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CHAPTER

22 The Fate of the Transitional Object

Donald W. Winnicott

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Abstract

After describing transitional objects, Winnicott describes the passing of the transitional object. He discusses his theory that if the transitional object and transitional phenomena are at the very basis of symbolism, then these phenomena may mark the origin in the life of the infant and child of a third area of existing, which might turn out to be the cultural life of the individual.

Keywords: Winnicott, culture, transitional objects, third area

Subject: Clinical Psychology, Clinical Child and Adolescent Psychology

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Preparation for a talk entitled ‘Clinical Notes Illustrating the Fate of Transitional Objects’, given to the Association for Child Psychiatry and Psychology at The Royal Hospital for Sick Children, Glasgow, Scotland, 5 December 1959.

Although many of you are very familiar with what I have said about transitional objects I would like first of all to re-state my view of them, and then pass on to my main subject which is the question of their fate. Here is a statement then of the way in which transitional objects seem to me to have significance. They seem to me to be in several lines of transition. One of these has to do with object relationships; the infant has a fist in the mouth, then a thumb, then there is an admixture of the use of the thumb or fingers, and some object which is chosen by the infant for handling. Gradually there is a use of objects which are not part of the infant nor are they part of the mother.

Another kind of transition has to do with the changeover from an object which is subjective for the infant to one which is objectively perceived or external. At first whatever object gains a relationship with the infant is

created by the infant, or at least that is the theory of it to which I adhere. It is like an hallucination. Some cheating takes place and an object that is ready to hand overlaps with an hallucination. Obviously the way the mother or her substitute behaves is of paramount importance here. One mother is good and another bad at letting a real object be just where the infant is hallucinating an object so that in fact the infant gains the illusion that the world can be created and that what is created is the world.

p. 524 At this point you will think of Mme Sechehaye's term 'symbolic realisation',¹ the making real of the symbol, only from our point of view dealing with earliest infancy, we are thinking of the making real of the hallucination. This does in fact initiate the infant's capacity for using symbols, and where growth is straightforward the transitional object is the first symbol. Here the symbol is at the same time both the hallucination and an objectively perceived part of external reality.

From all this it will be seen that we are describing the life of an infant which means also the relationship of the environment through the mother or her substitute to the infant. We are talking about a 'nursing couple', to use Merrell Middlemore's term.² We are referring to the fact that there is no such thing as an infant because when we see an infant at this early stage we know that we will find infant-care with the infant as part of that infant-care.

This way of stating the meaning of the transitional object makes it necessary for us to use the word 'illusion'. The mother is enabling the infant to have the illusion that objects in external reality can be real to the infant, that is to say they can be hallucinations since it is only hallucinations that feel real. If an external object is to seem real then the relationship to it must be that of the relationship to an hallucination. As you will readily agree, this goes bang into an ancient philosophical conundrum, and you will be thinking of the two limericks, one of them by Ronald Knox:

Do the stone and the tree
Continue to be
When there's no-one about in the quad?

and the reply:

The stone and the tree
Do continue to be
As observed by yours faithfully, ...

p. 525 The fact is that an external object has no being for you or me except in so far as you or I hallucinate it, but being sane we take care not to hallucinate except where we know what to see. Of course when we are tired or it is twilight we may make a few mistakes. The infant with a transitional object is in my opinion all the time in this state in which we allow him or her to be and although it is mad we do not call it mad. If the infant could speak the claim would be: 'This object is part of external reality and I created it'. If you or I said that we would be locked up or perhaps leucotomised. This gives us a meaning for the word 'omnipotence' which we really need because when we talk about the omnipotence of early infancy we do not only mean omnipotence of thought; we intend to indicate that the infant believes in an omnipotence which extends to certain objects and perhaps extends to cover the mother and some of the others in the immediate environment. One transition is from omnipotent control of external objects to the relinquishment of control and eventually to the acknowledgement that there are phenomena outside one's personal control. The transitional object that is both part of the infant and part of the mother acquires the new status called 'possession'.

There are other transitions which I think are in process during the period of time in which the infant uses transitional objects. For instance, there is that which belongs to the developing powers of the infant, developing co-ordination, and a gradual enrichment of sensibility. The sense of smell is at its highest and probably will never be so high again, except perhaps during psychotic episodes. Texture means as much as it can ever mean, and dryness and dampness and also what feels cold and what feels warm; these things have tremendous meaning.

Alongside this one has to mention the extreme sensitivity of the infantile lips and no doubt of the sense of taste. The word 'disgusting' has not come to mean anything yet for the infant and at the beginning the infant has not even become concerned with excretions. The dribbling and drooling that characterises early infancy covers the object and reminds one of the lion in the cage at the zoo, who almost seems to soften up the bone with saliva before eventually bringing its existence to an end by biting it up and eating it. How easy to imagine the lion with very tender caressing feelings towards the bone which is just going to be destroyed. So in transitional phenomena we see the initiation of the capacity for affectionate feelings, with the instinctual direct relationship sinking into primary repression.

In this way we can see that the infant's use of an object can be in one way or another joined up with body functioning, and indeed one cannot imagine that an object can have meaning for an infant unless it is so joined. This is another way of stating that the ego is based on a body ego.

I have given some examples just to remind you of all sorts of possibilities which exist and which are illustrated in the case of your own children as well as the children who are your clients. Sometimes we find the mother used as if she herself were a transitional object, and this may persist and give rise to great trouble; for instance, a patient that I have had to deal with recently used the lobe of his mother's ear. You will guess that in these cases where the mother is used, there is almost certainly something in the mother—an unconscious need of her child—into the pattern of which the child is fitting himself or herself.

Then there is the use of the thumb or fingers which may persist and there may or may not be an affectionate caressing of some part of the face or some part of the mother or of an object going on at the same time. In some cases the caressing continues and the thumb- or finger-sucking is lost sight of. Then it often happens that an infant who did not use the hand or thumb for autoerotic gratification nevertheless may use an object of some kind or other. Where an object is employed one usually finds an extension of interest so that soon other objects become important. For some reason or other girls tend to persist with soft objects until they use dolls, and boys tend to go more quickly over to an adoption of hard objects. One could perhaps better say that the boy in children goes over to hard objects and the girl in children of both sexes tends to retain the interest in softness and in texture, and this may join eventually on to the maternal identification. Often where there is a clear-cut transitional object dating from early times this persists although in fact the child is employed more in using the next and less important objects; perhaps at times of great distress, sadness or deprivation there is a return to the original or to the thumb or a loss altogether of the capacity to use symbols and substitutes at all.

I want to leave it at that. There is an infinite variety in the clinical picture, and all we can talk about usefully is the theoretical implications.

The Passing of the Transitional Object

There are two approaches to this subject:

A. Old soldiers never die, they simply fade away. The transitional object tends to be relegated to the limbo of half-forgotten things at the bottom of the chest of drawers, or at the back of the toy cupboard. It is usual,

however, for the child to know. For example, a boy who has forgotten his transitional object has a regression phase following a deprivation. He goes back to his transitional object. There is then a gradual return to the other later-acquired possessions. So the transitional object may be

- i. supplanted but kept
- ii. worn out
- iii. given away (not satisfactory)
- iv. kept by mother—relic of a precious time in her life (identification)
- v. etc.

This refers to the fate of the object itself.

B. I come now to the main point that I want to put forward for discussion. This is not a new idea although I believe it was new when I described it in my original paper. (I fear now that I come to it that you will feel it is too obvious, unless of course you disagree.)

If it is true that the transitional object and the transitional phenomena are at the very basis of symbolism, then I think we may fairly claim that these phenomena mark the origin in the life of the infant and child of a sort of third area of existing, a third area which I think has been difficult to fit into psycho-analytic theory which has had to build up gradually according to the stone-by-stone method of a science.

This third area might turn out to be the cultural life of the individual.

p. 527 What are the three areas? One, the fundamental one, is the individual psychic or inner reality, the unconscious if you like (not the repressed unconscious which comes very soon but definitely later). The personal psychic reality is that from which the individual 'hallucinates' or 'creates' or 'thinks up' or 'conceives of'. From it dreams are made, though they are clothed in the materials gathered in from external reality.

The second area is external reality, the world that is gradually recognised as NOT-ME by the healthy developing infant who has established a self, with a limiting membrane and an inside and an outside. The expanding universe which man contracts out of, so to speak.

Now infants and children and adults take external reality in, as clothing for their dreams, and they project themselves into external objects and people and enrich external reality by their imaginative perceptions.

But I think we really do find a third area, an area of living which corresponds to the infant's transitional phenomena and which actually derives from them. In so far as the infant has not achieved transitional phenomena I think the acceptance of symbols is deficient, and the cultural life is poverty-stricken.

No doubt you easily see what I mean. Put rather crudely: we go to a concert and I hear a late Beethoven string quartet (you see I'm high-brow). This quartet is not just an external fact produced by Beethoven and played by the musicians; and it is not my dream, which as a matter of fact would not have been so good. The experience, coupled with my preparation of myself for it, enables me to create a glorious fact. I enjoy it because I say I created it, I hallucinated it, and it is real and would have been there even if I had been neither conceived of nor conceived.

This is mad. But in our cultural life we accept the madness, exactly as we accept the madness of the infant who claims (though in unuttered mutterings) 'I hallucinated that and it is part of mother who was there before I came along'.

From this you will see why I think the transitional object is essentially different from the internal object of Melanie Klein's terminology. The internal object is a matter of the inner reality, which becomes more and more complex with every moment of the infant's life. The transitional object is for us a bit of the blanket but for the infant a representative both of the mother's breast, say, and of the internalised mother's breast.

Watch the sequence when the mother is absent. The infant clings to the transitional object. After a length of time the internalised mother fades, and then the transitional object ceases to mean anything. In other words the transitional object is symbolical of the internal object which is kept alive by the alive mother's presence.

In the same way, perhaps, an adult may mourn someone, and in the course of mourning cease to enjoy cultural pursuits; recovery from mourning is accompanied by a return of all the intermediate interests (including the religious experiences) which enrich the individual's life in health.

p. 528 In this way I feel that transitional phenomena do not pass, at least not in health. They may become a lost art, but this is part of an illness in the patient, a depression, and something equivalent to the reaction to deprivation in infancy, when the transitional object and transitional phenomena are temporarily (or sometimes permanently) meaningless or non-existent.

I would very much like to hear your reactions to this idea of a third area of experiencing, its relation to the cultural life, and its suggested derivation from the transitional phenomena of infancy.

Notes

1. M. A. Sechehaye, *Symbolic Realization* (New York: International Universities Press, 1951).
2. M. P. Middlemore, *The Nursing Couple* (London: Hamish Hamilton, 1941).

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