



**YODA SPEAKS:  
 AN INSTANT OF TRANSITIONAL OBJECT USE, WITH NOVEL  
 INTERPRETATIONS OF TRANSITIONAL OBJECT PHENOMENA**

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**Abstract:** In the course of an extended, and analytically-oriented, therapeutic interaction with a child client at a community mental health clinic, transitional object use was observed at the time of therapeutic termination. The authors describe this accidental and spontaneous use, or choice, of a transitional object by a child client, and uncover the rich theoretical meanings associated with spontaneous transitional object utilization in the clinical milieu. This transitional process resembles Winnicott’s seminal and foundational notions; yet, it remains distinct as well. The theoretical implications of this unprompted transitional process are therapeutically compelling, and are thus delineated. The authors, furthermore, describe additional characteristics associated with transitional object use. These supplementary transitional object features – mnemonic, pedagogic, semiotic/metaphoric, biologic, and paleoanthropologic – are little discussed in the psychoanalytic literature, and therefore provide a more expansive perspective for the viewing of transitional objects.

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*Introduction*

Josef Friedjung’s elucidation of fetishism in a young child, published in 1927 in the *Zeitschrift für psychoanalytische Pädagogik*, is perhaps the first study to mention the developmental feature, or childhood experience, that we now call transitional object use, or transitional phenomena (Friedjung, 1927). Friedjung (1927: 25) describes a young boy, 16 months of age, who was “badly spoiled” and was in desperate need of his mother’s dirty stockings and brassiere in order to sleep. Though Friedjung praises accidental observation in detecting this aberrant manifestation of the child’s personality – no doubt as a result of the skilled perception of the analyst himself – he at once relegates the child’s somewhat bizarre need for mother’s dirty underwear with strict fetishistic impulses. Freud abets Friedjung’s conventional determination by offering the following correspondence, as noted in an addendum provided by Friedjung:

It has been shown beyond doubt in a number of adults that the fetish is a penis substitute, a substitute for the missing penis of the mother, and hence a means of defense against castration anxiety – and nothing else. There remains to test this in the case of this child. If proof is to be forthcoming, the boy must have had ample opportunity to convince himself of his naked mother's lack of a penis. (Freud cited in Friedjung, 1927: 26; Wulff, 1946: 452)

For those of us who have happily utilized transitional objects in the course of seemingly normal development Freud's determination most likely does not resonate, though the long-established psychoanalytic symbolism is obviously rich indeed. Wulff (1946) in his exposition continues this fetishistic tradition *apropos* of object choices in early childhood, amplifying certain other and important aspects of the phenomenon, especially as these relate to the traditional view of psychosexual development. Perhaps the most unique feature of Wulff's explication is witnessed in the role of the olfactory sense in developmental progression, and how this sense relates to object choice and object use amongst children. In this case mommy's – and/or daddy's – smell can and does have an impact on the development of children.<sup>1</sup>

If it were not for Winnicott's (1953) seminal paper on transitional objects we in the psychoanalytic community may yet still be forced to interpret all childhood objects of comfort as representatives, and techniques, of defense against the all-consuming castration anxiety. Fortunately, Winnicott explains the transitional object, as well as transitional phenomena, in such a way as to normalize its manifestation, to underscore its usefulness in developmental concerns; he goes so far as to describe these elements of development as being universal, and as procedurally continuing over the course of the human's lifetime, though appearing in different guises throughout the adult's development.

Hong (1978: 48-9) describes Winnicott's significant explication thusly: "His theoretical constructs were a landmark in understanding the developmental process of object differentiation. His article was so comprehensive and so profoundly insightful that subsequent psychoanalytic publications have been little more than expansions and

refinements of his propositions...”. Indeed, at the time of the writing of this article, Winnicott’s paper, according to a Google Scholar search (April 1, 2016), has been cited over 4861 times, and it remains in the number one position of the Psychoanalytic Electronic Publishing’s list of “Most Popular Journal Articles” ([www.pep-web.org](http://www.pep-web.org), October 1, 2015), superseding even Freud – thus revealing its absolute primacy and utility to analytic thought.

For the purposes of this paper, Winnicott’s foundational exhibition is crucial for the clarification and amplification of the transitional object’s relationship to internalized objects; it lays the groundwork, in other words, for comprehending the ‘object-relations’ of transitional objects. For, Winnicott reveals that the transitional object itself acts as the symbol of the infant’s “journey from the purely subjective to objectivity” (1953: 92). This activity is, in point of fact, the transitional object’s primary functionality, or purpose. Since, according to Winnicott, the transitional object represents the breast, or the object of the first relationship, it then acts as the symbol of both the external breast and, “indirectly,” the internal breast as well (1953: 94) – the transitional object is, in essence, the projected image of the internalized first relationship, breast, or object.

In the course of a therapeutic interaction at a community mental health clinic something of a Winnicottian dynamic respecting transitional object use was observed in a clinical setting, quite by happenstance, at the time of therapeutic termination of a child client. The presiding therapist was utterly surprised by the spontaneous manifestation of transitional phenomena at clinical termination with this particular client. We aim to describe this accidental use, or choice, of a transitional object by the child client, and to uncover the rich meanings associated with spontaneous transitional object utilization in the clinical milieu. This transitional process, we feel, resembles Winnicott’s notions, as mentioned above; yet, it remains distinct as well. The theoretical implications of this unprompted transitional process are therapeutically compelling. We use Winnicott’s understanding as a base for exploring: 1) the client’s impromptu action of creating his own transitional progression; 2) the client’s object choice; and 3) the psychodynamic symbolism, and activity, associated with the process and the object itself. We are satisfied that the following exhibition is novel and may provide some curious theoretical

guideposts for the utilization of transitional objects in the clinic – or at least our insights may add to the general comprehension of transitional object choice and use.

### *The Clinical Scene*

At the time of admission, the child client was 7 years of age. He presented with complex trauma rooted in the perpetration of both physical and sexual abuse requiring extensive, intensive, and prolonged psychotherapeutic work. The therapist skillfully and analytically endeavored with the client for approximately 16 months, until the client was able to sufficiently work through his horrifying ordeal.

The therapeutic work with the client focused on the confirmed and harrowing physical and sexual abuse, occurring when the client was 5 years of age, at the hands of a 10 year old cousin. Essentially, the child client was brutally assaulted whilst living at his mother's sister's house – the client's mom, along with the client's siblings, were residing with the client's mother's sister and her children as a result of complex social and economic dynamics.

As the story goes, the client's mother was at work. The client's aunt was charged with picking up the children from school. When they returned home the client went outside with his sister, and his cousin, to play in the yard with the water hose. The kids came back inside the house muddied, dirtied, and so the client headed to the bathroom to bathe. When the client went upstairs to the bathroom his cousin forcefully attempted to enter the bathroom, while the client fended him off – for only a short while. A few moments later the client's sister observed the scuffling and struggled to block the bathroom door to protect her brother from their cousin, the perpetrator. Eventually the cousin won-out and forced his way into the bathroom – he was older, bigger, and stronger after all. The client's aunt – his mother's sister – appeared at the bathroom door and then told the client's sister to get out of the way, slapping the client's sister across the face; the aunt then held the bathroom door closed, horrifyingly allowing for the abuse to take place. The client's sister ran downstairs crying, whilst the cousin was secured in the bathroom with the client, with the help of the client's aunt. The cousin then took off his belt and slapped the client's penis with the belt. Immediately following this physical

abuse the client was then penetrated by the cousin – though, the client remains unsure of what "object" had penetrated him, either a foreign article or penis.

Subsequent to the ghastly assault the client escaped the bathroom. His aunt was standing right outside the door's threshold, and frankly stated to the client: “That’s what you get for what your mom did to me. And, if you tell anyone we’ll kill her!”

Following this incident the client and his mother moved out of this home. Indeed, and it goes without saying, mom, client, and client’s sister were all substantially traumatized.

The therapy with this child client was typical for trauma such as this in that it principally concentrated on the Post-Traumatic Stress flashback material, associated in this case with bathtubs, penetration, erections, etc. Too, there was a focus on issues with sleeping, hyper-vigilance, and the like – and, the client also had the troublesome habit of roaming at night, sometimes stealing money from his mother's pocketbook, in an amnesiac state, and journeying to the local convenience store to buy snacks and sweets – presumably to palliate himself. The case was made somewhat more complex by the fact that the client's mother spoke Spanish exclusively, and was only nominally acculturated. What is more, the client scored high on the Trauma Symptom Checklist for Young Children.

Notwithstanding, by the time of termination the client was able to tolerate both his tremendous anxiety and his debilitating fear. And over time the client was able to openly communicate about the trauma, thus leading to his continual psychic healing.

There are two items worthy of exhibition, and of note:

1. One day the client came into the clinic and waited, per usual; the family always arrived early. As the presiding therapist came down to retrieve the client the client initiated a total emotional meltdown, wailing and crying. In point of fact, he would not speak for approximately 1.5 hours. Eventually, the therapist and the client were able to communicate, back and forth, with the use of a writing tablet; this tablet was spontaneously utilized by the client, as it was lying nearby. As it turns out, the client was in full trauma response as the result of seeing his new clinical case-manager who, by happenstance, strikingly resembled the client's

original Child Protective Services case worker, the one that originally handled his case.

2. The client and his mother came together for a dual therapy session. At this session the client was planning to talk openly about the details of his trauma. Immediately, at the presentation of the facts surrounding her son's case, the client's mother fell into a pronounced anxiety attack; in effect, she 'blacked out.' Following this, interestingly, the client changed the therapeutic setting, and moved the therapy into the therapist's main office. The symbolism surrounding this move is rich.

As the therapy began winding down – per the therapist's discretion and recommendation – the work moved toward clinical termination. Issues such as ‘acting out’ and ‘anticipatory ego functioning’ were discussed with the client – honed to fit an 8 year-old's cognitive development and comprehension, of course. Contemporaneously, the therapist began his own deep work of letting go of this particular client, preparing for termination himself.

Before the final session the therapist asked his cohorts for thin coloring books, or trauma-education books, to use as a goodbye "gift", as a supportive device to assist the client in termination transition. The therapist had envisioned the bequeathing of a book to the client that both the therapist and the client could sign, in which perhaps may have been placed an instructive diagram or something along these lines.

At the final session the therapist offered one of these books to the client. The client stated: “I don’t like to read”. To which the therapist responded: “We’ve done a lot of drawing together, would you like to do a final drawing then? ... A drawing that you can then take home with you”. At this point the client scanned the office and proclaimed: “No, I want this (the client picked up a Yoda doll, removing it from a Yoda cup sitting on the therapist's desk) ... and I want you to have this (the client pointed to the Yoda cup)”.

The therapist, somewhat astounded, replied: “You want Yoda?!” While asking this question of the client the therapist quickly thought to himself: “I need to empower Yoda somehow”. The therapist then emphasized to the client how wise and useful Yoda is, and how Yoda will “hold a piece of us, and contain the work we've done – when I look

at the cup I'll think about you, and when you look at the Yoda it will remind you of me". At this the client was very pleased. Indeed, the client has been, ever since, carrying Yoda in his backpack.

Of especial note here is the fact that the client deliberately and spontaneously chose this stuffed animal, Yoda; his decision was a natural outgrowth of the termination event – certainly unconscious forces were at play. In the complex milieu of the holding environment of the therapist's office the client's personal choice of the Yoda doll was both a creative and a practical act, we argue. He had, in effect, selected the object of most usefulness and significance to himself, an object most representative of the therapist and/or therapeutic relationship, or both.

His activity of choice, or choosing, was in point of fact a symbolic action that encompassed the meaning and the potency of the relationship. The child, in other words, chose to take a piece of the therapeutic relationship, a piece of the therapist as it were.

#### *A Theoretical Interpretation*

Again, this case represents a spontaneous and natural use of a transitional object during therapeutic termination. We feel that Winnicott's (1953: 92) notions – revealing the transitional object's functionality as being rooted in the symbol of the infant's "journey from the purely subjective to objectivity", in other words acting as the object of the first relationship, the breast – clarify and amplify this particular transitional object's (i.e. Yoda) relationship to the client's internalized objects. In this case, and using this theoretical orientation, the transitional object is, in essence, the projected image of the internalized therapeutic relationship, or object of the therapist – the internalized Other.<sup>2</sup>

Notwithstanding Winnicott's seminal concepts, we proffer – with great humility! – that in this particular and automatic manifestation of transitional object use additional important characteristics germane to transitional objects are evident. These supplementary characteristics, we propose, assist in augmenting the comprehension of transitional object choice and use, at least as it may occur in a clinical setting. We suggest too, even though it is somewhat foreign to collective clinical wisdom, that spontaneous object choice and use at termination is salubrious to the client and can in fact dually assist

the client in both the complicated transition out of the therapeutic relationship, while bolstering the client's continued psychic development, especially as it relates to object constancy.

Our proposed supplementary characteristics of the transitional object, as it may occur at termination with a child client, are as follows. We offer these features as a way to expand notions undergirding transitional object choice and use; in some cases these characteristics are novel, with regard to general transitional object theory:

First, the transitional object exhibits **mnemonic** attributes and can serve as a **mnemonic device**. There is a dearth of literature apropos of this mnemonic aspect of the transitional object in transitional object theory; but, it seems apparent to us that the transitional object most definitely has the potential of operating as a powerful mnemonic device containing the image of a moment in time with the therapist, as well as holding the memory of the therapeutic relationship.

In this fashion we move into the realm of the totem, and totemic devices. On the societal plane Durkheim (1915) notes that the totem functions on two levels, both mnemonic to some degree. On the one hand the totem serves to contain the sentiments of society; and on the other, the totem contains something like the memory and ideal of what the collective group holds as a standard of functioning. Thus, the totem holds the memory of what it means to be part-and-parcel of a culture and how to behave in that group and culture – in our case, the therapeutic culture.

Freud (2000), of course, has much to say about the function of the totem, too, in his well-known volume, *Totem and Taboo*. For the purposes of this paper we focus on one particular aspect of the totem as Freud delineates it. In particular, Freud focuses on the displacement features of the totem, especially as these relate to child pathology. In a sense, according to Freud, the totem can operate as the symbol of the father, and the fear of emasculation, while also functioning as a mnemonic object, reminding a child of his emasculative anxiety. Therefore, the totemic object stands symbolically for the phobia, and contains the memory of the phobia *per se* – these functions seem to operate unconsciously, as Freud describes it.

In our case, we are concerned with the more positive aspects – or less neurotic, or insalubrious, aspects – of the transitional object, and its use in a clinical setting. The



mnemonic features in our case, we propose, point toward a memory of healing, a rootedness in a safe relating, a safe and healing relationship with the therapist.

Second, the transitional object displays **pedagogic** attributes. Again, there is relatively no mention in the psychoanalytic literature of this compelling trait respecting transitional object theory. We submit that the transitional object, by way of mutual story-building and narrative-building, can become infused with pedagogic meaning in a therapeutic context. In this way stories associated with the object can teach qualities like empathy, and right action. Implied in this case is the therapist's meaning-making statements: "Yoda is wise", "Yoda teaches right action". By means of these statements – and we can call them suggestive – the therapist made Yoda into an exemplar of wise activity and wise thinking in the child client's mind. Consequently, the child will not only remember the therapeutic relationship but will also potentially see in the transitional object the prototype of future activity based upon the therapist and the therapeutic relationship.

Third, the transitional object carries the **semiotic** and the **metaphoric** aspects of language. In a vital way the transitional object is the symbol of multiple meanings; and in a therapeutic context the transitional object most likely also serves as the symbol of multiple feelings as well. Brown (1985: 390), one of the only theorists to describe the semiotics of transitional objects, states: "Insofar as semiotic concreteness is concerned, the transitional object is in the service of increased distance between the word and the object for which it stands".

Yet, in some sense the symbolical meaning is always represented in the transitional object itself; a situation akin to paintings utilizing the technique of *anamorphosis*, which requires a tool such as a mirror to reconstitute the distorted painted image – this image may be distorted and obscured, but it is always present *in toto* in the painting itself. The Yoda doll, then, becomes the symbolic representation of the entirety of the therapeutic relationship. In some special way, we conjecture, when the client thus looks, or gazes, at the stuffed animal/transitional object this is equal to looking at the therapist himself, as well as the entirety of the therapeutic treatment. By the mutual suggestion – client chose, therapist agreed – of the use of the stuffed animal, Yoda, as the

termination transitional object, the therapist agreed, symbolically, to be represented in the object.<sup>3</sup>

Fourth, the transitional object appears to fulfill a **biologic** or **instinctual** drive, one that may even supersede psychoanalytic hermeneutical activity – if we can be so bold as to say it – or at least make some types of psychoanalytic interpretation moot. For example, Searles (1979) equates transitional object use with symbiosis, a type of biological explanation according to some analytical thinkers (see Khan, 1981). Moreover, *biophilia*, understood as a generalized, ingrained, and instinctual love for animals, or deep psychological interconnectedness with things that are ‘alive,’ is marked in the human species (Fromm, 1964; Wilson, 1984). It is argued that stuffed animals, like our client’s Yoda, can serve as a link connecting the innate love for animals with a child’s continuing development (Melson, 2013). Indeed, it is understood too that with the destruction of the ‘wild,’ brought about by modernity, global conquest and colonization, and hyper-consumption, that children can find this deep and necessary interrelatedness with animals – animals other than humans – through stuffed animals, household pets, and story books exhibiting animals in nature (Melson, 2013). Further, it is noted that animals, including stuffed animals, can assist in difficult childhood transitions (Melson, 2005). It may be that when we describe transitional objects, and their use, we are perhaps discussing a topic that is, in some peculiar way, beyond the reach of our analytical tools; we may be, in point of fact, peering into the distant human past when we examine transitional objects, observing instinctual activity interconnected with crucial themes like adaptation, mastery, hunting, warfare, and more. These characteristics, we think, make transitional objects a compelling and unending academic adventure!

Finally, tangentially associated with our *biophilia* points noted above, there is a certain **paleoanthropological primitiveness** connected to the activity of object choice, a primitiveness that is longstanding in the course of human history, and may even precede the development of modern humans. For instance, it is theorized that our distant ancestors *Australopithecus africanus* quite possibly participated in the deliberate choice, removal, and transport of river stones that resemble hominid facial features, conveying them to pre-human habitation and cave sites (Dart, 1974). Importantly, this activity may be seen as one of the first aesthetic actions performed by any hominid species (Bednarik, 1998).

We feel that this purposeful selection and transport of an object of personal value, and meaning, alludes to a genetically predisposed orientation to utilize such objects – for whatever reason. Apparently this ancient activity, to some degree, possesses and exhibits an intrapsychic quality and significance. We even propose that object selection is *a priori* to aesthetic object manipulation witnessed in artwork creation.

Something of this pre-human activity rooted in object choice and conveyance, we speculate, is visible in our child client's choice and use of Yoda. Just like the pre-human *Australopithecus africanus* presumably noticed, found meaning in, chose, and then transported the river stone to his or her habitation site, so too did our child client discover, find meaning in, and ultimately make use of Yoda in the service of deep and vital psychodynamic processes, processes connected in this case with termination and continued psycho-emotional development toward self-efficacy.

### *Conclusion*

In conclusion, we have argued that this child client's choice and use of a transitional object at therapeutic termination resembles Winnicott's seminal notions. Using Winnicott's theoretical orientation we argue that the transitional object is, in essence, the projected image of the internalized therapeutic relationship, or object of the therapist – the internalized Other. On top of this conception we also add that the transitional object can serve other crucial functions as well. These additional functions include the mnemonic, the pedagogic, the semiotic/metaphoric, the biologic, and the paleoanthropologic.

Quite simply, the child client illustrated here was empowered to make his own decision respecting object choice; these conditions were spontaneous and fresh, and clinically surprising. We do not overtly advocate for transitional object use in clinical termination, for obvious reasons; but we do, however, advocate that clinicians remain aware of the potential and salubrious power of spontaneous object choice in their work with clients, keeping in mind as well our additional characteristics apropos of transitional objects. In other words, a client cannot be forced to take a transitional object, or to make one; rather the client, by necessity, must choose for himself, honoring his own

subjectivity. The transitional object's power is, in point of fact, rooted in the individual's choice of that object, perhaps like Friedjung's child client who chose mother's underwear. We suggest that therapists be mindful of the many and multileveled aspects of transitional objects and the human capacity for meaning-making, and to use this meaning-making capacity in the service of psychotherapeutic healing. We argue that clients have the capability to decide, and are in fact compelled to decide, what will function best for them in certain times of clinical transition; for, consciously or unconsciously, the child knows.

### *An Afterword*

In post-clinical follow-up the child client's caseworker reports the following observations:

1. the client continues to use the Yoda doll as a reminder of the therapist and the therapeutic gains acquired during clinical activity;
2. the client is at times utilizing the Yoda doll, to some degree, for the provision of strength and comfort; and
3. the client continues to develop toward greater autonomy and ego strength, and that this is buttressed by the presence of the Yoda doll.

As we contemplate the figure of Yoda, propagated by the *Star Wars* franchise, we are reminded of the fact that Yoda is a post-modern icon, an archetype of wisdom and humility living in a distant hyper-future epoch. In the case of our child client, however, Yoda becomes the symbol of much more; Yoda's meaning is multiplied and amplified to suit our child client's needs, and this unfolds organically. Thus, the Yodic post-modern recapitulation of ancient wisdom and humility becomes naturally intrinsic to a traumatized child's therapeutic development and ongoing individuation. In this way then, and broadly speaking, symbols of popular culture can spontaneously act as transitional objects for quite complex and unconscious psychological motivations; or, perhaps, they are created by these selfsame unconscious and dynamic motivations.

## Notes

1. Indeed, there are more than several studies indicating the importance of olfaction in development (see Nishitani et al., 2009 and Mizuno et al., 2004).
2. Much more can be said, theoretically speaking, about the therapist, or physician, functioning as the “maternal object.” Exhibiting all of the substantial material surrounding this ‘therapist as maternal object’ subject is daunting. We guide the listener/reader to Volkan, 1972; Horton, 1973; Murray, 1974; and Searles, 1976).
3. This activity resembles something like that of the so-called Venus Effect, a technique wherein the subject of a painting is gazing at the artist himself, or viewer of the painting

## References

- Bednarik, R. G. (1998). The 'Australopithecine' cobble from Makapansgat, South Africa. *South African Archaeological Bulletin* 53:4-8.
- Brown, L.J. (1985). On Concreteness. *Psychoanal. Rev.*, 72:379-402.
- Dart, R. (1974). The waterworn Australopithecine pebble of many faces from Makapansgat. *South African Journal of Science* 70 (June):167-169.
- Durkheim, E. (1915). *The elementary forms of the religious life: A study in religious sociology*. London: G. Allen & Unwin.
- Freud, S., & Brill, A. A. (2000). *Totem and taboo: Resemblances between the psychic lives of savages and neurotics*. Amherst, N.Y: Prometheus Books.
- Friedjung, Josef. (1927). Wäsche-Fetischismus bei einem einjährigen. *Zeitschrift für Psychoanalytische Pädagogik*, 1:25-26.
- Fromm, Erich (1964). *The Heart of Man*. Harper & Row.
- Hong, K.M. (1978). The Transitional Phenomena: A Theoretical Integration. *Psychoanalytic Study of the Child*, 33:47-79.
- Horton PC. The mystical experience as a suicide preventive. *American Journal of Psychiatry* 1973; 130: 294-296.
- Khan, M.R. (1981). *Countertransference and Related Subjects*: By Harold F. Searles. International Universities Press, 1979. *Int. J. Psycho-Anal.*, 62:128-129.
- Melson, L. G. (2005). *Why the wild things are: animals in the lives of children*. Cambridge, MA: Harvard UP.
- Melson, G. (2013). *Children and Wild Animals*. *Psychology Today*. Retrieved from <http://www.psychologytoday.com/files/attachments/115726/children-and-wildanimals.pdf>
- Mizuno K, Mizuno N, Shinohara T, and Noda M. (2004). Mother-infant skin-to-skin contact after delivery results in early recognition of own mother's milk odour. *Acta Paediatrica*, 93(12):1640-5.
- Murray ME. The therapist as a transitional object. *American Journal of Psychoanalysis* 1974; 34: 123-127.

- Nishitani S, Miyamura T, Tagawa M, Sumi M, Takase R, Doi H, Moriuchi H, and Shinohara K. (2009). The calming effect of a maternal breast milk odor on the human newborn infant. *Neuroscience Research*, 63(1):66-71.
- Searles H.F. (1976). Transitional phenomena and therapeutic symbiosis. *International Journal of Psychoanalytic Psychotherapy*; 5: 145-204.
- Searles, H. F. (1979). *Countertransference and related subjects: Selected papers*. New York: International Universities Press.
- Volkan VD. The linking objects of pathological mourners. *Archives of General Psychiatry* 1972; 27: 215-221.
- Wilson, Edward O. (1984). *Biophilia*. Cambridge, MA: Harvard University Press.
- Winnicott, D. W. 1953 Transitional Objects and Transitional Phenomena *International Journal of Psychoanalysis*, 34:89-97
- Wulff, M. (1946). Fetishism and Object Choice in Early Childhood. *Psychoanalytic Quarterly*, 15:450-471.