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The Relation of Perversion-Formation to the Development of Reality-Sense[1]

Edward Glover (1)

The terms 'reality', 'reality-sense' and 'reality-testing' are frequently used in psycho-analytic literature, but very seldom defined. As a rule there is no serious objection to this practice, but where the terms are themselves the subject matter of investigation, some preliminary definition seems unavoidable. There is, of course, some risk of begging the question by a too rigid statement: nevertheless, I propose on this occasion to adopt the less usual course of provisionally defining these terms before submitting them to investigation.

Thus

1. Reality-sense is a faculty the existence of which we infer by examing the processes of reality-testing.
2. Efficient reality-testing, for any subject who has passed the age of puberty, is the capacity to retain psychic contact with the objects that promote gratification of instinct, including here both modified and residual infantile impulse.
3. Objectivity is the capacity to assess correctly the relation of instinctual impulse to instinctual object, whether or not the aims of the impulse are, can be or will be gratified.

The nature of reality-sense has so far been investigated from three different points of view. The first of these can be studied in Ferenczi's classical paper on the subject (1). Ferenczi's paper was based on inferences drawn from (*a*) a *behaviouristic* study of infants, and (*b*) knowledge of mental mechanisms observed during the analysis of adults. The conclusions he arrived at are too familiar to require recapitulation, but is it to be noted that from the systematic point of view his presentation was incomplete in the following respects. With the exception of the 'stage of unconditioned omnipotence', which he related to the 'oral' phase of development, no precise indication was given of the nature or complexity of the *wish* systems involved. Again, he described a series of *relations* (mostly reactions), to the object-world, but gave no corresponding description of the *nature* of the instinctual

[1] Expanded from a paper delivered before the Twelfth International Psycho-Analytical Congress, Wiesbaden, September 7, 1932.

objects concerned. This omission was partly rectified later by Abraham, who described a developmental series of libidinal objects including a number of part-objects. Since then no systematic correlation has been attempted.

From the point of view of the present investigation it is interesting to note that Ferenczi endeavoured to correlate his stages in reality-sense with adult psycho-pathological phenomena. In particular he associated certain obsessional manifestations with 'magical phases' of ego-development. The theoretical importance of this correlation was quite considerable. It implied a marked disparity between the ego-regression and the libidinal regression in obsessional neuroses. In other words, the ego of the obsessional neurotic reacted as in the very earliest stages of ego-development, while, according to then accepted views, the libidinal fixation of the obsessional neurotic was of a much later (anal-sadistic) type. Moreover, obsessional neuroses were then held to be of comparatively late onset. If the order of reality stages suggested by Ferenczi was accurate, then strictly speaking one ought to have found obsessional neuroses during early childhood. Recently Melanie Klein's views

as to the appearance of obsessional characteristics and sometimes of typical obsessional neuroses during early childhood—views which I have been able to confirm not only in several adult cases but during the diagnostic anamnesis of many children—have gone far to confirm Ferenczi's conclusions as to the depth of ego regression Indeed had we paid more attention to his early correlation we might have anticipated these discoveries by several years. Even so the difficulty is by no means overcome because the phase of magical reaction which Ferenczi describes as corresponding to obsessional technique must also exist in the oral and first anal stages when so far as I know obsessional reactions are seldom observed. Ferenczi himself was evidently aware of the discrepancy because he suggested that the obsessional case makes a *part-regression* to this early ego-phase. I do not regard this view as very plausible. I have never been able to observe any case of striking ego regression which did not activate unconsciously the libidinal system appropriate to the phase of ego development.[2]

[2] I have omitted a later paper (2) by Ferenczi in which he emphasizes the importance of ambivalence and of defusion of instinct in bringing about the acceptance of concrete ideas. He suggests also the need for a refusion of instinct to bring about objectivity. Apart from a reference to the oral stage, he does not give any sequence of events of a clinical order.

The second line of investigation is that associated with the name of Federn (3). By means of a careful analysis of subjective as well as reported introspections, in particular, various degrees of depersonalisation, alienation, etc., he has endeavoured to delimit narcissistic ego boundaries. From this we can to some extent deduce the order of object-recognition and assessment. For example, he regards variation of corporeal ego-feeling as an ascertainable symptom of ego regression, and he attempts some correlation of ego boundaries in transference neuroses, psychoses and dreams. More detailed study of these ego boundaries and regressions would certainly help us to arrive at some idea of the reality systems in vogue at different phases of development The main difficulty appears to be the somewhat rigid concept of narcissism generally accepted by psycho-analysts. This term really begs the question of ego-object boundaries.

The third and most recent approach is that made under the stimulus of Melanie Klein's (4) work on child analysis. Here again we have to deal with inferences, but with inferences drawn from the *actual analysis of children just emerging from infancy*. Consequently we have the first detailed attempt to describe in concrete terms the stages by which a stable relation to reality is attained, the mental content characteristic of these stages, and the relation of these stages to psychotic and neurotic formations. She emphasizes (*a*) the importance of early mechanisms of introjection and projection, (*b*) the importance of anxiety as an instigator of defence, (*c*) the importance of sadistic impulses in instigating anxiety, and (*d*) the gradual expansion of reality-sense and of a capacity for objectivity as the result of conflict between an arbitrary Id and an almost equally unrealistic super-ego.

Taking this and other recent work (5) into account, it becomes clear that stages in the development of reality-sense should not be considered solely in terms of *impulse* or *object*, but should be related to *stages in the mastery of anxiety*, in which the rôle of libidinal and destructive impulse is alternating. In the long run, of course, the definition of reality-testing must be in the simplest terms of instincts and their objects. And I have already formulated such a definition. But the *demarcation of stages* cannot be achieved without an accurate understanding of the earliest phantasy systems and of the mechanisms for dealing with the anxieties these systems arouse. From the adult point of view the 'reality' systems of infants and children are clearly phantastic, and this in turn is a necessary consequence of the type of

mental mechanism predominating during these infantile stages, e.g. introjection, projection, etc.

Secondly, whatever the analysis of children may establish concerning the mental content from which we can infer stages in development of reality-sense, *this must have an intelligible relation to the order of perceptual experience of the external world*. And this involves not only a greater number of child analyses but *an entirely new behaviouristic study of infancy*. In particular, a more detailed investigation is needed of the nature, order and 'scatter' of early anxiety formations. And by this term I do not mean those commonly described 'primary

infantile phobias' (i.e. fear of the dark, of strangers, or of being alone), to which, owing no doubt to our preoccupation with the antecedents of castration anxiety, our attention hitherto has been rather exclusively directed. Above all, the *minor* phobias require systematization. These are signalized not so much by glaring anxiety reactions, but by less obtrusive manoeuvres, e.g. transitory immobilization, turning away attention, sudden drowsiness, decreased play-activity, or on the other hand by concentration of attention combined with slight restlessness, increased play and so forth. As I have suggested, the earliest displacements of interest from immediate instinctual objects are stimulated by anxiety of whatever sort. Moreover these displacements are governed by symbolism, a process which is in part responsible for their apparently illogical order. Nevertheless there is every reason to believe that the frequency and order of presentation of external perceptions plays a part in the *focussing* of infantile anxieties as it does in the formation of adult phobias. The more an adult phobia is attached to 'unusual' objects or situations the more successful it is: e.g. it is more advantageous to suffer from a tiger-phobia in London than in an Indian jungle. What we already know of infantile instinct would lead us to suppose that, symbolic factors apart, the child's interest should radiate out from its own body (in particular oral, glottal, gastric and respiratory zones, in other words, inner things) to food, food organs and appurtenances; from skin (and in particular zonal promontories and invaginations) to its own clothes and the clothes of external objects; from excretory zones, organs and content (again almost exclusively inner things) to excretory paraphernalia and the excretory areas of external objects, ultimately to non-excretory contacts, smells, colours, noises and tastes; from body and clothes in general to cot, bed, room, furniture, curtains, hangings, shadows: from the presence or anchorage of 'instinctual' objects to intermittent absence, disappearance or

[3] This interest in a new behaviouristic study is not based solely on the need for additional clinical data. It would prepare the ground for a fresh discussion of the old controversy regarding endopsychic and external factors in development or in illness. Modern tendencies in psychoanalysis have swung away from theories of traumatic environmental experiences and it would appear that the recent contributions of child analysts reinforce these conclusions very strongly. In a sense that is true: ideas of traumatic genito-sexual experiences in childhood have been so re-cast that they are now regarded as on occasion exercising a favourable influence on development (Klein) **(4)**. But their place has been taken by others. The significance of enema experiences as representing a violent attack by the real mother on the actual body of the child has now been more adequately valued. But investigation cannot stop here. To the infant with reinforced respiratory erotism and sadism, violent expulsion of breath is a sadistic attack **(6)**. Hence it follows that when its parents or nurses cough or sneeze they are attacking or seducing the child. When the child envelops its enemies with destructive darkness by the simple expedient of shutting its eyes, it is only natural that the drawing of nursery curtains by the mother should be regarded as a counter attack. There is no difficulty in observing that infants do react with fear to such current events. And the same argument can be applied to primal scene hypotheses. If the parents can be thought of as copulating with their breath, the conversation of parents may under certain circumstances be the primal scene. In short, we have not yet solved the problem of endopsychic and external stimuli. We have merely laid ourselves under the obligation to investigate it at an earlier level and in more primitive terms.

detachability of certain 'concrete objects'. Thus experience of the presence or absence of the nipple (breast, body, mother), establishes a criterion of interest in all moving or movable objects coming within sensory range of the child in its cot (clothes, toys, flies, etc.). And not only concrete objects but moving shadows on the wall, beams of sunlight, recurrent noises and smells. In this sense perceptual experiences are classified by instinctual experiences, but the factor of recurrence (familiarity) cannot be ignored. Sporadic stimuli may be, doubtless are, ignored unless their intensity is such as to provoke anxiety. But recurring impressions provide the earliest avenues of displacement. In other words, we may infer that stages in the sense of reality will combine an instinctual order, an apparently illogical but actually symbolic order with a natural perceptual order. The apparently illogical order of infantile interest and interest is, however, not due solely to the fact that repression has converted a primary interest or displacement of interest into a symbolism. All-important as symbolism is, we must not neglect the ignorance, blindness, lack of *Einfühlung* and unconscious anxiety of the behaviouristic observer, as the result of which an *adult* order of perceptual interest is imposed on the natural order of the child, and is erroneously regarded as normal for the child.[3]

But pending more precise analytic and behaviouristic investigations of children, we may with advantage review the possibilities of *adult* research. It has to be admitted that our interest in adult psychopathology has been too specialized and circumscribed. We have been so exclusively concerned with the etiology of individual

neuroses and psychoses that the relations of these to other social or sexual abnormalities have been by comparison neglected. It is not difficult to imagine that pathological data could be so arranged as to give a distorted reflection of normal development. But this involves a more detailed and systematic classification than has hitherto been attempted. Some time ago I endeavoured to outline such a classification **(7)**. By including a number of characterological abnormalities it was possible to arrange parallel developmental series in accordance with the predominance respectively of primitive introjection and primitive projection mechanisms. It was also possible to narrow the gulf between the psychoses and the neuroses by the interpolation, not of 'borderline psychoses' but of 'transitional states' such as drug addiction. Thus I would place the average drug addiction as transitional between the paranoias and obsessional character formations, the reason being that in drug addictions the projection mechanisms are more localized and disguised than in the paranoias, yet stronger than in obsessional disorders. In drug addictions the projection mechanisms are focussed (localized) on the noxious drugs: in obsessional states the need for projection is lessened by the existence of restitutive reaction-formations.

But although these correlations were of necessity rather sketchy, one point emerged from a study of transitional formations, such as drug addiction **(8)**. It became clear that by localizing his paranoid systems on the noxious drug, the drug addict is able *to preserve his reality-sense from gross psychotic disturbance*. Owing to the fact that we have as yet no adequate terminology for describing reality stages, it is difficult to express this more precisely. Borrowing, however, the over-simple and one-sided terminology of libidinal primacies, we can state the position as follows: whereas the paranoiac regresses to an

oral-anal reality system, the drug addict regresses to the point where the infant is *emerging* from this oral-anal reality system. In other words, up to this point the external world has represented a combination of a butcher's shop, a public lavatory under shell-fire, and a post-mortem room. And the drug addict converts this into a more reassuring and fascinating chemist's shop, in which, however, the poison cupboard is left unlocked. Having to this extent reduced the paranoid dangers of the immediate world the infant (or addict) gains breathing space in which to look out of the window (assess objective reality).

It was this observation that first directed my attention to *the possibility of reconstructing the development of reality-sense from adult psycho-pathological data alone*.

In the first place it was obvious that even amongst drug addictions there was an apparent order of complexity, which together with prognostic differences suggested a definite order of regression. If then there was a definite order of regression within the addiction group, presumably the stages in development of reality-sense corresponding to addictions were equally complicated. There can be no doubt about the structural differences in drug habits. Not only are there addictions of a melancholic as well as of a paranoid type, but it is clear from examination of the phantasy material that the different component instincts are responsible for some of the clinical variations. Here was an awkward obstacle to surmount: for we have been accustomed to regard the infantile component instincts as innate tendencies having no particular order of priority and leading an autonomous existence within the boundaries of primitive narcissism. There seemed no alternative but to consider the possibility of a natural order amongst the component impulses similar to, possibly bound up with, the order of primacy of erotogenic zones.

Study of drug addictions brought out another problem in classification which has also some bearing on the development of reality-sense, viz.: the significance of perversion formations and fetichistic phenomena so commonly accompanying drug habits. Biassed no doubt by Freud's pronouncements on the subject, in particular his view that the neurosis is the negative of the perversion, I had already had difficulty in 'placing' the perversions in a systematic classification of psycho-pathological states. I was inclined at first to arrange the psychoses and neuroses in a single developmental series, and then to interpolate the perversions at different points in the main sequence. Thus

starting with the psychoses, I took drug addictions as a transitional type, introduced thereafter the more primitive

polymorphous perversions, continued with the obsessional neuroses, introduced here the fetiches and homosexual perversions, and ended with the hysterias, sexual inhibitions, social inhibitions and social anxieties. But there were many reasons why this order could not be maintained. In particular, experience of the analysis of homosexual perversions, obsessional neuroses and psychotic states showed both direct and indirect evidence of a much more complicated regressional or developmental order. It can frequently be observed that during psychotic crises occurring in some analyses patients develop *transitory* perversion formations of a standard type. During the analysis of a schizoid state to the superficial layers of which was attached an active homosexual perversion, one of my patients was subjected to a severe heterosexual love trauma. The immediate result was not only a strengthening of schizophrenic features, but a regression of the active homosexual formation first of all to a passive phase and then to a polymorphous excretory ceremonial with both active and passive components, but without any tactile experience. The obvious feature in this regression was the weakening of true object relations in favour of part object relations. In the excretory ceremonial the 'complete object' was never seen, much less touched. Less obvious at first was the fact that these ceremonials acted as a protection against anxieties liable to induce schizophrenic systems. In other words, *they assisted in maintaining the patient's reality-sense to some degree*. The perversion ceremonials were not constant: they *alternated* with phases of schizophrenic depression. Between ceremonials he became markedly schizophrenic: his reality-sense suffered extreme diminution.

Some additional details may illustrate this point more clearly. The patient's heterosexual advances included some playful strangling gestures: his standardized form of homosexual interest concentrated mainly on the buttock area and included a very high degree of idealization particularly of the anal ring.[4] The sudden regression involved visiting a lavatory (especially after having had a lonely meal)

[4] I have been greatly impressed by the combined re-assurance and screening function of idealization in this and many other cases. It seems to me to be much less than we have thought, a simple derivative of aim-inhibited impulse exaggerated for purposes of defence. The most urgent forms of idealization (mostly in symbolic form) occur in psychotic types; schizoid, and cyclothymic.

and there carrying out with mixed feelings of anxiety and guilt, yet with fascination and great temporary reassurance a complicated series of active and passive anal exposures through a hole in the partition. Contact was strictly limited to the passing of suggestive notes of invitation through the spyhole; the person in question was never recognized. Moreover the slightest suspicion of aggression broke the spell. For example, to pass pieces of stained or wet toilet paper through the hole or over the partition induced an immediate and terrified flight reaction. This cubicle ceremonial followed a brief phase in which urinary exposures were practised. The urinary ritual was abandoned because of the degree of contact with recognizable objects and the presence of a number of other neutral (potentially suspicious) onlookers in public lavatories.

These are not in themselves uncommon forms of ritual: their special interest lies in the fact that the ceremonial functioned as a regression to a previously unfamiliar or unknown technique. In other cases the more primitive form of ritual is already apparent or practised in a modified way as part of a more advanced homosexual relation with complete objects, but becomes accentuated by regression. One patient divided his homosexual relations into a friendly group with or without genito-anal connection and an extremely erotic group characterized by violent hostile feeling and violent erotic action towards the object *who was thought of simply as one or more organs held together by an indifferent mass of connective tissue—the body*. When the regression occurred the more advanced homosexual relations disappeared for the time being, and gave place to a complete lavatory ceremonial. In this case also the spyhole system reduced the object's body to the dimensions of a part object. Should a hat or other part of the ordinary external clothing be seen, the spell was immediately broken. This was obviously determined by the symbolism of the clothes, but the patient's rationalization was interesting, viz.: that it was 'too much like a real person'. These cubicle systems bear some resemblance to certain types of masturbation, for example, where the subject visits an archæological museum and has orgasm without erection on contemplating fragments of statuary, the torso, head or hands. In other melancholic and schizoid cases I have frequently noted that relief of depression with corresponding increase of reality-sense was preceded by an uprush of primitive sado-masochistic phantasy. Frequently attempts are made by such patients to sidetrack their

phantasies into adult genito-sexual relations. But as a rule the attempts fail or are

unsatisfactory, in which case there is a notable drive towards perversion-formation. This may take an alloerotic or autoerotic form. As an example of the latter I would cite a depressed case who passed through a transitory phase of going to a lavatory where she stripped, defæcated and urinated into the hand basin and played with the substances with a mixed feeling of anxiety and adoration. During this phase the actual depression disappeared. In short, although I have long held that the ordinary systematized homosexual relations constitute a defensive and restitutive system protecting against earlier anxieties as well as against later purely genito-sexual anxieties, I believe that in most cases the link is not direct, that there is a deeper system of perversion (repressed and therefore not featuring directly as a perversion), which corresponds more accurately with the original anxiety system. And this I believe must be uncovered before adequate contact can be made with the repressed anxiety system. From the therapeutic point of view I believe however that this tendency to regression in perversion-formation should not exceed a transitory formation, and if possible should be short circuited by interpretation of repressed perversion phantasies.

Even more curious is the stabilisation of reality relations which can be effected by transitory fetichistic interests. I have previously reported a case **(8)** in which an obsessional neurotic passed through a phase of drug addiction, the termination of which was signalized by a transitory paranoid regression. During the recovery from the paranoid phase, a temporary fetich-formation was observed. This evidently functioned as a substitute for the paranoid reaction to reality. Having localized the anxiety on a neutral yet symbolic set of body organs (legs), and having counteracted it by a process of libidinization (fetich-formation), the patient was able to recover reality relations.

Taking these facts into consideration, the problem of relating perversions to psychoses, neuroses and other social and sexual abnormalities is to some extent simplified. *It appears likely not only that perversions show an orderly series of differentiations as regards both aim and completeness of object, but that this developmental order runs parallel to the developmental order of psychoses, transitional states, neuroses and social inhibitions.* This obviates the necessity of *interpolating* perversions in any classificatory series of psychoses and neuroses. It is merely necessary to recognize or discover the elements of *a parallel series*. Following these ideas further it would appear plausible that waves of libidinization and true symptom formation are both exaggerations

of normal modes of overcoming anxiety, having moreover a compensatory or protective interconnection or alternation. The main problem could then be formulated thus: Do perversions form a developmental series reflecting stages of overcoming anxiety of the individual's own body or of external objects by excessive libidinization? And as a corollary do they not only help to preserve reality sense in other departments of the psyche but *indicate the order in which reality sense develops?*

The arguments in favour of attempted reassurance by excessive libidinization are not very seriously in dispute (see, for example, Freud's **(9)** remarks on the etiological relation of hate to homosexuality). The arguments against a developmental series are mainly (*a*) the 'polymorphous' conception of infantile sexuality, (*b*) the generalization that the neurosis is the negative of the perversion. As regards the first point I have already indicated that the term 'polymorphous' although accurate enough in a general descriptive sense and by comparison with genital impulse is too vague for present-day purposes. We are already more fully informed as to the orderly development of infantile impulse during the first years, and as research on children becomes more precise, the term will become superfluous. As for the second point: this generalization, viz. that the neurosis is the negative of the perversion, is still profoundly true but in a strictly limited sense. It is completely accurate for those perversions and fetiches which run parallel to their appropriate neuroses, e.g. a glove fetich and an antiseptic handwashing mania. But we must now add that certain perversions are the negative of certain psychotic formations and certain others the negative of transitional psychoses. Indeed, following Ferenczi **(10)** and considering the mixed clinical pictures of psychosis, perversion and neurosis one so frequently observes, it is worth inquiring whether a perversion is not in many cases a *symptomatic formation in obverse* or the sequela

or antecedent of a symptom as the case may be—a prophylactic or a curative device?

A further difficulty lies in the earlier pronouncement of Freud **(11)** that perversions are not formed directly from component impulses, but that the components in question must first have been refracted through an Oedipus phase. So long as this pronouncement referred to a stereotyped Oedipus phase occurring between three to five years of age, it practically paralysed etiological differentiation, as witness Fenichel's textbook **(12)**, in which the etiology of perversions is somewhat monotonously described in terms of castration anxiety. But

since Freud **(13)** has sanctioned a broader use of the term 'oedipus', we are quite free to consider a chronological element in perversion-formation. Even so, the idea of layering in perversion-formation has always been hinted at. Sachs **(14)** advanced this view on the grounds that repression was a serial process. Rank **(15)** too considered that the perversion group had different layers of evolution relating to corresponding psychic systems or localities, but he narrowed his generalization by stating that the pervert remains fixated to the stage before the wish for a child, suggesting that the pervert's inhibition is directed specifically against 'generative libido'. Both writers regard the determining factor as libidinal, and the accompanying anxiety as castration anxiety. The only serious objection to classifying perversions has been made by Fenichel. He does not believe that it is practicable to produce a classification corresponding to that of the neuroses, i.e. in accordance with the depth of regression and the nature of object relations. This, he says, is due to the absence in perversions of the element of *distortion* which characterized neuroses and renders them amenable to classification. Another reason for his objection has already been hinted at above. If one studies the sections in his book devoted to etiology, one discovers that no matter what the nature of the perversion, the etiological formula suggested by the author never alters. He invariably relates perversion-formation to castration anxiety associated with the classical Oedipus situation. Clinically speaking, this is an unsatisfactory state of affairs. I would suggest that difficulties in classification are due rather to the incomplete nature of our researches. In any case clinical differences in perversions are quite as striking as differences in neurotic distortion.

Now it appears to me that Rank was nearer to the solution of the problem when he said that sadism, in so far as it excluded guilt, was the true type of perversion. I would suggest that in the history of sadism or rather the aggressive and destructive impulses we have a sounder guide to the etiology and order of perversion-formation. Libidinal history, it is true, gives the positive and manifest content of the formation. But apart from this the main function of the libidinal contribution is a protective one. Sachs himself pointed out the relation of perversions to phobia formations: but he did not apply this view logically to the whole of infantile history. He restricted himself to castration phobias, neglecting thereby the more primitive infantile phobias. The importance of the study of perversions in relation to reality-sense is that perversions represent periodic attempts

to protect against current introjection and projection anxieties by a process of excessive libidinization. In some cases the libidinization is directed towards those parts of the body (either of subject or of object) which are threatened in the unconscious phantasy system: in others the mechanism of displacement introduces an additional element of defence and disguise. In others again it is the mode of gratification that is libidinized rather than the objects believed to be in danger in the phantasy. In all cases, however, there is some degree of interference with adult genito-sexual function. In other words, perversions assist in preserving the amount of reality-sense already achieved by what in the long run represents a sacrifice of freedom in adult libidinal function, whereas the neuroses often allow a degree of freedom of adult libidinal function at the cost of some inhibition of reality relations, and the psychoses frequently show an apparent freedom of adult libidinal function accompanied by gross disturbances of reality-sense.

To sum up: if we apply the findings of Melanie Klein regarding the early history of infantile sadism and bear in mind what psychoanalysis in general has taught us concerning the mastery of sadism by introjection, projection and other unconscious mechanisms, we are justified in postulating a constantly changing (developmental) series of anxiety situations which, should they become overcharged, give rise to a phase either of symptom-formation or of perversion-formation. This generalization can then be turned to advantage in the study of reality-sense and its development. As Klein has pointed out, stable reality relations cannot be

established so long as primitive anxieties have not been mastered. This is all the more true of the faculty of objectivity. In other words, reality-sense depends upon the *emancipation* of systems of bodily and environmental perception from excessive interference through projection and introjection mechanisms. And this emancipation occurs in a definite order which I suggest provisionally to be corporeal zones or organs, food, clothes and ejecta, whether belonging to the self or to instinctual objects.

The course of events can be described somewhat as follows: As a result of alternating processes of projection and introjection, brought about by frustration of instinct, the child's relation to what the adult observer would call objective reality, becomes distorted and unreal. Nevertheless the child during this phase has some primitive objective reality of its own. In the first place it has psychic contact not only with objects catering for crude self-preservative instincts, but with

objects actually threatening self-preservation (real external dangers, injury and aggression): secondly, it has contact with that part of reality which does gratify some love needs. This small enclave of infantile objective reality is swamped by the distorted products of fear. One of the primitive cures for this distortion is the process of libidinization. Libidinization cancels or holds in suspense some of the unreal fear systems and it does so by neutralizing sadism. This process is soon reinforced by some form of repression. The result is that the original nucleus of infantile reality can be *extricated* from the mass of unreal reactions. This libidinizing system is never really abandoned, although its most dramatic effects are to be observed just before repression becomes really massive. Adult objective reality is a bye-product of this process. Once rescued, infantile objective reality expands through the auxiliary devices of displacement and sublimation to the limits of adult necessity or interest. Only when sadism is adequately neutralized can sublimation proceed and, following the track of symbolism, add to our reality contacts. 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* and expand after it has passed through screens of fear, libidinization and sublimation. In some respects indeed it is a residue, a view which is in keeping with the fact that in many ways adults are less objective than children. This expanded inheritance or residue functions to a large extent as a guarantee of the absence of fear. It is manifestly limited in accordance with the range of individual interest plus the range of interest of individuals we either love or hate.

When, for whatever cause, some form of infantile anxiety is re-animated or exacerbated in adult life, one of many ways of dealing with this crisis is the reinforcement of primitive libidinization systems. *This gives rise to what we call a perversion.* I agree with Miss Searl **(5)** that sublimation can be successful only provided reality is not too highly libidinized, which means in turn, provided the problem of sadism has been solved. Nevertheless this does not contradict the view that a *localized* excessive libidinization (i.e. a perversion) may, by sacrificing *some* relations to reality, *some* sublimations and *some* adult genital function, preserve a reality relation over a wider area. Perversions help to patch over flaws in the development of reality-sense. For this reason the more primitive perversions are in some respects more compulsive than advanced homosexual perversions. They are more appropriate cures for old anxieties. The drawback of primitive

perversions is that they are nearer to the source of anxiety, i.e. *too* appropriate. Ordinary homosexuality reassures mainly in respect of *complete objects, not of primitive part objects*. The apparent gradual increase in the capacity of libido to reassure is to my mind more apparent than real. Or perhaps it would be more accurate to say a concern with real love objects, though undoubtedly a great source of reassurance is a less appropriate cure for primitive anxieties than is a primitive love of part objects. Here we have a theoretical justification for the view put forward by Melanie Klein **(4)** that under favourable circumstances infantile sexual experiences may promote reality development. But we must accept also the conclusion that such experiences, whether of active or passive nature, accidental or sought-after, promote reality development only in so far as they function as infantile perversions.

I have indicated the lines along which adult psycho-pathological material may be investigated in order to discover the stages of development of reality-sense. Apart from this particular interest I believe the attempt is worth making if only to reduce existing confusions regarding the classification of mental disorders. It remains to

indicate what are the most profitable lines of research and what are the most serious obstacles to progress. As regards immediate lines of approach, I am to some extent biassed by the accidental circumstance that my own material came within the group of transitional states, perversions and obsessional neuroses. And although I am bound to agree that analytical study of, for example, the stereotypies of schizophrenia, to say nothing of so-called hysterical phobias, will prove invaluable in this connection, I am inclined to believe that a better sense of perspective will be obtained by starting at the point where transitional psychoses, perversions and obsessional neuroses meet. Indeed I have the impression that one of the most profitable approaches to the study of reality-sense lies in the study of fetichism, including here narcissistic fetiches in which parts of the patient's own body or clothes provide sexual gratification. There is in fetichism a degree of localization of interest and stereotyping of displacement which promises to give more exact information of early anxiety systems than does the average ramifying perversion. Freud **(16)** himself has pointed out that the denial of anxiety effected by fetichism is similar to the psychotic denial of reality. And Lorand **(17)** has commented on the rapid intellectual development exhibited in one of his cases.

I have used the term narcissistic fetich with reluctance. On the one hand I believe that what we call 'erotic narcissism' is a compound of true autoerotic activities and concealed alloerotic relations with part objects. Again the term masturbation is notoriously unsatisfactory. And the same applies to descriptive terms such as transvestitism. Many of the phenomena I have observed would be regarded descriptively as half-way between transvestitism and masturbation. Yet I hold they are fetichistic in principle, just as many other of the so-called spontaneous sexual activities of childhood are already—in principle—perversions.

Compare, for example, the following two systems observed in one case. The individual in question had a simple piano fetich, that is to say, contact with a piano of a certain type (i.e. with a new and shiny case) induced sexual excitement and orgasm, with or without manual manipulation. Thereafter the same piano gradually lost its stimulating effect. A scratched or faded or worm-eaten piano case was tabu. On the other hand, whenever the patient put on new articles of clothing, in particular when he purchased a new suit, he developed an erection lasting twelve hours at least, and ending sometimes in orgasm. During this period he was in a state of extreme happiness. Another case combined a motor car fetich, which lost effect as soon as the car was splashed with mud or the upholstery spotted with grease, with masturbatory excitement over his own shoes when they were new and so long as the original shine was preserved intact. In both these cases the apparently autoerotic manifestation corresponded closely to the object-system.

The examples I have given may serve to illustrate one of the many obstacles to research on this subject: viz.: the fact that terms such as 'narcissism', 'auto-erotism', 'component impulse', 'polymorphous perverse', etc., have to some extent outworn their usefulness. They must in time be substituted by terms derived from the study of introjection phenomena. We ought to be able to say exactly what stage in the introjection of part-objects is concealed by any one form of auto-erotism.

A second difficulty is also brought out by the study of fetichism, viz.: the fact that obsessional neuroses are inadequately subdivided or classified. I have already described an obsessional case in which a transitory fetich interest helped to promote convalescence from a paranoid phase. And I have frequently observed that cases of drug addiction develop (during abstinence) transitory obsessional symptoms

rather localized in action. So much so that I have described some of these obsessional reactions as 'negative fetichistic phenomena'. Many localized contamination phobias with or without washingmanias are of this type, and can be observed to alternate with erotic interest in the same parts of the body.

Referring in an earlier paper to the etiology of fetichism I wrote **(8)**: 'perhaps two rough formulations are permissible: (1) that in the transition between paranoidal systems and a normal reaction to reality drug-addiction (and later on fetichism) represent not only continuations of the anxiety system within a contracted range, but the beginnings of an expanding reassurance system. The reassurance is due to contributions from later libidinal stages in infancy which contain a decreasing amount of sadism. (2) That clothing in general is, after food, the

next line of defence in overcoming paranoidal reactions to reality. It appears reasonable to suppose that the first paranoid systems of the child attach themselves to food, that these anxieties are modified not only by the appearance of less sadistic impulse but by a determined effort at displacement of anxiety. In this displacement clothes play their part. When subsequently displacement leads to reactions to the clothes of external objects, the foundation of the classical fetich is laid. So that when anxiety is excessive the result is either a typical sexual fetich or the negative form, viz.: a contamination phobia'.

Finally, study of the etiology of fetichism brings out what is perhaps one of the most important immediate obstacles to the understanding of reality development, viz.: the lack of systematized information as to the exact nature of the oral phase of development. The first etiological formulations concerning fetichism singled out phallic, scoptophilic and sadistic factors: later the importance of the imagined phallus of the mother was increasingly emphasized. Still more recently the significance of other elements has been stressed. Freud had himself remarked that the fetich chosen may not necessarily be a common penis symbol, and we now know from the work of Ella Sharpe **(18)** and others that this is due to the contribution of pregenital elements, e.g. oral sadism. This new orientation follows closely on and is in keeping with Melanie Klein's expansion of the second oral stage to include a genuine phallic Oedipus interest. But the more universal such factors are found to be, the less helpful they are in etiological differentiation. Without making one single analytical observation one might safely assume from behaviouristic data that the first phase

of infantile development must be predominantly oral. Even the existence of a phallic interest during the oral phase might well have been inferred without analysis. The more analysis confirms the importance of these early phallic interests the more urgent it becomes to sub-divide the oral stages and to consider the part played during what we now call the first oral stage by other important erotogenic zones and by component impulses, in particular respiratory, gastric, muscle, anal and urinary erotism. It is not enough to establish the outlines of development in terms of phases. More detailed differentiation is needed before we can provide these etiological formulæ which the existence of clinical variations in mental disorder demands.

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Endnotes

1 (Popup - Author Information)

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