

"CHILDRENS' FETISHISTIC OBJECT RELATIONSHIPS AND FETISHISM"<sup>1</sup>

Southern California  
Psychoanalytic  
Society

by

Melitta Sperling, M. D.

The study of fetishistic object relationships in childhood is helpful in understanding fetishism in adult life. The literature about fetishism in children is relatively limited, perhaps related to the fact that fetishistic behavior in children is usually considered normal by the parents, who do not seek treatment because of it. Fetishism is related to sucking and weaning problems and consists of a relationship not with the whole object, but with a particular quality of the object; such as, its texture or its smell. Fetishistic attitudes in object relationships play a role in all phases of development.

Winnicott's concept of transitional objects as being a universal and normal phenomena is not correct and may even be dangerous. Fetishism in children is pathological and a specific disturbance.

The child's unconscious motivation for fetishism can only be understood when the unconscious of the mother can be understood. The mother of a fetishistic child often seduces the child into fetishistic behavior by offering him a substitute for herself. In some cases, the mother seems more reluctant to give up the fetishistic object than does the child.

The fetish can be kept with the child at all times and

1. Summary of the scientific meeting of the Southern California Psychoanalytic Society, December 28, 1962.

has the effect of freeing the mother and giving her a sense of relief that she has not really left the child. The mothers of fetishistic children cannot permit separation.

The development of fetishistic object relationships interferes with internalization in the normal development of ego and superego, because the impulses directed at the object are deflected onto the fetish and not introjected. Fetishism is a sign that the child has not accepted weaning, and a fixation is established which affects all later developments.

In some cases, it can be seen how an adult or adolescent treats other people as fetishistic objects. In this circumstance, it is only a part of the person which is important; such as, a particular skin color or texture, and the object must be omnipotently controlled at all times, as a child controls the fetish. The development of pathological part-object relationships is fostered by fetishism in childhood. The need and preference for certain toys is not the same as the compulsive, fetishistic desires of these children who become totally panicked when deprived of their fetish. Separation anxiety is dealt with fetishistically, and the fetish is usually essential to going to sleep.

Freud's concept that the fetish represented the fantasied illusory maternal phallus does not seem to be an adequate explanation for the phenomenon. Fetishism seems to involve separation anxiety, rather than castration anxiety.

#### Discussion

Dr. Frederick Hacker felt that Dr. Winnicott's ideas that



transitional object relationships are a phase of normal development deserve some defense. Normality develops out of potentially pathological stages, one of which is partial object relationships. Fetishistic elements continue to persist as part of so-called normal and mature love.

Dr. Sperling replied that it is a question of the degree of attachment and the ability, or lack of it, to accept substitute objects. The mother is the child's first object, and this relationship is what determines the future development of object relationships, not the relationship to toys, etc. Fetishism in childhood is not developmental but is a fixation at a stage of part-object relationships.

Dr. Hacker said that an arrest at a certain stage is a symptom, but in order to be a point for arrest, it must also be a developmental stage.

Dr. Sperling replied that fetishism is pathological because it is a split-relationship between the real mother and the substitute mother, as represented by the fetish.

Dr. Kato van Leeuwen noted that there are many things in "normal" children which we would call symptoms if they persisted. Dr. George Mohr expressed interest in the mother's role in the development of fetishism, in particular, the question of unconscious communication between the mother and the child. Dr. Sydney L. Pomer asked if there is a "fetishistogenic" mother. Dr. Sperling agreed and gave an example.

Dr. Marvin Osman asked if the mother's motivation might not be related to a sense of inadequacy, and that she attempts to

deal with this by giving the child something in place of herself.

Dr. Sperling emphasized the need of the mothers of these children to keep the child attached to them. True fetishists have no real love objects, in spite of surface normality, and suicide is not uncommon among fetishists. Fetishism seems to be a focal symptom like an isolated paranoia or phobia, and fetishists may lead apparently normal lives in all spheres except for their perversion.

Dr. Klaus Hoppe commented on Winnicott's idea that transitional object relationships may lead in adult life to relationships with inanimate objects such as works of art, etc.

Dr. Hoppe reported that he observed that 16 out of 21 patients in analysis could remember having transitional object relationships, and these relationships could be related to their later symptom formation. These object relationships seem to have the effect of warding off psychosomatic symptoms.

In the transference, Dr. Hoppe noted that the therapist may become a sort of transitional object which may be used in the service of ego defenses and is not necessarily purely fetishistic. Of the five patients who could not recall transitional object relationships, four had psychosomatic symptoms.

Dr. Sperling agreed that the perversion often seems to have the effect of preventing the development of other symptoms by gratifying impulses and leaving other areas of the personality relatively healthy.

Dr. Alexander Rogawski felt that the differences between



Drs. Sperling and Hacker were more a matter of terms than fundamental concepts. The child has been called "polymorphus perverse" and the seeds of pathology are in all children. Sometimes these seeds persist into adult life and become symptoms, largely depending on the mother-child relationship. Fetishism can be seen as an unconscious pact between the mother and the child to act out a secret fantasy. It is noteworthy that fetishism so often includes forbidden, primitive gratifications; such as, smelling and touching.

John S. Peck, M. D., Reporter