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HYPNOSIS AND WINNICOTT'S TRANSITIONAL PHASE

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Abstract

Winnicott's transitional phase stands for the space where inner and outer realities are being connected and separated. It is through this unique phase that individuals progress from infantile autism to socialization. We suggest that hypnosis represents regression into the transitional phase. This may be of importance in designing therapy schemes that combine hypnosis and psychotherapy.

Key words: hypnosis, Winnicott, transitional phase, psychotherapy, regression

Winnicott's transitional phase

Donald Winnicott (1897–1971), a British physician who came through pediatrics to psychoanalysis, developed some of the most stimulating concepts in psychoanalysis. One of these is the 'transitional phase', designating an intermediate area of experience through which the child acquires basic object relations (Abram, 1996). The transitional phase (also termed the 'third area' or the 'intermediate area') stands for a space where inner and outer are being, at the very same time, connected and separated. Objects in the transitional phase, termed transitional objects, thus belong to neither internal nor to external realities. A striking example for transitional objects is teddies and dolls. For the mother, these objects are outer to the infant's world. For the infant, however, these objects are Not-Me, but at the same time are perceived as part of Me. They are located in 'an intermediate area of experiencing, to which inner reality and external life both contribute' (Winnicott, 1958, p. 230). The infant acquires special relations with transitional objects. He assumes right over them, loves but then may mutilate them. Although transitional objects do not change unless the infant changes them, they seem to show vitality or reality of their own. Thus, they survive the instinctual loving, hating and pure aggression directed against them by the infant.

Transitional objects are essential in development during infancy. According to Winnicott, it is through transitional objects that infants progress from the use of illusions to the use of symbols, and thereafter to the use of fully recognized outside objects (Winnicott, 1958). Hence, transitional objects serve as a tool by which the infant constructs the outside (Not-me) world.

Within the transitional phase emotional development is being achieved by playing. In playing, the individual gains experience, brings together (but at the same time differentiates) inner and outer worlds. The initiation of playing depends on the ability of the infant to experience separation from his mother, to replace the merged mother (*'mother is essentially an integral part of Me'*) with the separated mother (*'mother is Not-me, but still takes care of my needs'*). Thereafter, play provides the

organization for emotional relationships, and by this enables social contacts to develop (Winnicott, 1964).

The transitional phase is not only of importance during infancy. It includes also the space of creativity, cultural experiences and the analytic space. Of special interest is the relation between the transitional phase and the analytical area in which psychotherapy takes place. 'Psychotherapy', writes Winnicott (1971), 'takes place in the overlap of the two play areas, that of the patient and that of the therapist.' (p. 38). The task of the analyst is to create the space within which the patient is able to play and reveal the unconscious. The analytical space is an example to the importance of the transitional phase in the never-ending process of development, a process that continues throughout life.

Transitional phase and hypnosis

Hypnosis was theorized to be an altered state of conscious, a dissociated state, a from of conditioning and a compliant response to suggestions or social cues (Kaplan and Sadock, 1995). More interesting are the metaphors and descriptive phrases used in the literature in an attempt to capture the essence of the phenomenon: fantasy absorption, believed-in imagining, role playing, regression in the service of the ego, archaic involvement and goal-directed fantasy. These terms imply some of the similarities the hypnotic state may have with the transitional state.

The first, and most apparent, feature common to the hypnotic state and the transitional phase is that both are located in an interface between reality and imagination. Hypnosis constantly utilizes the actual and the illusory. Even the single suggestion is an imaginary aggravation of reality: the semaphore suggestibility test, for example, takes advantage of minute (but realistic) differences between the weight of the two hands and increases it by using imagination. Similar combinations of the factual and fantasy exist in all suggestions and are central in any induction of hypnosis. Thus, the art of hypnosis combines imaginary reality with real imagination. These are being merged into a single and coherent experience that takes place in the transitional phase.

Hypnosis is related to the transitional space also by its regressive nature. Regression is essential for relaxation of any kind, but is characteristic of hypnosis (Scagnelli, 1982). The regression in hypnosis is profound and attains to the earliest phases of life, that of infancy. The relationship between the hypnotized subject and the hypnotist represents a regression into the infant–mother interaction. It is this interaction that gives rise to the transitional phase and provides the hypnotized subject with the means to experience the hypnotist as a figure to be trusted, a figure that is Me and Not-me.

A third feature that relates the transitional phase to hypnosis is playing. Hypnosis could be perceived as a mode of playing, relying upon ideation. It is only the readiness of the patient to 'play' that enables the realization of suggestions and the induction of the hypnotic state. A hypnotized subject utilizes playing activity in the transitional phase differently from the infant. In Winnicott's original description, the actions of playing necessitate the separation of the infant from his mother, as by separation the space required for playing is being created. Hypnosis requires the *rapprochement* of the patient to the hypnotist. Unless this occurs, the patient is unable to restore the particular relationship that characterizes interactions in the transitional phase. It is thus the *rapprochement* that revives the transitional phase and permits the imaginary creativity and excitement that is associated with playing.

Last, but not least, the transitional phase and hypnosis have in common the extensive usage of transitional objects. Imaginary objects and organs that are both Me and Not-me are extensively used in hypnosis. A remarkable example of this is the 'imaginary eye' by which the patient is able to observe himself. This eye, frequently used in the initiation of dissociation, is a typical transitional object: It is part of Me (as it belongs to the patient), but on the very same time it is Not-me (and thus enables an external observation). The process by which transitional objects are formed during hypnosis is reversed to that undertaken by the infant. Instead of using transitional objects as a mean of progress (from the autistic to the transitional phase), the hypnotized patient utilizes transitional objects in order to regress from outside objects to intermediate symbols that compose the transitional phase.

Hypnosis could, thus, be considered as a controlled regression into the transitional phase. This regression allows the revival of early interactions and the experiencing of unique modes of playing.

Transitional phase, hypnosis and psychotherapy

According to Winnicott, entrance into the transitional phase is essential for effective psychotherapy. The experience of 'being' in the transitional phase (Ogden, 1985) is natural to some. Others, however, are being endangered by fantasies and are reluctant to enter the transitional phase. Obsessive–compulsive patients, as well as patients with somatization disorders, exemplify a pathological inability to detach from reality. In these patients hypnosis could synergize psychotherapy. In the hypnotic trance they can experience the meaning of being disassociated from reality, of indirectly entering the transitional phase. Wolberg, in his classic article from 1947, states that 'as a rule, patients who would respond to psychoanalysis will be most responsive to hypnoanalysis' (Wolberg, 1996). Hypnosis, and hypnoanalysis in particular, is thus expected to be less productive in these patients. Obsessive–compulsive and somatization disorders are, however, treatable by hypnosis (Barone et al., 1975; Hynes, 1982; Shapiro and Rosenfeld, 1988; Moore and Burrows, 1991). Hypnosis, then, could be a 'technical device of psychotherapy, a device that is convenient and effective' (Schilder, 1956) in overcoming difficulties in psychotherapy.

Despite the different views on combining hypnosis and psychotherapy (Moore, 1982), these two modalities take place in the same mental space – the transitional phase. Considering hypnosis a controlled regression into the transitional phase may provide us with the theoretical and practical perspectives by which hypnosis could enhance psychotherapy.

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