Freud and Jung. An Unexpected Encounter

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Introduction

This paper aims to show how, in a clinical case, tools from different psychoanalytical theories can work together, referring mainly to the clinical practice of Freud and Jung.

In a first stage, the patient was treated with an approach based on Jungian analytic psychology and some obstacles appeared in the process.

In the second part of the paper a historically contextualized fictional dream is presented, that discusses Jung's and Freud's real cases. Although Freud and Jung followed different paths after 1919, there was a strong common root between them, so that they could never move apart from each other. The myth built on the conflict, which took place between them in 1919, exacerbated the differences and the idea that their differences were impossible to be bridged.

The third part shows what happens, when the analyst the case was faced with a more Freudian clinical approach. What seemed to be stagnant when treating it with Jungian tools, started to move again and a new perspective opened.

The Case

I started working with a patient in May 2018 and so far, we have had 120 sessions, and, in the beginning, I encountered many obstacles. In the first session the patient told:

> I was born in Recife, Brazil in 1960, a city in the north Brazil in the State of Pernambuco. In 1977 my family convinced me to attend Economics in Rio de Janeiro, but as I did not like to work with “numbers”, I dropped out and in 1980, jointed the Art School in Sao Paulo, where I lived until 1986. After finishing training in Art, I moved to Paris where I stayed until 2005, currently living in Berlin.
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> I am an artist, a painter and have been living with my partner for sixteen years. My partner is a man, we are a gay couple. He is from Germany and works with finance in an Investment Bank. We live in Berlin and have two cats. My partner provides the financial support and I depend on him more than I would like. I paint and take care of the house and the cats.
>
> I decide to start analysis because I was feeling depressed, empty, not concentrated in my activities, and drinking two bottles of wine a day.

The patient asked for a first session and came to my practice. He was sixty years old. He was able to manage the four functions but was more oriented to thinking. He was overweight (approx. 15 kg) and adequately dressed except for the shiny military black boots. In our first meeting, he was friendly and willing to provide information. My impression was that he had capacity for affective relationships. He was able to listen to, answer and participate actively in a conversation. He was able to show emotional behaviour. He said that he had no delusions or hallucinations. He went on to say that he usually felt lazy and with difficulty to control his appetite. He said he suffered from chronic insomnia but had no suicidal thoughts. He had difficulty to concentrate and one of the first things I noticed was that he was always switching topics. When he left my consulting room, his hands were sweaty.

I asked the patient about more about his pain and his decision to start analysis this was his answer:

> I can´t learn to speak German. I have been living in Berlin for many years, I love the German culture, but could not learn to speak and write in German. This makes me blocked, and I deeply suffer for this reason.
>
> I staged an exhibition in Munich 2013, where I was criticized for being a "Nazi". From that moment I stopped painting and started analysis with a Freudian analyst. I would like to go back to paint, but I cannot do so. I feel so depressed.

> I have a strong attraction to boots, mostly military, and own more than 300 pairs of them. I like to collect boots, take care of them, and always wear them. I wear military boots for all the occasions. This started when I was four years old and first saw a pair of old military boots.
>
> I really have a strong sexual fetish for boots, feet, military uniforms, and death in combat. These images are expressed in my paintings. I do not like real death, but "plastic “or “fake" death. I like the "Nazi" aesthetic I am not a "Nazi". My father was a pacifist and there are no family members in the military
>
> I never took drugs but began drinking alcohol at the age of 50. I am now drinking two bottles of wine per day, starting in the morning. I have agoraphobia and don´t feel comfortable to leave my apartment when there are people around. I was had a very active sex life but stopped having sex in 2011.
>
> I was diagnosed with ADHD when he was in his late 50´s.
>
> I paint what gives me pleasure and I am accused to be Nazi. The images of my paintings are related with my fetish: military boots, uniforms and soldiers falling and dying. I like the military aesthetic, but I don´t agree with the Nazi ideology.

We talked about the fact that the images of his fetish and of death, expressed in his paintings, may be a way of unconsciously generating rejection to avoid being in contact with reality and taking responsibility. We discussed that his producing these strong images, which for many people are difficult to process, was a way of attracting attention and triggering rejection. I suggested that this possible unconscious pattern could effectively give him an excuse to stand back being an artist and not being seen. He did not agree.

We talked about the possibility, that he could not stand the idea of having his art being judged, so he created a mechanism to escape that judgment. He react in this way :

> I am not standing back and avoiding taking responsibility. I want to be judged. I need to be judged.

I decided to go back to this point and work with “guided imagination”. He agreed to imagine being judged as an artist in court. He accepted to go into the experience, but he also wanted to be judged for committing suicide in “homeopathic doses”.

I suggested that he should work with sand play, and he used objects and images to set the place in which he would be judged. He used figures, dolls, and puppets. Then he imagined the experience of being judged in that court.

We were able to work with this material and finally started talking about guilt.

This was a first step to express again himself and his soul through his hands. A first step to go back to his art.

He could open himself and touch aspects related to his fetish, but not with the material, which was emerging from the unconscious. He could not move from the ego and so stayed in the confines of a mentally defensive attitude.

The family was an important point discussed in the beginning of the therapy. This is is how the patient described relations with family.

> I feel alone. I have contact with just a few people: my partner, my mother, my sister, two or three friends and you. The relationship with my partner can improve if I could be emotionally and economically less dependent on him.
>
> My mother and grandmother (on his father's side) represented my first connection to the feminine. I always had a distant relationship with my father and when he died, my mother revealed that he had never wanted to have children, so as not to risk passing on leprosy which he had as a young man.

When the Patient started analysis, he had difficulty working with dreams. He was not able to finish telling a dream during a session. He used to get lost in much detail and missed the narrative. When I suggested painting his dreams, he reacted in this way:

> I cannot paint my dreams because I would be in competition with the images of the dream!

After eight months of therapy the patient shared a dream

> I was in a bed with my sister, she was naked, lying on the bed and I was resting in her arms like a baby. Her son, now twenty-two, was also there watching, but just four years old in the dream.

The image and the action in this dream was on the feminine side and the fetish that the Patient had built was very masculine as it is related to boots, uniforms, war, and death.

After two days, the Patient had another dream.

> I was running to see my mother in a street in Lisbon. She told me that she had been abandoned by my father and that she had a new partner. I went to visit my mother in her new house in Lisbon. Then I was in the living room in her arms, like in the dream with my sister. My mother´s new partner was watching us.

In both dreams he was lying like a baby. In the second dream his mother was not naked, and his sister's son was not present, his mother's new partner was sitting in front and watching the scene. In both dreams I could observe a connection with the feminine, through his mother's and his sister's images. He was comforted like a baby and others were taking care of him. He was in a fragile and vulnerable state. The male images of the dreams, the son of his sister, in the first dream, and the new husband of the mother in the second dream are passive. They do not act. Only watch.

The Patients fetish was one of the main aspects that emerged, is related to army shoes and a collective organization of a male imaginary world. However, he does not have the fantasy of becoming a soldier or fighting in a war.

We talked about the hypothesis that his lack of energy to connect to reality could be related to a strong concentration of energy in the boot fetish. In his opinion his lack of energy was related only to alcohol because he felt very comfortable with and happy about his experience with his fetish. This were the patient words:

> My Fetishism started when I first saw a pair of old boots at my neighbour's house. I was four years old. After that, I began to look up images of boots in the encyclopaedia and was fascinated by those of soldiers at war wearing uniform and military boots. For me fetishism is related to magic. Fetishism is about giving life to an object through fantasy. It is sacred but not religious. You cannot touch the object. Only worship it. A fetish is something to collect and you connect to the object through rituals.

A Jungian Prospective

In this first stage of the analysis, as I mentioned before, I was only working with a Jungian approach.

Jung relates fetish to a context of ancient rituals in which God is experienced. It is about an unconscious subjective evaluation of objects in which the power resides in the libido, present in the subject's unconscious and perceived in the object. Jung mentions a healing power related to the fetish when he says that the primitive feels the force of God that can also be experienced as a fetish in an object as a medicine. (Jung, 1921/1957a, CW Vol. 6, § 414).

There is an archetypal expression in a symbol that, in the case of a fetish, is projected on to an object.

Jung considers a fetish as a symbol that converts energy.

However, how can energy flow in the case of a symbolic expressive formation? How dynamic could this be? Is there any practical or clinical meaning?

Jung wrote this in CW Vol. 8 § 93

> In practical work with our patients, we come upon symbol formations at every turn, the purpose of which is the transformation of libido. At the beginning of treatment, we find the symbol-forming process at work, but in an unsuitable form that offers the libido too low a gradient. Instead of being converted into effective work, the libido flows off unconsciously along the old channels, that is, into archaic sexual fantasies and fantasy activities. Accordingly, the patient remains at war with himself, in other words, neurotic.

We can see how Jung describes what can happen when the flow of the libido is working in a way that activates a state of neurosis. Jung talks about “inappropriate symbol formations” and the importance of psychoanalysis to support the patient to restore the natural flow of libido.

Regarding this aspect, for Jung when there is an over-accentuated libido projection on to the object, the detachment of the imago from the object could be important.

The combination of alcohol and medication imprisoned the soul of the patient. He had difficulty connecting with his emotions and defaulted into a strong rationalization attitude. I had the impression that he was using his energy in many directions without any sense of order or aim.

The fetish images were strongly working in his psyche. They provided an important focal point to deep dive with the patient. I thought that it was necessary to understand the role of the fetish in the psychodynamic of the case and the Patient´s neurosis. Of course, this was inevitably one of those questions with no answer at this stage.

In this case, could the fetish work as a tool that the patient could grasp to keep himself far from the chaos of the unconscious?

In his dreams, we can observe a strong presence of the feminine, the male presence was passive, only observing. The images seen in his dreams are related to wanting to be loved and needing protection as a child. The question was: what was he afraid of and needed to be protected from? The dreams were about the attachment he felt to his mother and his sister.

At that moment, I thought that freeing the Patient from his alcoholism would be the first step to bring him back to reality.

I had many questions to answer, and I had a new one. What would Freud and Jung have done in this case? Both wrote about fetish. To face this case, it would make sense to get in touch with psychoanalysis mythology and for that I worked with a fictional dream.

A Fictional Dream. An Encounter between Freud and Jung

Although the fictional dream is not real and the encounter between Freud and Jung in 1932 never happened, the fiction dream is set in the context of the time and of what occurred at that point in time. The dialogue between Freud and Jung deals with issues that really occupied them at this time. The patients are real, the images shown are authentic and the content of the various dialogues are supported by bibliography.

I chose a fictional dream about an encounter between Freud and Jung because I believe that in this case they could well work together.

Freud, after having dined with his family, is in his study in Berggasse 19, Vienna; the apartment in which he lived between from 1891 and 1938.

It is 1932 Freud had just finished revising a letter that he would send to Albert Einstein. Some months before Einstein had invited him to an exchange of ideas on what might be ways to avoid humanity from the ravages of war.

Freud was feeling tired, and the points Einstein had raised required deep reflection. The situation was complicated, and the world seemed to be moving toward catastrophe. One of the questions Einstein raised in his letter was about the human drive towards destruction.

Freud tried to conclude the letter to Einstein and wrote in the last lines that it was impossible the question, but perhaps, in the end, it is not a utopian hope that the cultural attitude and the justified angst before the impact of a future war might put an end to wars in the not-too-distant future and before humanity disappeared from the Earth.

It was late and Freud felt exhausted. He decided to leave his study, went to his bedroom, and remembered the dream he had the night before. He had not been able to concentrate on his activities as intensely as he was used to because he had been thinking about that dream all day. Freud reacting in this way:

> I do not have the slightest idea of how to begin to interpret the dream of the last night and this never happened to me. It has of a different texture, and the images bore no resemblance to anything I had ever dreamed before. I never experienced anything like this dream. I feel not able to find a meaning. I thought that as the day's activities unfolded, I would have established some association that would later enable me to initiate and approach the meaning of the dream; unhappily that had not happened.

Now we move to Jung's study in his house at Küsnacht. It was also a night in 1932 and Jung was looking out over the lake of Zürich pausing in his thoughts, which were

focused on the seminar on the Psychology of Kundalini Yoga he had given at the Psychological Club. And this were Jung´s thoughts:

> I think that the seminar aimed at understanding Eastern culture from a psychological point of view through the symbolic transformation of an inner experience. The Kundalini Yoga represents an example of a staged development model towards a higher level of consciousness.
>
> The war begun in 1914 had not ended. It was as if the world was taking a short break to reorganize and start destroying again, but this time with more powerful weapons. It is amazing how just one man in Germany, Adolf Hitler, possessed by the archetype of Wotan, could infect an entire nation, and lead it too widespread.
>
> The Seminar on Kundalini, which had served to sustain my theory on the structure and functioning of the psyche. Nevertheless, it had also been useful to invite participants in a European intellectual environment, consumed by war energy, to connect with the spirituality of the East through the practice of Yoga and the reading of tantric texts.

It was late, Jung was tired, everyone was asleep at home, and he was still thinking about answering some letters.

Jung decided to leave the letters to Pauli and Henry Murray the following day. He needed to rest, but the images of his previous night's dream which he still could not interpret came back to his mind. He could not see the meaning, where the dream pointed, and which aspects of his psyche could relate to that dream.

Now, one year later, 1933, in Venice at the Hotel Danieli, near Piazza San Marco. Jung walked along Piazza San Marco towards the hotel. And this was his thinking:

> I know that Freud is staying at the Hotel Danieli. After much pondering, I decided to meet Freud without prior notice. It had been months since I had the dream that I could not understand.
>
> Before arriving in Venice, I decided to spend a few days in Ticino. There, someone told me that Freud would be staying at the Hotel Danieli in Venice.
>
> I had the intuition that it was necessary to meet Freud and talk about my dream. I got information with regards to the time and the place in the hotel Freud was used to staying in after dinner. I thought of approaching him there. It was a decision I had struggled to make. The dream that I could not understand changed my mind about meeting Freud. I thought long and decided to follow my intuition, which was to move now in the direction of the Hotel Danieli.

That November night was very humid, and a thick fog embraced the Basilica San Marco. Jung turned right, walked to the lagoon, and took a left towards the hotel for an unexpected meeting.

Freud had finished dinner and decided to go to the lounge where he usually retired to think and read. He had a lot to read and was unable to concentrate. He kept thinking about the dream he had had the night before the day he finished answering the letter to Einstein about how to prevent the spread of the destructive spirit of humanity. He remembered the trip with Jung to the United States when they mutually shared their dreams. Many years had passed, and Freud thought it was a pity that the relationship with Jung had ended the way it had. If things had happened in a different way, he would certainly have shared with Jung the dream he had been unable to interpret. Freud described in this way the encounter with Jung:

> While I was still lost in my thoughts about my conversations with Jung during our trip to the United States, I noticed a tall, strong man walking towards me. At first, the man took aback and stared at me. He remained undecided, but after a few seconds, I realized that it was Jung. He walked with towards me with a friendly expression. More than twenty years had gone, and Jung was no longer that young man, full of energy and vigour.
>
> I decided to invite Jung to sit down and simply commented that I was surprised to meet him there.

After a long silence, Freud, having difficulty to start a conversation, asked Jung the first thing that crossed his mind:

> In what direction are you developing your clinical work?

Jung reacted with these words:

> After the beginning of the war, I decided to confront my own unconscious. This allowed me to develop my theory. In 1926, after finishing my self-experience, I returned to clinical work with a different attitude, with a special focus on the therapeutic and healing importance of giving support to the patients in the process of reconnecting with their soul and recovering the meaning of life.
>
> I begun to support my patients in constellating images, symbols, and archetypes of the unconscious, not only of their personal unconscious, but also of the collective unconscious.
>
> The patients' experiences do not always find the best expression in words. For that reason, it is very important to invite them to express through drawings and paintings of their visions and dreams. Or also only draw or paint. I used to invite my patients simply to let the images of the unconscious flow directly from their hands.

The images produced by the unconscious of the patients are healing energy that became, then, part of the therapeutic process. The very experience of bringing images to life and, more specifically, the realization of that experience can significantly benefit the therapeutic process.

I brought some images.

The first two images are of Christiana Morgan. She had been my patient in 1926 and 1927 and painted an imaginary landscape in which her female side was expressed by her unconscious. In her visions, she linked earth and sky, body, and spirit, the infernal and the sublime.

After my own experience with active imagination, I decided to guide Morgan with the technique so that she could penetrate the realm of the unconscious and integrate into consciousness a series of archetypal images that allowed her to develop and find herself as a woman.

Actually, Morgan is working as an analyst at Harvard along with Henry Murray.

Is very important to approach the images not judging but listening to what it wants to express. The colours could be understood as radiation waves, and we should try to open our heart to resonate with them. The process was not about labelling what was experienced. This is the way to connect with what is emerging from the unconscious. The correct interpretation of this material and the integration to consciousness has a strong healing effect. Like in a dream. This experience allows the development of consciousness because the symbol formations transform libido. The flow of this energy in the natural direction can move the patient from a neurotic state.

Would you like to share something related to your clinical work?

Freud answered the question:

I am working on a paper about the barriers and limits of analysis. I consider the death drive as one of the most important obstacles to analysis, which expresses itself through resistance to the analytic process, but could also be, at the same time, the cause of the psychic conflict.

I have been making more favourable prognosis in cases of neurosis with "traumatic" origin than in those of "constitutional" origin, in which after having achieved apparent good results, there seemed to be a relapse as the occurrence of new types of neurosis came up or the treated neurosis returned.

> However, the patient with a neurosis of constitutional origin could also go through a suffering process associated with a trauma. We can say that in this case the patient repeats something that cannot generate pleasure.
>
> This finding cannot be reconciled with his model of the psychic structure, built in 1900 and governed by the pleasure principle.
>
> The compulsion to repeat something that does not generate pleasure, present in the life of his patients, expresses the death drive and primary masochism.

Jung asked:

> What is the primary masochism?

Freud answered:

> The primary masochism is articulated through a portion of death drive not linked to a representation that acts inside the “I”. Moreover, when it expresses itself in the external world, it acts destructively.
>
> My understanding of the psychic structure of 1900, when I defined the unconscious as a repressed unconscious, no longer responds to what I began to observe in the clinic, from the work done with patients with war traumas.
>
> I had to construct a new version of the psychic apparatus based on the idea that, although everything repressed is unconscious, not everything unconscious is result of repression.
>
> I´m also writing about at what point analysis could be considered finished or not, and why.

As Freud spoke, Jung recalled the episode in which Christiana Morgan told him of her decision to stop analysis. That episode occurred after a session in which they had diverged significantly on the interpretation of a vision Christiana Morgan had shared with him.

Freud observed that Jung's mind at that moment was elsewhere and continued.

> I am working on the hypothesis that core conflicts could be treated clinically with the artificial production of new conflicts within the transference.
>
> Is difficult to work with this method.

Freud told Jung about the case of the patient Hilda Doolittle, and he said:

> I simply tapped the board of the couch I was sitting on and said to Hilda that I was an old man and that she did not consider me worthy of being loved.

> This gesture and these few words had an important and positive effect on the outcome of Hilda's analytic treatment.
>
> Even though Hilda was experiencing important traumas because of critical losses during the World War I, I sought in the analysis to touch on structural aspects that would allow an alteration of the “I”.
>
> However, Hilda needed to get rid of repetitive thoughts associated with the war and the real terror of a new conflict.
>
> The death drive could also express itself in the psyche of the patient in the fear of the death of the analyst and the fate of the analysis.

Looking fixedly to Jung´s eyes Freud added.

> For the reason mentioned before, because of some elements I perceived in the patient's dreams, mainly in what was the relationship she had with her father, I wanted to take advantage of that moment, with the transference, to generate conflict to move resistances.

After Jung and Freud had broken the ice and each had talked about different aspects of the development of their respective clinical work, there was a silence, like a gap in the conversation. Despite the differences, there was mutual admiration, a deep interest, and a desire to contribute constructively.

Freud was the first one to speak.

> I listened to the description your clinical experience carefully and there are aspects that I would like to deepen in a later discuss, but there is something that at that moment I consider appropriate to say. It is about a dream I want to share.

Jung was surprised by the revelation and immediately remembered the trip they made together to the United States where they shared dreams and how much it had hurt him to hear from Freud, when he was interpreting one of his dreams, that he could not go any further because going further would mean putting his authority at risk.

Before Freud went on and shared his dream, Jung said something important.

> This encounter is not just a coincidence, but the result of my strong desire to hear your opinion on a dream that I could not interpret either.

Jung wanted to let Freud understand that the ongoing encounter was not unexpected. It was not a coincidence and had long been awaited by him.

From that moment on, the conversation between Jung and Freud took a less formal direction and revolved around the content of the dreams that each had for so long tried to make sense of.

It was about sharing emotions.

It did not take long for them to understand that the two dreams had occurred on the same day, and that they were not two different dreams, but a single dream. The dreams made no sense if seen individually, but together, as a single dream, they had colour, life, texture, energy, narrative, direction and meaning; and the experience that was occurring at that moment transcended the ordinary and opened a whole new perspective.

At that moment, my fictional dream ends.

Integrating Freud and Jung in the Clinical Approach

Regardless of what Jung and Freud were doing in their clinical work in the early 1930s, and the fact that they were at different stages of life, in my fictional dream they were able to converse and share information, and there was mutual admiration. Freud was in his last years of life, sick, tired, and persecuted in Vienna, and Jung still had the energy that allowed him to continue working quite actively for at least twenty years more.

In my fictional dream, Jung's and Freud's dreams could be better interpreted if seen as a single dream. Writing about this encounter inspired me to approach the clinical case in a different prospective. Why not reacting to the obstacles with a Freudian approach? Why not trying to integrate tools of different schools? This was the meaning of the fictional dream.

It seemed to me that Freud's and Jung's contributions to psychoanalysis can be seen as complementary and not antagonistic. Therefore, I decided to experience this hypothesis in the clinical case and started working with the Patient from a different perspective.

After the fictional dream, in April 2022, I started to integrate a Freudian method into the analytical work.

Back to the Case

In June 2022, the patient took the decision to be admitted to a rehabilitation facility to get help to recover from his addiction to alcohol and the treatment lasted nine weeks.

The patient painted several trees in the rehab clinic and started to read about trees again; before his admission to the rehab facility, he could not do so due to his lack of concentration and energy.

He left the rehab centre in August 2022 and since then, stopped drinking alcohol and had no relapses. In addition, he has been able to lose weight and, as a result, he felt better. He has resumed some tasks but has not yet been able to go back to a life in which he can autonomously and integrally deal with basic daily activities such as taking care of the house and of his administrative and financial needs. He has not returned to working systematically in his atelier yet, but has been there occasionally, and is currently painting at home.

I returned to the clinical case and decided to review my notes on the Patient´s anamnesis. Upon doing that, I realized that some information about his past was missing, and, without that, there would be no room to go more deeply into some aspects of his personal history. It seemed to that was important to dive in some points : when he had his first contacts with his fetish object, his sexual initiation, the moment when he stopped having an active sexual life and the beginning of his addiction to alcohol.

The patient responded to my questions sharing the following information.

> At the age of four, I was first fascinated to see a pair of old boots in my neighbour's garden and, between the ages of four and thirteen, I collected images of boots and soldiers at war in different uniforms. I looked for these images in encyclopaedias and magazines and, at the age of thirteen, I started to masturbate looking at these images.
>
> I never shared my fetish until the age of twenty-two, when I had my first sexual intercourse with a man.
>
> I met my current partner nine years ago while I was living in Paris, and it was love at first sight. We had an active sex life in the first three years of our relationship and then decided to live together as a couple in Berlin. After we moved in together, the sex life between us lost libido, so we decided to have sex with other people; sex between us ceased to exist.
>
> When I stopped having sex with my partner, I met a person in a gay meeting place. Sex with him was always perfect. The experience was only about having very good sex, but at one moment, he wanted a complete relationship. The affair lasted four years and when it ended, I had no more sex with anyone else. I turned his libido entirely to art and, in that period, I started drinking alcohol.

There was an unstable balance between the relation with the partner and his life at home, where the fetish was not active; and his sexual life where the fetish was working. It was for him like two different "worlds" that could not work together. For the Patient it was not acceptable to integrate the sexual life based in the fetish with other aspects of his life. This would collapse the system that he built, so he decided to

finish the relation with his affair. Not having more this relation in the way that he wanted, only for a fetish sex, caused an emptiness in his life that was filled by the alcohol.

The effect of alcohol on his artistic creation process lasted for a limited time, and, after a while, alcohol became an addiction.

After a few sessions "diving" into his past, I received an email from the patient reacting emphatically and aggressively to the change in the analytical approach.

I touched something that triggered a strong reaction. The Patient clearly wanted to convey that everything related to his sexuality and fetish was not a problem. The patient did not want to talk about these topics, and the transference, which until that moment had worked in the treatment in a very formal and respectful way, was transformed into an aggressive expression that until that moment had not manifested itself.

It was a defence with an almost desperate existential attitude.

I understood that I was finally beginning to approach something important.

I understood that the fetish I had touched had an important function, so I decided to find out more about its meaning.

In the DSM-5 the diagnosis of fetishist disorder must include clinically significant personal distress or psychosocial role impairment.

> Many individuals who self-identify as practitioners do not necessarily report clinical impairment in association with their fetish-associated behaviours. Such individuals could be considered to have a fetishist practice but not a fetishist disorder.

In the case of my Patient, it is important to understand whether fetishism is a disorder or part of some dynamic that may have an ordering, organizing, or stabilizing function.

The DSM-5 also states, “some individuals may acquire extensive collections of highly desired fetish objects", and this happens with my patient with his collection of military boots, for example.

Thinking about my Patient, specifically when he explained that his attraction to boots started when he was four years old, I would like to mention again DSM-5: "Normally paraphilias have an onset during puberty, but fetishes may develop before adolescence.

Freud uses the concept of defence and a split of the ego mechanism to explain fetishism, and he question whether fetishism is a disease or not. He wrote:

> In recent years, I had the opportunity to study analytically several men whose choice of object was governed by a fetish. One should not believe that these people necessarily resorted to analysis because of the fetish, for although it is discerned as an abnormality by its addicts, they rarely feel it as a symptom that causes suffering; often they are very happy with it and even praise the facilities it offers them in their love life. In general, then, the fetish played the role of a subsidiary diagnosis. (Freud, 1927/1992, Vol. XXI, p. 147)

For Freud the fetish is the substitute for the mother's phallus in which the child has believed and which he does not want to renounce. He wrote that is the process the little boy refused to take for granted a fact of his perception, namely, that the woman does not possess a penis.

> Because of the fear of castration upon seeing the absence of the phallus in the mother, the fetish: […] endures as the sign of triumph over the threat of castration and of protection against it. (Freud, 1927/1992, Vol. XXI, p. 148)

> "In the establishment of the fetish it seems to be, rather, the suspension of a process, similar to the arrest of memory in traumatic amnesia" (Freud, 1927/1992, Vol. XXI, p. 150).

Storr (1957), broadens the Freudian understanding of fetish with a Jungian approach, based of his clinical experience: "I believe it can be demonstrated that these disorders represent a striving towards normality rather than a flight away from it" (Storr, 1957, p. 153). He also considers that in some fetish cases there is evidence of the compensatory function of the unconscious. He thinks that the fetishist reaction not only occurs as a response to the awareness of the absence of the genitals in the mother and the resulting dread of castration, but also, as he explains, because of disturbance in the psyche structure.

For Storr (1957), fetishism is not only activated by the fear of castration, but also by the feeling of lack of masculinity, which later extends to difficulties in sexual life

In the case of the homosexual fetishism, Storr considers that, in both cases, when the fetishism is a result of feeling of being castrated, or lacking in masculine potency, then there is a drive towards self-realization to find masculinity which is lacking. There is an attraction to persons who display this very quality.

For Storr it is most important in the treatment that the fetish should be accepted and given value by the therapist; for it is only when the patient can accept it himself that his development can proceed to a point where no longer needs it.

It is important to mention before continuing with the case that Fetishism could not only present itself as a defence mechanism in some cases of neurosis related to an ancestral traumatic experience, but also can be part of a mechanism of anchoring to

reality in a case of the risk of psychosis. As we are dealing with a case of low psychic structure, this can be described as a borderline personality disorder, pre psychosis or psychosis.

For the Patient the fetish was clearly not a problem, because it helped him to organize his world and to keep distance from the reality that threatened him. The patient could build his own reality, and this allowed him to go through life in his own personal way.

When the patient ended his relationship with his affair , the fetish was no longer working to stabilize him. At that moment, a depression started and, as a reaction he began to consume alcohol in excess.

The dreams from the patient showed a fragile ego. There seemed to be an inner child that needed care. It is important to observe that the patient´s partner is a reference point with a strong caregiving component. There was something that impacted the patient at some point, which left him without the possibility of carrying out an integral development process. He was in certain aspects stuck in the development of his psyche.

The fetish can be a stabilizing factor in a neurosis or a reaction to avoid going into psychosis, so it can be an expression of an attempt at a cure.

If we consider that the patient is in the lower level of the psyche structure, he has a structural deficit in his ego functioning that could be related to an early disorder. This can be seen by his difficulties in being able to fulfil basic functions, such as taking care of oneself, working, supporting oneself and relating to other people and institutions.

In this case, some early event may have activated a defence mechanism that expresses itself through a fetishist practice. There was an emotionally absent father who made the patient feel abandoned and three attentive women who compensated for this absence, mainly his mother who played a fundamental role.

The fetish seems to play the role of organizing and stabilizing his feeling of being unprotected, abandoned and/or incapable. The fetish is not directed towards a feminine object, but towards a masculine one. The fetish could be a compensation for something that is missing, which is the emotional presence of a father who could not be replaced by what the mother could give him, or also a refusal to transform the mother into a negative object because of her excessive presence. Could be that the fetish practice in this case is a way to substitute the missing father.

Conclusion

We can consider that the patient has a low psychic structure with a narcissistic personality disorder, traits of a borderline organization of personality and with a risk of psychotic breakthroughs.

A hypothesis to explain why the patient choose the fetish of the military boots can be that in his childhood he was the narcissistic object of his mother. He was part of the emotional system of the mother, without having an emotional relation with the father.

Since he became a narcissistic object of the mother, he was spoiled and could not develop an inner male personality. To maintain the compromise with the mother, which means not to give up the relation with her, he needed to stay like a baby in the arms of the mother. To compensate the lack of an inner male personality, he projected this emptiness on an idealized image of masculinity in the soldier hero. Therefore, his fetish represents the idealized projection of a missing masculinity. Could be that in this projection the patient feels a soldier fighting for the motherland.

As the fetish functions are an important stabilizing factor for the patient, getting involved or attempting to change the balance in anything other than a delicate way could destabilize him. Yet staying into a fetishist fantasy distance him from reality. But this case, the fetish prevents the patient from getting lost in the unconscious and go into psychosis.

At this moment, my work is to transition him slowly from his fetish to spaces where he can develop relationships based on love that can connect him with his soul, however without putting his fetish at risk.

This process is a very delicate intervention and a slow build.

It is very difficult to make a prognosis in this case. We can carefully observe the patient and at this time can see some progress, because he has given up alcohol, lowered his level of phobia, has been able to concentrate and reconnected with his libido. In addition, he is now able to paint and do some household chores.

It is unlikely that the patient will ever have a totally normal life, if we can define what that is. Nevertheless, I believe that the work in progress aims him being able to have the experience of giving something back to the world and eventually feeling that there is meaning in his existence.

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