

Oedipal aspirations and phallic fears: on fetishism in childhood and young adulthood

ANN HORNE

London

Abstract *The main theoretical position on fetishism remains that outlined by Freud, the splitting of the ego and castration anxiety being central to the establishment of the fetish. The dangers and attractions of an oedipal resolution are outlined in the case of 'Stanley', an older adolescent whose nappy wearing, transvestism and obsession with pregnant mothers and their babies brought him to therapy. The paper demonstrates some of the technical difficulties in such work, the slow ego-structuring that is necessary, the patient's swift perception of danger at any failure of attunement by the therapist and subsequent flight to the perverse defence, and the impetus that acceptance of oedipal gain may bring to development.*

Keywords Fetishism; late adolescence and childhood; castration anxiety; aggression; attunement; oedipal anxieties; developmental therapy.

Introduction

This paper focuses on work with a young man who cross-dressed, wore nappies in bed and was preoccupied by pregnant women. When we engage with young people *en route* to a perverse solution – what used to be called 'the perversions' but now more delicately attracts the title 'paraphilias' in DSM IV, the American Psychiatric Association classification system, or 'neosexualities' in Joyce McDougall's understanding (McDougall, 1995) – we encounter early insult, primitive defences and real fear of the oedipal constellation. Within 'solutions' such as fetishism there is also an element of deception – the need to conceal the phallus to protect it, and the desire to triumph over the object in so doing. Technically, it is important to keep a developmental and psychosexual framework in mind, to be aware of the subtle invitation to collude with the deception and to maintain close observation of one's counter-transference (Baker, 1994; Carignan, 1999; Renik, 1992).

Stanley

Stanley is his mother's only child. At the age of 19 he was referred for psychotherapy following anxiety that he might be paedophilic. Amongst other behaviours, he was

constantly drawing mothers, babies and pregnant women, downloading similar pictures from the internet and videoing advertisements for nappies and sterilizing fluid for babies' feeding bottles. This behaviour, according to his mother, had become increasingly obsessive over the past year. He had admitted to the referring psychiatrist that he also dressed in women's clothes but now did so rarely. These activities, he maintained, did not give him any sexual arousal. The psychiatrist thought that Stanley was not a paedophile but that he could use and needed psychoanalytic psychotherapy.

It emerged at Stanley's assessment interviews that the family's impulse to refer him had occurred since his mother had accepted a new partner, Jim, into the home. Neither Stanley nor his mother had expressed any deep concern prior to this: it was Jim's view as an outsider that enabled them to perceive something not quite right in Stanley's preoccupations. The presence both of a man, and of an oedipal third, was therefore the precipitant. It may also have been the precipitant for increasing his obsessional behaviours. Interestingly, I found myself meeting with Stanley's mother and Jim without Stanley at one point during my assessment – as I would with a young child but as I very rarely do with an adolescent or young person. I have reflected on my thoughtlessness here, and on what must have been my focus on 'Stanley-the-child' rather than on 'Stanley the young man of nearly 20'. It has been vital to retain in mind that there is a strong counter-transference pressure *not* to see Stanley as a potent male – and a need to recognize behind this his anxieties about being phallic and being perceived to be so.

During the pregnancy Stanley's mother developed pre-eclampsia and Stanley was delivered by Caesarean section 4 weeks premature. He spent several weeks in an incubator in the hospital's intensive care unit. Throughout his childhood he suffered from a number of physical illnesses and a pituitary deficiency was treated over many years with growth hormones. He had an operation on his back for scoliosis, entailing long periods in hospital, and he was an in-patient for a whole year between the ages of 12½ and 13½ years when he had the surgery. All his developmental milestones were delayed: he walked at 19 months, talked when he was 2½ years old, was not properly clean (i.e. still soiled himself) until the age of 5 or 6 years, and occasionally there was bed wetting until age 9–10 years when Stanley finally achieved being dry at night. He attended a normal primary school but transferred to a special school for children with learning difficulties at the age of 11. This was both to provide for his learning difficulties and to give him a more sheltered experience as his physical difficulties made it impossible for him to survive the rough and tumble of a mainstream secondary school. He left school at the age of 18 and completed a special foundation course for young people with learning difficulties at college. He did not want to return to college and, at referral, was at home, unemployed.

Stanley's mother, in her late 40s at the time of referral, was a local government official. She had been depressed at his birth, worried about his physical health and survival, and in a marriage that did not survive beyond Stanley's third birthday. His father, an ex-soldier, had since the divorce worked at a number of jobs with no great tenacity and often borrowed large sums of money (which he would 'forget' to repay) from his ex-wife. Stanley could see him 'When I want to' but had not done so for over a

year. The possibility of identifying with a weak and uninterested father might, therefore, be problematic for Stanley.

The arrival of Jim caused major change in the family. He was divorced from his wife who continued to live with their daughters elsewhere in the UK. An ex-policeman who was once very active on the folk-singing scene, he entranced Stanley with his tales of and friendships with famous entertainers. At times Stanley could not help but enjoy this contact with the famous; at others, he remembered to dislike Jim as he had altered the mother–child dyad irremediably. Jim had a heart condition, was awaiting a heart bypass operation, and was probably Stanley’s best ally at home – but Stanley could not quite bring himself to see this at the time of the referral. Jim was concerned about Stanley’s social isolation and encouraged his involvement in a local drama group, both performing and writing.

Thoughts on theory

In ‘Three essays on the theory of sexuality’ Freud outlined his view of fetishism:

What is substituted for the sexual object is some part of the body (such as the foot or hair) which is generally very inappropriate for sexual purposes, or some inanimate object which bears an assignable relation to the person whom it replaces and preferably to that person’s sexuality . . .

No other variation of the sexual instinct that borders on the pathological can lay so much claim to our interest as this one . . .

The situation only becomes pathological when the longing for the fetish passes beyond the point of being merely a necessary condition attached to the sexual object and actually *takes the place of* the normal aim, and, further, when the fetish becomes detached from a particular individual and becomes the *sole* sexual object.

(Freud, 1905 pp. 153–154; italics in the original)

The process of repression and idealization, and the splitting of the ego in the service of the defence against castration anxiety are fully elaborated in Freud 1915, 1919, 1927, 1940/38a and 1940/38b. In ‘An outline of psycho-analysis’ we find the clearest statement:

The creation of the fetish was due to an attempt to destroy the evidence for the possibility of castration, so that fear of castration could be avoided. If females, like other living creatures, possess a penis, there is no need to tremble for the continued possession of one’s own penis. Now we come across fetishists who have developed the same fear of castration as non-fetishists and react in the same way to it. Their behaviour is therefore simultaneously expressing two contrary premises. On the one hand they are disavowing the fact of their perception – the fact that they saw no penis in the female genitals; and on the other hand they are recognizing the fact that females have no penis and are drawing the correct conclusions from it. The two attitudes persist side by side throughout their lives without influencing each other. Here is what may rightly be called a splitting of the ego. This circumstance

also enables us to understand how it is that fetishism is so often only partially developed. It does not govern the choice of object exclusively but leaves room for a greater or lesser amount of normal sexual behaviour; sometimes, indeed, it retires into playing a modest part or is limited to a mere hint. In fetishists, therefore, the detachment of the ego from the reality of the external world has never succeeded completely.

(Freud, 1940/1938a: 203)

In a very clear and helpful clinical chapter, Campbell (1989) describes work with 'Charles', an adolescent who first came for help at the age of 16 and who finally managed to sustain three years of five-times-weekly work from age 19. He outlines a history of abandonment and intrusion by the mother, an absent father, the development of a fetish for big-breasted women (phallic women) as a defence against castration anxieties and suicidal wishes consequent on the sense of abandonment. Charles's phallic-oedipal conflicts centred around rage with the father for leaving him with his mother, and anxious competition with this father. The combination of early anxieties (abandonment, merging), castration anxiety and phallic aggression appear as key features.

A similar finding of the centrality of castration anxiety underlies Kohon's (1999) view and, of course:

In psychoanalytic theory, the castration complex is indissolubly intertwined and integrated with the Oedipus complex.

(Kohon 1999: 34)

The implication is similar in the case of a 6-year-old girl described by Hopkins (1984). Fetishism is found in males; this little girl believed she was a boy; her fetishistic interests abated in tune with her acceptance of being a girl.

Sperling, unlike Freud and Campbell, does not connect the fetish object with the fantasised penis of the mother (Sperling, 1963). It is striking, however, that in her overview of fetishism in children there are many descriptions of what we would now call 'transitional objects' (Winnicott, 1951) and not fetishistic objects. The same, indeed, is true of Wulff's (1946) paper. Where a sexualized or displaced erotic relationship (e.g. with the mother's feet or shoes) is actually involved, there appear to be very few case examples of children in print. Sperling states:

It seems to me that the need for a fetish has something to do with the reality of the child's experiences. In the lives of these children there has been real seduction and actual over-stimulation of these component instincts in the relationship with the parents, especially with the mother.

(Sperling, 1963: 381)

This comes close to the role of trauma, perceived by Khan (1979) in the formation of perversions and by Hopkins (1984) in the formation of a foot and shoe fetish in her young patient with gender dysphoria. To Khan, the intrusion of the environment is a

reality in the histories of many perverse patients, rather than the fantasy expressed by most neurotic ones, and this has often been a sexualized and sexualizing environment. Hopkins' little girl had been abused by her father.

The absence of the oedipal parental couple, whose task is to maintain the boundaries between the infantile and the parental, between the adult sexual relationship and the passion of the child for both parents, is in such cases compounded by a trauma wherein the adult perverts those boundaries, takes the child as adult partner, and renders the child's proto-sexuality both adult and corrupt (Horne, 2001).

Issues of separation and aggression also feature in the writing on fetishism. Siskind (1994) presents one of the few child papers, working with a 3½-year-old who will not give up his nappies. Although one would not assume that resistance to nappy removal was a prelude to fetishism, there are valuable comments in Siskind's work. Becoming a separate, autonomous person and gaining a safe capacity to use the aggressive drive were key themes in the work with child and parents. The role of aggression also features in Gillespie (1940, 1964), Coopersmith (1981) who describes aggression subsequent to separation, Anna Freud (1965, 1966, 1972), Parens (1989), and in Campbell (1989) who also describes difficulties with phallic aggression. The need to keep the powerful maternal object at bay is also a theme, by dehumanization (Cooper, 1991), as a defence against aggression or against merging and being engulfed (Rabain, 2001). Managing the transition of separation is key to Rabain's paper.

The role of the absent or passive father in relation to the establishment of perversions has been noted by several commentators (Mancia, 1993; McDougall, 1995). The role of parents is an interesting one psychoanalytically and has been connected to theories about the development of a faulty superego in perversion. Gillespie summarizes it succinctly:

The kind of parental model that is likely to be found in cases of sexual perversion in the child is one which prohibits normal heterosexuality above all else, and treats pregenital and perverse activities with relative leniency, or even encourages them
...

(Gillespie, 1964).

Finally, Glover (1933) first drew our attention to the link between perversion and the development of the reality sense and so to perversion as a defence against psychosis. Coltart's case study, first written in 1967, also explores fetishism as a defence against psychosis (Coltart, 1996). I have found this to be the case with many adolescent gender dysphoric patients (Horne, 1999). With Stanley, it is noticeable that, in a somewhat polymorphous presentation, he also cross-dressed at one time but that this appears not to have contained his anxieties.

When we think about Stanley's history, we see a child for whom the development of a sense of muscularity and body-self, the precursor in Winnicott (1950) and psychological terms to positive aggressive affect, was grossly inhibited. Indeed, his functioning at present indicates great ambivalence about aggression and the need to defend against it. Separation, for Stanley, was both enforced in an untimely manner (by hospitalizations and his mother's depression) and paradoxically also impossible to achieve. From the age

of 3 years he had no functioning oedipal third who might protect against merging or offer opportunities for identification, directing the child—in the classical role of the father (Colarusso, 1992)—to the external world, away from the over-closeness of the mother and infant dyad. This continued in adolescence when issues of intimacy and sexuality must have required Stanley to seek a safe position away from this revival of closeness, when the potency of adolescent sexuality became an issue. The absence of the oedipal third, the father or adult sexual partner of the mother, appears to have left Stanley at adolescence with only the desperate manoeuvre of adopting a perverse solution. To keep the phallus safe, it became hidden in the merged pregnant mother dyad; to exercise his aggression and rage, he triumphed over the object by becoming it; in order not to deal with separation and mourning, he denied the need of an object. Work was patently not going to be easy, nor would it be swift.

Themes from the therapy: progress and process

Stanley is a short, slightly stooped young man with brown hair that often sticks up in an unattended kind of way. He has poor articulation in his arms and finds shaving and combing his hair difficult. The hair on the back of his head has a very fine, baby-like appearance. He dresses quietly but appropriately and can have a very lively look in his brown eyes. When he moves, he does so at speed, scuttling from one place to another like a crustacean on the seabed. The large backpack that he brings (containing many drawings and folders of his main and symptomatic preoccupations) adds to this shell-like look. He does look rather strange and, to Jim's fury, strangers have commented on it in the street.

Amongst the preoccupations expressed during his assessment appointments, apart from very large numbers of drawings of the pregnant mothers and babies mentioned in the referral, have been witches and magic. He told me that witches were, contrary to popular belief, good women and he had done a project on this in college. A favourite television programme concerned a young witch, Sabrina, who had magical powers passed to her by her witch mother (her father was a normal human). There was in this an enormous idealization of powerful women—indeed, with their magic these witches could be seen as the Freudian phallic woman in displacement. Space for the fear of this phallus-seeking woman, or for the adult oedipal couple, seemed lacking.

He had three individual assessment sessions; I met his mother and Jim 2 weeks later, then had a final meeting with Stanley to discuss our way forward. At this meeting he seemed eager (spontaneous and quite definite) about coming for therapy but when I asked gently what he would hope for from it, he could not answer. He pointed dumbly to his portfolio of pictures. I wondered aloud if there was, in the preoccupation with mummies and babies in his drawings, something about himself—who am I and what happened when I was growing bigger? He looked but could not answer. I also wondered to myself if there was, in his choice of therapy, less a collusion with his mother and Jim, or a wish for change, but more an aggressive attack—see, I have a therapy mother now and do not need to think about you. I noted that he always called his mother, when he mentioned her, 'mother' in rather a cold fashion. This would mean that change in therapy might be resisted: the fact of having therapy could become important, rather

than any change it might bring. Thus as 'subjective object' (Winnicott, 1962) I might further become a fetishistic object (Renik, 1992).

Brought by his mother or Jim at the start, after 8 weeks Stanley began to travel to therapy on his own (quite a distance from outside London by bus, train and underground) and has done so ever since. The work has been slow. Early themes were of being both mother and infant – a pregnant mother – so there was no need for an object and, crucially, no need to be angry or to mourn separation. He brought sheaves of drawings of pregnant mothers and a recurring dream of being a pregnant woman. Although he occasionally brings dreams, Stanley is unable to associate to these, stating them almost as concrete facts. His many drawings can go through several incarnations: he keeps his 'originals' and often copies them, then sees how they can be developed. I have taken up this idea of how things were in the beginning (his 'originals') and what can creatively be made of them.

A little of his history emerged from time to time but mainly he was in the here-and-now – or in the fantasy of his drawings, which to him appeared to have a reality. He had NO recollection (he was very firm in this, so firm as to be totally unbelievable) of his times in hospital. Eventually he was able to tell me a little of his school experience where there was a good male teacher whom he could appreciate and whom he felt liked him too, but also, swiftly, a recounting of a bad male teacher, as if the first were too much to hope for. It had been hard to contemplate male identifications. Later, he did say that he had been unwell from time to time throughout school and I could connect this both to his spells in hospital and to a worry, perhaps, that therapy might make him unwell – i.e. challenge the homeostasis of his defences. He added that he has asthma and tires easily. In the transference, I took this as a warning about pace.

The pictures of mothers and babies continued to appear, brought in large folders in his heavy backpack. The mothers, initially, were well-known female personalities whose glossy sexuality was important in their presentation and I wondered about this switching of interest from 'adult-sexual' to 'infantile-mothering', almost like a sleight-of-hand deception: 'I have actually drawn this (a sexual picture) but I make you focus on that (a mother and baby).' Soon a new version appeared, Tanya and her son Luke, Stanley's own invention, whose story centred mainly on their feeding and nappy-changing relationship. Tanya had blond hair, long red fingernails and a tendency in his drawings to look outwards 'to camera', even when ministering to Luke. Here was a narcissistic mother, with her nails potentially predatory. There was a striking lack of fathers, which I commented on. Then Tanya's home appeared – almost a mediaeval castle, impregnable and guarded by one armour-clad soldier outside a solid door. I asked, rather mischievously, if this were Luke's father, but no. There was no external Oedipal third, protecting the male infant from being merged or damaged. After some months we moved to whether the mother (Tanya) wanted the infant himself, as a separate person in whose individual capacities she took delight, or whether he was somehow an extension of her, the only man she needed, and thus not really a little boy in his own right.

In relation to this theme, I have found myself drawing greatly on my experience of parent – infant observation, but also on the ego structuring, developmental work long undertaken at the Anna Freud Centre, London, and described by Hurry (1998). This entailed asking what each was thinking of the other, what was in Luke's mind when he

smiled or seemed apprehensive (as he increasingly did at nappy changing time), how he knew his mother was thinking about him – as if we were jointly the observers of the developing Luke. Stanley watched a television series on child development and read old books on infancy that he found in charity shops. He began to include aspects of attunement, gaze, Tanya reassuring Luke with her voice, as the central importance of Luke as a person was slowly allowed to appear. It felt as if there were times when a boy baby could begin to be safe and even enjoyed.

Interspersed with this was Stanley's liking for Thomas the Tank Engine, a series of children's books written by a Church of England vicar in the 1950s (very wholesome!) about steam engines operating on a railway line and their tasks and relationships. He occasionally brought a model of Thomas with him in his backpack and was passionate about a female engine, Lady. It emerged much later that he thought he had been given a Thomas the Tank Engine toy by his Grandfather Bert, his mother's father, when he was small. Grandfather Bert had been a nice man, and artistic, and when I wondered during the assessment if this could be where his drawing talent came from, Stanley beamed with pleased recognition. He died when Stanley was little. As we continued to meet, Stanley also declared a passion for Britt Allcroft who produced for children's television programmes based on Thomas. Ms Allcroft now possesses all the legal rights and has produced a film – another phallic lady! It has been easier for Stanley to fantasize being Britt Allcroft's stepson than to hold the male connection to Grandfather Bert in mind.

Stanley insisted that Thomas was, as the books call him, a Really Useful Engine; it was Stanley's ambition to be really useful. As a colleague has pointed out to me, the age of steam trains has passed, as has Thomas's real usefulness. This felt a moving comment on Stanley's anxiety about his own future and usefulness.

Some 16 months ago – in the second month of treatment – Stanley let me see a page printed from the internet. It was for the 'Hubbies' web site, for hubbies (husbands) and naughty babies – patently a site for adult nappy wearers and seeming also to have something of the dominatrix about it – phallic women and men as babies. I offered rather obviously that this print out was very different from the adverts for Pampers and Milton that he had often brought or drawn. He nodded. I said that he found this exciting and he agreed. Stanley said he has a 'Big Babies' Kit' that he sometimes wears in bed at night under his pyjamas. I wondered about the sensations this gave – 'I don't really know'. I was thinking of skin and the kind of memories his traumatized body might have, plus the hidden sexual excitement in the nappy. 'I don't really know' means 'I am not yet ready to think about this – do not at this point pursue this topic.' He did, however, accept a comment about the importance of grown up baby men and strong women in his mind.

The drawings of a pregnant Tanya became less about Tanya and more about Luke – a large arrow labelled 'ME' pointed to the inside of the womb when she was drawn pregnant. I began to feel we were skirting around what had gone wrong, via looking at what was necessary for things to go right for the baby and, by displacement, Stanley. Luke's toys came alive when Tanya and Luke were not there – a sense that Stanley could be potent and mischievous when on his own.

Ambivalence towards Jim emerged from time to time. There was the beginning of enjoyment of conversations with him, and an appreciation of things Jim does for him. 'I

don't really like Jim' came almost in the same breath and Stanley was able to talk about the disruption to him, alone with mother, when Jim arrived but that some things about Jim were also very interesting. Developmentally, this certainly offered possibilities.

Stanley moved into the outside world 8 months into therapy. He was given a specialist placement at a Day Centre, a unit that helped young adults with learning difficulties to prepare for work. He went there every day except his therapy day. There he aligned himself, in a Really Useful kind of way, with the staff, finding the indiscipline and rebelliousness of another group member very hard to take and reacting like a 7-year-old who struggles with superego issues: 'He did it and he shouldn't!'

His drawings began to contain little bug-like figures (microbes) who were harmless to Luke and lived on the contents of the dirty nappies. His soiling until the age of 5 and bedwetting until 9 or 10 meant his being in a nappy at night and must have given rise to a confusion of anal, phallic and sexual development. His anality is accessible in the microbes and additionally they perform the function he needs a non-narcissistic mother to perform – unlike the original 'out to camera' mother of his drawings, or the depressed mother of his reality, they can tolerate and appreciate his mess and the sense of agency and aggression that is bound up in anal interests.

After 9 months of therapy, there was a brief glimpse of heterosexual masculinity in Stanley's choice of *Titanic* as his favourite film, although there followed a swift retreat from this in his two next favourites, *Harry Potter and the Philosopher's Stone* and *Thomas and the Magic Railway*. I was ill at the first session after Christmas: Stanley did not get the message and made the long journey to the clinic to find me absent. He could not access his anger or disappointment at this. Later that term, in March, I succumbed once more to 'flu'. This time the message cancelling got through. Stanley came to his next session complaining of overwork and tiredness, and the demands of his week including his therapy. The Easter break loomed, as did Stanley's 21st birthday. He announced that he and his mother were having a holiday on his birthday (the last session before the Easter break) and he would not be attending.

On his return he had drawn his usual pregnant mother but suddenly she was in a nurse's uniform – a nursery nurse, he said. I wondered if this was a screen memory of hospital when he was born, or an acknowledgement of his painful year there at the age of 12/13. There was also great potential in straightforward male fantasy about nurses! She was, however, clearly wearing my shoes. I did not know how to take this up but there they were, different from his usual, black with a heel. I felt guilty I might be producing a foot fetish in Stanley... Part of me felt amused (the dangerous collusive reaction), part felt assaulted (he has stolen my shoes – he doesn't want my thoughts but will take over my shoes). I reflected on his need, faced with a longer break than expected, to retreat to female identification and part-objects. In thinking about this development, the desperation and aggression within it, and the beaming idealization Stanley shows when I come to collect him to start his session, I was greatly helped by Renik's article on the patient's use of the analyst as a fetish (Renik, 1992).

Some 14 months into therapy Stanley brought in a drawing of a dream of a woman with one breast covered and one exposed. There followed drawings over two sessions and, for the first time, he drew in the session what he had dreamed. There is nothing infantile about his drawing of breasts and it was possible to interpret that the breasts

were of importance both to babies (breast = food) and to young men of Stanley's age who would see them as very sexual. He nodded. I commented on how appropriate it was for, say, a 21-year-old Luke to find this a sexy and exciting drawing. He stared at it. He agreed it was exciting but covered it over with baby drawings. I thought that sometimes it felt safer to think of 'baby Luke' rather than 'young man Luke with exciting thoughts'. He began to put the papers away: it was, unfortunately the end of the session and I awaited the return of his sexy lady for several months.

Session

The following material, after a year's work, simply demonstrates how finely balanced the defences are, and how readily Stanley feels the phallic anxiety that summons them.

Stanley arrived, as usual 10 minutes early. I found him in the waiting room with a pad of paper. He gazed, beaming, then hastily collected his things. I noticed he did not have his backpack with him and found myself looking round for it, as if to tell him where it was like a nursery school teacher. I thought he looked significantly unburdened and thought of the turtle without its shell: was this a lightening of his defensive load or the evidence of vulnerability? He hastened along the hallway and down the stairs to the therapy room. Settling into his seat, he organized his sheaves of papers, his pad and a Simpsons' comic book. I observed this—both childish and adult, but certainly not compliant, the dysfunctional Simpson family of the comic book possibly contained a sense of hope of being different.

Stanley produced a small bundle of drawings interspersed with a few pages of text. These were all hand done. The themes were those of the previous months but, again, there were subtle shifts in the drawings. This time 'Luke', the baby, was not having his nappy changed. He was often on the floor, with a sidelong smiling look at his smiling mother. Good eye contact and mutual appreciation appeared to be important. The anxiety of earlier drawings appeared to have gone. I wondered if expressing the age-appropriate sexuality of the woman with the exposed breast had given permission for the appearance of a baby whose castration anxiety did not dominate his mind.

There were still, however, one or two of the little microbes, sometimes following the mother and inadvertently being stood on by her. I wondered about these. He shook his head: 'I'm still working out what they are.' I said that I had been thinking about how they do a very important task for Luke—they clean him up—and their function is one that the mother might do. Perhaps they do not quite believe that the mother can care for her little boy baby properly? Or perhaps, now that Tanya is much more in tune with what Luke needs, they are not needed?

Stanley told me he was working at a Garden Centre 4 days a week at the moment. He was feeling tired and could not understand why the others in his group were only doing 2 days a week. I (wrongly) wondered if he had thought this might be a compliment, that his competence was recognized. He looked puzzled. I should have waited for the affect rather than try to guess it. I had enacted a not-in-tune mother.

Suddenly he turned to face me and said, 'I had a dream last night. You were in it!' He was not sure what it meant but told me that I had talked to him in the dream. He smiled with great pleasure. I had never had a patient who had dreamed about me and was

momentarily quite disconcerted. I wondered what had happened in the dream. 'You asked me if I wanted to be a woman.' He could not say what he had understood by this question. After a bit of thinking about what feelings went with the dream, and getting nowhere, I wondered to him if in the dream he was very unsure whether I was a therapist who wanted him to be a man and appreciated him as such, or did I want to steal away all the male bits – a little like baby Luke in his drawings when he is apprehensive about his mother changing his nappy. It was interesting that the memory of the dream, with its collusion with not being male and hiding the penis, came after my failure of attunement. He sat thinking with his brow furrowed, then added that he sometimes dreamed things that then happened. When he had been asked to take part in a focus group as a user of services for clients with learning difficulties, he found it was what he had dreamed of the night before. I thought that sounded rather magical and that his dream had been working for him, preparing for the next day's uncertainties. This made him connect to the dream that, he said, had made him go out to the theatrical costumier in a local town and buy the 'Big Baby Kit' in the first place. He had dreamed he was wearing a nappy. The next day he had gone to the shop and bought the kit.

I found myself struggling with this material. Stanley began to put his drawings in their file and this gave me space to wonder about the sequence of this conversation. There are often pauses – long pauses – in our sessions but today he had talked most of the time. My misunderstanding something about the work at the garden centre had led to his hiding his anger and disillusionment with me by diverting into my wishing him to be female. He colluded, moreover, in hiding the phallus by then bringing the dream that directed him to wear a nappy. A not-in-tune therapist turns so swiftly into a potentially rapacious therapist, whom one needs to defend against.

He returned to the theme of the Garden Centre. Four days a week he goes there from the Day Centre after lunch and he is finding it tiring. He is the only one doing 4 days: the others are doing 2 days. After a lot of returning to this, it emerged that he was annoyed about it. He did not like working in this kind of job. The people who run it are nice and the public is nice when coming in to buy plants and gardening requirements, but he has worked in a shop before (a pet shop) and simply does not like it. He had told this very clearly to the staff at the Day Centre – and they placed him there despite this and for twice the time the others do. I commented on the need to be heard. He became lively – yes, he hadn't been heard. I said that he felt justifiably angry about this as he had done this work before and not been heard. YES! I wondered aloud whether he sometimes wondered if I would be a therapist who would be in tune and really understand him – that he had told me of the Garden Centre but I had not understood properly the first time about not being heard, but he had been brave and brought it back for us to think about. 'I'm not really sure.'

Leaving the room, still in the basement, he said, 'See you next week'. At the start of therapy he never said goodbye, and, indeed, he did not say hello but arrived and began, as if to deny any breaks and abandonments. For the previous 6 months he had said, 'See you next week' upstairs as he exited the clinic and the words were usually addressed straight ahead of him to the main door.

The next week we were back to the backpack and the safety of many drawings. He told me carefully that most were done on the 2 days prior to his session and I wondered if this

could be connected – he needed the drawings less after our meeting but, when he was thinking about coming, he found the urge to draw. He looked at me silently, his brow wrinkled in puzzlement. The drawings were of nappy changing. The far more in-tune mothering was still very evident and I was able to make two interpretations – one about what might be in Luke’s mind as the red fingernails approached him: ‘It’s my penis, don’t hurt it and don’t steal it.’ This resonated with him and got a lively nod and smile. The second was to connect his frustration of the previous week about the Garden Centre (he had a further 2 weeks to do there) and the adults not hearing or being in tune with what he had said he needed, unlike Tanya who now knew how to be in tune with Luke.

Issues in technique

Monitoring the counter-transference, using colleagues for thought, avoiding counter-transference acting-out (Baker, 1994) – all have been important in work with Stanley. To this Chasseguet-Smirgel (1981, 1985) adds the difficulty in establishing a therapeutic alliance, and the avoidance of insight and of the achievement of reality. This I have found with Stanley as I suddenly experience anxiety about being treated as an idealized but part-object – e.g. in the emergence of my shoes in his drawings, I wondered if his control over my difference, our individuality and his aggression takes the form of incorporating me. The pressure is thus to collude with the deception. I find something similar happens when my mind drifts, as it sometimes does. Usually, when this occurs with other young people, I find I am actually thinking of something that illuminates the therapy. With Stanley, I drift and my mind is unconnected to the material. In this, colleagues have been helpful in pointing out that it is the phallic self being hidden again, a process of blocking me out from seeing his potency, and I can now use this as a cue for thought. Interpretations are often met with blankness, ‘I don’t really know’, and rarely the sense I have offered something of meaning. At a later date I might have one fed back to me, as we all experience from patients when an interpretation has been meaningful and assimilated. With Stanley, it is hard to know at times if this has real internal meaning or if it is another rather adhesive identification with me. As the ego structuring work (e.g. affect recognition and legitimisation) continues, however, I think that there *is* a slow, gradual pace of genuine internalisation.

Much of the work has been done in the displacement of Luke and Tanya, or Thomas and Lady. I have had some weird conversations. Yet I think it has been important to set out some of the themes and anxieties in the manageable arena of the displacement, and slowly bring them into the real world. With such a concrete approach and such perilously sensitive anxiety about castration and potency, Stanley has needed great care about pace and timing.

Several commentators mention the pressure to collude, to be a voyeur (McDougall, 1978), with ‘the focus on the activation or enactment of the underlying unconscious fantasies in the transference’ (Kernberg, 1997: 30). This is very hard in the counter-transference and seems connected, too, to my moments of absence and the pressure to ignore his age-appropriate phallic potency. In the session material, it can be seen how swiftly, when I am not quite in touch, he initiates the female or infantile defence, and how long it can take for me to feel back in a comprehending mode.

Carignan has written that the passivity of analytic neutrality can be misconstrued as ‘a repetition of early parental permissiveness and tacit encouragement of perverse behaviour’ (Carignan, 1999: 911). This represents the internal parents who prohibit genital sexuality but treat pregenitality or perverse activity with leniency, mirroring the external parents described by Gillespie (1964). Stanley’s mother ‘did not notice’ Stanley’s flight from genital sexuality – and may well have colluded with it – until the arrival of Jim whose concern (as a male) activated help. I find I constantly struggle as to how active to be – when to leave silences, when these become collusive with a fantasy of being merged, and when to intervene. There are times when, to Stanley, people are merely impingements – and often ego-threatening ones. The issue of how the ego protects itself from intrusion and abandonment at the same time (Stanley’s early and lengthy hospital experience) is a crucial one in the therapy and one that also affects my thinking about silences.

In the first 9 months of work there were very few indications of anger and aggression; I would be greeted with a beaming smile. I wondered if we would ever be able to access aggression and a sense of agency. My illnesses by chance helped open up the possibility of anger and demonstrated the threat that this presented to the immature self. Stanley wished to stop but could not quite put it in such aggressive terms! He was tired with being at the Day Centre, signing on at the Job Centre every fortnight, and then coming here. It was all too much for him and – exhaustedly – was making him ill. I sympathized with this, and commented on the great number of women who made demands of him – the staff at the Day Centre, his mother who found the place there for him, his experience at an earlier placement in a residential home for the elderly, and, of course, me who seemed to take for granted his coming here but who had let him down very badly by being off ill. I interpreted his great disappointment in me and the rightness of his annoyance.

When one thinks of the fetish as a response to trauma (Khan, 1979; Hopkins, 1984) one recalls Stanley’s early experience of traumatic birth, unavailable mother (he was in an incubator, she was in a depression), his not being the son his mother must have anticipated, his painful months in hospital, especially those when he was entering puberty, abandonment by father, and failure to grow. He has had multiple traumas. Additionally one wonders about the mother of any child who stays in nappies at night until the age of 9 or 10 years, and what the child might mean for her in his maleness that has to be so hidden. The role of mother as narcissistic predator appears in his drawings – the hands with long red varnished nails reaching anonymously into the cot where baby Luke looks growingly apprehensive. It is not surprising that allowing the memory of such a traumatic childhood into his mind is as yet barely possible for Stanley. As we develop a kind of treatment alliance, and if in the transference I can gain stability as a reliable, non-threatening, valuing object, we may be able to get to the traumas. For the moment, I carry them in my mind and merely elucidate manageable aspects of them.

Stanley had adopted an omnipotent, barren position of not needing people and of not being separate – or mourning the developmental achievements of individuation and separation. He could not entertain a sense of ‘going on being’ (in himself or his object) but appeared to insist on existing in the moment, denying separation or our week apart

between sessions. This precluded both development (necessitating the fetish as the only route for sexuality) and reflection (the idea of the 'third' so well outlined by Britton (1989)). I have had to think carefully about intimacy and distance, taking care to engage him in the waiting room, where I greet him; and in the therapy room, when he instantly rushes for his papers as we sit down, I ask how he is. This makes him pause, reminding him of our separateness. Sometimes he brushes it aside as if unheard, but more often now he will respond in kind. At times, increasingly, he can manage not to reach for his drawings. I see this as progress—I hope it means that, although he anticipates a predatory narcissistic object, he can be brought back in touch with a potentially benign yet separate one. He can now spontaneously tell me of aspects of his week—we *have*, then, been apart—and how he felt. Moreover, his 'sexy lady' has returned, allowing a sense of phallic potency into the therapy room, with an apparent diminution in castration anxiety. Two weeks ago, after a long gap, he brought a further drawing of Luke. He was grinning, crawling on the floor, and his mother was in an armchair, reading, at an appropriate distance from him. 'I thought I would draw it for old times' sake,' said Stanley. We thought together about the boy child, growing up knowing it was all right to be a boy. Stanley smiled and put Luke away in his folder.

Conclusion

We have a long way to go: the work is slow, not easy, and relies greatly on monitoring the counter-transference. Stanley, fortunately, seems glad to continue. I am often puzzled as to why and hope it is not all just one gross collusion. His mother and Jim have noticed significant change—Stanley is now willing to engage more with the external world (he has recently gone back to college to do a morning's Art course) and he is much more communicative at home. He and Jim have more of a sense of 'chaps facing the world together'—it was Jim who dropped him off for his first day back at college 2 weeks ago and who ensured that he had enjoyed his time there. Having an external male who values him and lets him know this—a father who claims him as male—is an important asset, however ambivalent Stanley might at times be, although I note the ambivalence is receding. In the therapy room, over the last 2 months, there has been very little mention of his drawings. Thomas has also taken a back seat. His interests are more latency ones—football, and the television soap drama, 'Eastenders', where Stanley's initial identification with a female character has been replaced by a range of personalities, all with their own potential, men as well as women. The 'real world' advent of a benign, interested man, directing Stanley's interests outward and away from the terrifying and seductive need for merging, has complemented the therapy. Oedipus conquered, or at least able to be contemplated, the tasks of latency and adolescence perhaps become possible.

*The Portman Clinic
8 Fitzjohn's Avenue
London NW3 5NA
UK*

e-mail: Aborne@tavi-port.org

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