

Summary

The psychoanalytic notion of Transitional Object (TO) can be used in the context of self- and hetero-hypnosis as a resourceful therapeutic technique.

The original Transitional Object – recalled on a conscious or unconscious level (with or without age regression) – can generate feelings of comfort and safety; feelings which can combat anxiety and reduce fear in real life situations.

Alternatively, these effects can be gained through the production of an entirely new Transitional

Object, one which has been created by the client in a joint hypnotic undertaking with the therapist.

This paper examines the value of the Transitional Object as a means of therapeutic change in hypnosis, and how hypnosis can be used in the treatment of some of the conditions related to the pathological development of TO.

The usefulness of this eclectic approach to hypnotherapy is considered.

The Transitional Object of desire: An eclectic approach to hypnotherapy



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The Transitional Object of the infant is a bridge of continuity between the unity with the mother and the separation from her. It can, for example, be in the form of a toy or a small soft blanket. The child uses the TO, particularly on going to sleep or at times of stress, to gain feelings of comfort and warmth, during the process of emotional separation from the mother. (Winnicott').

The infant turns something into TO in order to maintain the illusion of a holding and comforting mother. The infant needs the TO especially at times when the mother is not available or accessible - physically or emotionally.

TO allows the child to tolerate the separation from the mother and accept reality, since the TO cannot escape his or her control whereas the mother can.

Usually the TO loses its comforting function at the age of four years -- although the child might continue using things such as toys or pillows to gain feelings of safety and security.

It is possible to use hypnosis to recall and revive the TO. The TO recollected in hypnosis is not affect-free; it brings to life again all the feelings and sensations that were associated with the original experience of the TO, i.e. feelings of safety and security.

This notion accords with the holographic model of the brain as proposed by Pribram (1982²).

This model postulates that, for example, if a husband imagines kissing or cuddling his wife, his holographic brain accesses mathematically, and consequently revivifies, what he has actually experienced with her and which is registered in his brain holographically irrespective of time or space.

If the image is intense and lucid enough, his brain will revivify the whole experience for him.

New modes of ego functioning and thinking are akin to those of the child's

Similarly, the positive feelings associated with the original TO can be experienced and reinforced in hypnosis, so as to combat inappropriate anxiety and reduce irrational fear in actual life situations.

● **Note:** See below for more details about the use of the TO in self-hypnosis and hetero-hypnosis.

The TO used in hypnosis need not be the same one the person once had at an earlier stage of psychological development. Perceiving the TO as a symbol of restoration and comfort, the therapist along with the client can, if necessary, *create* a new TO; one which can be incorporated within a wider therapeutic context as a resourceful ingredient of growth and maturation.

Although it might be different from the TO that was originally perceived by the toddler as its own creation, the new TO serves the same purpose as the original TO once did, i.e. as a means of satisfying the illusion of power and sense of omnipotence. These feelings, once gratified, become the foundation for building a healthier self through (as in the case of the original TO) the use of subjective modes of experiencing ... that is, the capacity to suspend disbelief.

The concept of suspended belief has been compared to certain aspects of Winnicott's potential space. This space is a hypothetical area between the mother and her infant, where there is room for mutual creativity and spontaneity. Once established, it serves as a generative attribute and as a substratum for symbolic play and aesthetic practices. Disciplines such as drama and literature have benefitted from this concept in developing their models and in enhancing their courses (Moore & Fine)³.

According to Pedersen⁴ the origin of neurosis can lie in the interhemispheric discrepancies between right and left cerebral hemispheres. Pedersen has developed a hypnotherapeutic method, Cameral Analysis, to resolve neurotic conflicts. Successful treatment of neurotic symptoms is achieved by:

- 1 Understanding the interpretations of the problem made by each cerebral hemisphere.**
- 2 Resolving the neurotic conflict by measures understandable and acceptable to each hemisphere. This can be brought about by the utilisation, under hypnosis, of left and right hemispheric techniques. The right hemisphere techniques includes poetry, song, dance or the employment of transitional objects.**

Neuropsychological background

Experimental research in hypnosis (Fromm⁵) has demonstrated that hypnosis facilitates *regression in the service of the ego*. This regression is adaptive and associated with an increase in *primary-process thinking*, that is, non-verbal imagery. Leiman⁶ has suggested that Winnicott's TO can be seen to represent a pre-verbal mediating sign.

Hypnosis produces modes of ego functioning in which deliberate control of internal experience, critical judgement and goal-directed thinking are temporarily relinquished.

These new modes of ego functioning and thinking are akin to those of the child's. Therefore an adult will be more prepared to accept the notion of TO and work along with the

therapist in recalling the original TO or, alternatively, creating a new one while in trance.

Many psychobiologists are of the opinion that mental activities (imagery and emotion) not only affect muscles and other peripheral organs, but also cause brain changes which can be automatic and persistent – and resistant to the conventional psychotherapies.

If changes are prolonged neurochemical patterns are established within the brain which can only be corrected by intense imaginal restructuring or neurochemical alterations. Hypnosis or imagery is, therefore, instrumental in effective forms of psychotherapy (Miller⁷).

⁸ Schilder, P. (1921).
"Uber das Wesen der Hypnose".
 Berlin: Springer.

⁹ Cerney, M. S. (1989).
Use of imagery in grief therapy.
 In: J. E. Shorr, P. Robin, J. A.
 Connella, M. Wolpin (Eds.),
*"Imagery: Current
 Perspectives"*. New York:
 Plenum.

¹⁰ Bogoslovskii, A.,
 Semenovskaya, E. (1959).
*Conditioned reflex changes in the
 human electroretinogram.*
*"Bulletin of Experimental
 Biology and Medicine"*, 47, 265-
 269.

¹¹ Deehan, C., Robertson, A. W.
 (1980) *Changes in auditory
 evoked potentials induced by
 hypnotic suggestion.* In: M.
 Pajntar, E. Roskar, M. Lavric
 (Eds.), *"Hypnosis in
 Psychotherapy and
 Psychosomatic Medicine"*.
 Ljubljana University Press.

¹² Nash, M. R., Johnson,
 L. S., Tipton, R. D. (1979).
*Hypnotic age regression and the
 occurrence of transitional object
 relationships.* *"Journal of
 Abnormal Psychology"*,
 88, 547-555.

¹³ Sanders, S. (1991).
*"Clinical Self-Hypnosis: The
 Power of Words and Images"*.
 New York: The Guilford Press.

Furthermore, Miller states that *"Research has demonstrated the effectiveness of imaginal (covert) conditioning, as well as proved that it neurologically, peripherally, and sensorily produces the same effects as overt conditioning"*.

Imagery works on a preconscious, concrete level where there is no distinction between what is real and what is not real. Therefore everything is possible. Years earlier Schilder⁸ had believed that *"there is no part of the brain in which function is not accessible to alteration by psychic forces."*

According to various studies, imagery and perception are, neurophysiologically speaking, comparable to each other and it is hard to distinguish between them.(Cerney⁹).

For example in Pavlovian conditioning studies of visual responses in humans, Bogoslovskii and Semenovskaya¹⁰ obtained increase in both the subjective brightness and the electroretinogram (ERG) amplitude of a dim light when the light was accompanied by

a conditioned stimulus that had previously been paired with a bright light.

Similar conclusions have been drawn from research into the operant conditioning of auditory responses.

In hypnosis research on auditory responses, Deehan and Robertson¹¹ reported that the auditory evoked potential (AEP) was abolished completely when negative hallucinations were hypnotically suggested.

In a study carried out by Nash et al.¹² hypnotised and simulating subjects were given suggestions to regress to the age of three and asked to imagine themselves in various home situations.

The experimental procedures assessed how subjects related to their transitional objects (e.g., teddy bear, blankets).

The hypnotically age-regressed subjects were significantly more spontaneous, specific, and emotionally intense in relation to their transitional objects than the simulating controls.

Transitional Objects in self-hypnosis

The concept of TO has been used as a therapeutic tool in self-hypnosis. Sanders (1991¹³) recounts an illustrative case of a female undergraduate with test anxiety.

Whenever a test was scheduled she became extremely anxious and experienced blankness so that she could not prepare for the exams.

In self-hypnosis, the patient spontaneously imagined herself studying in a garden surrounded by many colourful flowers.

At home she practised self-hypnosis while studying in a garden and found

that she was able to concentrate on her books and notes.

At her next exam she brought a colourful flower with her. She passed the exam with flying colours.

In this example, spontaneous hypnotic imagery generated powerful meanings through images of colourful flowers.

The flower that the student took to the exam was partly a transitional object, that is, it reinforced a comfortable, safe self experience (Winnicott,¹).

Allowing the patient to perceive sex as a joyful activity and not a performance

Transitional Objects in hetero-hypnosis

The use of TO in hetero-hypnosis may be clarified in the following brief case illustration.

Samir, a 41-year-old man, presented with secondary erectile dysfunction related mainly to anxiety about his sexual performance. He could not recall his transitional object on a conscious level.

In hypnosis I regressed him to the age of three years, whereby he recalled his TO as being a pillow.

In hypnosis I used the following metaphor:

“We all have feelings that we associate with things that we grew up with ... like a pillow for example ... You have fond memories ... of the texture, colour and softness of your pillow ... or perhaps you recall the feelings that you experienced ... feelings of comfort and security ... maybe you remember how pleasant it felt to hug that pillow ... how comforting ... snug ... and warm it felt in your arms ... And all those good memories of that pillow ... of your settling down to rest ... of your mind wondering ... drifting off into the land of dreams ... sweet ... pleasant ... and peaceful dreams ... All of those good

feelings ... are available to you now ... feelings of comfort, security... and confidence ... in all your sexual encounters ... you feel a pillar of strength rising up ... stiff ... firm ... and rigid ... throbbing with pleasure ... And you can allow yourself to experience all of these pleasant feelings and sensations whenever you have sex with your partner... And you will enjoy every moment of your sexual encounters.”

Maturana¹⁴ contends that one cannot put new information into a system. This metaphor made use of information which constituted part of the client's life history and which was made available to him through hypnosis.

The metaphor made it easier for him to relax and enjoy sex, which hitherto had been a difficult state to achieve. He noticed a major improvement in his erectile function. The pillow served as a symbol of confidence and security.

I taught him self-hypnosis so that he could reinforce the positive feelings of comfort and relaxation and allow himself to perceive sex as a joyful activity and not a performance.

Hypnosis and the pathological TO

According to Winnicott, by displacement from the original love objects the transitional objects function later in life as a transient, emotionally supercharged, and hypersymbolized maternal substitute. They provide feelings of self-adequacy and overcome feelings of loss. They bolster a self-image that is more fragile and easily regressed at times of stress.

Defective availability of the TO (here this refers to the mother's understanding of the child's need for this experience as much as in her aid in providing the object) has been postulated as resulting in a host of psychopathological conditions such as personality disorders, phobias, fetishism and pathological habits. .

This part of this paper concerns itself with the application of hypnosis in two pathological conditions only; thumb sucking and fetishism.

Thumb sucking

Thumb sucking is a common childhood habit. It rarely presents a significant threat to dentition before the age of four.

In the early years of child development, thumb sucking gratifies normal oral needs and later serves as a transitional phenomenon, which is preferred to the teddy bear or the favourite blanket (Reaney,¹⁵).

If the habit persists into adolescence it frequently causes deformity of the palate and malocclusion of the teeth.

Furthermore it can be a source of embarrassment to parents and peers alike. But hypnosis can be effective in its treatment.

In deep trance the client can be told that any part of either hand which is placed in the mouth will taste so unpleasant that it will have to be removed.

The client may even develop nausea with the mere desire to suck the thumb.

Behavioural patterns and habits that persist as mere habits and no longer act as defence against anxiety frequently yield to this hypnotic treatment. If there is an underlying traumatic or symbolic basis for the thumb sucking this can be investigated in hypnosis by utilising age regression for example, to the time when

thumbsucking would ordinarily have been stopped as an outworn habit. If such dynamics are uncovered, their working through must become a primary goal of treatment.

Fetishism

The relation of the TO to fetishism can be considered in terms of "different stages of a similar process" (Dickes¹⁶).

The psychoanalytic term fetishism is used to describe attachment to an inanimate object or a part of the human body in order to obtain sexual arousal and orgasm.

A particularly interesting case of fingernail fetishism has been reported by McSweeney,¹⁷ who was consulted by a young man because he could find sexual pleasure, develop penile erection, and ultimately ejaculate only through the sight or fantasy of the fingernails of a woman while she was in the act of biting them.

During hypnosis, the therapist established that nail-biting was related to the client's hostility toward a very domineering and unaffectionate mother. The client felt angry with women and feared them, as he did his mother.

The client was presented in hypnosis with suggestions such as: "Not all women are your mother ... women are usually not hostile to men ... it is healthy and not sinful for a man to be attracted to a woman ... the female sexual organs are not dangerous and need not be frightening."

A few days later, the client started dating a woman with whom he subsequently had enjoyable sexual intercourse. The basic therapy technique used here resembled the Ericksonian de-cathetic approach.

With this approach the conflict was mainly de-catheted, that is, it remained but its energy was released from where it had been locked up in sexual conflict.

So through hypnosis, the client was assisted in redirecting his libidinal energy into a mature heterosexual relationship.

¹⁵ Reaney, J. B. (1984). *Hypnosis in the Treatment of Habit Disorders*. In: W. C. Wester II, and A. H. Smith, Jr. "Clinical Hypnosis: a multidisciplinary approach". Philadelphia: J. B. Lippincott Company.

¹⁶ Dickes, R. (1963). *Fetishistic behavior*. "Journal of American Psychoanalytic Association", 11: 303-330.

¹⁷ McSweeney, A. J. (1980). *Fingernail Fetishism: Report of a case treated with hypnosis*. In: H. G. Beigel & W. R. Johnson, "Application of Hypnosis in Sex Therapy". Illinois: Charles C Thomas Publisher.

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Concluding Remarks

The use of TO in hypnosis can be described as follows:

1) The TO symbolises comfort and safety and can be a powerful therapeutic aid. These positive feelings, enhanced and reinforced in hypnosis, can be applied outside of hypnosis to reduce fear and anxiety in potentially anxiety-provoking and phobic situations.

2) The TO can be recalled on a conscious level or, alternatively in hypnosis, possibly with the aid of age regression.

3) Alternatively, the therapist and the client can opt for the creation of a new TO that can serve the functions of the original TO.

4) The use of a TO by clients in helping them strengthen their resources and improve their self-confidence can be discontinued when an adequate state of functioning has been achieved; and replaced by a world of creativity which can facilitate – to use Winnicott's expression – the creation of *true self* as a supporter of spontaneous expression, as opposed to the reactive living of *false self*.

The term creativity does imply the ability to be spontaneous and to play.

This creativity is related to everyday activities rather than the artistic or intellectual achievements.

However, the client can go on using the TO, especially at times of stress and discomfort. This, obviously, is not applicable in cases of a pathological TO.

5) In cases of pathological transformations of the TO such as thumb sucking and fetishism, hypnosis is used therapeutically to relieve tension, generate healthier cognitive patterns and produce aversion reactions. Conflicts can be resolved or de-cathected.

6) The use of the notion of TO in hypnosis stresses the value and importance of integrating concepts from different schools of psychotherapy, allowing an eclectic approach to psychotherapy – including hypnotherapy.

This eclectic approach can be constructive and rewarding if executed correctly and if the therapeutic process emphasises the uniqueness of the individual.

This concept accords with Erickson's approach to psychotherapy. "Erickson stressed the uniqueness of each individual, who, motivated by singular needs and idiomatic defences, required an original mode of approach rather than orthodox, unimaginative, and doctrinal styles" (Wolberg,¹⁸).

¹⁸ Wolberg, L. R. (1988) "The Techniques of Psychotherapy". New York: Grune & Stratton.