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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, and in serving as a supplementary ego (Heimann, 1956) or a facilitating environment (Winnicott, 1963b) the mother both sustains the infant'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, of selecting objects, of perceiving the infant's internal needs, constitutes the 'culture' she creates for herself and her infant, a private culture that can only be inhabited by the two—mother and child—composed of a language of highly idiomatic syntaxes of gestures, sound, pattern and mood that insures its privacy, and emphasizes the sequestered ambience of this first relation. In his unparalleled work on the mother-child relation, Winnicott (1960) 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, there is an extremely active network of exchange between mother and child, a constant process of negotiated moments that cohere around the rituals of psychosomatic needs: i.e. feeding, diapering, sleeping, holding. It is undeniable, I think, that as the infant's 'other' self, the mother continually *transforms* the infant's internal and external environment. Writes Edith Jacobson (1965):

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 (p. 37).

Winnicott (1963a) terms this comprehensive function of the mother, the 'environment'-mother, because he wants to acknowledge that, for the infant, the mother is not yet another; far more, she is the total environment. To this I would add that the mother is less identifiable as an object than as a *process* that is identified with cumulative internal and external gratifications. Because my paper will be about the *trace* in adult life of this early object relation, I want to identify the first object as a *transformational object*. By that, I mean an object that is experientially identified by the infant with the process of the alteration of self experience; an identification that emerges from symbiotic relating, where the first object is 'known' not by cognizing it into an object representation, but known as a recurrent experience of being—a kind of existential, as opposed to representational, knowing. As the mother integrates the infant's being (instinctual, cognitive, affective, environmental) the rhythms of this process, from unintegration(s) to integration(s), informs the nature of this 'object' relation rather than the qualities of the object *qua* object. The mother is not yet identified as an object but is experienced as a process of transformation, and this feature remains in the trace of this object-seeking in adult life, where I believe the object is sought for its function as signifier of the process of transformation of being. Thus, in adult life, the quest is not to possess the object; it is sought in order to surrender to it as a process that alters the self, where the subject-as-suppliant now feels himself to be the recipient of environmental caring, identified with metamorphoses of the self. As it is an identification that begins before the mother is cognized as an object, it is not an object relation that emerges from desire, but from a kind of proto-perceptual identification of the object with its active feature—the object as

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enviro-somatic transformer of the subject—and manifests itself in the person's search for an object (a person, place, event, ideology) that promises to transform the self. I shall outline the features of this early object tie, provide a clinical example that hyperbolizes one pathological variant of it, and finally, argue that this relation not only emerges in the transference of many patients, but is unconsciously acted out by psychoanalysts, as, I will argue, the analytic ecology enacts what Freud repressed: the early object relation of mother and child.

The experience of the mother as transformation is supported from several directions. In the first place, the mother assumes the function of the transformational object; she constantly alters the infant's environment to meet his needs. That the infant identifies the mother with transformation of being, through his symbiotic knowing, is not a delusion, but a fact; the mother actually transforms the infant's world. In the second place, the infant's own emergent ego capacities—of perception, motility, integration—also transform his world. The acquisition of language is perhaps the most obvious such transformation, but learning to handle an object, to differentiate objects, to remember objects that are not present, are transformative achievements: they result in ego change that alters the nature of the infant's object world. It is not surprising that the infant identifies these ego achievements 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 bring out instant ego collapse and considerable 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 this transitional phase is heir to the transformational phase, as the infant develops 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 gotten rid of, yet surviving his ruthlessness; he can find in this transitional experience the freedom of metaphor: what was an actual process can be displaced into symbolic equations that, 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 just display an ego capacity—such as grasping—but which indicates the infant's first proto-subjective experience of such capacities.

THE SEARCH FOR THE TRANSFORMATIONAL OBJECT IN ADULT LIFE

It is in adult life that I think we have failed to take notice of the wide-ranging collective search for an object that is identified with the metamorphosis of the self. In many religious faiths, for example, the subject believes in the deity's actual potential to transform the total environment, thus sustaining the terms of the earliest object tie within a mythic structure—where knowledge remains symbiotic (i.e. the wisdom of faith)—that coexists alongside other forms of knowing. In secular worlds, we can see how the hope invested in many objects (a new job, a move to another country, a vacation, a change of relationship) may be both a request for a transformational experience, and, at the same time, a continual '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; as the advertised product usually promises to alter the subject's external environment and thus change internal mood.

In adult life, the search for such an experience may generate hope, even a sense of confidence and vision, but though 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 what I have called the aesthetic moment (**Bollas, 1978**) when an individual feels a deep subjective rapport with an object—a painting, a poem, during an opera or symphony, before a landscape—that the person experiences an uncanny fusion with the object, an event that recalls the kind of ego experience which constituted his earliest experiences. But such occasions, as 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 fantasies that occur once the self is established. That is, such aesthetic moments do not sponsor memories of a specific event or relationship, they evoke a total psychosomatic sense of fusion—an ego experience—that is the subject's recollection of the transformational object. This anticipation of being transformed by an object—itsself an ego memory of the ontogenetic process—inspires the subject with a reverential attitude toward the object, so that, even as the transformation of the self will not take place on the scale it did during early life, the adult subject tends to nominate the object as sacred.

In adult life, therefore, to seek the transformational object is really to recollect an early object experience, to remember not cognitively, but existentially through intense affective experience, a relationship that was identified with cumulative transformational experiences of the self. Its intensity as an object relation is not due to the fact that the object was desired, but because the object is identified with such considerable metamorphoses of being. In the aesthetic moment, the subject briefly re-experiences through ego fusion with the aesthetic object, the sense of the subjective attitude towards the transformational object, but such experiences are only memories, not actual recreations. The search, however, for such symbolic equations of the transformational object and the experience with which it is identified continues in adult life. Man develops 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, where we 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 downright embarrassing on reflexion. 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.) however it may yield practical plans, 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 life.

It should not be surprising that varied psychopathologies emerge from failure, as Winnicott put it, to be disillusioned from this relationship. The gambler, who invests his game with the certainty of a transformational object that is only just about to metamorphose his entire internal and external world is one example. This goes for much criminality, for, again as Winnicott (1956) has pointed out, the delinquent is adamant that the environment must make something up to him. In my concept, he relates to the environment as if he can through the perfect crime discover the perfect object, a crime that will transform the self, internally (repairing ego defects and id needs) and externally (bringing wealth and happiness). Indeed, different forms of erotomania may be efforts to establish the other as the transformational object. I do not think that the search for the perfect crime or the perfect woman is only an idealized split; it is also some recognition in the subject of a deficiency in ego experience and a recurrent reliving of the area of what Balint (1968) called the 'basic fault'. The search to commit the perfect crime, the planned seduction of the perfect woman, however they serve to split the bad self experience away from the subject's cognitive knowledge, are nonetheless semiological acts that signify the person's search for a particular object relation, that is associated with ego transformation and repair.

CLINICAL EXAMPLE

I think that one of the most common psychopathologies of the transformational object relation occurs with what we have called 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. I have written about Peter before in another paper, (Bollas, 1976).

Peter is a 28-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 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. Though 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. The reality of home was quite mad. The only other child, a sister three years younger than Peter, had been schizophrenic since the age of 13 but was kept in the home and occupied the space by grotesquely over-exaggerating human traits. She was a raconteur of the incomprehensible, an engulfing hostess when anyone visited, a great sensual dancer who paraded around the house in the nude. Mother acted as if her daughter's behaviour was normal, thus negating the daughter's attempts to shatter myths with a mad comedy of the real. The father, who is a withdrawn man, works as a tailor and finds whatever pleasure he can gather from his work. Though he is kind and provided Peter with some fathering he has dealt with his wife's omnipotence by occasional attempts at suicide.

Reconstruction of the earliest years of Peter's life yielded the following. Peter was born in a working-class home during the war. While father was defending the country the home was occupied by numerous in-laws all middle-European Jews who were holding on to their lost culture by speaking constantly about local folklore and disclosing regional and familial curses, hexes and signs. 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, investing all her liveliness towards him as mythical object rather than actual infant. Soon after Peter's therapy 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 the object of her dreams which happened to be him. 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 mother's dream. But because it was mother's myth, he could do nothing, only wait for something to happen. He seemed to compulsively empty himself of his true self needs in order to create an internal empty space to receive mother's dream thoughts. Each visit to the home was curiously like a mother giving her son a narrative feeding. So 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 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. Free associations with Peter are more like *logs* of 'it'-states: ruminative reports on the happenings of his body as depersonalized object. As 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) masked 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 yelled that his misery threatened their lives, as only he could deliver them. He must remain the golden larva, the unborn hero, who, if he does not shatter mythic function with personal needs, will 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 empty out 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 was, in fact, a secret discourse recalled from the culture of his earliest relations to mother, he found my attention to his discourse 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 from me was the sound of my voice which I gradually understood to be the need for a good maternal sound which framed his experience with me and eventually transformed our relationship. 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 words.

Peter's sense of fatedness, as a potential transformational object to the other, suggests that not only does the infant require separation and disillusion from the mother's apparent function as the sole agent of transformation, but equally, the mother must suffer some generative depressive experience after the birth of her infant, a 'letdown', 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 about her care: she possessed him as if she was an alchemist guarding a treasure 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

Now this is an obvious example of the psychopathology of the transformational object relation, and our work with narcissistic patients, (who function with the illusion of self as transformational object, but who exhibit the forlorn depressive features of one who is forever failed in self-provision), and with schizoid persons, hyperbolizes the features of this particular object situation. I believe, however, that the search for the transformational object, in both the narcissistic and schizoid character, is in fact an internal recognition of the need for ego repair and, as such, is a somewhat manic search for health. To be sure, one of the features of such patients is their comparative unavailability for relating to the actual other—their obtuseness or excessive withdrawness—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? It seems to me, as I have

written about Peter, and as other authors have pointed out, (Smith, 1977) that such patients seek to live within a special ambience with the analyst, where the analyst's interpretations are far less important for their content, and more significant for what is experienced as a maternal sound—a kind of verbal humming. Indeed, so-called analytic neutrality of expression—ostensibly to mitigate the hysterical or obsessional patients' dread of feeling criticized and to facilitate the analyst's freedom of association—actually works in a different way for the narcissistic or schizoid patient; they become *enchanted* by it, and can 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 analysability, 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 takes place often in the *first* session of therapy, and that the ecology of the analytic room (analyst, analyst's interpretations, couch, the rest) becomes a kind of sacred space for the patient. As I view it, the patient is regressed to what Balint has called 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, and in such patients I believe what is needed is a prolonged experience of successive ego transformations that are identified with the analyst and the analytic ecology. In such moments, the patient experiences interpretations primarily for their capacity to *match* his internal mood, or feeling, or thought, and such moments of rapport lead the patient to 're-experience' the transformational object relation. Such patients appreciate the analyst's fundamental unintrusiveness (particularly the analyst's 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. Now some analysts might regard this perception of the patient only as a resistance, but if so, I think we overlook the undeniably unique atmosphere we create for relating. We know that the very offer of treatment invites regressive longings in many patients. We know that placing the patient on the couch induces a sense of anxious expectation and dependency. Our reliability, our unintrusiveness, our use of empathic thought to meet the requirements of the patient, often is far more of a maternal ambience for the patients than the actual mother provided. And in such moments, the patient's identification with 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 therapist, as in a sense there is as yet no *analysis* of the patient taking place, and interpretive remarks made may be met with a gamut of refusals: from 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, all this towards 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 a therapist 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 it is experienced as a precocious overachievement of the patient's psychic position*, and in the transference—which is as much to the analytic space and process as it is to the person of the analyst—the patient's regression is to the level of 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 speech that demands its terms be met: unintrusiveness, 'holding', 'provision', insistence on a kind of symbiotic or telepathic knowing, facilitation from thought to thought, or from affect to thought, that means many of these sessions are in the form of *clarifications* which the patient experiences as transformative events. Interpretations which require reflective thought, or which analyse the self, are felt to be precocious demands on the patient's psychic capacity, and such patients may react with acute rage or express a sudden sense of futility.

Perhaps because so much of psychoanalytic theory evolved from work with the hysterical patient (who interpreted the analytic ecology 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. And yet, perhaps we can entertain the thought, on reflexion, that the hysteric's sexualization of the transference, and the obsessional's ritualization of the analytic process (free dissociation?) were themselves defences against the very 'invitation' of the analytic space and process towards regression. Thus, in the analyses 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—if we will—a resistance; indeed, the analytic process, with premium on the mechanics of free association and interpretation of patient's defences, could often result in 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), if he insists that in the face of the 'invitation' *work* must be carried out, it is not surprising that in such analyses patient and analyst may either carry on in a kind of mutual dissociation that leads nowhere (obsessional collusion), or in a sudden blow up on the part of the patient, often termed 'acting out'.

As I view it, then, the analyst functions as an evocative mnemonic trace of the transformational object, as the situation will either induce a patient's regressive recollection of this early object relation, or, the variations of resistance to it: i.e. either denial by sexualization, or obsessional ritualization. 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 their own experience of this early object situation. There may be a deep regression to a demand that the analyst fulfil the promise of the invitation and function in a magically transformative manner, or, the patient may have enough health to be able to report their experience of the situation, and to have enough insight into regressive recollections, to carry on with subsequent work in the analysis, and yet do so while remaining in touch with more archaic aspects of the self. Indeed, I believe that much of the time a patient's passivity, or wordlessness, or expectation that the analyst either knows what to do or should do something is not a resistance to any particular conscious or preconscious thought, but is 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, the total absence of didactic instruction, and empathic thought, we are being unfair to the patient and they may have reason to be perplexed and irritated.

I have taken this diversion into (hopefully) excusable oversimplification of clinical issues, in order to clarify my belief that the transference relation rests on the paradigm of the first-transformational-object relation. Freud tacitly recognized this when he set up the analytic space and process and, though, there is comparatively

little about the mother–child relation within Freud's theory, we might say that Freud acted out his non-verbal and unconscious recognition of it in the creation of the analytic ecology. Indeed, the construction of psychoanalytic process rests itself on the memory of this primary relation, and the psychoanalyst's collective unconscious re-enactment (a professional counter-transference) is to recollect by enactment the transformational object situation. What Freud could not analyse in himself—his relation to his own mother—was acted out in his choice of the ecology of psychoanalytic technique. And unless we can grasp that as psychoanalysts we *are* enacting this early paradigm, we continue to act out in the countertransference Freud's one, and eminently excusable, area of blindness.

Though the search for transformations and for the transformational objects is perhaps the most pervasive archaic object relation, it bears restressing that the search is not out of desire for the object *per se*, nor *primarily* out of craving or longing, but derives from an insistent perceptual identification with the object of transformations of the self. To be sure, the entire range of human feeling may be elicited in the search for the object—euphoria if felt to be found, despondency if felt to be non-existent—but the search for the object is out of certainty that it will transform the subject. Of course this may lead to the object's achieving a secondary idealization—as in the legend of Christ—but making the object sacred occurs only after the object's transformational potential has been declared. In each instance, I believe, the reason for the isolated affect of adamant certainty that the object will deliver transformation 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, its nomination as 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 their own desire. A gambler is compelled to gamble: subjectively, he may wish he did not gamble, and this internal identification with the perfect moment may indeed cause personal misery. In Melville's (1967) novel, *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; that against all natural lovings and longings, I so keep pushing, and crowing, 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? (pp. 444–5).

There is something *impersonal and ruthless* about the search for the whale, and 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 hyperbolize 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, as 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 to the infant as a whole object, she has functioned as a region or source of transformation, and as 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 disillusiones 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; but, the ego experience of being transformed by the other remains as a memory that may be re-enacted either in the subject's search for aesthetic experiences, in a wide range of culturally dreamed of transformational objects, such as new cars, homes, jobs, vacations, that promise total change of internal and external environment, or in the varied psychopathological manifestations of this memory: in the gambler's relation to his object, in the extremist's relation to his ideological object. I have argued that the ecology of the psychoanalytic space, outfitted with a silent and empathic analyst, a couch to 'hold' the patient, the release from socialization, and the emphasis on fantasizing to the analyst, etc., often leads to the identification of the analyst with the transformational object. This occurs *because* the analytic ecology sponsors such a regressive relating, and because the idiom of the analytic relation bears considerable psychic resemblance to the mother's attendance to the infant. As such, the patient's insistence that the analyst is the transformational object is not necessarily a resistance to the work of analysis, but is a memory resuscitated by the analytic process itself, and it behoves the analytic profession to analyse more thoroughly the unconscious communication of the analytic ecology. I have argued that we continue to *act out* in what is now the ritual idiom of the analytic technique a lacunae in Freud's self analysis: his own relation to his mother. Recollected aspects of this relation, I suggest, are reproduced in the analytic technique, though psychoanalysts, having inherited Freud's insights, have also inherited his blindness in not recognizing how psychoanalytic technique both enacts and elicits memories of the earliest object relation. We might call this a professional unconscious countertransference, as we offer a patient one kind of relationship (the regressive re-experience of infant to mother) which still revive not only ego memories but expectations and, on the other hand, we insist, at least in more classical formulations, on proceeding to analytic 'work'. Such work cannot take place, I maintain, until the analyst has a thorough understanding of his own profession as a counter-transference enactment of an early object setting and relation. Until we cognize this non-verbal enactment of our own, we cannot successfully facilitate our patients through their own recognition of it. Finally, we can see, perhaps, how in the aesthetic moment, when the person engages in deep subjective rapport with an object, the culture finds in the arts varied symbolic equivalents of the search for transformation, as 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 in a way ruthless, as the object is sought for only as a deliverer of an experience. The aesthetic space allows for an appropriate enactment of the search for this object relation, and we might say the culture engages in memories of ego experiences that are now profoundly radical experiences, as the culture cannot possibly meet the needs 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 ego memories of the process of self-transformation.

SUMMARY

In work with certain kinds of patients in psychoanalysis who hyperbolize a particular form of object seeking, and in our analysis of certain features of western culture, I think we can isolate the trace in the adult of the earliest experience of the object. The infant's first experience of the object is as a process, rather than a thing in itself, but he perceptually identifies his experience of the object (an experience of psycho-somatic transformation) with the maternal object. For this reason I have termed the first object the transformational object, as I want to identify it with the object as process, thus linking our notion of the object with the infant's subjective knowing of it. Before the mother is personalized to the infant as a whole object she has functioned as a source of transformation,

and as 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. This ego experience remains as an unconscious memory in the adult who relives it through his adamant quest for a transformational object: a new partner, a different form of work, a new material acquisition, an ideology or a belief. The most vivid memory of the earliest object relation occurs in the aesthetic moment when the person feels in deep rapport with the aesthetic object. Such moments are notable for their evocation of the affective memory of the earliest object relation. It is important for psychoanalysts to understand that the psychoanalytic setting and process invites the patient to remember the earliest object relation, so that a patient's expectation that the analyst will perform a transformational function is not necessarily either a wish or a resistance to the analytic work, but may, in fact, be the patient's response to the regressive invitation of the psychoanalytic space.

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