The Science of Fetishes

Adriana Grimes
University of Richmond

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A fetish is defined by the Oxford Dictionary as "a form of sexual desire in which gratification is linked to an abnormal degree to a particular object, item of clothing, part of the body, etc." The diagnostic statistical manual (DSM), which defines psychological disorders, has also defined fetishes. Fetishes, however, are not defined as a disorder unless they confer a serious or significant detriment or distress for the person. Most individuals who self-describe as having fetishes or being fetishes do not fall into the category of having clinical impairments due to the fetish.

So how do sexual fantasies differ from fetishes? Sexual fantasies are broader than fetishes and include sexual desire for certain behaviors but may also include fetishes. This article aims to examine fetishes as defined by the Oxford Dictionary in which the person is not clinically impaired. In other words, this article will explore fetishes between consenting adults for the sexual enjoyment of all parties involved.

So how common are fetishes and "deviant" sexual fantasies? Unsurprisingly, this is an understudied field. Thus, the data has come from a variety of places. The two main sources are the internet and clinical case studies. Canadian studies (when someone sees a therapist). Canadian therapists have also defined fetishes. Fetishes, however, are not defined as a disorder and are not considered "abnormal" by all therapists. Thus, the data has come from a variety of places.

Of fetishes, which are the most common? A survey of nearly 400 discussion groups, which looked at approximately 5,000 individuals, calculated the prevalence of different fetishes. They found that fetishes for body parts and objects related to the body were the most common at 33 and 30 percent, respectively. Preferences for other people's behavior comprised 18 percent; while a person's own behavior and social behavior each made up 7 percent. Objects unrelated to the body made up just 5 percent. Within the category of body parts, the most frequent by a large margin is feet podophilia, at 47 percent relative frequency. This is followed by body fluids (urine, feces, blood, etc.) at 9 percent and body size (tall, short, weight, etc) also at 9 percent. With regards to objects associated with the body, the most common are objects worn on the legs and buttocks at 33 percent, followed closely by footwear at 32 percent. The next largest category is underwear at 12 percent.

Why and how do humans develop fetishes? There are two main theories to explain why and how humans develop fetishes. One of the most popular is the "signals crossing" theory, which helps explain the etiology of foot fetishes. In the human brain, the senses are mapped; specific locations in your brain correlate to specific locations on the body. The part of the brain that is triggered when the genitals are stimulated is adjacent to the part of the brain that is mapped to the feet. It is theorized that some people have an overlap in neurons of these areas. Basically, the boundaries of feeling that feet can cause sexual arousal in a person. This includes looking at, touching, and smelling feet, either their own or another individual's. This is what is defined as a foot fetish. This also may be the reason that foot fetishes are one of the most popular fetishes.

The second theory is "early childhood imprinting", which states that early childhood experiences are reflected in the fetishes present in adulthood. Within this, there are two proposed theories: the conditioning and the trauma theory. The conditioning model theorizes that fetishes develop when a stimulus is paired with sexual thoughts or behavior. Studies have shown that men can be conditioned to have erections from traditionally non-sexual stimuli (i.e. types of clothing) if they were first paired with sexually explicit photographs. Researchers paired sexually explicit photos with a pair of women's boots and colored geometric figures and found that some men could develop erections in response to the non-sexual stimuli alone. These results, however, should be taken with a grain of salt due to small sample sizes and lack of control variables. These results, however, should be taken with a grain of salt due to small sample sizes and lack of control variables. The trauma model is based on the idea that fetishes are rooted in either emotionally or physically traumatic experiences in childhood or adolescence. This also includes unresolved emotions from childhood or growing up in sexually restrictive households. However, most experts agree that the conditioning and trauma models do not fully account for the development of fetishes because not everyone develops fetishes and some stimuli are fetishized more easily.

There are a lot of reasons why sexual fetishes could develop and in whom they develop. There are interesting patterns that are present in preliminary studies, but more in-depth research is needed before any concrete statements can be made about fetishes and sexual fantasies.

References