

# The transformational object

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We know that because of the considerable prematurity of human birth, the infant depends on the mother for survival. By serving as a supplementary ego (Heimann, 1956) or a facilitating environment (Winnicott, 1963), she both sustains the baby's life and transmits to the infant, through her own particular idiom of mothering, an aesthetic of being that becomes a feature of the infant's self. The mother's way of holding the infant, of responding to his gestures, of selecting objects, and of perceiving the infant's internal needs constitutes her contribution to the infant-mother culture. In a private discourse that can only be developed by mother and child, the language of this relation is the idiom of gesture, gaze, and intersubjective utterance.

In his work on the mother-child relation, Winnicott *stresses* what we might call its stillness: the mother provides a continuity of being, she 'holds' the infant in an environment of her making that facilitates his growth. And yet, against this reciprocally enhancing stillness, mother and child continuously negotiate intersubjective experience that coheres around the rituals of psychosomatic need: feeding, diapering, soothing, playing, and sleeping. It is undeniable, I think, that as the infant's 'other' self, the mother transforms the baby's internal and external environment. Edith Jacobson suggests that

when a mother turns the infant on his belly, takes him out of his crib, diapers him, sits him up in her arms and on her lap, rocks him, strokes him, kisses him, feeds him, smiles at him, talks and sings to him, she offers him not only all kinds of libidinal gratifications but simultaneously stimulates and prepares the child's sitting, standing, crawling, walking, talking, and on and on, i.e., the development of functional ego activity.

(1965, p. 37)

Winnicott (1963b) terms this comprehensive mother the 'environment' mother because, for the infant, she is the total environment. To this I would add that the mother is less significant and identifiable as an object than as a process that is identified with cumulative internal and external transformations. I wish to identify the infant's first subjective experience of the object as a transformational object,

and this chapter will address the trace in adult life of this early relationship. A transformational object is experientially identified by the infant with processes that alter self experience. It is an identification that emerges from symbiotic relating, where the first object is 'known' not so much by putting it into an object representation, but as a recurrent experience of being – a more existential as opposed to representational knowing. As the mother helps to integrate the infant's being (instinctual, cognitive, affective, environmental), the rhythms of this process – from unintegration(s) to integration(s) – inform the nature of this 'object' relation rather than the qualities of the object as object.

Not yet fully identified as an Other, the mother is experienced as a process of transformation, and this feature of early existence lives on in certain forms of object-seeking in adult life, when the object is sought for its function as a signifier of transformation. Thus, in adult life, the quest is not to possess the object; rather the object is pursued in order to surrender to it as a medium that alters the self, where the subject-as-suppliant now feels himself to be the recipient of envirosomatic caring, identified with metamorphoses of the self. Since it is an identification that begins before the mother is mentally represented as an Other, it is an object relation that emerges not from desire, but from a perceptual identification of the object with its function: the object as envirosomatic transformer of the subject. The memory of this early object relation manifests itself in the person's search for an object (a person, place, event, ideology) that promises to transform the self.

This conception of the mother being experienced as transformation is supported in several respects. In the first place, she assumes the function of the transformational object, for she constantly alters the infant's environment to meet his needs. There is no delusion operating in the infant's identification of the mother with transformation of being through his symbiotic knowing; it is a fact, for she actually transforms his world. In the second place, the infant's own emergent ego capacities – of motility, perception, and integration – also transform his world. The acquisition of language is perhaps the most significant transformation, but learning to handle and to differentiate between objects, and to remember objects that are not present, is a transformative achievement, as it results in ego change which alters the nature of the infant's internal world. It is not surprising that the infant identifies this ego achievement with the presence of an object, as the failure of the mother to maintain provision of the facilitating environment, through prolonged absence or bad handling, can evoke ego collapse and precipitate psychic pain.

With the infant's creation of the transitional object, the transformational process is displaced from the mother-environment (where it originated) into countless subjective-objects, so that the transitional phase is heir to the transformational period, as the infant evolves from experience of the process to articulation of the experience. With the transitional object, the infant can play with the illusion of his own omnipotence (lessening the loss of the environment-mother with generative and phasic delusions of self-and-other creation); he can entertain the idea of the object being got rid of, yet surviving his ruthlessness; and he can find in this transitional experience the freedom of metaphor. What was an actual process can

be displaced into symbolic equations which, if supported by the mother, mitigate the loss of the original environment-mother. In a sense, the use of a transitional object is the infant's first creative act, an event that does not merely display an ego capacity – such as grasping – but indicates the infant's subjective experience of such capacities.

## **The search for the transformational object in adult life**

I think we have failed to take notice of the phenomenon in adult life of the wide-ranging collective search for an object that is identified with the metamorphosis of the self. In many religious faiths, for example, when the subject believes in the deity's actual potential to transform the total environment, he sustains the terms of the earliest object tie within a mythic structure. Such knowledge remains symbiotic (that is, it reflects the wisdom of faith) and coexists alongside other forms of knowing. In secular worlds, we see how hope invested in various objects (a new job, a move to another country, a vacation, a change of relationship) may both represent a request for a transformational experience and, at the same time, continue the 'relationship' to an object that signifies the experience of transformation. We know that the advertising world makes its living on the trace of this object: the advertised product usually promises to alter the subject's external environment and hence change internal mood.

The search for such an experience may generate hope, even a sense of confidence and vision, but although it seems to be grounded in the future tense, in finding something in the future to transform the present, it is an object-seeking that recurrently enacts a pre-verbal ego memory. It is usually on the occasion of the aesthetic moment, which I describe in the next chapter, that an individual feels a deep subjective rapport with an object (a painting, a poem, an aria or symphony, or a natural landscape) and experiences an uncanny fusion with the object, an event that re-evokes an ego state that prevailed during early psychic life. However, such occasions, meaningful as they might be, are less noteworthy as transformational accomplishments than they are for their uncanny quality, the sense of being reminded of something never cognitively apprehended but existentially known, the memory of the ontogenetic process rather than thought or phantasies that occur once the self is established. Such aesthetic moments do not sponsor memories of a specific event or relationship, but evoke a psychosomatic sense of fusion that is the subject's recollection of the transformational object. This anticipation of being transformed by an object – itself an ego memory of the ontogenetic process – inspires the subject with a reverential attitude towards it, so that even though the transformation of the self will not take place on the scale it reached during early life, the adult subject tends to nominate such objects as sacred.

Although my emphasis here is on the positive aesthetic experience, it is well to remember that a person may seek a negative aesthetic experience, for such an occasion 'prints' his early ego experiences and registers the structure of the

unthought known. Some borderline patients, for example, repeat traumatic situations because through the latter they remember their origins existentially.

In adult life, therefore, to seek the transformational object is to recollect an early object experience, to remember not cognitively but existentially – through intense affective experience – a relationship which was identified with cumulative transformational experiences of the self. Its intensity as an object relation is not due to the fact that this is an object of desire, but to the object being identified with such powerful metamorphoses of being. In the aesthetic moment the subject briefly re-experiences, through ego fusion with the aesthetic object, a sense of the subjective attitude towards the transformational object, although such experiences are re-enacted memories, not re-creations.

The search for symbolic equivalents to the transformational object, and the experience with which it is identified, continues in adult life. We develop faith in a deity whose absence, ironically, is held to be as important a test of man's being as his presence. We go to the theatre, to the museum, to the landscapes of our choice, to search for aesthetic experiences. We may imagine the self as the transformational facilitator, and we may invest ourselves with capacities to alter the environment that are not only impossible but embarrassing on reflection. In such daydreams the self as transformational object lies somewhere in the future tense, and even ruminative planning about the future (what to do, where to go, etc.) is often a kind of psychic prayer for the arrival of the transformational object: a secular second coming of an object relation experienced in the earliest period of life.

It should not be surprising that varied psychopathologies emerge from the failure, as Winnicott put it, to be disillusioned from this relationship. The gambler's game is that transformational object which is to metamorphose his entire internal and external world. A criminal seeks the perfect crime to transform the self internally (repairing ego defects and fulfilling id needs) and externally (bringing wealth and happiness). Some forms of erotomania may be efforts to establish the Other as the transformational object.

The search for the perfect crime or the perfect woman is not only a quest for an idealized object. It also constitutes some recognition in the subject of a deficiency in ego experience. The search, even though it serves to split the bad self experience from the subject's cognitive knowledge, is nonetheless a semiological act that signifies the person's search for a particular object relation that is associated with ego transformation and repair of the 'basic fault' (Balint, 1968).

It may also be true that people who become gamblers reflect a conviction that the mother (that they had as their mother) will not arrive with supplies. The experience of gambling can be seen as an aesthetic moment in which the nature of this person's relation to the mother is represented.

### **Clinical example**

One of the most common psychopathologies of the transformational object relation occurs in the schizoid self, the patient who may have a wealth of ego

strengths (intelligence, talent, accomplishment, success) but who is personally bereft and sad without being clinically depressed.

Peter is a twenty-eight-year-old single male whose sad expressions, dishevelled appearance, and colourless apparel are only mildly relieved by a sardonic sense of humour which brings him no relief, and by an intelligence and education which he uses for the sake of others but never for himself. He was referred by his general practitioner for depression, but his problem was more of an inexorable sadness and personal loneliness. Since his break-up with a girlfriend, he had lived alone in a flat, dispersing himself during the day into multiple odd jobs. Although his days were a flurry of arranged activity, he went through them in a style of agitated passivity, as if he were being aggressively handled by his own work arrangement. Once home, he would collapse into the slovenly comfort of his flat, where he would prop himself before the TV, eat a scanty meal of packaged food, masturbate, and above all, ruminate obsessively about the future and bemoan his current 'bad luck'. Every week, without failure, he would go home to see his mother. He felt she lived in order to talk about him and thus he must be seen by her in order to keep her content.

Reconstruction of the earliest years of his life yielded the following. Peter was born in a working-class home during the war. While his father was defending the country, the home was occupied by numerous in-laws. Peter was the first child born in the family and he was lavishly idolized, particularly by his mother who spoke constantly to her relatives about how Peter would undo their misery through great deeds. An inveterate dreamer about golden days to come, mother's true depression showed up in the lifeless manner in which she cared for Peter, since she invested all her liveliness in him as mythical object rather than actual infant. Soon after Peter's analysis began it became clear to me that he knew himself to be primarily inside a myth he shared with mother; indeed, he knew that she did not actually attend to the real him, but to him as the object of her dreams. As her mythical object, he felt his life to be suspended and, indeed, this was the way he lived. He seemed to be preserving himself, attending to somatic needs, waiting for the day when he would fulfil her dream. But because it was mother's myth, he could do nothing, only wait for something to happen. He seemed to empty himself compulsively of his true self needs in order to create an empty internal space to receive mother's dream thoughts. Each visit to the home was curiously like a mother giving her son a narrative feeding. Hence he would empty himself of personal desire and need in order to fulfil mother's desire and he would preserve himself in a state of suspension from life, waiting for the myth to call him into a transformed reality.

Because his mother has transmitted to him his crucial function as her mythic object, Peter does not experience his internal psychic space as his own. Inner space exists for the Other, so that in reporting inner states of being, Peter does so through a depersonalized narrative, as this region is not the 'from me' but the 'for her'. There is a notable absence in Peter of any sense of self, no quality of an 'I', nor even of a 'me'. Instead his self representation bears more the nature of an 'it'

on an existential plane. Being an 'it' means for him being dormant, suspended, inert. Peter's free associations are accounts of 'it' states: ruminative reports on the happenings of his body as a depersonalized object. His mother's primary concern was for him to remain in good health in order to fulfil her dreams for him. He was consequently obsessed with any somatic problem, which he reported with almost clinical detachment.

Gradually I recognized that the mythic structure (existing in a narrative rather than existential reality) disguised the secret discourse of the lost culture of Peter's earliest relation to his mother. His ego-states were an utterance to mother, who used them as the vocabulary of myth. If he was feeling like a casualty because of ego defects and the failure of id needs, it was because he was her knight errant who had fought battles for her and must rest for future missions. If he felt depleted by his personal relations it was because he was a cherished god who could not expect to mix successfully with the masses. If he spoke to his mother with a sigh, she responded not by discovering the source of the sigh, but by telling him not to worry, that soon he would make money, become famous, go on TV, and bring to the family all the wealth that they deserved.

His existential despair was continually flung into mythic narrative, a symbolic order where the real is used to populate the fantastic. On the few occasions when he tried to elicit from his mother some actual attendance to his internal life, she flew into a rage and told him that his misery threatened their lives, as only he could deliver them. He was to remain the golden larva, the unborn hero, who, if he did not shatter mythic function with personal needs, would soon be delivered into a world of riches and fame beyond his imagination.

In the transference Peter spoke of himself as an object in need of care: 'my stomach hurts', 'I have a pain in my neck', 'I have a cold', 'I don't feel well'. He spoke to me in the language of sighs, groans, and a haunting laughter which served his need to be emptied of agitated desire and to elicit my acute attention. He rubbed his hands, looked at his fingers, flopped his body around as if it were a sack. As I came to realize that this was not obsessive rumination which served as a resistance, but a secret discourse recalled from the culture of his earliest relations to his mother, he found my attention to his private language an immense relief. I felt that he was trying to share a secret with me within the transference, but it was a secret utterance that was prior to language and masked by its enigmatic quality. I could only 'enter' this sequestered culture by speaking to him in its language: to be attentive to all groans, sighs, remarks about his body, etc. Above all, I was to learn that what he wanted was to hear my voice, which I gradually understood to be his need for a good sound. My interpretations were appreciated less for their content, and more for their function as structuring experiences. He rarely recalled the content of an interpretation. What he appreciated was the sense of relief brought to him through my voice.

Peter's language, which I shared in the beginning of the analysis, reflected the terms of a minimally transformative mother. Later, when Peter would invite me to become a simple accomplice in the mother's transformational idiom, I would

refuse such transformations (such as the golden larva myth) in favour of achievable transformations. As I analyzed this transformational idiom, it gave way to a new culture of relatedness. The constellation had to be broken down through analysis before a new idiom of relatedness could be established.

Peter's sense of fate, his remaining a potential transformational object to the Other, suggests that not only does the infant require separation and disillusion from the transformational mother, but the mother must also suffer a 'let-down' brought on by the real needs of the infant, which mitigates the mother's unconscious wish for an infant to be her transformational object. Peter's mother continually refused to recognize and attend to him as a real person, though admittedly there was a quality of what we might call covetous mothering. She possessed him *like* an alchemist guarding dross that was her potential treasure. His real needs went unmet, as mother insisted that Peter fulfil her sense that destiny would bring her a deliverer-child.

## Discussion

The search for the transformational object, in both narcissistic and schizoid characters, is in fact an internal recognition of the need for ego repair and, as such, is a somewhat manic search for health. At the same time their idiom reflects a minimally transformative mother, a factor that becomes clear in the often meagre way they use the analyst in the transference. I will discuss the analyst's confrontation vis-à-vis the transfer of the patient's transformational idiom in the chapters on countertransference.

To be sure, one of the features of such patients is their comparative unavailability for relating to the actual Other – their obtuseness or excessive withdrawnness – but I think such characteristics, reflective of psychodevelopmental arrests, also point towards the patient's need to assert the region of illness as a plea for the arrival of the regressive object relation that is identified with basic ego repair. In analysis this can result in the patient's almost total inability to relate to the analyst as a real person, while at the same time maintaining an intense relation to the analyst as a transformational object. What is the patient trying to establish?

As other authors have pointed out (for example, Smith, 1977), such patients seek a special ambience with the analyst, where the analyst's interpretations are initially less important for their content and more significant for what is experienced as a maternal presence, an empathic response. Indeed, so-called analytic neutrality of expression – ostensibly to mitigate the hysterical or obsessional patient's dread of feeling criticized and to facilitate the analysand's freedom of association – actually works in a different way for narcissistic or schizoid patients: they can become enchanted by it, and may appear oblivious to the actual content of the interpretation so long as the song of the analytic voice remains constant. Now, we may look upon this as a complication in the path of analyzability, or we may recognize that the analytic space (the provision of the holding environment) facilitates a process in such patients that leads to the evocation of a deeply regressed state which may

be a part of this patient's necessary path to cure. Indeed my experience with such patients is that a regression to this form of object relating often takes place in the first session of analysis, as the ecology of the analytic room (analyst, analyst's interpretations, couch, etc.) becomes a kind of asylum.

As I view it, the patient is regressed to the level of the basic fault, but as each regression points to the region of illness within the person, it also suggests the requirement of a cure. What is needed is an initial experience of successive ego transformations that are identified with the analyst and the analytic process. In such moments, the patient experiences interpretations primarily for their capacity to match his internal mood, feeling, or thought, and such moments of rapport lead the patient to 're-experience' the transformational object relation. He appreciates the analyst's fundamental unintrusiveness (particularly the analyst not demanding compliance) not because it leads to freedom of association, but because it feels *like* the kind of relating that is needed to become well. The paradox is that as the patient regresses into need, searching for a miraculous transformation, the analyst's ordinary work of listening, clarifying, and interpreting introduces a different idiom of transforming psychic life.

Some clinicians might regard this use of the analyst as a resistance, but if so, I think we overlook the undeniably unique atmosphere we create for relating. The very offer of treatment invites regressive longings in many patients, as I explore below in chapters 12, 13, and 14. Placing the patient on the couch further induces a sense of anxious expectation and dependency. Our reliability, our unintrusiveness, our use of empathic thought to meet the requirements of the analysand are often more maternal than was the actual mother's care. And in such moments, the patient's identification of the analyst as the transformational object is not dissimilar to the infant's identification of the mother with such processes. Indeed, just as the infant's identification of ego transformations with the mother is a perceptual identification – and not a desire – so, too, the patient's identification does not seem to reflect the patient's desire for us to be transformational, but his adamant perceptual identification of the analyst as transformational object. In the treatment of the narcissistic, borderline, and schizoid characters, this phase of the analysis is both necessary and inevitable.

This stage of treatment is very difficult for the clinician since, in a sense, there is no analysis of the patient taking place, and interpretive remarks may be met by a gamut of refusals: from indifference to polite contempt to rage. One such patient would often nod politely, say that yes he did see what I meant, indeed was impressed with how accurate my remark was, but invariably he would end by saying: 'But of course, you know what you have said is only technically correct. It doesn't help me with life experiences, so, as such, as correct as it is, I don't see what you think I can do with such a remark.' He was convinced I knew how to take care of him, and even if it was only for an hour a day, he wanted me to soothe him. Analysis proper was regarded as an intellectual intrusion into his tranquil experience of me, and I was for him a kind of advanced computer storing his information, processing his needs into my memory banks. He was waiting for *an*

eventual session when I would suddenly emerge with the proper solution for him, and in an instant remedy his life. I have come to regard this part of his analysis as that kind of regression which is a re-enactment of the earliest object experience, and I think it is folly for an analyst to deny that the culture of the analytic space does indeed facilitate such recollections. If such regressions are a resistance to the analysis of the self, they are resistances only in the sense that the patient must resist analytic investigation as premature, and therefore not to the point. In the transference – which is as much to the analytic space and process as it is to the person of the analyst – the patient is relating to the transformational object, that is, experiencing the analyst as the environment-mother, a pre-verbal memory that cannot be cognized into speech that recalls the experience, but only into speech that demands its terms be met: unintrusiveness, ‘holding’, ‘provision’, insistence on a kind of symbiotic or telepathic knowing, and facilitation from thought to thought or from affect to thought. In these sessions, then, the primary form of discourse is a clarification which the patient experiences as a transformative event. Interpretations which require reflective thought or which analyze the self are often felt to be precocious demands on the patient’s psychic capacity, and such people may react with acute rage or express a sudden sense of futility and despair.

Perhaps because psychoanalytic theory evolved from work with the hysterical patient (who interpreted the analytic space as a seduction) or the obsessional patient (who adopted it willingly as another personal ritual), we have tended to regard regressive reactions to the analytic space as resistances to the working alliance or the analytic process. Yet the hysteric’s sexualization of the transference and the obsessional’s ritualization of the analytic process (free dissociation?) may be seen as defences against the very ‘invitation’ of the analytic space and process towards regression. Thus, in the analysis of such patients, psychic material was readily forthcoming and one could be relatively pleased that there was considerable grist for the analytic mill, but treatment often continued endlessly with no apparent character change, or was suddenly intruded upon by archaic or primitive material. In such cases I believe the analyst was unaware that the failure of the patient to experience the analytic situation as a regressive invitation was a resistance. Indeed, the analytic process, in emphasizing the mechanics of free association and interpretation of the patient’s defences, could often result in a denial of the very object relation that was ‘offered’ to the patient. If the analyst cannot acknowledge that in fact he is offering a regressive space to the patient (that is, a space that encourages the patient to relive his infantile life in the transference) and insists that in the face of the invitation, ‘work’ must be carried out, it is not surprising that in such analyses either patient and analyst may carry on in a kind of mutual dissociation that leads nowhere (obsessional collusion) or the patient succumbs to a sudden blow-up, often termed ‘acting out’.

As I view it, then, the analyst functions as an evocative mnemonic trace of the transformational object, because the situation will either induce a patient’s regressive recollection of this early object relation or the variations of resistance to it: either denial by sexualization or obsessional ritualization, for example. Indeed, the

transference from this point of view is first and foremost a transference reaction to this primary object relation and will help us to see how the patient remembers his own experience of it. There may be a deep regression to an adamant demand that the analyst fulfil the promise of the invitation and function in a magically transformative manner. Or the patient may have enough health and insight into regressive recollections to carry on with subsequent work in the analysis while remaining in touch with more archaic aspects of the self. Indeed I believe that much of the time a patient's passivity, wordlessness, or expectation that the analyst knows what to do is not a resistance to any particular conscious or pre-conscious thought, but a recollection of the early pre-verbal world of the infant being with mother. Unless we recognize that psychoanalysts share in the construction of this pre-verbal world through the analyst's silence, empathic thought, and the total absence of didactic instruction, we are being unfair to the patient and he may have reason to be perplexed and irritated.

The transference rests on the paradigm of the first transformational object relation. Freud tacitly recognized this when he set up the analytic space and process and, although there is comparatively little about the mother-child relation within Freud's theory, we might say that he represented his recognition of it in the creation of the analytic setup. The psychoanalytic process constitutes a memory of this primary relation, and the psychoanalyst's practice is a form of countertransference, since he recollects by enactment the transformational object situation. What Freud could not analyze in himself – his relation to his own mother – he represented through his creation of the psychoanalytic space and process. Unless we can grasp that as psychoanalysts we are enacting this early paradigm, we continue to act out Freud's blindness in the countertransference.

The search for transformation and for the transformational object is perhaps the most pervasive archaic object relation, and I want to emphasize that this search arises not out of desire for the object per se, or primarily out of craving or longing. It arises from the person's certainty that the object will deliver transformation; this certainty is based on the object's nominated capacity to resuscitate the memory of early ego transformation. In arguing this, I am maintaining that though no cognitive memory of the infant's experience of the mother is available, the search for the transformational object, and nomination of the deliverer of environmental transformation, is an ego memory.

In a curious way, it is solely the ego's object and may, indeed, be to the utter shock or indifference of the person's subjective experience of his own desire. A gambler is compelled to gamble. Subjectively, he may wish he did not gamble, even hate his compulsion to do so. In Melville's *Moby Dick*, Ahab feels compelled to seek the whale, even though he feels alienated from the source of his own internal compulsion. He says:

What is it, what nameless, inscrutable, unearthly thing is it; what cozening, hidden lord and master, and cruel, remorseless emperor commands me; then against all natural lovings and longings, I so keep pushing, and crowding, and

jamming myself on all the time; recklessly making me ready to do what in my own proper, natural heart, I durst not so much as dare? Is Ahab, Ahab? Is it I, God, or who, that lifts this arm?

(1851, pp. 444–5)

There is something impersonal and ruthless about the search for the whale, and indeed for all objects nominated as transformational. Once early ego memories are identified with an object that is contemporary, the subject's relation to the object can become fanatical, and I think many extremist political movements indicate a collective certainty that their revolutionary ideology will effect a total environmental transformation that will deliver everyone from the gamut of basic faults: personal, familial, economic, social, and moral. Again, it is not the revolutionary's desire for change, or the extremist's longing for change, but his certainty that the object (in this case the revolutionary ideology) will bring about change that is striking to the observer.

## Conclusions

In work with certain kinds of patients (schizoid and narcissistic) who exaggerate a particular object-seeking, and in our analysis of certain features of culture, I think we can isolate the trace in the adult of the earliest experience of the object: the experience of an object that transforms the subject's internal and external world. I have called this first object the transformational object, since I want to identify it with the object as process, thus linking the first object with the infant's experience of it. Before the mother is personalized for the infant as a whole object, she has functioned as a region or source of transformation, and since the infant's own nascent subjectivity is almost completely the experience of the ego's integrations (cognitive, libidinal, affective), the first object is identified with the alterations of the ego's state. With the infant's growth and increasing self-reliance, the relation to the mother changes from the mother as the Other who alters the self to a person who has her own life and her own needs. As Winnicott says, the mother disillusion the infant from the experience of mother as the sole preserver of his world, a process that occurs as the infant is increasingly able to meet his own needs and requirements. The ego experience of being transformed by the Other remains as a memory that may be re-enacted in aesthetic experiences, in a wide range of culturally dreamed-of transformational objects (such as new cars, homes, jobs, and vacations) that promise total change of internal and external environment, or in the varied psychopathological manifestations of this memory, for example in the gambler's relation to his object or in the extremist's relation to his ideological object.

In the aesthetic moment, when a person engages in deep subjective rapport with an object, the culture embodies in the arts varied symbolic equivalents to the search for transformation. In the quest for a deep subjective experience of an object, the artist both remembers for us and provides us with occasions for the experience of ego memories of transformation. In a way, the experience of the

aesthetic moment is neither social nor moral; it is curiously impersonal and even ruthless, as the object is sought out only as deliverer of an experience.

As I shall maintain in the next chapter, the aesthetic space allows for a creative enactment of the search for this transformational object relation, and we might say that certain cultural objects afford memories of ego experiences that are now profoundly radical moments. Society cannot possibly meet the requirements of the subject, as the mother met the needs of the infant, but in the arts we have a location for such occasional recollections: intense memories of the process of self-transformation.

Although all analysands will experience the analytic space as an invitation to regress in the care of a transformational object, and although it may be essential for the analyst to allow the patient a prolonged experience of regression to dependence (see below, chapter 14), many patients, as I will take up in the final part of this book, will invite the analyst into a pathological transformational relation. For example, some analysands create confusion in order to compel the analyst to misunderstand them. This is a negative transformation and may represent the transfer of a pathological mother–child relation. Of course this must eventually be analyzed, but even here, in the analyst’s vigorous interpretive ‘work’, I think the patient unconsciously experiences the analyst as a generative transformational object.

Transformation does not mean gratification. Growth is only partially promoted by gratification, and one of the mother’s transformative functions must be to frustrate the infant. Likewise, aesthetic moments are not always beautiful or wonderful occasions – many are ugly and terrifying but nonetheless profoundly moving because of the existential memory tapped.