

Describe Winnicott's concepts of transitional phenomena and use of an object. Explain how these inform the practise of psychodynamic psychotherapy.

Introduction

Winnicott's concept of transitional phenomena will be described in the first section of this essay, and his concept of object-using will be described in the second section. After both theories have been described the essay will explain how the theories have informed the practise of psychodynamic psychotherapy. This will involve explaining how the theories have informed a psychodynamic understanding of certain kinds of psychopathology which patients might present with. It will also involve how the theories have informed psychodynamic technique in the treatment of patients. For the sake of the reader, the word therapist is used in the essay to mean psychodynamic psychotherapist, and the terms psychodynamic psychotherapy and therapist are used in a way to also refer to psychoanalysis and psychoanalyst, not intending to dismiss the differences between the two approaches.

Winnicott's concept of transitional phenomena

Origins of the concept

Transitional phenomena is a term that Winnicott (1971) used to refer to a certain type of behaviour that he argued emerges in infancy and corresponds to significant developments in an individual's psyche. The term encompasses what Winnicott also referred to as transitional objects and not-me possessions. These enigmatic phrases invite the reader to reflect on what he considered to be the intermediate area of experience or the 'third part of life', an area that he thought had not previously been considered in psychoanalytic theory. Winnicott gives his account of this transitional space in his paper "Transitional objects and transitional phenomena" (1971). He describes how transitional space comes to both distinguish and interrelate one's experiences of inner life and external reality. Winnicott thought that most individuals went through a period during infancy to cultivate this part of their experience which was characterised by the emergence of transitional phenomena. In the paper, he gives his account of how this normally happens as well as the purposes it serves in later life.

Winnicott's paper on transitional objects (1971) was in some ways a culmination of his previous work. He was a paediatrician and his efforts to understand the roots of psychotic illness had him investigating the earliest stages of human development. Winnicott seemed interested in those parts of the human mind that sit on the periphery of experience, that are so fundamental that they are often overlooked: "a great deal that we tend to take for granted had a beginning and a condition out of which it developed" (Winnicott, 1945, p149). Winnicott described the accumulation of these developments as the process of integration. Based on his experiences working with psychotic patients, one aspect of the integrated mind that he thought could not be taken for granted was a person's sense of themselves as having an inside and an outside. Winnicott presented this idea in his paper "Primitive emotional development" (1945) where, based on his observations of infants' play such as the spatula game (Winnicott, 1941), he highlighted what significant developments seem to occur for infants around 6 months of age. He attributed this to them becoming more aware of themselves as having boundaries, both physically and psychically. Winnicott argued that this was a significant development as it would correspond to infants' capacity to view the contents of their mind as separate from the external world. He argued that this would provoke them to become aware of others as having minds of their own too and facilitate their experience of themselves as "a person related to people" (1945, p148). From what I understand, this means that the infant can start

to negotiate the task of relating to others as whole objects (Klein, 1935), as per the object-relations theory to which Winnicott subscribed.

How transitional space forms

In “Transitional objects and transitional phenomena” (1971), Winnicott builds on the ideas he laid out in his paper on primitive emotional development (1945) by proposing that a third, transitional space forms between inner life and external reality. This transitional space could be thought of as a psychic membrane that distinguishes between and, based on this distinction, enables interaction between inner life and external reality. It is not simply a site for exchange but constitutes a location for a new kind of experience that Winnicott would argue is essential for healthy functioning, one that is not based exclusively in either perception or reality. The transitional space is an area that allows interaction between subjective and objective aspects of a person’s experience for the first time, enabling a capacity for symbolism and permitting a dialectic between internal and external realities. It is the significance of this capacity to relate one’s subjective and objective experiences that is essential to Winnicott’s theory of play (1968).

Winnicott (1971) is clear that the transitional space does not develop automatically, but is born out of infants, quite literally, playing with the idea, exploring and digesting its implications. He also makes clear, as he does in much of his writing, that this process will likely only occur in the context of a facilitating environment. If all is well, Winnicott saw at 6 months of age that the infant will start to “weave other-than-me objects into the personal pattern” (p3, 1971), incorporating external objects into what had until then only been autoerotic behaviours, like thumb-sucking, that are based in subjective experience. He gives the example of how the edge of a blanket might get inserted into the mouth along with the thumb, a metaphor for how the edges of the child’s subjective experience are beginning to interact with the textures of reality. Winnicott points to the significance that such an object might then take on for the infant, arguing that some sort of ‘thinking, or fantasizing’ has gone on to turn it into a ‘special object’ (1971), leading to it becoming something that is ‘mine but not me’ (Ogden, 2021). He said that the transitional object, while often a soft toy, could be anything of a kind that has been taken in from the outside and given meaning from the inside; he gives other examples such as a specific word or sound that the infant might repeat. Winnicott describes this interplay as a delicate process that plays out over time and which often relies on the playful involvement of parents who know not to spoil the object either materially or by way of challenging the infant on its exact nature.

Transitional phenomena and their role in development

Winnicott’s theory was informed by Klein’s writing on the importance of symbol-formation to the infant’s ability, via sublimation, to relate to their environment meaningfully (1930). The transitional object stands out as one of the first things, outside of their mother, to take on meaning for the infant. If the infant’s experience of care has been good enough, the transitional object might represent the breast and have meaning for the infant as something that can be drawn on for comfort in their mother’s absence (Winnicott, 1971). It is a significant development because it enables the infant to tolerate separateness for the first time and encourages autonomy. Individual differences in an infant’s relationship to their transitional objects might depend on individual differences in their capacity to symbolise. Segal’s paper on symbol formation (1957) highlights how problems can occur when an object’s symbolic meaning collapses into a symbolic-equation, so that the object is no longer simply reminiscent of but is experienced as if it were that which it represents.

It is this delicate process of the infant beginning to turn out and find meaning in their environment that Winnicott considered to be the most important development arising from the emergence of transitional phenomena (1971). As important as it was to Winnicott that infants be kept in a state of illusion for the first 6 months of life, where their needs are felt to be getting met by magic, it was just as important to his notion of healthy development that they are then supported to psychically wean from this state of illusion and orient themselves to reality. If the infant can be supported to do this then he/she will develop with a healthy sense of autonomy and curiosity, a desire to explore the world and live, essentially (Caldwell, 2022). It becomes clear that the word transitional refers to many aspects of the object, transitional in the sense that it facilitates an exchange between inner life and reality, and transitional in the sense that it helps the infant to transition to a state where they are more oriented to reality. The transitional object should, over time, also transition into being of less and less significance to the infant as meaning gets mapped more generally on to the environment.

Transitional phenomena and potential space

Winnicott's (1971) paper continues to be revisited, in part because of the depth of the ideas it contains and in part because of the style in which Winnicott writes. Something of the playfulness with which he translates his ideas creates space between him and the reader where there remains the potential for the generation of meaning (Ogden, 2021). It is this aspect of Winnicott's theory that Ogden (1985) has paid greater attention to, potential space not being a separate idea to transitional phenomena but a term that Ogden seems to employ to highlight this 'essential feature' (Winnicott, 1969) of the theory. The word potential is used several times in Winnicott's essay, both inferring the potential psychic growth proffered to the infant by the transitional object and the capacity to entertain potentiality itself which Winnicott sometimes refers to as 'entertaining paradox'. Transitional space is not a stepping-stone for the infant, but a creative space that he/she might continue to enjoy to varying degrees in adult life. Winnicott refers to this when he describes the substance of illusion that is inherent in creative endeavours in adult life and gives examples of when this state of mind appears to be lacking and the difficulties that can arise (1971). He proposes that this illusory state of mind can be the common ground in which human beings come to share their experiences and enjoy a sense of community. He considers it a profitable task for the psyche to maintain a state in which it can entertain paradox, whereas it is a misfortune when efforts are made to collapse this dialectic, and it is the essence of madness when inner life is experienced to the exclusion of reality (Ogden, 1985). Ogden (2021) believes that it is in the 'vast area between subjectivity and objectivity' (Winnicott, 1971) that one finds space to truly feel alive.

Winnicott's concept of object using

Origins of the concept

Winnicott's paper "The use of an object" (1969) is similar to his paper on transitional phenomena in that it expounds on an aspect of human experience that, while seeming fundamental, he believes only develops in the context of a facilitating environment, and therefore cannot be taken for granted. Winnicott dissects Klein's notion of object-relating, distinguishing between object-relating and what he calls object-using. Winnicott describes these as two states of mind through which every healthy infant should develop, object-using being a more mature development of object-relating. In object-using, Winnicott considers the subject to be relating more authentically to the object, whose position, relative to the subject, is not simply known but felt and accepted. From this perspective, the subject can make use of the object, receiving that which is new and nourishing, as opposed to

re-introjecting that which has only been experienced through projections to begin with - the 'subjective object'.

The development of object-using

An infant's capacity to develop to the point of using objects will depend on his/her capacity to tolerate the other as separate. This in some way leads on from their developments in using transitional objects (Winnicott, 1971). Winnicott proposes that infants' transition from object-relating to object-using is facilitated by the destruction of the object in fantasy (1969). Winnicott was conscious of how his theory bore similarity to Klein's theory of how infants move from the paranoid-schizoid to the depressive position but was clear to differentiate his notion of 'subject destroys object' from the attacks made on the 'bad breast' (Klein, 1946). In Winnicott's theory, the infant's attacks on the mother are not aggressive and do not carry the intention of destroying. Destruction in Winnicott's theory indicates a kind of graduated maternal failure, something that might occur in response to the infants' innocent provocations, his greedy appetite for instance, and which disillusions the infant momentarily but from which both infant and mother recover. The infant is thought to feel reassured by the indication that the mother is not as fragile in reality as she is in fantasy, a distinction that helps to place her outside of their sense of omnipotent control.

The function of object-using

There is ambiguity in Winnicott's theory that has been criticised (Brody, 1980) but Ogden (2016) believes that the opportunities for meaning-making this creates are purposeful and enrich the paper, allowing the reader to go away with ideas that are neither exclusively Winnicott's nor their own. Ogden's interpretation of what Winnicott means by 'subject destroys object' is the mother's capacity to tolerate moments in which she feels herself to have failed the infant and with that the momentary destruction of her sense of herself as an adequate mother. It is her capacity to bear feelings of inadequacy without it destroying her capacity to function adequately that then facilitates her infant's orientation to her as real and adequate. Winnicott describes his idea of what this means to the infant as "I love you...you have value for me because of your survival of my destruction of you." (p3, 1969). He believes that continued experiences such as this will aid the infant's awareness of and orientation to reality and support a capacity to form meaningful relationships. From this position the individual can receive things that are felt to have come from outside of themselves and then, as Fabozzi puts it, "have emotional experiences and... be influenced by them" (p1, 2016).

Winnicott believes that the transition from object-relating to object-using is never finalised but is renegotiated throughout life, aided by one's facilitative experiences in early life. Reading Winnicott's paper might offer readers one such experience if the reader relates to Winnicott as an expert clinician and author. Such a reader might expect Winnicott to translate his ideas so effectively that they require no thinking about and then feel disappointed if this is not their experience. In allowing opportunities for disappointment Winnicott allows an ideal image of him to be destroyed, affording the reader an opportunity to relate to him and his work more authentically. From this position the reader might be able to take in more from Winnicott's paper than if they were to have continued to engage with it on a pedestal. It is noted that Winnicott did in fact feel destroyed by his audience's lukewarm response to when he first presented the paper in 1968 (Ogden, 2016). It is possible that his capacity to permit and tolerate disappointment in his audience is, paradoxically, part of the reason why his work remains so popular.

How Winnicott's concepts of transitional phenomena and object using inform the practise of psychodynamic psychotherapy

Winnicott gives examples of how the concepts laid out in “Transitional objects and transitional phenomena” (1971) and “The use of an object” (1969) can aid therapists’ understanding of psychopathology. His theories on psychopathology fall broadly under his theory of the facilitating environment (1960) and the failures that can occur in it. Winnicott views consistent failures in the facilitating environment, particularly at a very early age, as risk factors for the infant not progressing normally in their use of transitional objects and development towards object-using.

How transitional phenomena informs the understanding of psychopathology

In “Transitional objects and transitional phenomena” (1971), Winnicott gives a clinical example of how he considers a ‘distortion’ in the use of a transitional object to have contributed to a patient’s difficulties. He describes how the patient, who he refers to as ‘X’, had to fight his way to maturity on account of having been breastfed for too long and becoming ‘mother-fixated’. By not having been supported to wean appropriately, Winnicott formulates that the significance of transitional objects to this man was lessened and left him without the same opportunities to psychically wean from his mother. He suggests that this contributed to psychosomatic symptoms and difficulty establishing relationships in later life. My understanding is that this patient’s lack of transitional object usage meant that his early experiences did not have adequate opportunity to get symbolised and turned out onto his environment, inhibiting his desire to engage with life and inclining him to withdraw. Some studies have found evidence for Winnicott’s formulation that inadequate transitional object usage, what these studies call a lack of transitional relatedness, risks a person developing a disordered personality (Horton, Louy & Copollilo, 1974; Modell, 1963). The authors go so far as to suggest a correlation between the extent of transitional relatedness and the extent of disorder in the personality (Arkema 1981). Whilst the reliability of these studies has been criticised (Cooper, Perry, Hoke & Richman, 1985) the authors’ theoretic explanation is that a lack of transitional object usage hinders the developing individual’s capacity to experience “soothing contact with sustaining introjections” in a way to help them to regulate feelings of aloneness and separation in later life (Adler & Buie, 1979).

Winnicott’s theory of transitional objects (1971) has also helped to inform the understanding of fetishism in adulthood. Fetishistic objects are objects in adulthood that, like the transitional object in early infancy, have taken on a meaning of great significance to the individual, so much so that they feel unable to function without it, for instance sexually. Greenacre (1969) distinguishes the adult’s fetishistic object from the infant’s transitional object on account of the limitations it places on the adult’s functioning, rather than the transitional object’s role in supporting the infant’s functioning. As I understand it, the adult’s fetishistic object comes to compensate for failures in the early environment, failures that have inhibited symbol-formation and complicated the infant’s separation from their mother. The fetishistic object stands as a sort of chronic and dysfunctional transitional object, one that is no longer scaffolding the individual’s meaningful engagement with reality but is necessary for it in defence against certain primitive anxieties.

How the use of an object informs the understanding of psychopathology

In “The use of an object” (1969), Winnicott implies that an infant will have difficulty progressing from object relating to usage if he/she is not provided with opportunities to locate their object outside of their omnipotent control. Winnicott says that the person will instead remain in a state characterised by the potential for destruction, a state of anxiety that is fundamentally psychotic in nature and which is characterised by narcissistic relations that occlude growth and underly borderline pathology. Winnicott gives an example of an infant who has not yet developed to the point of object using and therefore relates to the breast as if he/she were feeding on themselves

(their own projections), precluding an actually nourishing relationship with the object. The implications of this are that the individual might grow up struggling to form meaningful relationships, becoming vulnerable to withdrawal and generally deathecting from their environment. Roussillon (2010) gives an account of such a patient, the nature of whose relationships she describes as 'solipsistic' and 'from herself to herself'. She gives her impression of how this presented clinically as anorexia nervosa, as if this were a statement of the patient's inability to latch on to anything nourishing in her environment. Winston (2016) provides similar descriptions of how problems in object using can lead to someone developing narcissistic personality traits and the potential for this to manifest clinically as anorexia nervosa. He seems to state the negative side of Winnicott's paradoxical premise more clearly, that if a mother is 'too good' and does not 'allow herself to fail the child' then the child will not be given opportunity to 'discover the limits of her power' and 'distinguish what is her from what is not'.

How the use of an object informs the practice of psychodynamic psychotherapy

As well as informing therapists' understanding of clinical presentations, Winnicott's concepts of transitional objects and object usage have also informed specific aspects of treatment. In his paper on object using, Winnicott (1969) warns that the treatment of individuals who have not developed to the point of object-using might become frustrated if the psychotic state underlying their problems is never addressed. For these patients, Winnicott believes the therapist must first help them to "place the analyst outside the area of omnipotent control" (p3, 1969) so that they might then be able to make contact with the therapist and make use of what they have to offer. Fabozzi echoes the clinical import of this situation, believing it to be "the central feature of the interminability of analysis" (p1, 2016) and draws attention to the significance of the non-interpretive aspects of psychodynamic psychotherapy with such patients. It was these aspects of treatment that Winnicott regretted not having valued earlier in his career (1969). If the patient is not given opportunities to place the therapist outside of their subjective experience, then Winnicott believes that the patient will remain in a state that is characterised by the anxious potential for destruction and struggle to make use of what the therapist has to offer.

Inherent to Winnicott's thesis is the idea that the patient will not be able to relate to the therapist in reality until the patient has had an experience of the therapist surviving destruction: "the essential feature is the analyst's survival and the intactness of the psychoanalytic technique" (p4, 1969). Fabozzi (2016) gives an account of a patient in treatment whose problems he understood to be related to difficulties in object using. He comments on the potential for the patient to experience the therapist's destruction in response to 'failures' on the therapist's behalf, such as instances of lateness or miscomprehensions. These failures could in fact be anything of a kind that occur in the absence of direct provocation and which give some indication of the therapist's fallibility (reality). While Fabozzi does not encourage the therapist to enact failures like this on purpose, he does encourage the therapist to not avoid them and think about what they mean to the patient when they do happen. This is thought to be a valuable experience for the patient, an indication of the therapist's survival, as they are able to maintain their analytic stance with retaliating to any of the patient's protests. This is supposed to disillusion the patient but in a way that helps them to relate to the therapist as real. Fabozzi's impression of what comes out of this process, a process that he is clear to state will need to be repeated throughout the course of therapy, is a restoration of faith in the treatment and the therapist, not dissimilar to the love that Winnicott imagines the infant feeling for their mother who has also survived destruction. The patient can then make use of the therapist and his/her interpretations and feel more alive in the therapeutic relationship themselves.

How transitional phenomena informs the practice of psychodynamic psychotherapy

There is a confluence between the ideas presented in both of Winnicott's papers, the ways in which both elaborate on the obstacles inherent to the infant's journey towards relating to objects in reality. Where Winnicott's theory of object using has informed the treatment of specific clinical populations, such as narcissistic conditions, his theory on transitional phenomena has informed the practice of psychodynamic psychotherapy more widely. While Brody (1980) has criticised how widely the theory of transitional phenomena has been applied, taking it as a sign of either the theory's imprecision or misapplication, it is the case nonetheless that the theory has become essential to psychodynamic technique. Adler argues that the ambiguity inherent to the intersubjective (transitional) space that is constructed between the therapist and patient is an essential aspect of the psychoanalytic situation. It is in this space that the transference is located, transference being perhaps the defining aspect of psychodynamic psychotherapy. The transitional space is a space that Adler (1989) says is filled with the kinds of ambiguities that are reminiscent of the infant's first encounter with the transitional object: to what extent are these feelings mine or yours, to what extent are these feelings from now or then, and to what extent are these memories fact or fiction?

The same way that Winnicott encourages the entertainment of paradox, Adler encourages therapists to maintain ambiguity in the transference, to not be seduced into attempts to clarify the reality of the situation. While it might be correct that a patient has put their angry feelings into the therapist, and while it might be appropriate for the therapist to reunite the patient with these split off parts of themselves, both Adler (1989) and Gill (1979) warn against the therapist interpreting the situation as directly as this. By interpreting the situation in a way that challenges but does not disabuse the patient of their version of reality the therapist is creating a potential space for the generation of meaning. While Adler acknowledges the need to be sensitive to different patients' capacities to tolerate ambiguity, drawing on Kohut's notion of 'optimal frustration' (1971), he also expresses concern for the impasses that can stem from the dialectic between perception and reality breaking down and the pathological need for certainty which might follow (Shapiro, 1982). I am reminded of the science-fiction film *Inception* (Nolan, 2010) in which an agent, who can 'dream-share', is tasked with planting an idea in another person's mind. It is known that the person's psyche will reject the idea if it is felt to be foreign, and so only by journeying deep enough into the person's subconscious will the agent be able to plant the idea so that it emerges organically in the person's mind and be assimilated as their own. While I do not mean to equate the therapist's job with that of planting ideas in people's minds, the ideas behind the film are relevant to the idea of transitional space. The notion of dream-sharing is a description of the transitional space into which the therapist invites the patient, a place that the therapist cultivates through his/her psychoanalytic technique. It is an intersubjective plane on which the therapist can interact with and be of use to the patient but from which the patient leaves with ideas that are still very much their own. The hostile imagery of the film I think better serves to illustrate the way in which a patient might experience a therapist who does not deliver interpretations in the way that Adler described and does not entertain paradox. The therapist's ideas might end up lacking meaning to the patient and not get taken in properly, or they might get treated as foreign and invading and rejected wholeheartedly.

How both theories inform the practice of psychodynamic psychotherapy

Both of Winnicott's papers have informed technique for addressing impasse in treatment. An impasse is a form of resistance to treatment characterised by a relationship that has become sterile to the generation of new meaning (Kantrowitz, 1993). Therapeutic impasses are common in psychodynamic psychotherapy and can threaten the success of treatment if not worked through (Rosenfeld, 1987). Aron (2006) conceptualises impasse between patient and therapist as being a struggle for thirdness, akin to the absence of Winnicott's third area of life (1971). Normally, if patient

were to be taken as subject and therapist object, then the transference situation would represent the transitional space between the two in which new meaning can be found. When this space breaks down or there is some difficulty in cultivating it then Aron considers impasse likely, as both patient and therapist cannot come together in thought. A patient who struggles to entertain ambiguity or a patient who has difficulty in object-using might struggle to entertain transitional space in treatment. Such a patient might find themselves feeling abused by reality, trapped in what Ryle (1995) refers to as a dilemma where their problems feel hopelessly stuck. They might report being unable to come up with alternative solutions or describe feeling caught between 'a rock and a hard place'. The situation can also manifest directly with the therapist in the form of a stalemate if the patient feels they are being presented with a choice to either defend their version of events or surrender to the therapist's, unable to entertain a synthesis between the two. Aron considers these patients to be stuck in dyadic relations, and the therapist's task is to help the patient to "find a way to go from being positioned along a line toward opening up space" (p7, 2006). Aron suggests the therapist might try to create space by inviting the patient to play in the area between 'brute reality and subjectivity'. He gives an example of an interpretation made to a patient who had difficulty thinking about the meaning of her attending her session late, unable to conceive of it being anything other than pure accident or intent. He describes having playfully asked her if she might have made the train arrive late by magic to ensure that she could not make good on her intention to attend therapy on time.

Aron (2006) goes on to summarise suggestions made by several other authors (Bollas, 1989; Hoffman, 1998; Bach 2003; McLaughlin, 2005) on the potential value of certain forms of self-disclosure in creating space for thought. It is suggested that the therapist might reveal to the patient that he/she is 'of two minds' about something, whether that be the validity of an interpretation or the potential value of a certain kind of intervention. The therapist is in this way creating a triadic space between the patient, the therapist, and another part of the therapist's mind, out of which perspective might emerge. The quality of these self-disclosures also reveal something of the therapist's fallibility and their willingness to tolerate uncertainty, which might constitute surviving destruction as per Winnicott's thesis (1969).

Conclusion

In the two papers presented, Winnicott gives an account of how some of the more fundamental aspects of the mind develop. In "Transitional objects and transitional phenomena" (1971), Winnicott acknowledges the early infant's narcissistic state of mind and gives an account of how he imagines transitional phenomena facilitate their emerging relationship with reality, going on to form what he considers to be a functional dialectic between inner life and the external world. Winnicott considers the synthesis of subjectivity and objectivity a sign of health that will help the infant to find meaning in their environment and continue to develop towards autonomy. In "The use of an object" (1969), Winnicott gives an account of the different degrees to which individuals can be oriented to reality and the limitations this can place on their relationships. He defines object-using as a more mature object relation characterised by the object's location outside of the individual's subjective experience. Winnicott believes that it is the subject's experience of the object's destruction that facilitates their capacity to make use of objects in real life.

The concepts of transitional phenomena and object-using have helped to inform therapists' understanding of psychopathology and how these problems might then be addressed in psychodynamic psychotherapy. Psychodynamic psychotherapy is a process-oriented therapy that attends to aspects of patients' presentations that are not readily available in the content of their descriptions. Winnicott's theses provide therapists with a framework in which to conceptualise some

of the problems that can occur along the peripheries of patients' experiences, in some cases limiting their capacity to think and in others obscuring their chances to enjoy meaningful relationships. The implications of Winnicott's theses are that therapists should not take these aspects of patients' functioning for granted and rather might try to engage them at these more fundamental levels of experience, for the purpose of treatment. Therapists should make use of both interpretive and non-interpretive aspects of their work when treating these problems in the context of a psychodynamic psychotherapy.

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