

Playing and Reality

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1 Transitional Objects and Transitional Phenomena

In this chapter I give the original hypothesis as formulated in 1951, and I then follow this up with two clinical examples.

I ORIGINAL HYPOTHESIS¹

It is well known that infants as soon as they are born tend to use fist, fingers, thumbs in stimulation of the oral erotogenic zone, in satisfaction of the instincts at that zone, and also in quiet union. It is also well known that after a few months infants of either sex become fond of playing with dolls, and that most mothers allow their infants some special object and expect them to become, as it were, addicted to such objects.

There is a relationship between these two sets of phenomena that are separated by a time interval, and a study of the development from the earlier into the later can be profitable, and can make use of important clinical material that has been somewhat neglected.

THE FIRST POSSESSION

Those who happen to be in close touch with mothers' interests and problems will be already aware of the very rich patterns ordinarily displayed by babies in their use of the first 'not-me' possession. These patterns, being displayed, can be subjected to direct observation.

There is a wide variation to be found in a sequence of events that starts with the newborn infant's fist-in-mouth activities, and leads eventually on to an attachment to a teddy, a doll or soft toy, or to a hard toy.

¹ Published in the *International Journal of Psycho-Analysis*, Vol. 34, Part 2 (1953); and in D. W. Winnicott, *Collected Papers: Through Paediatrics to Psycho-Analysis* (1958a), London: Tavistock Publications.

It is clear that something is important here other than oral excitement and satisfaction, although this may be the basis of everything else. Many other important things can be studied, and they include:

1. The nature of the object.
2. The infant's capacity to recognize the object as 'not-me'.
3. The place of the object – outside, inside, at the border.
4. The infant's capacity to create, think up, devise, originate, produce an object.
5. The initiation of an affectionate type of object-relationship.

I have introduced the terms 'transitional objects' and 'transitional phenomena' for designation of the intermediate area of experience, between the thumb and the teddy bear, between the oral erotism and the true object-relationship, between primary creative activity and projection of what has already been introjected, between primary unawareness of indebtedness and the acknowledgement of indebtedness ('Say: "ta"').

By this definition an infant's babbling and the way in which an older child goes over a repertory of songs and tunes while preparing for sleep come within the intermediate area as transitional phenomena, along with the use made of objects that are not part of the infant's body yet are not fully recognized as belonging to external reality.

Inadequacy of Usual Statement of Human Nature

It is generally acknowledged that a statement of human nature in terms of interpersonal relationships is not good enough even when the imaginative elaboration of function and the whole of fantasy both conscious and unconscious, including the repressed unconscious, are allowed for. There is another way of describing persons that comes out of the researches of the past two decades. Of every individual who has reached to the stage of being a unit with a limiting membrane and an outside and an-inside, it can be said that there is an *inner reality* to that individual, an inner world that can be rich or poor and can be at peace or in a state of war. This helps, but is it enough?

My claim is that if there is a need for this double statement, there is also need for a triple one: the third part of the life of a human being, a part that we cannot ignore, is an intermediate area of *experiencing*, to which inner reality and external life both contribute. It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated.

It is usual to refer to 'reality-testing', and to make a clear distinction between apperception and perception. I am here staking a claim for an intermediate state between a baby's inability and his growing ability to recognize and accept reality. I am therefore studying the substance of *illusion*, that which is allowed to the infant, and which in adult life is inherent in art and religion, and yet becomes the hallmark of madness when an adult puts too powerful a claim on the credulity of others, forcing them to acknowledge a sharing of illusion that is not their own. We can share a respect for *illusory experience*, and if we wish we may collect together and form a group on the basis of the similarity of our illusory experiences. This is a natural root of grouping among human beings.

I hope it will be understood that I am not referring exactly to the little child's teddy bear or to the infant's first use of the fist (thumb, fingers). I am not specifically studying the first object of object-relationships. I am concerned with the first possession, and with the intermediate area between the subjective and that which is objectively perceived.

Development of a Personal Pattern

There is plenty of reference in psychoanalytic literature to the progress from 'hand to mouth' to 'hand to genital', but perhaps less to further progress to the handling of truly 'not-me' objects. Sooner or later in an infant's development there comes a tendency on the part of the infant to weave other-than-me objects into the personal pattern. To some extent these objects stand for the breast, but it is not especially this point that is under discussion.

In the case of some infants the thumb is placed in the mouth while fingers are made to caress the face by pronation and supination movements of the forearm. The mouth is then active in relation to the thumb, but not in relation to the fingers. The fingers caressing the upper lip, or some other part, may be or may become more important than the thumb engaging the mouth. Moreover, this caressing activity may be found alone, without the more direct thumb-mouth union.

In common experience one of the following occurs, complicating an auto-erotic experience such as thumb-sucking:

- (i) with the other hand the baby takes an external object, say a part of a sheet or blanket, into the mouth along with the fingers; or
- (ii) somehow or other the bit of cloth is held and sucked, or not actually sucked; the objects used naturally include napkins and

(later) handkerchiefs, and this depends on what is readily and reliably available; or

(iii) the baby starts from early months to pluck wool and to collect it and to use it for the caressing part of the activity; less commonly, the wool is swallowed, even causing trouble; or

(iv) mouthing occurs, accompanied by sounds of 'mum-mum', babbling, anal noises, the first musical notes, and so on.

One may suppose that thinking, or fantasizing, gets linked up with these functional experiences.

All these things I am calling *transitional phenomena*. Also, out of all this (if we study any one infant) there may emerge some thing or some phenomenon – perhaps a bundle of wool or the corner of a blanket or eiderdown, or a word or tune, or a mannerism – that becomes vitally important to the infant for use at the time of going to sleep, and is a defence against anxiety, especially anxiety of depressive type. Perhaps some soft object or other type of object has been found and used by the infant, and this then becomes what I am calling a *transitional object*. This object goes on being important. The parents get to know its value and carry it round when travelling. The mother lets it get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant.

I suggest that the pattern of transitional phenomena begins to show at about four to six to eight to twelve months. Purposely I leave room for wide variations.

Patterns set in infancy may persist into childhood, so that the original soft object continues to be absolutely necessary at bed-time or at time of loneliness or when a depressed mood threatens. In health, however, there is a gradual extension of range of interest, and eventually the extended range is maintained, even when depressive anxiety is near. A need for a specific object or a behaviour pattern that started at a very early date may reappear at a later age when deprivation threatens.

This first possession is used in conjunction with special techniques derived from very early infancy, which can include or exist apart from the more direct auto-erotic activities. Gradually in the life of an infant teddies and dolls and hard toys are acquired. Boys to some extent tend to go over to use hard objects, whereas girls tend to proceed right ahead to the acquisition of a family. It is important to note, however, that *there is no noticeable difference between boy and girl in their use of the original 'not-me' possession*, which I am calling the transitional object.

As the infant starts to use organized sounds ('mum', 'ta', 'da') there may appear a 'word' for the transitional object. The name given by the infant to these earliest objects is often significant, and it usually has a word used by the adults partly incorporated in it. For instance, 'baa' may be the name, and the 'b' may have come from the adult's use of the word 'baby' or 'bear'.

I should mention that sometimes there is no transitional object except the mother herself. Or an infant may be so disturbed in emotional development that the transition state cannot be enjoyed, or the sequence of objects used is broken. The sequence may nevertheless be maintained in a hidden way.

Summary of Special Qualities in the Relationship

1. The infant assumes rights over the object, and we agree to this assumption. Nevertheless, some abrogation of omnipotence is a feature from the start.
2. The object is affectionately cuddled as well as excitedly loved and mutilated.
3. It must never change, unless changed by the infant.
4. It must survive instinctual loving, and also hating and, if it be a feature, pure aggression.
5. Yet it must seem to the infant to give warmth, or to move, or to have texture, or to do something that seems to show it has vitality or reality of its own.
6. It comes from without from our point of view, but not so from the point of view of the baby. Neither does it come from within; it is not a hallucination.
7. Its fate is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not 'go inside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field.

At this point my subject widens out into that of play, and of artistic creativity and appreciation, and of religious feeling, and of dreaming, and also of fetishism, lying and stealing, the origin and loss of affectionate feeling, drug addiction, the talisman of obsessional rituals, etc.

Relationship of the Transitional Object to Symbolism

It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless, the point of it is not its symbolic value so much as its actuality. Its not being the breast (or the mother), although real, is as important as the fact that it stands for the breast (or mother).

When symbolism is employed the infant is already clearly distinguishing between fantasy and fact, between inner objects and external objects, between primary creativity and perception. But the term transitional object, according to my suggestion, gives room for the process of becoming able to accept difference and similarity. I think there is use for a term for the root of symbolism in time, a term that describes the infant's journey from the purely subjective to objectivity; and it seems to me that the transitional object (piece of blanket, etc.) is what we see of this journey of progress towards experiencing.

It would be possible to understand the transitional object while not fully understanding the nature of symbolism. It seems that symbolism can be properly studied only in the process of the growth of an individual and that it has at the very best a variable meaning. For instance, if we consider the wafer of the Blessed Sacrament, which is symbolic of the body of Christ, I think I am right in saying that for the Roman Catholic community it *is* the body, and for the Protestant community it is a *substitute*; a reminder, and is essentially not, in fact, actually the body itself. Yet in both cases it is a symbol.

CLINICAL DESCRIPTION OF A TRANSITIONAL OBJECT

For anyone in touch with parents and children, there is an infinite quantity and variety of illustrative clinical material. The following illustrations are given merely to remind readers of similar material in their own experiences.

Two Brothers: Contrast in Early Use of Possessions

Distortion in use of transitional object. X, now a healthy man, has had to fight his way towards maturity. The mother 'learned how to be a mother' in her management of X when he was an infant and she was able to avoid certain mistakes with the other children because of what she learned with him. There were also external reasons why she was anxious at the time of her rather lonely management of X when he was born. She took her job as a mother very seriously and she breast-fed X for seven months. She feels that in his case this was

too long and he was very difficult to wean. He never sucked his thumb or his fingers and when she weaned him 'he had nothing to fall back on'. He had never had the bottle or a dummy or any other form of feeding. He had a very strong and early *attachment to her herself*, as a person, and it was her actual person that he needed.

From twelve months he adopted a rabbit which he would cuddle, and his affectionate regard for the rabbit eventually transferred to real rabbits. This particular rabbit lasted till he was five or six years old. It could be described as a *comforter*, but it never had the true quality of a transitional object. It was never, as a true transitional object would have been, more important than the mother, an almost inseparable part of the infant. In the case of this particular boy the kinds of anxiety that were brought to a head by the weaning at seven months later produced asthma, and only gradually did he conquer this. It was important for him that he found employment far away from the home town. His attachment to his mother is still very powerful, although he comes within the wide definition of the term normal, or healthy. This man has not married.

Typical use of transitional object. X's younger brother, Y, has developed in quite a straightforward way throughout. He now has three healthy children of his own. He was fed at the breast for four months and then weaned without difficulty. Y sucked his thumb in the early weeks and this again 'made weaning easier for him than for his older brother'. Soon after weaning at five to six months he adopted the end of the blanket where the stitching finished. He was pleased if a little bit of the wool stuck out at the corner and with this he would tickle his nose. This very early became his 'Baa'; he invented this word for it himself as soon as he could use organized sounds. From the time when he was about a year old he was able to substitute for the end of the blanket a soft green jersey with a red tie. This was not a 'comforter' as in the case of the depressive older brother, but a 'soother'. It was a sedative which always worked. This is a typical example of what I am calling a *transitional object*. When Y was a little boy it was always certain that if anyone gave him his 'Baa' he would immediately suck it and lose anxiety, and in fact he would go to sleep within a few minutes if the time for sleep were at all near. The thumb-sucking continued at the same time, lasting until he was three or four years old, and he remembers thumb-sucking and a hard place on one thumb which resulted from it. He is now interested (as a father) in the thumb-sucking of his children and their use of 'Baas'.

PLAYING AND REALITY

The story of seven ordinary children in this family brings out the following points, arranged for comparison in the table below:

		Thumb	Transitional Object		Type of Child
X	Boy	0	Mother	Rabbit (comforter)	Mother-fixated
Y	Boy	+	'Baa'	Jersey (soother)	Free
Twins	Girl	0	Dummy	Donkey (friend)	Late maturity
	Boy	0	'Ee'	Ee (protective)	Latent psychopathic
Children of Y	Girl	0	'Baa'	Blanket (reassurance)	Developing well
	Girl	+	Thumb	Thumb (satisfaction)	Developing well
	Boy	+	'Mimis'	Objects (sorting) ¹	Developing well

¹ Added note: This was not clear, but I have left it as it was. D.W.W., 1971.

Value in History-taking

In consultation with a parent it is often valuable to get information about the early techniques and possessions of all the children of the family. This starts the mother off on a comparison of her children one with another, and enables her to remember and compare their characteristics at an early age.

The Child's Contribution

Information can often be obtained from a child in regard to transitional objects. For instance:

Angus (eleven years nine months) told me that his brother 'has tons of teddies and things' and 'before that he had little bears', and he followed this up with a talk about his own history. He said he never had teddies. There was a bell rope that hung down, a tag end of which he would go on hitting, and so go off to sleep. Probably in the end it fell, and that was the end of it. There was, however, something else. He was very shy about this. It was a purple rabbit with red eyes. 'I wasn't fond of it. I used to throw it around. Jeremy has it now, I gave it to him. I gave it to Jeremy because it was naughty. It would fall off the chest of drawers. *It still visits me. I like it to visit me.*' He surprised himself when he drew the purple rabbit.

TRANSITIONAL OBJECTS AND TRANSITIONAL PHENOMENA

It will be noted that this eleven-year-old boy with the ordinary good reality-sense of his age spoke as if lacking in reality-sense when describing the transitional object's qualities and activities. When I saw the mother later she expressed surprise that Angus remembered the purple rabbit. She easily recognized it from the coloured drawing.

Ready Availability of Examples

I deliberately refrain from giving more case-material here, particularly as I wish to avoid giving the impression that what I am reporting is rare. In practically every case-history there is something to be found that is interesting in the transitional phenomena, or in their absence.

THEORETICAL STUDY

There are certain comments that can be made on the basis of accepted psychoanalytic theory:

1. The transitional object stands for the breast, or the object of the first relationship.
2. The transitional object antedates established reality-testing.
3. In relation to the transitional object the infant passes from (magical) omnipotent control to control by manipulation (involving muscle erotism and coordination pleasure).
4. The transitional object may eventually develop into a fetish object and so persist as a characteristic of the adult sexual life. (See Wulff's (1946) development of the theme.)
5. The transitional object may, because of anal erotic organization, stand for faeces (but it is not for this reason that it may become smelly and remain unwashed).

Relationship to Internal Object (Klein)

It is interesting to compare the transitional object concept with Melanie Klein's (1934) concept of the internal object. The transitional object is *not an internal object* (which is a mental concept) – it is a possession. Yet it is not (for the infant) an external object either.

The following complex statement has to be made. The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object. Failure of the latter in some essential function indirectly leads to deadness or to a persecutory quality of the internal

object.¹ After a persistence of inadequacy of the external object the internal object fails to have meaning to the infant, and then, and then only, does the transitional object become meaningless too. The transitional object may therefore stand for the 'external' breast, but *indirectly*, through standing for an 'internal' breast.

The transitional object is never under magical control like the internal object, nor is it outside control as the real mother is.

Illusion-Disillusionment

In order to prepare the ground for my own positive contribution to this subject I must put into words some of the things that I think are taken too easily for granted in many psychoanalytic writings on infantile emotional development, although they may be understood in practice.

There is no possibility whatever for an infant to proceed from the pleasure principle to the reality principle or towards and beyond primary identification (see Freud, 1923), unless there is a good-enough mother. The good-enough 'mother' (not necessarily the infant's own mother) is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration. Naturally, the infant's own mother is more likely to be good enough than some other person, since this active adaptation demands an easy and unresented preoccupation with the one infant; in fact, success in infant care depends on the fact of devotion, not on cleverness or intellectual enlightenment.

The good-enough mother, as I have stated, starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing ability to deal with her failure.

The infant's means of dealing with this maternal failure include the following:

1. The infant's experience, often repeated, that there is a time-limit to frustration. At first, naturally, this time-limit must be short.
2. Growing sense of process.
3. The beginnings of mental activity.
4. Employment of auto-erotic satisfactions.
5. Remembering, reliving, fantasizing, dreaming; the integrating of past, present, and future.

¹ Text modified here, though based on the original statement.

If all goes well the infant can actually come to gain from the experience of frustration, since incomplete adaptation to need makes objects real, that is to say hated as well as loved. The consequence of this is that *if all goes well* the infant can be disturbed by a close adaptation to need that is continued too long, not allowed its natural decrease, since exact adaptation resembles magic and the object that behaves perfectly becomes no better than a hallucination. Nevertheless, *at the start* adaptation needs to be almost exact, and unless this is so it is not possible for the infant to begin to develop a capacity to experience a relationship to external reality, or even to form a conception of external reality.

Illusion and the Value of Illusion

The mother, at the beginning, by an almost 100 per cent adaptation affords the infant the opportunity for the *illusion* that her breast is part of the infant. It is, as it were, under the baby's magical control. The same can be said in terms of infant care in general, in the quiet times between excitements. Omnipotence is nearly a fact of experience. The mother's eventual task is gradually to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion.

In another language, the breast is created by the infant over and over again out of the infant's capacity to love or (one can say) out of need. A subjective phenomenon develops in the baby, which we call the mother's breast.¹ The mother places the actual breast just there where the infant is ready to create, and at the right moment.

From birth, therefore, the human being is concerned with the problem of the relationship between what is objectively perceived and what is subjectively conceived of, and in the solution of this problem there is no health for the human being who has not been started off well enough by the mother. *The intermediate area to which I am referring is the area that is allowed to the infant between primary creativity and objective perception based on reality-testing.* The transitional phenomena represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being.

The idea illustrated in *Figure 1* is this: that at some theoretical point early in the development of every human individual an infant in a

¹ I include the whole technique of mothering. When it is said that the first object is the breast, the word 'breast' is used, I believe, to stand for the technique of mothering as well as for the actual flesh. It is not impossible for a mother to be a good-enough mother (in my way of putting it) with a bottle for the actual feeding.

certain setting provided by the mother is capable of conceiving of the idea of something that would meet the growing need that arises out of instinctual tension. The infant cannot be said to know at first what is to be created. At this point in time the mother presents herself. In the ordinary way she gives her breast and her potential feeding urge. The mother's adaptation to the infant's needs, when good enough, gives the infant the *illusion* that there is an external reality that corresponds

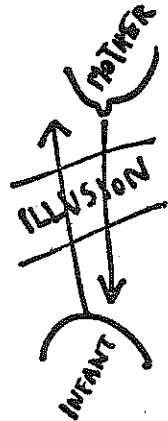


Figure 1

to the infant's own capacity to create. In other words, there is an overlap between what the mother supplies and what the child might conceive of. To the observer, the child perceives what the mother actually presents, but this is not the whole truth. The infant perceives the breast only in so far as a breast could be created just there and then. There is no interchange between the mother and the infant. Psychologically the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself. In psychology, the idea of interchange is based on an illusion in the psychologist.

In *Figure 2* a shape is given to the area of illusion, to illustrate what I consider to be the main function of the transitional object and of transitional phenomena. The transitional object and the transitional phenomena start each human being off with what will always be important for them, i.e. a neutral area of experience which will not be challenged. *Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question: 'Did you conceive of this or was it presented to you from without?' The important point is that no decision on this point is expected. The question is not to be formulated.*

This problem, which undoubtedly concerns the human infant in an hidden way at the beginning, gradually becomes an obvious problem on account of the fact that the mother's main task (next to providing opportunity for illusion) is disillusionment. This is preliminary to the task of weaning, and it also continues as one of the tasks of parents and educators. In other words, this matter of *illusion* is one that belongs inherently to human beings and that no individual finally solves for himself or herself, although a *theoretical* understanding of it may provide a *theoretical* solution. If things go well, in this gradual disillusionment process, the stage is set for the frustrations that we gather together under the word weaning; but it should be remembered that when we talk about the phenomena (which Klein (1940) has specifically illuminated in her concept of the depressive position) that cluster round weaning we are assuming the underlying process, the process by which opportunity for illusion and gradual disillusionment is provided. If illusion-disillusionment has gone astray the infant cannot get to so normal a thing as weaning, nor to a reaction to weaning, and it is then absurd to refer to weaning at all. The mere termination of breast-feeding is not a weaning.

We can see the tremendous significance of weaning in the case of the normal child. When we witness the complex reaction that is set going in a certain child by the weaning process, we know that this is able to take place in that child because the illusion-disillusionment process is being carried through so well that we can ignore it while discussing actual weaning.

Development of the Theory of Illusion-Disillusionment

It is assumed here that the task of reality-acceptance is never completed, that no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience (cf. Riviere, 1936) which is not challenged (arts, religion, etc.). This intermediate area is in direct continuity with the play area of the small child who is 'lost' in play.

In infancy this intermediate area is necessary for the initiation of a relationship between the child and the world, and is made possible by good-enough mothering at the early critical phase. Essential to all this is continuity (in time) of the external emotional environment and of particular elements in the physical environment such as the transitional object or objects.

The transitional phenomena are allowable to the infant because of the parents' intuitive recognition of the strain inherent in objective

perception, and we do not challenge the infant in regard to subjectivity or objectivity just here where there is the transitional object.

Should an adult make claims on us for our acceptance of the objectivity of his subjective phenomena we discern or diagnose madness. If, however, the adult can manage to enjoy the personal intermediate area without making claims, then we can acknowledge our own corresponding intermediate areas, and are pleased to find a degree of overlapping, that is to say common experience between members of a group in art or religion or philosophy.

SUMMARY

Attention is drawn to the rich field for observation provided by the earliest experiences of the healthy infant as expressed principally in the relationship to the first possession.

This first possession is related backwards in time to auto-erotic phenomena and fist- and thumb-sucking, and also forwards to the first soft animal or doll and to hard toys. It is related both to the external object (mother's breast) and to internal objects (magically introjected breast), but is distinct from each.

Transitional objects and transitional phenomena belong to the realm of illusion which is at the basis of initiation of experience. This early stage in development is made possible by the mother's special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists.

This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience, and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work.

An infant's transitional object ordinarily becomes gradually decathected, especially as cultural interests develop.

What emerges from these considerations is the further idea that paradox accepted can have positive value. The resolution of paradox leads to a defence organization which in the adult one can encounter as true and false self organization (Winnicott, 1960a).

II AN APPLICATION OF THE THEORY

It is not the object, of course, that is transitional. The object represents the infant's transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and

separate. This is often referred to as the point at which the child grows up out of a narcissistic type of object-relating, but I have refrained from using this language because I am not sure that it is what I mean; also, it leaves out the idea of dependence, which is so essential at the earliest stages before the child has become sure that anything can exist that is not part of the child.

PSYCHOPATHOLOGY MANIFESTED IN THE AREA OF TRANSITIONAL PHENOMENA

I have laid great stress on the normality of transitional phenomena. Nevertheless, there is a psychopathology to be discerned in the course of the clinical examination of cases. As an example of the child's management of separation and loss I draw attention to the way in which separation can affect transitional phenomena.

As is well known, when the mother or some other person on whom the infant depends is absent, there is no immediate change owing to the fact that the infant has a memory or mental image of the mother, or what we call an internal representation of her, which remains alive for a certain length of time. If the mother is away over a period of time which is beyond a certain limit measured in minutes, hours, or days, then the memory or the internal representation fades. As this takes effect, the transitional phenomena become gradually meaningless and the infant is unable to experience them. We may watch the object becoming decathected. Just before loss we can sometimes see the exaggeration of the use of a transitional object as part of *denial* that there is a threat of its becoming meaningless. To illustrate this aspect of denial I shall give a short clinical example of a boy's use of string.

*String*¹

A boy aged seven years was brought to the Psychology Department of the Paddington Green Children's Hospital by his mother and father in March 1955. The other two members of the family also came: a girl aged ten, attending an ESN school, and a rather normal small girl aged four. The case was referred by the family doctor because of a series of symptoms indicating a character disorder in the boy. An intelligence test gave the boy an IQ of 108. (For the purposes of this description all details that are not immediately relevant to the main theme of this chapter are omitted.)

¹ Published in *Child Psychology and Psychiatry*, Vol. 1 (1960); and in Winnicott, *The Maturation Processes and the Facilitating Environment* (1965), London: Hogarth Press and the Institute of Psycho-Analysis.

I first saw the parents in a long interview in which they gave a clear picture of the boy's development and of the distortions in his development. They left out one important detail, however, which emerged in an interview with the boy.

It was not difficult to see that the mother was a depressive person, and she reported that she had been hospitalized on account of depression. From the parents' account I was able to note that the mother cared for the boy until the sister was born when he was three years three months. This was the first separation of importance, the next being at three years eleven months, when the mother had an operation. When the boy was four years nine months the mother went into a mental hospital for two months, and during this time he was well cared for by the mother's sister. By this time everyone looking after this boy agreed that he was difficult, although showing very good features. He was liable to change suddenly and to frighten people by saying, for instance, that he would cut his mother's sister into little pieces. He developed many curious symptoms, such as a compulsion to lick things and people; he made compulsive throat noises; often he refused to pass a motion and then made a mess. He was obviously anxious about his elder sister's mental defect, but the distortion of his development appears to have started before this factor became significant.

After this interview with the parents I saw the boy in a personal interview. There were present two psychiatric social workers and two visitors. The boy did not immediately give an abnormal impression and he quickly entered into a squiggle game with me. (In this squiggle game I make some kind of an impulsive line-drawing and invite the child whom I am interviewing to turn it into something, and then he makes a squiggle for me to turn into something in my turn.)

The squiggle game in this particular case led to a curious result. The boy's laziness immediately became evident, and also nearly everything I did was translated by him into something associated with string. Among his ten drawings there appeared the following:

lasso
whip
crop
a yo-yo string
a string in a knot
another crop
another whip.

After this interview with the boy I had a second one with the parents, and asked them about the boy's preoccupation with string. They said that they were glad that I had brought up this subject, but they had not mentioned it because they were not sure of its significance. They said that the boy had become obsessed with everything to do with string, and in fact whenever they went into a room they were liable to find that he had joined together chairs and tables; and they might find a cushion, for instance, with a string joining it to the fireplace. They said that the boy's preoccupation with string was gradually developing a new feature, one that had worried them instead of causing them ordinary concern. He had recently tied a string round his sister's neck (the sister whose birth provided the first separation of this boy from his mother).

In this particular kind of interview I knew I had limited opportunity for action: it would not be possible to see these parents or the boy more frequently than once in six months, since the family lived in the country. I therefore took action in the following way. I explained to the mother that this boy was dealing with a fear of separation, attempting to deny separation by his use of string, as one would deny separation from a friend by using the telephone. She was sceptical, but I told her that should she come round to finding some sense in what I was saying I should like her to open up the matter with the boy at some convenient time, letting him know what I had said, and then developing the theme of separation according to the boy's response.

I heard no more from these people until they came to see me about six months later. The mother did not report to me what she had done, but I asked her and she was able to tell me what had taken place soon after the visit to me. She had felt that what I had said was silly, but one evening she had opened the subject with the boy and found him to be eager to talk about his relation to her and his fear of a lack of contact with her. She went over all the separations she could think of with him with his help, and she soon became convinced that what I had said was right, because of his responses. Moreover, from the moment that she had this conversation with him the string play ceased. There was no more joining of objects in the old way. She had had many other conversations with the boy about his feeling of separateness from her, and she made the very significant comment that she felt the most important separation to have been his loss of her when she was seriously depressed; it was not just her going away, she said, but her lack of contact with him because of her complete preoccupation with other matters.

At a later interview the mother told me that a year after she had had her first talk with the boy there was a return to playing with string and to joining together objects in the house. She was in fact due to go into hospital for an operation, and she said to him: 'I can see from your playing with string that you are worried about my going away, but this time I shall only be away a few days, and I am having an operation which is not serious.' After this conversation the new phase of playing with string ceased.

I have kept in touch with this family and have helped with various details in the boy's schooling and other matters. Recently, four years after the original interview, the father reported a new phase of string preoccupation, associated with a fresh depression in the mother. This phase lasted two months; it cleared up when the whole family went on holiday, and when at the same time there was an improvement in the home situation (the father having found work after a period of unemployment). Associated with this was an improvement in the mother's state. The father gave one further interesting detail relevant to the subject under discussion. During this recent phase the boy had acted out something with rope which the father felt to be significant, because it showed how intimately all these things were connected with the mother's morbid anxiety. He came home one day and found the boy hanging upside down on a rope. He was quite limp and acting very well as if dead. The father realized that he must take no notice, and he hung around the garden doing odd jobs for half an hour, after which the boy got bored and stopped the game. This was a big test of the father's lack of anxiety. On the following day, however, the boy did the same thing from a tree which could easily be seen from the kitchen window. The mother rushed out severely shocked and certain that he had hanged himself.

The following additional detail might be of value in the understanding of the case. Although this boy, who is now eleven, is developing along 'tough-guy' lines, he is very self-conscious and easily goes red in the neck. He has a number of teddy bears which to him are children. No one dares to say that they are toys. He is loyal to them, expends a great deal of affection over them, and makes trousers for them, which involves careful sewing. His father says that he seems to get a sense of security from his family, which he mothers in this way. If visitors come he quickly puts them all into his sister's bed, because no one outside the family must know that he has this family. Along with this is a reluctance to defaecate, or a tendency to save up his faeces. It is not difficult to guess, therefore, that he has a maternal

identification based on his own insecurity in relation to his mother, and that this could develop into homosexuality. In the same way the preoccupation with string could develop into a perversion.

Comment

The following comment seems to be appropriate.

1. String can be looked upon as an extension of all other techniques of communication. String joins, just as it also helps in the wrapping up of objects and in the holding of unintegrated material. In this respect string has a symbolic meaning for everyone; an exaggeration of the use of string can easily belong to the beginnings of a sense of insecurity or the idea of a lack of communication. In this particular case it is possible to detect abnormality creeping into the boy's use of string, and it is important to find a way of stating the change which might lead to its use becoming perverted.

It would seem possible to arrive at such a statement if one takes into consideration the fact that the function of the string is changing from communication into a *denial of separation*. As a denial of separation string becomes a thing in itself, something that has dangerous properties and must needs be mastered. In this case the mother seems to have been able to deal with the boy's use of string just before it was too late, when the use of it still contained hope. When hope is absent and string represents a denial of separation, then a much more complex state of affairs has arisen – one that becomes difficult to cure, because of the secondary gains that arise out of the skill that develops whenever an object has to be handled in order to be mastered.

This case therefore is of special interest if it makes possible the observation of the development of a perversion.

2. It is also possible to see from this material the use that can be made of parents. When parents can be used they can work with great economy, especially if the fact is kept in mind that there will never be enough psychotherapists to treat all those who are in need of treatment. Here was a good family that had been through a difficult time because of the father's unemployment; that had been able to take full responsibility for a backward girl in spite of the tremendous drawbacks, socially and within the family, that this entails; and that had survived the bad phases in the mother's depressive illness, including one phase of hospitalization. There must be a great deal of strength in such a family, and it was on the basis of this assumption that the decision was made to invite these parents to undertake the therapy of their own child.

In doing this they learned a great deal themselves, but they did need to be informed about what they were doing. They also needed their success to be appreciated and the whole process to be verbalized. The fact that they have seen their boy through an illness has given the parents confidence with regard to their ability to manage other difficulties that arise from time to time.

Added Note 1969

In the decade since this report was written I have come to see that this boy could not be cured of his illness. The tie-up with the mother's depressive illness remained, so that he could not be kept from running back to his home. Away, he could have had personal treatment, but at home personal treatment was impracticable. At home he retained the pattern that was already set at the time of the first interview.

In adolescence this boy developed new addictions, especially to drugs, and he could not leave home in order to receive education. All attempts to get him placed away from his mother failed because he regularly escaped and ran back home.

He became an unsatisfactory adolescent, lying around and apparently wasting his time and his intellectual potential (as noted above, he had an IQ of 108).

The question is: would an investigator making a study of this case of drug addiction pay proper respect to the psychopathology manifested in the area of transitional phenomena?

III CLINICAL MATERIAL: ASPECTS OF FANTAS

In the later part of this book I shall explore some of the ideas that occur to me while I am engaged in clinical work and where I feel that the theory I have formed for my own benefit in regard to transitional phenomena affects what I see and hear and what I do.

Here I shall give in detail some clinical material from an adult patient to show how the sense of loss itself can become a way of integrating one's self-experience.

The material is of one session of a woman patient's analysis, and I give it because it collects together various examples of the great variety that characterizes the vast area between objectivity and subjectivity.

This patient, who has several children, and who has a high intelligence which she uses in her work, comes to treatment because

of a wide range of symptomatology which is usually collected together under the word 'schizoid'. It is probable that those who have dealings with her do not recognize how ill she feels, and certainly she is usually liked and is felt to have value.

This particular session started with a dream which could be described as depressive. It contained straightforward and revealing transference material with the analyst as an avaricious dominating woman. This leaves way for her hankering after a former analyst who is very much a male figure for her. This is dream, and as dream could be used as material for interpretation. The patient was pleased that she was dreaming more. Along with this she was able to describe certain enrichments in her actual living in the world.

Every now and again she is overtaken by what might be called *fantasying*. She is going on a train journey; there is an accident. How will the children know what has happened to her? How indeed will her analyst know? She might be screaming, but her mother would not hear. From this she went on to talk about her most awful experience in which she left a cat for a little while and she heard afterwards that the cat had been crying for several hours. This is 'altogether too awful' and joins up with the very many separations she experienced throughout her childhood, separations that went beyond her capacity to allow for, and were therefore traumatic, necessitating the organization of new sets of defences.

Much of the material in this analysis has to do with coming to the negative side of relationships; that is to say, with the gradual failure that has to be experienced by the child when the parents are not available. The patient is extremely sensitive to all this in regard to her own children and ascribes much of the difficulty that she has with her first child to the fact that she left this child for three days to go for a holiday with her husband when she had started a new pregnancy; that is to say, when the child was nearly two. She was told that the child had cried for four hours without stopping, and when she came home it was no use for quite a long time for her to try to re-establish rapport.

We were dealing with the fact that animals and small children cannot be told what is happening. The cat could not understand. Also, a baby under two years cannot be properly informed about a new baby that is expected, although 'by twenty months or so' it becomes increasingly possible to explain this in words that a baby can understand.

When no understanding can be given, then when the mother is

away to have a new baby she is dead from the point of view of the child. This is what dead means.

It is a matter of days or hours or minutes. Before the limit is reached the mother is still alive; after this limit has been overstepped she is dead. In between is a precious moment of anger, but this is quickly lost, or perhaps never experienced, always potential and carrying fear of violence.

From here we come to the two extremes, so different from each other: the death of the mother when she is present, and her death when she is not able to reappear and therefore to come alive again. This has to do with the time just before the child has built up the ability to bring people alive in the inner psychic reality apart from the reassurance of seeing, feeling, smelling.

It can be said that this patient's childhood had been one big exercise exactly in this area. She was evacuated because of the war when she was about eleven; she completely forgot her childhood and her parents, but all the time she steadily maintained the right not to call those who were caring for her 'uncle' and 'auntie', which was the usual technique. She managed *never to call them anything* the whole of those years, and this was the negative of remembering her mother and father. It will be understood that the pattern for all this was set up in her early childhood.

From this my patient reached the position, which again comes into the transference, that the only real thing is the gap; that is to say, the death or the absence or the amnesia. In the course of the session she had a specific amnesia and this bothered her, and it turned out that the important communication for me to get was that there could be a blotting out, and that this blank could be the only fact and the only thing that was real. The amnesia is real, whereas what is forgotten has lost its reality.

In connection with this the patient remembered that there is a rug available in the consulting-room which she once put around herself and once used for a regressive episode during an analytic session. At present she is not going over to fetch this rug or using it. The reason is that the rug that is not there (because she does not go for it) is more real than the rug that the analyst might bring, as he certainly had the idea to do. Consideration of this brings her up against the absence of the rug, or perhaps it would be better to say against the unreality of the rug in its symbolic meaning.

From here there was a development in terms of the idea of symbols. The last of her former analysts 'will always be more important to me

than my present analyst'. She added: 'You may do me more good, but I like him better. This will be true when I have completely forgotten him. The negative of him is more real than the positive of you.' These may not be exactly her words but it is what she was conveying to me in clear language of her own, and it was what she needed me to understand.

The subject of nostalgia comes into the picture: it belongs to the precarious hold that a person may have on the inner representation of a lost object. This subject reappears in the case-report that follows (see p. 36 below).

The patient then talked about her imagination and the limits of what she believed to be real. She started by saying: 'I didn't really believe that there was an angel standing by my bed; on the other hand, I used to have an eagle chained to my wrist.' This certainly did feel real to her and the accent was on the words 'chained to my wrist'. She also had a white horse which was as real as possible and she 'would ride it everywhere and hitch it to a tree and all that sort of thing'. She would like really to own a white horse now so as to be able to deal with the reality of this white horse experience and make it real in another way. As she spoke I felt how easily these ideas could be labelled hallucinatory except in the context of her age at the time and her exceptional experiences in regard to repeated loss of otherwise good parents. She exclaimed: 'I suppose I want something that never goes away.' We formulated this by saying that the real thing is the thing that is not there. The chain is a denial of the eagle's absence, which is the positive element.

From here we got on to the symbols that fade. She claimed that she had had some success in making her symbols real for a long time in spite of the separations. We both came to something here at the same time, which is that her very fine intellect has been exploited, but at cost. She read from very early, and read a great deal; she has done a great deal of thinking from the earliest times and she has always used her intellect to keep things going and she has enjoyed this; but she was relieved (I thought) when I told her that with this use of the intellect there is all the time a fear of mental defect. From this she quickly reached over to her interest in autistic children and her intimate tie-up with a friend's schizophrenia, a condition that illustrates the idea of mental defect in spite of good intellect. She has felt tremendously guilty about having a great pride in her good intellect, which has always been a rather obvious feature. It was difficult for her to think that perhaps her friend may have had

a good intellectual potential although in his case it would be necessary to say that he had slipped over into the obverse, which is mental retardation through mental illness.

She described various techniques for dealing with separation; for instance: a paper spider and pulling the legs off for every day that her mother was away. Then she also had flashes, as she called them, and she would suddenly see, for instance, her dog Toby, a toy: 'Oh there's Toby.' There is a picture in the family album of herself with Toby, a toy, that she has forgotten except in the flashes. This led on to a terrible incident in which her mother had said to her: 'But we "heard" you cry all the time we were away.' They were four miles apart. She was two years old at the time and she thought: 'Could it possibly be that my mother told me a lie?' She was not able to cope with this at the time and she tried to deny what she really knew to be true, that her mother had in fact lied. It was difficult to believe in her mother in this guise because everyone said: 'Your mother is so marvellous.'

From this it seemed possible for us to reach to an idea which was rather new from my point of view. Here was the picture of a child and the child had transitional objects, and there were transitional phenomena that were evident, and all of these were symbolical of something and were real for the child; but gradually, or perhaps frequently for a little while, she had to *doubt the reality of the thing that they were symbolizing*. That is to say, if they were symbolical of her mother's devotion and reliability they remained real in themselves but what they stood for was not real. The mother's devotion and reliability were unreal.

This seemed to be near the sort of thing that has haunted her all her life, losing animals, losing her own children, so that she formulated the sentence: 'All I have got is what I have not got.' There is a desperate attempt here to turn the negative into a last-ditch defence against the end of everything. The negative is the only positive. When she got to this point she said to her analyst: 'And what will you do about it?' I was silent and she said: 'Oh, I see.' I thought perhaps that she was resenting my masterly inactivity. I said: 'I am silent because I don't know what to say.' She quickly said that this was all right. Really she was glad about the silence, and she would have preferred it if I had said nothing at all. Perhaps as a silent analyst I might have been joined up with the former analyst that she knows she will always be looking for. She will always expect him to come back and say 'Well done!' or something. This will be long after she

has forgotten what he looks like. I was thinking that her meaning was: when he has become sunk in the general pool of subjectivity and joined up with what she thought she found when she had a mother and before she began to notice her mother's deficiencies as a mother, that is to say, her absences.

Conclusion

In this session we had roamed over the whole field between subjectivity and objectivity, and we ended up with a bit of a game. She was going on a railway journey to her holiday house and she said: 'Well I think you had better come with me, perhaps half-way.' She was talking about the way in which it matters to her very much indeed that she is leaving me. This was only for a week, but there was a rehearsal here for the summer holiday. It was also saying that after a little while, when she has got away from me, it will not matter any longer. So, at a half-way station, I get out and 'come back in the hot train', and she derided my maternal identification aspects by adding: 'And it will be very tiring, and there will be a lot of children and babies, and they will climb all over you, and they will probably be sick all over you, and serve you right.'

(It will be understood that there was no idea of my *really* accompanying her.)

Just before she went she said. 'Do you know I believe when I went away at the time of evacuation [in the war] I could say that *I went to see if my parents were there*. I seem to have believed I would find them there.' (This implied that they were certainly not to be found at home.) And the implication was that she took a year or two to find the answer. The answer was that they were not there, and that *that* was reality. She had already said to me about the rug that she did not use: 'You know, don't you, that the rug might be very comfortable, but reality is more important than comfort and *no rug* can therefore be more important than *a rug*.'

This clinical fragment illustrates the value of keeping in mind the distinctions that exist between phenomena in terms of their position in the area between external or shared reality and the true dream.

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