

## TRANSFERENCE AND AESTHETIC MODEL ♦

Regardless of our theoretical background, as psychoanalysts we all agree that the *transference* is the essence of the psychoanalytic method, its most distinctive trait.

Transference is at the same time a central category in the theory and a fundamental tool in the clinical practice. This intersection gives transference a privileged position to study the development of the psychoanalytic method; to the extent that the notion of transference and the use that each analyst confers to it in his clinical practice will determine his approach to his work.

Concepts that are related both to mental functioning and to early development are very suitable to be thought of in terms of *models*.

The qualities of the phenomena of our daily psychoanalytic practice, in Bion's (Bion, 1970) words, cannot be grasped by the sense organs. Therefore they are not easily described by the language we operate with.

Nevertheless, at present we have no alternative but to describe facts with words. Words have, unfortunately, a clear influence from the senses. Therefore, the events of what

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♦ This piece of work was written as a contribution to the meeting that took place in Florence between 17<sup>th</sup> and 20<sup>th</sup> February 2000 under the title "A Developmental view of the Psychoanalytical Method".

we call “psychic reality”, can only be intuited through the living interaction of the transference-countertransference relationship.

Bion suggests (Bion, 1970) that the language of art, the “language of achievement” provides a more appropriate idea about the transformation required by the emotional experience for its communication.

The construction of models (with elements arising from the experience of the transference relationship) can provide the analyst with an adequate link between the facts observed in the clinical practice and the theories with which he approaches them.

Each model of the mind is the outcome both of the constant combination of elements and of the conception of the mind and the theory of early emotional development that an author has. In the course of his work Meltzer follows the path that goes from Freud through Klein, to Bion focusing on the different models that his predecessors use.

It isn't surprising that Meltzer (Meltzer, 1984) calls the Freudian model a *neuro-physiological or hydrostatic one*, since Freud created his work at the climax of modern science, at a time when classic thermodynamics of reversible and balanced processes were the scientific paradigm.

The central discovery of Freud's clinical work was the transference. When Freud came up against it, as before when he discovered resistance, he considered it an obstacle in clinical practice.

The psychoanalytic aim in the early times was to gain access to the memories-considered as the cause of the symptoms of hysteria. Resistance at first and transference later, were annoying obstacles on the path to memory. In 1895, in *The Psychotherapy of Hysteria* (Freud, S. 1895), he refers to three possibilities for not eliciting any reminiscence. The first one is that there is really nothing more to be found, the second is having come up against a resistance "...but there is a third possibility which bears witness equally to an obstacle, but this time an external obstacle and not one inherent in the material. This happens when the patient's relationship with the physician is disturbed and that is the *worst obstacle\** that we can come across..."

Today we know that those obstacles - resistance and transference – soon became irreplaceable guides, essential in Freud's clinical work. As Freud said in the epilogue of "Dora" (Freud, S., 1905) and in "Recollecting, Repeating and Working Through", (Freud, S., 1914) it is through the repetition in the transference (that arises in the climax of resistance) that the most revealing reminiscences emerge in an analysis.

Freud's initial contact with his adult hysterical patients showed him the way to the idea of transference as a resistance and a repetitive recollection of the past, but Melanie Klein's circumstances at the beginning of her clinical practice were very different.

By first observing, and later treating children, she was from the beginning in touch with the immediacy of psychic reality. Reading the Kleinian papers that offer clinical

examples of the analysis of her small patients of the 20s, one finds that the transference has strong presence and power.

The experience of the transference relationship in the setting of her clinical practice forced itself with such vividness onto Klein that both her technical modifications (for example the discovery of the play technique), as well as her theoretical assumptions emerged in a natural manner. It seems safe to assume that all of Klein's theoretical constructions were built initially from the *transference experience* with her small patients.

Central to the Kleinian concept of transference is the mechanism of *personification* (Klein, 1929) , hinged on the notion of a relationship with an internal object. This is why children arrive to analysis in a "transference" relationship even with real objects from their daily life. The attitude and behaviour of children is not determined by their parents' behaviour but by an internal imago which Klein defines as a figure halfway between the representation of the parents deformed by projection and their real, external image.

Transference is therefore, the *externalization* in a new object, the analyst, of the same kind of relationship established with the introjected objects. This conceptualization does not offer a comfortable place to the idea of repetitive recall, even though Melanie Klein herself does her utmost to place it in her theoretical context.

Therefore with Melanie Klein a new model emerges, in which the "geography" of fantasy in terms of spaces in the mind and in objects is privileged. With the splitting of the

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\* *the italics are mine*

self and its objects, a world of imagoes, which during the development of the theory will become internal objects, constitute the “inner world” from 1934 onwards.

In this model, mental development arises from an initial chaos where the death impulse predominates, bringing about intense annihilation anxieties, extremely sadistic superego characters, and ego defenses of the same characteristics.

The internalization of the good objects with which the self will maintain a dependent link of an introjective nature, as development progresses, originates what Meltzer (Meltzer, 1984) has called the *theological model* of the mind. It is based on the idea that people have something akin to a “religion” in which their internal objects play a role of “gods” with regulatory functions in the internal world.

An interesting extrapolation could be to suggest that, according to this theological perspective, at the beginning life must have taken place in *Hades*. With development, objects become synthesized, the self becomes more integrated and anxiety takes the form of the notion of responsibility for psychic reality. Continuing with the theological vertex, the idea of death and resurrection could be seen as something similar to *Paradise*, or at least to a *Purgatory*, where a type of reconciliation prevails.

After Freud’s neuro-physiological model and Klein’s theological one, the third model that Meltzer explores is Bion’s, which he calls *epistemological* because of its relation to knowledge and thinking.

For Bion the notion of development is that of a complex process in which the mind constructs itself by processing the experiences, the emotional experiences, which are necessary to think about. In this conception, emotion is at the center of meaning and the mind develops nourished by truth, in the sphere of the intimate relationships. Bion proposes a new theory of the affects, speaking about love, hate and hunger for knowledge (L, H, K) in opposition to the deceitful part of the personality –L, -H and –K.

If we have followed Meltzer's path, tracing the thoughts of psychoanalytic authors in terms of models, it would be natural to do the same with his ideas.

My purpose here will be to articulate his concept of transference with the aesthetic approach that spreads through his work from the beginning, since already in “The Psychoanalytic Process” (Meltzer, 1967) he refers to the Beauty of the object when he talks about the phenomena of the threshold of the depressive position.

For an approximation to the Meltzerian notion of transference it is necessary to fall back again on the Kleinian approach where transference is not seen as a re-actualization of the past but understood as an externalization of the relationship with the internal objects that has a presence and a concreteness in the here and now of the psychoanalytic session.

From this point of view the transference potential emanates from the infantile parts of the self and is constantly in force, but it is not always reachable because it is easily seized by the narcissistic organization.

I also think that the concept of repetition is not used in the same way here and in the Freudian view of the transference. In the latter the past is repeated in order to avoid remembering, although at the same time, that very repetition presents privileged roads of access to reminiscences in an analytic treatment. However from the Meltzerian view of the transference I think that it is not the past that is repeated, but a present that has not been able to become past and as such is externalized and expressed in the transference relationship.

In order to deepen the transference issue, moving it away from a position linked to an interaction phenomenon between two people, we have Meltzer's opinion that it is not the analyst who "carries"<sup>1</sup> the transference but his internal objects. The Kleinian idea of the prevalence of psychic reality is thus re-inforced.

### **A Possible Aesthetic Model**

The psychoanalytic approach to aesthetics has a long tradition. We all know about Freud's interest in the topic of artistic production, both in the area of the of the creator's motivations and in the effect the work of art has on the spectator or audience.

After Freud, authors of different psychoanalytic schools, such as E. Jones, E. Kris, Ella Sharpe, Hanna Segal, Money Kyrle, Bion and Lacan, have made important

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<sup>1</sup> In a conference in Buenos Aires Dr. Meltzer gave a beautiful illustration when he said that a patient can place his trust on the analyst because the latter does not carry the responsibility about the patient anymore than a man that carries a child on his shoulders when both are riding on horseback. The one who really carries the weight is the horse. The patient's trust in the analyst is really in the analyst's internal objects.

contributions which allow us appreciate that psychoanalysis has given the aesthetic issue an important place.

Meltzer has placed the aesthetic issue in a central position regarding the development of the mind. I personally believe that a possible model of the mind based on Meltzer's thinking emerges from his postulation of the aesthetic conflict (Meltzer, 1988).

His proposal contrasts strongly with the philosophical assumptions of Aesthetics, where this type of experience constitutes one of the highest levels to be reached.

In his contact with the analytical processes of autistic children, who had a failure in creating an object with an interior space that could be used in their development, he formulates an imaginative conjecture about early mental development, that of the aesthetic conflict. The initial, mythical, encounter with the mother's breast, representing the beauty of the world, puts the new-born baby in a conflictive situation: the emotions arising from the impact of beauty overwhelm and appall him. The essence of the aesthetic conflict is that there exists no impact of beauty without conflict. This conflict occurs between what can be perceived, the beautiful exterior, and the interior, that is not observable, is unknown, enigmatic, only conjecturable, becoming the torturing source of all anxiety from this point onwards.

The power the beauty of the object has to provoke emotionality is matched by its capacity to generate doubt, uncertainty and mistrust. The mythical moment would be the one when this question is established: is the interior, in contrast to the exterior, as beautiful

as its apprehension by the sense organs? From this moment on, the option towards mental development is only possible if this question with no answer is tolerated. That is to say, to be able to put up with the slow construction of the notion of the essential mystery of the interior of the other person, which conveys the idea of the mystery of the world.

The aesthetic conflict produces a conflictive combination of passion and anti-passion, which leads the autistic child- who is not able to tolerate the emotional turmoil- to dismantle the integration of the emotional experience and thus, to mindlessness. Meltzer says that the autistic child represents the tragedy of the failure of the human spirit.

In my opinion the formulation of the aesthetic conflict introduces an approach where the aesthetic issue emerges as a founding category for a model of the mind, and thus changes its place as an adjective into the noun “conflict”.

The possible aesthetic model implies a specific concept of truth that has three components:

- a) the idea formulated by Bion about truth as the necessary food for the mind to grow.
- b) the idea, that is already aesthetic in itself, that truth is an enigma: it is an impending revelation but isn't a revelation.

By linking these two ideas one could argue that the dramatics of mental life and of possible development happens in the sphere of the capability of living within and sustaining the mystery raised by the encounter with an opaque, non transparent object.

- c) The love for truth is linked with the capacity to appreciate the beauty of the object. This is the concept of truth that Meltzer brings quoting Keats, who said that beauty and truth are one and the same thing.

Considering these three points, beauty then entails the contact with the inaccessibility of the aesthetic object. The aesthetic paradigm would then be *truth is beauty, in so far as the existence of the inapprehensible mystery can be tolerated and there is the capacity to withstand it.*

The analytic relationship is a type of new relationship in which a person, the analyst, is available for understanding but on the basis of accepting his own limitations as regards knowledge. Moreover, what is transferred by the patient will become an object capable of being intuited and conjectured but with an interior always inapprehensible by the senses.

### **Conditions for the Emergence of a Possible Aesthetic Model**

When I referred to approaching the method from the vertex of clinical practice or the applied field I postulated the idea that every theory grows from its obstacles. It would be interesting to examine the possible operating difficulties in the operation of the -

theological -Kleinian model that might have been the launching points for the emergence of this new model, i.e. the aesthetic model.

It is undeniable that the foremost value that Klein conferred to hostility in her theory of early mental development, and the concomitant view of projective identification as a mainly pathological mechanism produced consequences in clinical procedures, particularly in relation to the use sometimes made of her ideas.

According to the theological model, we are threatened with hell at birth and by certain mental operations, such as splitting and idealization, (which Klein described so well) the road to development gets under way. The anxieties involved in this schizo-paranoid configuration create a particular climate in the atmosphere of the consulting room, which we could call the “*climate of the descent into Hell*”, in consonance with the theological model. The interpretative work of the analyst in some hurry to confer meaning may seem natural in this atmosphere. Quite possibly, given the countertransference feelings that prevail in this climate, it feels more comfortable to enter hell with arguments than without them.

On the other hand, (as Meltzer says in *The Kleinian Development* (Meltzer, 1978), the theological model is more concerned with “clearing the weeds” (to my understanding the consequences of evil), than with detecting the buds of promising development. This could have led, in my opinion, to the origins of a paranoid kind of closed circuits in analytic interaction.

Seen from this perspective, one could simply relate a certain interpretative frenzy to the analyst's resistances. It is important here to remember Money Kyrle's (Money Kyrle, 1977) recommendation to psychoanalysts about taking care not to confuse destructive projective identifications with desperate ones, because this can create catastrophic consequences in an analysis.

Another modality often observed in some clinical materials is the predominant use of the first person in the interpretation of the transference.

In my view this seems to arise from confusion between seeing the analyst as the bearer of knowledge, as in the scientific approach, and Meltzer's (Meltzer, 1990) standpoint that it is not the analyst that *carries* the transference but his internal objects, and they are the source of inspiration for its construction.

In the aesthetic model, the analyst's knowledge will always be exceeded by what is transferred by the patient. A relation of total or complete knowledge cannot exist given the unobservable, sensorial qualities of the so called *psychoanalytic object*.

Interestingly, Meltzer defines the aesthetic object not by its own qualities but in relation to what it stirs up. He defines it as that object that is capable of arising a passionate response understood as the concurrence of the emotions of love, hate and thirst of knowledge, (L, H and K) always in antagonism with the forces of anti-passion, anti-emotion and anti-link.

Transference, in Meltzer's view is not an experience; it may even be a *construction* in the analyst's mind. Therefore it is not susceptible of the empiric verification that would permit the validation of hypotheses demanded by the scientific model. It is an absolutely tentative and speculative hypothesis.

### **The Aesthetic Model and the Practice of Psychoanalysis**

I will now attempt to examine the consequences of the aesthetic model and its relationship with transference in the clinical work with patients.

In the first place, the model proves to be totally coherent with Meltzer's proposal regarding the setting in "The Psychoanalytic Process" (Meltzer, 1967), namely, that the epicenter of the setting is the mental state of the analyst.

The setting is "created" as a new agency in the mind of the patient, through the unprecedented experience that the response to his requests or demands will only be an attitude of receptiveness and readiness to think about them, and not one of action.

This idea is relevant to the aesthetic model, in the sense that the setting cannot be subordinated to its formal aspects and needs a certain degree of flexibility. A very rigid setting is appropriate for interactions where the analyst believes he can hold a relationship of complete knowledge with his patient from which he can formulate closed hypotheses with absolute meaning.

The notion of transference in the aesthetic model understands *receptivity* as a premise in the analytic relationship. The setting will have to move, within its natural borders, to enhance the probabilities of receptivity and observation for both members of the psychoanalytic couple.

The aesthetic model produces a **style of psychoanalytical interpretation**, fundamentally based on the possibility of observing and describing.

Meltzer says that the task of infant observation, advocated by Mrs. Bick, offers us – the ones who practice it- a great lesson in humbleness. It allows us to be present at the development of a relationship with which we cannot and should not interfere. Those of us, who had the opportunity of doing infant observation with a background of experience in analytical work with patients, have had the chance of re-signifying Freud's rule of abstinence.

In several of his writings, Meltzer underlines the **descriptive approach** in contrast to the explanatory approach in the formulation of the interpretation. This is consistent with the aesthetic approach since what can be principally offered to the patient are descriptions; which, in addition to their content *meta-communicate* an observational attitude, a skill estranged to a certain degree from the patient. We know that the formulation of the fundamental rule is an aspiration to an attitude that, if attained, will be reached almost at final stages of an analysis. What is pivotal is the invitation to observe mental estates.

Each person brings to his analytic treatment a theory about himself that becomes a defense against accepting any innovative idea that threatens to bring about catastrophic change. According to the aesthetic paradigm, any idea one has about oneself, (however good it might be), will be a hindrance to development in so far as it is knowledge that acts defensively against the possibility of living in the enigma.

I think that it is important to stress that for the aesthetic model the emphasis on description is appropriate while for a possible scientific mode the emphasis is more appropriate on the explanatory level. Description always conveys something enigmatic, explanation always advocates the resolution of the enigma.

Another important issue is related to the formulation of the interpretation. The aesthetic approach generates a more humble attitude in the analyst when formulating an interpretation. This is not related to moral humbleness, since if that were the case it might be prescribed, but to reticence emerging from the aesthetic model itself, in the sense of the radical impossibility of access to the essential mystery of the other. There is no transparency, there is opacity, the latter leading naturally to a diffident attitude conveyed for example by “It seems to me...” or “I think that...” as possible formulations at the beginning of an interpretation.

The analytic language is less similar to the scientific one (which even though it cannot express everything it does not give up trying), than to the artistic language, which acknowledges the impossibility of expressing everything.

This matter takes us back us to Wittgenstein's statement "what cannot be said must be shown", quoted by Meltzer in "Studies in Extended Metapsychology" (Meltzer, 1987).

In the context of what we are focusing on it could be reformulated as follows: what cannot be said should be silenced, but what cannot be said becomes a field to be shown. What is shown represents the ineffable boundary, and in my opinion, that is what is *meta-communicated* in the analytic attitude. It is not what mustn't be said, it is what cannot be said because of the limitations of language.

To illustrate what I am attempting to convey I want to turn to Luigi Pirandello (Pirandello, 1921) who with a language of achievement transmitted the essential impossibility of expression through words.

In his renowned work "Six Characters in Search of an Author" he succeeded in showing the essential impossibility of communicating and representing. Most of you will remember that six characters of a family intrude into the rehearsal of a group of also six actors and ask the director to represent their drama. The whole play is the enactment of the fact that the representation of one person by another is impossible. Each time the actors start to represent what the characters ask, these start to object saying that it is not like that.

The play, rich in ideas and nuances as few are, expresses, with regard to our present interest, that despite the impossibility of communication something is effective in the interaction. At this point it intersects with the analytic transference.<sup>2</sup>

In relation to the issue of what cannot be said must be shown, I would like to suggest that *meta-communication* in the analytic session, the basic component of the so-called *analytic attitude*, is a constitutive and essential part of the possible aesthetic model. To this effect I will bring a brief clinical illustration from the same morning of the day in which I am writing this.

A young patient in her fourth year of analysis and soon after starting her Monday session, tells me very moved and in an inquiring tone that she has made up her mind to invite me to her University graduation ceremony that will take place two months from now. Then she remains silent.

I don't answer anything, nor feel the need to do so. A while later, she goes on talking about how difficult she had found it to come to this decision of inviting me, but she feels that my presence will be important for her. That it would never have crossed her mind to invite me to a party, for example her birthday party, but that this is different...

She stays silent again and then says that she has been talking with her boyfriend and they thought that surely I will not want to go, because that would mean a breach in the

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<sup>2</sup> I also think that Meltzer's idea of the transference as something that takes place in the interaction of the internal objects of the patient and the internal objects of the analyst is represented in "Six Characters...", but

setting. She is silent again, this time longer, and says that giving it more thought, perhaps I will not want to go because I might think that I would make her feel more anxious.

With this brief fragment of a session I want to play with the different possibilities which I think can encompass what I might have done at different stages of my own history as an analyst.

I might have remained silent in keeping with the idea that an analyst should not answer questions; I could have interpreted something to the patient that had to do with the meaning of my presence at her wedding as a projection of her infantile self into me, present at the primal scene. I could have chosen another line, linked to a possible acting out or a provocation that I should do so in terms that my “graduate link” with the analytic method does not tolerate that I should participate at her wedding in reality. I could also have told her “thank you for inviting me”, in a more colloquial dialogue.

The fact is that I did not answer her. I now believe that I used my countertransference as an indicator since I did not feel any pressure and no need to do so. I did not speak at that moment because I did not feel it was necessary to do so. I really did not know what to tell her, I think that I decided to take her question and think about it until I understood something that I could offer her to continue thinking about her wish to invite me.

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this point would merit a separate paper in relation to Pirandello’s work.

The session, of course, continued and close to its end a transference configuration arose, in relation to the infantile aspects of her fear of dependency of an introjective type, with the concrete need of the presence of the object so as to gain control. This circumstance was not only present in the content of what she said about her wish of me being present at her wedding, but in the tone of inquiry that was also not concretely formulated.

But let's return to the beginning of the session. I think that with my early silence I meta-communicated something.

I bring this brief example to support what can be stated as an aesthetic thesis: *what cannot be communicated can be meta-communicated*. What can be shown is displayed as a surface whose depth the patient must work through conjecturally.

In the interpretation that follows the scientific outlook, what is relevant is that which is communicated; in the interpretation that would be appropriate for the aesthetic model what is essential is the interplay between that which is communicated and that which is meta-communicated: its coherence, its slight difference, its likely lack of adjustment for example.

In the case of my patient, what she perceives is my silence and on the surface of that silence there is an emergence of speculations about the depth within the opaque object that the analyst is.

The communicative silence re-opens, meta-communicatively, the enigma of depth.

I am aware that we are dealing with a paradox, that what cannot be communicated is meta-communicated. This aesthetic paradox could be the core of the possible aesthetic model: it seems that something is going to be revealed and it is not, but it is the very fact of its not being revealed which is the founding fact.

I turn once again to a poet who possessing the language of achievement expresses this in an unsurpassed manner. I am talking about Jorge Luis Borges (Borges, 1950) , the great Argentine writer, who in the conclusion of "The Wall and the Books" says:

"...music, states of happiness, mythology, faces worn by time, certain twilights and certain places, want to tell us something, or they told us something that we should not have missed, or they are about to tell us something; this imminence of a revelation, that is not produced is, perhaps, the aesthetic event."

I think that Borges presents us with the idea that the aesthetic emotion appears as a point of truth. It is a feeling of the imminence that what is beyond the beautiful surface will be revealed. But the essential component of the emotion is the fact that it will not be revealed. In this sense the aesthetic emotion is the experience of the encounter with the limit.

## **Consequences of the Aesthetic Model on the Working Practice in the Sessions**

Operating with a concept of truth as an enigma leads to a change in the attitude of the interpretative activity, both in the style and in the content. As we have seen, the emphasis seems to be placed rather on the subtle relationship between what is meta-communicated and what is verbally formulated.

From the analyst's point of view the cornerstone is receptivity, which includes capacity of observation and availability as essential parts of it. Availability in the aesthetic model is linked to the possibility of allowing oneself to be affected by the aesthetic object.

Another component of receptivity will be trusting the internal objects and an attitude of not obstructing with saturating theories the possibility of being inspired by them.

This model recognizes a different concept of cure in psychoanalysis, as Meltzer always points out, less tied to symptom resolution and reparation of the damage and tending more towards development in the sense of furthering its ongoing unfolding.

In the same sense, the tendency wouldn't be towards neutralizing the negative nature of the hostile impulses. In the aesthetic model, there would be an attempt to compose the hostile impulses as a necessary dimension of the aesthetic emotion.

The *end of analysis* will be very far-off from any identificatory prospect related to the Freudian Ego Ideal and from any precept or norm dictated by the prevalent social ideals. It is much more like a bet on the analysand's capacity to think for himself once the container function and the alpha function have been internalized.

And so the end of analysis is based mainly on the ethic perspective that each person could become absolute master of his own destiny if he is able to traverse the pain associated with renouncing control of his objects and his own self. In this way he becomes responsible both for his actions and his desires. It is somehow shocking to meet in our consulting rooms so many people that have alienated their life in support of ideals already non-existent.

With regard to the issue of end of analysis I would like to bring a vignette from an analysis which took place several years ago. It is about a dream that showed, in the transference relationship, a configuration linked to a possible end. At the time the patient was 21 years old. She was the third of four siblings, she consulted when she was 16 years old at her parents' request because she was rebellious, abused them, had temper tantrums and couldn't control herself when talking to them.

She brings to a Monday session in her fifth year of analysis the following dream:

*"I was in the park. I was standing in the queue to go on the slide, waiting for my turn. When my turn comes I start climbing the ladder and other children are climbing up after me. I climb slowly, the children behind me push me and tell me to hurry up. I reach the top and I stay still, standing, watching the sand box below. The children behind me shout*

*that I should hurry up, they want to ride down, I should not just stand there. But I stay still and I don't care that they shout, until finally I make up my mind and I ride down the slide. I realize that no one is waiting for me down there."*

Associations:

*-The park looks like the one she often went to as a child.*

*-She cannot be sure if she, in the dream, was a child or a grown-up, because she does not have any image of herself, she only has images of the other children, who are small children.*

*-She has to admit that the feeling of being up there, standing, watching, is one of great satisfaction and triumph.*

At that moment the interpretation was in reference to "waiting for her session during the weekend, like her standing in the queue, behind the other children-patients-offspring". Her annoyance and impatience is placed on the children that hurry her to go down. When she takes possession of the breast, she wants to stay and watch triumphantly the poor-hungry babies that wait for the breast. Anyway, finally she decides to slide down, even though she does not see anyone waiting for her down there, thus allowing other children to climb the ladder.

Thinking about this brief fragment of session a few years later, I would like to focus my thoughts today on her finally deciding in the dream to slide down, slide down the slide-breast without any assurance of someone waiting for her. I think that this image worked as a model in my mind bringing in the issue of the end of the analysis. The infantile self seemed to be ready to relinquish the control of the breast and to embark on the adventure of letting go of it without trying to stop others from taking it.

It could be thought that riding down the slide, which at that moment was interpreted as sliding away from the breast, had the effect, in Bion's terms, of a selected fact that gave coherence both to the symptoms at the beginning of treatment, linked to very intense possessive jealousy, and to the vicissitudes of the transference through the years of analysis. The dream seemed to announce an internal decision to make a place for the other baby-patients and to try to trust that her internal objects would hold her, from within her internal world.

## **Conclusions**

This paper puts forward an aesthetic model of the mind based fundamentally on Donald Meltzer's contributions.

In psychoanalysis theories about early emotional development are divided into two lines of thought, those that sustain that the human infant is born united to its object and that the developmental task will consist in separating from it, while other theories argue that the

infant is born separated from the object and that the developmental task entails the construction of a relationship with it.

In my view the aesthetic approach brings this last position to its most radical extreme when it advocates an original difference with an object that is present and which shows an overwhelming beauty together with an enigmatic and unknowable interior. This is the genesis of the conflictive mental pain, which, when not tolerated, leads to a breakdown of the consortium of emotions. As Meltzer says, the history of the life of a person will consist in the struggle to regain the capacity to respond with passion to the aesthetic objects.

From this perspective there is an initial difference between the infant and its mother and there always will be a difference between the analyst and the patient even when - at the service of resistances- this is demolished by narcissism. The difference is radical and irreducible. *Experiencing* that difference, that limit is the aesthetic experience.

It is important to carry this issue over to the sphere of the relationship with knowledge. There are two positions, extreme to some degree, with respect to this issue. On the one hand we have the scientific approach, on the other hand, the mystic one. The discrepancies between them can get diluted when they both propound modes of knowledge capable of abolishing the barriers between subject and object.

The scientific model maintains, in some way, that the differences can be eradicated by knowledge. The mystic stance considers that the distance with the object presents a limit

that can be crossed by means of intuition, through an appropriate “training”. Both of these positions are potentially intrusive pathways into the object.

A trait of the possible aesthetic model that moves it away from the scientific and the mystic models is that it puts forward an apparently alternative proposition when it mentions a *twosome* that is irreducible to any fusion.

Intuition, as the capacity to grasp the emotional states of the other person and, according to Bion, a part of the psychoanalytic function of the personality, has different meanings in the scientific, mystic and aesthetic outlooks.

For the aesthetic model intuition could be the *intuition of the limit*, both one’s own for attaining knowledge, as that of the opacity of the object. This is the aesthetic experience of truth: the beauty of the limit, of the irreducible difference.

In the analytic experience, the transference–countertransference axis is essential when dealing with the differences between the two poles of this experience. It is here where Meltzer’s proposition that the transference is a construction in the mind of the analyst becomes more meaningful. What the analyst “carries” is not directly what has been “emitted” by the patient but rather a construction that the analyst makes based on the evidences observed in the analytic session.

Thus the psychoanalyst is closer to the artist than to the scientist or the mystic. It is the artist who is in contact to the chaotic, he manages to represent it, he talks to us about

chaos, but he does not get lost in it. Chaos means in Greek “abyss” or “void or dismal space that existed before the creation of the world”.

The artist strives to look in two directions: chaos and the world; and his creative gesture articulates them. There seems to be no possible creation without the irruption of the un-organized and chaotic into an structure, shaking it. This is the space of art, whatever its form of expression.

The aesthetic model would comprise this crossroads of psychoanalysis and art. Aesthetic intuition is the one able to grasp the presence of the limit of the unknowable, the immeasurable, the inaccessible, that will always present itself to us as veiled.

Man thus “touches” what overwhelms and appalls him. Rainer Maria Rilke, in the “Duino Elegies” says “For Beauty is nothing but the beginning of terror which we are barely able to endure...”. He seems to allude to how the poet, the artist, with his gaze approaches chaos or looks at himself in chaos. He seems to want to cross that veiled abyss so that life can be lived without dread.

From these perspectives we can say that the contact with Beauty is always essentially conflictive, because it is a mask that suggests and reveals at the same time as it conceals. Beauty is always a veil through which one can sense chaos.

The aesthetic experience implies brushing against the veil itself, a semblance of the essential enigma.

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