FROM HOMELESSNESS TO HOLDING: THE USE OF TRANSITIONAL OBJECTS IN THE CLINIC OF ADDICTIONS

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Abstract

This study analyzes the psychic function assumed by the drug-object in subjective experience, based on Donald W. Winnicott's theory of transitional objects and transitional phenomena, investigating its possible articulations with the clinic of addictions. This is a theoretical study of a qualitative nature, developed through a bibliographic review. The investigation gathered and analyzed twenty-three works, including writings by Winnicott, scientific articles, book chapters, and academic materials selected through the descriptors addiction, addictive object, transitionality, Winnicott, toxicomania, drug addiction, and playing. The results indicate that, in certain clinical configurations, the relationship with the drug-object may operate as an attempt to confront experiences of helplessness, early environmental failures, and difficulties in processes of emotional maturation. It was identified that investment in the addictive object may assume functions of holding, illusion, continuity of being, and psychic support, albeit in a precarious, repetitive, and potentially destructive manner. It is concluded that the approximation between the clinic of addictions and Winnicott's theory of transitional phenomena contributes to a less moralizing and less reductionist understanding of the addictive phenomenon, favoring a clinical listening attentive to the subject's singularity and to the subjective functions attributed to the drug-object.

Keywords: Holding, Object, Addict, Transitional, Self.

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INTRODUCTION

The clinic of addictions calls for a form of listening that goes beyond explanations centered exclusively on the substance, on the moralization of consumption, or on the diagnostic classification of dependence. The term addiction derives from the Latin *addictio*, associated with the idea of submission to a master or creditor. In Ancient Rome, the condition of *addictus* could designate a person's subjection as a result of debts. Based on this origin, Gurfinkel (2007) proposes thinking of the relationship with the addictive object as a modality of bond marked by servitude, in which the subject seems to remain attached to the object in a kind of affective debt.

In the psychoanalytic field, addictions may be understood not only through the pharmacological effects of substances, but also through the psychic functions that the drug-object may assume for the subject. Schimith, Murta, and Queiroz (2019), revisiting Lima (2008), indicate that the drug may be invested as an extension of subjective reality and as a resource for sustaining forms of expression, pleasure, or self-representation. From this perspective, the drug-object may be experienced as a source of relief and holding in the face of anxieties that find no other means of elaboration. Such a dynamic may refer to a relationship of affective dependence, in which the substance is invested as though it exercised a caregiving function, even though its effects may be destructive.

This study takes as its reference the notions of toxicomania and drug addiction, understood as forms of problematic and intensely invested relationships with psychoactive substances. It does not intend, however, to establish a rigid opposition between these terms, since their uses vary across clinical, psychiatric, legal, and psychoanalytic fields. Santiago (2017) points out that toxicomania cannot be reduced to a fixed or exclusively medical category, since it involves particular modes of the subject's relationship with jouissance, suffering, and the object. Schimith, Murta, and Queiroz (2019) also emphasize the multifactorial character of the phenomenon, whose severity depends on the articulation among subjective, social, and contextual conditions. For the purposes of this research, toxicomania and

drug addiction will be addressed as expressions of addictive bonds in which the drug may assume specific subjective functions.

Henceforth, the expression addictive object or drug-object will be adopted as a conceptual operator to designate the place occupied by the substance in the subject's psychic economy. This choice is inspired by Gurfinkel's formulations (2007), especially his proposal to shift the understanding of addictions to the field of object relations and transitional phenomena. Rather than conceiving the drug merely as an external object of consumption, this perspective makes it possible to investigate the functions of holding, defense, illusion, and support that may be attributed to the addictive object in certain clinical cases.

The delimitation of the research problem therefore stems from the need to investigate how the drug-object may be understood, in the clinic of addictions, based on Winnicott's theory of transitional objects and transitional phenomena. The study begins from the hypothesis that, in some clinical configurations, the relationship with the drug may operate as an attempt at psychic support in the face of early failures in the caregiving environment, difficulties in processes of emotional maturation, and fragilities in the constitution of the self. The question guiding the study is: how can Winnicott's theory of transitional objects and transitional phenomena contribute to understanding the function assumed by the drug-object in the clinic of addictions?

The general objective of this study is to analyze the psychic function assumed by the drug-object in subjective experience, based on Donald W. Winnicott's theory of transitional objects and transitional phenomena, investigating its possible articulations with the clinic of addictions. Specifically, it seeks to discuss the contributions of Winnicott's theory of emotional maturation to the understanding of addictions; to examine the relationships among early environmental failures, processes of self-constitution, and modalities of psychic dependence; and to analyze how the drug-object may be invested as an attempt to obtain holding, continuity of being, and psychic support in clinical contexts marked by experiences of helplessness and environmental fragility.

The relevance of this study lies in the possibility of contributing to a more complex and less reductionist clinical approach to addictions. Although the literature on toxicomania is extensive, Santiago (2017) highlights the importance of questioning the ways in which the subject becomes attached to the drug, avoiding exclusively moralizing, medicalizing, or criminalizing readings. The approximation between the clinic of addictions and Winnicott's theory makes it possible to privilege the singular history of care, experiences of helplessness, and particular modes of organizing psychic suffering. In this direction, the contributions of Kupermann, Paulo, and Freudiana (2008), as well as those of Céfalo and Santos (2018), support the problematization of the affective and defensive functions that may be assumed by the addictive object.

The brief theoretical review begins with the contributions of Gurfinkel (2007), who brings addictions closer to object relations and the problematics of transitionality. This formulation dialogues with the work of Winnicott (1975; 1983), especially with his elaborations on dependence, the sufficiently good environment, holding, the constitution of the self, the false self, playing, and transitional phenomena. For Winnicott (1983), emotional maturation initially depends on an environment capable of adapting to the baby's needs, favoring experiences of continuity of being. When environmental failures are intense or early, the subject may resort to defensive solutions in order to preserve some degree of psychic integration.

In the field of object phenomena, Winnicott (1975) situates the transitional object and transitional phenomena in an intermediate area of experience, between subjective reality and shared reality. These phenomena participate in the process through which the child moves from absolute dependence to relative dependence and, progressively, toward forms of relative independence. Winnicott's professional experience with children separated from their homes during the Second World War contributed to the development of his reflections on deprivation, antisocial tendency, and the importance of the environment, as discussed by Migliorini and Freitas (2018).

The hypothesis of this research is not to equate the drug directly with the transitional object. Rather, it seeks to investigate whether, in certain clinical configurations, the drug-object may be invested as a precarious attempt to constitute an area of holding, illusion, and continuity. Such an approximation makes it possible to understand addiction as a subjective solution which, although it may produce suffering and destructiveness, may also express an attempt at psychic survival. Thus, the study proposes a clinical listening that does not assume the simple replacement of the drug-object by the figure of the psychotherapist, but that considers the construction of a sufficiently good space of care, capable of welcoming the singularity of the subject's relationship with the addictive object.

PLAYING, TRANSITIONALITY, AND THE CONSTITUTION OF POTENTIAL SPACE IN WINNICOTT'S THEORY

The notion of the transitional object is introduced on the basis of Donald Woods Winnicott's clinical observations during his work with children in the context of the Second World War. During this period, the author identified that many children kept with them affectively invested objects, such as toys, clothing, or letters, which played a significant role in managing separation from the mother and in maintaining the continuity of emotional experience (Migliorini and Freitas, 2018).

Based on these observations, Winnicott (1975) formulates the concept of potential space, defined as an intermediate area of experience between internal reality and external reality. It is a field in which playing, creativity, and transitional phenomena are located, constituting a fundamental zone for subjective constitution.

Playing, in this context, is not reduced to a recreational activity, but represents a structuring experience in emotional development. It allows the subject to move between initial omnipotent control and the progressive recognition of the object's externality. In this movement, the object is initially experienced as an extension of the self and, gradually, comes to be recognized as independent and external (Winnicott, 1953/1975).

This process is directly related to the maternal function of adaptation to the baby's needs. Winnicott (1975) describes that, at the beginning of life, the sufficiently good mother offers almost complete adaptation, enabling the baby to experience the illusion of omnipotence. Subsequently, this adaptation is gradually reduced, allowing disillusionment to be introduced in a tolerable way and making possible the emergence of the capacity to recognize the object's otherness.

In this context, the imaginative elaboration of bodily functions constitutes one of the fundamental processes in the constitution of the psyche. According to Fulgencio and Campos (2022), it concerns the way in which the baby organizes bodily sensations and affective experiences, attributing meaning to them at a pre-verbal and non-symbolized level.

Fantasy, in Winnicott (1971/1975), is not understood as a distortion of reality, but as a primary form of organizing subjective experience. It participates in the construction of initial meanings and sustains the process of constituting the self in interaction with the environment. Creative apperception, in turn, refers to the subject's capacity to experience the world as lived in a singular way, being a fundamental condition for psychic vitality.

DEPENDENCE, EMOTIONAL MATURATION, AND THE CONSTITUTION OF THE SELF IN WINNICOTT'S THEORY

Winnicott (1963/1983) proposes that emotional development occurs in progressive stages of dependence in relation to the environment, which structure the constitution of the self from the earliest moments of life. In the stage of absolute dependence, the baby does not yet distinguish between itself and the environment, being completely sustained by the maternal function, which assumes a fundamental role through what is called primary maternal preoccupation. This condition allows the mother to identify deeply and sensitively with the baby's needs, favoring an almost complete adaptation to its initial demands (Winnicott, 1963/1983).

As development advances, the stage of relative dependence begins, in which a progressive differentiation between “me” and “not-me” becomes possible. This process occurs through the gradual introduction of tolerable failures in maternal adaptation, which allow the baby to experience small frustrations without a rupture in the continuity of being, thus favoring the constitution of a more stable bond with external reality (Winnicott, 1963/1983; Winnicott, 1975).

Along this path, the phase of relative independence should not be understood as absolute autonomy, but as a mode of psychic organization in which dependence and autonomy coexist in a paradoxical and structuring manner. The subject begins to integrate their psychic experience with the social world, while still maintaining fundamental bonds with the environment that sustains them, which shows that independence, in Winnicott, is always relative and supported by prior environmental conditions (Winnicott, 1963/1983).

When the environment fails early or significantly in its sustaining function, impairments in emotional development may arise, expressed in states of privation or deprivation, accompanied by psychic disorganizations and defensive forms of functioning. In such situations, environmental failure directly affects the subject’s continuity of being, compromising their capacity for psychic integration and requiring the construction of more rigid defenses for the maintenance of the self (Winnicott, 1963/1983).

It is in this context that the notion of holding becomes central in Winnicott’s theory, designating the function of physical and psychic support exercised by the caregiving environment. When this function is sufficiently good, it favors the integration of the self and healthy emotional development; conversely, when it fails significantly, defensive organizations may emerge, such as the false self, which is constituted as an excessive adaptation to the demands of the environment to the detriment of subjective spontaneity (Winnicott, 1963/1983; Winnicott, 1975).

Kupermann, Paulo, and Freudiana (2008), cited by Nascimento, Oliveira, and Soares (2020), emphasize that the false self may be associated with subjective experiences of unreality, submission, and loss of creative spontaneity, insofar as the subject begins to organize their psychic life primarily according

to external demands. In this type of functioning, there is a weakening of the experience of self-authorship, with a reduction in psychic vitality and in the spontaneous expression of the self (Kupermann, Paulo, and Freudiana, 2008; Nascimento, Oliveira, and Soares, 2020).

In contrast to this mode of organization, Winnicott (1971/1975) introduces the notion of creative apperception, understood as the capacity of the subject to experience reality as their own and as meaningful, this being a fundamental condition for the feeling of psychic vitality and authenticity. It is, therefore, a central axis in Winnicott's theory, allowing one to understand the difference between a psychic life lived creatively and an existence marked by passive adaptation to the environment.

Based on this distinction between creative experience and passive adaptation to reality, it becomes possible to understand that the capacity to live the world spontaneously and singularly is directly related to the maintenance of an intermediate area of experience, as described by Winnicott in the notion of potential space and transitional phenomena (Winnicott, 1971/1975). When this area suffers interruptions or weakening resulting from early environmental failures, the subject may resort to substitute forms of psychic support, in which certain objects come to occupy functions equivalent to the original transitional experiences, opening a space for problematizing the field of addictions from the perspective of Winnicott's theory (Winnicott, 1975; Gurfinkel, 2007).

TRANSITIONAL OBJECT AND ADDICTIONS

The concept of the transitional object, developed by Winnicott (1975), refers to objects or phenomena that occupy an intermediate area of experience between internal reality and external reality. These objects do not belong entirely to either of these poles, but constitute a zone of mediation that is fundamental in the process of subjective constitution, especially with regard to the development of the capacity for symbolization, separation, and elaboration of the absence of the primary object.

In this sense, transitional phenomena are directly implicated in the constitution of the self, since they allow the subject to sustain the experience of absence without a rupture in the continuity of being. It

is a potential area of experience in which illusion, creativity, and reality may coexist, favoring the progressive construction of more integrated forms of relation with the world and with the other (Winnicott, 1975).

Based on this theoretical matrix, Gurfinkel (2007) proposes an important inflection by bringing the field of addictions closer to object relations and transitional phenomena. For the author, the addictive object cannot be understood only in its chemical or pharmacological dimension, but must be thought of as an object invested in the subject's psychic economy, sustaining specific modalities of dependence, repetition, and attempted subjective regulation.

This proposition makes it possible to shift the understanding of addictions away from an exclusively biomedical, legal, or moralizing reading, relocating the phenomenon within the field of object relations and the psychic functions attributed to the object. Within this framework, the drug-object may be understood as an element that, in certain clinical configurations, occupies an intermediate position between failure and an attempt at environmental support, functioning as a resource of psychic organization in the face of discontinuity in subjective experience (Gurfinkel, 2007).

METHODOLOGY

RESEARCH DESIGN

The research is characterized as a bibliographic review of a qualitative, theoretical, and exploratory nature. The bibliographic review makes it possible to gather, systematize, and interpret previously published works on a given research problem, favoring the construction of conceptual and critical analyses concerning the object under investigation (Gil, 2002; Lakatos; Marconi, 2003). In the present study, this design makes it possible to articulate the clinic of addictions with Donald Winnicott's psychoanalytic formulations on emotional maturation, environment, self, and transitionality.

PROCEDURES FOR SURVEYING AND SELECTING THE MATERIAL

The bibliographic survey was carried out through searches in books, book chapters, scientific articles, dissertations, and academic materials available in specialized journals and research databases, such as PePSIC and Google Scholar. The descriptors addiction, addictive object, transitionality, Winnicott, toxicomania, drug addiction, and playing were used, both separately and in combination.

The selection of the corpus considered the following criteria: relevance to the research problem; psychoanalytic or interdisciplinary approach to addictions; presence of discussions on Winnicott's theory; and contribution to the analysis of the subjective function of the drug-object. Duplicate materials, texts with no direct relation to the objectives of the research, and works that addressed substance use exclusively from pharmacological or epidemiological perspectives were excluded.

CORPUS AND RESEARCH SOURCES

The corpus consisted of twenty-three materials, including works by Donald Woods Winnicott, scientific articles, book chapters, and academic productions. Among the central works, Playing and Reality (Winnicott, 1975) and The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development (Winnicott, 1983) stand out. The contributions of Gurfinkel (2007), Santiago (2017), Schimith, Murta, and Queiroz (2019), Migliorini and Freitas (2018), Kupermann, Paulo, and Freudiana (2008), and Céfalo and Santos (2018) were also mobilized. These materials were located in academic journals and repositories in the fields of psychoanalysis, psychology, and health, including publications linked to Revista UNESP, Revista de Psicanálise, Escola de Ciências da Saúde e Bem-Estar CISBEM/FMU, Jornal de Psicanálise, Psicologia USP, and Estudos de Psicanálise.

ANALYSIS TECHNIQUE

The analysis was guided by interpretative reading and thematic organization of the material, a procedure compatible with qualitative research based on theoretical review (Minayo, 2014). The corpus

was examined along the following axes: addictions and object relations; emotional maturation and environment; constitution of the self and false self; transitional objects and phenomena; early environmental failures; and subjective functions of the drug-object.

The interpretation sought to identify approximations, differences, and tensions between formulations concerning the clinic of addictions and Winnicottian concepts. The aim was not to produce generalizations about all forms of substance use or about all clinical experiences of addiction, but rather to construct a theoretical reading capable of supporting a clinical listening attentive to the singularity of subjects and to the functions assumed by the addictive object.

RESULTS AND DISCUSSION

Based on the research problem and the methodological proposal adopted, the discussion of the results will be organized into two main thematic axes, which aim to deepen the articulation between Winnicott's theory of transitional phenomena and the clinic of addictions. The first axis, entitled "From Homelessness to Holding," will address the relationships among early environmental failures, experiences of helplessness, and the constitution of psychic strategies of support, emphasizing how the drug-object may be invested as an attempt to produce holding, continuity of being, and reparation of ruptures in the field of primary care. The second axis, called "Affect and Other Drugs," will problematize the different modalities of affective investment in the addictive object, discussing how the drug may operate not only as a substance of consumption, but as support for bonds, emotional regulation, and substitute forms of attachment, articulating these dynamics with the notions of transitionality, false self, and organization of the self in Donald W. Winnicott's theory.

FROM HOMELESSNESS TO HOLDING

In this direction, Schimith, Murta, and Queiroz (2019), revisiting Lima (2008), indicate that the drug may operate as an extension of subjective reality, being invested as support for the organization of

affective experiences and for the production of singular meanings. This perspective makes it possible to understand addiction beyond its pharmacological dimension, situating it within the field of modalities of object relation traversed by affective, symbolic, and contextual determinants of psychic experience.

At the clinical level, addiction may be expressed through impulsive behaviors that are difficult to contain, frequently accompanied by a lowering of symbolic mediation in established relationships. In this context, one observes a displacement of contents from the field of fantasy to the concreteness of the object, which becomes invested with a privileged status of psychic reality, intensifying forms of dependence and restricting processes of symbolization (Schimith, Murta, and Queiroz, 2019).

From a Winnicottian perspective, such a configuration may be understood based on the way in which the addictive object is invested as a functional substitute for primary experiences of care, assuming characteristics associated with holding, sheltering, and psychic support. In situations marked by early environmental failures, the object comes to be used as an attempt to repair experiences of helplessness, precariously sustaining the subject's continuity of being (Winnicott, 1963/1983; Lima, 2022).

In this scenario, the addictive object acquires an ambivalent status, insofar as it simultaneously promotes subjective relief and reinforces modalities of psychic dependence. According to Gurfinkel (2011), this dynamic is often associated with impasses in the social bond and with intense reactions of rupture and distrust in the intersubjective field, with repercussions even for the clinical management of addiction.

The repeated recourse to the object may thus be understood as the expression of a psychic organization marked by fragilities in the constitution of the self, often associated with defensive forms of functioning such as the false self. In these cases, subjective experience tends to be structured around experiences of emptiness, devaluation, and loss of spontaneity, with impairment of transitional processes and of the subject's creative capacity (Winnicott, 1960/1983; Winnicott, 1975; Chissini, 2022).

In more severe situations, the addictive object may occupy a central position in the psychic economy, organizing the subject's affective regulation and functioning as a privileged axis of stabilization

in the face of experiences of imminent disintegration. This configuration shows that substance use is not reduced to a behavior of consumption, but is articulated with specific forms of subjective organization in the face of environmental failures and the precariousness of available symbolic resources (Lima, 2022).

In view of this, the importance is highlighted of a clinical listening that is not restricted to the logic of replacing the drug-object with the figure of the therapist, but that is sustained by the investigation of the psychic functions attributed to the object in the subjective economy. Within this framework, clinical management aims to make possible the symbolic elaboration of these functions, favoring the emergence of more complex forms of relation with reality and with psychic suffering.

AFFECT AND OTHER DRUGS

The drug-object may be understood as a resource invested, in certain clinical configurations, for the regulation of states of psychic suffering. In this sense, Padilha (2020) highlights that the substance may perform a function of sustaining subjective continuity, even though such a function does not necessarily imply psychic integration or symbolic elaboration of the experience.

In contexts of crisis, in which symbolic resources prove insufficient for the metabolization of affects, the drug-object may occupy a position analogous to that of the transitional phenomena described by Winnicott (1975), functioning as a provisional mediation between internal and external reality. However, unlike the transitional object, such a function tends not to be oriented primarily toward symbolic constitution or the development of psychic creativity.

According to Gurfinkel (2007), while the transitional object sustains processes of emotional maturation and the expansion of symbolic capacity, the drug-object may become fixed in the concreteness of the substance, promoting a progressive reduction of potential space and restricting the possibilities of subjective elaboration. In this movement, the object ceases to operate as a mediator and begins to function as the almost exclusive organizer of psychic experience.

This centrality tends to have repercussions on the decrease in the capacity for symbolization and on the limitation of investment in other modalities of bond, with the consequent impoverishment of coping strategies. In many cases, one observes the recurrent use of the substance as an automatic response to experiences of frustration, loss, or anxiety, to the detriment of the psychic elaboration of these experiences (Sedeu, 2014).

With the intensification of this pattern, a process of psychic and/or physical dependence may be configured in which the object begins to structure the subject's emotional regulation. Under these conditions, affective states of helplessness, emptiness, and anxiety tend to reappear recurrently, requiring the repeated use of the substance as a strategy of subjective stabilization (Gurfinkel, 2011).

Thus, the articulation between Winnicottian theory and the clinic of addictions makes it possible to understand the drug-object not only as a substance of consumption, but as a psychic operator invested in the attempt to sustain subjective experience in the face of environmental failures and fragilities in the constitution of the self, demonstrating the need for a clinical listening guided by the singularity of the subject and by the psychic functions attributed to the object.

CONCLUSION

This study aimed to analyze the psychic function assumed by the drug-object in subjective experience, based on Donald W. Winnicott's theory of transitional objects and transitional phenomena, investigating its possible articulations with the clinic of addictions. It also sought to understand how this function relates to experiences of early environmental failures, processes of self-constitution, and modalities of psychic support present in the subject's relationship with the addictive object.

The research results indicate that the relationship with the drug-object is not restricted to the neurophysiological or behavioral dimension of dependence, but also involves psychic determinants linked to primary experiences of care, holding, and the constitution of potential space. In this context, the drug-object may be invested as a psychic operator that assumes functions of support, continuity of being, and

affective regulation in the face of experiences of helplessness and environmental fragility. It was also observed that, in certain clinical configurations, such investment may affect processes of symbolization and creativity, insofar as it occupies the subject's potential space and presents itself as a privileged resource for organizing experience.

As a contribution, this study makes it possible to broaden the understanding of the phenomenon of addictions from a Winnicottian psychoanalytic perspective, by demonstrating that the drug-object may be thought of in terms of its psychic function in the subjective economy. This reading contributes to a less reductionist approach that is more sensitive to the subject's singularity, favoring clinical implications that consider the specific modes of organization of psychic suffering and the functions attributed to the object.

With regard to limitations, the exclusively bibliographic character of the research is highlighted, which restricts direct articulation with empirical clinical material. In this sense, it is recommended that future investigations deepen the relationship between theory and clinic through case studies and qualitative research in diverse institutional contexts. It is further suggested that dialogue be strengthened between the Winnicottian approach and other contemporary psychoanalytic perspectives in the clinic of addictions, so as to broaden the understanding of the different psychic functions assumed by the drug-object in modes of subjective suffering.

REFERENCES

Buchianeri, Luis G. C. A constituição da tendência antissocial segundo Winnicott: desafios teóricos e clínicos [The constitution of the antisocial tendency according to Winnicott: theoretical and clinical challenges]. *Revista da UNESP*, v. 9, n. 2, p. 115–127, 2010.

Campos, Márcia Regina Bozon; Fulgencio, Leopoldo. A elaboração imaginativa na origem da vida psíquica e suas implicações clínicas [Imaginative elaboration at the origin of psychic life and its clinical implications]. *Revista de Psicanálise da SPPA*, v. 27, n. 2, p. 313–331, 2020.

Céfalo, Bárbara; Santos, Alexandre. Drogadição e transicionalidade: intervenção psicanalítica [Drug addiction and transitionality: psychoanalytic intervention]. *UNIFUNEC Científica Multidisciplinar*, v. 6, n. 8, p. 132–146, 2018.

Chissini, Joana Marcos. *Reflexões sobre a (in)capacidade de estar só* [Reflections on the in/ability to be alone]. Dissertação (Mestrado em Psicologia Clínica) – Pontifícia Universidade Católica do Rio de Janeiro, Rio de Janeiro, 2022.

Gil, Antonio Carlos. *Como elaborar projetos de pesquisa* [How to prepare research projects]. 4. ed. São Paulo: Atlas, 2002.

Gurfinkel, Décio. Adicções: da perversão da pulsão à patologia dos objetos transicionais [Addictions: from the perversion of the drive to the pathology of transitional objects]. *Revista Psyche*, v. 11, n. 20, p. 13–28, 2007.

Gurfinkel, Décio. *Adicções: paixão e vício* [Addictions: passion and vice]. São Paulo: Casa do Psicólogo, 2011.

Kupermann, Daniel; Paulo, Universidade de São Paulo; Freudiana, F. Presença sensível: a experiência da transferência em Freud, Ferenczi e Winnicott [Sensitive presence: the experience of transference in Freud, Ferenczi, and Winnicott]. *Jornal de Psicanálise*, v. 41, n. 75, p. 75–96, 2008.

Lakatos, Eva Maria; Marconi, Marina de Andrade. *Fundamentos de metodologia científica* [Foundations of scientific methodology]. 5. ed. São Paulo: Atlas, 2003.

Lima, Felipe P. O trauma e o desvalimento em psicanálise: contribuições da teoria das relações objetais [Trauma and helplessness in psychoanalysis: contributions from object relations theory]. *Escola de Ciências da Saúde e Bem-Estar CISBEM/FMU: Atualidades na área de Saúde*, v. 10, n. 4, p. 46–61, 2022.

Migliorini, Walter José Martins; Freitas, Lídia Maria Chacon de. Objetos transicionais e o desenvolvimento da capacidade de incomodar [Transitional objects and the development of the capacity to disturb]. *Jornal de Psicanálise*, v. 51, n. 95, p. 89–103, 2018.

Minayo, Maria Cecília de Souza. *O desafio do conhecimento: pesquisa qualitativa em saúde* [The challenge of knowledge: qualitative research in health]. 14. ed. São Paulo: Hucitec, 2014.

Nascimento, Gustavo Chiesa Gouveia; Oliveira, Márcia Aparecida Ferreira; Soares, Ricardo Henrique. Psicopatologia dos objetos transicionais: o olhar de Winnicott para a clínica das adicções [Psychopathology of transitional objects: Winnicott's perspective on the clinic of addictions]. *Psicologia em Revista*, v. 26, n. 3, p. 901–920, 2020.

Padilha, Júlia Nina. *Toxicomanias: percurso teórico no campo da psicanálise* [Drug addictions: theoretical path in the field of psychoanalysis]. Dissertação (Mestrado em Psicologia Clínica) – Pontifícia Universidade Católica do Rio de Janeiro, Rio de Janeiro, 2020.

Santiago, J. *A droga do toxicômano: uma parceria cínica na era da ciência* [The drug of the drug addict: a cynical partnership in the age of science]. Belo Horizonte: Relicário Edições, 2017.

Schimith, Polyana B.; Murta, Geraldo Alberto Viana; Queiroz, Sávio S. A abordagem dos termos dependência química, toxicomania e drogadição no campo da Psicologia brasileira [The approach to the terms chemical dependency, drug addiction, and addiction in the field of Brazilian Psychology]. *Psicologia USP*, v. 30, p. 1–9, 2019.

Sedeu, Ricardo de Lima. Da toxicomania à adicção: uma abordagem relacional [From drug addiction to addiction: a relational approach]. *Estudo Psicanalítico*, Belo Horizonte, n. 42, p. 107–120, 2014.

Winnicott, D. W. A criatividade e suas origens [Creativity and its origins]. In: Winnicott, D. W. *O brincar e a realidade* [Playing and reality]. Rio de Janeiro: Imago, 1975. p. 108–139.

Winnicott, D. W. *O brincar e a realidade* [Playing and reality]. Rio de Janeiro: Imago, 1975.

Winnicott, D. W. *Privação e delinquência* [Deprivation and delinquency]. São Paulo: Martins Fontes, 1987.

Winnicott, D. W. Distorção do ego em termos de falso e verdadeiro self [Ego distortion in terms of false and true self]. In: Winnicott, D. W. *O ambiente e os processos de maturação: estudos sobre a teoria do desenvolvimento emocional* [The maturational processes and the facilitating

environment: studies in the theory of emotional development]. Porto Alegre: Artes Médicas, 1983. p. 128–139.

Winnicott, D. W. Da dependência à independência no desenvolvimento do indivíduo [From dependence to independence in the development of the individual]. In: Winnicott, D. W. *O ambiente e os processos de maturação: estudos sobre a teoria do desenvolvimento emocional* [The maturational processes and the facilitating environment: studies in the theory of emotional development]. Porto Alegre: Artes Médicas, 1983. p. 80–87.

Winnicott, D. W. Classificação: existe uma contribuição psicanalítica à classificação psiquiátrica? [Classification: is there a psychoanalytic contribution to psychiatric classification?]. In: Winnicott, D. W. *O ambiente e os processos de maturação: estudos sobre a teoria do desenvolvimento emocional* [The maturational processes and the facilitating environment: studies in the theory of emotional development]. Porto Alegre: Artes Médicas, 1983. p. 114–127.

Winnicott, D. W. *O ambiente e os processos de maturação: estudos sobre a teoria do desenvolvimento emocional* [The maturational processes and the facilitating environment: studies in the theory of emotional development]. Porto Alegre: Artes Médicas, 1983.

Winnicott, Clare; Shepherd, Ray; Davis, Madelaine. *Explorações psicanalíticas: D. W. Winnicott* [Psychoanalytic explorations: D. W. Winnicott]. Porto Alegre: Artmed, 1994.