

ABDL : Fetish, Kink or Identity? What's in a name?

Is being ABDL a fetish, a kink, or an identity?

We each have our views about what term fits. We can find it confronting when someone else uses a different term than our own.

Does it matter? No and Yes.

No, in that, for each of us, our sense of self is our own. It should not be changed by what someone else thinks or says. So, whatever term we use to describe ourselves is fit for our own purposes. If we give each other the freedom to use whatever term each chooses for themselves, what is the issue?

Of course, it's not that simple – for two reasons.

Firstly, consciously or unconsciously we all seek to apply or define a term because it validates our own sense of self. There is a tendency to claim that prerogative for ourselves, but then deny it to others ie. if I consider ABDL to be a kink for myself, and you're ABDL then it's also a kink for you – or the same with the terms, fetish or identity.

Secondly, whether we like it or not, words do have collective meanings within society. We can define a term to suit ourselves. That doesn't stop others acting on collective meanings which may be different from our own personal definition.

So, yes it does matter.

In essence, terms have both personal and collective meanings, and both can become a source of conflict when it comes to our sense of self. We'll discuss each of these issues.

Personal Meaning

The terms we use to describe our sense of self are not neutral. They are highly charged with emotional meaning.

For many of us with a non-conforming sense of self, that sense of self is hard-earned. We have struggled with guilt, doubt and fear to win whatever self-acceptance we have attained. But that self-acceptance can be a lot more fragile than we are sometimes willing to admit to others or ourselves.

Our sense of self, and the labels we use to describe that sense, represent a psychological safe space we have constructed for ourselves after painful trials and tribulations. That safe space sits amidst the minefields – the wounds and scars - of past or present conflicts within ourselves, and perhaps with others, about our sense of self. The way we describe ourselves (fetish, kink or identity) attaches us to emotional meanings and associations that make us feel safe.

When someone else comes along and uses a different term or definition to describe a sense of self (ABDL) that we have a personal stake in, we may unconsciously feel challenged. A different description may make us feel like we are losing safe meanings and associations or taking on a set of emotional meanings and associations

that make us feel less safe. So, we defend our psychological safe space. It becomes a zero-sum-game – for my term or definition to be right, yours must be wrong. That fosters the bitter, destructive conflicts within groups with a non-conforming sense of self that are sometimes called ‘identity politics’.

The best way around these conflicts is for us to allow each other to label ourselves as we each chose. If being ABDL is a kink for you – go you! If being ABDL is a minority personal identity for me – go me! The two can co-exist and both be true because they refer to our experience of ourselves. One of us has the right to tell another how they should define their sense of self. ABDL is a non-conforming sense of self. Many of us have felt society has denied us the freedom to define our own sense of self in a healthy way. We need to avoid doing that to each other.

In essence this is respecting at the personal level, the subjective meaning of terms or definitions that suits each.

Objections to Viewing Being ABDL as a Minority Personal Identity

I describe my personal sense of self as an ABDL as a *minority personal identity*. That is based on the fact that I have a non-conforming experience of self – I have a subjectively real child as a healthy part of my psyche. That sense of self has been a permanent and central part of my psyche since I was aged ten and is a response to issues in my infancy and early childhood. It has shaped my sexual identity and my identity more broadly. That is akin to the way a transgender person has a non-conforming experience of self as having a different gender from the one assigned at birth. Seeing myself as having a minority personal identity is my ‘safe space’. For me, the term *kink* is not safe because it connotes exclusively sexual expression and does not validate the deep emotional comfort and healing that I derive from being ABDL. The term implies something discretionary and ephemeral, both of which downplay the permanent and deep significance to my psyche of being ABDL.

I understand that this may work in reverse with an ABDL who views themselves as having a kink and finds that the term *minority identity* connotes meanings or associations which makes them feel uncomfortable or unsafe. I respect that.

I have seen on-line posts where someone derides that being ABDL can be a minority personal identity similar to being LGBTQ. Those posts have stated that being ABDL cannot be equated with being LGBTQ because being ABDL does not carry the same risk of detriment as being LGBTQ. Even if the risk of detriment was a sound basis for determining personal identity (it’s not) that view is not true. I retired from a career in government service and finished in senior management. That career, which I loved, and with it my family’s livelihood, would probably have been forfeit if I had been outed as ABDL. The public and colleagues were (and are) not ready to accept that someone exercising important public functions could go home and derive psychological comfort from putting on a nappy and baby dress. If you think you can be outed as ABDL and have a smooth career as a licenced professional with duty of care responsibilities, think again. I know what I’m talking about, my career included responsibilities for licensing professions and service providers. In the jurisdiction in which I worked, LGBTQ people are rightly protected from discrimination in employment. That is not true if you are ABDL. Being ABDL also brings the same psychological conflicts and detriments as being LGBTQ (see my book *The Adult Baby Identity – A Self Help Guide*). One of my parents

has died without ever knowing about my identity as an ABDL because I judged our relationship could not cope with that disclosure. Instrumental and psychological detriment is not a valid basis for determining personal identity, or differentiating between being ABDL and LGBTQ.

Dr Vivienne Cass is the author of the celebrated Cass Theory of Lesbian and Gay Identity Formation which, since 1979, has helped lesbian and gay people come to terms with their identity. She is a clinical psychologist and lesbian. Dr Cass states -

“In addition to its application to lesbian and gay identity, I also view my theory as being relevant to the formation of any minority identity that is given negative value by the wider community.” [A Quick Guide to the Cass Theory of Lesbian and Gay Identity Formation]

Dr Cass was supportive of the application of her theory to being ABDL in my book *‘The Adult Baby Identity – Coming Out as an Adult Baby’*.

So, to the people making those posts I say, being ABDL may not be a minority personal identity for you. I accept that. It is for me (and I suspect many others). And no one has the right to tell me (and us) otherwise.

Collective Understanding

Respecting the right of each of us to describe ourselves as we wish does not preclude communicating our views about the most helpful collective term to describe being ABDL.

Collective understandings do matter, because they influence how ‘vanilla’ people, including health professionals, think and act towards ABDLs. It also matters for ABDLs. Dr Cass indicates that the public understanding of a non-conforming sense of self has an influence on how people with that sense of self come to terms with ourselves. (See the annotated references for citations of her work, many available free, on-line). So ABDLs have a stake in a collective term for our sense of self which is accurate, inclusive and fosters a sense of psychological safety.

This distinction between personal and collective understandings of a sense of self is recognized by Dr Cass in her writings. She indicates that a person’s understanding of their own sense of self needs to be respected. That applies, even if we have a different view of the most appropriate collective understanding of that same sense of self. This respects the psychological safe space that person has reached for themselves. But we can still pursue the best term for the collective understanding of that sense of self. (See the initial pages of Dr Cass’ article *‘Sexual orientation identity formation: A Western phenomenon’*, cited in the references.)

So, let’s look at collective meanings for the terms used to describe our sense of self as ABDLs. his article uses Wikipedia and the Urban Dictionary (citing the top definition for the latter) as representative of the collective understanding of laypeople.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), is cited as the source of collective understandings for health professionals. Wikipedia states the DSM – “offers a common language and standard criteria for the classification of mental disorders. It is used, or relied upon, by clinicians, researchers, psychiatric drug regulation agencies, health

insurance companies, pharmaceutical companies, the legal system, and policy makers ...”

First, the term ‘fetish’. Wikipedia (from the article ‘Sexual Fetishism’) describes it so -

Sexual fetishism or erotic fetishism is a sexual fixation on a nonliving object or nongenital body part. The object of interest is called the fetish; the person who has a fetish for that object is a fetishist.

The Urban dictionary describes it as -

A sexual fixation or obsession with a usually non-sexual object. EX. socks, horses, monkeys, pain, bondage

A fetish has the character of something which is not discretionary or under voluntary control. This is conveyed in descriptors such as fixation or obsession. Wikipedia (in the article ‘Paraphilias’) states -

Most clinicians and researchers believe that paraphilic sexual interests cannot be altered, although evidence is needed to support this. Instead, the goal of therapy is normally to reduce the person's discomfort with their paraphilia and limit any criminal behavior. Both psychotherapeutic and pharmacological methods are available to these ends.

The terms fetish and paraphilia are basically synonymous.

Wikipedia defines paraphilia (from the article of same name) as -

Paraphilia (previously known as sexual perversion and sexual deviation) is the experience of intense sexual arousal to atypical objects, situations, fantasies, behaviours, or individuals. Such attraction may be labelled sexual fetishism.

The Urban dictionary defines it as -

Paraphilia is a term that describes sexual arousal in response to sexual objects or situations which is considered abnormal or odd in some societies.

For the DSM (from the Wikipedia article ‘Paraphilias’) -

The DSM-IV-TR describes paraphilias as "recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving nonhuman objects, the suffering or humiliation of oneself or one's partner, or children or other nonconsenting persons that occur over a period of six months" (criterion A), which "cause clinically significant distress or impairment in social, occupational, or other important areas of functioning" (criterion B). DSM-IV-TR names eight specific paraphilic disorders (exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, voyeurism, and transvestic fetishism, plus a residual category, paraphilia—*not otherwise specified*). ...

The DSM-5 adds a distinction between paraphilias and paraphilic disorders, stating that paraphilias do not require or justify psychiatric treatment in themselves, and defining paraphilic disorder as "a paraphilia that is currently causing distress or

impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others".

Bioethics professor Alice Dreger interpreted these changes as "a subtle way of saying sexual kinks are basically okay – so okay, the sub-work group doesn't actually bother to define paraphilia. But a paraphilic disorder is defined: that's when an atypical sexual interest causes distress or impairment to the individual or harm to others." Interviewed by Dreger, Ray Blanchard, the Chair of the Paraphilias Sub-Work Group, explained: "*We tried to go as far as we could in depathologizing mild and harmless paraphilias, while recognizing that severe paraphilias that distress or impair people or cause them to do harm to others are validly regarded as disorders.*"

In this context, being ABDL is defined as 'paraphilic infantilism'. (If you do a search on Wikipedia for ABDL it defaults to an article titled 'paraphilic infantilism'.)

The term 'fetish' or 'paraphilia' does not seem like a very attractive or psychologically safe means for an ABDL person to describe their sense of self. It associates being ABDL with other paraphilias such as flashing, groping, paedophiles and peeping toms. And it indicates that if you experience any conflict or distress in relation to being ABDL you have a paraphilic or psychosexual disorder ie. you are mentally ill.

Given all the above, the term 'kink' seems like a definite improvement.

Wikipedia (from the article Kink [sexuality]) defines it so -

In human sexuality, kinkiness is the use of unconventional sexual practices, concepts or fantasies. The term derives from the idea of a "bend" (cf. a "kink") in one's sexual behaviour, to contrast such behaviour with "straight" or "vanilla" sexual mores and proclivities. It is thus a colloquial term for non-normative sexual behaviour. The term "kink" has been claimed by some who practice sexual fetishism as a term or synonym for their practices, indicating a range of sexual and sexualistic practices from playful to sexual objectification and certain paraphilias. In the 21st century the term "kink", along with expressions like BDSM, leather and fetish, has become more commonly used than the term paraphilia.

The Urban dictionary defines it as -

A kink is a sexual taste.

These meanings indicate that *kink* refers exclusively to sexual expression. That seems to reflect general opinion. However, the Urban Dictionary does indicate under its third ranked definition that kink may have an alternative, non-sexual meaning, describing it as -

A sexual pleasure/ fantasy

Or Non-sexual form of euphoria such as love and support

Even as a description of sexual expression, the term *kink* has a more positive character than fetish or paraphilia in that there is no reference to an involuntary character – fixation or obsession. At a pinch, it might be stretched to include non-sexual

aspects of a sense of self – although with some risk of not carrying public understanding or acceptance.

What about the term ‘identity’?

Wikipedia (from the article ‘Identity [social science]’) describes it so -

In psychology, identity is the qualities, beliefs, personality, looks and/or expressions that make a person (self-identity) or group (particular social category or social group).

The Wikipedia article ‘Self Concept’ adds –

One's self-concept (also called self-construction, self-identity, self-perspective or self-structure) is a collection of beliefs about oneself. Generally, self-concept embodies the answer to "Who am I?"

The Urban Dictionary defines ‘Personal Identity’ as -

personal identity is the way you see yourself not the way other people perceive you or the way people think of you.

These collective meanings mean that identity is not specific to sexual expression, although it may include the latter. It also indicates that identity is the full set of attributes which define our sense of self, of which being ABDL will be one, but not the only attribute.

The Appropriateness of Collective Understandings

We have already seen that the terms fetish, kink or identity are equally valid in terms of how a person chooses to describe their *own* sense of self as an ABDL.

But, beyond the purely personal perspective, can we differentiate between the appropriateness of these three different terms as a collective understanding of being ABDL? I believe that we can.

Health professionals use the term ‘differential diagnosis’ to refer to the factors that distinguish between one medical state or condition, and another. When it comes to being ABDL, I believe there are two factors which differentiate which term or description is more appropriate than another. These are -

Is the practice and sense of self as being ABDL discretionary or non-discretionary? By this I mean, can someone freely choose to be ABDL, and freely choose not to do so? Alternatively, is it something which goes beyond voluntary choice. Is it ‘hard wired’?

Is the sense of self as being ABDL exclusively sexual, or does it include non-sexual elements? The latter includes deriving non-sexual emotional comfort and safety from being ABDL.

If we apply yes / no responses to these two differentiating or diagnostic questions we have four possible combinations. Using these combinations, we can apply the shared meanings we have considered above.

These are represented in the table below -

	Discretionary	Non-Discretionary
Exclusively Sexual	Discretionary and Exclusively Sexual = Kink	Non-Discretionary and Exclusively Sexual = Fetish / Paraphilia
Both or Non-Sexual	Discretionary and Includes Non-Sexual Aspects = Kink ?	Non-Discretionary and Includes Non-Sexual Aspects = Identity

Each of these four combinations are discussed below.

A person who experiences being ABDL as a discretionary attribute which is exclusively associated with sexual expression fits the collective meaning of 'kink'. This would seem appropriate for people for whom being ABDL is one of several means of sexual expression.

If we accept the lesser known or accepted definition of kink as including both sexual and non-sexual expression, then we can also apply the term 'kink' to people who experience being ABDL as a discretionary attribute with both sexual and non-sexual elements. It would be a difficult stretch to use the term 'kink' to cover a sense of self as an ABDL which was exclusively non-sexual.

However, if being ABDL is more 'hard wired' than discretionary, then based on the collective meanings we have discussed, kink is not as appropriate as other terms. (However, kink may be used as a euphemism for a more appropriate term which better captures the non-discretionary character of being ABDL ie. fetish.)

If being ABDL is a non-discretionary attribute, 'hard wired' in a person's psyche, and it is exclusively associated with sexual expression then the terms fetish or paraphilia are appropriate. It would fit people whose sexual expression is exclusively confined to being ABDL, and for whom the psychological significance or function of being ABDL is confined exclusively to sexual expression.

Finally, the collective meaning of the term identity is appropriate for people for whom being ABDL is 'hard wired' in their psyche and for whom being ABDL includes, or is exclusively about, non-sexual psychological functions such as deriving emotional comfort and safety.

Advantages of the Collective Understanding 'Identity'

I am an advocate for a collective understanding of being ABDL as a minority personal identity. That is reflected in my self-help books for ABs.

To me, understanding being ABDL as an identity has the best prospect of overturning the harmful view in the DSM which still guides many health professionals who may counsel ABDL people. As we have seen above, the DSM defines being ABDL as a paraphilia (a sexual fetish). As such, it is grouped with being a flasher, a groper, a peeping tom or a paedophile. That is the same as how health professionals used to see being LGBTQ before the advocacy of LGBTQ people forced changes to the DSM (see Dr Cass' article *'Sexual orientation and the place of psychology: side-lined, side-tracked or should that be side-swiped?'* for a description of this advocacy. See also therapist Rhoda Lipscomb's PhD thesis on ABDLs for the arbitrary and capricious history of the treatment of ABDL in the DSM. Both documents are cited in the references and are available, free, on-line.)

If a person presents to a counsellor who subscribes to the view in the DSM, and the person has any distress or impairment related to conflict or shame about being ABDL, then they are viewed as having a paraphilic or psychosexual disorder. That can seriously harm ABDL people when they are at their most vulnerable. See chapter 12 of my book *'The Adult Baby Identity – Coming Out As An Adult Baby'* which describes a case study from a current textbook (published by Oxford University Press) showing how an AB was subjected to the contemporary equivalent of 'gay conversion therapy'. 'Tom' a 32-year-old lawyer, husband and father was pushed to live a lie and deny his AB identity and deny the probable childhood insecure attachment and trauma which underlay that identity.

If I come out to anyone as ABDL, one of the first things they are going to do after our conversation is google ABDL. One of the first things they will find is the Wikipedia article titled 'paraphilic infantilism'. Not helpful!

Any way you look at it, officially defining being ABDL as a sexual fetish and potentially as a mental disorder, is a major obstacle to public acceptance of being ABDL as psychologically healthy. The lesbian and gay liberation movement rightly saw changing such an official pathological definition of homosexuality as an essential early step in changing the public understanding of being gay.

Those who want to collectively define being ABDL as just a kink need to recognize that most of the public equate a kink with a sexual fetish. That loops back to defining it as a paraphilia, as per the DSM. Personally, I don't see how that is going to change public acceptance for the better.

For ABDLs themselves, I believe that the term 'identity' offers the best collective understanding of ourselves. It best conveys that for many, being ABDL –

- may encompass both sexual and non-sexual dimensions; and
- is 'hard wired' as a central feature of their psyche, and not something discretionary or ephemeral.

Even where we disagree on the most appropriate collective understanding of being ABDL, we can look beyond disputed terms to better understand ABDLs with different views from our own. We can do this by looking at the two differentiating

factors which allow us to better understand our sense of self – (1) is it discretionary or ‘hard wired’?, (2) is it exclusively sexual or not?

So, for example, if two people are talking about a sense of self as ABDL which is ‘hard wired’ and includes deriving emotional comfort and safety – one may refer to being ABDL as a kink and the other as an identity – but we are talking about a similar sense of self (although we need to recognize that these terms have different meanings in terms of the two people’s psychological safety).

Conclusion

All, or nearly all, ABDL’s, have experienced that living with a non-conforming sense of self can be difficult and challenging. Those who love ABDLs share those difficulties. Falling into the zero-sum conflicts of identity politics offers only the prospect of bitterness and division. Ultimately, no one in the ABDL community benefits from such conflicts.

So, I respect any ABDL person’s right to choose the description of themselves that best fits their sense of self and lets them feel psychologically safe – whether that be fetish, kink or identity. No one has the right to tell another how they should describe their own sense of self.

In terms of collective understanding I will continue to advocate that the best, the most positive and appropriate way to characterize being ABDL is as a minority personal identity. I welcome those with a different view advocating constructively for their position.

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References – annotated list

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	Homosexual identity formation: A theoretical model. Journal of Homosexuality, 1979, 4(3), 219 – 234 The original 1979 paper setting out the Cass Theory. Dr Cass academic papers, including the three cited here, are available free from the following website - http://www.brightfire.com.au/publications/

	<p>Sexual orientation identity formation: A Western phenomenon, In R. Cabaj & T. Stein (Eds), Textbook of Homosexuality and Mental Health American Psychiatric Press, Washington, 1996</p> <p>I prefer this to the original 1979 paper for the exposition of the Cass Theory.</p>
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Dylan, Lewis	<p>The Adult Baby Identity – Coming Out as an Adult Baby (2019) (Amazon & Abdiscovery.com.au)</p> <p>Makes the case that being AB is a minority personal identity and considers the stages by which the identity is formed.</p>
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Wikipedia	<p>Diagnostic and Statistical Manual of Mental Disorders</p> <p>Identity (social science)</p> <p>Paraphilia</p> <p>Paraphilic Infantilism</p> <p>Self Concept</p> <p>Sexual Fetishism</p>