

“Can I have a Band-Aid®?:”

Two-dimensional sacred space: between second skin and transitional objects

Orit Weksler

Emile, a boy of 5, constantly asks for Band-Aid®s, whether he has a wound or not. He wraps and unwraps the adhesive bandage around his finger in a compulsive, repetitive fashion. What is at the root of this behavior? Can an understanding of it be useful in treatment?

I would like to use Emile’s case as an example and an illustration of my thinking around behaviors that occupy a space that is not autistic, but not quite transitional. It is a rather two-dimensional space that nonetheless has an important part in our world and our culture. In addition to two-dimensional, this space is also non-symbolic, often nonverbal, and is used idiosyncratically and relationally to tackle anxieties that are too great to deal with. An observer -- a third -- can make meaning out of this repetitive, non-symbolized action, after the fact, elaborating and connecting it into culture.

Case Material: Emile, age 5

Emile was 5 years old when we first met. A bright-eyed, very slim boy. His parents came to the United States from Russia three years before he was born. His father, Oleg, worked as a professional while Luba, his mother, a college-educated woman in her early thirties with a passion for photography, had not been working or studying since their arrival here. Soon after Emile’s birth, his mother’s parents and siblings visited. An argument had erupted, but not a huge

one. Much to Luba's surprise, her parents packed their bags and announced their immediate departure. No amount of tears and regrets would change the decision.

Luba's siblings, unwilling to facilitate a reconciliation, soon followed their parents. Oleg, preoccupied with work, wasn't able to console Luba and she fell into a deep depression. "Emile and I were alone," she told me. "We were each other's life lines." They spent many hours on the rocking chair, listening to music and feeding. When Emile was 7 months old he had a cold and had a hard time breastfeeding. After that he refused the breast all together. He also refused to stay in her arms on the rocking chair -- he wiggled away from her arms and started crawling.

Emile has been on the move ever since, always jumping, running, and climbing. When around his mother, Emile would attack her constantly, pushing her with all his might, shoving his chin into her, jumping onto her back when she leaned forward, tipping her over, and making her fall. Outside, he sometimes would run without warning, oblivious to danger. At two, he had the beginnings of a bilingual vocabulary, but did not put together sentences. Additionally, his eye contact was poor.

Emile was diagnosed with autism spectrum disorder when he was two and a half, only a month before his sister Tanya was born. He started Applied Behavior Analysis (ABA) therapy¹, and his mother joined several support groups for parents of kids with special needs. Luba and her family resumed their relationship but the incident was never discussed.

¹ **Applied Behavior Analysis** is, according to the Center for Autism: "The process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors" (<http://www.centerforautism.com/aba-therapy.aspx>). ABA therapy is offered in California to children diagnosed with autism spectrum disorders. It is often conducted in homes by therapists paid minimum wages who have gone through scant training. Therapy, often referred to as "training," consist of sessions in which a child is trained to complete tasks, relying heavily on a reward system. Attention to the child's spontaneous gestures as attempts to communicate can be totally missed when using this goal-oriented system.

Luba felt that Emile and his sister were draining all of her energy. Despite the fact they were in school and preschool, respectively, every morning, she felt that she had no time for herself and was constantly exhausted.

Emile had a Band-Aid® obsession. He would ask for a Band-Aid® for each microscopic cut on his skin that he imagined. He would ask again and again. When he received a Band-Aid® he would play with it continually, dressing and redressing his wound. This of course was considered disruptive behavior at school. His school team came up with the idea to write a “social book” about the Band-Aid®. The book showed Emile asking for a Band-Aid®, being refused by the teacher, and then sitting quietly in his place without making a fuss. “No blood, no Band-Aid®” was the mantra. He brought this book in to show me recounting that story in the mechanical voice that he used for ABA-related “conversations”: If I get hurt, I look to see if there’s any blood. No blood, no Band-Aid®! Everything is OK! I’ll sit quietly! I won’t ask for a Band-Aid®!”

Band-Aid®s in Cultural Context

Toddlers love to cover themselves in paint or Nutella (or poop!). Three-year-olds put stickers on themselves and Band-Aid®s which can become part of the skin but then can peel off, leaving a clear sensation of tenderness on the detached surface. When there is an area of sunburn or a scab, a child may become curious about the layers of the skin, their function and thickness. Will it hurt to peel them? What is underneath? Is the dead skin representative of me or not me? This can be seen as a kind of precursor to any question about mortality, which usually tends to emerge around age 4.

We can see this as an example for a two-dimensional realm explored and opened before a three-dimensional one can be imagined. Winnicott (1967) talks about the emergence of a three-dimensional space, a “potential space” where imagination, thought, an observing self, are developed (p.369). Think of a child who has had the experience of having her finger dipped in peanut butter, stung by a mosquito, burned by hot tea, or had a Band-Aid® peeled off, a sticker stuck and removed, in the context of a “holding environment.” For this child, those sensations provide a sense of the limits and boundaries of the body as well as an idea of what’s inside and outside of it. Now, in a holding environment, those ideas can also be explored in words and in play with another person.

A three- or four-year-old child might point to a spot on her skin -- a real scrape, a line drawn with a marker or an imaginary wound -- and ask for a Band-Aid®. The parent, teacher, peer or sibling participating in this new play space would oblige while offering kisses, best wishes and perhaps a Band-Aid®, real or pretend. This is play, filled with a new array of projections, feelings and ideas. Now, the Band-Aid® is no longer another kind of sticker; it now appears on the scene playing the role of itself.

The Band-Aid® in this pretend play scene that I just described, is not itself a transitional object. The “play Band-Aid®” has the same function that a real Band-Aid® would in a real-life situation (when there is an actual wound), just as a character in a play would sit in a chair in the same way an actor might sit when not acting in a play. In normal development, once there exists a three-dimensional space, that is, when the Band-Aid® loses its magical adhesive quality, so it is then that the normally developed child is no longer fascinated with it. The Band-Aid® is then

abandoned and used as a prop in play, playing itself. Other things can be used as transitional objects and in this role can become play-Band-Aid®s, such as a blanket wrapped around a wounded doll's head.

In a world of three-dimensionality, Band-Aid®s enter the culture as a metaphor for a desired quick fix -- "putting a Band-Aid®" on something is often used as a way to imply that a method was used to cover up a deep problem rather than taking care of it. The common advertising of "skin-colored" Band-Aid®s over the years has raised the issue of the kind of skin-color which is considered normal or desired. Most "skin-colored" Band-Aid®s are white or pink, not brown or black as many people's skin actually is. A "skin-colored" band aid on black skin looks different, and actually articulates the wound underneath while on fair-colored skin the wound is disguised under the Band-Aid®. So Band-Aid®s are used in this context to show another way in which our culture articulates Caucasians as the norm and marginalizes non-Caucasians.

The two-dimensional Field of Sacred magic -- between autistic and transitional objects: theory

Winnicott, in his paper "The Location of Cultural Experience," (1967)² discusses use of objects and symbols via a developmental lens. For a baby to be able to have an image of the mother, she must be experienced as somewhat separate. If the mother, according to Winnicott, has an (good enough) ability to both empathically know the infant's needs, and become curious

about his spontaneous gestures when he starts expressing them, it allows for the emergence of an ongoing dialectic between merger and separation, very early in the baby's life.

This can go wrong in two ways: if the mother might stay too merged with the baby, not allowing enough space for him to imagine her, or if she leaves him alone for too long, giving the baby a feeling that he's falling into space. "Trauma implies that the baby has experienced a break in life's continuity, so that primitive defenses now become organized to defend against a repetition of "unthinkable anxiety." (Winnicott, 1967, p. 369)

However, babies don't die of unthinkable anxiety, instead, they live with it. Emile, my 5-year-old patient, may have been merged with his mother in a way that did not always meet his needs. He may have had to comply with his mother's needs when she was too depressed to leave her rocking chair. At 7 months, when he started to crawl, he may well have experienced a kind of "unthinkable anxiety" -- his new ability left him all alone as his mother did not have the capacity to respond to his spontaneous gestures, nor was she able to respond to his calls when he needed her holding. Yet Emile still developed³ -- how did he compensate for these deficits? How did he go on being without a sense of a holding environment?

There were things Emile was not capable of doing, things other 5-year-olds do. He did not have a sense of "being alone in the presence of an other." If he did something by himself, he was all alone. Asking for help or looking for reassurance did not occur to him. Nor was he capable, at age 5, of any kind of pretend play. The three-dimensional world of imagination and illusion was closed off to him. Once when we were sitting quietly in my office, we could hear

³ Rene Spitz (1887-1974) studied total deprivation, which he termed hospitalism, in children in a foundling home. He found that the developmental imbalance caused by the unfavorable environmental conditions during the children's first year produces irreparable psychosomatic damage to normal infants. Spitz's film *Psychogenic Disease in Infancy* (1952) shows the effects of emotional and maternal deprivation on [attachment](#). The film was the cause of major changes in childcare sections of institutes.

Tanya, Emile's sister, playing with her doll in the waiting room. "Who is she talking to?" Emile asked. The idea of playing out loud was foreign to him.

Francis Tustin, in her well-known paper "Autistic Objects" (1980)⁴ describes children who carry around objects, usually firm ones, that appear to be important for them. They are distressed when the objects are taken away and seem to feel comforted when they have them. However, those objects are very different from the "transitional objects" described by Winnicott. They do not carry the mystery of the created and found; they are not sacred in the way that transitional objects are sacred.

From a realistic point of view, Tustin (1980) says, they were used in a way which was useless and meaningless. From the child's point of view, it became obvious that they were absolutely essential. "They have a bizarre and ritualistic quality and the child has a rigidly intense preoccupation with them, which is not a feature of fantasy play. (p. 27)

Esther Bick⁵ (1968) defines the skin as a container, holding together parts of the personality that are experienced at first passively. Bick writes that a "Disturbance in the primal skin function" can lead to a development of a second skin formation through which dependence on the object is replaced by a pseudo-independence" (p. 484). Bick, rather than deeming the behaviors, similar to those described by Tustin, as "meaningless" and "bizarre," suggests instead that they show a use of a mental function, perhaps a talent, which is usually used in a different way.

Imre Hermann was a Hungarian psychoanalyst born in 1889, a student of Freud and Ferenczi. In his 1934 paper,⁶ he discusses “the significant role that the wish to cling to mother's body plays in the mental organization of the human being” (p. 5)

Hermann's paper includes a discussion of the erotic function of the hand, clinging behaviors in primates and an investigation of the role of hair and fur in perversions. Geyskens (Geyskens, 2003, p. 1521)..⁷ describes Hermann's analysis of “attachment pathologies,” such as depression, nymphomania and toxicomania and suggests a primal phantasy of the “forced break of the mother–infant relation” . Hermann described three positions towards this fantasy: clinging, going-in-search-of and the urge to separate. In this way, Hermann's model allows for a dimensional perspective of these attachment pathologies Rather than thinking about them in a linear, developmental way (one leads to another, one is more desirable than another), Hermann's positions describe pathology as a quantitative disharmony.

The primal fantasy of the forced break of the mother-infant relation includes the desire to cling to the mother. Frustration of this desire results in grief and longing, as well as in mastery. A disharmonious result of this frustration will be separation -- a reaction-formation to clinging, a tearing away or what Bick might have called pseudo-independence or the second skin. Another aspect of this forced break is the search for the mother. This search may become elaborated and generalized as curiosity and a pleasure of discovery, which Winnicott might have considered as a “cultural experience.” In a less harmonious situation the going-in-search will manifest itself as constant wandering, a restlessness, and an ongoing sense of anxiety around belonging.

Let us look again at Emile's wrapping and unwrapping of the Band-Aid® through the lens of the primary dilemma that Hermann put forth: the forced break of the mother-infant relation. Emile's frustrated need to cling takes on the shape of a forced premature separation, a repetitive tearing away that can be seen in his compulsive need for repeating this action with the Band-Aid® as well as in running away. His constant attacks on his mother -- a tormented search for her as an object and an environment. The deprivation Emile experiences is too great. It impedes his ability to pursue his curiosity and the pleasure of learning and playing.

When Winnicott wrote about the cultural experience he described a linear, developmental path to achieving it. That path inevitably travels through the land of three-dimensional transitional objects.

“If the baby is not given this chance then there is no area in which the baby may have play, or may have cultural experience; then there is no link with the cultural inheritance, and there will be no contribution to the cultural pool (1967, p. 371).⁸

I would like to suggest that there is another distinct space that is not meaningless, in the way Tustin describes autistic objects, but is also not three-dimensional in the way Winnicott describes transitional objects. It is, however sacred in a similar way, I think, to what Winnicott might say, and it seems indeed part of potential space. Hermann's dimensional model provides me with an idea: Perhaps cultural experience can stem from two-dimensional, repetitive phenomena as well as from three-dimensional elaborated, symbolic phenomena.

Let me try to describe these other distinct phenomena and locate them: These are phenomena which are not meaningless, but their meaning is unknown, as they are two-dimensional. They are spontaneous gestures without an observer. They obtain a created and found quality, but tend to be repetitive, unchanging and compulsive in their nature. The person feels compelled to do them rather than being interested, curious or joyful about it. There is a quality of timelessness -- as if the action is a place-holder, suspending time itself.

Here are a few examples:

- The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skillfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive “o-o-o-o.” He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful “da” (there). This, then, was the complete game -- disappearance and return (Freud, 1920 p. 15).⁹

I am having a conversation with my friend. She tells me about her children; they are all doing well and are in good health. When she says this, we are both compelled to look for the nearest wooden piece of furniture. We knock three times.

I have a mild cold. I stand in line at the store. I sneeze. “Bless you!” says the man standing behind me.

A child wraps and unwraps a Band-Aid® around his finger.

A person clears his throat twice before speaking ...

I would like to suggest that all those behaviors belong to the same realm – a magical, two-dimensional sacred space that is not symbolized and yet not meaningless.

When experienced in the cultural realm, these behaviors are not disputed. . We knock on wood because we knock on wood. We say bless you because that's just what we do -- the ritual is always the same, no further meaning is expected or possible. It is a two-dimensional exchange yet it does have a place and a cultural meaning.

I think this is how we contain anxieties that are too big for us to symbolize. These anxieties are not symbolized, but neither are they evacuated or projected. These kind of anxieties are suspended in repetitive action. This is where much of religion resides, if we think about it . For some artists the creative process is experienced as a two-dimensional action. They are compelled to create and find themselves repeating themes, desperate for an audience who will define and contain their art. The meaning of their actions is unknown to this kind of artist, as was the case with Freud's baby grandchild, and likely also to the person performing a social ritual until the appearance of an audience, an observer -- a third.

Here we can refer to quantum mechanics as a metaphor for the role of the therapist in a situation where two-dimensional actions occur. Young's (1802) famous double-slit experiment has shown that photons travel as waves and create an interference pattern until observed. Once an observer appears, be it a human or a machine, the interference pattern disappears and the photons act as particles. For the purpose of our metaphor: The two-dimensional action (wrapping and unwrapping a Band-Aid®) is like the photon wave, meaningless it travels in every possible direction repeating and interfering with itself. Until along comes the observer: a therapist, parent, an observing ego or a more mature version of self. When this observer looks at the action, meaning occurs in a kind of *Nachträglichkeit*, *après-coup*, or belated understanding, which changes the nature of the action but not the action itself.

Drumming and a kiss

I was able to think about Emile's use of Band-Aid®s as an action that carried a meaning - an action which repeated a dilemma of clinging and tearing. The action itself never took place in my office. When Emile asked me for a Band-Aid®, I told him I don't have any, which was true. I was, nonetheless, an observer and by means of observing the two-dimensional action it has settled on a meaning. Now there was room for another dimension. One day Emile started drumming on the little table while eating his snack. The plastic plate shook violently and fell off the table followed by all the utensils. I quickly cleared the yogurt cup, tea and water cups as his drumming became stronger. "Too loud?" he said, hesitantly, "No, I said, I like your music." I drummed too, matching his rhythm and sound. After a long time our play was finished. Emile stopped drumming, got up, came up to me and gave me kiss. That acknowledgment of the presence of the third, as therapist, was the beginning of another level of play.

Orit Weksler may be contacted at: oweksler@gmail.com

Bibliography

Bick, E. (1968). The Experience of the Skin in Early Object-Relations. *Int. J. Psycho-Anal.*, 49:484-486.

Freud, S. (1920). Beyond the Pleasure Principle. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922): P 1-64

Geyskens, T. (2003). Imre Hermann's Freudian theory of attachment. *Int. J. Psycho-Anal.*, 84:1517-1529.

Hermann, I. (1976). Clinging—going-In-Search—A Contrasting Pair of Instincts and their Relation to Sadism and Masochism. *Psychoanal Q.*, 45:5-36.

Spitz Rene (1952) [*Psychogenic Disease in Infancy*](#) (film)

Tustin, F. (1980). Autistic Objects. *Int. R. Psycho-Anal.*, 7:27-39.

Winnicott, D.W. (1967). The Location of Cultural Experience. *Int. J. Psycho-Anal.*, 48:368-372.

Young, PUT QUANTUM MECHANICS REFERENCE HERE THANKS

[Young, T.](#) (1802). "The Bakerian Lecture: On the Theory of Light and Colours". *Philosophical Transactions of the Royal Society of London*. **92**: 12–48.