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## Some Observations on the Ego Development of the Fetishist

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Freud first described the significance of the fetish in his classical work entitled *Three Contributions to the Theory of Sex*. He shewed that the fetish was a substitute for an infantile sexual object, and that the selection of the fetish object was influenced by a coprophilic smell attraction. In later works he emphasized the fact that the fetish symbolized the penis and its presence relieved the castration fear of the male which was aroused by the sight of the female genital.

In an account of a case of shoe and corset fetishism Abraham laid stress on the part played by coprophilic and scopophilic impulses in the psychological development of the fetishist. Bálint recorded in a recent article his recognition of the fact that the fetish not only symbolizes a genital, male or female, but also has a faecal significance.

I had made a similar observation independently while working on the cases which I shall refer to in this paper.

Freud's recognition that the presence of the fetish not only stimulated the man's sexual desires but also allayed his castration anxiety introduced a new approach, namely that of the relation of the fetish to ego defence mechanisms and ego development.

In this contribution I hope to shew (a) That the necessity to make a defence against an archaic sexual aim is one of the determinants of fetishism—the aim being to kill the love object; (b) to describe the type of situation in which the fixation of this sexual aim occurs; (c) to make some observations on the form of ego development which accompanies the adoption of this abnormal sexual behaviour.

I have had the opportunity of analysing two cases of fetishism and of observing work done on another case. I shall illustrate my paper from the analysis of a patient whose fetish was a mackintosh. I have been struck by the fact that the special type of sexual behaviour which demands the presence of a fetish is only one manifestation of a pathological mental state, which includes acute attacks of depression and anxiety, the presence of fears and phantasies of a paranoid type, suicidal tendencies which in one case were manifested first in childhood, and serious inhibitions. For this reason I shall state

briefly certain facts concerning the general psychological state of my patient as far as it is necessary for the understanding of the problem of the fetish.

In spite of the severe symptoms there was good intellectual ability and an attainment of success in life up to a certain point. Bodily activities, especially in the form of games and dancing were inhibited; occasionally hypomanic outbursts of activity in walking, riding and swimming occurred, but on the whole the only sustained form of activity involving contact with other people was in the form of conversation. My patient loved talking and obtained his chief pleasure in conversation. His attitude to the parents was characteristic. He was not financially dependent on the parents owing to his own successful exertions, but he retained an unusually strong sense of guilt and obligation in connection with them, which was not dictated by an immediate actual reality situation, as the parents were in a position to look after themselves. He manifested a dependence which made him regard the ageing parents with horror and anxiety; the signs of old age seemed peculiarly intolerable. On the whole, the parents and especially the mother seemed frightful to him, and the redeeming features only appeared when the analyses had proceeded a considerable way. The decay of the parents was as menacing as if they were actually part of the child and as if the child was responsible. He had an oral type of relationship to objects reminiscent of the neurotic woman who seems to be occupied in defending herself from the necessity to incorporate every external situation which arouses anxiety.

It has been recognized for a long time by psycho-analysts that the incorporation of an anxiety situation is a common mechanism of defence in childhood.

Recently Melanie Klein's work on ego mechanisms in the early phases of the Oedipus complex has thrown light on the complicated relationships between internal and external situations which arise as a result of the interaction of the mechanisms of introjection and projection, and the tendency to internalize the anxiety situations.

Anna Freud draws attention to a special form of this reaction under the title of 'Identification with the Aggressor' in her book *The Ego and the Defence Mechanisms*.

When the mackintosh fetishist (whom I shall call Mr. A.) was confronted with an anxiety situation, which might be a rivalry in his work or the fear of the loss of an external good object, he invariably

reacted in the same way, and combated depression by eating to excess, usually sausages and eggs, and sometimes by drinking to excess; his behaviour had a hypomanic character. At the same time he tended to isolate himself and become an 'onlooker'.

Mr. A. was a sleep-walker and had been so from early childhood. His sleep-walking was accompanied by an anxiety dream in which he was in the act of swallowing something and he must either vomit it up or prevent it going down. Usually there were two objects which he was in danger of swallowing. In childhood he went to the lavatory when sleep-walking, and in adult life an alternative to vomiting was urinating or putting on the light. Sleep-walking occurred as a result of the same stresses as the excessive eating.

It was clear that he invariably employed the same method of ego defence in a situation in which he was in danger of losing a good object, and that was to incorporate the experience which stimulated the anxiety and introject the lost object. A simple illustration occurred during the course of the analysis; he was attracted by a ballet dancer and made sexual advances to her, but she did not respond readily and he retreated in anger. A close friend of his also approached the girl and was successful. He was quite open with his unsuccessful rival who manifested no jealousy and discussed freely all the intimate details of the affair. Some time later my patient saw the dancer unexpectedly and to his surprise he was overcome with embarrassment. He said he felt that he was experiencing the guilt reactions of the guilty couple, identifying especially with the girl.

It was possible in this patient's case to recognize different forms in which the necessity to incorporate and have control over the parents could take, and to shew how the infantile sadism was bound up with the necessity to have control over the parents and their imagos, and in this way to take part in their sexual relationship. My patient had slept in his parents' room until the age of five years. The analysis shewed that the sexual wishes were not separate from the fulfilment of death wishes, and while it was clear that there was a strong libidinal attachment to the parents it was equally clear that the aggressive component had come to dominate the unconscious situation, and that the inhibitions and restrictions of the ego were bound up with the persistence of an unconscious sadistic aim which involved the destruction of the love objects or his own castration.

Klein's work on children has enlarged our knowledge of the infantile sadistic aims, which include the wish to eat, to burn, drown, or soil

with excreta and to penetrate destructively. The degree of aggression is partly proportionate to the helplessness of the ego.

The ego activities and functions which must be mobilized if the aims are burning, drowning, soiling with excreta or penetrating are to be realized were inhibited in these cases.

Mr. A. could not urinate or defæcate in any place where he might be seen or heard, and his fear of penetration was shewn by anxiety associated with intercourse and the symptom of ejaculatio præcox. He had not had satisfactory intercourse when he came for treatment.

In childhood there were phantasies acted out in which the boy aimed at obtaining control over his parents by urinating and defæcating and by eating the parent's fæces. These phantasies were not confined to infancy but were manifested at the age of four or five, and later in a setting appropriate to his age. For example, he flooded the garden with a hose pipe and walked about naked in it. At four he had an hallucination which he kept secret of seeing a man and woman kissing in a hedge where he and his brother used to urinate. The picture was in a flood of light.

Then he was given a magic lantern and was thrilled by the power it gave him to throw a picture anywhere he liked and move it about. In adult life he dared not use a camera partly because it had the unconscious significance of a sadistic magical penis which could devour and do what it liked with its victims.

Abundance of material shewed that sexuality was bound up with his sadistic phantasies concerning the parental sexual relationship and that the introjection of a sadistic primal scene and the experiences in the parents' room formed the core of his neurosis. The relationship between his parents was very bad, and separation took place when he was eleven years old.

He had been told many times by his mother that he nearly killed her at birth.

The infantile sadism aroused by jealousy and fear in connection with the parents' relationship is first discharged in excretory acts, urination and defæcation, and at the same time (as Melanie Klein has shewn) the parents' excreta and their excretory acts stand for their sexuality and are the objects of the child's sexual interest. In this situation the control of the parents become synonymous with the control of the sadistic id- impulses, which have been projected into parents, and internalized again when the parents are introjected.

The relationship to the introjected parents in my patient was such

that sometimes an identification with the mother and sometimes with the father dominated the picture, and it was easy to recognize which was prevailing.

He had entered the phallic phase and had partially regressed after puberty. The inability to establish adult genitality was due to regression to a fixation in the oral and anal phases, and the persistence of an unconscious primitive sexual aim, which involved the death of the love object or castration of himself. The weakness of ego development is one aspect of the weakness of genitality, and denotes interference with the libidization, formation and integration of the body ego, especially of the penis imago. This brings about an exaggeration of the first mechanisms of defence which are employed, namely the projection and introjection mechanisms and an exaggerated dependence on the introjected objects, but no sustained identification with any.

It was possible in the case of Mr. A. to uncover a number of infantile situations which were concerned in causing the ego weakness and strengthened the dependence on the parents. I wish to mention these shortly because I think they demonstrate the kind of situation which helps to make infantile sadism unmanageable and therefore provoke neurotic defence mechanisms. The patient was bottle-fed, and there was no actual history of difficulty in feeding; if anything I should think his mother tried to overfeed him. He was circumcized at six months and nearly died of bronchitis shortly afterwards. He was rather fat and the doctor did not allow him to stand or walk until he was two years old. The fact was not remembered and was discovered in the analysis and confirmed by his mother, who said that he made the most distressing scenes and had to be tied down, and that he used to try to get up at night. The interference with the development of normal muscular activity, together with the circumcision and serious illness during the first year held up the integration and development of the body ego. Aggression is more easily discharged through the muscular system than in any other way, and the energy expended in learning to walk is probably greater than on any other function. The castration significance of the prohibition of this ego activity was stupendous and in my opinion played an overwhelming part in encouraging the relatively passive orientation which the defence by internalization shews, and increased the tendency to a feminine identification. The aggression normally discharged through the muscular system had to be focussed on excretory discharges which are also the main erotic outlet, hence the sadistic element of these

pregenital activities increased. An exaggerated fear of aggression, which represents the death instinct, is undoubtedly fostered by serious physical illness either of the child itself or of one of the parents. This situation was present in all the cases of fetishism which I have observed closely.

It has been recognized that libidinization of the penis imago is the basis of ego development, and at this phase it represents the ego. I think the erect position attained in standing in infancy and erection of the penis have comparable narcissistic values, and that castration fears are associated with a threat to either. The ego which cannot increase its strength by proving its own capacity actively is driven to reinforce itself by reliance on objects and continues to employ primitive methods of control, and is forced to submit to the parents and their internal representatives.

An attempt to deal with the helplessness is an adoption of magical means such as I have described in connection with Mr. A.'s eating activities and his use of the camera and magic-lantern. The presence of the fetish as a necessary accompaniment of sexuality after puberty is a further manifestation of the same phase of psychical development.

A study of what the fetish means to the fetishist reveals that it is possible to demonstrate that every component of the infantile sexual instinct has some connection with the fetish object, so that this object is associated with all the repressed infantile sexual experiences.

In the case of the mackintosh fetish the smell was connected with scopophilic and coprophilic interests and activities, and with oral sadistic and oral erotic desires demonstrated in memories of chewing rubber teats, and eating fæces, sucking bull's- eyes and in innumerable dreams and phantasies. The texture of the smooth or rough mackintosh was connected with the stimulation of skin erotism, dating from a memory of his nurse's lap and of the examination of a little girl's smooth white genitals.

A vivid memory from the third year of life when he was forced to wear mackintosh paddling drawers was connected with exhibitionism, viewing and fear of castration.

Sadistic and masochistic impulses were manifested in anal or urethral activities in which a mackintosh or rubber object always found a place.

The prominence of the sadistic component was undoubted, and the necessity to control this component could be regarded as the

factor which determined the distinctive mode of defence. The mackintosh is more obviously a protection than the shoe or corset.

The relationship of a man to his fetish is the same as his relationship to his internalized parents. Sometimes Mr. A. identified with the father, then he put on the mackintosh and would masturbate with a phantasy of intercourse with a woman.

At other times he put on the mackintosh and had a passive anal phantasy.

On other occasions the mackintosh must be present in the room when he masturbated. Sometimes he placed it over his genitals as if to protect them. He preferred a mackintosh which was stolen. In his relations with women he had no desire to penetrate if she had a mackintosh, and he regarded its presence as certain to produce the symptom of ejaculatio præcox. The general explanation of this was that the fetish reanimates the pregenital substitutes for genital sexuality, and also provides special defences against the aggression of pregenital sexuality. The aggression of genital sexuality although in reality of much less significance than that of the anal and oral levels may take on the aggression associated with pregenital sexuality if genital masturbation is precociously developed, as it is likely to have been in this case owing to enforced passivity and the resulting limitation of external interests.

The mackintosh fetish itself stood for the father's penis or the woman's genital, nipple, body, anal tract, or the parents' fæces.

In other words, it was symbolic of part objects and also of a combined parent imago. These imagos, as we all know, have special significance in connection with the earliest phase of ego development before relationships to whole or real objects are firmly established. Klein has pointed out that the introjected part objects are identified with fæces, and this identification is brought out in the choice of the fetish.

The fetish therefore stands for part objects which have been eaten, and also preserved. The internalized objects may have the significance of pre-genital super-ego formations and as we all know can be feared or loved by the ego. In the latter case the ego seeks protection and support from the super-ego and it may be said that the super-ego and loved object are identical.

When this internalized object is projected into the fetish, the latter represents the loved object and the super-ego.

In the case of the mackintosh its defensive and protective function rests on its capacity to defend against sadistic attacks, especially those

connected with excretory activities. It is interesting to note that the mackintosh will allow the child to excrete, that is to say to have a libidinal pleasure without injuring other objects. In other words, the defensive function refers to the destructive impulse, while the stimulating function refers to the libido.

The fact that the mackintosh, the chosen substitute object, is an object which actually functions in childhood as a protection against the disasters of that period suggests a measure of development of the sense of reality not present perhaps in the choice of other fetishes. In common with other fetishes it is a real external object and as a substitute for a love object denotes an effort to find contact with an external object and externalize an internal conflict. In this connection I had the opportunity to observe a tendency to develop a mackintosh fetish during the analysis of an obsessional neurosis. This patient, a man of twenty-seven, professed complete ignorance of the sexual act and of the anatomy of the female genitals in animals and human beings. His actions and thoughts were dominated by compulsive mechanisms of all kinds. After some months' analysis his repressed interest in both male and female sexuality and the genitals began to appear, and with this he started to dream of mackintoshes. It was as if the mackintosh heralded his approach to sexual activity and the genital which is the organ through which activity is experienced. I think that the fetish defence denotes that libidinal development has attempted to pass the anal phases, and that the phallic phase is partially reached. Repression falls on experiences connected with the phallic and anal phases. Actually memories of seeing the female genital at an early age were retained in my cases, but the knowledge of menstruation in childhood was repressed, and the evidence suggested that it was linked with repressed material connected with excretory activities. The identification of fæces and menstruation is commonly present. The prominence of oral mechanisms was due not only to an oral fixation but also to displacement from the genital and anal positions.

The attraction of the oral zone is due to the possibility of ego-syntonic activities and to the fact that ego development was partially fixated on an oral and early anal level, and had never satisfactorily passed the phase in which the helpless infantile ego is dependent on a good introjected object. The fetish representing as it does a combination of part objects, the combined parents represented by their fæces, and also in many situations the father's penis, stands for a good introjected object.

Any sexual potency which these patients could lay claim to depended on their unconscious belief in an introjected father's or brother's penis.

Actually from whatever point the problems connected with these cases are approached we are confronted with the weakness and dependence of the ego bound up with interference with genital potency, and I have been impressed by the importance of ego development in the first two years of life in this connection.

Klein's work on depressed states and their connection with an early phase of ego development is supported by the analysis of the psychical background of the individual who has the necessity for a fetish.

A real comprehension of the causes of this sexual anomaly can only be obtained by considering the fetish in its relation to the individual's whole psychical development and by taking into account the other morbid symptoms which are invariably present.

The relation of fetishism to a perversion and to neurosis is not a simple problem. Although fetishism is not actually classed as a perversion a study of the literature reveals a tendency to treat the two forms of abnormal sexual behaviour as if they had much in common. In my opinion the fetish saves the individual from a perverse form of sexuality. The component impulse which would prevail if not placed under special control is the sadistic impulse.

The fetishist has much more conscious anxiety and guilt than an individual with an established perversion, and in this respect resembles the psycho-neurotic.

The over-determination of the fetish both from the point of view of sexuality and ego defence can be compared to that of a neurotic symptom.

In common with phobia the mechanism of projection and displacement is used and a substitute object is selected, but there is a reversal of affect, as the object is to attract not to repel. The projection is for purposes of reassurance and to provide a good external object. It provides a reassurance that the sadistic wishes have not destroyed the objects.

The importance of the pregenital fixations is shown by a recognition of the sublimations which are capable of replacing the fetish. In two patients it was literary work. One patient said repeatedly that he really loved books not the mackintosh. He collected books, and always wanted to defæcate when he entered a book-shop.

His literary work was inhibited when his sexual anomaly was

active, and when he came for treatment he was in danger of losing his power to produce books.

In an unpublished paper read to the British Psycho-analytical Society some time ago Ella Sharpe described the unconscious connections between a shoe fetish and the production of a picture.

The unconscious connection with artistic products is further evidence of the association of the fetish with the introjected imagos of the early phases of ego development. In conclusion it is abundantly shewn in this contribution that the psychology of the fetishist is dominated by castration fear, and I have traced this fear in these cases to infantile situations connected with unusual tension of the aggressive impulses inseparably bound up with sexuality.