

A Contribution to the Study of Fetishism [1]

By

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The clinical material upon which this paper is based is derived from an analysis which was interrupted by the War. I had hoped to have collected more material and reached more definite conclusions, but there is nothing to be gained now by postponement. In view of the paucity of cases recorded in the analytical literature, publication of my incomplete findings seems justified.

It is not my intention to deal with the literature of fetishism. It is not very extensive on the analytical side; and on the non-analytical side, although extensive, it is not very illuminating. Freud has expressed his fundamental contributions to the subject with great lucidity, and there is no doubt to my mind that they provide us with the most important line of approach. But I feel sure that he did not mean to suggest that the last word had been said on the matter. Further additions of great value have in fact been made, notably by Sylvia Payne. I should like to thank her both for the help she gave me in the early stages of the analysis and for her very stimulating recent paper on the subject.²

It will be remembered that Dr. Payne laid special emphasis on the pregenital components determining fetishism, and on the importance of introjection-projection mechanisms. She said: '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' (p. 169). The aim, she said, is to kill the love object. Ample confirmation of these views is to be found in the analysis of my own case.

This brings me to what I conceive to be the crux of the problem of fetishism at the present time, and I want to present it in as lucid a manner as possible, at the risk of appearing elementary and obvious. The problem may be stated thus: Is fetishism primarily a product of castration anxiety, to be related almost exclusively to the phallic phase, and concerned to maintain the existence of a female penis;

1 Read before the British Psycho-Analytical Society, February 7, 1940.

2 S. M. Payne, 'Some Observations on the Ego Development of the Fetishist', this JOURNAL, Vol. XX, 1939.

or does the main dynamic force really come from more primitive levels, which undeniably contribute to give its ultimate form to the fetish?

Although Freud was the first to draw attention to the scopophilic and coprophilic components in fetishism he made it quite clear that he regarded it primarily as a method of dealing with castration anxiety and preserving a belief in the phallic mother. At the same time, he says, it saves the patient from the necessity of becoming homosexual, by endowing the woman with the character that makes her tolerable as a sexual object. He admitted that he was unable to say why the castration fear resulting from the sight of the female genital causes some to become homosexual, others fetishists, while the great majority overcome the experience. For the present, he says, we must be content to explain what occurs rather than what does not occur. But this lack of specificity in our aetiology is one of the problems of which we are becoming more and more conscious, and the time seems to have arrived when we must attempt to answer these more searching questions.

According to Freud's conception, then, the castration complex is the alpha and omega of fetishism. I think it would be fair to say that Sylvia Payne's paper, while by no means neglecting the importance of castration anxiety, tended to emphasize the mental mechanisms and psychic layers which the work of Melanie Klein and her followers has brought so much into the foreground of our discussions in recent years.

The fact that my own observations are based on one case only tends to invalidate any generalizations one might be tempted to make; for clearly it is difficult to be sure which facts are typical of fetishism and which are peculiar to the particular patient, and perhaps have little relation to fetishism as such. But as any one worker is unlikely to have the opportunity of analysing a large number of fetishists, it would seem that the only way we can tackle the problem is by a pooling of our experiences, and the tentative conclusions derived from the study of one case may therefore be of some value. Even though I am thus limited to one case, it will not be possible for me to give anything like a complete case history. The analysis was a fairly lengthy one, covering a period of nearly three years, and the material produced was at all times profuse; often indeed embarrassingly so.

I propose, therefore, after giving a brief general sketch of the case for purposes of orientation, to concentrate on one particular facet, corresponding approximately to one phase of the analysis. This facet is one which, so far as I know, has not hitherto received much attention from analysts. I refer to the patient's struggles and difficulties in

endeavouring to achieve a full genital potent relationship with a heterosexual love object. That is to say, I propose to examine the problem from the other end, as it were: instead of discussing what makes the patient a fetishist, to consider what kind of difficulties stand in the way of his normal sexual development. It is clear that these difficulties will throw a great deal of light on the factors responsible for fetishism.

The patient, whom I shall call A., when he came to me near the end of 1936, was a young man on the eve of his twenty-first birthday. He had already had a period of some eighteen months analysis with Dr. Eder, towards whom he had developed a very emotional, superficially positive transference. The analysis had been undertaken at his parents' request on account of his masturbatory activities, which were of a fetishistic nature. It had been abruptly cut short by Dr. Eder's death in the spring of 1936. This event had at the time only a superficial effect; but by the time he came to me some eight months later, a very severe reaction taking the form of a hypochondriacal depression had developed, and it was on account of this condition that he was referred to me.

When A., the third and last child, was born in 1916, his father was serving in the War. Hence A. saw little of him until the age of three, and this fact played no small rôle in his psychological development. His parents were again separated when he was twelve; this time it was his mother who went away for a period of about a year to join his older brother in Canada. Such a separation of the parents seems to be a not uncommon finding in fetishism, though I must confess that I am not clear what is its exact ætiological rôle, if any. Younger than the brother, but several years older than A., there was a sister.

A. was fed exclusively on the bottle, a fact with which he was fond of reproaching his mother. According to his account, hers is much the more dominant personality of the two parents. She is a very dynamic woman, much interested in intellectual matters, and for this A. greatly admired her, though analysis revealed underneath this admiration a deep reproach for her lack of a more flesh and blood relationship with him—a relationship which would have been realized had she given him the breast. At the same time, she was vivid and active, virile and virulent, as he expressed it. The father, on the other hand, according to A.'s account, was much more passive and placid. In this way it was possible for A. to become very confused as to the differences

between the sexes. Typically, the thing was worked out on the mental rather than the bodily plane. This tendency to intellectualization is a very characteristic feature in my patient. On the one hand it depends on an identification with the mother and a taking over of her attitude; but much more important from the dynamic point of view, I think, is its value as a defence mechanism against bodily anxieties. In fact, I came to realize that his intellectualization plays a rôle similar to his fetishism in combating castration and related anxieties. Intellect is something which a woman can have equally with a man; so that if one concentrates on intellect one can deny the fateful anatomical difference. Similarly, by taking activity as the criterion of maleness, he could demonstrate to his own satisfaction that the female was more male than the male. Besides castration anxiety, however, another very important motive unconsciously underlying the production of this theory was the need to convince himself that the mother was strong enough to be safe against the danger of his own (and also his father's) sadistic attacks, so that she could survive them and still be there at the end of it all. Here again there is a very close connection with the fetish; if anything was established with certainty about this it was that the fetish serves to protect the loved object from the dangers inherent in the fetishist's sadistic love with its annihilating tendency.

I cannot enter into a detailed life history of this patient, but I must say a word about the development of his fetishism. Apart altogether from reconstructions, it seems first to have become recognizable in the form of a fascinated interest in schoolboys wearing O.T.C. uniforms, at the age of ten or eleven. This interest was felt to be an unhallowed and forbidden one, ostensibly on account of his mother's strongly pacifist views; and indeed he had had the same feeling at a much earlier age about playing with toy soldiers, an activity which was not forbidden but one nevertheless of which he felt his mother disapproved. A very interesting light was thrown on this when he had a dream about a house with a dark attic, like a lavatory, in which he and his brother found boxes containing amber stones, and later, rifles. They feared an attack by a little miniature man, who was a murderer. There were many other details and associations to this dream, but the point for my present purpose is that after I had interpreted 'attic' as 'attack' A. recalled that at the age of eight he remembered seeing an old uniform of his father's in an attic, and his mother saying: 'Take that horrid old uniform

away!' In view of her attachment to the uniformed father during the War, A. seems always to have felt that her attitude towards uniforms and military things was a hypocritical one. The uniform here obviously stands for the father, and it is interesting in connection with the coprophilic significance of the fetish that A. on several occasions likened his mother's attachment to his father to a woman who likes a scent which you can't bear; but she makes such a fuss about not having it that at last for the sake of peace you say: 'Have your beastly scent!'

Beginning about the age of twelve, there developed a great conflict over the possibility of A. himself joining the O.T.C. The conscious attitude was one of horror at the idea and fear that he would be forced to join; and this was rationalized on the basis of pacifism; but unconsciously the determining phantasies were not so much purely aggressive ones as homosexual-sadistic. Being made a soldier meant being made into a woman, paradoxical though it may sound; or perhaps more accurately, being made into a suitable object for the sadistic sexual attentions of the father. The utmost horror was produced when his father actually suggested that it might not be a bad thing for him to join. This found its expression in the transference during a period when he was continually under the compulsion to ask whether I had ever been in an O.T.C.

A. managed to avoid joining the O.T.C., but he compromised by joining the scouts. One day he dressed himself in his scout uniform and tied himself up, but he did not know what to do next; this was at the age of thirteen or fourteen. The idea of tying up had been anticipated at much earlier ages, when he had tied up dolls and also a dog, tying its legs to the legs of a step-ladder and thus stretching them apart.

An emission was consciously produced for the first time at the age of seventeen, when he dressed himself in a black mackintosh and chained himself to a wardrobe. The result was a surprise to him. This experiment led on to more and more complicated and sadistically designed ones, with the use of wires, tight gagging, tying himself up in a sack, etc. He was just beginning to play with the idea of hanging and complete annihilation at the time when he was sent to Dr. Eder for analysis. The further development of the fetishism consisted of various elaborations of similar themes— women, but also occasionally boys, in different varieties of uniform or mackintoshes, and latterly almost exclusively nurses in uniform. There was of course always a

phantasy of a sado-masochistic kind woven round these figures; most commonly of an older woman humiliating and punishing a younger one. During the course of his analysis with Dr. Eder he modified his technique by embodying his phantasies in drawings rather than carrying them out on his own person, though this also continued to some extent. This modification served several purposes—it made it possible for him to bring his masturbation into the analysis, as it were; it represented at a much more unconscious level an invitation to the analyst to treat him as the figures in the drawings were treated; and it also served the purpose of a further line of defence against the anxieties connected with his destructive phantasies—the fact that it was mere drawings that he was dealing with was a reassurance that it was neither his real parents nor himself that were being treated in this way.

When he came to me for treatment, A. was, as I have mentioned, in a very depressed and hypochondriacal state. This was closely connected with the death of Dr. Eder. The hypochondria proved very refractory and continued through a large part of the analysis. Time does not permit me to go into it in any detail, but I should like to make a few remarks about it.

While introjective phantasies were obvious and were interpreted from the outset, it became more and more clear that a very important function of the hypochondriacal complaints was their use as a sadistic weapon against the parents, whom in fact he often reduced to a state of despair verging on breakdown. He used it particularly to disturb them at night. This activity often took the form of demanding that his father should examine him and find something, for example a positive Babinski. Although this 'something' that had to be found was ostensibly of a bad nature, it was evidently not entirely so, and in fact he often used terms of rather ecstatic admiration about his symptoms. They represented both a penis and a baby. His abdominal pains were labour pains, while his two legs with their twitchings and inequality stood for the two parents in intercourse. I want to make it clear that I am not discounting the importance of the introjective mechanisms that were at work, which were very clear at times, as when he said that he felt his body was fragile, like china, and full of blocks of dead things. All I am suggesting is that in a case of hypochondria of this type, introjection is not the whole story, and that interpretation would be inadequate which left out of account the phantasies derived from the phallic level. I have felt for a long time that there are at

least two types of hypochondria, the hysterical and the psychotic. I should regard this case as belonging to the hysterical group.

I should have mentioned earlier that A. was a medical student and when he came to me was just beginning his clinical studies. He was therefore able to elaborate his hypochondriacal ideas with a great wealth of detail, while at the same time he was not embarrassed by too exact a knowledge of clinical and pathological facts. Thus, his ideas about inequality of his legs, to which I have referred, were related to the idea of disseminated sclerosis, to which he clung for a long period. A similar fear was that of secondary carcinoma. In both cases the notion of an infinite and increasing number of bad things disseminated inside was of importance, and this was connected with fears about robbing his mother's inside and the difficulty of putting everything back in order. These phantasies came out in a large number of dreams, which led up to the dream of the attic. The principal object inside the mother towards which these attacks were directed turned out to be the father's penis, and the attacks were chiefly of an oral- sadistic kind. But I think it is a significant fact that it was just the penis against which they were directed. These phantasies were closely related to homosexual ones about sadistic attacks on his own inside by his father's penis, as in a dream about letting a man into the house, knowing the man was going to murder him. This theme appeared also in inverted form in the idea of a woman enticing a penis or a person inside with the object of destroying it there. At the same time he unconsciously regarded his own penis as a kind of breast, much sought after by women, whom he could nourish or frustrate at will, the latter being much the more exciting phantasy.

This combination of the phallic and the oral found a pretty expression in a hypochondriacal preoccupation with his tongue which A. developed later. This symptom was connected not only with phantasies about the hidden female penis but also with oral sadistic phantasies. There were also anal elements—the tongue was dirty. I have to admit, indeed, that the picture I have given so far is misleading in that I have failed to bring out the quite prominent anal and urethral features of the case. They were very obvious and I could say a great deal about them if space allowed; but rightly or wrongly I had the impression that they were of less fundamental importance, probably because they did not lend themselves so readily to assimilation with the rest of the material. Thus it is quite possible

that I have unduly neglected them; but if so it was not for want of seeing them, for they were manifest on the surface. In connection with the anal material, however, just as with the oral, a close association with phantasies from the phallic level was not far to seek, in as much as the fæces nearly always represented a baby and were connected with a passive homosexual attitude to the father.

All this anal, urethral, and oral material linked up in an intimate way with the mackintosh fetish, for the mackintosh served as a protection for the mother against such assaults. Not only so; it also seemed to stand for the period of milk feeding, the rubber of the mackintosh being a substitute for the rubber teat. The fetish may thus be regarded, in Freud's phrase, as a memorial not only to castration fear but also to the trauma of weaning.

I pass on now to the other main aspect of the case which I wish to discuss: that is, to the difficulties A. encountered in his efforts to achieve a normal genital relationship. These difficulties may be for convenience divided into two groups: first a series of abortive and relatively short-lived attachments, with which I shall deal quite briefly, and secondly a love affair which occupied the whole of the last year of the analysis, and which still continues.

There do not seem to have been any really early attachments to girls. Up to near the time when his first analysis started, he was occupied principally with what he called the prince and princess phantasy, in which the prince represented himself. The main theme of this phantasy was misunderstanding, resulting in a quarrel and the separation of the prince and princess. This was the climax of the phantasy, and the subsequent reconciliation was relatively devoid of affect. These phantasies started at the age of twelve, at a time when he had been left in a boarding school while his parents made a new home in London—an unhappy period which is associated in his mind with being forced into unpleasant and uncomfortable clothes, such as an Eton jacket and collar; it left its mark on his masturbation phantasies.

A. translated this phantasy almost word for word into reality in the course of his first attachment, which began about the age of eighteen. He seems to have chosen his partner with almost uncanny skill, and she played her frigid part to perfection. There were constant misunderstandings and quarrels, and she would allow no caress or show of affection, even in words. This type of relationship afforded A. so much satisfaction that he continued it over a long period until

it reached the final conclusion of separation that was inherent in it. It is really inaccurate to say that it continued so long because of the satisfaction it afforded; it would be truer to say that he clung to this relationship because it gave him just the safeguards he needed; and one of the chief of these safeguards was just that he should not achieve satisfaction but on the contrary should be frustrated. This is a point to which I shall return later when discussing the last girl. I believe it may almost be described as the keynote of fetishism.

The next girl was semi-Asiatic, and the anal note was dominant. She did in the end come to mean to him merely fæces and he finally expelled her with real relish after having come into conflict with her father. He felt he had killed her by this expulsion, but so far from being troubled with guilt about this, his feeling was one of annoyance when she gave signs of further life.

There followed a fellow medical student, but this attachment never proceeded far. Its end was interesting. He began one hour by saying that he felt marvellously better. Someone had told him that a lady had been ringing for him. At once he thought it was this girl, was overcome with emotion and had a mass peristalsis, as he put it. He then described his latest masturbation. The picture consisted of a nurse in frock and collar but without apron, cuffs or belt; there was also a fully-dressed nurse and a sister with flowing cap. This phantasy arose out of his excitement in seeing a nurse dressing at a window. It turned out that actually she was undressing, and this was a big disappointment, for the real excitement was in seeing the uniform put on, and the full phantasy would have been of a woman in a beautiful evening dress or nightdress being metamorphosed into a nurse in uniform. Here again we get the theme of satisfaction dependent on frustration, or rather a sort of partial frustration, for while the nurse is not the mother, still in phantasy she is the mother in disguise.

A. then told me that a friend to whom he had confided his passion said: 'Oh yes, she's quite a nice girl, but she does have such a B.O.' All the other men agreed that the girl smelt. It was only then that A. realized that he had known it all along, but didn't mind. The realization that everyone thought this was a tremendous relief. It meant that a pretty girl could smell bad, that fæces could be good. I suggested that another factor in his feeling of relief was due to the consideration that no one would grudge him his girl or try to take her away—for the theme of having his love object taken away was always very strong and prominent in the transference, though in fact the result was

generally engineered by himself. The following day he remarked casually that he had lost interest in this girl—so that again the girl became fæces, and as soon as he was conscious of this it was all over.

It was only three days later that he began to talk of a nurse he was working with who attracted him. He felt he wanted her to be in ordinary clothes and that all the details of uniform, collar stud, etc., which so excited him in his phantasies, repelled and sickened him in her. At the same time, he was continually getting erections when with her, a thing that had never before happened to him by reason of a girl's company. He said that in addition to all the agony from his symptoms there was excitement as well and a feeling of new possibilities in life.

A few days later A. took this nurse, whom I shall call B., to the pictures. He was not to have come to analysis the next day, but he rang up and made a special appointment, because, as he said, he had had such an experience last night as never before. B. was very friendly and cuddly and put her head on his arm. She was so warm, it really got ridiculous and he wanted to laugh. He felt uneasy because her conduct was so unrestrained. In brief, he had managed to get a girl who was warm instead of cold, because she satisfied his ascetic requirements through being a nurse, who was literally constrained by her uniform as well as her discipline. At this time his mother was in hospital, and he felt that she must be got rid of by death in order for him to have B. Later, following a reassuring visit to his mother and the realization that she was not to be castrated or to die, he became depressed, feeling he had no love left for B., for he now felt he had the penis and no longer that she had something he had not. There was a constant recurrence of this anxiety lest he find B. empty and lose all love for her. What he liked most about her and what gave him most confidence was feeling that she was physically strong and so able to withstand his aggression; and on the other hand her warmth and responsiveness most roused his anxiety. He felt that if he was not thwarted and got all he wanted there would be nothing left. Here again we find this apotheosis of frustration which seems to me so characteristic of fetishism, and which brings it into such close relation to masochism. It results in many of the fetishist's aims being so to speak inverted, as I see it. For instance, his scopophilia is satisfied not by seeing the naked body, which repels him, but rather by the clothes which serve to conceal it and frustrate the primary impulse. For the pleasure in free bodily movement and the sadistic use of the

musculature there is substituted pleasure in bonds and tight lacing. Manual masturbation is taboo, in the sense that it seems not to occur to him as a possibility; on the contrary, the hands are generally tied. It is therefore no surprise to find that the straightforward genital relationship is also intolerable. It appears to him as something disgusting and dangerous. The underlying phantasies were undoubtedly numerous and complicated, and they aroused powerful resistances which made this perhaps the most difficult part of the analysis. I must content myself with saying that they related chiefly to castration and to incorporation, and more specifically to incorporation by the woman involving castration of the man. Anal features were so strongly interwoven that it appeared likely that an important feature of the operative phantasy consisted of anal incorporation.

Homosexual phantasies, often quite conscious, were always in evidence. One of his first dreams about B. was actually of this nature, representing her as taking the active rôle in anal intercourse with him and causing him to produce a dirty baby.

Another important aspect of his relation to her may be expressed by saying that it was an oral relation to the father's penis. This equation of B. with the penis came out in the most interesting way in connection with one of the masturbation drawings, which represented a cross with the figure of Christ on it. Another cross was marked on the ground, and B. was kneeling on this cross, tied up, and gazing at the crucifix. When A. gave me this drawing, the first thing I noticed was a remarkable hiatus in the figure of Christ, involving all that part in the vicinity of the genitals. The second point was that B.'s position on the other cross corresponded very closely to this gap, so that she appeared to represent a huge erect penis. The conscious idea was that B. was doing penance for having come to A. It appeared from the analysis of this drawing that the sexual object of the phantasy was not just the father's penis, but really the penis plus the mother, or the mother with the father's penis.

There were a number of phantasies of attacks on the interior of the mother's body with a view to finding the penis; and it was clear that these phantasies were motivated only partially by castration anxiety—another important factor was the phantasy of the penis as a source of food. At about this period, A. spontaneously underwent a period of abstinence from masturbation for the benefit of the analysis. This led to great excitement during several of the analytic sessions, excitement felt largely in the mouth, and combined with phantasies of

nurses in white, stiff, crackly uniform, and so on. The mackintosh was felt to be a protection against the dangers to the object inherent in these phantasies of oral aggression. Unless the woman was protected in this way, he felt unable to imagine a breast except for eating, a vagina except to be ripped open, a woman's neck except to strangle her.

There is another leading feature of this case which I have not sufficiently emphasized, and that is the strong tendency towards the mechanism of the turning of the impulse against the self. This was most conspicuous throughout. Thus, though A. always referred to his phantasies as sadistic ones, they were at least as obviously masochistic, since he was clearly identified with the victim. The same thing applies to the uniform or mackintosh: it is not merely a covering and protection for the sexual object, it also serves the same purpose for himself. Perhaps the climax of all these phantasies as regards intensity of feeling was one which he had in the analysis during the period of abstinence; essentially it represented himself as a child in a grown-up mackintosh being copulated with in the most marvellous way by his father. A further elaboration of this phantasy was that when in the mackintosh he is really inside his mother's body and is identified with her, and that in this way his father indirectly copulates with him.

He said that the mackintosh is like a wall surrounding a town so that you can't see out. This wall is rotten at its base. He associated to this the idea of a penis dropping off, and faeces. He then had a picture of the anus and genitals, all very dark and shadowy. I interpreted that the rottenness at the base of the wall referred to the possibility of seeing up from underneath—there was much confirmatory material pointing in this direction. A. confirmed this by observing that the mackintosh must be completely buttoned up so that no clothes are visible and it is possible to imagine the body naked underneath, and also by the excitement he obtains by putting on the mackintosh over his naked body. This aspect of the matter is closely in line with Freud's theory about foot fetishism.

As the affair with B. continued, A.'s anxieties relating to his oral and phallic aggression became more acute. He felt that kissing her meant eating her up and feared her excessive kissing. He had by this time become intensely attracted by the idea of the naked female body. He had what he described as terrible erections, but said he 'couldn't press the point'. At last he bought a condom, but was much relieved at B.'s refusal of intercourse. He tried to escape from the situation by excessive masturbation.

One of his deepest fears was of eating up and destroying his object in attempting to gain exclusive possession of it. There was also all along a strong reluctance to commit himself to any love object that was outside or separable from himself. The fetish helped him to avoid the dangers of being dependent on a woman—the danger first of the woman refusing, and secondly, of external forces taking her away. It appeared that the external force was not necessarily the father, but might be the mother herself, the 'woman' in this case being not the mother as a whole object, but her breast as a part-object. Owing to these fears, for him a goal attained was no satisfaction, but only the struggle for it; he said: 'It is like following the sun; you can never reach it, and if you did you would be burnt up.' For him, the *conditio sine qua non* for excitement was inaccessibility.

After some work on this material, A. made two or three abortive attempts at intercourse, but was unable to get or keep an erection at the appropriate moment, in spite of attempts to stimulate himself by phantasy. Once he said he didn't want to get inside B., and proceeded to bite his finger. This led him on to say that a woman in uniform results in masturbation and orgasm; a woman not in uniform has a quite different effect—she makes his mouth water, his teeth gnash, and he wants to eat her up.

Since the analysis was interrupted, his potency has steadily increased, though the old phantasies have not entirely disappeared.

It is impossible in the space at my disposal to give any more clinical material or to touch on the many other interesting sides of the case, and I must now try briefly to sum up the points which seem to me to emerge.

First, this case once again proves abundantly the over-determination of the fetish. I think it also demonstrates beyond doubt the far-reaching importance of castration anxiety in this connection. Ample confirmation is provided also for Dr. Payne's findings regarding the importance of sadism and of introjection-projection mechanisms.

Here, however, I should like to raise a point which has only to be mentioned to be obvious, and yet I feel it is sometimes neglected: the point namely that introjection need not be an essentially oral process, though I should imagine there must always be what one might describe as an oral flavour about it. Thus, I found again and again in this case that what appeared on the surface to be phantasies based on oral incorporative tendencies turned out to be on another level phantasies

regarding phallic penetration, impregnation, etc. This is all so obvious that I feel ashamed to point it out; but I am not sure that it always gets the attention it deserves. There is a tendency, I think, to feel that the oral aspect is 'deeper' and therefore more important, which means presumably more active dynamically in the particular state we are dealing with; but this is surely by no means axiomatic. Although it is difficult to be sure of one's objectivity in judging such matters, I certainly gained the impression that the superficially obvious oral and anal features were often used as a disguise for more important underlying phallic anxieties; and yet I would not regard them as a mere disguise—I think they must have considerable significance in their own right. In other words, the fact that the disguise takes that particular form is by no means a matter of chance, but must be intimately connected with the nature of the phantasies that are being repressed and constitute in fact a kind of 'return of the repressed'.

That brings me to a second point which I feel is not only of theoretical but also of practical importance; I mean the problem of what factors are chiefly responsible for the occurrence of castration anxiety. Are we to regard it as the talion punishment for incestuous phallic wishes directed towards the mother, as Freud appears for the most part to do? It seemed clear to me, in this case at least, that one very important determinant is to be found in the oral aggressive impulses directed towards the father's penis incorporated in the mother. And yet it is castration anxiety that we are dealing with, not the trauma of weaning or something of that sort. If the oral and anal elements were the essential ones, it would be very difficult to account for the well-known clinical fact that fetishism is a phenomenon found almost exclusively in males.

I would stress the essential part played by masochism, and what I have referred to as the inversion of the sexual aim, for want of a better term. By this I mean that the aim of the component impulse seems to be frustration rather than satisfaction, and indeed a rather unsatisfactory kind of satisfaction is derived from frustration. Obviously this is closely related to masochism, if indeed it can be distinguished from it.

The homosexual element is also much in evidence in this case, which illustrates admirably Freud's statement that the patient is saved by his fetish from homosexuality, and it shows how narrow may be the margin.

Finally, reverting to the problem of phallic *versus* pregenital, I

should like to make the following suggestion with regard to the ætiology of fetishism. May it not be that what we have actually to deal with is neither the one thing nor the other, but a combination of the two? I do not simply mean that I want to have it both ways—what I am suggesting is a specific constellation, to use Dr. Glover's conception. I do feel that there are points about this case which give strong support to this view; in particular, the extraordinary compound (for it is much more than a mere mixture) of phallic, oral and anal aggressive and erotic phantasies.

To put it in another way, I would suggest that fetishism is the result of castration anxiety, but of a specific form of castration anxiety, a form produced by a strong admixture of certain oral and anal trends.