CERTAIN RELATIONSHIPS BETWEEN FETISHISM AND FAULTY DEVELOPMENT OF THE BODY IMAGE

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I

This paper aims to present certain considerations regarding fetishism, especially from the angle of its relation to defective development of the body image. At a later time I plan to present a second paper indicating some probable connections between fetishism and certain forms of drug habituation.

We may define fetishism as the obligatory use of some non-genital object as part of the sexual act without which gratification cannot be obtained. The object may be some other body part, or some article of clothing, or less frequently some more impersonal object. In most instances the need is for possession of the object so that it can be seen, touched, or smelled during or in preparation for the sexual act whether this be masturbatory or some form of intercourse. In some instances it is not only the possession of the object but a ritualistic use of it which is essential. Fetishism is a picturesque symptom but one which, in its well developed form, does not come very often under the scrutiny of analysis. Freud (1927) early remarked on this and stated that fetishists often regard their practice as abnormal but not as a symptom. Most of them manage some way in their sexual life; in fact the fetish may be the cornerstone for the maintenance of sexual activity. Indeed in reviewing all of the clinical cases reported in the psychoanalytic literature there was only one in which fetishism was the presenting symptom, and here it was because of the peculiar nature not only of the fetishistic object but of the fetishistic act, involving the obligatory cutting of the wife's hair during the sexual act. It was largely the wife's rebellion rather than the direct discomfort due to the symptom per se that brought the patient to treatment (Romm, 1949).

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A compilation of cases reported by other authors (Abraham, 1910; Bergman, 1947; Bak, 1953; Harnik, 1932; Kronold and Sterba, 1936; Lorand, 1930; Vencovsky, 1938; Bonnett, 1952; Fenichel, 1945; Freud, 1917; Gillespie, 1940, 1952) as well as three cases of my own experience, indicates certain common denominators in the qualities of objects chosen: foot and shoe fetishes are most frequently mentioned; corsets also are common; hair and fur rather less frequent than one might at first expect. Rubber and leather goods, and articles with lacings and ties, ropes or thongs, and shiny, smelly objects are the ones most often described. In general it may be seen that the objects are closely related to the skin and particularly to odoriferous skin; only occasionally the odor itself seems to carry the fetishistic quality. But thongs, laces, and straps (on shoes, corsets, and in self-tying rituals or attacks on others) are noteworthy. The relation of the fetishistic ritual to other elements of the sexual behavior varies considerably. In some patients fairly competent sexual activity—either homosexual or heterosexual—was maintained parallel with the need of fetishistic support to the act. It seems that the need for the fetish appeared early and that none could go for long stretches without recourse to the fetish, to reinforce an insecure sexual structure.

A patient whom I studied for a considerable period was somewhat atypical in that he was what one might call a marginal fetishist. He was a physician of thirty-five, who sought analysis for other reasons than the fetishism, and in fact neither complained of it nor considered it especially noteworthy. It had been conspicuous only in his teens and early twenties and had appeared in two different forms: women's silk underwear and later corsets. Of his early history, it is significant that his mother made much of her injury at his birth, evidently a severe tear with resultant prolapse of the pelvic organs. She was a pleasant but rather restrained woman who was attached to her son, but did little for the physical care of her child, which devolved rather upon a maiden aunt, who lived with the family and shared a room with the patient until he reached puberty. The household was rather overloaded with female relatives, the patient and his father being the minority sex. In his infancy he had had recurrent attacks of generalized furunculosis, which necessitated some lancing and much swathing in bandages. After he reached school age his health was good, except for an attack of acute appendicitis at puberty, for which he was promptly operated on.

His father was a successful, active, but rather unstable country doctor, who during the patient's early childhood had his office in the home. There was much to indicate that the child had, even in his earliest years, gone into his father's consulting room and had seen minor operations and examinations. Before he started school, he used also to make rounds of calls with his father and wait in the car while the father attended his patients. His mother had a hysterectomy when he was about six. The fantasies of this combined with his own early sur-

gical experiences, his observations about the father's office, and the accounts of the damage his birth had done to his mother formed the basis for early sado-masochistic masturbatory fantasies. During the latency period these were acted out in play with other children, with mutual trussing, binding, and torture threats.

At other times he dressed in his mother's clothing and paraded in front of a mirror, "in order to make fun of her." (This is quite interesting as it uses play in the female clothing both for identification and an attempt at repudiation.) At the time of the appendectomy at puberty, while still in the hospital he seduced his nurse to sleep with him. This was certainly patterned after his father who was then carrying on an affair with his office receptionist, but it was also a very clear and almost conscious reassurance to him that his penis had not been injured by the operation. The reassurance was not lasting, however, and he began a period of compulsive masturbation with fantasies based on the story of "The Pit and the Pendulum," which he had recently read. This period of his boyhood was a miserable one. There began also episodes of peeping, in which he had a feeling of phallic power and conquest in looking, would become aroused, but must have a piece of feminine silk underwear in which to masturbate afterward. At about eighteen he began relations with girls, but was partially impotent until he found that he could be more successful if the girl wore her corset or girdle during the intercourse. He especially preferred stiff corsets or boned girdles. This species of fetishism lasted until his marriage in his early twenties, when it terminated partly because he could not bring himself to confide this need to his wife and could only be sure of success when he managed to trick her into co-operation.

The patient was a bright man, but very detached, and with much energy bound up in his unconscious fantasies. He did reasonably well in medical school, where, as became evident during the analysis, he had many latent fantasies of changing boys into girls and vice versa. Consequently he became an endocrinologist and practiced his specialty for a few years before the war.

His marriage was to a socially desirable young woman with whom he seemed to have almost no real emotional relationship. The marriage soon deteriorated and the patient began to drink, at first sporadically and then almost daily, so that most evenings found him more or less ethylized. In this period there were episodic recrudescences of the voyeuristic exploits, about which he now became terrified lest he be caught and disgraced.

The outbreak of the Second World War gave him a way out. He enlisted promptly. Here he had a brilliant army career, as an organizer of medical services. He did almost no regular medical work, but was engaged wholly in planning, at which he proved to have real talent. There were occasional lapses into alcohol, during which he would sometimes blank out; and there were rare voyeuristic masturbatory episodes. This period in the army, however, was the best of his adult life, safeguarded by the intensification of earlier compulsive character traits. During this period, and still present at the time of his analysis was an interesting derivative of his earlier disturbance; he had a complete collection

of *Life* magazine from the earliest issue. He spoke of this at first only as a hobby, of which he seemed unduly proud. It became clear, however, that there was an extreme compulsive force back of this. Marked anger or anxiety with fear of death would arise if he seemed in danger of losing or missing one issue of his magazine. There was a neurotic need to see and to keep *Life* with all its pictorial embellishment from its very beginning.

One is impressed with the fact that mild forms of fetishism are probably quite common and do not appear as particularly strange, although the severe fetishist is dramatic in his bizarre and fantastic quality.

It is interesting to trace the development of Freud's ideas about fetishism. In the *Three Contributions to the Theory of Sex* (1904) he mentions that a certain degree of fetishism regularly belongs to the normal, especially during those stages of courtship when the normal sexual aim seems inaccessible or its realization is deferred. He thought that the selection of the special fetish was determined by sexual experiences (traumas) of childhood, and he postulated a constitutional predisposition, "an executive weakness of the sexual apparatus." In 1927 he stated categorically that the fetish represented the substitute for the mother's phallus which the little boy once believed in and is unwilling to forego, maintaining this belief through the fetish at the expense of energetic denial of the actual situation. The fetish is "the token triumph over the threat of castration and a safeguard against it." He also considered that it might safeguard the fetishist against being homosexual (or, we might say, from recognizing his own homosexuality, since every intercourse with a woman became for him a relationship with a phallic woman). At this point he commented that the fetish is rarely an object which would otherwise be used as a penis symbol. He later corrected this, considering the commonness of the shoe and foot as a fetishistic object. He thought that the fetish came to life when some process was interrupted by the trauma of looking and seeing the female genitals: the fetish was the last way station of safety (a mechanism somewhat resembling that of a screen memory).[2] At this time Freud thought that it was not always possible to determine the derivation of the fetish itself, but he maintained that fetishists had a kind of double vision in regard to feminine castration: that the fetish denies and asseverates the fact of castration, and is constructed out of two opposing attitudes. The symbol then is usually one that can combine opposites. We shall hear more of this in later years with further development of

[2] This is clearly illustrated in a case quoted by Fenichel (1945) of a foot fetishist who recalled in his adolescence an incident when on seeing a girl with bare legs he felt a "command to remember" that girls too have legs (p. 327).

psychoanalytic concept, and the subsequent later emphasis on fetishism in relation to the sense of reality and the split in the ego.

Abraham in 1910, between the two statements of Freud just given, writing about a case of foot and corset fetishism, also considered the constitutional elements, but emphasized rather the positive strength of certain component instincts. True to the period, he was interested chiefly in the mechanisms, here emphasizing displacement and partial repression. He also believed that the prognosis was better in the neuroses with fetishistic symptoms than in cases of fetishism as a clear perversion.

During the 1930's there were occasional references to fetishism, though no very extensive study. Most important are the papers of Glover (1933), Fenichel (1930, 1931), Payne (1939), Balint (1935), and Freud's (1938) own paper on splitting of the ego in the defensive process. Subsequently there are two interesting papers by Gillespie, one published in 1940 on fetishism and one in 1952 on perversions in general with special reference to fetishism. There have also been Bak's paper (1953) and some clinical reports (Wilson, 1948; Wulff, 1946) in addition to those which have already been referred to. These dealt mostly with the relationship of fetishism to the reality sense and the development of the ego. Glover's article on "The Relation of Perversion Formation to the Development of the Sense of Reality" (1933) emphasized the continued intensity of introjection-projection mechanisms and the interference of this state with the developing sense of reality. He made the following interesting statements:

> Adult objective reality, self-preservation apart, is not so much something we come to recognize, as an inheritance from infancy—something we maintain possession of after it has passed through screens of fear, libidinization and sublimation. . . . When for whatever cause, some form of infantile anxiety is reanimated . . . . in adult life, one way of dealing with the crisis is the reinforcement of libidinal systems. This gives rise to a perversion. *Perversions help to patch over flaws in the developing reality sense.*

Glover remarked on the relation of fetishism to certain phobic states which he considered negative fetishistic phenomena. Fenichel (1930) chiefly dealt with the relationship between fetishism and transvestitism, emphasizing that the transvestite himself represents the phallic woman, and at a deeper level the own penis is the introjected woman. Payne (1939) enunciated a special ego weakness which predisposes to castration fear; the fetishist remains orally dependent and in connection with the dependence develops conflicts around sadism. The longing for the fetish is a longing, she says, for "good parents who may be introjected, and who will protect him against anxiety; at the same time it is a longing to

atone for the fantasied destruction of the parents." She also makes the simple but substantial remark that in the history of the fetishist are many events tending to increase his dependence on his parents. Freud's paper in 1938, an unfinished fragment, gives a lucid statement of his formulation of fetishism at that time. He emphasized the strength of the castration fear and considered that this might be increased by the juxtaposition in time of the seeing of the girl's genital, with masturbation by the boy, and direct castration threats following. He summarized the sequelae as follows: the boy then hallucinates a female penis, but allocates its importance to another part of the body which is subsequently transformed into a symbol. He continues to masturbate; but fears the father's punishment now for other things. Finally he develops a displaced castration fear; e.g., not wanting his toes to be touched. He stated the conflict as one between instinctual demand (which has been accustomed to gratification) and the command of reality as announced in a traumatic experience of intolerable danger. The child does not renounce gratification nor repudiate reality in general, but takes the fear as a symptom and then tries to divest itself of the fear. This causes a rift in the ego which does not heal, and the two contrary reactions are the central focus of the split in the ego.

Probably influenced by Payne and the special formulations of M. Klein regarding primitive oral sadism, Gillespie's paper on fetishism in 1940 presented also much additional interesting material. He restated the problem of the crux of fetishism, now asking whether the castration problem, though glaringly prominent, is the real focus of the disturbance or whether main dynamic force really comes from more primitive levels; i.e., from pregenital disturbances. He confirmed Payne's emphasis on the sadism and finally concluded that the castration anxiety of the fetishist was of a specifically weighted variety with a strong admixture of oral and anal trends. He also stressed the abundant overdetermination of the fetish—a fact which the present paper will reaffirm. In his 1952 paper on the same subject, he continued much where he left off in 1940, and made clear that he considered the splitting of the ego and the object not only prepared for by the persistent and strong introjection-projection mechanism, but by the development of such mechanisms as denial, omnipotent idealization and annihilation, and considered that these mechanisms are not limited to schizophrenic patients. He concluded that an important difference between neurosis and perversion lies in the type of dominant defense: repression in the former and the primitive defenses enumerated in the latter. These latter belong, he stated, to "an early stage of ego development when ego organization is imperfect and disintegration can

readily occur." He now reaffirmed his point of view that the castration complex, spectacular as it is, has arrived at this intensity because of earlier pregenital, chiefly oral developments. This overly sharp castration threat then causes a partial regression to oral sadism and to the primitive stage of ego development characterized by splitting. He believed that the "exploitation" of the splitting mechanism in many different ways is characteristic of perversions in general. He then differentiated between a schizophrenic type of splitting of the ego in which all split parts remain at a primitive level of object relationship; and a perverse type of splitting in which part of the ego remains in good relationship with reality, while the other part, by virtue of the denial mechanism, clings to a [focal] psychotic delusion—as in fetishism. He made the further statement that *anxiety activated by the sight of the female organ is not merely castration anxiety in these cases, but is increased by latent pregenital factors which become reactivated only following regression.* (We italicize this statement for reference later in the paper.) In addition, Gillespie considered that the utilization of the inanimate object is determined by the defense against the sadism and the fear of the destruction of the object: the fetish is permanent, unchangeable, and nonretaliative.

Bak (1953) emphasized especially the earlier work of Freud, as to the importance of the castration threat, denial of castration and the splitting of the ego. He stressed further (1) weakness of the ego structure which might be constitutional or the result of physiological dysfunction, due to disturbances of the mother-child relationship, with increase in separation anxiety resulting in clinging to the mother as to a part—with erotization of the hands and predilection for *touching;* (2) fixation in pregenital phases—especially with emphasis on anal erotism and smelling—with respiratory introjection and scoptophilia playing important parts; (3) the symbolic significance of the fetish corresponding to the pregenital phases in condensation; (4) simultaneous or alternating identification with the phallic or a-phallic mother with a corresponding split in the ego; and (5) identification with the a-phallic mother, creating intrastructural conflict; and both separation from mother and castration being defended by the fetish. He further stressed what seems to me of great significance, that the castration threat is not merely from the outside (i.e., from the sight of the mother's genitals) but also from within, from a strong desire to identify with her. This question of the relation of identification with the female, arising before the phallic phase and not as a result of the oedipal conflict, is especially important and will be elaborated on further in my own presentation of material.

This review of the main contributions in regard to fetishism is pecu-

liarly interesting not only for the development of the specific theories but for what they reflect of the development of psychoanalytic theory in general.

II

Clinical Remarks

Utilizing the foundation work of others which has just been reported, this paper presents certain additions to the theory of the development of fetishism, approaching its constellation of problems especially by a consideration of vicissitudes in the development of the body image. It has been remarked throughout that fetishism, like genital exhibitionism, is a condition limited almost entirely to males. I have myself had one rather atypical case in a female. While Fenichel states that the condition is rare in females, I have been able to locate only one other report, that of H. v. Hug-Hellmuth in 1915. There are some allied conditions (e.g., kleptomania) which are characteristic of the female; and the form of pseudo drug habituation on which I hope to report at a later date is no respecter of sexual differences.

The material of this study is based on the three cases of fetishism in my own practice, together with a compilation of all the cases which I could locate in the psychoanalytic literature. I have further drawn on the study of other severe disturbances of pregenital development in my own work in my effort to understand the evolution of the phenomenon of fetishism. It is noteworthy that fetishism, as a symptom, becomes manifest usually quite early: often in late adolescence or early maturity, occasionally in puberty, and in a few cases it can be traced continuously back to the fourth or fifth year. It is nearly always associated, in the reported cases, with other manifestations of perversity and of instability of character, epecially with voyeurism, sadistic practices, homosexuality, and transvestitism, with which latter state it seems to have a special genetic connection. A review of the reported cases gives the impression of severe narcissistic as well as sexual disturbances. It is also noteworthy that there is frequent, perhaps universal occurrence in these cases of compulsive masturbation which characteristically serves the purpose both of reassuring in regard to the possession of the penis and of attempting to get rid of it as a troublesome organ. It starts as an effort to verify the possession of the organ and ends with the re-establishment of the fear of its loss. The masturbation itself may be of a self-punishing type. Another characteristic of many fetishists is a condition which may be designated generalized castration hypochondria. This is a state which Freud hinted at in his

1938 paper on splitting of the ego in the defensive process, in indicating that the prefetishistic child might postoedipally develop an aversion to having his toes touched. In its well-developed form it is characterized by widespread, intermittent and shifting sensations as though certain body parts would be cut off or fall off—most conspicuously fingers, toes, upper and lower extremities, and teeth. One gets the impression in severe cases that the whole body is a genital, and also that any body part or protuberance may play the role of the genital and suffer the reaction to the danger of castration. It is, in the male, a condition of fluidity of genitalization of the body similar to some conditions in the female in which an illusory penis may occupy almost any body site. There is thus a peculiar predilection for the mechanism of displacement, especially in body terms.

Before turning to theoretical considerations, I would present another sample of fetishism which contributed much to my understanding of the condition. This was the case of a man in his thirties who came into analysis because of other neurotic conditions. At the beginning of the analysis his sex life was characterized by the following symptoms: he had rarely consummated thoroughly satisfactory intercourse, and then only under conditions in which he had been provoked to rather marked anger. He was, however, an energetic man who made persistent attempts. He had at this time also made no real relationship with any girl, seemingly being so preoccupied with the genital problem that he could scarcely know the girl for herself. After a tolerably successful intercourse with a girl, second attempts would generally be less successful and increasingly guilty. If he continued to see the girl she would become increasingly repulsive to him, especially as his attention seemed inevitably focused on her body orifices. Even the pores of her skin began to be too conspicuous, to loom larger and become repellent. He had a typical and moderately severe general castration hypochondria. At times he felt extreme pressure in his mouth, as though a cloth were forced into it, or as though a metallic object would break out his teeth; then again he would get sensations of having an opening, a kind of mouth-vagina (a transverse slit which comprised mouth and Chinese vagina) located sometimes in the suprapubic region and sometimes in the perineum. This signalled impotence, after which he gave up the current girl and went on the prowl, hunting for a special type of girl, obviously a prostitute figure, but one who must wear a certain type of shoes. Association with such a girl, or series of girls, might somewhat restore his potency. Sometimes looking at pictures of girls in these shoes was sufficient. Gradually he found too that he could be more successful if he approached a girl from the rear and did not have to be visually or tactually too aware of the difference between them. He did not have to have the shoe actually present in the sexual act, but still did not seem able to carry over the fantasy image for long periods of time and had to freshen it up or reinstate it, by seeing or touching the special shoes just before the intercourse. What seems striking here is that the young man gradually, through vision and touch, identi-

fied with the partner and took over her genital equipment to the extent of an illusory mouth-anus-vagina.

It may be permissible here to borrow another slightly contrasting case, reported by Kronold and Sterba (1936). These authors presented two cases of ritualistic fetishistic masturbation in which a clear feminine identification occurred in the act of masturbation. It is not because of this feature alone, however, that I have taken the liberty of quoting one case and shall return to it later in the discussion of the genesis of the condition. Kronold's patient was a student of twenty-four who came for treatment because of compulsive masturbation and aversion to women. He became sexually excited on seeing men roughhouse together. The compulsive masturbation was a ritualistic affair dependent on the patient binding himself in such a way that a rope passed up beside his penis and up to the buttocks. He also bound his arms and legs in such a way as to make a bundle of himself, roughly in a foetal position. He could then stretch his legs so as to exert pressure on the penis with the rope and so get an orgasm. He masturbated in front of a mirror, nude except for his carefully polished shoes. After carefully powdering and rouging his face, he covered his penis with a handkerchief. When he threw away his ropes he stole new ones from his mother. A modification consisted of hanging by a strap from the hinge of a door, bound and head downward, and then getting pleasure by pressing his penis against the door.

I shall select only a few facts from this patient's life. He had a brother, born when he was four and a half, of whom he was intensely jealous and to whom he was subsequently overly devoted. He insisted on sleeping in bed with his mother and the new baby, helped his mother take care of it, sewed and crocheted and played with dolls. The exact date of the outcropping of the fetishistic masturbation is not clear, but it is reported that this brother was the first object of his fettering; and that he became excessively devout at ten but trussed up his cousin who played ministrant to him as priest. It would seem that he condensed all these proceedings upon himself in his own ritual some time later—perhaps with pubertal masturbation.

In this case one is impressed with the extreme degree of clinging response to the mother after the birth of the baby, followed by the identification with her. Although data of the first months is not given, the intensity of this response suggests something of the clinging, touching urge especially mentioned by Bak (1953). The character of the mother too would be of interest. In the form of the masturbatory ritual one sees that the ropes prohibit and procure masturbatory stimulation at the same time; that phallic woman, body-phallus, and baby-phallus are all dramatized in the single ritual, which is then both sadistic and masochistic. Furthermore, that the ropes not only swaddle the baby but package it as if to throw or send it away; that they are the mother's phallus (he steals them from her repeatedly), but that they are further the priest's

cingulum and the umbilical cord. Furthermore, the accessory ritual of hanging head downward from the door hinge suggests not only the detumescent penis, but the act of birth itself. (We would be interested to know in this connection whether the birth was at home and the child had more than ordinary inklings of what went on at the time.) He succeeds also in reproducing his version of the primal scene by doing this miracle of condensed ritualistic fugue before a mirror. I should like, however, to note especially the handkerchief over the penis: whether this is not only a reinforcement of foreskin, but of eyelids in addition—a symbolic denial of vision in which the ability to see, however, is maintained. The primitive type of visual incorporation balanced by its opposite, primitive denial, is richly evident. This case also obviously stands somewhat between ordinary fetishism and transvestitism.

With this introduction, it seems natural to tackle the problems of fetishism from the angle of the body image: its mutability, its pliability, its peculiar capacity to register and re-express memories with a sublimely economic condensation, like a somatic fugue.

The problems of the genesis of fetishism, up to this point, may be summarized as follows: Is it an extraordinarily strong castration problem of the phallic-oedipal period which is the focus of the disturbance and causes repression and splitting of the ego, generally without a total abrogation of the genital position; or is there already at the phallic phase a weakness in the pregenital structure with a rift in early ego development definitely forecast or present, which sharpens the castration problem and draws the primitive form of denial mechanism so readily into its service? I incline to this latter view based on the study of the clinical material available.

A review of the actual cases suggests that there are two main eras of disturbances; namely, those of the first eighteen months or so, and those occurring at three to four years of age. In considering the disrupting influences of the first era, we may again group them into early physical disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature; disturbances of mother-child relationship which affect the sense of the infant's own body and leave an imprint on the early emerging ego; and third, the effect of early primary identifications. In the second era, I would especially stress the role of trauma, either through the continuation of chronic or recurrent traumatic conditions of the first era, or the occurrence of a severe, overwhelming castrating type of trauma which enormously increases and patterns the developing castration complex; and finally the changes of the phallic phase and the emergence of the bisexual identification becoming mani-

fest in the immediate postoedipal period. The choice or determination of the fetish will also be discussed, and the relation to certain other conditions suggested.

Disturbances of the First Era (the First 18 Months):

It should be emphasized that at this time it is probably not in most instances the single traumatic event, but the existence of continuous traumatic conditions or the recurrence of severe traumas which produces effects of sufficient magnitude to dislocate the regular development of the libidinal phases and consequently the integrity of the emerging ego. Among the *traumatic conditions,* severe and/or continuous disturbances of the mother-child relationship are most noteworthy. Bak (1953) has already mentioned such a disturbance, which he described as resulting in a "physiological dysfunction" with increase in separation anxiety, so that the infant tends to cling to the mother as representing a part of itself, with resulting erotization of the hands and a predilection for touching. Such an infant would also have an increased touching-smelling pressure toward its own genitals but especially toward its stools. Another group of cases which are closely related to Bak's consists of those infants who are held in a state of appersonation—especially guilty, hostile, or anxious appersonation—by the mother, who may touch the child little, and when she does so, handle it as though it were a contaminating object and yet sometimes feel especially compelled to keep it always within her sight, to be sure that nothing has befallen it. This is particularly true of some severely phobic mothers. One of the cases described by Gillespie seems to have probably had such a beginning. Here vision takes the place of touching, and a peculiar responsive hypertrophy of visual activity with a yen for touching occurs in the child, in which there is an uncanny reaching out with the eyes, which is persistent. On the other hand, the deficient handling or cuddling of the child gives it inadequate surface stimulation and warming, and the body surface may not be well defined or secure in the central image.

In understanding the development of this first year or eighteen months of life, one must recall that during the first few months, roughly the first six, the mouth and lips seem undoubtedly to be the focus of the most differentiated and sensitive sensations and are used for pleasure and exploration above any other body part. They furnish the paradigm for other incorporations. In addition tactile sensations (warmth, stroking, firm holding) supplemented by superficial kinesthetic responses and smell probably furnish the bulk of the sensory life of the infant, with hearing

and vision playing extremely variable roles (worthy of special study of their own).

With the sitting up of the child and the development of focusing of the eyes and more precise arm and hand movements, much of the exploratory activity of the infant is switched from mouth to prehensile vision and arm-hand activity. That the ratio of participation of orality-vision hand-touch must vary considerably in different infants is obvious. It might parenthetically be suggested, however, that the differences in these ratios are extremely fateful in contributing to the forms of later developments. Thus far we have spoken then only of gross and persistent disturbances in mother-child relationship which form the background for a severity of many later developments.

The other group of significant conditions of this first era are the occurrences which produce specific disturbances of the body image, resulting probably in subjective feelings of fluctuations of total body size and of what one might call intra-body pressures. These may be caused by (1) *actual changes in body* nutrition with rapid emaciation or sudden gains in weight, or abrupt swellings and edemas; (2) physical conditions producing *subjective sensations of sudden changes* in size, such as repeated acute fevers, repeated anesthesias, convulsions, certain severe rage states, and possibly some skin conditions; and (3) certain *activities applied to the child,* such as frequent body massages, repeated violent tossings and ticklings or similar massive overstimulations which throw the infant into states of extreme excitement with abrupt termination, probably with a suffusion of general sensory stimulation beyond the capacity for any comparable motor discharge.

Last of all among the disturbances of this first era, the persistence of an unusual degree of primary identification will be discussed. We have already mentioned the important emergence of vision in the functioning of the infant after six months of age. It would seem that this relation of vision to touch and orality is also of the greatest moment in the establishment of the body image. What I would conceive of is something as follows: Vision is extremely important not only because it is prehensile, but because of its increasing scope, in range and distance. Much more than touch and extensor motion, it can, by the age of one year, "take in" the surroundings with extraordinary fineness. Our body image develops largely from endogenous sensations, from contacts with the outer world (of which feeling one part of the body with another is a peculiar condensation) and from seeing our own bodies. Here, however, is the fact that not all of our own bodies are actually visible to us; and in the case of those parts of the body which are not visible to the child himself, the

endogenous and contact sensations are supplemented by visual impressions of the bodies of others. Consequently the body image is not based just on the perception of the own body but to a little extent anyway on the visual perception of the bodies of others. (Incidentally, it seems possible that the force of visual incorporation of *the other* may be one among many reasons why people who live together through years often come to look alike or have similar facial expressions.)

Now it is evident, too, that the genital area and the face are the two most highly differentiated parts of the body which cannot be "taken in" thoroughly through visual perception of the own body—the face even less than the genitals. The awareness of these and their location in the body image must be supplemented by the observation of these parts in others. We are indeed aware that although the own genitals may be partly seen by the male and very little seen by the female, they can never be quite so clearly observed in any event on the self as on others. It is probably this which makes them so peculiarly important in the sense of body self, the senses of reality and identity, and even in the wish to learn. The genital area is probably more important than the face because of the grosser differences between the sexes and the discrepancy therefore which may occur between that which is visually "taken in" more strongly from another body than it can be from the own.

It seems that in the early history of the pre-fetishist, there may be an insecure and unstable early body image developed, from any combination of causes already mentioned. There is as a natural result of this a continuation of the state of primary identification. (This has been stated before in terms of the continuance of an increased introjective-projective mechanism.) In a number of the patients developing later fetishism, enough to make me think it might be of some import, the boy child has been in very close visual contact with a female, either the mother or more importantly a sister relatively close in age, and it appears that there may have been a state of primary identification which resembles that seen in twins, with a well forecast bisexual splitting of the body image even antecedent to the phallic phase. I wish it were possible to give more detailed case histories here, but for various reasons this is not feasible. I can only say that my own case material convinced me of the importance of this factor in shaping the later developments.

Disturbances of the Second Era (2-4 Years of Age)

In most cases, we suspect, there is a continuation of one form or another of the same mother-child disequilibrium which has been so marked during the first months, though naturally it may now be more compen-

sated by contact with other individuals. More important now, however, are the further reasons for the especial severity of the castration complex. Here again two sets of factors may be observed: (1) the occurrence in a certain number of cases of unusually severe castrating types of real trauma, beyond the ordinary developmental traumas which are necessarily ubiquitous; and (2) the special effects on the spontaneous ordinary developments of the phallic phase when these must suffer an absorbing impact from the special disturbances of the body image originating, as outlined, during the first era.

The traumas which are most significant are those which consist of the witnessing of some particularly mutilating event: a mutilating death or accident, operation, abortion, or birth in the home. It is possible that some operations on the self may play an important role here too: such things as tonsillectomies or other bleeding operations. But severe as these are, I doubt whether they are felt quite as catastrophically as the bleeding injury which is introjected through vision, especially if this involves the genital area. In my own case material this has been well corroborated. If we take Freud's 1938 paper in which he outlines the development of a case of fetishism, and emphasizes the sight of the female genital coincidental with masturbation and threats of castration just at the beginning of the phallic phase, and substitute for "threat of castration" "sight of mutilated and bleeding body," I think we may envision what happens in a certain number of children.

Now if we think of this situation of a varying degree of intensity of actual castration threat, spoken or actually seen, and empathize with what happens inevitably then with the development of the sharper, keener, naturally more pleasurable sensations of the phallic phase, we can sense the crucial conflict of the potential fetishist. It is obvious that in the earlier instability and fluctuation of the body image, frequency of occurrence of overpowering massive body stimulation, increased tendency to visual introjection of the body and especially the genitals "of the other," there is all the groundwork for an exquisitely sensitive body-phallus identification. This actually is apparent also in the symptomatology of fetishists and is emphatically announced in transvestites. The increased sensation accompanying tumescence and detumescence of the phallic period inevitably arouses not only the severe castration anxiety associated directly with it, but reinstates the primitive disintegration anxiety from the first era, because of the strong body-phallus equation. It is noteworthy that the history of many fetishists shows marked disturbance with some evidences of bisexual identification becoming manifest at four or five years of age. The phallic period, which should under ordinary circum-

stances be the time for the consolidation of the genital part of the body image, has become instead a period of increased anxiety and uncertainty regarding the genital parts.

These children hardly solve their oedipal problem at all; and even the subsequent feminine identification which follows seems to have had its origin earlier and been a way of by-passing the full intensity of the oedipal conflict rather than resulting greatly from the oedipal conflict itself. The latency period may furnish some respite in that the endogenous physical pressures are lessened, but the lack of any decisive resolution of the oedipal conflict is apparent in the greater number of explorations and pseudotraumatic events which are precipitated even in these latency years. Either with prepuberty, puberty or adolescence, there occurs the full outcropping of the character disturbance in which there are compulsive attempts at control and fetishism plays its dramatic part.

The Choice of the Fetish

The fetish, which is then the keystone of a wavering genitality, must satisfy the requirements to be stable, to be visible, to be tangible. It must be capable of symbolizing both the penis and its obverse. Further, it often includes the quality of being smelly, so that it can furnish a kind of material incorporation through being breathed in, without loss, i.e., without diminution of its size or change of its form. It must thus be capable of remaining intact outside the body so that it may at the same time be visually introjected and stabilize the sense of the own body. Gillespie has especially emphasized that the durability of the fetish withstands the fear of the sadistic annihilation impulses and that it generally is inanimate in order to be assuredly nonretaliative. While this seems doubtless of great importance in some cases, it would seem that the immobility of the fetishistic object further serves to help counteract the anxiety of the sensations of changing size and shape of phallus and body, in the way already indicated. The intensely strong castration fears of this phallic period, drawing with them the primitive body disintegration anxiety, are rearoused when the fetishist attempts intercourse and sees the penislessness of his partner and feels or sees the disappearance of his own phallus into the vagina. In some particularly severe states a condition of a sensory misperception of an illusory vagina is established, which is inconstant in form and location and may be as changeable as the site of an illusory penis in the female. This is probably much reinforced by sight of and contact with the mouth as well as the vagina of the partner. Both Gillespie and Payne have emphasized the importance of

sadism in these cases, and have thought it was largely an increased oral sadism as described by M. Klein. On the basis of studying the array of published cases, it would seem that in some instances this pronounced oral sadism is indubitable, but that in many the sadism is more preponderantly anal and motor.

Further determinants in the choice of the fetish are seen in its close relation to some elements in the massive castrative trauma (in cases in which that has occurred). Here the fetish serves again its double role of simultaneously presenting the danger and protecting from it. It seems probable that in those cases in which there are fetishistic rituals these serve screening, acting-out functions, perhaps analogous to some fugue states.

Other Considerations

From the material presented it is probably obvious why the fetish develops in a full state generally only in the male. The female in an analogous unstable equilibrium has already succeeded in denying her apparent castration with an illusory penis. While such women have various problems in relation to the opposite sex, the actual sight of the male organ tends to reinforce rather than deny the masculine part of their body identification. The one female fetishist whom I have encountered was a woman with a well-developed bisexual body identification and an almost delusional penis. Although she could not form enough of a relationship to any man to approach intercourse, in certain masturbatory states in which the masturbating hand must have registered the lack of a penis, she found it necessary to reinforce her phallic illusion by holding a solid phallic-shaped object in the nonmasturbating hand. She used this also at some other times to give her a greater feeling of general confidence; i.e., for its narcissistic value. In 1915 Dr. von Hug-Hellmuth reported a spectacular case of foot fetishism in a woman. Since this patient was not analyzed and the case is reported chiefly at a descriptive level, with few facts of the history available, the deeper structure of the disturbance cannot be discussed. It was a florid case, however, in which it seems clear that the fascination was with the erected penis of the father (the hard boot of the military man) and that this, rather than the man himself, was the object in which she was interested. One gets the impression from the description that the boot served the function of complementing herself more successfully than the partner's penis could ever do, and that there was actually almost no relationship to the man as himself. The patient was, as one might suspect, completely frigid and averse to coitus. The external boot was more satisfying to her than coitus and

gave her a greater feeling of fulfillment. Visual coitus was of higher narcissistic and libidinal pleasure than vaginal coitus.

It seems clear that the fetish occurs detached from its clear sexual functions in many other conditions and may not even impress us as particularly abnormal. Among the related psychopathological conditions are compulsive rituals; collecting manias especially in some schizophrenics, compulsive neurotics and seniles; kleptomania; and certain forms of drug habituation without genuine addiction. An article by Grant (1949) gives a rather interesting account of a fetishistic theory of amorous fixation.

Summary

Fetishism is the result of a rather definite combination of genetic influences, in disturbances of pregenitality. These consist of (1) disturbances in the early months of life, producing instability in the formation of the body image, with uncertainty as to outline, and fluctuations in the subjective sense of size; and (2) complementary disturbances in the phallic phase, which produce an exaggeration of the castration complex. The genital area of the body image is under any circumstances less certain in the early months of life than other parts of the body except the face. Under normal developmental conditions, the genital area of the body image becomes consolidated during the phallic phase, due to the increase in the spontaneous endogenous sensations arising then. Under the disturbed conditions of pregenitality described, the overly strong castration anxiety is combined with body disintegration anxiety from the early phase, and depletes rather than reinforces the genital outlines of the body. These conditions also contribute to increase bisexuality and contribute to a corresponding split in the ego.

Due to the marked pathology of the first months, there is a persistence of the unusually strong primary identification (which in many cases has played a part also in confusing the genital part of body image). This persistent tendency to primary identification, especially through vision, again influences what happens with attempts at intercourse. Then the sight of the penislessness of the partner brings into focus the underlying feminine identification and makes genital performance impossible unless special support is offered.

The support is attained through the use of the fetish; which is tangible, visible, generally inanimate, unchanging in size, also not readily destroyed. It offsets the effect of the identification with the partner, and "pegs" the genital functioning by furnishing this external and material

symbol of the phallus to be reintrojected and reaffirm the genital integrity of the fetishist.

Thus, while the fetish is precipitated in the situation of the need to preserve the idea of the mother's phallus and so deny anatomical differences between the sexes, it *functions* by reinstating, through visual, olfactory and actual introjection, the phallus of the individual.

The choice of the fetish is abundantly overdetermined. It symbolically represents the phallus (but can also deny it), but its nature is further determined by the nature of severe prephallic castrating traumas; and in cases of fetishistic rituals, these incorporate the activity of the traumatic experiences in condensed fugue-like screening repetition.

FOOTNOTE TO FETISHISM

A shoe is a shoe is a shoe—
A shoe and you are two.
A shoe has no teeth—does not bite,
A shoe does not cause any fright.

You can look at a shoe, you can step on a shoe.
You can smell at a shoe and you'll never feel blue.
A shoe keeps silent, a shoe does not speak,
A shoe keeps your secrets, there's never a leak.

A shoe is a father, a shoe is a mother,
Creates only joy and never a bother,
A shoe can be kicked, a shoe can be torn
And a new one is bought when the old one is worn.

A shoe is a cheap pal, discreet, near and true—
A shoe is a shoe is a shoe.

—Anonymous Contribution to Discussion

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