La Boca, which literally translates as “the mouth,” is a barrio known as the birthplace of the tango, and it has a rich history of immigration that traces back to the 19th century. During that time, an enormous influx of Italians settled along the Buenos Aires waterfront. Soon after the first wave of immigrants, the Italians were joined by Spanish, French, Eastern European, and English arrivals. While remnants of this European influence are evident throughout La Boca’s Italian cafés, colorful murals and conventillos – collective urban housing units that are shared by up to eight families – the demographics of the community and its dynamic in survival in Argentina’s current struggling economy have seen pivotal changes in the past century. As La Boca is a working-class community, it feels firsthand the whiplash of Buenos Aires’ violently fluctuating economy in many families’ own struggle to maintain financial stability. Many residents of La Boca and neighboring barrios work over 60 hours a week for themselves and the (often large) families they support to barely get by. While this financial support is integral, sacrificing time with loved ones can come at an even higher price when parents are unable to help guide their children through their academics and beyond, with funding for after-school programs instead being invested in job creation for the parents of Buenos Aires.

Once a few blocks past El Caminito (“the little walkway”) – a famous tourist site full of souvenir shops, restaurants with live tango shows, and bright, redone conventillos – lies the “authentic” rest of the La Boca community that tourists in countless websites and guidebooks are discouraged from exploring on their own. As an outsider to this community and a non-native Spanish speaker, I quickly learned upon arrival that very few people in La Boca speak English; they in fact feel no urgency or need for English, peppering words of Lunfardo, an Argentine dialect that originated in Buenos Aires, throughout their conversations in both casual and professional settings.

This “less explored” section of La Boca was my daily terrain. I felt the remnants of its past and present as I walked by the Italian restaurant I always passed, with the sounds of tango music and the smell of freshly baked empanadas greeting me every day.

The next two blocks loom grey and dreary in Argentina’s winter chill, with crumbling conventillos decorated in graffiti that an outsider cannot completely decipher. It’s easier to walk through the streets than on the uneven sidewalks, although one still must beware of zooming motorcycles, dogs, and their feces. The dogs are the least threatening of the three, because they are not strays, as they too are members...
of the community. Dodging the occasional stream of sewer water, I scan the streets, unsure if I prefer them to be completely empty or busy, as I still get nervous about who might target an obvious visitor in a neighborhood that is notorious for its petty crime. La Boca is so much more than its bad reputation, but it is still a place in which dressing modestly and keeping a low profile are necessary precautions.

I walk past a police officer who often stands at the intersection, less to direct traffic and more for security for La Boca’s residents. To my left is a park with a run-down carousel that plays a carnival tune whose cheery notes are out of sync with the dreary surroundings. A group of young boys play soccer, while grown men on their lunch break congregate on the benches.

To my right, I walk by a large appliance store where a guard stands outside, wearing a full bullet-proof uniform. We make eye contact and I can tell that he doesn’t understand what I am doing in this part of Buenos Aires, as though I am a lost tourist having taken a few too many curious turns into the heart of La Boca. I take such looks on the streets as warnings to the potential danger, and it causes me to walk faster and with more purpose, tightly clutching the strap of my bag as I climb the steps up to the yellow painted building of the health clinic, CeSAC N9.

CeSAC N9 (Centro de Salud y Acción Comunitaria, the Center of Health and Community Action) stands out from the grey and decaying buildings beside it. A large sign outside of the clinic says “Argerich Hospital,” representing the public hospital with which this clinic is affiliated. I make my way past two stray dogs with dusty yellow fur sitting at the top of the steps, and I marvel at just how distinct each of this community’s dogs is from one another, with their own designated territory of La Boca to protect. Slowly opening the clinic’s swinging doors, careful not to let in these two curious creatures, I enter the waiting room. Relief and comfort flood my body as I am greeted by the clinic’s security guard, and I feel safe within the clinic’s bustle and warmth. In this place, I am not just a seemingly lost American, but a member of the clinic’s mental health care team.

The same bright, clean yellow color on the clinic’s outside continues within, covering the walls, chairs, and signs. Rowdy children waiting for their appointments climb and explore the waiting room area, scouting for toys, playmates, and their mothers’ attention. Young mothers openly breastfeed their babies as they wait their turn, chatting with their neighbors over the fussy screams. It is always a chaotic scene in the waiting room, but it is also a place of reunion for many community members who don’t have the luxury of time to see each other in between holding down jobs, families, and the difficult situations life throws at them. While families dominate the waiting room, in the corners of this space I see the drug addicts, nursing a black eye or trying to shake the symptoms of withdrawal while sipping on mate. The

Within these walls, solutions are born and created, but it is also a place where this community’s problems and hardships are uncovered and dissected – a difficult task for both the healing and the healer.

Confronting the past to understand the lives of the present

“Everyone knew someone who had disappeared,” explained Professor Reyes de Deu, my Latin American literature professor. I was enrolled in this class during the second semester of my first year at Brandeis. This had been one of the first moments in my college career in which a professor spoke of a moment in history that had a personal impact on her own life, as well as on her community. She had been describing the widespread nature of the consequences of Argentina’s Dirty War and dictatorship from 1976-1983, a period of state terrorism during which more than 30,000 people were detained, went missing, or were killed at the hands of the government. An introductory text on this topic described the government’s violent tactics as having “penetrated deep
into the homes of the Argentine people, and disrupted the relations of protection, safety, trust, and love that dwelled there. Nearly two-thirds of all disappeared were abducted at home. These disappearances were so frightening because they were not public but intensely private and personal. The most immediate military objective was to sow terror and confusion among the guerrilla forces, but the repressive method soon spread to civil society as a whole.

Hearing of such immense militaristic repression and human rights violations from someone who had lived through it left me speechless. The day before, we had been analyzing the literature of Argentine writers and poets of this era who had fearlessly spoken out against the dictatorship (these words, written in a language still very foreign to me, had not held the same power that they now did just a day later). The rest of that day’s class was spent analyzing the political music of Charly Garcia, an Argentine singer-songwriter. One of Garcia’s most famous songs was “Los Dinosaurios” (“The Dinosaurs”). The first lyrics of the song expressed the very real danger Argentines from all walks of life were in during this period:

“Los amigos del barrio pueden desaparecer
Los cantores de radio pueden desaparecer
Los que están en los diarios pueden desaparecer
La persona que amas puede desaparecer,
Los que están en el aire pueden desaparecer en el aire
Los que están en la calle pueden desaparecer en la calle.
Los amigos del barrio pueden desaparecer,
Pero los dinosaurios van a desaparecer”

Garcia’s lyrics chillingly emphasize the widespread fear that the military regime brought within Argentina. Every Argentine ran the risk of becoming another desaparecido in a nation where citizens could no longer trust their government or even, in some cases, their neighbors. The last line, guaranteeing the disappearance of the dinosaurs, is a metaphor for the record of Argentina’s government’s actions, a record that would soon become as extinct as the dinosaurs in the history of humankind. It would be nearly impossible to uncover the remains or evidence of this mass injustice towards thousands of disappeared citizens and their families. The repressive socio-political climate at the time made many artists hesitant to create politicized, evidently critical expressions of art. Despite the danger in which Garcia put himself in writing this song, it is the song’s central theme of injustice inflicted on any and all members of a community that brought it so much nationwide success, because this experience rang true for so many in Argentina.

I thought about the words of Charly Garcia as I stood in the Museum of Memory during a day trip to Rosario, Argentina, a city that was a four-hour bus ride away from Buenos Aires. After the previous three semesters of learning about the Dirty War in Argentina through the lens of my Argentine Brandeis professors, I was curious to see how the country where this conflict occurred would tell this story of repression, deception, and violence. In presenting a country’s own history to the public, there is always a degree of bias involved, and I was intrigued by the way...
in which this narrative of both collective and individual trauma was handled in
the museum. I was accompanied by my
friend Facundo, a local Rosarino I’d gotten
know to during my first three weeks in
Buenos Aires. Although he had attended
university only a short walk away from
this museum, this too was his first visit.
With large windows letting in the afternoon
sunlight, it resembled a bungalow-style
house far more than whatever I had
imagined a museum of repression and
injustice would look like, Every room of the
museum had a different interactive activity
or visual presentation, which included
the stories of various victims and their
families. Facundo and I walked from room
to room together, passing his mate tea
cup back and forth, and only breaking the
silence to ask clarifying questions about
unfamiliar words or phrases I’d read or
heard in the exhibits. In the second to
last room we stood before a dotted map
of Argentina, in which each of the points
represented a clandestine detention center
where thousands of Argentines were
questioned, tortured, and/or killed. This
violence did not discriminate by gender,
age, or socioeconomic status, as the
victims included unborn babies, young
children, pregnant women, students, and
older adults. In the visualization depicting
the widespread terrorizing of the nation,
the red dots on the map suggested that
the entire country had contracted the
chickenpox. Nearly every territory and
major city of the country had at least one
detention center, and in the urban areas
that held the heart of political life, such as
in Buenos Aires and Rosario, the plague of
red dots formed large overlapping clusters,
demonstrating the enormity of the military’s
control.

While I was engrossed by the different
photographs, documents, and narratives
that every room presented, I was also
trying to gauge my Argentine friend’s
reaction to what happened only a couple
of years before his birth. His parents
themselves had only been college
students at the time of the dictatorship.
Although they had never personally been
under suspicion for political dissent,
many other university students of their
time had been questioned and tortured in
detention centers, with eventual release
being very unlikely. His mother was
unable to study her preferred academic
interest of psychology, since all schools
of social science had been closed by
the government. Facundo explained that
academic disciplines such as philosophy,
psychology, and sociology were
suspected of encouraging further acts of
political dissent among students, so the
government simply forced all universities
to stop offering them, oftentimes arresting
these schools’ professors. I felt a certain
emotional distance from Facundo as he
explained this all to me, as he spoke of
these events in a tone of casual incredulity
as though it was a fantastical tale and
not a historical event in Argentina. He
continued to refill and pass me the mate
tea.

As someone who felt the emotions of the
past experiences of my family, community,
and country deeply and intensely when
reflecting upon them, observing Facundo’s
way of telling his family’s narrative was
perplexing to me. I looked for signs in
him of the rage and sadness that such
injustice inspired in my own heart, but
Facundo appeared to be his usual calm
and collected self. The apparent
emotional distance between himself
and the recent tumultuous history of his
homeland a way to protect himself from
the trauma that such a reality could inflict
vicariously, if he engaged with it in a
deeper, more involving way? Moments like
these showed me that my cross-cultural
exposure in Argentina surpassed the
general discussion of mental health care
and treatment, exposing me to different
approaches to expressing and reflecting
upon trauma – personal, collective, and
second-hand. There was no gold standard
in approaches to conversations about
trauma, especially by affected parties, and
I would learn this more and more every
day through my interactions with local
Argentines both inside and outside the
health clinic’s walls.

* * *

I began to wonder how this time in
history was reflected in Argentines’
present-day relationship with their
government, with each other, and with
outsiders. Many would argue that this
tumultuous time in Argentina’s history
shattered a foundational layer of trust this
country’s citizens had once had with their
government, as the immense psychological terror bled into the most intimate parts of people’s lives – into their jobs, homes, and families. This difficulty with trust is one that has recurred in Argentine history, and is evident in Argentinians’ lack of trust in the volatile nation’s economic system (as reflected in the violently fluctuating value of the Argentine peso and in inflation), and especially in banks and the credit system since the devastating 2001 economic default.

Many of the same families that felt the terror of the military junta of the ’70s and ’80s now willingly open their doors to the medical professionals of CeSAC, especially in the most vulnerable of moments. I witnessed this sacred trust shared within a community between patients and their doctors, as well as the trust and respect shared between medical professionals. Although CeSAC itself was affiliated with a public, government-funded hospital, it was evident that its doctors and nurses did not consider themselves as “workers of the government” but rather workers for their patients, going far beyond the bare minimum to be there for their patients with whom they had built long-enduring relationships. This is largely due to the decentralization in Argentina’s public health care system, in which local health centers operate according to township policies. This was the new system of trust in Argentina – one that required a long time to develop, dedication to maintain, and a certain faith in humanity on a person-to-person basis to believe in. Understanding this was not instantaneous or easy, but reflecting on my identity as an outsider and how that translated into the way in which I was received was necessary in order to understand the context in which I was working in on a daily basis in La Boca, in CeSAC.

Finding Guidance in Alcira and Spontaneous Diagrams

“Here she is, the famous Alcira!” Jimena said, as she excitedly showed on her phone a black and white photograph of my internship coordinator, a woman I had yet to meet. It was my first day at CeSAC, and Alcira was on medical leave for the week due to arthritic wrist pain. She had asked Jimena, a psychology student in residency, to help guide me through my first day, since Jimena had spent the past few years working at the clinic.

Looking at the photo of Alcira, I appreciated that it was not a generic posed photo most people used for their professional work. This photo showed an unsmiling woman staring directly at the camera, with long brown hair framing her pale face. Despite the lack of a smile, Alcira did not appear unapproachable or harsh; rather, I felt a certain unapologetic sadness in her demeanor, embracing the emotions that she felt instead of hiding behind a smile that may not have reached the eyes. I looked forward to getting to know the person behind this photograph.

That first week, I received most of my daily guidance from Alcira through email. I would sometimes get responses from her past 11:00 PM, less than 12 hours before I had to be at whatever activity she was inviting me to be a part of. I had a difficult time adapting to the last-minute nature of my assignments, but was also surprised that Alcira’s dedication to her job extended way past her work hours and into her personal vacation and rest time. Walking through the clinic’s halls, I would hear her name among other medical professionals in conversation. It was clear that Alcira was someone who was vital not only to her patients but to the running of the clinic itself.

After a week of emailing each other back and forth about the logistics of my everyday tasks at CeSAC, finally meeting Alcira felt like a reunion with a distant relative whom I had not seen in a long time. We hugged each other the first time we met, an act unusual for Argentines who generally limit their greetings to a kiss on the right cheek. She was the first person in the clinic who I felt was able to fully
While Alcira faced the many injustices of socioeconomic disparity in her everyday life and at home in Chicago.

While Alcira faced the many injustices of socioeconomic disparity in her everyday life and at home in Chicago. She had always felt like the most natural career for me, and working in the public health field is where I believe the most rewarding results happen.” However, these results were hard-earned, as Alcira knew from having worked in the clinic for the past 12 years as the head psychologist. She approached her job at the clinic with an interdisciplinary lens, taking in each patient as a whole, complex human with physical and emotional needs and potential dysfunctions that revealed interconnected systems. Consulting with her patients’ psychiatrists, social workers, and even nutritionists, Alcira’s care and concern for her patients was evident in her ability to follow many of their narratives so closely.

During the first half of my internship, Alcira and I would meet every week and discuss the clinic’s mission and history, and address any questions I had. It became a habit for her to say “Te suenas?” every so often, asking if what she was explaining was ringing a bell for me. Aside from her verbal explanations, Alcira’s love for drawing maps and diagrams almost took on a comical tone. She eventually came to our meetings prepared with paper and pen, as my questions had the tendency to lead into conversations about the geographic distribution and dynamics of the different areas of La Boca. I learned the most from her during these meetings, which often went way past our scheduled time. As one still very much in the American mindset of punctuality and time efficiency, I felt much more aware of time and its passing far beyond the time Alcira had intended to allot to our conversation. I wondered how the people at her next appointments were handling this constant tardiness. Alcira, however, was not at all bothered, saying, “No pasa nada” – “it’s alright, nothing happened” – indicating that nothing terrible would happen if one was a few minutes late; everyone was, in one way or another. Getting used to this habitual late start to every meeting and event inside and outside the clinic was not easy for me. However, with Alcira’s reassurance, I learned to approach my work commute with less anxiety as I knew that Buenos Aires’ unpredictable bus breakdowns and changed routes were built into the “Porteño reality.”

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This reality was nearly universal with respect to tardiness, but it varied immensely in other areas. In our conversations, Alcira emphasized the disparity in experiences, resources, and quality of life for the citizens of Buenos Aires, varying from barrio to barrio. In illustrating this, she pulled up a map of the city on her phone, split into subsections according to the main neighborhoods such as Palermo, Belgrano, Recoleta, and La Boca. The city is split into North and South – rich and poor – by Rivadavia Street, with a 40-minute bus ride across the city revealing the stark inequality one could perceive just by staring out the window.

Alcira herself was born and raised in Barracas, a southeast neighborhood of Buenos Aires. She has lived in the same house her entire life, a home she inherited from her parents, who inherited it from her grandfather who emigrated from Spain. At the time that her grandfather immigrated to Argentina, Barracas was one of the wealthiest neighborhoods in the city, with plenty of property for wealthy immigrant families to retain and then rent to other incoming immigrant families. “It shares a similar history to La Boca in both the past and the present,” Alcira explained, as these neighboring barrios both received a huge influx of Italian and Spanish immigrants in the 18th and 19th centuries, but their socioeconomic climate has drastically changed since then.

Although Barracas is considered a more safe and residential neighborhood than La Boca, both border villas miserias, shanty towns. Alcira shared with me that, “I, a local Porteña, get nervous about walking home alone from the bus stop at night… it becomes a different place in the dark.” I could wholly relate to this feeling, both here and at home in Chicago.

While Alcira faced the many injustices of socioeconomic disparity in her everyday
life professionally, she constantly reiterated that she was fortunate in many respects. While she was lucky enough to own her own home, many others could not. Given Argentina’s wildly unstable economy, the meager salaries of arguably “middle class” porteños don’t stand a chance of covering rising housing costs. “You know Doctor Arias? Juliana the occupational therapist? They have been working in their professional fields for years and still rent their homes.” Alcira’s tone was one of incredulity when she described this to me, a tone similar to the one she used when she witnessed during monthly home visits the inhumane conditions in which many of the clinic’s patients lived. She took in these problems and complaints her patients shared with her not only as a clinical psychologist, but with the understanding of a member of the community – their problems were also hers, and she did everything in her power to address them.

It is only possible to gain Alcira’s trust through one’s own display of hard work and dedication, one that surpasses the superficial motivations of money and status. Initially, I looked up to her out of necessity, as she was my guide in the clinic. After eight weeks, however, I looked up to her not just because I lacked direction or purpose without her, but because of her incredible work ethic and dedication to this community.

**Community Dynamics: Collective Struggle and Resilience**

The medical professionals at CeSAC addressed the struggles within this community by supporting families, providing them with health care, informational workshops for senior citizens and new mothers, a weekly free milk program, and at-home visits for patients of urgent concern. The problems that plague the community are unveiled and dissected within the clinic’s walls, whether it is drug addiction, domestic violence, poor housing conditions, or the emotional distress caused by unemployment. While the medical professionals at CeSAC approach such problems seriously and with professionalism, the patient-doctor relationship is one of mutual respect, from one community member to another.

The medical professionals working at CeSAC include pediatricians, a dentist, a nutritionist, psychologists, a speech pathologist, a psychiatrist, social workers, nurses, and more. Most of these professionals only work part-time in the clinic, as many are still completing their residencies or working additional hours at a private office. The clinic employs more professionals than it has room for; the compactness of the space is felt during staff meetings of 15 people in rooms designed for a comfortable conversation of six. Despite the tight space in which chairs are sometimes shared and the residents often offer to stand, cookies and mate are passed around generously. Alcira explained that this constant snacking at every meeting is a form of therapy for the therapists and doctors, as they sat and discussed their patients in difficult personal or familial situations. Munching on sweetened corn puffs and sipping on the burning hot and bitter mate – unsweetened to avoid a complete sugar overload, as Julieta, the occupational therapist, explained to me – they sift through each of their notebooks and the main record file to study patients’ histories in the health clinic and at other public health facilities in the Buenos Aires area. There was rarely any sort of computer or other form of technology used as an aid to their recordkeeping, which was evident in the overstuffed crates stacked up in every office with aging files from years ago.

As the clinic operates with a family-oriented approach, every file is really a folder containing every member of a given family that currently attends the health clinic. Mothers are grouped with their children, and within their own histories there are also hand-drawn diagrams of every family member. Some of these trees are much more complicated, with branches extending and splitting due to deaths of family members, marital affairs that lead to the tense convergence of different family trees, as well as blank parts of certain branches in which fathers are unknown or unable to be found. The doctors in the clinic are accustomed to studying these visual depictions of complex situations, but I looked at these trees and had difficulty being able to connect the foreign names with the faces of patients that I may have
On the way to El Caminito with one of the beloved stray dogs of La Boca.

passed every day at work. It is a unique way of record keeping and conceptualizing patients at a healthcare facility, but it has worked for this clinic for the past 30 years.

Patients and their doctors address each other by their first names and kiss each other’s cheeks upon greeting one another, an Argentine custom for both acquaintances and strangers. To add to the informality in interaction, some CeSAC patients feel comfortable simply knocking on doctors’ doors when looking for their respective doctors, even when it is in the middle of a meeting or an appointment with another patient.

This clinic’s medical professionals approach their patients and the treatment they provide them with an interdisciplinary approach, consulting each patient’s other doctors to help improve the care the patients receive at the clinic. As I had the pleasure of working with such a wide range of medical health professionals, I would often would hear them speaking about the same patient. In one meeting, an elderly man’s nutritionist spoke with his psychologist, discussing his emotion-induced unhealthy eating coupled with his diabetes. In another situation, I spoke with Jimena, the psychologist of Marta, one of the senior citizens in the workshop that I helped facilitate, about ways that we could work to make her feel more included in the workshop’s activities. Her increasing deafness, coupled with her depression-induced insecurity, made it difficult to enjoy singing tango songs with the rest of the group.

There is no apparent hierarchy felt between the different medical professionals at the health clinic, although there is a power dynamic between residents and their mentors that nevertheless maintains mutual respect between both parties. While residents still attend to their own patients, they often discuss and debrief each patient encounter with their superiors, learning as they practice the theories they were taught at university.

Although they take their practicums seriously, at times I would hear residents discuss their patients’ histories of trauma as though they were reciting grocery store lists, mentioning rape and domestic abuse as though they were casual occurrences in daily life. The first time it happened, I was shocked as Juana, one of the resident psychologists I shadowed during mental health admission interviews, described a patient struggling to verbalize her fears. In expressing her impatience with her patient, Juana said, “Finally, in the last five minutes of the appointment, she decides to quickly mention that she was raped by her uncle when she was 14 years old. Just what we needed, right?” I was shocked by the insensitivity of her tone. I wondered how patients could ever trust their therapists if they then demeaned and belittled their problems with others. However, the other psychologists in the room nodded their head in understanding, sympathizing with Juana’s frustration, which I realized went beyond her patient to how problems such as domestic abuse and rape went unchallenged in economically disadvantaged communities. This conversation that Juana had with us was less about educating and informing us about her particular patient, but more about a community coming together to listen and share the collective problems the larger community of La Boca faces.

The presentation of such problems was not limited only to the victim’s perspective, since the clinic’s patients also included the perpetrators of these situations. I would notice a hardening in Alcira’s eyes when communicating with those on parole for domestic violence or drug abuse, listening to them with the same attention but through an underlining filter of skepticism, deliberating on how much weight and trust she could place on certain elements of their narratives. Some would come to their appointments only because it was legally required in order to regain parental custody rights or governmental welfare benefits. Others would attend their appointments in moments of convenience, although the clinic’s waitlist for receiving psychotherapy continuously grew during each week of my internship.
The clinic can only do so much to help this community, since their efforts and suggestions in workshops, therapy sessions, and home visits can only go as far as their patients are willing for them to go. There is little the clinic’s professionals can do to hold their patients accountable. The challenges many face in regularly attending therapy, as well as support groups for problems such as drug addiction, frustrate many doctors at CeSAC.

Home Visits: Attending to the Root of the Problems
CeSAC’s at-home patient visits grew to become a neighborhood-wide outreach program, checking in with patients with serious medical problems who have not frequented the clinic as often as they should. In the windy Argentine winter, similar to New England’s colder autumn days, teams of doctors walk through the streets of La Boca, past the decaying conventillos of their patients, unfazed by the stray dogs following closely behind. Without needing to use any navigator or map to locate each patient’s home, the oldest doctors lead the rest of the team of medical professionals from a range of fields of health care. When conducting these at-home visits on a weekly basis for years, visiting patient’s homes becomes second nature, as though you they are visiting the home of a longtime friend or family member – though the living conditions of these patients generally differ greatly from those of the medical professionals. My own role during these home visits was that of an active observer, focusing my attention on the patients as well as taking in the surrounding details of the living space.

During these visits, it was evident that many members in this community live in incredibly inhumane circumstances, often sharing between eight family members only a few rooms with no heat, and with a recent rat problem that has been plaguing much of the community’s poorly kept housing units. Walking out of the homes and back on our way to the health clinic, doctors debrief by not only discussing their visit with the patient but also expressing their disgust, not at all directed at the community members, but at the way in which they are forced to live, paying so much to their exploitative landlords as a price for renting illegally in these conventillos. I felt this frustration from Alcira and other medical professionals at CeSAC, knowing that every time a medical problem was solved, the dangerous environment in which many members of La Boca live would likely create another problem for that same person or family. In focusing on community problems and ways of combatting them on a case-by-case basis, individualizing the solutions accordingly, was social change on a broader scale possible? While the roots of such problems were discussed at length, what was the best way to prevent a domino effect from occurring, when certain issues stemmed from systematic problems that required change in both law and policy for the people of La Boca?

In many cases the problems facing the community of La Boca had a cyclical tendency, with the neglect of one facet of the neighborhood’s well-being eventually seeping into the homes of CeSAC’s patients in both new and old ways. One of the first home visits in which I participated, accompanying Alcira and the rest of the CeSAC team, was to speak with Alma, a mother and grandmother whose family had faced recent heartbreak when her son’s infant daughter died in a neighborhood fire. The fire began in the shared backyard of a poorly kept conventillo, causing eight other deaths, including two firefighters who had tried to put it out amidst the immensely cluttered and densely lived-in space.

The reason for the visit was not specifically to console Alma about the death of her young granddaughter, but to speak about her son’s increasing truancy and missed therapy appointments at the clinic. The conversation took place in a backyard very similar to the one in which the deadly fire had taken place, with a collection of rotting doors stacked on one side of the space, enclosed by the walls of the conventillo that housed several of La Boca’s families. Contrasting with the solemnity in Alma speech and demeanor, a young boy and girl from a neighboring family joined us and competed for our attention, fighting over their rusting bike...
and joyfully laughing when the front wheel of the bike occasionally fell off. Focusing my attention back to Alma, I noticed the exhaustion in her dark brown eyes, the deep-set dirt ingrained in the wrinkles of her hands and sandaled feet, and how unfazed she appeared to be by the seven clinic visitors in the backyard of her home. Her current struggling familial situation had left little room for feelings of pride or a desire for privacy, and she listened closely to Alcira’s questions and instructions. Long-term solutions were what Alma needed in order to guide her family in a more hopeful direction. However, this was made more daunting by the fact that Alma herself worked over 60 hours per week as a house cleaner, making it difficult for her to find the time and energy to also ensure that each of her children were attending school as well as getting the mental health treatment they needed after such a traumatic experience.

Both the tiredness behind Alma’s slouching frame and openness to CeSAC’s suggestions made sense – she was exhausted and in the middle of a problem growing much larger than she could deal with on her own, but trusting the medical professionals such as Alcira went beyond dire necessity and was founded on years of past support.

Navigating My Place
During these home visits, I saw the way in which struggling members of the La Boca community lived. Encountering such dire living conditions was shocking and upsetting, making the bunk-bedded room I personally shared with five others seem like a lifestyle of luxury and privilege. In many ways, this indeed described my place within the community – as an American outsider looking in.

Starting with my first day at the health clinic, my status as an outsider and more notably as an American shaped my interactions with the staff members of the health clinic. My coworkers were hesitant to give me responsibilities to do, even the simple task of helping with patient paper work, as many were reluctant to trust a stranger whose reason for being in the clinic was not completely clear. I initially felt frustrated by just how much my role within the clinic’s walls involved observation, as I was eager to be an active participant in the clinic’s dynamic community. I didn’t fully understand why I was received with such hesitation, and only began to understand that the basis of this distrust was not necessarily a product of their impression of me personally, but of a general tendency to distrust outsiders, especially those from a country with historical tensions with Argentina.¹³

I learned to savor the moments when I did feel trusted and let through the intimate doors of people’s lives, both literally during at-home patient visits, and figuratively through getting to know the CeSAC staff in between meetings. In these moments, I was amazed by their willingness to trust me in their most vulnerable states, and it felt like a privilege to be able to bear witness to such resiliency. Although initially struggling with my role as an observer, I learned to use my perspective as an outsider to my advantage, since at times I was able to notice details that others at the clinic perceived as normal. While CeSAC doctors would focus their attention on communicating with their patients and making the proper recommendations, I would take in the spaces around me, taking note of poorly concealed black eyes, children that CeSAC’s records did not account for, and the way in which the patients reacted to doctors. I may not have felt like I was contributing as much in the moment, but through discussions with Alcira and other medical professionals, I found satisfaction in being able to express my observations and ask follow-up questions in regards to the patient interaction we had just had. My own conceptions of the relationship between the patient and mental health care provider were constantly being challenged and refined, as the patients of CeSAC exhibited

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an openness and unashamed nature in their interactions with their therapists and with interns like me. This unapologetic honesty contrasted greatly with the secrecy and privacy I was accustomed to witnessing and participating in regarding mental health treatment in the U.S.

When Realizing That “Talking the Talk” is Not Enough

“Have you personally ever seen a psychologist?” Mechi, the radio talk show host asked me candidly, with the same light tone in which you would ask someone whether or not they had had dinner yet. This was the first question of the interview, four weeks into my time in Argentina, as a guest speaker on “Con Otro Acento,” translated as “With a Different Accent,” a public radio program for the listeners of the southern barrios of Buenos Aires.

Even before the interview had begun, I was nervous, unsure of just how profoundly Yankee I would sound on a radio program meant for local Argentines. I took comfort in the fact that my outsiderness was precisely why I was invited to speak on the show, sharing my thoughts and experiences on Argentina’s public mental health care system while comparing it to the one I knew in the U.S. Upon meeting that afternoon, Mechi and I had gone over a list of basic questions she would ask me, ranging from my educational background, to my first impressions of Argentina and La Boca, and the daily activities I participated in at the health clinic. I knew to be cautious about respecting the privacy of patients with whom I had interacted at CeSAC. I prepared general statements about my daily intern activities without giving away the intimate details of what I had observed within the walls of the clinic during psychotherapy sessions, holistic health workshops, and staff meetings.

I very quickly felt at ease in Mechi’s cheerful presence, with her energy evoking an almost childlike eagerness despite the fact that she was a 27-year-old full-time, sleep-deprived medical student. She had grown up in the southern barrio of Soldati, Buenos Aires, and she hoped the radio show would strengthen community engagement within the southern area of Buenos Aires.

I had been prepared to answer her questions to the best of my ability, as well as being willing to admit when I did not know the answer. “Don’t worry, we all will probably mess up and end up laughing!” Mechi reassured me, as she passed the bubbling mate cup my way.

I was prepared to laugh, to mess up, to feel self-conscious of my gringa accent; it was the very personal realm of my life that I had not been prepared to delve straight into, if at all, during a public interview with a woman whom I had just met on the air. While I had spent a large portion of my first four weeks in awe at how trusting and open La Boca community members were with one another, I felt comfortable and safe maintaining a low profile about my own identity and background. Having Mechi turn the tables on who got to listen and who got to ask questions was not something for which I had fully prepared myself.

I felt something heavy drop in my stomach as an instant response to this question. It was as though time had frozen momentarily, as a thousand thoughts raced through my mind. I felt so scared and conflicted in that moment, as conversations regarding mental health and treatment were considered very personal, if not taboo, in American culture. While it is generally acceptable to see a doctor for a physical ailment, seeking out treatment for mental health is viewed as a sign of weakness or inferiority, impeding many from engaging in productive and healthy dialogue about their own experiences with mental health treatment and ways to improve the system based on that experience. Yet I resented this stigma, one so deeply ingrained in how my society approached mental health.

As a student of psychology, a community advisor at Brandeis, and a passionate advocate of self-care, I wanted to be an agent of change in how my American community viewed and discussed mental health. This was part of my purpose in Argentina, learning and exploring the way in which Argentine culture viewed and discussed the topic of mental health and treatment. As exemplified by Mechi’s spontaneous interview question, one that provoked an instinctive discomfort and hesitation in me, it was clear that the Argentine perspective was very different on how directly and openly an individual might discuss the question of whether to seek mental health care.

Despite wanting to promote a more honest and open dialogue about mental health in my own community at Brandeis and back home, in that moment of indecisiveness

I felt comfortable and safe maintaining a low profile about my own identity and background. Having Mechi turn the tables on who got to listen and who got to ask questions was not something for which I had fully prepared myself.
During my summer in Argentina, there were moments of a kind of panic, brought on by what I perceived as my relatively inactive role as an observer within the clinic’s walls. Where was the social-justice-brought-into-action I had been entrusted with executing by the Ethics Center at Brandeis University?

I felt the deeply internalized stigma when asked a question of this sensitive nature (or what I was taught to perceive as sensitive). Would admitting that I had sought out therapy at one point in my life cause me to lose credibility in the eyes of the radio’s listeners? Would Mechi and the other two radio station hosts, Elisa and Ramon, jump to conclusions about my current state of mental health and see me in a different light? Knowing that this interview would be recorded and made available on the radio station’s website, would a future employer – after translating the interview from Spanish to English, of course – find this recording and reconsider hiring me after finding out that my overwhelmed 18-year-old self had spoken to a therapist during the first few months of my freshman year of college?

Was the horrible feeling that often came with lying worth it to preserve my imagined image? What would I be promoting by succumbing to the societal stigma I was working so hard to fight against? I thought about the patients I had just spent the day getting to know through observations, the mental health professional staff meetings I had participated in just a few hours before, and the clinic’s overall honest and welcoming nature in getting help in all ways for one’s holistic health. I thought of Alma’s ability to be vulnerable and honest in her family’s darkest of times. If I lied about my own experiences with therapy, what was I actually getting out of my time interning at the health clinic, where patients were wholly encouraged to trust their psychologists and psychiatrists with their deepest concerns and problems? To feel open to not only continuing with therapy but also involving their family members in the collective healing process that can come through psychotherapy? These questions raced through my head almost simultaneously, inciting a physical fight-or-flight instinct at being asked to disclose elements of my identity that I was used to keeping to myself and the few I wholly trusted.

With my heart racing, I looked over at Mechi’s expectant gaze and knew that the way in which I chose to answer this question would make a much greater impact on me than it would to anyone else sitting in that room or listening to the radio station. To lie would be doing an injustice to myself and my objectives, to the students I worked with at Brandeis, and to the CeSAC community that was constantly teaching me that the stigma surrounding mental health was only as strong as a community would allow it to be.

“Si…” I replied, trying to maintain a casual, unaffected tone as I gave my answer more context. In reality, I felt anything but calm and composed, as though I had ripped a Band-Aid off of a cut that was not fully healed. In giving context to my experiences in therapy, it felt more like a tactic of defense against how exposed I felt in my honesty. I wish I could say that this public radio announcement brought on instant empowerment and feelings of relief in choosing to answer this question so openly and honestly. However, it was clear that the internalized stigma I detested surrounding mental health was one that had permeated deeply. In learning to embrace and experience my own vulnerabilities, which were heavily guided by my own societal upbringing, the after-shock gradually lessens as does the stigma surrounding topics of mental health and self-care that Americans are only in recent years beginning to acknowledge.

The Representativeness of My Experiences and Impressions

On my last day at CeSAC, I took the bus home and was accompanied by Mabel, a doctor in her residency. We spoke about my eight weeks in the clinic and what my next steps would be. I explained that I would return to university, and would then process my experience through a paper about my internship. “I guess I should probably tell you, then, that most public clinics do not operate at all like CeSAC does…” Mabel said, unaware that this statement completely shook my perception of mental health care treatment and access in Argentina. She continued by explaining that most health clinics in the nation were much more underfunded than CeSAC was, as it was located in the center of Buenos Aires, Argentina’s capital. “What our team does at CeSAC, the interdisciplinary nature of our staff meetings…this is rare in comparison to the way most clinics run, and that’s why it’s so hard to get a job here.” Aside from this being my last interaction with a member of CeSAC, it was one that really challenged my...
newly-developed perceptions of public mental health care in Argentina. While it does not disprove my observations on how this clinic and community operates, it serves to show that eight weeks of fieldwork is obviously not enough to fully cover the complex scope of public health care in Buenos Aires, Argentina. Through my eight weeks, four of which it took me just to begin feeling like I understood the dynamic of the clinic, I did my best in observing how the clinic operated while also grappling with my own purpose for being there. Recognizing the impact of my presence during those eight weeks was mostly possible only in retrospect. While eight weeks may sound like a long time, it simply wasn’t enough to fully integrate myself into the clinic’s work culture, which Mabel reassured me takes years to truly do in a meaningful way. As I don’t have a different clinical experience to which to compare this one, I can only wonder how my experience of integration would have been in an American clinic. Would a lessened degree of outsidership have allowed me to gain the trust of my coworkers faster? Or would other factors, such as my age, have made it harder for me to engage in so many different meetings and workshops of a sensitive nature?

During my summer in Argentina, there were moments of a kind of panic, brought on by what I perceived as my relatively inactive role as an observer within the clinic’s walls. Where was the social-justice-brought-into-action I had been entrusted with executing by the Ethics Center at Brandeis University? As difficult as it was to come to understand the reasons behind my role as an often-silent listener, there was a certain empowering element to this silence, as it provided me with the space to truly watch and try to make sense of my surroundings. With my mind constantly absorbing and processing the externalities around me, my noticing the unnoticed — ranging from the clinic’s underlying dynamics to black eyes during home visits — was part of my contribution to medical staff discussions. Those observations also helped me begin to refine my understanding of what constitutes holistic health, as well as how to approach the dialogue on mental health. I arrived in Buenos Aires impatient to fully immerse myself in the city I had previously only experienced through reading historical papers and novels by Argentine authors such as Manuel Puig and Jorge Luis Borges, consuming Argentine films, and perusing the blogs that provided me with a fair share of descriptions of cultural norms and warnings about being a foreigner in Argentina. It was my first time in South America, and my first time traveling and living alone for an extended period of time. As a young woman in a foreign country, deciding whom I could trust was initially my main concern. But soon after my arrival, my focused shifted to the journey I would face in gaining the trust of others around me — ranging from the staff at the clinic to my international flatmates.

My own process of forming these bonds of mutual trust was similar to the one CeSAC cultivated with its community, as it took time, evident dedication to the work, and a certain faith in the good of humanity. Throughout my time in Argentina, grappling at CeSAC with what it took to trust and be trusted pointed me towards the level of trust required to treat patients and be treated by professionals, to integrate oneself into a working environment, and to interact with a community in a meaningful way. This exploration of trust itself resonated with the story of the creation and refinement of Argentina as a nation; Buenos Aires, as exemplified through La Boca and its history of civil war, is a city dealing with contemporary and historical challenges in which there are constantly decisions being made about whom to trust. The building of community strength that CeSAC helps facilitate — and from which I learned — is a microcosm of the work needed to meet these challenges.

Bibliography


Notes


5. Translated by Regina Roberg.

6. One who has disappeared, commonly used, especially in Latin America, in referring to a person who has been secretly imprisoned or killed during a government’s program of political repression.

7. For more information: http://www.museodelamemoria.gob.ar/


