

## 2 The Music in the Words

It suffices to listen to poetry . . . or a polyphony to be heard and for it to become clear that all discourse is aligned along the several staves of a musical score.

Jacques Lacan, *Écrits* ([1966] 2006)

A [music] masterpiece always moves, by definition, in the manner of a ghost.

Jacques Derrida, *Specters of Marx* (2012)

Valeria, a single mother of two young boys, was extremely attentive to what Hugo was saying. Hugo, a sixty-five-year-old man who had recently lost his wife to an autoimmune disease, was explaining that the worst part of living alone had been to confront his own misery by listening to a mental dialogue that won't give him peace. He explained that those voices never appeared when Carla, his late wife, was alive: "These voices I hear are pointing to every single problem or bad decision I have made; they are deafening."<sup>1</sup> After he finished talking, Valeria asked for the microphone and said, "I think, Hugo, that these voices that you are now beginning to hear were there all along. You just weren't listening, but they conditioned your life. Now that you are alone, you are forced to listen and confront yourself. But don't feel bad. You are given the opportunity to listen and try to make peace with yourself. Listening to you makes me realize the importance of paying attention. To stop and listen. If we

sharpen our ears, we will be able to listen to ourselves and, with a little bit of luck, change.”<sup>2</sup>

After Valeria’s intervention, María Elisa Mitre, one of the coordinators of the meeting, asked Hugo if he could recount the exact words the voices were saying. Hugo responded, “I don’t know . . . that I don’t do things right, that I didn’t achieve many goals that I set for myself . . . but sometimes it’s more like sounds than a voice.”<sup>3</sup> This prompted Mitre to intervene again by saying, “This is what I call experiential memory (*memoria vivencial*), violent sounds without representation or words.”<sup>4</sup>

This *sui generis* psychoanalytic session took place within the framework of Multi-Family Structured Psychoanalytical Therapy (MFSPT), a group form of psychoanalytic therapy, at Centro DITEM (Diagnóstico, Investigación y Tratamiento de Enfermedades Mentales) (Center for Diagnosis, Research, and Treatment of Mental Diseases) on Thames Street in the trendy neighborhood of Palermo in Buenos Aires. This psychoanalytic method was pioneered by Jorge García Badaracco and today is regularly practiced at different sites in and around the city, as well as in several other countries. While psychoanalysis is usually conducted in one-on-one, private meetings between an analyst and an analysand that are closed to third-party observation, these group sessions provide a rare opportunity for documenting in clinical contexts many of the features of the genre of psychoanalytic listening that have now permeated the city well beyond the clinic.

At bottom, psychoanalytic listening has become a social fact today in Buenos Aires as a result of the strong historical presence of the practice and theory of psychoanalysis within the city, notably in its educational institutions and public hospitals. The per capita rate of psychoanalysts in the city appears to be among the highest in the world, and the listening practices in the clinic have circulated widely outside those settings into basic areas of social interaction and cultural production. But to explore how this form of listening emerged in the city and acquired a transformative social force, it is helpful to first explain the structure of psychoanalytic listening within the clinical setting.

Because psychoanalytic encounters are normally private, it is often impossible to record or have access to the interactions between the analyst and the analysand. Consequently, public group sessions of psychoanalysis of the MFSPT provide opportunities to observe important parts of the psychoanalytic process. In Buenos Aires, two useful places to observe this kind of psychoanalytic encounter have been the Asociación Psicoanalítica Argentina (APA, Argentine Psychoanalytic Association) and Centro DITEM, sites where MFSPT is practiced and the public can attend.<sup>5</sup>

The group model of the multifamily psychoanalytic session is atypical within the clinical practice of psychoanalysis. Psychoanalysis originally emerged as a highly ritualized interaction between analysand and analyst, the session being private and not to be disrupted by any external force (for instance, my psychoanalyst did not allow me to record our own private sessions because it would bring something external that could potentially disturb the flow of unconscious impulses). Inside this setting, an analysand will talk, mostly without interruption, with an attentive listener who is trying to make sense of the flow of speech. The analysand is considered the object of interpretation by the other participant, the psychoanalyst (although analysands listen to themselves also). In this encounter, there is the potential participation of four interactants: the analyst, the analysand, and their psychic *doppelgänger*.<sup>6</sup> This notion, that subjects are constituted not only by their own “self” but by a complex system of interacting psychic entities and processes—instances that Freud called the conscious, preconscious, and unconscious, as well as the three agencies of id, ego, and superego—is at odds with the idea of a unitary subject postulated by classical philosophy, from Plato to Kant and Descartes. These philosophers conveyed the idea that human beings have an essence—variously called the soul or self—that gives subjects a unified form (see, among others, Descartes [1637] 2006; Marshall 2010; Tschemplik 2008). But the practice of psychoanalysis pushes back against this notion. When describing the function of dreamwork, for example, Freud ([1900] 1953, 580–81) wrote in *The Interpretation of Dreams*, “Thus a dreamer in relation to his dream-wishes can only be compared to an amalgamation of *two separate people* who are linked by some important common element” (emphasis added). Here Freud articulated the central psychoanalytic notion that unconscious motivations are key drivers of our behavior.

This idea of a decentered subject is the basis of psychoanalysis in all its different variants, and consequently it forms the basis of psychoanalysis in Buenos Aires today, in both the broader psychoanalytic professional organizations and the group settings of MFSPT, such as at Centro DITEM and public mental health hospitals in the city. Generally speaking, Freud’s methodology is based on the notion that human behavior is determined by drives and that these drives are mostly unconscious. They are constituted during particular events that occur in early childhood and are then repressed, creating such ailments as neurosis and anxiety (and in some cases more serious conditions, such as psychotic outbreaks), obscuring the “real” cause of the analysand’s symptoms (Freud [1915] 1963). Through the analytic

encounter, this repressed force comes to light, free association appears, and the suffering analysand, now able to articulate the source of the symptom, can better understand and live with it. In a successful encounter, the analyst is able to bring the normally backgrounded *doppelgänger* into the foreground. The guiding assumption is that knowledge (whether conscious or not) emancipates us from suffering, even if some symptoms may persist. Thus, psychoanalysis does not always look for a cure (although this claim is debated among different schools of psychoanalysis) but is in search of some kind of “truth” that would allow analysands to understand something of their inner selves (see Miller’s introduction in Lacan 1988).<sup>7</sup>

For this process to happen, there must be *transference* between the analysand and the analyst. As Freud described it, transference is understood to be based on “the psychological mechanisms of displacement: a set of intense feeling is diverted from the person to whom they belong and instead is directed towards some other person, in this instance, the psychoanalyst” (Frosh 2002, 88). *Countertransference* occurs when the repressed feelings are experienced by analysts when they are with a patient (e.g., the feeling of annoyance or fatigue awakened when being in the presence of an analysand). Lacan has a different take on transference. For him, the affective component of transference belongs to the realm of the imaginary, since it entails a “belief” on the part of analysands, disguised as a sentimental disposition (e.g., a love or hate relationship toward the analyst), that the analyst will “solve” the secret meaning of their words; Lacan deems this belief a form of resistance to analysis.<sup>8</sup> But in his later writings, Lacan (2015) argues that transference belongs, in fact, to the territory of the symbolic, borrowing from anthropology’s notion of exchange: an exchange of signs that transforms both speaker and listener. Transference is thus, in its different conceptualizations, the developing relationship between patient and analyst as it transforms over the course of an analytic session. Listening plays an important role in this process.

Argentine psychoanalysts have also written extensively about this subject, including those working in Buenos Aires among the communities and psychoanalytic clinics where I conducted fieldwork for this book. One recent study, *Las Voces del Silencio* (2016), written by María Elisa Mitre, offers a good example of how transference works and the role that listening plays in the phenomenon. Mitre is a renowned Argentine psychoanalyst and the founder and director of Centro DITEM. She is also a disciple of Jorge García Badaracco, the original theorist behind the MFSPT. Her relationship with García Badaracco was originally that of analyst/analysand, but later she became

his closest pupil, and they worked together at Hospital Borda, one of the largest public mental health hospitals in Buenos Aires, as well as at Centro DITEM.

Mitre's ideas about transference can be seen in the beginning pages of *Las Voces del Silencio* as she recounts the story of a difficult patient she calls Andrés. A successful businessman, Andrés becomes particularly violent when people describe him as a good person. During multifamily psychoanalytic sessions, various analysts comment on his sweet and overall good disposition, but these compliments seem to awaken in him an unkind and bad character. Mitre believes Andrés has internalized the authoritative and cruel character of his father and enacts this persona to prevent the "real" Andrés from coming out. During an individual session with Mitre, Andrés accuses her of failing to help him manage his suffering while repeatedly telling her that the tone of her voice irritates him. Mitre finally responds, "Stop please. It feels as if you are stabbing me in the stomach. I cannot stand your aggression anymore."<sup>9</sup> After a long silence, Andrés looks Mitre in the eye and starts crying inconsolably, like a little boy. Mitre and Andrés embrace each other, and Mitre at last can *feel* the real Andrés coming out.

Mitre emphasizes the importance of this encounter: "In a way, I was able to tell Andrés, from my *true self*, ultimately de-identified from the presences that kept me hostage over many years, what I was never able to tell my parents. I also had the opportunity to realize that when I was a child, I never knew how to defend myself from abusive situations. I think that that *experiential scene*, of which we were both protagonists, produced a psychic change in both of us."<sup>10</sup>

The transference relationship that emerges in this example brings to light the psychic doppelgängers that each participant carried to the session. The aggressiveness manifested by Andrés represents the affective state that Lacan found to be an obstacle to analysis. Because Andrés hopes that Mitre will help ease his pain, he positions this relationship in the realm of the imaginary. But when Mitre responds from her own unconscious, a symbolic exchange takes place, altering both participants.

When I asked Mitre about this encounter, she mentioned that listening was key to the transformation they both had undergone. As she put it, "We need to listen from *lo vivencial* (the experiential). Otherwise, one only develops an intellectual understanding of the symptoms. But that won't help with suffering. One has to listen from within, from the actual lived experience. And that is what Andrés and I experienced. Andrés and I were listening beyond the words, although words matter."<sup>11</sup> When I asked if she

could explain how to listen in such a fashion, she responded that the clinic teaches one to find an attunement to the real self of the analysand, transference being key to this process. She added that moments of listening had accumulated over time and became integrated into a whole, deeper understanding that evening. “In many cases,” she continued, “it doesn’t matter what you say but how you say it.”

I found that there are four key elements of psychoanalytic listening, each of which is largely exemplified in Mitre’s experience working with Andrés. First, it is *cumulative*—meaning that it has a particular temporality different from the here and now of mere sound production. Second, it is a learned process; in other words, it can be *cultivated*. Third, we need to listen from *lo vivencial* and not through the characters we have constructed throughout our lives. Fourth, the *prosodic* enunciation—namely, the way in which words are pronounced—in some cases trumps the denotational content of a statement, or its semantic meaning.

In Buenos Aires, this approach to understanding and meaning is hardly confined to the psychoanalytic clinic. Today, one can see this method of listening and understanding in a wide variety of social contexts, including television shows, casual conversations, theater, news, and many other cultural expressions.

Mitre’s encounter with Andrés invites us to approach psychoanalytic listening as a dialogical exchange, not only in terms of a clinical technique in the hands of the analyst but more broadly as a form of listening shared by all participants in analytic interactions.

This chapter looks closely at the MFSPT communities to understand psychoanalysis in face-to-face interactions and discuss the four elements of psychoanalytic listening that I am proposing. Understanding the characteristics of psychoanalytic listening helps us understand the circulation and impact of this generic form of listening outside the clinic, in the wider social interactions in Buenos Aires.

#### PSYCHOANALYTIC LISTENING AMONG THE MFSPT COMMUNITIES

The MFSPT was established in Buenos Aires in 1962 and later was exported to Italy, Spain, Uruguay, and Brazil (Markez 2010). As the opening vignette indicates, it is a multitudinous group that uses the psychoanalytic framework. This peculiar form of psychoanalysis, and its dynamics of intimacy

and exchange through transference, takes place not in a one-on-one setting but in a big room filled with many analysands and their families and as many as ten or more analysts.

The man behind the idea and design of this therapeutic group, Dr. Jorge García Badaracco, was a prominent Argentinean psychiatrist and psychoanalyst. After finishing his medical degree with a specialization in psychiatry in 1947, García Badaracco went to Paris in 1950, where he studied with some of the most prominent psychiatrists and psychoanalysts of the time, including Henri Ey and Paul Guiraud. He was enrolled in Lacan's seminars from 1951 to 1953 and later became an accepted member of the Paris Psychoanalytic Association. Upon his return to Argentina in 1956, he worked as a professor of neuropsychiatry.<sup>12</sup> He subsequently served as director of the neuropsychiatry division at José T. Borda Public Hospital in Buenos Aires, one of the two major public mental health hospitals, where mostly male patients are admitted (the other, Neuropsychiatric Hospital Barulio A. Moyano, admits only women). In 1972 he became the director of the Mental Health Department of the Argentine National University (UBA), and from 1980 to 1984 he was the president of the APA. After the inception of the MFSPT in 1962, García Badaracco dedicated his efforts to forming and participating in these groups inside the public hospital but also at the APA in the Barrio Norte neighborhood and later at Mitre's Centro DITEM.

García Badaracco died shortly before I began my research in Buenos Aires in 2010. But the influence of his ideas at the organization was still very strong, and I interviewed many of his disciples. The theoretical and clinical innovation proposed by García Badaracco through the MFSPT provides an opportunity to access ethnographically the key elements of psychoanalytic listening in a way that clarifies it as a listening genre.

### A History of the MFSPT

In the 1960s, as psychoanalysis was expanding its presence in the university and public health systems, García Badaracco and his colleagues designed the initial MFSPT sessions for psychotic patients—in particular, patients who had been in mental health institutions for years and with whom psychiatrists and others found it difficult to establish a dialogue. But once they were jointly meeting with other patients and families, these so-called difficult patients were able to engage in conversations about what was problematic for them and, in some cases, began to improve, sometimes immensely (García Badaracco 2000).

During the early years of the program, the meetings at MFSPT began casually at Hospital Borda, in what García Badaracco (1992, 52) called an *en-cuadre espontáneo* (spontaneous framework), as he emphasized the importance of “being available” to patients and watching for the moment when the conditions to create a group became possible. This was drastically different from the classic analyst-analyst contract, where a session always had a set time, date, duration, and commitment to attend. In multifamily sessions, the spontaneous framework is at the base of the therapeutic relation, and while patients and family members are encouraged to attend, no one is required to. In the 1970s, however, the MFSPT sessions became more regulated, with a specific time and place where the sessions were to occur.

Borrowing from Donald Jackson (1960, 1964), an American psychiatrist and pioneer in the field of family therapies, García Badaracco employs the term *homeostasis* to refer to the family tendency to equilibrium. Change in one member of a family produces deep structural changes, as other family members try to reach homeostasis again. This can generate networks of pathological interdependency among the family members, who tend to reproduce and perpetuate the problem. García Badaracco (2000, 40) highlights the interrelationship between mental health patients and their families as a dialectic that constructs and maintains the mental problem, noting that “this creates the ‘power of the pathogen’ between one over the other, between the patient and the so-called healthy family member.” According to García Badaracco, it is inside the family that one can elucidate the gestation of the problem and thus be able to control it. For García Badaracco everything is relational, an idea he learned from the British psychiatrist Maxwell Jones (1968), who explored the idea of the “therapeutic community” as a democratization of the relationship between mental health patients, nurses, and psychiatrists who together build a network of support for the patient. García Badaracco’s contribution was to include the families of the patients in this network and to do so simultaneously with other families and other patients. But for many patients, especially the “difficult ones,” a family therapy session does not always yield results, since the family is already alienated. It can take a long time to disentangle the complex webs of misunderstandings, blame, rancor, and multifarious pathological dynamics that develop inside families. According to García Badaracco, this is where MFSPT sessions come into play: in the context of *listening to* other family interactions, it becomes much easier to observe the negative influence patients might have on their own family members. Consequently, García Badaracco (2000, 67) proposes to focus on what he calls virtual sanity, which



he describes as the ability “to go *beyond listening* and respect, tolerate and redirect the ‘gaze of the other’ to parts that no one has gone to before, those parts that have to do with the human existence” of the patient (emphasis added). It is through the virtual image of the sane person that this therapy becomes effective, thanks to the rehumanization of the patient.

This teleological projection is exemplified in García Badaracco’s book *Psicoanálisis Multifamiliar* (2000). He describes being in the middle of a multifamily session inside the Hospital Borda when suddenly one of the patients appeared, completely naked. His first reaction was to call the nurse to make sure the man would get properly dressed. But after feeling the impact on the rest of the group, he decided to stay quiet, even though everyone was expecting him to say something:

I started to think that the patient had just brought up something really valuable that [he] was unable to share with others. If I didn’t have the capacity to see the humanity in the patient, I would have called the nurse telling him that “he was crazy” and needed to put on some clothes. There was no doubt that he “was crazy” to any psychiatrists who would have treated him as a schizophrenic. But I felt that he was bringing an experience of abandonment, of helplessness, that could only be expressed in the way he acted. And through this act, he was able to bring up a feeling of solidarity among all [those] present. Each one of them began to feel that there was something about that in them, about the nakedness, the helplessness, the abandonment. A little later, the patient left and came back to the group dressed up, and through the solidarity created, we were able to work on this subject. (86)

This example illuminates many aspects of MFSPT dynamics. That García Badaracco was able to “see” the humanity (or what he calls the virtual sanity) in the act of the patient distinguishes him from his fellow psychiatrists, who would likely have a markedly different response to such a patient.

This humanistic dimension characterizes the work inside the MFSPT. García Badaracco was known for fighting like no one before in Argentina against the “incurability of the psychotics,” as Mitre told me. The reason he “dedicated fifty years to the formation and dissemination of the MFSPT is because he was able to witness first-hand the benefits, improvements and cure of psychotic patients he worked with” (Markez 2009, 86).<sup>13</sup> According to García Badaracco, by being exposed in the presence of a large group, patients experience a “release” that has two sides. They have a platform where

they can “act crazy and be contained” and thus liberate and expose an oppressive feeling (García Badaracco 2000, 36). But this release also moves something inside the other participants. A sort of communion is enacted through the resonance of the silences, the gazes, and the words that are produced inside the MFSPT group.

This communion is translated into transference inside the MFSPT. There, “what has been said from others, can be *heard* differently and connect with something deep and particular *inside the hearer*” (García Badaracco 2000, 31; emphasis added). This process is similar to what Lacan defined as *resonance*, which surfaces in a particular moment and resounds with the shock wave emitted by something that happened “over there,” creating a myriad of experiential possibilities (Gorney 1978). In the same way, the story of the patient in the MFSPT produces a resonance effect and opens up possibilities for change.

At one level, the structure of the MFSTP is very democratic. Every participant is able to contribute to the well-being of the patient. Yet insofar as psychotherapists bring their own interpretations and contributions to the group, García Badaracco underscores their importance as coordinators. Through their collective expertise, they can guide the group and listen to different aspects of the conversation that others may have missed: “The role of the coordinator is to be able to detect the transference aspects that keep emerging and be capable of bringing them back for analysis,” as Diana, a senior analyst at Centro DITEM, told me. Still, these roles are sometimes blurry, and different social configurations are enacted throughout the sessions (for example, when analysts tell a participant to stop talking). But overall, the interactions inside the MFSTP are expressed horizontally rather than vertically.

After the MFSPT groups began to extend beyond the hospital walls and formed at the APA and other places in the 1990s, they started to attract and work with neurotic patients as well. The group at the APA and Centro DITEM, where I attended MFSPT sessions, included a combination of medicated patients who suffered psychotic episodes and neurotic patients. At Hospital San Isidro, where I also attended sessions, the group was much smaller, and most of the people in attendance were self-identified as neurotic or suffered from a particular addiction. Most of those who attended the MFSPT were undergoing personal analysis, and some also had psychiatric appointments, often with the analysts who served as moderators inside the group. The MFSPT served to reinforce and contain the participants, but it was usually accompanied by other forms of psychotherapy.

In order to grasp the specificities of psychoanalysis as a listening genre, not from García Badaracco's theories and recollections but from the MFSPT encounters themselves, we need first to describe their spatial and dialogic settings. The analysis of the MFSPT is important for understanding psychoanalytic listening as a genre because the *resonance* produced in this setting is a quintessential component of psychoanalytic listening. Understanding how it emerges helps elucidate many ways in which it has left the clinic and become a social way of listening.

### The MFSPT Setting

I attended these sessions on multiple occasions and in several places. From 2010 to 2012, I attended weekly MFSPT sessions at the APA and additional sessions at Hospital San Isidro, a public hospital located in a wealthy suburb of Buenos Aires. In 2018 I also began attending MFSPT sessions at Centro DITEM. All three places shared the same structural features of García Badaracco's methods.

At APA meetings, the sessions were conducted inside a big room, a kind of auditorium, with a carpeted floor, long drapes covering the windows, and chairs facing a stage at the very end of the room. The room could easily accommodate over a hundred people and was big enough to require a microphone so that participants could be heard. The sessions I attended had around eighty-five people in attendance, of whom twelve to seventeen (the numbers fluctuated with every session) were psychoanalysts from the APA and other psychoanalytic organizations.<sup>14</sup> The psychoanalysts were spread out in the front rows, except for five who sat on chairs on the stage. Those who were not psychoanalysts were either analysands or people who simply wanted to talk. There were also approximately fifteen students from the Ángel Garma Institute who came to "observe and learn," as one of them told me.<sup>15</sup> The age, gender, and socioeconomic backgrounds of analysands were mixed, though none were children. There were people with university degrees, "blue-collar" workers, housewives, and professionals of different kinds. Most came by themselves, but others were accompanied by a family member, usually a spouse, a son or daughter, or a parent. Their common denominator was that they had experienced some kind of emotional distress, and they came to this room to try to ease their suffering.

The meetings were open to the general public and happened every Tuesday night, from eight to ten o'clock. I was allowed to record the sessions.<sup>16</sup> The psychoanalysts, who are known and respected in the field, do

not charge for the sessions; as one told me, “We feel passionate about the work we do during these sessions,” and therefore they ask for no remuneration. Anyone walking by could go up to the second floor at the APA on a Tuesday night and participate; there were no restrictions.

These sessions stopped being offered at the APA in 2016 and later were moved to Centro DITEM, where I continued attending in 2018. The spatial disposition at Centro DITEM is different from that at the APA. Instead of a room with a stage, the room here contains up to one hundred chairs in concentric circles. At the center is a marble table where a recording device is placed. There are fewer analysts (from four to seven), and they sit in the very first circle. The attendees are a mix of regular analysands and people from the psychoanalytic community (students, practitioners, and former analysands).

In both institutions the sessions followed more or less the same process. People begin to gather in the room at ten minutes before eight o'clock. The “regulars” greet each other and chitchat about mundane things, such as the weather, the clothes they are wearing, and their family members. The attendees who are not extroverted, or who have not attended many sessions, sit by themselves and wait for the session to begin. Psychoanalysts are the last to arrive, and it is common for some to arrive a little late. At about ten or fifteen minutes past the hour, one of the psychoanalysts sitting on the stage with a microphone starts the session by asking for quiet. After a few minutes of silence, an audience member raises a hand; after receiving a microphone, this person introduces themselves, always beginning with the first name (e.g., “Hello, my name is Emilia, and I want to tell you . . .”), followed by a verbal performance of a personal story involving different registers and temporalities, changes in footing, and a number of different contextual frameworks that provide a particular narrative situating the analysand as a historical subject.<sup>17</sup>

The duration of these interventions varies greatly, depending on the person speaking. This is often an occasion for conflict to erupt, as can happen when the speaker wants to keep talking but is interrupted by an analyst or fellow attendee. But the rationale behind the stopping or interruption of a verbal performance is not always clear. Most times, interruptions seem to happen when an analysand's speech becomes repetitive, when an analysand is inconsiderate about the time framework (many other people may want to talk), or especially when there does not seem to be a rapport between the analysand, the general public, and the psychoanalysts (e.g., when the analysand keeps talking without acknowledging questions and other interventions).

Depending on different factors—for instance, if there is an emotional outburst and the person suffering the breakdown is given more time to speak—there will be between five and a dozen interventions of analysts. (The maximum number I witnessed was twelve.) Once a couple of analysts perform their stories, a psychoanalyst begins to ask questions, gives a general reflection about García Badaracco’s approach to the problem, or just refers to issues that were brought up during the performance. Usually other psychoanalysts intervene, at which point another person in the audience will raise a hand and the cycle begins again (these cycles get interrupted when conflict arises).<sup>18</sup>

At the end of the session there is a closing reflection, and the “theme” of the session is chosen. Topics such as solitude, rancor, and family appear as the guiding axes of the sessions. Long and complicated exchanges between some of the participants become a solid and unified narrative.<sup>19</sup> Following the logic of the MFSPT, one story leads to another, which still relates to the first, and the cycle continues. The analysts consider this the advantage of this therapy, as a unified discourse emerges through the polyphony of voices and positionalities. Once the session is over, people stay and talk with each other for a while, the analysts mingle with the audience and give some hugs, and little by little the room empties until all the analysts are gone.

Then the analysts reassemble to discuss some of their observations regarding particular analysts, share other comments, and reflect on the overall dynamics of the evening. I sat in on very few of these sessions. Despite occasional episodes of venting (I found it striking to hear such comments as “*¡Está más loca que una cabra!*” [She’s crazier than a goat!] in reference to a particular patient), the overall tone is generally respectful, and the postsession meeting provides a place to exchange information about individual clinical sessions of analysts and their overall performance.

#### LISTENING INSIDE THE MFSPT

While the psychoanalytic encounters at the MFSPT meetings are unorthodox, they follow most of the ideas and procedures that occur inside private practice, providing access to the main tenets of psychoanalytic listening inside the clinical setting.

Several authors in addition to Freud and Lacan have developed their own nomenclature for understanding psychoanalytic listening. In 2013, psychoanalyst Salman Akhtar proposed in *Psychoanalytic Listening: Methods, Limits, and Innovations* four components of psychoanalytic listening from the point of view of the analyst. The first one, *objective listening*, consists of paying attention to *what* the patient is saying and *how* the patient says it: focusing on slips of the tongue, emphases, and hesitations within a story, the analyst relies on “his intellectual capacity, however silently [it] may operate during his clinical work” (Akhtar 2013, 7). More than resounding with the analysand’s words, objective listening entails an intellectual effort on the part of the analyst to discern the underlying discourse the analysand brings to the session. The second component he calls *subjective listening*, relying upon the analysts’ subjectivity in their attempts to understand what the analysand is trying to communicate. The analyst’s unconscious, when properly attuned, is able to pick up what the patient’s unconscious is transmitting. Thus, subjective listening relies on intuition rather than intellectual analysis. The third component, *emphatic listening*, is the one by which the analyst actively seeks to resonate with the patient’s experience. In order to empathize, the analyst “introjects this object transiently, and projects the introject again into the object. This alone enables him in the end to square a perception from without and one from within” (9). Lastly, *intersubjective listening* is an interpersonal view based on the premise that the self is nothing but a collection of “reflective appraisals.” In this view, the analyst’s perception of the patient’s thoughts, feelings, or fantasies is always shaped by the analyst’s subjectivity. Therefore, the patient’s psychology is itself coconstructed (13).

Akhtar’s book is mainly directed to aspiring analysts and colleagues and therefore has a propaedeutic purpose: it seeks to structure the process of listening in the clinic. The four characteristics I found at the MFSPT complement Akhtar’s components. In particular, emphatic listening resembles *lo vivencial*, where what counts is the resonance that the unconscious *doppelgänger*s form. But there is a fundamental difference between Akhtar’s categorizations and mine, and it is that the form of listening learned, cultivated, and performed inside the MFSPT is enacted not only by the analysts but by the analysands as well. Since the MFSPT is a multitudinous psychoanalytic encounter, everyone learns to listen and has the right to interpretation. Instead of being an erudite form of listening belonging only to the analysts formally trained in the discipline, the listening practiced in the

MFSPT is “democratic”: everyone participates and learns from it. Although the MFSPT sessions are based on differentiated roles and clinical expertise, all the participants practice psychoanalytic listening. In this context, and due to four specific dimensions I analyze below, the genre becomes a horizontal and multidirectional practice and therefore can circulate widely beyond the clinic. Now let us unpack each of these components through concrete examples from the meetings at MFSPT.

## Temporality

As Mitre’s encounter with Andrés illustrates, there is in psychoanalytic listening a specific temporality, one that defies the here and now of sound production: a cumulative quality of listening over time. That the memory of her parents’ voices emerged during Andrés’s performance shows a sonic line that traveled through different time frames. The following case exemplifies this phenomenon even more deeply.

On November 16, 2010, the meeting’s focus was a story that Adela told to the group. Adela had been a frequent attendee for a year and a half and tended to talk for long periods of time, repeating what seemed to be the same story. She saw herself as the victim of misunderstanding and abuse—misdiagnosed by previous psychiatrists who labeled her a “crazy person,” thus alienating her from family and friends.<sup>20</sup> When speaking, she was very aggressive toward both the analysts and the attendees and used “a tone of superiority,” as one of the attendees described it. Throughout the delivery of her story she emphasized that she had not done anything wrong, that she was just a victim. This lack of “taking responsibility for her actions,” as one analyst stated, created in the group some animosity toward her. Analysts often felt the need to interrupt her, but she invariably tried to continue speaking, which irritated many who were present. I must admit that Adela’s constant repetition of her story could be tiring, and on more than one occasion her interventions made me uneasy.

But in this particular instance, Adela’s story opened the door to a variety of reflections about why she kept repeating the same account. Unlike in other sessions, most of the comments were positive and encouraging. For example, one man in his mid-twenties requested the microphone and said, “My name is Juan, and I have been coming to the meetings for more or less a year, and I never talked before. It is sad to listen to the lady’s [Adela] story. She obviously wants to tell us something, *if we could only hear what she wants to say, what she means*, but the lady keeps repeating the same story

without producing any effect.”<sup>21</sup> After Juan’s comment, one of the senior psychoanalysts responded, “Juan, first, I am surprised by the ‘Adela always repeats the same thing, and it does not produce any effect.’ She got you talking today! [General laughter] For the first time! Great! Something happened so that her insistent discourse finally found an answer. Because you thought, ‘I have to say something.’ So, she is not so wrong insisting to be listened to, because at the end, someone would listen to her.”<sup>22</sup>

After having attended the MFSPT sessions for a year, Juan finally felt compelled to speak, moved, as he said, by his desire to understand the unconscious meaning behind Adela’s story. Juan did not aim to have what Adela was *saying* clarified or conceptualized, represented or reformulated in the analyst’s words; rather, he wanted to *listen* to the inaudible voices of Adela’s aural residues. Listening in this context is a bodily experience rather than a mere reception of sounds. It implicates a codification that does not involve an act of consciousness, yet it needs to reach consciousness for interpretation.

By focusing on the unspoken intentionality of Adela’s story, Juan was already *listening* in a particular mode: he was looking for meaning that had not been uttered, that was to be found somehow outside of the conscious realm of utterances. He was enacting psychoanalytic listening as a generic type: listening not as something one passively submits to but as a particular kind of action itself. The relevance structure that anchored the directionality of this encounter was embedded in the frame that Juan brought by suspending the denotation and referential qualities of Adela’s speech.

There is always a particular *temporality* attached to this listening genre. The amount of time required to “listen” and to be able to make sense of it varies from case to case. The intervention of the senior analyst underlines this point: “something happened so that her insistent discourse finally found an answer.” Following the logic of psychoanalytic listening, what happened to Juan is that something “resonated” inside him, and even though he could not make conscious sense of it, he was able to listen to Adela within Freud’s conceptualization of aural residues (see Freud [1923] 1995; Isakower 1939) or Reik’s (1948, 1964) idea of the “third ear.” He might have waited another year to speak, or he could have spoken earlier. The temporality involved in this listening genre is unpredictable. As with Mitre’s example or Hugo’s sudden perception of sounds and voices, the temporality of listening is aleatory. The time involved in the unconscious recollection of stories as well as the subject’s “inner voice” is unpredictable. At some point, the accumulation of all these aural residues will reveal something.



In purely physical terms, listening occurs in the here and now after a sound is produced. After a sound is made, sound waves are “reflected and attenuated when they hit the pinna, and these changes provide additional information that will help the brain determine the direction from which the sounds came” (*Oxford Dictionary* 2010). Then the ear canal is responsible for the amplification of sounds. But psychoanalytic listening is cumulative (as is anthropological listening). Sound images will acquire a resonance that echoes inside one’s self and will be triggered by something that surpasses the conscious dimension: in Mitre’s example through Andrés’s sadistic performance and in Hugo’s case through the loss of his wife. This listening genre is not linear. While it develops in time, it possesses its own temporality.

### Cultivation

Psychoanalytic listening entails a long cultivation process. In this way, it is different from listening genres that are ephemeral and unintentional. For example, when one listens to a passing sound, a piece of music, or a lament, a frame of reference might abruptly surface through the embedding of the sound into a particular setting (Goffman 1964). The relevance structure that emerges when one listens to ephemeral and spontaneous sounds does not require a specific pedagogy.

Other genres of listening require explicit training, especially when listening *for* a particular sign—for example, a mechanic learns how to interpret sounds produced by cars. Yet another category of listening requires listeners to be exposed over time to a genre of which they are not necessarily conscious but which still makes an imprint on their psyche. This *cultivation* is a key element in the genre of psychoanalytic listening. Take, for example, Roberto, an avid attendee in his late sixties who had been coming to the MFSPT sessions for ten years and had developed a close relationship with Jorge García Badaracco. Following a discussion about misunderstandings within families, Roberto explained that he always used to get involved and give unsolicited opinions every time his daughter had a conversation with her mother. But then something happened: “*There was a moment in which I could listen*, and I could see that I was wrong, and that I have been wrong for a long, long time. I was wrong because the truth is that *I could not listen*. And here [at the MFSPT], *I was taught how* [to listen]. Because when one is taken by a sentiment, one cannot think straight or listen. And that is a phrase that one has to take home.”<sup>23</sup> Roberto’s example describes the

cultivation of psychoanalytic listening as a moment of revelation. There was an instant when he was suddenly able to listen, and through this acquired competence, he was able to understand his past mistakes and make amends. This learning process follows a personal trajectory and cannot be measured. Again, a particular temporality becomes present. The moment of revelation that Roberto experienced is related to the emergence of a particular frame of reference that gives directionality to a situation that he was previously unable to codify. This moment was spontaneous and unexpected, but it required a long process of listening practice to reach proficiency.

In spaces where there is a form of “social listening,” as in the case of the MFSPT, there emerges what Judith Becker (2010) calls a specific “habitus of listening,” which produces a concrete “culture of listeners.” Becker’s analysis focuses on what she calls the “Pentecostal arousal,” a phenomenon in Pentecostal churches where music becomes the vehicle for creating an emotional apotheosis. Music’s ability to awaken a particular sensibility in a sudden moment is due to the cultivation of a particular genre.

While the listening that Roberto experiences and the sudden “awakening” of a Pentecostal follower do not belong to the same experiential phenomenon, they are similar in that the listening occurs unexpectedly. They are both immersed within a situated listening framework where there is a pedagogy of listening, and through this acquired capacity, transformation occurs. If we extrapolate Becker’s conceptualization to the MFSPT sessions, as a place where a particular listening habitus is formed—through the sensibilities and dispositions of attendees—we can substantiate the claim that listening develops in practice (Hanks 1987).

It is important to note the distinctions between habitus and genres of listening—particularly when looking at Buenos Aires and, more broadly, Argentina, where the concept of genre helps to clarify key processes in the wider circulation of psychoanalytic listening. Defined at the level of practice, “genres mediate between event types and modes of participation: the totalization and segmentability that distinguish *events* as units from *action* as an ongoing process depend on the same genre types which govern the engagements of participants” (Hanks 1996, 161). This means that, in addition to their thematic orientation, texts (whether oral, written, or aural) are also oriented toward the *action contexts* in which they are produced, distributed, and received. In this formulation, textual genres are seen as both resulting from historically specific acts and instantiating action; thus genres are shaped by context and create context at the same time. Something similar happens with listening. Listening genres, to the same degree as

textual genres, orient action. And this action is both motivated and created by modes of listening as practice and the internal structure that organizes the specific practice.

Roberto's is an active listening, a kind that entails action and that happens inside a specific institution with specific characteristics, similar to the Pentecostal example. But while the idea of a listening habitus is useful for analyzing the pedagogy of developing a particular listening ear, the listening *genre* is more pertinent here. Unlike the concept of habitus, the concept of genre does not necessitate a dialectical relationship with the notion of field. Whereas linguistic phenomena are never universally available and tend to be produced, circulated, and accumulated asymmetrically, in a world of power relations and commodification of linguistic (listening) resources (see Bourdieu 1977; Gal 1989; Irvine 1989; Silverstein 1979; Woolard 1985a), our listening is not determined by our position in an objective and asymmetric field. It is true that forms of capital are created through listening (e.g., the doctor listening through the stethoscope establishes power relationships that are emphasized throughout the whole auscultation process), but listening, in fact, allows for a more inclusive framework in which asymmetries and political economies are insufficient to account for the emergence of specific genres (e.g., passionate and compassionate listening). Thus, habitus always entails competition of resources, something that the democratization of listening that emerges inside the MFSPT does not create. The distinction between habitus and genre is important because psychoanalytic listening as a genre circulates outside of the clinical setting because it is not coercive and is flexible.

The question of how to cultivate psychoanalytic listening has been posed by many psychoanalysts. Both Lacan and Freud wrote extensively about the pedagogy of psychoanalysis, in which the subject's own experience of analysis functions as the most essential learning tool for the development of an analytic ear (Freud [1913] 1958; Lacan 1998). The novelty proposed by García Badaracco was to make newcomers part of a *community of practice*. At the MFSPT, the participation of all the partakers of the meetings is necessary and contributes to the healing of the patient. In order to cultivate psychoanalytic listening as a genre, it is imperative that the listener is not only exposed to the genre but participates in it. The MFSPT is precisely constructed by coparticipation.

The format of the MFSPT is democratic in that all participants have the right to speak and voice their opinion regardless of their credentials. The voice of anyone can trigger in other attendees something that would trans-

form their emotional being. As Roberto explained, he was “suddenly able to listen.” This “sudden” acquisition of a listening genre was possible, in part, because he had been exposed to psychoanalytic listening for many years by being part of this specific community of practice. He was part of what Jean Lave and Etienne Wenger (1991) refer to as the “legitimate peripheral participation,” by which learners participate in communities of practitioners and the learning process is relational and participatory, since the stories brought by the analysts, the analysts’ interpretations, and the comments of other participants make possible the habituation of the ear to this particular genre. How these stories contribute to listening psychoanalytically is dependent on the particularities, or “situation,” as Lave and Wenger put it, of the learning experience.<sup>24</sup>

Within psychoanalytic listening, before one is able to *listen*, there is a process parallel to Charles Peirce’s categories of Firstness and Secondness—and, much later, Thirdness. Peirce’s (1998, 2.228) broad definition of a sign is useful because it extends beyond words: he defines a sign as “something which stands to somebody for something on some respect or capacity.” It addresses somebody, creating in the mind of that person an equivalent sign, or perhaps a more developed sign. More simply, a sign evokes something for someone. A sign points to an object and, at the same time, it brings to the interpreter’s mind another sign (the “interpretant”) that translates and mediates the original one (Peirce 1998). This is the structure of semiosis, or the making of meaning, of which sign, object, and interpretant are three necessary parts. Without one of the parts, semiosis does not take place—the triad is not reducible to pairs of dyads.

Peirce’s typology of Firstness, Secondness, and Thirdness, which describe degrees of mediation and reflexivity, is essential to semiosis. Firstness is a condition of unmediated, unreflexive access—experiences without reaction, causes without effect (Peirce 1998, 1.305). Secondness is a condition of mediated but not yet reflexive access—experiences and the reaction they evoke, causes and the effects they provoke, but not yet a reflection on the reaction or effect. Thirdness, finally, is a condition of mediated, reflexive access: thirds are experience, reaction, and the reflection upon that reaction. They are cause, effect, and the extension of that effect to the form of habit or convention or law (1.303–1.312).

This typology is relevant to psychoanalytic listening. Firstness is a conception of being in its wholeness or completeness, with no boundaries or parts and no cause or effect (1.305). It is the quality of pure, latent potentiality. Therefore, it belongs to the realm of possibility and is experienced

within a kind of timelessness. It corresponds to emotional experience. Like Goffman's "situation," Firstness is pure potentiality. Once the setting is embedded, Thirdness appears.

Because the temporality of psychoanalytic listening as a genre is arbitrary—it can happen at any moment in time, as the example of Adela and Juan shows, or Roberto's "sudden" listening—there is a constant suspension of interpretation, in a space between Firstness and Secondness, until it gets embedded (into an interpretation). But the embeddedness is not necessarily codifiable. Juan's example illustrates how even when he *listened* to something that compelled him to speak (according to the analyst's interpretation), he still did not have a definite idea of what he listened to. It was clear, though, that he was listening inside a psychoanalytic framework, dismissing the denotation and referential meaning of Adela's words. When I state that this listening is suspended between Firstness and Secondness, that is because Thirdness, or interpretation, is missing (at least in Juan's case). Once there is a code of understanding, interpretation finally can happen. In the meantime, the chains of signifiers described by Lacan represent this suspension between Firstness and Secondness.

The purpose of bringing Peirce's typology to psychoanalytic listening is to show how in this particular listening genre the intentionality of the listener is suspended. The cultivation of psychoanalytic listening consists in being able to be suspended within these categories.

Participants in the MFSPT place a strong emphasis on the emergence of a particular word as being able to define the course of the whole meeting. This view resembles both Lacan's idea of resonance, by which certain words "touch" analysands in a particular way without their knowing it, and Freud's ([1909] 1953, 23) idea of "floating attention," where analysts suppress all critical activity, "suspend . . . judgment and give . . . impartial attention to everything there is to observe." Freud also recommended, as an optimal attentional stance or state of mind, the absence of reason or of deliberate attempts to select, concentrate, or understand and an even and impartial attention to all that occurs within the field of awareness. As the examples discussed demonstrate, attention is not the defining quality of listening in the psychoanalytic realm. This listening genre involves suspending attention and simply being open to resonate with the world around us. The resonance that generates inside the MFSPT produces signs that are heard and felt but lack a specific referent.

## Lo Vivencial (The Others in Us)

Psychoanalytic listening is a genre that includes a particular temporality and a particular pedagogy or disposition. Its interpretation awaits codification, being suspended until it is embedded into a setting. For the scholar interested in the study of language in interaction, this listening genre poses many analytical challenges, since the analyst is supposed to listen to something that is not uttered and that does not coincide with the convention already established of particular signs; instead, analysts should listen to the “inner voice” that they reproduce in their inner speech through the cultivation of a “third ear,” as Theodor Reik would suggest.

Listening psychoanalytically poses additional analytical problems because it is not only the analysand who is listening without codification; the analyst is attempting to listen to the “discourse of the other,” as Lacan (1977, 86) indicates. And in the case of the MFSPT, *all* the participants are listening as well. Everyone involved listens to something different, even if sometimes there is agreement on what was listened to, once it has already been contextually situated. In other words, the ear has already been *tuned* so that the context has already been defined; thus, the “aboutness” of the genre has been established, and it has been embedded into a setting. The following example illustrates this process.

Lucía, a young professional in her early thirties who comes from a well-to-do family, had often described in previous meetings the bad relationship she had with her mother, who did not seem to validate Lucía’s life choices and constantly criticized her actions. This created animosity between them, which in turn generated constant fights:

The truth is that I don’t really know what to say. Every time I go to my mother’s house, the only things I keep hearing are complaints. She doesn’t like my clothes; she gets mad because I didn’t call her on time. . . . The other day she even told me that I am gaining weight. In the end, through her eyes I don’t do anything right! But the only thing that I do is work and work, I pay my bills with my own money. But I don’t know, sometimes I think that I don’t do things right. The other day at work—because I cannot stop thinking about all my problems—I submitted a budget for the remodeling of a hotel in downtown, and it had many errors in it. You cannot imagine the embarrassment that I felt! What is the client going to think? That if I am unable to count, there’s no way I will be able to remodel and participate in their project!

I haven't heard from them . . . but of course! Most likely they don't want to know anything about me ever again.<sup>25</sup>

Lucía was crying when a female psychoanalyst interrupted her: “Lucía . . . I, I feel compelled to interrupt you because, because . . . I need you to come back. *The person who is speaking is not you; it is your mother speaking, and I need to listen to you, not her.* You realize this, don't you? You disappear from the story, and we only listen to your mother speaking.”<sup>26</sup> On the day that Lucía made this intervention, the MFSPT conference room was packed. Eighty-one persons were present, one of the highest concentrations I witnessed during the time I attended the sessions. We all witnessed her moving performance. To my surprise, no one challenged the idea that Lucía was somehow possessed by her mother's voice: everyone seemed to agree with this scenario. After the female analyst finished talking, another attendee—an analysand—further expressed this idea by saying, “You know, Lucía, I think that Dr. M. is perceiving something right. I also cannot recognize you in what you are saying. And this is not always the case; many times when you participate, it is very clear that you are the one speaking. But today, I don't know, *it doesn't seem that the person that I'm listening to is you.*”<sup>27</sup>

What does it mean that Lucía is not speaking, but instead it is her mother? What does it mean to *listen to the mother speak*?

To answer these questions, we need to consider a listening community, in this case the MFSPT, that encompasses a group of subjects who, at different levels, are familiar with the basic ideas of psychoanalysis and are inside a psychoanalytic institution. The theory of psychoanalysis places great emphasis on the idea of the unconscious. The idea of a decentered subject capable of invoking her psychic doppelgänger epitomizes what many psychoanalysts identify as the struggle of self-alienation inherent in the process of becoming a subject and achieving social identity (see Faurholt 2009). This alienation can represent itself as a form of alterity, a term generally defined as “otherness,” which implies the complexities of self and other on the formation of identity. In Lacan's theory of “radical otherness,” alterity emerges through language. The subject is not merely an “I” or the ego; it is the “speaking being” who becomes the subject. Through the symbolic order of language, the subject consolidates and comes forth. Subjects do not merely “know” themselves. Rather, they represent what is known through language. They are created by the unconscious and language—two factors that, according to Lacan, set limits but also offer possibilities (Lacan [1966] 2006, 197–268).

In Lucía's example, the alterity is presented as a form of ventriloquism where her mother speaks for her. As a result of the cultivation of psychoanalytic listening, the participants of the MFSPT are able to identify the "otherness" in Lucía's narrative. In this setting, the context is already set; the voice of Lucía's mother as an embodied force is validated and accepted because there is a convention that sustains this practice: that in psychoanalytic theory the subject is divided and spoken through and can bring up different voices through the Other inside the analysand.

As we saw when discussing its temporality, psychoanalytic listening as a genre is a sort of "residual listening" that surpasses the here-and-now production of sound. This has a profound connection with the question of how "others" appear in someone's talk. In his theory of the novel, Mikhail Bakhtin (1981, 61) postulates that there are no "free" utterances, meaning that all "images of language are inseparable from images of various world views and from the living beings who are their agents—people who think, talk, and act in a setting that is socially and historically concrete." Speakers are not unified entities, and their words are not transparent expressions of subjective experience (see Keane 2001) but rather are informed by a multiplicity of voices, or polyphony, and the different social personae they inhabit (Bakhtin 1981, 61).

Psychoanalytic listening aims to find the different voices that Bakhtin discusses. The "residual" trace of previous "listening" accumulates in the listener, who then starts to create a coherent narrative. The auditory residue is formed by different soundscapes and sources, ranging from the actual voices of the people surrounding us to nonreferential sounds coming from the external world, as well as our own inner voice. These multiple sound images do not necessarily have referents attached to them: the listener registers them unconsciously inside the psyche. The sound images finally acquire meaning—surface the conscious world—when they get connected to a larger interpretive frame (Goffman 1974), and this frame is *experienced* rather than denoted. As in the case of polyphony in verbal and nonverbal texts, psychoanalytic listening is always informed by a multiplicity of sound images that the analyst and the analysand are trying to retrieve. In the residual sound is a coexistence of ideas of the present and the past, as well as different ideological constructs.

In psychoanalytic listening, multiple voices shape the interpretive frame and threaten to take over the agent's own voice. In Lucía's case, the speaker's words are directly influenced by her mother's own ideas about her. This experience, Bakhtin (1986, 89) tells us, can be characterized to some degree as "the process of *assimilation*—more or less creative—of others'



words,” making all utterances “filled with others’ words, varying degrees of otherness or varying degrees of ‘our-own-ness.’ . . . These words of others carry with them their own expression, their own evaluative tone, which we assimilate, rework, and re-accentuate.” In Bakhtin’s framework, any word uttered is “interindividual” because everything that is expressed is located outside the speaker: “The author (speaker) has his own inalienable right to the word, but *the listener has his rights*, and those whose voices are heard in the word before the author comes upon it also have their rights (121–22; emphasis added)—for after all, there are no words that belong to no one.” Lucía brought her mother’s voice to the setting. According to the analyst, she appropriated these words and began to enact the stories that the mother told, something that I, as a listener outside of this community of listeners, was not able to register. The listener also has a right of interpretation, which may or may not coincide with the speaker’s denotative utterance. When a speaker utters a word, that word is already immersed in a particular frame of interpretation; listening therefore becomes crucial for the understanding of the direction that the interpretation is taking.

After the female analyst interrupted Lucía, audience and analysts alike sought to console Lucía. Everyone seemed to have “listened” that she was performing her mother’s words and that when she could “see the real Lucía” her sorrows would come to an end. Nobody in the audience questioned the idea that she was speaking her mother’s words. Everyone inside the MFSPT was listening in the same way because there was a context already in place that focused on a particular way of conceiving subjectivity.

This phenomenon—to perform the speech of another person—has unique theoretical ramifications when considered from the perspective of listening genres. It is different from *entextualization* (inserting a text into a different context) and closer, to a certain degree, to *replication*, since it tries to portray the textual as opposed to contextual aspects of original discourse (see Urban 1996). But Lucía’s case is closer to Derrida’s idea of the decentered subject, formed in the performative reverberation of language itself: “Voice can betray the body to which it is lent, it can make it ventriloquize as if the body were no longer anything more than the actor or the double of another voice, of the voice of the other, even of an innumerable, incalculable polyphony. A voice may give birth and—there you are, *voilà*—to another body” (Derrida 1984, 79). This capacity of language to create particular subjectivities has been amply studied, especially in feminist theory (see Butler 1993, 1997; Butler, Guillory, and Thomas 2000). From these studies it is clear that an identity is not the source of more secondary actions such as

speech; rather, identities can be described as being caused by performative actions (Butler 1993). In these studies, speech (and writing) has been the center of the performative experience.

But Lucía's example is different: the transformation happened through listening. It is by *listening psychoanalytically*, listening inside a specific genre, that Lucía's mother is brought into the MFSPT. Not everyone inside the MFSPT session may have listened in the same way, and the analyst certainly directed the attention to this particular aural interpretation. But even if just a few listeners listened, not necessarily to the voice of the mother but, as one of the participants put it, "as if she [Lucía] was not the one speaking," there was a particular listening context that the listeners were reproducing by tuning the ear to the psychoanalytic frequency. As in Becker's discussion of the Pentecostal arousal, the people reproducing and enacting a particular context at the MFSPT create a particular context in which such interpretations are possible, a context that is part of socially and culturally wider forms of listening in Argentina well beyond the clinical setting.

### Prosodic Enunciation

The fourth key element that makes up the genre of psychoanalytic listening is prosodic enunciation: "the music in the words," or how words *sound* (and *resound*), rather than their denotational meanings.

Two different moments at the Centro DITEM during the summer of 2018 provide a helpful illustration of how this works within the genre of psychoanalytic listening. In early July, the soccer World Cup was taking place, and Argentina's national *fútbol* team had not performed as expected. They had lost to France in the playoff and were out of the competition, and people were disenchanting and angry. In the streets of Buenos Aires, the advertisement posters found all over the city depicting a smiling Lionel Messi—Argentina's captain and global *fútbol* star—contrasted sharply with the overwhelming discontent of *porteños*. The rain was getting more intense when I arrived at Centro DITEM. As usual, everyone was greeting each other. But this time, instead of the usual cheerful disposition, a somber cloud lingered. Many expressed their frustration with Argentina's national team. They needed a culprit and the scapegoat was Messi, whom everyone was criticizing and blaming for their loss. This was also, of course, a convenient excuse to speak negatively of Argentina, something one frequently encounters in Buenos Aires—when talking to taxi drivers, waiters, professors, or even just friends and acquaintances, inevitably at one point someone

has something bad to say about the Argentine government, institutions, or “the culture.” Centro DITEM was no exception, and now the dashed hopes of winning the World Cup helped confirm suspicions that everything in the country was indeed corrupt.

That evening in the hallway, before entering the big room to begin the MFSPT session, I heard a male senior analyst talking to a disillusioned attendee who was complaining about the Argentine Football Association and its corrupt management. The analyst interrupted: “Yes, yes, we all like to blame something else for our misfortunes instead of looking at oneself. That’s what we try to do here, to look inside and stop the music player.”<sup>28</sup> This was neither the first nor the last time that a metaphor related to music was used at Centro DITEM. In fact, the concept of music is used to denote a sort of interference or noise that forbids the natural flow of ideas and affective states. Statements such as “*¡Otra vez con esa canción!*” (Again, with that song!), voiced when analysts perceive that the analysand is not speaking from *lo vivencial*, are common. At the same time, as a senior analyst at Centro DITEM explained to me when discussing her methodology, the metaphor of music can uncover important features inside an analysand’s speech. Echoing Mitre’s earlier comment, she said, “When talking to our patients, what is more important to us is not what they say but *how they say it*. We focus on the music in the words.”<sup>29</sup>

How a message is delivered is important for the therapeutic encounter. According to Summerson Carr and Yvonne Smith’s (2014, 99) analysis of Motivational Interview (MI), professionals trained to conduct these interviews are asked to shift “their attention from semantic content to the poetic form of the therapeutic message.” Through their specific analysis of pause and silence, the authors suggest that the aesthetic management of the style and delivery of this particular register helps patients in different capacities: they may speak more or feel that they have some control over the interaction. Similarly, at Centro DITEM, the focus is on the resonances that the “music in the words” generates in the listener; thus, as in the MI interview, the poetics of the interaction is more valuable than the denotation, and both have therapeutic usefulness in helping the therapist have some control over the interaction and helping patients focus on particular aspects of their speech patterns.

Music in this setting is conceptualized in a twofold manner: as an interference and as an indexical pathway that the skilled listener can decode by focusing on the quality of sound rather than on a fixed semantic meaning. The latter conceptualization resembles the notion of resonance that Lacan developed throughout his work. In Lacanian psychoanalysis—as

the opening quote of this chapter suggests—to harmonize with the analysand's speech, the analyst must take into account the different "staves" or resonances by focusing on the signifiers the analysand produces. Decoding words as music allows the analyst to suspend the denotation in favor of a hermeneutic interpretation.

Another example—this one from early August 2018 at Centro DITEM, a few weeks after the night when everyone was complaining about Messi—further illustrates how prosodic enunciation is present in the psychoanalytic encounter. On this occasion, a man named Gonzalo looked extremely sad. His hands were tangled in a nervous fist, and he barely looked at the audience. He began his story by explaining that he was approaching retirement, and he expressed concern about the cost of his son's treatment once money became scarce. His son, Carlos, had been diagnosed as a "difficult patient." He had experienced intermittent psychotic episodes throughout his life and needed constant care. Gonzalo also revealed that his business, a small car repair shop, was not doing well, as the economic crisis looming over Argentina was significantly affecting both his clients and the business's overall performance. He discussed the political climate in Argentina and what he considered the government's lack of commitment to its citizens: "I am fed up with governments that don't do anything for us. One works all day trying as best as one can to provide for the family. Prices change every day, and I don't know how I am going to be able to keep the business running, sustain my family, and Carlos's treatment. At night I don't sleep thinking about all the responsibilities I have that I'm not sure I'll be able to continue to fulfill. Every night thinking of all that's coming, and I'm becoming old."<sup>30</sup> Gonzalo was eager to continue his story when a senior psychiatrist and analyst interrupted him: "Gonzalo, Gonzalo, we heard that music many times before. Why don't you tell us how you really feel? Leave that melody that is not letting you say what you are really experiencing."<sup>31</sup> Gonzalo nodded and began to describe how sad and impotent he felt. He was afraid to even think about not working. What would he do if the routine he had performed for over thirty years vanished? He was used to work and did not understand life without structure. He was terrified: "The truth is that I am very scared. I don't know how to do anything except work. It anguishes me to think what is going to happen to me when I retire. I don't know if I'm going to be able to recognize myself in that new character. I see myself helpless."<sup>32</sup> He began to sob.

Marcelo, an older male analysand who had been coming to the sessions for many years, interjected: "Listening to Gonzalo reminds me of the importance

of learning to listen and learning to stop the music. That melody that Diana [the analyst who interrupted Gonzalo] pointed to was hiding the real fear that he is experiencing. It is not really about money; it is about having a new identity, and I can relate to that feeling very well. I retired seven years ago, and I still follow the same routine that I did when I was working. It's hard to become someone new."<sup>33</sup>

The most common definition of music is “organized sound” (Novak and Sakakeeny 2015, 112). As many scholars have noted (see Adorno [1938] 1978; Attali 1985; Becker 1986), this definition raises many questions, particularly the issue of who decides what constitutes order and what distinguishes sound from noise. Does “disorganized” sound then constitute noise? Ethnomusicologists have emphasized that the concept of noise is essentially relational, entailing a metadiscourse of sound that is socially defined (Novak and Sakakeeny 2015, 126). The boundaries between sound and noise are thus social interpretations.

Inside the MFSPT, music and speech overlap. There, the concept of music, as Gonzalo's example shows, is considered an interference—a kind of disorganized sound—that conceals the real motives and feelings behind Gonzalo's impulse to speak. The trained listener, as Marcelo suggests, is able to detect the interference, thereby helping analysands to find the right “tune” to let them understand the “real” source of their problems. Here again, one encounters the idea that the emancipatory act of uncovering serves to alleviate the experience of suffering. The denotation takes a second step in favor of the tone, of the music, of how things are said.

The overtly prescriptive directionality of the linguistic content that the analyst asked Gonzalo to perform is a common practice inside the MFSPT. Talk about talk—pointing to specific linguistic ideologies through metalinguistic and metapragmatic assertions and directives (see Carr 2010b; Silverstein 1979; Woolard 1985b)—is fairly common inside this space. Talk is considered the “royal road to the unconscious,” as one analyst told me, paraphrasing Lacan's (1977, 45) famous quote.<sup>34</sup> But listening seems equally important. In this setting, analysts direct analysands to share their emotional states rather than talk about their money woes, their fear of eviction, legal troubles, or any form of material uncertainty. When the “material” narratives appear, the analysts intervene by interrupting the analysand's flow of speech with interjections such as “Again with that song, Marina?” “Rocío, we all know that discourse already; can you talk about what's really going on?” “I think, Rubén, that the noise that emerges with the story that you tell yourself all day long is not allowing the real Rubén to come out.” “Rosa,

why don't you tell us how you feel? We want to listen to the real Rosa."<sup>35</sup> When these interjections happen, the analysands respond in different ways. Usually, the ones who have been attending the sessions for some time, such as Gonzalo, immediately change the narrative and perform the story that has been elicited. In other cases, especially with newer or intermittent participants, there is indignation—some would leave the room slamming the door, while others would let everyone know that is the precise reason why they want to stop coming to the sessions, and others silently cry.

In her excellent study of treatment programs for addicted women, Summerson Carr (2010b) explains that language is key to these women to demonstrate that they are on the road of recovery. Through what she calls the "ideology of inner reference" (IIR), addicted women are required to perform a linguistic script where "healthy language" functions as a general assessment of their overall health. The IIR implies that "healthy" language refers to preexisting phenomena, and the phenomena to which it refers are internal to speakers. What this means is that the women are inside a clinical discipline that "demands a totally unmediated language, one that appears to transparently refer to and reveal the inner thoughts, feelings, and memories of its speakers" (11).

While there is definitely a prescriptive directive in moments inside the MFSPT when speakers are encouraged to talk about their inner states (e.g., "Tell us how you really feel"), there is also a sharp contrast with the addiction treatment programs presented in Carr's book. In MFSPT sessions, there is no purity in the stories the analysands are required to produce. The word *real* may appear as eliciting an unmediated discourse where the *true* self emerges, but it is the transferential relationship between the analyst and analysand that makes possible the emergence of their doppelgängers. So, by definition, in the psychoanalytic encounter there is no "true self," as Lucía's example shows, but a divided subject who is trying to put many pieces together. Once again, it is not about the speech itself but about how the analysands are saying it and how the analysands and analysts are listening. For Lacan, the Real is an impossibility because it emerges as that which is outside language and resists symbolization. It is untainted experience, which an analysand and an analyst can only glimpse through moments of attunement.<sup>36</sup>

Inside the MFSPT, listening is more a phenomenological experience than a prescriptivist process of purification. When I asked a senior analyst why she and her colleagues would interrupt some analysands and not others with comparable stories (isn't there always music in the words?), she

responded that because speaking nonstop is a form of evasion: “stopping the automatic recording and listening to what you are saying and what your words awakened in others is an important therapeutic tool.” She also mentioned the need to stop narcissistic performances.

In his essay “The Instance of the Letter in the Unconscious, or Reason since Freud,” Lacan ([1966] 2006, 412–41) refers to *scansion*, a method (or practice) of determining and graphically representing the metrical pattern of a line in a poem. It relies on the existence of meter, whose structure it brings to light through the action of scanning. Scanning reveals a hidden rhythm, allowing one to hear a tempo, at first indiscernible but working silently without saying its name. For analyst and literary scholar Isabelle Alfandary (2017, 368), “scansion enables the tuning into the text of the unconscious.” The music in the words is thus what enables a psychoanalytic performance, where listening to the staves of the music in the speech of the analysand is key to bringing to light the psychic *doppelgänger*. Inside the MFSPT, both analysands and analysts get attuned to the pattern of the music that resonates within their psyches. There is an imperceptible tempo that guides the meeting that, at the end of each session, becomes a clear melody.

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As the examples presented in this chapter demonstrate, an interesting aspect observed in the MFSPT is that the participants openly discuss listening practices: they explicitly comment about listening. This includes a conscious emphasis on the importance of listening for the healing/well-being of the analysand, as well as for the reproduction of the MFSPT sessions (the person attends to be able to listen and to be listened to). The importance of focusing on a metalistening level is considerable because through the conscious acknowledgment of the role that listening plays, attendees provide direct evidence of their interpretive structures, where the interpretive frames the speakers share derive in large measure from their metalinguistic common sense, and the process of producing frameworks in actual use incorporates a significant metalinguistic component. In other words, what is performed metalinguistically is the culturally specific “competence,” or knowledge, that renders the context of the performance accessible to an individual who belongs to a particular group. The overt focus on listening in this chapter’s examples provides evidence that inside the MFSPT sessions are shared schemes of discursive but also aural knowledge that can be understood only inside this particular listening genre.

Yet this is only one aspect. The cultivation of this elusive listening genre, since it defies time, entails the suspension of interpretation, being in an almost liminal state, trapped between Firstness and Secondness. The next chapter will discuss how psychoanalytic listening spilled out of the clinical setting and became woven into the fabric of everyday experience. The focus is mainly on the circulation of psychoanalytic representations in conversations outside the clinical setting in everyday life interactions.