



Introduction

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 which starts with the newborn infant's fist-in-mouth activities, and that leads eventually on to an attachment to a teddy, a doll or soft toy, or to a hard toy.

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 object' and 'transitional phenomena' for designation of the intermediate area of experience, between the thumb and the teddy bear, between the oral erotism and 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 or the way 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.

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¹ Based on a paper given at a Scientific Meeting of the British Psycho-Analytical Society on 30 May, 1951. A shortened version was distributed to members beforehand, and Dr. Winnicott confined his remarks to the section 'Illusion-Disillusionment'.

² It is necessary to stress that the word used here is 'possession' and not 'object'. In the typed version distributed to members I did in fact use the word 'object' (instead of 'possession') in one place by mistake, and this led to confusion in the discussion. It was pointed out that the first not-me *object* is usually taken to be the breast.

The reader's attention is drawn to the use of the word 'transitional' in many places by Fairbairn in *Psychoanalytic Studies of the Personality* (Tavistock Publications, 1952), notably p. 35. (Also in this Journal, 22.)

Inadequacy of Usual Statement

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 which 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 which 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 inter-related.

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 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 nor to the infant's first use of the first (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.³

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

- (1) 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 (2) somehow or other the bit of cloth⁴ 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 (3) the baby starts from early months to pluck wool and to collect it and to use it for the caressing part of the activity.⁵ Less commonly, the wool is swallowed, even causing trouble;
- or (4) mouthing, accompanied by sounds of 'mummm', babbling, ⁶ 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*

³ Cf. Freud: 'Case of Dora', *Collected Papers*, Vol. 3, pp. 63–64; also Hoffer, Willi: *The Psychoanalytic Study of the Child*, Vol. III–IV, p. 51.

⁴ A recent example is the blanket-doll of the child in the film *A Child Goes to Hospital* by Robertson (Tavistock Clinic).

⁵ Here there could possibly be an explanation for the use of the term 'wool-gathering', which means: inhabiting the transitional or intermediate area.

⁶ See W. C. M. Scott's recent paper on 'Blathering'.

⁷ See Illingworth, R. S., *B.M.J.*, 7 April, 1951, 'Sleep Disturbances in Young Children'.

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, which becomes vitally important to the infant for use at the time of going to sleep,⁷ and is a defence against anxiety, especially anxiety of depressive type. Perhaps some soft object or 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 4–6–8–12 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 autoerotic 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 an 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 only be properly studied 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.

A schizoid patient asked me, after Christmas, had I enjoyed eating her at the feast? And then, *had I really eaten her or only in fantasy?* I knew that she could not be satisfied with either alternative. Her split needed the double answer.

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.⁸ 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 kind of anxieties which 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.⁹ 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

⁸ There are excellent examples in the one article I have found on this same subject. Wulff ('Fetishism and Object Choice in Early Childhood', *Psychoanal. Quart.*, 1946, 15, p. 450) is clearly studying this same phenomenon, but he calls the objects 'fetish objects'. It is not clear to me that this term is correct, and I discuss this below. I did not actually know of Wulff's paper until I had written my own, but it gave me great pleasure and support to find the subject had already been considered worthy of discussion by a colleague. See also Abraham: case description in 'The First Pre-genital Stage of the Libido', *Selected Papers* (Hogarth Press), p. 267, and Lindner: *Jahrbuch für Kinderheilkunde, N.F.*, xiv, '.

⁹ The mother had 'learned from her first child that it was a good idea to give one bottle feed while breast feeding', that is, to allow for the positive value of substitutes for herself, and by this means she achieved easier weaning than with X.

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'.

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

Figure 3

		Thumb.	Transitional Object.	Type of Child.
X	Boy	O	Mother Rabbit (comforter)	Mother-fixated
Y	Boy	+	'BAA' Jersey (soother)	Free
Twins	Girl	O	Dummy Donkey (friend)	Late maturity
	Boy	O	'EE' EE (protective)	Latent psychopathic
	...Girl	O	'BAA' Blanket (reassurance)	Developing well
	...Girl	+	Thumb Thumb (satisfaction)	" "
	...Boy	+	'Mimi's' *Cult (company)	" "
* innumerable similar soft objects distinguished by colour, length, width, and early subjected to sorting and classification.				

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 (11 years 9 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 which 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. 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. (It is my intention to give other examples and to develop subsidiary themes in future work.)

THEORETICAL STUDY

There are certain comments that can be made on the basis of accepted psycho-analytic 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 co-ordination 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 development of the theme.)
5. The transitional object may, because of anal erotic organization, stand for fæces (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 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 (breast, mother figure, general environmental care). Badness or failure of the latter indirectly leads to deadness or to a persecutory quality of internal object. After a persistence of failure 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, *The Ego and the Id*, p. 14),¹⁰ unless there is a good enough mother.¹¹ 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.

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 an 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 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 magical control. The same can be said in

¹⁰ See also Freud: *Group Psychology and the Analysis of the Ego*, p. 65.

¹¹ One effect, and the main effect, of failure of the mother in this respect at the start of an infant's life, is discussed clearly (in my view) by Marion Milner, in her paper appearing in the Melanie Klein Birthday Volume, Hogarth Press, 1952, also this Journal, **32** (1952), p. 181. She shows that because of the mother's failure there is brought about a premature ego-development, with precocious sorting out of a bad from a good object. The period of illusion (or my Transitional Phase) is disturbed. In analysis or in various activities in ordinary life an individual can be seen to be going on seeking the valuable resting-place of illusion. Illusion in this way has its positive value. See also Freud: *Aus den Anfängen der Psychoanalyse: Briefe an Wilhelm Fliess*. In 1895 Freud wrote (pp. 402 and 413) that only by outside help certain early functioning can proceed satisfactorily.

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.¹² 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.

Figure 1

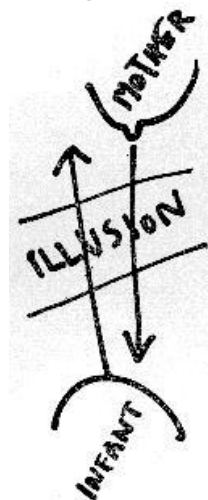
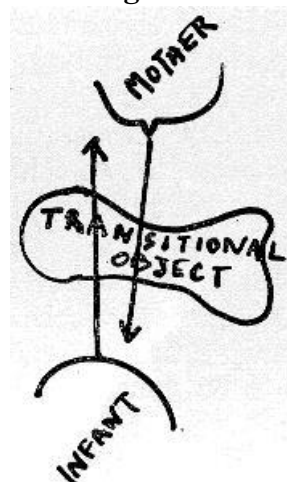


Figure 2



The idea illustrated in **Fig. 1** is this: that at some theoretical point early in the development of every human individual an infant in a certain setting provided by the mother is capable of conceiving of the idea of something which would meet the growing need which 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 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 **Fig. 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 a 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 which belongs inherently to human beings and which 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;

¹² 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.

If this wide meaning of the word 'breast' is kept in mind, and maternal technique is seen to be included in the total meaning of the term, then there is a bridge forming between the wording of Melanie Klein's statement of early history and that of Anna Freud. The only difference left is one of dates, which is in fact an unimportant difference which will automatically disappear in the course of time.

but it should be remembered that when we talk about the phenomena (which Mrs. Klein has specifically illuminated) 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 experience¹³ 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 overlapping, that is to say common experience between members of a group in art or religion or philosophy.

Reference to Wulff's Paper

I wish to draw particular attention to the paper by Wulff, referred to above, in which excellent clinical material is given illustrating exactly that which I am referring to under the heading of transitional objects and transitional phenomena. There is a difference between my point of view and that of Wulff which is reflected in my use of this special term and his use of the term 'fetish object'. A study of Wulff's paper seems to show that in using the word fetish he has taken back to infancy something that belongs in ordinary theory to the sexual perversions. I am not able to find in his article sufficient room for the consideration of the child's transitional object as a healthy early experience. Yet I do consider that transitional phenomena are healthy and universal. Moreover if we extend the use of the word fetish to cover normal phenomena we shall perhaps be losing some of the value of the term.

I would prefer to retain the word fetish to describe the object that is employed on account of a *delusion* of a maternal phallus. I would then go further and say that we must keep a place for the *illusion* of a maternal phallus, that is to say, an idea that is universal and not pathological. If we shift the accent now from the object on to the word illusion we get near to the infant's transitional object; the importance lies in the concept of illusion, a universal in the field of experience.

Following this, we can allow the transitional object to be potentially a maternal phallus but originally the breast, that is to say, the thing created by the infant and at the same time provided from the environment. In this way I think that a study of the infant's use of the transitional object and of transitional phenomena in general may throw light on the origin of the fetish object and of fetishism. There is something to be lost, however, in working backwards from the psycho-pathology of fetishism to the transitional phenomena which belong to the beginnings of experience and which are universal and inherent in healthy emotional development.

¹³ Cf. Riviere: *Int. J. Psycho-Anal.*, 17 (1936), p. 399.

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 autoerotic 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.

The 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.

A positive value of illusion can therefore be stated.

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

In psychopathology:

Addiction can be stated in terms of regression to the early stage at which the transitional phenomena are unchallenged;

Fetish can be described in terms of a persistence of a specific object or type of object dating from infantile experience in the transitional field, linked with the delusion of a maternal phallus;

Pseudologia and thieving can be described in terms of an individual's unconscious urge to bridge a gap in continuity of experience in respect of a transitional object.

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