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Particularities of the Argentinean Cognitive Behavioral Therapists in the land of Psychoanalysis

Particularidades dos Terapeutas Cognitivo-Comportamentais Argentinos na terra da psicanálise

Resumo

Nosso objetivo é descrever algumas das características dos terapeutas cognitivo-comportamentais (TCC) na Argentina. Realizamos uma abordagem qualitativa por meio de entrevistas semiestruturadas para obter uma compreensão profunda e contextual das perspectivas de 15 terapeutas. Os dados foram analisados indutivamente de acordo com os princípios da análise temática. Cinco grandes temas foram identificados a partir da análise das entrevistas: O caminho para se tornar TCC; o papel da política nacional; os motivos pelos quais os clientes se submetem aos tratamentos; a duração desses tratamentos e terapia pessoal em praticantes de TCC. As características distintivas da TCC na Argentina podem estar relacionadas à associação entre psicoterapia e auto-aperfeiçoamento, característica do impacto da psicanálise no contexto argentino. As implicações clínicas desses achados são discutidas e são feitas recomendações para pesquisas futuras.

Palavras-chave: Terapia Cognitivo-Comportamental, Psicoterapeutas, Pesquisa Qualitativa, Argentina.

Abstract

Our aim is to describe some of the characteristics of Cognitive Behavioral Therapists (CBT) in Argentina. We conducted a qualitative approach using semi-structured interviews to gain an in-depth and contextual understanding of the perspectives of 15 therapists. Data were analyzed inductively according to the principles of thematic analysis. Five major themes were identified from the analysis of the interviews: The path to become CBT; the role of national politics; the reasons why clients undergo treatments; the length of those treatments and personal therapy in CBT practitioners. The distinctive features of CBT in Argentina may be related to the association between psychotherapy and self-improvement, a characteristic of the impact of psychoanalysis in the Argentinean context. The clinical implications of these findings are discussed, and recommendations for future research are made.

Keywords: Cognitive Behavioral Therapy, Psychotherapists, Culture, Qualitative Research, Argentina.

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INTRODUCTION

Psychology and psychotherapy are strongly influenced by their cultural context (Korman & La Roche, 2019; Terjesen & Doyle, 2022; Weiss et al., 2021). That is why the applicability of psychological treatments in different cultural contexts has been the focus of frequent discussions in the scientific field (Aggarwal et al., 2020; Weiss et al., 2021).

Researchers with different interests and methodologies have given a central role to cultural characteristics when using treatments developed in a cultural context and when transferring them to another context (Brass & Kirmayer, 2021; Hayes & Hofmann, 2018). We can highlight the specificity of the symptoms, the definition of mental disorder or suffering, the role of therapist, client, among many other differences (Jarvis et al., 2020; La Roche et al., 2021; La Roche, 2020).

Researchers from different traditions have ended up postulating that the definition of what is both treatment and disease emerges from a complex interplay between culture, mind and brain (Hayes & Hofmann, 2021; Vigo et al., 2019).

In 1989, the Society for Psychotherapy Research developed a working group to study therapists in a systematic way based on the development of a Collaborative Research Network (SPR/CRN). Its developers claimed that we know a lot about the results of the effectiveness of psychotherapy and the processes involved, but we know relatively little about the therapists and the skills that allow them to help (Orlinsky & Rønnestad, 2005). In recent years, an important body of research has provided information about therapists in different places where psychotherapy is practiced. An example of this interest is the work led by Orlinsky whose objective was to analyze the professional development of psychotherapists in different countries, different cultures and different theoretical frameworks (Orlinsky, Schroder, Rennestad, & Parks, 1999).

At present we can say that several works have analyzed the distinctive features of therapists in different parts of the world, many of those works stem from the concerns of this group. In this line of research, there are works that have studied the role of the therapist's personal therapy by analyzing the different orientations in psychotherapy (Rønnestad et al., 2019) and studying the characteristics of therapists in different contexts (Orlinsky et al., 2022). Other studies on therapists have focused on categories such as the meaning of life (Duan et al., 2021; Li et al., 2022), the spontaneous adaptation of a specific model like the Cognitive Behavioral Therapy to the Pakistani society (Naeem et al., 2010), the role of social representation of therapeutic relationship among CBT (Carlo et al., 2016) or the analysis of the expertise of the therapists in Singapore (Jennings et al., 2008), to mention some of the works that have taken psychotherapists as objects of research.

To date, there have been no in-depth studies regarding characteristics of CBT practitioners in Argentina. In this study, by means of interviews, we explore certain characteristics of clinical practice and the experience of being a CBT Certified Practitioner of the Argentine Association of Cognitive Therapy (AATC). Expert therapists are interesting key informants about the practice of psychotherapy. This study could give us valuable data about the practice of CBT in Argentina.

Psychotherapy in Argentina

To understand the place where we carry out this study, it is worth considering a small description of the context of psychotherapy in Argentina and more precisely of CBT.

Argentina has one of the highest rates of psychologists per capita in the world, with one psychologist for every 500 citizens (Alonso, M., Klinar, D. & Gago, 2014). Argentina is well known for the popularity of psychoanalysis, a phenomenon thoroughly studied by psychologists, historians, sociologists and anthropologists (Dagfal, 2018; Klappenbach & Fierro, 2021).

Psychotherapy is so popular that the public healthcare system covers thirty sessions of psychotherapy per year, renewable every year (Korman et al., 2022).

The phenomenon of psychotherapy in Argentina has been described by many researchers, who have underlined the fact that being under psychotherapeutic treatment carries no social stigma (Korman, 2020). For example, many public figures in politics, sports and entertainment have acknowledged that they are in therapy, and former President Cristina Fernández has said that she was trained in mindfulness and received a few sessions of cognitive behavioral therapy after a medical problem in 2013. Past President Mauricio Macri was asked what he was going to do on his first day at work as the President of Argentina and he answered he was going to go to the psychologist. He has been in treatment for twenty-five years with the same psychoanalyst (Korman et al., 2022).

In recent years, the field of psychotherapy has been expanded to include cognitive behavioral therapy (Korman et al., 2022; Korman & Saizar, 2018). During the 1980s, cognitive behavioral therapy was seldom used and sometimes resisted, but at present, cognitive behavioral therapy has become much more common in universities and postgraduate educational programs (Korman et al., 2020). Although the curricula at Argentina's schools of Psychology tend to focus on psychoanalysis (Klappenbach et al., 2021) , there is increasingly more opportunity for cognitive behavioral training at the undergraduate and graduate level in both private and public universities (Korman et al., 2022). In addition, the number of institutions that train practitioners and treat clients with cognitive behavioral therapy has increased since the 1980s, with a correspondingly stronger presence in scientific activities such as seminars, conferences and congresses (Korman, 2020).

Almost all the therapists interested in cognitive models are professionals with a thorough background in psychoanalysis. In the late 1970s, cognitive behavioral therapy was at first discussed in informal settings by psychologists, mostly with a psychoanalytical background, who were curious about diverse

and heterogeneous theoretical models and had traveled abroad. The first cognitive therapists acquired their training through trips abroad and workshops from visiting scholars in the 1980s (Korman, 2020).

The AATC was founded in 1992. A person can join this association as a member if he or she is a mental health professional with some training in cognitive behavioral treatments. To be a certified therapist, it is necessary to have 350 hours of cognitive therapy courses and 100 hours of supervision. Professors and supervisors must be certified by the AATC or by an international organization recognized by the AATC. Certified therapists also need two letters of recommendation from well-known cognitive therapists from Argentina or abroad before their status is approved (Korman, 2020). For this reason, our study focuses on Certified Therapists due to the fact that they represent those cognitive behavioral therapists who are institutionally recognized and teach cognitive behavioral therapy in public and private institutions.

METHODOLOGY

This descriptive research, which highlights characteristics of CBT in Argentina, was conducted during March 2008 and October 2015. We took 15 semi-structured interviews. The interviews last from 40 to 80 minutes; they were recorded and transcribed to facilitate analysis.

A qualitative method using semi-structured interviews was chosen to gain an in-depth and contextual understanding of the perspectives of CBT in the city of Buenos Aires. The data collection and analysis was followed by an inductive and interpretive approach informed by principles of thematic analysis (Braun & Clarke, 2021, 2023; Moller et al., 2021).

Study recruitment corresponds to typical sampling for qualitative research described as criterion-based and purposeful. Participants were recruited from the AATC. To be part of the group they needed to be certified members who could either be psychologists or psychiatrists. Potential participants were identified from the AATC. Those who met the selection criteria were sent an email asking about their interest in participating. Potential participants were also able to contact the lead researcher to opt in directly. Upon confirmation of interest in the study, meetings were arranged with potential participants. Participants were not compensated to cover time and costs. They were interviewed in their own offices.

Interview procedures

Participants gave their informed consent to carry out an audiotaped interview and publish the results of this research. All interviews were conducted individually to ensure confidentiality and encourage openness. All the psychologists were interviewed by the first author (GK), a Caucasian, male, who had received training in CBT and in interview techniques and qualitative research methods. The interviews were conducted in Spanish and were digitally recorded and transcribed verbatim. Interviews were semi-structured and followed a typical format for in-depth interviews (Rutledge & Hogg, 2020), having a small number of open-ended questions. The interview guide was initially developed through discussion between the lead researcher, an experienced cognitive behavioral therapist researcher with training in qualitative research methods, and an experienced qualitative researcher.

Procedures

The interview guide covered several themes. Interview questions were based on the current study's research questions, feedback from pilot interviews, and a meeting with two experienced qualitative researchers. The final version of this semi-structured interview consisted of four open-ended questions: (1) How did they become CBT psychotherapists? (2) What are the characteristics of clients they treat? (3) How long are the treatments? (4) Do you go into personal psychotherapy?

During the interviews the researcher encouraged participants to describe in detail their experiences.

Analysis

The analysis was informed by guidelines set out by Braun and Clark (2021) for thematic analysis. Initial stages of analysis involved the researcher 'immersing himself' in the data, followed by open coding of the data using a process of constant comparison. Memo notes recovered developing ideas about the data. In line with the inductive nature of the research, search was carried out in parallel with advancing data collection. The data were organized into themes by sorting codes according to relationships among them. Initial thematic maps were developed to test out plausible thematic structures, and these were revised through revisiting the data and refinement of codes. This iterative process continued until a final set of themes was identified, which provided a cohesive representation of the data. To ensure quality, a diary was kept, credibility checks were performed (Koelsch, 2013), and attention was paid to instances of disconfirming data. During analysis, themes were shared with the members of the research team who assisted in their refinement. After transcription, the interview scripts were returned to the psychotherapists for them to make some comments, verify and clarify those queries that arose from the analysis stage. Some of the psychotherapists were contacted by mail or phone. To demonstrate the validity of the data, illustrative quotes have been selected to support the results.

It was estimated that the sample size with 15 psychotherapists was enough because we found that no new themes were being generated and the data was saturated.

RESULTS

Of the fifteen therapists interviewed, eight were men and seven women, with an average age of 51.13 years. Twelve were psychologists; the others were psychiatrists. One therapist had practiced for 50 years; the therapist with the least experience had

practiced 9 years and an average of experience of 27.47 years. Ten of the therapists interviewed had been members of the AATC since the beginning of this association. All of them identified as Caucasian.

From this analysis, five mains themes have emerged: The path to become CBT; the role of national politics; the reasons why clients undergo treatments; the length of treatments, and the role of personal therapy. Themes, subthemes and illustrative quotations are listed in Table 1.

1.The path to become CBT

This is a category that includes the main facts and arguments that made therapists be interested in cognitive behavioral models. In this category we can describe two subthemes. One of them is the role of efficacy in Cognitive Behavioral treatments (1.a). This theme includes the impact that evidence-based medicine has in clinical psychology, the need for a change in relation to a psychoanalitical treatment model that proved to be inefficient in clients, the pragmatism of Cognitive Behavioral treatments and the interest in new types of treatment. CBT have also highlighted the role of integration in psychotherapy (1.b). From the point of view of the first CBT, this model used to represent a link between psychoanalysis and behaviorism. Currently this model would allow the incorporation of different tecniques and strategies that have proved to be useful taking into account the results that arouse from empirical research. Additionallly, these models enable the combination of the psychological treatments with the pharmachological ones.

2. The role of national politics

In this category we include the impact that national politics had on the development of CBT practices. There are two main subthemes. On the one hand, the Dirty War during 1976-1983 (2.a). It was a period of censorship and state violence focused on the abduction, torture, arrest, and execution of political dissidents, as well as on the strict control of everyday life, which had a great impact mainly in public universities. It is worth clarifying this because state universities have been governed by a board since the university reform of 1918, consisting of three cloisters: teachers, graduates, and students. This fact implies that national universities are highly politicised and influenced by local politics. During the coupe d'état of 1976-1983, the militar government took control of National Universities, and many professors were dismissed, exiled and *desaparecidos*. The School of Psychology of the University of Buenos Aires was closed by the militar government, and then they took control of it. As a result, many of the first CBT studied in private universities.

On the other hand, cognitive behavioral orientation was associated with capitalism (2.b.). This model was strongly criticised because in universities the prevailing theories (psychoanalysis) were linked to socialism. Cognitive-behavioral therapy has often received criticisms unrelated to the therapeutic results but on the basis of political ideologies. Capitalism has been linked to militar governments and social lacks of sensitivity among mental health professionals.

3.The reasons why clients undergo treatments

In this category the participants described the kind of clients who they work with. The three main subthemes are: Presence of Mental Disorder, Personal Development and Renewed Goals.

The subtheme Presence of Mental Disorder (3.a.) refers to the use of operative diagnostics systems (Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health) to diagnose mental disorders. There are several cognitive behavioral treatments with empirical support designed to treat these disorders.

Personal Development (3.b.) refers to the use of psychotherapy with the aim of solving general problems, in most cases existencial issues, such as having children as a way of realization, doubting about a couple, being unable to maintain a relationship in time, not knowing what to do for a living, among others. Cognitive behavioral therapy does not have studies related to this area; however, it is used for personal development in the local context.

The Renewed Goals category (3.c.) refers to those clients who start a treatment because of a mental disorder or stressful situation but when this is finally solved, the treatment continues to deal with other topics different from that mental disorder that gave rise to the psychotherapy. This category includes clients who ask about a particular situation (e.g. panic disorder) and after it is solved, they want to keep dealing with topics related to personal development.

4. The length of treatments

The length of the treatment is one of the main categories since one of the arguments of the cognitive behavioral therapy is its shortness as opposed to those psychoanalytical models that need several years of sessions. Cognitive behavioral treatments for the most common disorders such as depression, fobias and panic disorders do not usually exceed twelve of fifteen sessions. However, the length of the treatment is related to its objectives. This category is related to the previously mentioned one, which will be analyzed in the discussion.

The definition of this category is related to the length of the treatment. This category includes two main subthemes for analysis. In the first one, therapists highlight that treatments last longer than what is stated in clinical guidelines (4.a.), mainly due to the goals renewal mentioned in the previous item or may be because sometimes clients find it difficult to focus on specific points and they bring different topics to deal with which have to be treated in order to maintain the therapeutic alliance.

Many therapists point out that clients sometimes do not want to be discharged and they want to keep on working on another subject (4.b.), which has an impact on the length of the treatment. This aspect may be also due to cultural characteristics

Table 1. Themes, subthemes and illustrative quotations.

Theme	Subtheme	Illustrative quote
1.The path to become CBT therapists.	1.a. The role of efficacy in Cognitive Behavioral treatments.	"The Cognitive Behavioral treatments' pragmatism has been an advantage. When focusing on blending technical aspects over theory, with behavioral interventions in anxiety together with change cognitive strategies not only in depression but also in anxiety, it quickly became an efficient treatment. I think that people tired of facing more than hundreds of years of expensive psychoanalytic treatments with poor results, the arrival of managed health systems, and changes of mainstream psychotherapies in the United Kingdom and the United States were aspects that collaborated on the spreading of Cognitive Behavioral treatments in Argentina." (Therapist 6; psychiatrist; 38 years of practice). "The same that made Beck say: ´Well, after so many years working with psychoanalysis, I wanted to find something more effective, without looking down on what I´ve done, but more effective', the same happened to us. You know, the word of mouth. In the extent what we were doing was really effective, the demand increased." (Therapist 1; psychologist; 41 years of practice).
	1.b. The role of integration in psychotherapy	"I've never thought of this. I mean, I believe in good therapists more than lines of psychotherapy. There are good therapists in all the theoretical lines. What I like the most in relation to CBT is its new contributions. That is to say, the treatments efficacy, the interdisciplinary view, the integration spirit. Nowadays I see many groups that think that CBT is the best, and within the CBT, the model they support is even better. I don´t like this view much. Many people who belong to the CBT model think that an integration view is good." (Therapist 4; psychologist; 46 years of practice). "CBT is an eclectic model. It´s the model that makes it possible to integrate different theoretical models." (Therapist 7; psychologist; 30 years of practice). "In my consulting room I used to work in an integrative way; and we started to hear about cognitive therapy. Mainly, I was interested in its integrative spirit, from the very beginning. I think that it made sense, and the theoretical language was accessible." (Therapist 5; psychologist; 39 years of practice).
2. The role of national politics	2.a. The Dirty War (1976- 1983)	"On March 24, 1976, (...) a military commission claimed that I was incompetent, so I was expelled from University... A Military Board running the University of Buenos Aires investigated every teacher and came to the conclusion that I was incompetent, so I was kicked out of the University for academic incompetence. I never came back. My last day there was March 23rd." (Therapist 1; psychologist; 41 years of practice). "I started my studies at the University of Buenos Aires, during the coup d'etat years. I was attending my first year when the Faculty was closed. Then it opened again for the students in the last years to finish their courses of study, but actually I didn´t know if I was being able to continue my studies". (Therapist 3; psychologist; 29 years of practice). "During ´la noche de los Bastones Largos` -violent dislodging of students and teachers from five academic faculties of the University of Buenos Aires, we got organized, we joined different groups and we went back to university. A transformation period followed and it ended with the coup d' état of 1976. After that, many of us were not able to give classes again at the University". (Therapist 4; psychologist; 46 years of practice).
	2.b. Cognitive Behavioral and capitalism	"The AATC appears in a very hostile environment. If you were a Cognitive Therapist in the 90´s, you were a bad person. There was a direct confrontation with psychoanalysis". (Therapist 9; psyquiatrist; 23 years of practice). "I remember a congress in the National University of Cordoba, in 1986, in which I gave my first official presentation. It´s name was cognitive restructuration in group therapy. It was in the Aula Magna and it was crowded. I presented my topic together with other three speakers. When I spoke, everybody laughed. It was really difficult to go through that situation. Really, the main figures of psychoanalysis accused us of terrible things, they said we were worse than 'a clockwork orange', I really don´t understand why. My presentation was inspired in a narrative and an existential approach. But we were seen as either torturers or superficial psychotherapists. They claimed that we wanted to tell clients that they were thinking in the wrong way and also tell them what to think." (Therapist 1; psychologist; 41 years of practice). "Many people believe that cognitive therapy and behaviorism are capitalist strategies to control the subversive power of psychoanalysis. It is nonsense. (Therapist 11; psychologist; 18 years of practice). "In 1978 we travelled to Spain. The first Argentinean psychoanalysts had just arrived and psychology and psychotherapy were purely behavioral. The psychology association was very important, they only dealt with behavioral therapy, it was completely shocking for us. In Buenos Aires this therapy was very negative, if you were about to mention its name, they expelled you from every place, it was impossible to mention it". (Therapist 6; psyquiatrist; 38 years of practice).
3. The reasons why clients undergo treatments	3.a. Presence of Mental Disorder	Generally, I see personality disorders, mainly border personality disorder, because that is my specialization." (Therapist 8; psychologist; 28 years of practice). "Right now I'm seeing a few clients, ten. Four of them have a mental disorder." (Therapist 13; psychologist; 8 years of practice). "I have some groups with clients suffering from Obsessive Compulsive Disorder. I treat clients with this mental disorder." (Therapist 15; psychologist; 9 years of practice).
	3.b. Personal Development	"Half of my clients have life crises. They have distress but do not fulfill the criteria for mental disorders." (Therapist 14; psychologist; 16 years of practice). "It's strange, but the more experience I gain, the more I realize I see healthy clients without a disorder." (Male therapist, 26 years of clinical experience). "I´m well known for treating anxiety disorders, many colleagues send me clients. But my clients send me other clients with the most diverse disorders. They usually tell me that someone told them that y I had helped him or her. Many clients who do not have any disorder, and also disorders I don´t deal with, go to my consulting room and I ´ve to transfer them with other colleagues. In spite of my recommendation, they insist on being assisted by me." (Therapist 12; psychologist; 11 years of practice).

	3.c. Renewed goals	"Some of the clients who had a mental disorder no longer have a mental disorder. Now they have new goals in their treatment." (Therapist 11; psychologist; 18 years of practice). "Sometimes it´s difficult to discharge a patient. They think that you are kicking them out and they would like to keep on working on different subjects". (Therapist 15; psychologist; 9 years of practice). "I´ve been working with clients suffering from especific Disorders, I receive many of them. The clients undergo treatments, they improve but there´s always a mixture of personal issues with the eating disorder and you need to be open to treat certain topics that are not related to the mental disorder. Sometimes after the resolution of the mental disorder, they want to continue with the sessions." (Therapist 3; psychologist; 29 years of practice).
4. The length of treatments	4.a. Longer than clinical guidelines	"Treatments usually take more time than what is suggested by clinical guidelines. Clients often want to solve or discuss other issues outside the disorder." (Therapist 1; psyquiatrist; 23 years of practice). "There is a positive evaluation of getting therapy, which leads many people into consulting for personal development. Personal development has no fixed duration as opposed to mental disorders." (Therapist 2; psychologist; 24 years of practice).
	4.b. Clients refuse to be 'discharged'	"It is as if clients solve something concrete such as a panic disorder and after doing this successfully, they want to deal with different topics that have to do with personality treats o vital events, style of life that do not meet criteria for a mental disorder. For the client this situation is a reason for continuing with the treatment although the mental disorder has been solved. Also as the disorder is being treated, clients usually include topics related to personal development that have had an impact on such disorder. As a result treatments last longer. Besides, there is not much stigma in big cities regarding being in treatment, and in some cases, we could include psychological treatment as an intervention for quality of life like doing physical activity, doing yoga, etc. " (Therapist 11; psychologist; 18 years of practice). " Several times I try to finalize treatment because the disorder or the problem has been solved. However, the client wants to continue with the sessions every fifteen days or once a month." (Therapist 3; psychologist; 29 years of practice). "The duration of therapy has to do with the context in which we work. There is a general belief that receiving psychotherapy is getting psychoanalysis and that the aim of psychotherapy is venting. Clients have the idea that their treatment will not be short. I work with goals, but clients are always finding new targets." (Therapist 12; psychologist; 11 years of practice).
	5.b. Personal psychotherapy for improvement	"I underwent four psychological treatments, the first one when I was 15 and the last one two months ago. I'm 43. The first lasted eight years, the second four, the family therapy lasted two years and finally I got cognitive therapy for three years. These treatments helped a lot, now I feel a whole lot better. Really don´t know if I met the criteria for mental disorder, although I was having a very hard time" (Therapist 11; psychologist; 18 years of practice). "I became a patient who attends three weekly sessions lying down on the couch. I think this is worth telling, because it´s a description of our own story and background. Otherwise it's like we were always cognitive therapists." (Therapist 4; psychologist; 46 years of practice). "I´ve had the honor of being a patient of several models: psychodynamic patient of different psychodynamic schools, psychodrama patient, systemic patient, etc. I´ve had the privilege of enjoying many views of psychotherapy. In part, because when I was studying It was impossible to think of a therapist without a personal analysis, which regardless of my neurotic childhood history, as a student, when I started the psychology course of studies I was already doing a personal analysis that lasted many years, as it had to be. I am a therapist who believes in psychotherapy and a psychotherapy consumer." (Therapist 3; psychologist; 29 years of practice).

of what is expected to happen in psychological treatments where clients review the paths that are taking in life.

5. Role of personal therapy

Another subject that arouse from the interviews was the practice of personal therapy. In this category all the information related to the practice of psychotherapy of CBT as clients is included. Two subthemes could be described. The first one describes the therapy as a tool to deal with disorders and general stressful situations (5.a.). Therapists as human beings are exposed to the difficulties of life and sometimes, they may need help as any other person, but for a professional in psychotherapy this is an important issue in a context where the consumption of psychotherapy is highly regarded.

The second subtheme is related to personal therapy as an improvement process linked to personal development (5.b.), which would imply a better knowledge of oneself, a better way of living life and also learning how other colleagues work first-hand.

DISCUSSION

Our interest was to describe some of the characteristics of CBT in Argentina. We have found five major themes that appeared after the analysis of the interviews: the path to become CBT; the role of national politics; the reasons why clients undergo treatments; the length of those treatments and personal therapy in CBT practitioners. These categories, as they are interrelated, allow us to understand this model's perspective in the local context.

Interestingly, although cognitive behavioral therapy is geared to treat specific disorders, it is being used in Argentina to treat clients without diagnoses. In Argentina, the consumption of psychotherapy is well valued (Dagfal, 2018; Fierro et al., 2020; Klappenbach, 2023). This fact could have had an impact on the reasons why clients undergo treatment, the duration of the treatment and the role of personal therapy by CBT.

The interviews to therapists show that people come to treatment to discuss personal dissatisfaction, without necessarily meeting criteria for a specific diagnosis. In accordance with these ideas, some of the major institutions that teach cognitive behavioral therapy in Argentina today -the Aiglé Foundation, the Center for Cognitive Therapy, and the Specialization Program in Clinical Psychology and Cognitive Behavioral Therapy at the University of Buenos Aires- promote the application of cognitive therapy to a wide range of issues. Eduardo Keegan, at the University of Buenos Aires, suggests that psychotherapy is useful in three types of applications: mental disorders, life crises and personal development (2007). Hector Fernández-Álvarez, who heads the Aiglé Foundation, has written about the importance of working on personal development within a model of integrative care in psychotherapy (2008). Sara Baringoltz, who leads the Center for Cognitive Therapy, suggests the need for flexibility in the application of cognitive behavioral therapy, taking into account the idiosyncrasies of our local culture (Baringoltz, 1998).

As cognitive behavioral therapy is used to address problems of living as well as specific diagnoses, it frequently lasts longer than what clinical guidelines may suggest. In a presentation of one of the authors of this paper (Korman, 2016), a survey to certified cognitive behavioral therapists was developed, where the duration of treatments was included. The survey was answered by 28 certified CBT (which, at the moment of the survey was taken, it represented more than 40% of certified cognitive therapists in Argentina). More than half of the respondents said that 40% or more of their current clients do not have a mental disorder. When we asked about the duration of treatments, 3.6% of the respondents said 20 sessions (5 months); 10.7% reported an average duration of 30 sessions (7 ½ months); 21.4% reported 40 sessions (10 months); 35.7% said 50 sessions (12 ½ months), and 28.6% indicated an average duration of 60 sessions (more than 15 months). Most of the treatments described by the interviews lasted longer than 12 months, which significantly exceeds what is expected in cognitive behavioral treatments. Again, in Argentina, psychotherapy is associated with self-improvement and growth, which implies a less standardized duration than those treatments oriented to specific mental disorders (Baringoltz, 1998; Keegan, 2007).

In this sense, the study by Jock and colleagues (Jock et al., 2013) helps us to think about the role of psychotherapy in Argentina. They discuss how clients reach treatment in Argentina and in the United States. Most people in Argentina are referred to therapy by friends or relatives, which differs from countries such as the United States, where most clients are referred by medical professionals (Jock et al., 2013). The study gives a clue to understand how clients in different countries subjectively perceive psychotherapy. In the United States it is a biomedical recommendation. The recommendation for treatment in Argentina does not seem to be specifically biomedical, in most cases parents and friends are the ones who suggest undergoing treatment as a recommendation of self-care.

Psychology in Argentina is more than a scientific or clinical practice; it has become a cultural institution (Dagfal, 2018), which could have influence in the reason why clients undergo treatments, the duration of such treatments and the role personal therapy has for therapists. Pychoanalysis prevails in hospitals either public or private, and psychotherapists are usually consulted by the media about different topics, from marital problems, or sexual problems, up to socioeconomic crises (Dagfal, 2018). Due to the particularities of psychoanalysis spreading in Argentina, we can say that there is little stigma to being a psychotherapy client, as evidenced by the admission of many public figures that have received treatment (Korman et al., 2022). Cognitive behavioral therapy emerged in an institutional and symbolic framework inherited from psychoanalysis, which shows continuities with some psychoanalytical ideas (Korman et al., 2020). One of these ideas is the role of personal therapy.

In this sense, in the interviews, all respondents reported that they have received therapy as clients. Most of them have been in therapy 3 or 4 times. Again, these therapists are usually therapy consumers. Probably because these early CBT had been trained in psychoanalysis; receiving psychotherapy seemed a natural part of learning to perform their professional duties. They valued the role of therapy in their own lives, as Argentineans in general.

In the international context, the role of personal therapy has been analyzed by different authors. (Orlinsky et al., 2022) and this activity varies depending on the theroethical orientation being CBT the ones who undergo less personal therapy treatments (Orlinsky et al., 2005). The interviews made in this work show a high level of acceptance of personal therapy in cognitive behavarioral therapy. It has also been said that clinicians who see treatments as procedures to treat symptoms and mental disorders would consider personal therapy as relevant only in the case of suffering from a mental disorder (Orlinsky et al., 2005). In the case of local CBT, we could say that they see treatments not only as procedures to treat symptoms and mental disorders but also for other purposes.

A possible explanation is that academic background for psychologists at University is mainly psychoanalytical (Dagfal, 2018), that is why psychologists are trained with the knowledge that carrying out personal treatment is almost a requirement to become a psychologist. A second explanation could arise from analyzing the training of those professionals who were the first generation in developing cognitive behavioral therapy in Argentina. Almost all of them had a psychoanalytical training; that could be why the personal analysis was something valuable.

It was the behavioral tradition the one that had a more critical position regarding personal treatment (Di Guiseppe, 1991), a tradition that had a minor development in the local context with some exceptions, such as the University of San Luis (Piñeda & Chavez, 2021).

Another outstanding category that emerged from the interviews was the value of integration in psychotherapy. The first CBT in Argentina claimed that the interest in this model appeared due to the limitations of the psychoanalysis of that time. Such interest

was expressed through study groups of different theoretical models that differed from orthodox psychoanalysis (Korman, 2020). When the University of Buenos Aires was closed during the coupe d'état in Argentina (1976-1983), many of the activities carried out in informal study groups proved to be really important (Sábato, 1996). In this context, Aaron T. Beck, a former psychoanalyst, who proposes a very flexible model in terms of techniques and strategies, influenced the first CBT with his studies. They found in Aaron T. Beck a connection with their own experiences. These first CBT focused on and integrative approach (Baringoltz, 2000; Fernández-Álvarez, 1992).

The Technical Eclecticism proposed by Beck (1991) consists in selecting techniques of different origin taking into consideration the client, but always according to its conceptualization that is made from a cognitive-theoretical orientation. From this model we can see the other forms of psychotherapy as a source of therapeutic procedures thay may contribute with cognitive therapy as far as these procedures agree with the cognitive model (Korman, 2020). The different procedures increase the possibilities of offering a treatment considering the specific conceptualization of the case and therefore, they strengthen cognitive therapy as an integrative therapy (Beck, 1991). This integrative approach interested in scientific developments is the idea that has an impact on the first CBT. This integrative view is theoretically interesting for these therapists and tries to avoid confrontation with other theoretical models (Korman et al., 2022).

The appearance of CBT is produced in a broader context of recent historical transformation. In the 1970s, Argentina endured a dictatorship, a period of censorship and violence focused on the abduction, killing, arrest, and execution of political dissidents, as well as on the strict control of everyday life (Korman et al., 2022). In 1983 the return of democracy takes place in a period of cultural development. In this context of experimentation and new ideas, the first cognitive and behavioral literature appears (Korman, 2020). At first, the appearance of cognitive behavioral therapy was associated to capitalism as a politicization of psychotherapy models critized for their "political" filiation rather than their results (Korman, 2020).

The reason for this politization was related to the academic-political aspect of Public Universities. These Universities have been governed by a board -teachers, graduates and students- since the University Reform of 1918 (Caldelari & Funes, 1997). Since the development of academic curricula in psychology, psychoanalytic training has dominated almost all psychology studies (Klappenbach & Fierro, 2021) and has been associated with socialist ideas (Korman, 2020).

Another worth mentioning fact is the influence of French ideas in both psychology and philosophy that emphasized values, freedom, creation, and life itself (Dagfal, 2018). Such ideas carried a strong criticism to American psychological therapies and lifestyle (Del Monaco, 2020), have had an antipositivist reaction and have influenced the evaluation of other psychotherapeutic models. As a consequence, not until 1990s did the development of those models with scientific content appear in Argentina (Dagfal, 2018).

Therefore, the psychonalysis that amazed a generation of students (almost at the same time of the creation of the first Psychology course of studies) combined Psychonalisis and Marxism. The well-known psychoanalyst Jose Bleger was the major figure. Such combination met the expectations of the students who stood for a more equalitarian society combining dialectic materialism with a subjective dimension (Dagfal, 2018). In relation to this, there existed an intense realationship between politics and psychoanalysis, which has been studied by different authors (Klappenbach & Fierro, 2021; Plotkin, 2003). The power of linking psychotherapeutic models to political ones or others associated to political ideas has not been a distinctive feature of cognitive behavioral therapy but a characteristic of the local context. The Lacanian Psychoanalysis was accused for a long time of being a product of the coup d'état due to its promotion in those years. It was criticized because it is said that it took advantage of the removal of those psychoanalytic models linked to social matters (Visacovsky, 2009).

The influence of academic politics at public Universities closely linked to the national politics has had an impact on the academic curricula, usually different from those trends that take part in other countries worldwide. Few subjects related to evidence-based psychotherapeutic treatments (Korman, 2020), the hegemony of Lacanian psychoanalytic thinking (Fierro, 2019), and the few hours devoted to methodology and research in most of the psychology courses of studies (Fierro et al., 2020) that can be seen in the most important national universities in Argentina are examples of the distinctive features seen in the curricula due to such antipositivist impact.

CONCLUSION

The experience of being CBT in Argentina has certain peculiarities that we have tried to track down. Psychotherapy functions as a cultural institution in addition to a clinical practice. The valuation of psychotherapy and local idiosyncrasy make cognitive behavioral treatments widely used for various problems (not necessarily mental disorders), and treatments are more extensive than suggested treatment guidelines while psychotherapists themselves are regular consumers of psychotherapy. These psychotherapists´ points of view gathered in the interviews allow us to see the interaction among cognitive behavioral therapy, psychoanalysis, cultural context and politics in the country and at public universities showing the distinctive features of CBT in the local context.

Subsequent studies require further evaluation of these phenomena. In the future the phenomenon of therapy for personal development and the effect of extending cognitive behavioral treatments should be evaluated in this context.

Limitations

This study has a number of limitations, one of which is that it relied solely on psychotherapists' self-reports. Their attitudes and behavior do not necessarily correspond to an objective measurement of theoretical orientation based on observation of therapeutic practice. Even though it is customary to assess theoretical orientation, it is remarked that the process of drawing up a method that reflects therapists› behavior from their own self-reports is very complex.

A subsequent study should evaluate if these results are not due to the fact that most of the interviewed therapists are the first generation of CBT. We would have to see if these results are maintained in subsequent generations.

We did not consider the differences among types of cognitive behavioral therapies. In future studies, different cognitive behavioral therapy models could be grouped.

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