontology" (Bell, 1993) arguing that we unreflectively act on the values of our shared social practices, which constitute the source of our personal identity. Bell distinguishes "universalism" from "particularism" in terms of ethics (Bell, 2004). Bell defines particularism as the claim that there are no defensible moral principles. Despite this, he argues that the communitarian position, at least in a geopolitical sense, is one of cultural particularism (Bell, 1996). Bell argues for particularism along a number of lines. Firstly, cultural factors affect how different societies may prioritize rights. Secondly, cultural factors may affect the justification of rights. Thirdly, cultural factors provide "moral foundations for distinctive political practices and institutions".

**Social Constructivism**

Social constructivism emphasizes the importance of culture and context in understanding what is happening in society and how knowledge is constructed within that particular setting. Burr (Burr, 1995) stated that the constructivist position had a series of assumptions. Firstly, the world is known through human experience, rather than objective fact, a process largely mediated by language. Secondly, this process is one of social interaction, which is unique to a particular group at a particular point in time. Third, the 'knowledge' derived from the first two factors is sustained by social processes, largely determined by the conventions affecting the way in which information is communicated. The final assumption is that reality is socially constructed by patterns of communication behavior within a social group or culture.

Applied to psychiatry, the social constructionist position looks at how disorders and their treatment are viewed, and how the profession constructs its values in a particular social context. Horwitz defined the constructionist position in regards to psychiatric disorder as being constituted by social systems of meaning, not naturalistic phenomena (Horwitz, 2002). Psychiatric disorders are defined by cultural rules evident in language such as ‘unreasonable’, ‘dysfunctional’. The limits of the constructionist position of psychiatric disorder are, firstly, that it pays no heed to the observation that many conditions have underlying brain pathology, and therefore cannot provide an account of such extant universals as severe mental illness. Moreover, the constructionist position is undermined by its incapacity to provide an account of comparisons of psychiatric disorders between cultures and therefore it does not provide a coherent system for critiquing mental illnesses. The process of how psychiatrists construct values in a form of social contract has been discussed elsewhere (Robertson & Walter, 2007)

** Argentine Psychiatry**

Argentina is one of the most enigmatic countries in South America. Argentina is comprised of a highly urbanized population and many originally regarded themselves as a European enclave. Argentine literature displays narratives of disillusionment, isolation and colonization from European cultures. José Hernández's poem *La Vuelta de Martín Fierro* (1879), considered to be somewhat of an Argentine foundation myth, depicts themes of a gauchito's hope for a better life in the face of 'Europeanization' of Argentina, only to be bitterly disappointed. Manuel Puig's novel *Betrayed by Rita Hayworth* (Puig, 1981), tells of the virtual solipsism of Argentines locked into an insular perspective of their lives. One particular feature of the lives of *Los Porteños* (residents of Buenos Aires) is the national preoccupation with psychoanalysis. Argentina has 29 analysts per million people, one of the highest concentrations in the world (Plotkin, 2001). Sandra Baitia described the recent Argentine experience:

“I live in a country that has faced lots of societal tragedies in the last three decades. We’ve had military governments that spread terror and literally made thousands of persons disappear. We have had consecutive financial crises that dropped thousands of people into poverty, malnutrition and unemployment... We have lots of people who had to deal with the effects of several kinds of traumas, in which there was always a constant and deep sense of not being important to those who are supposed to care about you.” (Baitia, 2005b)

**Themes in recent Argentine history**

1. Peronism

During the late nineteenth and early twentieth centuries, Argentina's economy grew rapidly, supported by a high volume of exports and high levels of foreign investment. Consequently, Argentines identified themselves with Europe and North America rather than with Latin America. Unfortunately, for the remainder of the twentieth century, Argentine history has been characterized by instability, corruption and coercive use of state power. Military coups occurred in 1930, 1943, 1955, 1962 and 1976. The populist leader Juan Perón was elected president of Argentina in 1946 and pursued quasi-national socialist policies of nationalisation of industry and empowerment of the working classes. The political
philosophy of Perón’s party, the Partido Justicialista, was similar to Fascism or Gaullism. Surprisingly, Perónism developed into a type of anti-establishment view, in particular when Perón was in exile for 20 years from the mid-1950s. Argentina’s obsession with Perónism was embodied in the cult of celebrity which surrounded his first wife Eva (or ‘Evita’). Peronist national socialist ideals may partly explain why Argentina was a haven for ex-Nazis like Adolf Eichmann, Erik Priebke and Josef Mengele (Göni, 2002)

After the death of Juan Perón in 1974 a military coup d’état removed his second wife Isabel from office in March 1976. There followed a military junta led consecutively by Generals Videla, Viola, Galtieri and Bignone. Political persecution predated the Dictatorship and it is possible up to 1000 Argentines disappeared under the rule of Isabel Perón, whose complicity with the military prior to the dictatorship led to her being indicted for crimes against humanity in January 2007(2007).

2. Dictatorship

The military dictatorship from 1974-1982 was the bloodiest in South American history. Up to 30,000 Argentines perished in what was described as a “mini holocaust” (Knudson, 1997). The military had seized power on the pretext of instability caused by insurgency within the population. As one author described: “In the years that preceded the coup d’etat of 1976, there were acts of terrorism that no civilized community could justify. Citing these deeds, the military dictatorship unleashed a terrorism infinitely worse (p.5)” (Sabato, 1985)

The Argentine military had a tradition of perpetrated pogroms. ‘Throat slashing squads’ were in operation during the nineteenth century Pampas wars. After the end of the military junta in 1982, many of the perpetrators of human rights abuse outsourced there ‘expertise’ to other dictatorships in Guatemala and El Salvador (Maechling, 1981-82).

Following the assumption of power, the military embarked on a programme of “National Reorganization Process” (el Proceso) - pro-market reforms and deregulation to attract foreign investment. As part of this, the military also prosecuted “La Guerra Sucia” (“The Dirty War”) against activist groups such as trade-union members, academics, journalists and students. Argentine citizens who suddenly vanished were dubbed los desaparecidos meaning “the missing ones” or “vanishing ones.” To be “disappeared” was a new verb in the Argentine lexicon. ‘Torture centers’ were established, the most notorious being the Escuela de Suboficiales de Mecanica de la Armada (ESMA) or ‘Naval School.’ Tortured prisoners were either executed and buried in the outskirts of Buenos Aires, or thrown from helicopters into the mouth or the Rio Plata in a process dubbed vuelos de la muerte (“death flights”). The Argentine press remained silent out of self interest, although there were elements of fear. Individual journalists and editors collaborated with members of the dictatorship (Knudson, 1997). Some medical practitioners assisted in the torture of prisoners, however, there is no credible evidence of systematic abuses of human rights by the psychiatric profession in the prosecution of La Guerra Sucia (Lewis, 2002). The dictatorship ended after Argentina’s defeat in the Malvinas (or Falklands) War in 1982.

3. After the Dictatorship

The military dictatorship ended after Argentina’s defeat in the Malvinas (or Falklands) War in 1982. Subsequent governments faced the difficult task of maintaining social stability, appeasing the military and leading efforts to come to term with the nation’s violent recent past. One of the first attempts at the latter was the establishment of a truth commission, the “National Commission on the Disappearance of Persons” (Comisión Nacional sobre la Desaparición de Personas or CONADEP), created by President Raúl Alfonsín. The results of its investigations were documented in the Nunca Más (Never Again) report, delivered to President Alfonsín on 20 September 1984 (1984). During the activities of CONADEP, psychiatrists provided support to individuals who suffered from the psychological effects of trauma (Gomez-Cordoba, 2001). Many survivors drifted into institutional psychiatric care.

At a political level, such denial manifests, ultimately, as gross injustice in dealing with the perpetrators of human rights abuses. Following CONADEP nine former junta members were tried for mundane violations of Argentine law, not for "crimes against humanity". Attempted prosecutions of members of the military led to three abortive uprisings against Alfonsín. To safeguard his rule, Alfonsín then passed Ley de Punto Final (‘full stop law’) in December 1986; this decreed that there would be no new prosecutions relating to the dictatorship after 60 days. Alfonsín also passed the Ley de Obediencia Debida (Obedience law), which exempted low ranking officers against prosecution, virtually enshrining in law the ‘Nuremberg defense’.

4. Financial Crisis

Carlos Menem was elected President of Argentina in 1989. Nominally a populist Peronist, Menem presided over the dismantling of the Peronist project in Argentina with the closure of nationalized industries, ending government centralism. Such libertarian policies led to rising unemployment, abrupt shifts in wealth and the disruption of traditional social structures. Much of the Argentine population declined into poverty. Political discontent grew through the 1990’s. By mid 2002, the Argentine peso, previously pegged to the US Dollar, was worth about $0.25 USD. Riots in mid-December 2001 led to 26 deaths, prompting De la Rúa to declare a ‘state of siege’ and the imposition of censorship of all news outlets from Buenos Aires. In 2002 Nestor Kirchner became president heralding a retreat from the complete laissez-faire approaches of his immediate predecessors.
Themes in the history of psychiatry in Argentina

Argentina has been characterised as a conglomerate of psychoanalytic culture, a recent history of political violence and an “unrealized project of social modernity” (Lakoff, 2005) (p.44). In Argentina, psychiatry is on the margins of medicine. Contemporary psychiatry in Argentina comprises “a heterogeneous set of practitioners - psychoanalysts, neuroscientific psychiatrists, drug marketers, patient activists and others” who “creatively assimilate multiple techniques into their work of expertise” (Lakoff, 2005) (p. 177).

Psychiatry was not defined as a separate discipline in Argentina until the late 1940s. Early twentieth-century Argentine psychiatry was closely linked to criminology and was strongly influenced by alienism and mental hygiene. The Liga de Higiene Mental was founded in 1929. Crime and ‘degeneracy’ were considered a consequence of immigration and the large wave of migration to Argentina in the early twentieth century were considered responsible for the increase in crime. Psychiatry, predominantly based in large asylums ("manicomios") became part of a larger medical apparatus set up by the state to control the new urban masses (Abelard, 2003; Plotkin, 2001). Argentine psychiatrists adopted Kretschmer’s constitutional psychiatry. Psychiatric patients, mainly immigrants or residents of poor rural areas, fell victim to psychiatric admissions processes in which civil codes were largely ignored. A number of patients faced involuntary admission on the basis of pecuniary family interests (Abelard, 2003).

Initially, psychoanalysis was considered to be a therapeutic tool to be employed by physicians. In Argentina, it became part of general culture. ‘This is reflected in the articles published in Psicoterapia, Argentina’s psychoanalytic journal, where conceptualised psychoanalysis as a response to the problems of modernity. It advanced a progressive political agenda which comprised the complete renunciation of society through psychoanalysis. In an attempt to integrate the ideas of Freud and Marx, it was argued that the psyche was merely a reflection of the social order. Argentine psychiatry evolved a tradition of social action. The mental health community in Buenos Aires defined itself as “mundo-psi”. Poverty, social injustice and socio-political tensions were considered in mondo-psi as contributory to mental illness and therefore of concern to psychiatry (Guerrino, 1982). Peron barred psychoanalysts from the public health system, which saw psychoanalysts distance themselves from psychiatrists and adopt a more Lacanian view. Psychoanalysis then morphed from a medical intervention into a cultural response to Peronism (Plotkin, 2003). As Plotkin argues “in the 1960’s psychoanalysis was 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 “modernity” (Plotkin, 2001) (p 71). Psychiatry was equally politicised in the Peronist era and after the overthrow of Peron 1955, Argentina was effectively ‘de-Peronized’. With this came the emergence of the concept of “mental health”. The Instituto Nacional de Salud Mental (INSM) was formed in 1957. Subsequent repressive regimes in 1966-73 further radicalized psychiatry, with some psychiatrists persecuted for their social activism. To the junta leaders, psychiatry was an instrument of social and political struggle. The Salud Mentale movement of the 1960’s championed psychoanalysis as a means of social advancement; the focus of intervention had always been towards “the social” rather than “the medical”.

During El Proceso, Marx and Freud were denounced as intellectual criminals and Salud Mentale as a means of subversive indoctrination. Psychiatrists and psychologists were persecuted. Salud Mentale practitioners were targets of kidnapping and torture during the dictatorship. However, some forms of psychoanalysis were encouraged by the dictatorship, insofar as they were viewed as fostering introspection and discouraging attempts to change social and political conditions (Plotkin, 2001). Salud Mentale practitioners returned to positions of influence after the dictatorship, but in a diminished capacity. The Salud Mentale experience of the dictatorship carried with it a type of “historical consciousness” (Lakoff, 2005). Plotkin argued that the main consequence of El Proceso was the uncoupling of psychoanalysis and the political left. This depoliticization also provided oxygen for Lacanian thought (Plotkin, 2003).

The economic and social crisis of late 2001 had a significant effect on Argentine psychiatry. Psychiatrists lost income streams – in some circumstances, cheap or free psychotherapy was offered as part of a barter system in so-called clubs de trueque (exchange clubs). The widespread economic instability imperiled the bourgeois demand for psychoanalysis. The use of antidepressants and briefer psychotherapies increased significantly. This process had started under Menem, following a World Bank (Worldbank, 1993) recommendation of reallocation of healthcare resources, creation of a competitive market environment and the introduction of auditing techniques – a model akin to US-style managed care. With the modernization of the Argentine health system, commercial pressures began to influence psychiatry in Argentina. The introduction of the DSM system and the influence of pharmaceutical companies influenced younger psychiatrists. The resistance to North American Psychiatry was based upon its association with the unwanted reforms of the 1990’s, although it is argued that it may relate to a deeper resistance to Northern Hemisphere intellectual influences based upon a long standing sense of Argentina being a form of “peripheral modernity” (Lakoff, 2005).

Conclusion

The recent history of Argentina has been characterised by great instability and an unusual amount of trauma imposed by military governments in the form or brutal political repression. More recently, economic problems have caused severe hardship for many Argentines. During the military government, psychiatrists were both witness to the suffering inflicted on political dissidents or suffered themselves. The general cultural approach to these traumas, which appears to emphasise forgetting and moving on, provides the cultural framework in which the psychiatric profession has to work. Because of their embrace of psychoanalysis and idealist philosophies, psychiatrists and psychoanalysts embraced broader social and political views in addition to individualised therapeutic ones. This approach has been epitomised in the activities of the Salud Mentale movement. The ideas of psychoanalysts resonated with the public, which led to Argentina having one of the highest relative numbers of psychoanalysts.

Recently, psychiatrists are experiencing the influence of North
American approaches in psychiatry, most visibly embodied in the use of DSM and the use of psychopharmacological treatment. Most Argentine psychiatrists feel that North American approaches are not easily combined with their own approaches. However, because of the vulnerable position of Argentine social institutions, they feel that they are unable to counter them.

References


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