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## Transitional objects in adult treatment : case studies

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## ABSTRACT

This thesis explored how transitional objects are utilized and interpreted in adult treatment. The definition of transitional object is open-ended consistent with D.W. Winnicott's assertions and Object Relations theory. Qualitative data was obtained by conducting in-depth interviews with three mental health professionals about specific patients and the course of treatment with a focus on emergent objects. Interview questions were open-ended and related to material that spontaneously arose.

The first part of the thesis question related to how transitional objects are identified in adult treatment. Objects identified ranged from concrete to abstract. Therapists and patients identified the objects. Findings revealed that concrete objects tended to be more readily identified by patients and helped with affect regulation and soothing. Therapists exclusively identified abstract objects.

The second part of the thesis question related to the process of interpretation of transitional objects. Findings suggested that clinicians and patients shared in this process. Similar to the process of identification, concrete objects were more likely to be interpreted by patients while abstract objects were identified by therapists. Therapists tended to use the interpretations of abstract objects for their own understanding and did not necessarily share those interpretations directly with their clients.

This thesis attempts to broaden the lens to view the role of objects in adult treatment. Hopefully the case studies provide material that can be generalized and useful to inspire further creative processes into adult psychotherapy.

TRANSITIONAL OBJECTS IN ADULT TREATMENT – CASE STUDIES

A project based upon an independent investigation.  
Submitted in partial fulfillment of the requirements  
for the degree of Masters of Social Work

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2008

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## CHAPTER I

### INTRODUCTION

The purpose of this research project is to broaden the concept of transitional objects and to illuminate their relevance in adult psychotherapy. The research question is: How are transitional objects utilized and interpreted in adult treatment? The premise of this question is that transitional objects extend beyond childhood into all developmental phases, although they are often thought of as belonging in childhood. If we examine their role in adult life, transitional objects often reveal symbolic content that could prove useful in the context of psychotherapy. Transitional objects become easily unnoticed by both therapists and their adult clients. In part, this may be the result of practical constraints such as limited time and pressure in the treatment to work on goals. This thesis attempts to stimulate therapeutic thinking towards opportunities that create a creative third space to make inroads in the work. The transitional object may serve to create a transitional space that allows therapist and patient to externalize a conflict by understanding the symbolic multi-layered meaning of the transitional object as both soothing and conflictual. Adult transitional objects often blend into the therapeutic scenery when both therapist and client could use the rich symbolic content of these objects as fertile soil from which to work.

Significant research on transitional objects in childhood has been conducted and less research has been conducted on the role of transitional objects for people in later developmental stages of life. D. W. Winnicott pioneered the work around transitional objects and greatly contributed to the school of Object Relations. Winnicott, a pediatrician and psychoanalyst, worked with both children and adults. However, there is little case study material in his work or by others that describes how transitional objects are used and interpreted in adult treatment. In a review of the research, only a small number of case

studies that do more than reference a transitional object or phenomena in adult treatment were found. Few case studies discuss in detail how therapists came to notice various *objects* as transitional and then used them to further the treatment by understanding the symbolic content of the "*object*." For the purpose of this study, "*object*" is placed in italics because it will be defined rather broadly in the literature review section of this paper. Once defined, "*object*" will no longer be italicized.

The field of social work could benefit from understanding how clinicians might come to unveil transitional objects to facilitate the work of illuminating an adult patient's conflict. Research on this subject may help clinicians more readily identify transitional objects in adult patients and bring them to the foreground which could help patients identify their symbolic meaning. In this research study, little literature was found that explored transitional objects in adult treatment. It is the intention of this study to add to this body of knowledge.

This thesis will be a qualitative exploration conducted by interviewing clinicians about case material. The literature review will discuss object relations theory and D.W. Winnicott's work and will also review examples of published case studies. The qualitative exploration of this thesis will report case study material gleaned from interviews with clinicians who used transitional objects to understand their patients' conflicts.



## CHAPTER II

### LITERATURE REVIEW

This literature review will discuss the core theories and concepts that are intrinsic to understanding how transitional objects are utilized and interpreted in adult treatment, as well as discuss relevant published case material. It begins with an overview of object relations theory that evolved out of the British Psychoanalytical School and Sigmund Freud's work including the definition of "*object*." This chapter will also include a discussion of transference, the unconscious currency of relating, particularly relevant in therapy, which produces a wealth of material that can be interpreted. It explores the role of the psychoanalyst as an interpreter of the unconscious material. Subsequent sections will focus specifically on D.W. Winnicott's work around transitional objects that include concepts such as the holding environment, a good enough mother, the roots of psychopathology, the role of "play" during the lifespan, and transitional space and phenomena. These concepts will provide the framework that will facilitate understanding of the findings in case material involving use and interpretation of transitional objects in adult therapy.

#### *Object Relations Theory*

Object relations became known as a theoretical framework in Europe during the early 1940s. It was created by a group of Freudian and Kleinian psychoanalysts who wanted to form an intermediary group (Mitchell and Black, 1995). Prior to that time, the dominant theoretical frameworks were based on Freudian and Kleinian schools of thought. The Freudians believed that infants were born with sexual and aggressive instincts. The Kleinians also believed in the instinctual drives for sex and aggression. However the Kleinian concept of a human being's basic nature was far more intense and persistent throughout the life span. Klein labeled these states as the paranoid-schizoid and depressive

positions, both characterized by love and hate. According to Klein, human beings oscillate between these positions. An increased ability to integrate them becomes the mutative experience of psychoanalytic treatment (Mitchell and Black, 1995). The term "*object*" was widely used in all theories and originally derived from Freud's drive theory and referenced the target of "libidinal" or sexual energy. Object relations theory was born out of both Freudian and Kleinian frameworks. However, it "Broke with Klein's premise of constitutional aggression deriving from the death instinct, proposing instead (that) an infant (is) wired for harmonious interaction and nontraumatic development but thwarted by inadequate parenting (Mitchell and Black, 1995)." Thus, object relations found its intermediate place between the Kleinians and the Freudians. In order to understand the importance of "*objects*" that arise in case studies that will be discussed later in this thesis, it is necessary to have an understanding how object relations theory frames and explains the generation of unconscious material and how an "*object*" can lend itself to a multitude of forms.

Object relations theorist became interested in the transformation of the external *object* into a person's interpretation of that object.

The term "object relations theory," in its broadest sense, refers to attempts within psychoanalysis to answer these questions, that is, to confront the potentially confounding observation that people live simultaneously in an external and an internal world, and the relationship between the two ranges from the most fluid intermingling to the most rigid separation. The term thus designates theories or aspects of theories, concerned with exploring the relationship between the real, external people and internal images and residues of relations with them, and the significance of these residues for psychic functioning... Discussion of theories of object relations is complicated by the fact that the term has been used in many different contexts and with a number of different connotations and denotations, resulting in considerable ambiguity and confusion. (Greenberg and Mitchell, 1983, p.11-12)

The term "*object*" continues to be used frequently, ubiquitously and flexibly throughout psychoanalytic literature. The term "*object*" has been used in such a variety of contexts that over time, the meaning of object has lost its specificity (Greenberg and Mitchell, 1983).

Within object relations, the endeavor becomes about how to understand the complex

transformation of external objects to internalized object representation. The term "*object*," originating from Freud, has dispersed into the psychological arena and fluidly conformed to a variety of contexts. It may take the form of a person, but may just as well have a wide range of boundless and malleable attributes. It may describe something physical and concrete, but be transformed into something intangible. The opposite may hold true as well. Later in this chapter, how D.W. Winnicott shaped the term, yet retained its inherent flexibility of meaning, will be discussed. For the purpose of this thesis, the definition of the term "*object*," will be consistent with the Freudian, fluid, definition.

The term "transference" is another fundamental concept that is used in psychoanalysis to interpret and understand the dynamics of the therapeutic process. Numerous similar definitions exist – all of them rooted in Freud's formulation. Transference is the "Displacement of patterns of feelings, thoughts and behavior, originally experienced in relation to significant figures during childhood, onto a person involved in a current interpersonal relationship (The American Psychoanalytical Association, 1990, p.196)." Freud (1912) states, "The peculiarities of the transference to the doctor, thanks to which it exceeds, both in amount and nature, anything that could be justified on sensible or rational grounds, are made intelligible if we bear in mind that this transference has precisely been set up not only by the conscious anticipatory ideas but also by those that have been held back or are unconscious (p.100)." Many of the current psychodynamic theories are based on relational models that differ from the Freudian thinking that the analyst optimally serves as a blank slate.

The basic unit in classical theory is the individual psyche...Relations with others are not ignored, but interpreted in terms of, in some sense reduced to, internal mental events vis-à-vis internally arising, drive-related processes. Past relations with others are contained in psychic structures; they have become absorbed into and function as forces within the individual psyche. Current relations with others, including the analytic relationship, are understood as transference reflections of internal processes, an occasion for the projection of internal events and struggles. (Greenberg and Mitchell, 1983, p.100-101)

Relational models differ from the Freudian models in that they acknowledge a two-person psychology. The analyst becomes more than a canvas for the transference feelings and, in fact, the analyst's own reactions based on the analyst's experiences become relevant to the treatment.

Over the past several decades a radical shift in thinking about countertransference has taken place in all schools of analytical thought. This rethinking has accompanied the more general shift in psychoanalytic concepts from the one-person framework of classical analytical theory to the two-person framework within which most contemporary analytic theorizing operates. Rather than an obstacle, they were considered a vehicle for advancing the analytic work. (Mitchell and Black, 1995, p.244)

Thus, transference and countertransference are crucial tools to understand a patient's conflicts in the context of the analytical relationship and are present in all psychoanalytical theoretical frameworks.

In object relations theory, the role of the therapist/analyst has subtle nuances depending on the theoretician. Some focus more on interpretation of the transference through their relationship with the patient and the patient's relationship with others and also through the interpretation of dreams and/or play. Contemporary object relations theorists tend to focus more explicitly on a relational point of view – the therapist as interactive and vitally present in the session. As a brief overview, descriptions of Winnicott, Fairbairn and contemporary thought on this subject will follow.

Winnicott (Mitchell and Black, 1985) viewed the analyst as being in the role of the "good enough mother."

It is perfectly designed for exploring a regenerating personal subjectivity. The analyst, like the good-enough mother, provides an environment in which her own subjectivity is on hold. The analyst, like the good-enough mother, tries to grasp the deeply personal dimensions of the patient's experience, the patient's spontaneously arising desires. The patient is offered refuge from the demands of the outside world; nothing is expected except to "be" in the analytic situation, to connect with and express what one is experiencing...The analyst and the analytic situation provide a holding environment in which aborted self-development can be reanimated, safe enough for the true self to emerge. (p.133)

Fairbairn's view of the analyst is more directly focused on the transference experience and changing past maladaptive patterns of relating:

The patient, although searching hopefully for something new, inevitably experiences the analyst (in the transference) as an old, bad object. The basic assumptions and prototypes of human connection established in the past and preserved in internal object relations shape the experience with the analyst. If the analyst isn't experienced through old patterns, the analyst isn't important and the analysis isn't deeply engaged.

Insight alone doesn't allow the analysand to realize the impossibility of her neurotic strivings...No one can give up the powerful, addictive ties to old objects unless she believes that new objects are possible, that there is another way to relate to others in which she will feel seen and touched...To renounce the old, transference forms of connection to the analyst, she must begin to believe in new, less constrained patterns of relatedness. (Mitchell and Black, 1995, p.122)

There is a great deal of commonality among contemporary views of the role of the therapist in psychoanalysis and they tend to view the analytic experience as a repair or correction to old attachment experiences. McWilliams (2004) states, "Treatment (is) the opportunity for a new person, the therapist, to facilitate a benign maturational process that naturally unfolds in an atmosphere of safety and honesty (p.40)." McWilliams (2004) goes on to state, using object relations language:

Although analytic therapists may hope to be ultimately assimilated by their patients as "new objects"- that is, as internal voices that differ significantly from those of people by whom their clients have felt damaged- they appreciate the fact that, because of the stability and tenacity of unconscious assumptions, they will inevitably be experienced as old ones...if the therapist is not taken in as a new, good love object, the treatment never takes off, but if the therapist is not also experienced as the old bad one, the treatment may never end. (p.40)

We see that the methods of creating a new experience may vary, but ultimately, the goal of most psychotherapist lies in creating an environment and relationship that facilitates growth through the tension of being both "bad" and "good (enough)".

The next section of this literature review leads further into object relations by way of understanding the work of D.W. Winnicott. Object relations theory will serve as a lens to understand the link between internal and external psychic processes that inform how

transitional objects remain throughout development and will ground the understanding of their use and interpretation in psychotherapeutic treatment.

*Coining of the Terms "Transitional Object and Transitional Phenomena," D.W.*

*Winnicott's Work*

D.W. Winnicott first introduced the terms transitional object and transitional phenomena in 1951 as a result of his close observation of infants. The transitional object was described as the baby's "first not-me possession." He described it as a means for an infant to find comfort when its primary oral needs were not immediately met by its mother, its fist or fingers. The next step is for the infant to use an object that Winnicott referred to as transitional because the infant has not yet fully realized that the object is separate from himself. Winnicott (1971) explains: "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 (p.14-15)." This implies that the object is adaptively born out of a need to resolve a tension or conflict that involves not having primal needs instantly met. Some examples of transitional objects are blankets or dolls. In some cases the object is better understood as akin to a phenomena, such as singing or babbling. Again, the phenomena, though potentially created by the infant, is not part of the infant's body. It is important to understand the spirit of Winnicott's definitions of transitional objects and transitional phenomena as a premise for this thesis. The two terms are fairly interchangeable. Winnicott (1971) gave generous berth to his terminology and states:

I find myself continuing to be reluctant to give examples. My reluctance belongs to the reason that I gave in the original paper; that examples can start to pin down specimens and begin a process of classification of an unnatural and arbitrary kind, whereas the thing that I am referring to is universal and has infinite variety. It is rather similar to the description of the human face when we describe one in terms of shape and eyes and nose and mouth and ears, but the fact remains that no two faces are exactly alike and very few are even similar. (p.xii)

Winnicott (1958) notes many salient features about transitional objects:

- The nature of the object.
- The infant's capacity to recognize the object as 'not-me'.
- The place of the object – outside, inside at the border.
- The infant's capacity to create, think up, devise, originate, produce an object.
- The initiation of an affectionate type of object-relationship. (p.230)

In this way, the infant begins to bestow symbolic content to the transitional object, which becomes linked to fantasy and play. It is important to note that transitional objects pre date reality-testing. Yet, they have the unusual capacity to not exist "under magical control...nor is it outside control as the real mother is (Winnicott, 1971, p.10)." Transitional objects and phenomena mark the earliest presence of what may connect to creativity.

Although transitional objects and phenomena occur in varied environments, they are co-created by the infant and his relationship to the external world. To a great degree, the infant's environment depends upon his caregiver. Winnicott (1971) stresses the importance of having a "good-enough mother" in order for healthy development to occur.

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.... The good-enough mother...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...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. (p.10-11)

Environmental failures have the ability to disorganize an individual. With a good-enough mother, it is possible for a person to develop stable ego functions that can weather these failures. One of the key developmental accomplishments is for the child to establish a sense of self, separate from its mother. Winnicott's theory of "holding" relates to:

All the details of maternal care just before birth and immediately afterwards go towards making up the holding environment. This includes the mother's primary maternal preoccupation, which enables her to provide the infant with the necessary ego support.

The psychological and physical holding an infant needs throughout his development continues to be important, and the holding environment never loses its importance for everyone. (Abram, 1997, p.183)

Winnicott (1955) refers to the discovery of separateness as the "I AM moment." He states:

This I AM moment is a raw moment; the new individual feels infinitely exposed. Only if someone has her arms around the infant at this time can the I AM moment be endured, or rather, perhaps, risked. (p.148)

Reality and ego development can begin to be understood when the infant realizes that it exists as a separate individual. Step-by-step, we see the influences that lead to healthy development, or perhaps good enough development. First, the environment must consist of a good-enough mother and a good-enough holding environment. Next, transitional phenomena and transitional objects fill the intermediate space between me and not-me. Finally, while being protected by its holding environment, the infant risks emerging as an individual.

Winnicott (1931) discusses the paths to psychopathology as being rooted in the physical, as well as environmental realm. Although he clearly recognizes the impact of medical problems that may then predispose an individual to emotional disturbances, he states that, "It is the non-physical bases that tends to be ignored (Winnicott, 1931, p.20)." Later, Winnicott describes the mind body connection as, "The psyche and the soma aspects of the growing person become involved in a process of mutual interrelation (Winnicott, 1949, p. 244)." Ultimately, it is the environment that makes the difference.

When the infant does not have a good-enough mother or a good-enough holding environment, psychopathology emerges.

Winnicott places the aetiology of psychoses in the environment-individual set-up. Therefore, if the mother is not able to go into the state of primary maternal preoccupation, she lets the baby down. This 'dropping', as opposed to holding, means that later on she is faced with making up for failing her infant at the most crucial time. (Abram,1997, p. 158)



As discussed earlier in this literature review, Winnicott also believed that the psychoanalyst may serve the role of making up for the failing of both the environment and the early failed mother relationship.

Winnicott (1971) connects the early experience of symbolism through the transitional object to the roots of play and also links symbol formation to cultural experience. He states, "When we witness an infant's employment of transitional object, the first not-me possession, we are witnessing the child's first use of a symbol and the first experience of play (p.96)." As people progress developmentally, they become more capable of distinguishing the difference between what is real and imaginary. If an adult is not capable of this distinction, it is considered psychosis. However, in healthy development, an adult can enjoy this intermediate area of experience. When it is shared among others, it becomes represented in art, religion and philosophy – i.e. culture (Winnicott, 1951).

Copplillo (1967) points out that Winnicott intended that the transitional object concept had a flexible and universal applicability to all developmental phases. He states,

It is almost unfortunate that with the idea of the transitional phenomena Winnicott also introduced the term transitional object. This latter term is so captivating that many authors write of the transitional object as being the characteristic object relationship of an early phase of personality development. This is a much too narrow and restricted way of using the concept. Winnicott clearly indicates that any object, thought, or concept can become a transitional object. They need only to be experienced in the "intermediate area of experience". (p.240)

Sugarman and Jaffe (1989) also discuss transitional objects as enduring throughout the lifespan. They relate the nature of the object to the cognitive abilities of the individual.

The specific nature of transitional phenomena will differ at each stage due to maturational and developmental shifts in cognitive functioning, defensive functioning, libidinal focus, affect organization, and the demands of the environment. The level of cognitive maturity is of particular importance in determining and delimiting the manifest forms of transitional phenomena. (p.91)

Transitional objects move from infancy into adulthood representing an intermediate area of experience. In infancy, they are the seed from which a child begins to separate from his mother and create the fantasy needed to soothe the child in the mother's absence. As the

child develops, he/she becomes more capable of distinguishing internal from external phenomena and reality from fantasy.

With the onset of adolescence, more abstract transitional phenomena, such as political causes, evolve. In this way, a developmental line of transitional phenomena offers the potential to integrate a number of key variables which contribute to the development of adult personality organization. (Sugarman and Jaffe, 1989, p.94)

Sugarman and Jaffe (1989) track the evolution of transitional objects/phenomena through four major stages of development. The development they track begins in the body (infancy), moves to the object (toddlerhood), activates fantasy and imagination (latency) and finally is represented by ideas (adolescence). They add that new adaptations continue beyond adolescence, but note that the four primary stages form this basis. Throughout psychoanalytic literature, reference to transitional objects in all life stages is found. The final section of this literature review will describe instances that discuss specific examples of transitional objects and phenomena that became salient in adult treatment.

Throughout this literature review, reference to both transitional objects and transitional phenomena have been made. Winnicott's definitions, as discussed earlier, were fairly flexible.

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 eroticism and true object relationship, between primary creative activity and the projection of what has already been introjected, between primary unawareness of indebtedness and the acknowledgement of indebtedness...By this definition an infant's babbling or the way an older child goes over a repertoire 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. (Winnicott, 1951, p. 230)

Winnicott's casual and almost philosophical style and use of language lends itself to wide interpretation by the psychoanalytic community. In concluding this section that is focused on Winnicott, the following anecdote that is referenced in many books is pertinent to understanding the man: The story has many renditions that relay an incident that took place in 1942 when Winnicott was attending a psychoanalytic seminar. As he sat listening to the

lecturer who was making reference to "the baby," Winnicott suddenly jumped from his seat and blurted out, "There is no such thing as the baby (Abram, 1997, p.2)." Winnicott (Abram, 1997) expanded that instead of a baby, there is a nursing mother-baby couple.

The definition of "transitional object" has evolved to embody an infinite variety of concrete and non-concrete material. The literature readily supports flexible interpretation and use of transitional objects in therapy and facilitates the understanding of case material described in this thesis.

### *Published Case Studies*

Although numerous references to transitional objects and phenomena in adult treatment exist, this research revealed that there is little detailed case material that discusses the analyst's experience in utilizing and interpreting the object/phenomena. Selow (2005) provided an inspirational description of a case study that motivated this thesis topic. Selow also describes this dearth of material. In an analysis of a psychotic client she is confronted with understanding the many concrete objects that he brings into their sessions and the challenge involved in adapting her analytical stance to the specific situation of this client. Her client's presenting concern relates to his difficulties completing his graduation requirements for his university education. After agreeing to see the patient in analysis, she realizes that her client is psychotic. His psychosis adds a great deal of complications to their work. For some time, she finds herself experiencing a wide range of emotions from feeling non-existence, alarm, to feeling compassion and boredom as her client Mr. N, whom she also refers to as "the newspaper reader," reads news articles aloud to her from the couch and discusses his aggressive wishes with minimal ability to distinguish reality from fantasy. As her understanding of this client unfolds, she realizes that he is struggling, in part, to cope with anxiety related to a dissatisfying attachment and failed separation from his mother. The

newspaper, in part, symbolically represents a paternal attachment figure that bridges and protects his internal and external worlds. She states,

The patient reached for the newspaper (or other brought-along objects) at the exact moment when the feeling (in the paradoxical transference) of being simultaneously taken over/dominated and being too separated became too powerful. With the help of the newspaper he provided for himself an orientation within time and hence a (paternal) touch with reality. (p.1641)

Selow (2005) answers this thesis question regarding how are transitional objects interpreted by stating,

In the analysis, I tried to translate Mr N's concretist and often seemingly 'crazy' statements and behaviour patterns, his, so to speak, concretized 'thing-presentations', into a secondary-process language inside me, and to link it with 'work presentations' (Freud, 1915). In addition, I tried, predominantly within myself, to relate the thus transformed material to the suspected internal state of the patient as to the theoretical concept, in order to give shape and significance to the fragments. (p. 1642)

Selow's interpretations were often present in her thoughts, without directly interpreting them. She states,

I did not disclose to my patient, yet responded to him according to his manifestly presented contents, but with my translation and attribution of meaning in my head. In this manner, I aimed to embody, in the transference, a mother who is in close relationship to the father, and who confronts the son with this relationship in measured doses and thus paves his way into a world of language and symbols, but also of loss, symbolic castration and separation from the mother. (p.1642)

Mr. N's analysis was incomplete as treatment was terminated after three years due financial/insurance constraints. The analysis was limited from the onset by the persistence of psychotic episodes that Mr. N endured. However, the analysis did make in-roads into providing Mr. N with a better quality of life. A year after termination, Selow received a box of chocolates from Mr. N with a note that wittily shows Mr. N's improved capacity to gain insight into his psychosis and partially "keep it at bay (p.1644)." In this note he refers to himself as no longer being named "Operation Problem Child" but now being called "Operation Human Being (p.1644)." Selow was able to use and notice Mr. N's transitional objects to facilitate a difficult analysis and create a (transitional) third space to understand their symbolic content. She interpreted the transitional objects role in the transference to

further her understanding of her patient without directly interpreting them to him. She understood them to represent the patient's self-constructed attempt to represent a kind of father figure who would bridge the separation from his mother to the real world.

Coppolillo (1967) uses and interprets the role of transitional objects in his work with a 26 year old, (presumably) heterosexual patient, "T," in a different way than Selow. Unlike Mr. N's concrete objects, T's take on symbolic form such as the patient's mother, the analyst himself, the feel of the fabric on the analysts couch, and literature. Coppolillo describes the way he interprets T's transitional objects in the context of his understanding of his patient, but does not describe the extent to which he shares the interpretations with T. From the description of the sessions and the historical context, it is inferred that Coppolillo's analytical stance was of the silent, blank slate, classical analyst.

In order to understand T's transitional objects, a brief description of the case is provided. T began treatment after finding himself engaged in a series of upsetting homosexual encounters. While the merit of undertaking an analysis to "cure" homosexuality is distressing to this writer, Coppolillo does not explicitly state this as the analytical goal and there is much to be learned about the use of adult transitional objects in the clinical setting from this case. The article focuses primarily on T's mother's intense and over stimulating maternal preoccupation and the building of a defensive structure that was deficient in providing an intermediate, transitional experience in childhood. There were a number of factors that contributed to T's circumstances. Some factors were an over stimulating environment, including ill health at birth, a medical condition detected at age 9 that required testicular surgery followed by the administration of anal suppositories and massage to aide in their descent. Furthermore, when T was five his mother suffered from a major depression with psychotic features. During this time, she would spend the night in T's bed and hold him. Sensing his mother's agitation, T was "overwhelmed and terrified (Coppolillo, 1967, p.2)." Around this same time T remembers becoming interested in

fairytale only to have his mother reject them for books of her choice about intense mother-son relationships. She would pull his head into her breasts and stroke his head while she read. In the analysis, Coppolillo notices that T is more acutely aware of sensory experiences over those involving words. T would comment on the feel of the couch and temperature in the room. Coppolillo states,

T began to see that words, ideas and concepts were of little interest to him. His wishes and interests were in the realm of intense affective responses and physical contacts. He was re-experiencing on the couch what he had so poignantly felt on his mother's lap. Now however he could feel no intense investment in being there had been. (Coppolillo, 1967, p.4)

Coppolillo and his patient began to further associate the patient's disinterest in arts and literature, despite their being a salient part of the patient's education, as a way of turning away from the intensity of his mother's preoccupation. "His response to this intrusion was, as he described, to turn away from more neutralized, mature modes of human interaction (words, ideas) and to invest heavily in affective and physical perception and response (Coppolillo, 1967, p.4)." This became a theme in the transference in various ways, notably in the way that T imagined that his analyst "wanted him to be intense" and "bring out" his pathology (Coppolillo, 1967, p.4). This transference parallels T's childhood experience of saving his mother and is reflected in the analysis as his wanting the analyst to save him. T's attempts at using transitional objects to successfully separate from his mother, was problematic.

There is no doubt that in her intrusiveness T's mother, at least during the period of her depression, interfered with his need to be alone in the intermediate area of experience. Not only did she brush aside those objects which he sought to render transitional, but she also forced herself to be a continuing primary object and drew onto herself the ambivalent impulses of the id characteristic at that stage of his development. The transitional objects she offered were pale substitutes and her role as cultural mentor became specious. (Coppolillo, 1967, p.5)

When T's mother's depression lifted, T began to form a closer relationship in the role of her close companion. When they shopped, he would help her choose clothes. When they

attended parties, he would be her dancing partner. Coppolillo describes T's mother as T's transitional object during this stage.

In the transference neurosis, T experienced, at first in a chaotic fashion, all of the elements that characterized his relationship with his mother. He longed for direct, physical signs of love and tenderness, and when they were not forthcoming from me, he experienced them from the feel of the couch, the sound of my voice (rather than my words) and the very warmth of the room. He externalized his own desires as he had done with his mother with the fantasy that the analyst had sought him out and chosen him above all others... Finally he experienced the analysis and me as transitional objects as he saw in the analysis a secure place where id impulses could gradually be experienced and mastered by buffering them with stability, predictability and regularity which make up the external reality of the analytic situation. (Coppolillo, 1967, p.7)

Coppolillo makes several hypothesis in his case study of T noting that disruption of transitional modes of experience lead to compromised adult object relatedness. He further asserts that cultural expression, when chosen by an individual as a form of transitional object, need not be forsaken in the maturational process, but rather kept on stand-by, for use as needed. Transitional experiences, Coppolillo suggests, are an important place for id impulses to be played out, and in this way allowing for healthy ego development. Finally, Coppolillo postulates that parental intrusiveness may be extremely detrimental to an individual's transitional object experience and thereby compromises an individual's capacity to be alone in the intermediate area of experience where culture develops (Coppolillo, 1967). In this case study, Coppolillo describes many changes in T's behavior as a result of the analytic relationship. T becomes more interested in the arts and increases his capacity to be in an intimate relationship, as well as to be alone. He is able to relate with words, thoughts and ideas and is less constrained by relating to his perception of the other's affective signals. The analysis of T depicts another interesting example of how transitional objects are interpreted and used in adult treatment.

Davidson (1976) discusses the topic of inanimate objects in adult psychoanalysis that emerge at various stages of treatment. She notes, as others have, that the objects address separation. She explains that the objects tend to exist when patients have a need for a

"triadic rather than dyadic relationship to the therapist (Davidson, 1976, p. 481)." Davidson lists three categories of objects that she has observed in her work: the exchange of gifts between patient and analyst, the emergence of temporary objects that appear when the patient may be experiencing a lack of trust in the relationship, and finally, objects that appear in middle and late phases of the analytic work that may remain constant until the end of treatment when they disappear or undergo a significant change. Gifts, she suggests, are expressions of social ritual in the transference and countertransference. The ritualistic aspect of gift giving, dilute the actual symbolic meaning of true transitional objects that address separation. Temporary objects that enter into treatment, on the other hand, tend to emerge when the need for a triadic relationship is strong. When the patient analyst relationship stabilizes they may disappear. The third type of object that becomes salient in the middle and late stages of an analysis, Davidson describes as a close relative to Winnicott's childhood transitional object. Davidson provides case examples of a patient who is in the termination phase of treatment to illustrate her point. In one example, a woman recalls that her mother, who dressed impeccably when she left the house, would come home and immediately change into an ornate oriental silk robe. The robe held much meaning. Her mother had emigrated from Hungary and had overcome many obstacles to become educated. The patient's mother devalued feelings as wasteful and insisted that her children be like her, and look and act flawlessly. Yet, the patient rarely saw her mother dressed in anything other than the robe. The patient's mother had hired nurses and nannies to care for her children and she had little close contact with her children. As her mother aged, her mother continued to wear the same robe despite its wearing out and having large holes under the arms. The patient, upon reflecting on her mother in her analysis, had a strong urge to wear her own bathrobe in the session. After wearing the robe to the session, she experienced an intense dream about it. She made the following interpretation:

The bathrobe became a symbol of the garment I would always have to wear before myself. It contained my childhood scars and my adaptive vulnerabilities. The dream



seemed to be telling me that analysis had taken me as far as it could carry me and that from there on I would have to solve things for myself. (Davidson, 1976, p.488)

Davidson notes that the objects that appear later in adult treatment connect to cultural experiences and the individual expression of the patient. She states, "I believe (the objects) represent this expansion of the third (intermediate) area (and) have simultaneously all of the features of the original objects of culture and of the unique individuality of that particular patient (Davidson, 1976, p.484)." Davidson does not discuss how she makes interpretation of transitional objects; however, she discusses the ubiquitous presence of them and their importance in the context of treatment stage.

The case studies begin to expand upon the concept of transitional objects into adulthood. Although there was little in-depth case study material to draw upon, there were multitudes of references to transitional objects and phenomena in adult treatment by way of example or relation to theory. It comes as no surprise that in the context of Western culture, identity formation necessitates that we see ourselves as separate from our primary caregiver and that this elicits strong forces simultaneously pulling us towards and away from them. Modell (1968) states, "The capacity for magical thought mitigates the danger of catastrophic anxiety through the creation of an illusion of lack of separateness between the self and object (p. 23)". Transitional objects serve to fill this intermediate area of experience where we can play out our fantasies and id impulses. We can experiment, doing and undoing. Ideally we are soothing ourselves and scaffolding ego development. Although the first steps in infancy toward individuation are monumental, there is no doubt that we take many such steps throughout development. Modell goes on to state that the transitional object "is analogous to certain types of adult love relationships...some element of the transitional object relationship can be discerned in everyone (p.33)".

This literature review has broadly discussed object relations theory, Winnicott's contributions to the field of object relations including the definition of "transitional object," and a discussion of published case material that involved use and interpretation of

transitional object in adult psychotherapeutic treatment. The universe of case material that is focused on transitional objects in adult treatment is rather small. The cases that have been published serve to provide rich, detailed descriptions that transform theory into a real-life context. It is the aim of this thesis to increase the range of case material that exists, in order to provide clinicians with more examples of how transitional object can be utilized and interpreted when working with adults.

The following chapters of this thesis will describe research methodology and discuss cases shared during in-depth clinician interviews. They will endeavor to show how transitional objects are interpreted and utilized in adult psychotherapy. These case studies will potentially fuel further creative thinking, as we work with our clients and try to understand their concrete and symbolic object world.

## CHAPTER III

### METHODOLOGY

The purpose of this thesis is to study the use of transitional objects in adult psychotherapy. The research question is how are transitional objects interpreted and utilized in adult treatment? This thesis project utilized a qualitative approach to studying transitional objects and their relevance in adult psychotherapy. The premise of this study is based upon the notion that case material can benefit therapists by providing concrete examples of how theory translates in practice. There is little case study material that discusses transitional objects in adult treatment. This study involved conducting three, audio-recorded, in-depth interviews with mental health professionals who identified and used transitional objects in their work with adult clients.

#### *The Recruitment Process*

Recruitment took place through the psychoanalytic community in the Boston area and also through personal contacts. Recruitment within the psychoanalytic community involved sending an email with a recruitment flyer to three of the local institutes, namely the Massachusetts Association of Psychoanalytic Psychology (MAPS), the Boston Psychoanalytic Society and Institute (BPSI) and the Psychoanalytic Institute of New England (PINE) for interview candidate leads. The administrative contacts at the institutes advised that an email with a request for participants and attached descriptive flyer be sent. The nature of participation was described, including issues of confidentiality and the expectation that the interviews would require two hours time.

Administrative contacts then disseminated the information via the analytic institutions' list serves. This method, however, did not result in any responses.

The three research subjects who participated were obtained through personal contacts. Initial contact was made by telephone followed by an email with the recruitment flyer and informed consent for review. The nature of the thesis question was further described during telephone conversations and interested participants were asked if they had a specific case that they might be willing to discuss in detail. An important theme in the conversations involved the importance of disguising all identifiable characteristics of the case while simultaneously maintaining the essential elements of the material.

The step-by-step screening method used was as follows:

- Reiterate the research question and explain the endeavor to obtain disguised case material from therapists who have used and/or noticed transitional objects in their work by means of recording a two-hour, flexible, interview.
- Reiterate this research is part of a degree requirement as well as a way to contribute to the social work profession.
- Discuss the fluid definition of transitional object for the purpose of this research and that this definition is consistent with the Winnicottian definition, as well.
- Emphasize the research commitment to client confidentiality and disguising identifying client information.
- Discuss interested participant questions and concerns about confidentiality and problem solve about how to best protect it.

- Discuss the impact referencing participants by name and its impact on client confidentiality.
- Inform interested participants about the flexibility of the research to resolve concerns that might arise after the interviews, should they be willing to proceed. Also, inform them that all identifying information would be removed prior to anyone, including the research advisor, reviewing it.
- Ask interested participants about their concerns and address them.
- Confirm their credentials and years of work experience post licensure.
- Schedule a two-hour meeting, if they were willing to proceed.
- Explain the informed consent by telephone or email.
- Follow up with an emailed copy of the informed consent for them to review prior to conducting the interview.

The following steps were followed, in person, prior to beginning the interviews:

- The informed consent was further reviewed and two copies were signed, one for participant and one for researcher.
- Participants were encouraged to call or email regarding questions or concerns, and that revisions to case material were possible until April 30<sup>th</sup>, 2008.
- Participants were informed that they could withdraw altogether from the study at any time, up to two weeks following our final meeting.

### *The Characteristics of the Participants*

Participants in this study were licensed clinical social workers and psychologists who either had a strong interest in psychoanalytic material or were involved in formal psychoanalytic training programs. A psychoanalytic approach was important because it lends itself well to the unconscious symbolic content of transitional objects that is the primary intent of this research project. It was also important that participants were seasoned clinicians who had a broad range of clinical material from which to draw. This gave rise to richer case material, and further insured that the clinicians were well versed in sharing relevant material while being acutely sensitive to the importance of disguising potentially identifying information. Participants had between four and fifteen years of practice experience post licensure, exceeding the study's minimum requirement of two years of post licensure practice. Participants ranged in age from thirties to fifties, were Caucasian, and included male and female participants. The participants had both private practice and multi-disciplinary clinic setting work experience. The participants had degrees in social work and psychology. The small sample size precluded screening for diversity both in terms of participants and cases.

In the unique position as researcher, in depth interviews provided the opportunity to understand the treatment process of a seasoned clinician from a close-up perspective and to also think about the treatment from a step back. Working closely with the participants allowed for focused study to distill aspects of the case and this could be generalized into the treatment of other patients. Case study material lends itself to inspire a creative and flexible means of reapplying what is learned to the specific needs of our unique and diverse clients.

### *The Nature of the Interviews*

Participants were asked a few basic questions about their particular educational background and licensure. Demographic information was obtained from the interview candidate such as where they received their training and if they were affiliated with any psychoanalytic institution. Participants were reminded that this thesis, once completed, would be available for public access.

The interview questions were focused on the case that the therapist described in which they used a transitional object in adult treatment and the various implications it had. A flexible approach of asking questions that arose from the specific case material was used.

Participants were interviewed in their offices or in a private space to which they had access. Interviews were, on average, two and one half hours long and were conducted in one meeting. This allowed for a continuous flow of thought and information. Participants were originally offered the option of conducting the interview in two sessions or more as needed, but all preferred one session. At the end of the interview, participants were reminded of their right to disallow the interview or ask to exclude any or all information that they provided, if they had a change of heart. Participants were also encouraged to communicate, if concerns emerged after the interview. Furthermore, participants were informed that had two weeks, should they choose to completely withdraw their interview.

### *Risks Involved*

The risks of participation involve adequately balancing the disguising of identifying case characteristics while simultaneously maintaining the integrity of

meaningful material. In order to safe guard against this, on-going communication was encouraged about any concerns of this nature. Related to this concern was the choice that participants made to allow or disallow the use of their name as a reference, as it potentially could impact patient confidentiality. In an instance when this was of particular concern, the participant chose to be referenced generically, i.e. without using their name.

Another risk involved trusting that the material would be written thoughtfully and articulately, honoring the personal meaning of the cases to participants. This likely contributed to the fact that participants were successfully obtained through personal and professional contacts.

Participants in this study were seasoned mental health professionals who were considered to be a low risk population with ample access to mental health resources. A list of mental health referrals was not distributed.

### *Benefits Involved*

The benefit to participants in providing case material for research is that they provide a valuable contribution to the field of social work, student learning and research and to psychotherapist and their patients. Their contribution benefits individuals who are encouraged to notice and use transitional objects in their work.

In the event that participants included their name as a reference, participants may also obtain the benefit of attaching their name to their work and sharing it with the psychotherapeutic community. Although there are no direct monetary benefits to participants, there may be an intangible benefit to participants by increasing their professional capital as a research contributor.



The purpose of using a qualitative method to conduct research to shed light on how transitional objects are utilized and interpreted in adult treatment allowed for rich, descriptive case material to become part of the body of knowledge available to mental health professionals. Case studies stimulate thought processes that inspire clinicians to apply the knowledge and rejuvenate their own work with clients.

## CHAPTER IV

### FINDINGS

This chapter will describe three case studies of adults in which transitional objects were identified by their therapists. Case material has been disguised to protect the identity of the persons in treatment. Each case study attempts to answer the question, how are transitional objects used and interpreted in adult treatment. Although there are few similarities in the details of the individuals, transitional objects in each of the cases tend to aid in self-soothing and tend to reveal specific characteristics of the individuals and/or their relationships with significant others.

#### *The Case of Andrea*

*Clinician's Identity Withheld (personal communication, February 1, 2008)*

Andrea is a Caucasian, Christian, bisexual female in her mid-forties who had been in treatment for a number of years. Her treatment with the clinician interviewed was in effect for six years of bi-weekly, half hour sessions. Andrea comes from a large family and despite many difficult family relationships; she maintains regular contact with her relatives. She is one of four children and shares the position of middle child with her twin sister. She has an older sister and a younger brother. Along with two of her siblings, Andrea lives in her childhood family home. Andrea's parents divorced during Andrea's late childhood. Her father moved out of the house, but remained a daily presence, coming home for dinner every night. Andrea describes her mother as being physically abusive, hitting her, and emotionally abusive by not reacting when Andrea began to act out as a teenager. Andrea also recalls being physically abused by a babysitter when she was a child. Andrea's parents are no longer living. Her family history of mental illness is not fully known, but she has some close relatives with substance abuse problems accompanied by difficulties leading

functional lives. Andrea began treatment with a diagnosis of bipolar disorder, borderline personality disorder and polysubstance abuse. She also has an eating disorder that takes the form of binge eating. Andrea suffered from frequent and long lasting hypomanic episodes during which time her suicidal thoughts and self-harming behaviors increased. During hypomanic episodes she experiences auditory and visual hallucinations as well as grandiosity. Her harmful behaviors include escalating her abuse of substances, unsafe sexual practices, cutting and stabbing herself. Although Andrea has been hospitalized many times in her life, it had been six years since her last hospitalization, the same length of time she had been working with the clinician interviewed for this case.

Little is known about Andrea's developmental years for a number of reasons. In part, the nature of the therapeutic work is not naturally directed towards recalling the past. It is more about helping her remain contained during the session and dealing with the immediate and alarming material that she conveyed. Reflecting on childhood memories, though encouraged when spontaneously emergent, tends to disorganize Andrea and further exacerbate her distress. At the same time, Andrea tends to be organized around anniversaries, birthdays, deaths and dates of her suicide attempts. Almost every month, she knows someone who dies and she attends their funerals and wakes. Her relationships outside of the family are with other people who suffer from addiction and lead high-risk life styles. Although reflecting on memories from her childhood are not a specific focus of the work, memories of sadness and loss are important to her.

The primary emphasis of the treatment focused around helping Andrea use language to convey her unhappiness and learn that she could be attended to without needing to threaten suicide. It became clear in the transference that Andrea needed her therapist to be the container of her distress and to tolerate the disturbing material. Another aspect of the work involved helping Andrea leave the room at the end of the session. At these times, Andrea tended to make vague comments alluding to committing suicide, had "one more

question" at the door, or would leave the room only to turn around and knock on the door again very upset. It was difficult for Andrea to manage the physical separation at the end of each session and she called frequently between appointments. The calls ranged from her sharing her distress to her conveying an understanding that she gained from the session. In some cases, she called as a way to repair things after particularly difficult sessions. The therapeutic work involved Andrea's building the capacity to internalize her therapist, internalizing the soothing aspects of the therapy and ultimately experiencing a reparative relationship.

It is important to note that Andrea had many strengths, interestingly in the form of her attachments. As mentioned earlier, Andrea had a large extended family. Although she denied ever wanting to have children, she was very nurturing to her two school aged cousins. She often provided childcare for them and would rally during her depressive times to engage with them. When her cousin was criticized for being a "tom boy," Andrea rose to her defense, stating that her cousin needed to be her own person and discover who she was. Andrea was also very connected with her brother and would help him when had legal problems as a result of his substance abuse problems. She felt a great deal of indebtedness to the help that her family provided her, as well as guilt for being a burden. During her severe manic episodes, she often worried that her younger cousins would suffer if she were to die, and the relationship she had with them served to keep her from acting on her suicidal impulses.

The transitional object that Andrea's therapist recognized in the work involved the appointment card. In the beginning, when a working relationship was being established, it was common practice to provide Andrea an appointment card. At that time, the appointment day and time fluctuated week by week. Andrea never missed appointments and in the off chance she needed to change or cancel, she called. However, it became apparent, once regular therapy hours were established, that the card had taken on more meaning than

simply an appointment reminder. It was a way of conveying that her therapist would be there. Her therapist noted that the ritual of the card was another reflection of Andrea's struggle with attachment, separation and self-soothing. It also served as another area where Andrea would replay the dance of seeking attention, by making provocative comments. She would often refuse the card, with a cryptic announcement that she might not be around for the following session. After leaving the therapy room, she would have a change of heart and ask the receptionist to help her obtain an appointment card from her therapist. In this way, she would keep the contact a little longer. The need for contact extended to wanting to know where her therapist was during working hours. She would sometimes wait outside of the office in her car until her therapist left for the day. She would not directly try to connect with her therapist at this time, but would turn-up the music in her car to be noticed. Her therapist attempted to directly interpret the significance of the card as soothing to Andrea and its importance for Andrea to know that her therapist would be there. However Andrea dismissed this, as she often did with interpretations, and deflected by saying that she needed the card to remember. Her therapist decided to shift from offering the card as a choice, to encouraging her to take the card, reiterating that she, the therapist, would be there for her at the appointed time, regardless. In this way, Andrea's therapist attempted to directly interpret Andrea's use of a transitional object and then utilized it as a way to provide Andrea with a concrete representation of her commitment to the therapeutic relationship.

#### *The Case of Andy*

*Clinician's Identity Withheld (personal communication, February 29, 2008)*

Andy is a Caucasian male in his mid-sixties with an active relationship to concrete objects in his life. Like many individuals, Andy's diagnosis is not neatly categorized. He is loosely described as fitting in the autistic spectrum, with Asperger-like behaviors. He entered treatment while homeless several years ago and worked with the clinician interviewed for this case for three years. Andy's presenting concern in treatment was about

his own aggressive impulses and the aggression in others that could be directed towards him. He was put on medication at that time, although its benefits remain unclear. Andy's relationship with objects will be elaborated upon after further biographical background is provided.

It is noteworthy that prior to Andy's becoming homeless, he led a fairly functional life. Few details about his childhood and adolescence are known. Discussing his past causes Andy intense agitation and when asked questions, he will deflect them to subjects that help him self-regulate. His clinician was, however, able to provide some history.

Andy grew up in an intact, albeit chaotic, family in a suburb of Philadelphia. Academically, he was an average student. In high school he actively participated in team sports. During adolescence, he had trouble regulating his temper and fought with his peers. This was the only known foreshadowing to his struggles as an adult.

Andy is a parent of two grown children and was married to his childhood girlfriend for twenty plus years, but is now divorced. After graduating from a technical college he began working as a draftsman. He was engaged with his children when they were young; after work, he helped coached them in sports. His relationship with his wife deteriorated when Andy lost his job. He was let go, because he was unable to adapt to the increasing demands it required to be technologically savvy. The job-loss and divorce were followed by a two-year period of homelessness and this marked a significant shift in Andy's psychological picture.

Andy's relationship with objects became salient during his period of homelessness. It started when he began sorting through garbage at night in search of cans that he could return for the deposits to supplement his income. He, however, became very interested in many other items, particularly those that he found when homes were cleaned out after someone died. After Andy found housing and began receiving government assistance, he no longer needed to supplement his income. However, he continued to go out at night to sort

through garbage. His interest took on an organized approach that involved reading obituaries and becoming experienced at identifying which garbage bags were more likely to yield interesting content. To be clear, Andy was not interested in monetary gains. Rather, his interest was spiritual. Andy wished to preserve the lives of others through the objects that their relatives carelessly discarded. The objects also took on another life as part of his collections. The collections were a labor of love for Andy. He might see an advertisement for soup and then collect each element of the ad. For example, he would seek out the print advertisement, the bowl pictured, a matchbox car with the logo and the soup can. Although Andy added his artistic sensibilities to formulating the collection, their inherent purpose was the preservation of the souls who had once had use for the objects. In some cases, as a long-term resident of the neighborhood, he knew the person who owned the object. His collections grew to extreme proportions, filling his small apartment from floor to ceiling. He even collected specific types of boxes, the discards from a nearby canned goods factory, to package his collections. When his apartment was packed full, he rented storage units to accommodate them. Andy would sacrifice heat in the winter in order to pay for the storage units. He would never consider selling a single item to alleviate his financial hardship and his collections became worth large sums of money. Andy felt very protective of his collections and the thought of a separation from or injury to the collection caused him concern and suffering. Andy rarely allowed anyone into his apartment out of fear that they might harm his collection. The rare times anyone was allowed in, it was as though one were entering the inner sanctum. It was an honor to be entrusted with admission.

In treatment, Andy mostly wanted to discuss his collection. His therapist sometimes questioned the therapeutic value of the conversations and his role. Over the years, when he attempted to steer Andy towards discussions that were more directly connected to feelings involving Andy's family, Andy would grimace in pain and begin rocking in his chair. Andy

would then directly state that he needed to "change the channel" and speak about his collection. It served to immediately soothe him.

Tension in the treatment developed which was related to Andy's perception of the therapist's unwillingness to help protect Andy's collection. Andy's thought that if the therapist "really cared," the therapist would help Andy obtain a building to house his collection. This wish for the building was quite developed. It served as a public showroom for his objects. It was a detailed fantasy involving a full staff of curators, restoration specialists and historical documentation about the collections. Andy even had a design in mind for display cases. In many ways, Andy's attachment to the objects blurred with his attachment to people. The objects were not unlike memorials, or ashes of the deceased. Andy wanted others to share in his veneration and the objects served to ease the potential pain of more direct contact with others.

Andy's therapist noted that the transference and countertransference involved power dynamics. Andy tended to view others as omnipotent and this often led to people responding to him in a paternal way. In some respects this was self-protective, because Andy feared the aggression in others and himself. His fears escalated when he was anticipating something new, such as meeting a new outreach worker or having to go out in public. In some cases, he would take on the paternal role and worry about his treators. Although it was difficult to make interpretations in the treatment, Andy did connect his wish for a building to his own mortality and his fear of being discarded like his found objects. If his objects were sold, it would be as if he had not protected them. They were an extension of him and an extension of others. This awareness tended to overwhelm Andy. He became self-critical, grimaced in pain and rocked back and forth in the chair. At those times, he would "change the channel" to another aspect of his collecting and then become calm.

Gift giving was an important ritual for Andy. The gifts fell in two categories. One category was the ritualistic holiday gift. It was predictably a department store gift card for all



of his treators. The other category was termination gifts for his treators when they left the clinic. These gifts were carefully thought out, came from his collection and connected directly to the person in a meaningful way. At the end of his treatment with the clinician interviewed, he gave a gift of a carefully framed, copy of a ticket stub. It was a rain check for a sporting event from bygone days that had been rained out. His clinician felt there was no end to the amount of interpretations that could have been made about this gift. Unlike the other termination gifts he had seen Andy give to other treators in the past, the significance of this one was not easily understood. They occasionally discussed sports in treatment, but it was not a particularly prevalent piece of the work. The time and energy he put into copying and framing it - its very ambiguity – is what made it profoundly significant. Like therapy, it is open to re-workings. The fact that Andy gave his therapist a copy, as opposed to the original, signified Andy's wish to protect his therapist from having the burden of caring for the original as well as Andy's ability to give something, a piece of himself, that was good enough not to be thrown out.

In the therapeutic context, Andy's use of objects was his medium for communication. His therapist objected to characterizing Andy's use of objects as relationally less evolved than using words. Rather, he felt that in some ways, words can over simplify. Words provide an illusion of containment. However, the therapeutic relationship transcends words and has an energy-like quality. In comparing the use of words in treatment to the use of objects, his therapist noted that object use does not act as more or less of a defense than words. Rather, it is a matter of perspective. Knowing Andy and then beholding the mystery of his termination gift, held a power that words alone do not reflect. While writing his termination notes, Andy's therapist mused over the notion of writing a poem or making a sculpture to represent the treatment experience. Interestingly, Andy's previous treators had written at great length about their work with him – a testimony in words to their attachment to Andy.

Andy's therapist directly interpreted the meaning of objects, in their general sense. They also served as a central topic. Collecting, thinking about and talking about objects helped Andy regulate his affect. They also represented Andy's spirituality and attachment to the deceased and discarded as well as his own wish to give nurture, be nurtured and to be immortal.

### *The Case of Angel*

*Clinician's Identity Withheld (personal communication, March 15, 2008)*

Angel is a Caucasian female in her mid-forties. She received a master's degree in History and has been professionally employed for much of her adult life conducting market research. In addition to her professional success, Angel actively engages in several artistic hobbies including singing and song writing. Currently Angel is in a committed, heterosexual relationship, but in the past has identified as a lesbian. She grew up in an intact family with several siblings, including a fraternal twin sister. She and her sister share the position of youngest. However, Angel is, by and large, estranged from her entire family of origin. This is due to a history of abusive family relationships further compounded by the emergence of repressed memories that surfaced in adulthood. The memories involved Angel being both a victim and perpetrator of sexual and physical trauma from a very young age. Details are purposefully omitted to preserve client confidentiality.

Angel began treatment with the clinician interviewed approximately ten years ago. Her presenting problems involved her struggle with her own anger and the anger of others. She also suffered from disassociative disorder, depression and possibly post-traumatic stress disorder. Angel had been in treatment previously with another therapist, but had felt that therapist was narcissistic and unhelpful. In the previous treatment, Angel's repressed memories had surfaced and Angel viewed them without question. For Angel's new therapist, however, it was a complicated clinical issue to determine how much direct conversation should be encouraged regarding repressed material. Her therapist further struggled with her

own countertransference around this issue. How do therapists treat patients when they question patient memories and the patient does not? Is it helpful to unpack the memories or does it add to the trauma? There was no doubt about the genuine emotional injury that Angel had suffered. Yet questions remained about the voracity of some of the material of which Angel spoke. In this specific case, the repressed memories were so intensely disturbing, it became more productive to work on issues that lent themselves more readily to the therapy. This material included Angel's fear of becoming angry and losing control that was undoubtedly connected to past experiences.

As in the previous cases, only limited childhood history is known about Angel. In part, her therapist explained that taking a history resurrected too many of the memories in question. Her therapist further felt that Angel came to therapy with material to discuss, and she did not want to impose her own agenda on Angel. It was a difficult call, but her therapist felt that the therapy had a better chance of being helpful, if she and Angel focused on more present issues.

A number of transitional objects emerged in Angel's treatment. Initially, her therapist viewed the phone as a transitional object. In the early years of treatment, Angel called three to four times a week. She called to hear her therapist's voice on the outgoing message and she called to leave messages. In the message, she would say that she did not need to be called back, but her therapist intuited that it was the opposite and generally called her back. In the sessions, Angel admitted that she had wanted her therapist to know that Angel wanted to be called. Her therapist worked with Angel on being able to ask for what she needed and at the same time worked on helping Angel to not use the phone for therapy. On a deeper level, the work involved helping Angel to internalize her therapist and the work of treatment.

Angel tended to be easily suggestible – a theme that came up to various degrees in many aspects of her life. Mid-way through Angel's treatment, she began to worry that she was an alcoholic. However, Angel had no history of alcohol abuse. She rarely drank and

when she did, it was in moderation. Again, her therapist questioned Angel's fear of being disregulated compared to evidence of Angel having a problem with alcohol. On her own, Angel tried out Al-Anon and Alcoholics Anonymous to figure out to which group she belonged. Of the two, she chose to become an Alcoholics Anonymous member. She followed the twelve steps, engaged with her sponsor and regularly attended meetings. Angel's therapist viewed Alcoholics Anonymous as a kind of transitional object for Angel. It served the purpose of soothing and helping her self-regulate. It made sense that she chose Alcoholics Anonymous over Al-Anon, because alcoholism seems more concrete than co-dependence. Alcoholics Anonymous provided a supportive structure that was helpful to Angel.

Angel became close to her Alcoholics Anonymous sponsor who later died of a drug over dose. His death coincided with a number of losses that Angel experienced. Within a year's time Angel's dog died and her close friend died. At that time, transitional objects became even more salient in treatment. Angel wore her sponsor's hat to the sessions and felt that his presence remained in it. The boundary of life and death to her became blurry and was tied up in her spiritual beliefs. She also brought photos of her dog and of her friend to treatment. Angel began consulting a psychic about the souls of the deceased. Sometimes in treatment, Angel would bring in rocks to hold. She felt that their concrete presence helped her to remain grounded and less disassociative. They satisfied a tactile need. In that way, her therapist viewed them as both being and not being transitional objects. Unlike the hat and the photos, the rocks did not connect to people or experiences. However, like the hat and photos, they had a soothing quality.

Angel's therapist has a number of stuffed animals in her office for her younger patients. Several years ago, during a difficult session, Angel chose a stuffed elephant to hold on to and asked to borrow it. Since then, she has asked for the elephant on a number of occasions. Angel finds it helpful to have the elephant when her therapist goes on vacation or

when Angel has something producing increased anxiety in her own life. Recently Angel was performing a song that she wrote in front of her Alcoholics Anonymous group members and she borrowed the elephant to bring along with her. Angel and her therapist have talked about the soothing aspects of the stuffed elephant, but have not fully explored the symbolic meaning it has to Angel. Her therapist believes that the elephant connects symbolically to retaining old memories and to Angel and her therapist's mutual view of each other as being intelligent, a subject that comes up in treatment. Her therapist views the stuffed elephant as a vestige of childhood, because it appears during times of stress, but is forgotten during other times.

Another transitional object for Angel has been her music. Her therapist sees its value as being complex. On the one hand, it is a creative outlet, a way to sublimate her trauma into art. As a child, Angel's family was competitive and discouraged her from exploring her interests. Her mother was also a musician, and did not want Angel to pursue the same hobby. It is a significant achievement for Angel to write songs and sing. On the other hand, her song lyrics tend to retell her repressed memories. Her therapist wonders if they further concretize the memories in a way that is not helpful. Angel's therapist has noticed that Angel uses concrete transitional objects to provide comfort when Angel is having difficulty internalizing less concrete objects. The work involves a combination of noticing the objects and interpreting them as soothing. Although Angel's therapist often speculates about the symbolic meaning of Angel's objects, it is a topic that is not consistently explored in therapy.

Transference themes that emerged in the work involved Angel's expectation that her therapist would be critical of her, as her mother had been during her childhood. At the same time, she often wants direct answers from her therapist, as though her therapist were the authority. Similarly, this raises countertransference issues in her therapist; her therapist has been particularly cautious about boundaries. With this particular patient, she has not used

self-disclosure in the work. Her therapist questions if her adherence to this has been too restrictive, because of her worry that her client is too suggestible. Angel has not asked about her therapist's life. However, it is unclear if that is because Angel is "therapy wise" or afraid of repeating past therapy relationships where the boundaries were not contained. It is often difficult for her therapist to figure out what Angel is looking for because she does not directly ask. The phone calls were an example of Angel literally leaving mixed messages. Finally, the countertransference was most problematic around the therapist's struggle with empathizing around the emotional content of Angel's stories while questioning the other aspects of Angel's stories. Angel's therapist has actively used transference and countertransference themes in treatment.

Over the course of their work, Angel has made much progress. Her therapist notes that Angel is more comfortable getting angry both in and out of treatment. She calls with less frequency between sessions and is clearer about what she needs from her therapist. Angel still worries about her anger and fears that she may have to capitulate to other people's demands, but she is less black and white about how she reacts to situations. Angel has also made progress by making better choices for herself in regards to her partner. Her current partner is supportive and loving. Angel ended a previous relationship in which her partner was extremely controlling and emotionally abusive of her. As a result of that relationship, she had developed a fear of driving. In recent times, she passed her driver's exam and bought a car. A big part of Angel's work in therapy has been gaining comfort with the fact that her thoughts and her actions are not the same. Her therapist, in a parallel process, gained comfort working with material where Angel may have confused what was real and what Angel may have imagined to be real. While working with unresolved truths, her therapist provided a good-enough corrective experience for Angel to make valuable gains in treatment.

The case studies examined provide a close-up view of how transitional objects were utilized and interpreted in adult treatment. In order to protect patient confidentiality, identifying material was disguised and in some cases omitted. Each case had unique qualities and varying degrees of transitional object use. The following chapter will discuss similarities and differences among the cases and will also reflect on areas that would benefit from further research.

## CHAPTER V

### DISCUSSION

The purpose of this thesis was to understand how transitional objects are utilized and interpreted in adult treatment. Transitional objects were defined broadly and fluidly based on the Objects Relations school of thought and D.W. Winnicott's work. They can be anything, unbounded by that which is concrete. They are subject to the interpretation of therapist and patient. Theoretically, transitional objects may serve to provide a means for individuals to experience themselves as separate from another. They may be born from an early experience of not having one's immediate needs met. From that standpoint, they serve as an attempt to resolve the conflict of separation from the primary caregiver and to soothe the individual from that experience (Winnicott, 1971). The need to maintain transitional objects remains throughout the lifespan, and little comprehensive case study material exists to illuminate this well-established phenomenon. This thesis attempted to review published case material and to then add to the body of work by researching new case material. The aim of this research was to provide material that could be generalized and potentially inspire ways of invigorating therapeutic approaches in regards to the use and interpretation of transitional objects in adult work. Support of this is embedded in this chapter. What follows is a brief overview of the published case studies, links between published case studies and the research data at large, a discussion of each researched case study including the more detailed connections to published material, followed by thoughts about future studies and concluding comments.

#### *Overview of Published Case Studies*

In the course of reviewing published case study material, Selow (2005), Coppolillo (1967) and Davidson (1976) describe therapies that involved their interpreting and utilizing



transitional objects in adult treatment. Selow (2005) describes her psychotic patient's need for a transitional object in order to re-orient him to reality when he felt overwhelmed. She did not directly interpret the objects, but rather incorporated them into her understanding of him. Coppolillo (1967) more directly interpreted the objects over time with his patient. After an extensive treatment, he came to see his patient as having had an interrupted transitional mode of experience in childhood due to his mother's intrusiveness. His mother often took over the role of transitional object, thwarting the patient's efforts to find alternative transitional objects. As an adult, his relationships became compromised due to his mother's intrusiveness. This compromised his ability to self-soothe and his ability to develop his creative and intellectual interests. In the third published case study, Davidson (1976) discusses transitional objects in adult work both in a broad context and specifically to one patient. Broadly, she describes transitional objects as serving to create an intermediate area of relating – a third element outside of the therapist and patient. She also gives significance to the timing of the emergence of the transitional objects. In the case of ritualistic gifts, she asserts that their symbolic meaning tends to be more removed from the notion of addressing separation. While objects that appear, disappear, remain or are permanently discarded, tend to have more significance. In Davidson's detailed case, she and her patient directly interpret the object. Her patient's transitional object enters during the end of treatment and it embodies both her patient's acceptance of her own vulnerability and her readiness to end treatment. Davidson concludes her discussion noting that transitional objects are derived from a cultural context, but they simultaneously embody uniquely individual characteristics and meaning. Published case material provides a diverse backdrop from which transitional objects can be understood in a more visceral context.

#### *Links Between Published Case Studies and Findings*

The findings of this thesis research both reaffirmed how transitional objects in adult treatment can be utilized and interpreted, as well as provided areas for future study. Similar

to the published case studies, the findings from this study demonstrate the wide breadth of the definition of object as being both concrete and abstract. Objects appearing in treatment in the published case studies included newspapers (Selow, 2005), the analyst (Coppolillo, 1967), the mother (Coppolillo, 1967) and bathrobes (Davidson, 1976) to name a few. This compares to objects that appeared in this project's findings, such as appointment cards, organized collections of found items from the trash, Alcoholics Anonymous, religion, a jacket, and a stuffed animal. The published studies implied that the objects, to some degree, served to help contain and soothe patients similarly to the findings of this study. The clinicians interviewed for this study, as with the clinicians in the published case studies, used both methods of directly interpreting symbolic meaning of the transitional objects, as well as choosing not to directly interpret the meaning of the objects. Published case studies and data gleaned from clinician interviews in this study indicate that the use and interpretation of transitional objects have the potential to play a significant role in adult treatment. It is important for future studies to expand upon this topic to provide further examples of how transitional objects are used and interpreted in adult treatment.

The following sections will revisit the case studies from this study and highlight connections to the published case studies. It is important to note that unlike the presented case studies, the published material specifically discussed intensive psychoanalytic treatments from richly theoretical perspectives. Although the therapists interviewed for this research project had psychoanalytic orientations, they were not practicing psychoanalysts. Therefore, connections made are rather broad and relate more directly to the question of how are transitional objects used and interpreted in adult treatment. It is ironic that the very uniqueness of case study data tends to have the ability to inspire applications that can often be reapplied to a wide variety of cases. The broad connections among the studies further attest to the flexibility for new applications.

#### *The Case of Andrea*

In "The Case of Andrea" Andrea's therapist interprets the appointment card as being Andrea's transitional object. This case has some similar themes to "The Newspaper Reader" (Selow, 2005). The card, like the newspaper, was a concrete item with deeply abstract meanings and was gradually noticed over time as being a transitional object. In fact, Andrea's therapist's interpretation was forthcoming after being apprised of the topic for this thesis. The clinician's understanding of the appointment card's role, as well as her way of managing the patients wanting and not wanting the card, was in itself work in progress for the clinician and further stirred up by the interview process. It is important to note, that the appointment card became a subject of conflict for Andrea, because it further reflected her self-organization around events. Andrea's anxiety was expressed in her continual effort to be noticed and her fear that if she did not escalate the tension about her ability to survive separations, she might self-destruct. The appointment card provided a bridge between sessions and symbolically represented Andrea's struggle to internalize whether the therapeutic relationship was a good enough holding environment (Mitchell and Black, 1995) and whether she could make use of it without her therapist's physical presence. It perhaps further related, symbolically, to the confusion she may have felt in childhood when her parents divorced. Her father continued to appear for dinner each night as though nothing changed; yet she knew that it had. Andrea seemed to have been left alone to figure out the ambiguity of these experiences. The idea of having an appointment was both reassuring and reminiscent of confusing relationships.

In treatment, Andrea struggled to regulate her affect. Her therapist attempted to help Andrea discuss her emotions and experience empathic attunement without Andrea needing to concretize her emotions into destructive actions or language. The primary work in treatment was to help Andrea internalize the reparative aspects of the therapeutic relationship. It necessitated building the ability to express feelings without the need to up

the ante in order to feel attended to by her therapist. Affect regulation was a significant element of the work.

The details of "The Case of Andrea" and "The Newspaper Reader" (Selow, 2005) are very different. Yet, similarities exist. In both cases the patients suffered, to some degree, from thought disorders. Both therapists chose not to make direct interpretations, but rather used their understanding of the object to further their understanding of their patient's world. It is also important to note, that in both cases, the patients tended to stir up a great deal of anxiety in their therapists because they often made alarming statements. Finally, in both cases, the significance of the transitional object related both symbolically and directly to the patients' story. Andrea was organized around dates and struggled with ending the therapeutic session, i.e. separations from her therapist. The Newspaper Reader used current events as one means of staying connected and less isolated from the real world. In treatment, the idea of wanting to be separate and wanting to merge is not unusual. The transitional objects in The Case of Andrea and The Newspaper Reader reflect themes that can be found in most therapies.

#### *The Case of Andy*

"The Case of Andy" is more difficult to connect to the published case studies. It tends to expand the body of research in a new direction. In part, this may be due to the lack of subtlety around Andy's object use. Andy used objects in great quantity and could deliberately invoke them when needed. In the published case studies, object use tended to be a process of discovery by therapist and patient alike. Andy, unlike the patients in the published studies, made conscious use of his transitional objects to self-regulate and "change the channel" when confronted with upsetting material from the beginning of his treatment.

Similar to the published case studies, and not surprising, Andy's use of objects held a greater symbolic significance. His therapist understood his client's use of objects as multi-

faceted. Andy's objects were both concrete and deeply spiritual in their significance of memorializing the past. Andy's relationship with his objects reached metaphysical proportion in that they served to simultaneously separate and connect him from relationships. His therapist was inspired to question how much therapeutic interpretations are grounded in paradigms that do not consider unconventional modes of relating. There was a paradox in Andy's use of transitional objects. Andy's therapist saw them as expressions of creativity and spirituality. At the same time, they protected Andy from experiencing the painful emotions that go hand-in-hand with direct human attachment. Adding to the paradox was the profound connection that Andy actually did make with many people, particularly his treators, in his life through his use of objects. This gave rise to larger questions with philosophical underpinnings about placing value on forms of relatedness. The case of Andy inspired questions about object use and interpretation that expanded well beyond therapeutic treatment into a broad and rich multi-cultural context.

While *The Case of Andy* distinguished itself from the published case studies, there was a loose connection between it and Davidson's (1976) patient's relationship with her mother's bathrobe. The patient herself believes that the bathrobe embodies both her mother and herself. The patient does not directly state that the essence of her mother remains without her mother's physical presence, but she implies that spiritual link exists. Like Andy, the patient uses concrete objects to connect with her past. Unlike Andy, the patient uses the object in her therapy to aid in the process of separation from her mother and from her analyst. For Andy, the objects helped provide him with immediate sources of affect containment. These distinctions lead to further expanding the body of case material available to understand how transitional objects are utilized and interpreted in adult treatment.

#### *The Case of Angel*

"The Case of Angel" had similarities to the published case studies and to the case studies presented in this thesis. Some of these similarities will be noted. Angel had a wide

variety of transitional objects; they were both concrete and abstract. Concrete objects appeared in Selow (2005) and Davidson's (1976) articles while Coppolillo's (1967) case of T leaned towards the more abstract. Her therapist attempted to directly interpret the more concrete objects, such as the jacket, the photos and the stuffed elephant. These objects provided soothing, as well as symbolic connection to important relationships in Angel's life. The objects also helped Angel internalize a healthier psychic structure. Direct interpretations were forthcoming in Coppolillo's (1967) and Davidson's (1976) cases. The similarities further extend to the objects themselves. Like the bathrobe in Davidson's (1976) case and The Case of Andy, Angel wore her dead sponsor's jacket, partly as a way to experience her connection to him. Angel wore the jacket into treatment as Davidson's patient wore the robe. The objects became almost spiritual, as they did for Andy, and served to help preserve the memory of someone who had died.

Copolillo (1967) and Angel's therapist both considered the role of abstract transitional objects with their patients. Coppolillo's interpretations related to T's abstract transitional experiences such as the role of literature, T's mother and the analyst as transitional object. He directly interpreted these objects to further the treatment. Instead, Angel's therapist limited direct interpretations to more concrete objects such as Angel's wish to borrow the stuffed elephant or Angel's need to hold rocks during the session. Angel's therapist used her interpretation of Angel's use of Alcoholics Anonymous as a transitional object to further understand her client's need to identify with a group. In the case of Alcoholic's Anonymous, it seemed to provide Angel with safety. This was in stark contrast to Angel's experience of the boundary breaking family ("group") from childhood. Angel's clinician had the benefit of working with Angel for many years and was able to reflect on her patient's growth. Angel had internalized treatment enough that her phone calls between sessions had become infrequent. Angel was also able to discuss her angry feelings with more trust in the separation of thoughts from actions. Transitional objects played a large

part in Angel's effort to self-soothe and to separate. It is difficult to make direct comparisons between particular cases due to the uniqueness of the case material. However, all the cases serve to increase the availability of diverse case material in the area of adult transitional object use and interpretation.

Although not surprising, it should be noted that all the therapists interviewed for this study, similar to the therapists in the published case studies, used their own interpretations of transitional objects in service of case formulation. This phenomenon is particularly poignant in *The Case of Angel*. While Angel's therapist identified songwriting as a transitional object, her therapist questioned whether or not it served Angel. Was Angel sublimating her trauma into art or was she concretizing false memories that led to Angel's further identifying as a victim and perpetrator of abuse? Do the songs provide a means for Angel to separate from the trauma and soothe or do they fuel further internalizing of a misconstrued self-object? Repeatedly, the theme of separation and soothing shows itself in the case studies. However, the cases provide unique ways of seeing these processes at work.

#### *Future Studies and Conclusion*

There were some similar themes that emerged in the three presented case studies lending themselves to future study. In all three case studies, patients had difficulties with self-regulating. Discussing childhood memories tended to be overwhelming and disregulating in treatment. It was noteworthy that all three clinicians stated that they had not found it useful or that there had not yet been a need to explore these early experiences. Another interesting similarity was that two of the individuals had twin siblings. It would be interesting to study the importance of transitional objects as they relate to twins. In all three cases, clinicians used transitional objects to further their understanding of their clients. In cases when the object was concrete, clinicians tended to make direct interpretations. However, in cases when the transitional object was more experiential, clinicians tended to not directly interpret. Finally, in all three cases, as is undoubtedly true in therapy across the

board, treatment involved internalizing the reparative qualities of the therapeutic relationships.

Case study research provides windows into the work of other clinicians to see theory in context. In theory, the therapeutic alliance can repair early missteps of attachment. The experience can be a transformative, arduous and gratifying process that hopefully leads individuals to more conscious choices. Since transitional objects travel and multiply from childhood into adulthood, their ubiquity and variety lend themselves to creativity and fueling treatment. Case studies are, perhaps, the transitional object of therapists, bridging the gap of what is written and what is actually accomplished in treatment. While case studies cannot provide an exact account of treatment, they provide a good-enough means to simultaneously uphold patient confidentiality and convey in words details of a relationship that often defies explanations.



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## Informed Consent Form

March 16, 2008

Dear Participant,

My name is Sheela M. Joshi, and I am a graduate student at Smith College School for Social Work. I am currently researching the use of adult transitional objects in therapy. The research will be used to inform my master's thesis and may be used in possible presentations or publications. I am interested in using case material that exemplifies the use and interpretation of transitional objects in adult psychotherapy. I am also exploring how transitional objects might be used to understand a patient's underlying conflicts. My research question is how are adult transitional objects interpreted and utilized in adult treatment? My definition of transitional object is rather fluid, and I am interested in your definitions as well.

I am seeking to interview individuals who are licensed mental health practitioners specifically within the fields of social work, psychology or psychiatry who use a psychoanalytic approach in their work and have been licensed for at least two years. The interview would take approximately two hours and will be audio taped. The interview could be conducted over two sessions, if that is preferable to participants. I will later transcribe the audiotape myself. Upon reviewing the transcription, I will again review the material carefully to insure that the identifiable material is deleted or disguised. I will be the only person to have access to the transcribed interview and/or any notes that I take during the interview.

The interview will consist of open-ended questions and a request for the participant to describe a case in which a transitional object became relevant to treatment. Although specific questions have been identified prior to the interview, the research allows for flexibility of process, as it is likely that the material will be best understood through a more dynamic process.

In order to protect participants' privacy as well as their clients' privacy, it would be important for participants to carefully disguise any identifying material that involves their clients. If you, as a participant, wish to maintain your confidentiality, I will refrain from using your name, or identifying information, in the thesis that I submit.

Please note that there is no monetary compensation for your participation. However, the benefit of participating is that you are providing a valuable contribution to the field of social work. Your help will allow me to conduct research and complete my thesis, and I am very appreciative of your time and efforts. Your participation is strictly on a volunteer basis and you are free to refuse to answer any questions or to terminate the interview at any time. You may also request to withdraw your interview up to two weeks following our meeting. Should you choose to terminate or withdraw your interview, I will destroy all materials pertaining to it.

Strict confidentiality will be maintained to the extent that is possible. If you permit, your name will be referenced in my thesis. Disguised case material will also be discussed in the thesis. If you wish to remain anonymous, I will not reveal your name or identifying information. If you have any concerns about how you have chosen to disguise the material and wish to make revisions, this will be possible prior to April 30<sup>th</sup>, 2008.

Interview transcripts will be protected in a locked file for three years according to Federal guidelines. After that time, transcripts will be destroyed or maintained in the secure location until no longer needed. Aside from me, no one will have access to the transcripts. Please feel free to contact me with any questions. My telephone number is (000) 000-0000. You can also reach me by mail at the following address: Sheela Joshi, XXX XXXXXXXX XX, XXXXXXX, XX, XXXXXX. Should you have any further concerns or questions about your rights or any aspect of the study, please call the Chair of Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Enclosed are one copy of this letter for your records and one copy for your signature. Should you agree to the terms, please sign and date one copy and return it to me prior to our interview.

Thank you very much for your help. I hope to have an opportunity to speak to you.

Sincerely,  
Sheela Joshi

I agree to the above terms and conditions.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

## Research Subjects Needed

My name is Sheela M. Joshi, and I am a graduate student at Smith College School for Social Work. I am currently researching the use of adult transitional objects in therapy. The research will be used to inform my master's thesis and to make a contribution towards research for other therapists who might be interested in enhancing their knowledge and skills. I am interested in using case material that exemplifies the use and interpretation of transitional objects in adult psychotherapy. I am also exploring how transitional objects and phenomena might be used to understand a patient's underlying conflicts. My research question is how do adult transitional objects become utilized and interpreted in adult treatment? My definition of transitional object is rather fluid, and I am interested in how they have emerged and been useful in your work.

I am seeking to interview individuals who are licensed mental health practitioners specifically within the fields of social work, psychology or psychiatry who use a psychoanalytic approach in their work and have been licensed in their discipline for at least two years.

Please contact me by emailing me at [sjoshi@email.smith.edu](mailto:sjoshi@email.smith.edu) or call me at (617) 275-3982, if you are interested, and I can provide you with more details.

Thank you



December 11, 2007

Sheela Joshi

Dear Sheela,

The Human Subjects Review Committee has reviewed your revised materials. You have done a careful job in their revision and all is now in order. We are glad to give final approval to your study. I do, however, have one suggestion. I would strongly advise you not plan to have your participants review a copy of your transcription. This could open up a lot of back and forth discussion and could really slow you down. It's up to you but we really recommend against it. If you want to share something with them, you could offer to share a summary of your findings. Let us know what you decide.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project. We do hope you are successful in finding therapists who are willing to invest the time and energy in the study.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Alexandra Graham, Research Advisor