

ABDL Motivations – Seeing the Trees *and* the Forest

Summary

The purpose of this article is to make the case that there is an underlying unity across the ABDL population in the motivations for being ABDL. Motivations refer to the fundamental needs that being ABDL satisfies. In turn, the unity in motivations points towards a common psychological condition underlying being ABDL.

The identification of the underlying unity of motivations is based on two factors –

- 1) for the greater majority, being ABDL is a mix of the same three key motivations, and none are mutually exclusive; and
- 2) psychologically, the three motivations are not separate, but linked.

The article's title refers to the well known saying 'can't see the forest for the trees', meaning "*that if you look at things one at a time, you might not realize that a branch of separate 'trees' go together to make a 'forest' (urbandictionary.com)*". Respect for the diversity of mindsets and behaviours amongst ABDLs, does not preclude exploring the deeper, common underpinnings of being ABDL.

This article builds on insightful writings by others on ABDL identities, notably -

- B. Terrance Grey (BitterGrey), a pillar of the ABDL community, who is the leading pioneer in building the quantitative evidence base for understanding ABDLs, who has successfully collaborated with university-based psychologists to this end, and in 1995 founded the ABDL community website understanding.infantilism.org ;
- Rosalie and Michael Bent, pillars of the ABDL community, who are the leading pioneers in the qualitative understanding of the psychological condition underlying being ABDL, commencing with their 2012 book '*There's a Baby in My Bed: Learning To Live Happily With the Adult Baby in Your Relationship*', which remains the best clinical case study of an ABDL, and who founded the ABDL community website abdiscovery.com.au in 2012; and
- the late Dr Brian D. Zamboni, a clinical psychologist, one time of the University of Minnesota Medical School, who was the leading academic pioneer in building an evidence base for understanding ABDLs, running the first large scale professional survey of ABDLs, and publishing six articles on his findings from 2014 until his untimely death in 2019.

I do not imply that these authorities would agree with any or all of the position in this article, rather I am indebted to them for the benefit of their insights into the nature of the ABDL identity.

Why this article?

It refreshes the triangular models of ABDL identities by Grey and Bent based on two inputs. Firstly, quantitative input from surveys of thousands of ABDLs. Secondly, qualitative input from the insights of psychology. The surveys included two conducted by professional psychologists employed by reputable Universities and published in peer-reviewed journals. Together with the surveys by B. Terrance Grey, and Rosalie and Michael Bent, these afford insights into ABDL motivations not previously available.

Using both quantitative input from the surveys, and qualitative insights from psychology, this article seeks to demonstrate that there is more homogeneity (a uniform structure) than heterogeneity (a non-uniform structure) in the underlying motivations for being ABDL. That is not to say that all

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ABDLs are identical in the mix and strength of their motivations. But we are looking at variations within the same family of motivations, not different families.

This article –

1. recaps triangular models of ABDL states;
2. cites the surveys from which an understanding of ABDL motivations can be derived;
3. examines the quantitative, survey evidence for the prevalence of the three key motivations amongst ABDLs;
4. considers the survey evidence for the overlap between the three motivations;
5. considers the qualitative insights from psychology showing how the three motivations are linked;
6. considers what explains the visible heterogeneity (non-uniformity) in ABDL behaviours and mindsets, given the common underlying motivations; and
7. briefly considers the common psychological condition underlying being ABDL.

1. Triangular Models of ABDL States

ABDL Spectrum

The most widely popularized view of ABDL identities is the *ABDL spectrum*. It is premised on the idea that there is a continuum between those who only like diapers, at one end (Diaper Lovers), and those who like diapers and ‘roleplay’ (Adult Babies) at the other end of the continuum. It was codified by BitterGrey, in his surveys and article ‘The Range Between Adult Baby and Diaper Lover’.

The ABDL population is grouped according to their self reported identification with one of five categories -

- Diaper Lover (DL) only (loves diapers, but no roleplay), (18.7% of ABDLs);
- Mostly DL but sometimes AB (Adult Baby), 31.2%;
- Equally DL and AB, 18.6%;
- Mostly AB but sometimes DL, 12%; and
- only AB (loves roleplay, generally including diapers), 12.1%.

The percentages are based on averaging the results from the four surveys of ABDLs by BitterGrey. (They do not add to 100% due to residual categories.)

Triangular Models

Insightful commentators like Grey and Bent recognized that a simple continuum did not adequately capture the diversity in behaviours and mindsets amongst ABDLs. Grey and then Bent developed triangular models. They are intended to respect that diversity whilst explaining the relationship between the seemingly disparate sub-groups within the ABDL community.

To understand these models, imagine that all or most ABDLs fit somewhere within the space inside a triangle. Each of the three points of the triangle represents one of the states linked to being ABDL. An individual ABDL’s position within the triangle can be plotted by their relation to these three points. An ABDL who shared all three of the defining states in equal strength would be right in the middle of the triangular space. ABDLs who had a very low or very high strength for one or more of

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the three defining states would be plotted close to one of the points of the triangle. If an ABDL exhibited only one of the three states they would be at one of the points of the triangle.

Grey's Model

Grey's triangular model of ABDL states is described in two articles on his website understanding.infantilism.org - 'The ABDL Triangle' and 'Triangle Update'. Grey's model describes the states linked to being ABDL in terms of roles and mindsets. These three states are described using analogies with sexual conditions, as follows -

- Fetishism – a focus on diapers as fetish objects, typically, but not necessarily sexual;
- Masochism – a focus on the loss of status and change in role, being reduced to the status or role of an infant or child while retaining an adult mindset; and
- Transvestitism – a focus on a change in *role* without a loss of status, and with the mindset of a child (identifying as an infant or child).

Bents' Model

Bents' triangular model is described in their book 'Adult Babies: Psychology and Practices – Discovering the structure, motivations and needs of adult babies', specifically Chapter 3, 'The Three Sides of Diaper Attraction'. The three states are -

- Fetish (sexual fetish for diapers), equated to Diaper Lover (DL);
- Roleplay (sexual and otherwise), equated to Age Player / Role Player, where a person recreates scenes and events of a younger age; and
- Psychological regression (to infant/toddler level), equated to Adult Baby (AB), where a person feels that their age or reverts or regresses to that of an infant or child.

There are similarities and differences between the two models. Each describes the three states linked to being ABDL in terms of a mixture of motivations and behaviours. The two models define the three states using different terminology. However, both include fetishism as one of the three states. Both include a state that is aligned with identification as an infant or child although the terminology is different ('psychological regression' in Bent, and 'transvestitism' in Grey). Both include a state(s) aligned with role-play or age play, although, again the terminology is different ('role play' in Bent, and 'masochism' in Grey).

2. Surveys of ABDLs

One of the reasons for revisiting the triangular models of ABDL states is to incorporate the quantitative insights from four large scale surveys of ABDLs.

The surveys of ABDLs fall into two categories –

- 'professional' surveys designed and analysed by psychologists employed in university faculties, with the results published in peer-reviewed professional journals; and
- 'self-help' surveys designed and conducted by leading members of the ABDL community with the results published on ABDL community websites.

This article draws on reports on two professional surveys and two self-help surveys, all with large samples. The professional surveys are -

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- A 2011 survey by Brian D. Zamboni and Kaitlyn Hawkinson, which garnered 2,012 responses. The former was a clinical psychologist at the University of Minnesota Medical School. The results of the Zamboni survey were published in six articles in peer-reviewed professional journals. This article is concerned with results published in the article ‘Adult Baby/Diaper Lovers: An Exploratory Study of an Online Community Sample’ (2014). In each article, Zamboni acknowledged the assistance of B. Terrance Grey.
- A survey conducted around 2018 by a team from the Institute for Sex Research at the University of Hamburg, which garnered 1904 responses. The team consisted of Johannes Fuss, Laura Jais, Sascha R. Guzka, and were assisted by B. Terrance Grey, who is credited as co-author. The results were published in a peer-reviewed professional journal in the following article – ‘Self-Reported Childhood Maltreatment and Erotic Target Identity Inversions Among Men with Paraphilic Infantilism’ in the Journal of Sex and Marital Therapy 45(8):1-20, May 2019.

The self-help surveys are -

- Two of four surveys conducted by B. Terrance Grey conducted from 2006-08 and 2008-09. They garnered 1397 and 991 responses respectively from ABDLs. The Grey surveys are broadly representative of the ABDL community. The results are published on the website understanding.infantilism.org in the form of frequency counts for the survey questions, and articles analyzing the results from a single survey against key themes.
- The first of several surveys conducted by Rosalie and Michael Bent, from 2012 to 2020, which garnered up to 3093 responses. The Bent survey is generally representative, with the caveat that it was oriented to ABDLs who strongly identify as infants or children. There is a high proportion of missing values which may reflect progressive opting out by respondents whose experiences were not congruent with this group as they progressed through the questionnaire.

For the sake of brevity and clarity these surveys are referred to as Zamboni, Fuss, Grey1 and Bent1.

A full description of the six surveys of ABDLs and a comprehensive analysis of their findings can be found in my forthcoming book - ‘Adult Babies and Diaper Lovers (ABDLs) – A Handbook for Mental Health Professionals’.

3. Three Key Motivations

Informed by the surveys, this article sought to focus on the *underlying motivations* for ABDL behaviours and mindsets. Motivations refer to the fundamental needs that being ABDL satisfies.

The three key ABDL motivations are -

1. deriving emotional comfort from wearing and using diapers (and depending on the individual, other items that connote infancy or childhood such as stuffed toys, pacifiers, onesies etc);
2. sexual expression and gratification; and
3. identification as an infant or child.

This model is similar to that of Grey and Bent. Like those models, it includes sexual expression and gratification (this motivation encompassing behaviours linked to both object fetishism for diapers

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and infantilism proper, whereas Grey and Bent used the descriptor ‘fetishism’). As with Grey and Bent, this model includes identification as an infant or child (cited as ‘psychological regression’ in Bent, and ‘transvestitism’ in Grey).

It differs in that it includes deriving emotional comfort from wearing and using diapers, and does not include role play or age play. The former is a key motivation for being ABDL, while the latter is better characterized as a behaviour rather than an underlying motivation or need. These two points are attested by the survey data (see the discussion below).

The surveys identified that, for the greater majority of ABDLs, these three motivations are all present at varying strengths. None are mutually exclusive.

A minority of ABDLs acknowledge only two of the three, the specific two depending on the individual.

1. Some acknowledge emotional comfort (#1) and sexual expression (#2) but not identification as a child (#3). For reasons cited below, the non-acknowledgement of identification as an infant or child is not taken wholly at face value.
2. Others acknowledge emotional comfort (#1) and identification as a child (#3) but not sexual expression (#2). It is acknowledged that a small minority do not have a sexual motivation for being ABDL.

In terms of a triangular model, the survey data tells us that the greater majority of ABDLs fit somewhere towards the middle of the triangle.

The quantitative, survey evidence on the three key ABDL motivations is discussed below.

3A. Deriving Emotional Comfort

The four surveys are unanimous in finding that deriving emotional comfort from diapers is a motivation/need for the vast majority of ABDLs. Across the whole population, it clearly outranks the prevalence and importance of the other two motivations.

Fuss asked respondents about their reasons for wearing diapers, using a 5 point Likert scale (1 = always, 5 = never). The highest-ranked reason was ‘relaxing’. ‘Relaxing’ is a proxy for emotional comfort (particularly as it was identified separately from sexual stimulation and identification as a baby). 59% of all respondents reported that was always a reason, and only 2% indicated that it was never a reason. (Fuss commonly reports only the proportion of respondents for the values at either end of Likert scales, and omits the proportions for the median values).

Grey1 asked respondents how important was the sensory experience of the diaper (“the feeling/sound/smell”) on 5 point scale. Again, this is a proxy for emotional comfort. 87% of respondents indicated that the sensory experience of a diaper is important or very important. 10% indicated it was ‘okay’. Only 3% indicated it was (just) tolerable or must be absent (the survey included some non-ABDL fetishists).

Zamboni asked respondents to rate the importance of different ABDL aspects. Emotional comfort (or relaxing) was not included in the possible reasons. The nearest equivalent was the importance of the ‘diaper itself’. That was distinguished from sexual excitement and from identification with being

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a baby. On a 7 point Likert scale, on average, males rated the diaper itself at 6.2, near the top of the scale.

Bent1 asked respondents if they wore a diaper or engaged in ABDL behaviours to reduce stress? 46.3% responded 'often'; 41.6% said 'occasionally'; and only 10.5% indicated 'never'.

Grey in his insightful article 'Primacy of Diapers among AB/DLs' indicates that the motivation/need for emotional comfort (which he identifies with the sensory experience of the diaper) is the most important of the motivations/needs for being ABDL. The article cites data from the Grey1 survey which indicates that 80% of ABDLs identify this motivation as either the most important motivation or equally important motivation. None of the other motivations come close to this level of importance.

Intensifying Emotional Comfort

For many ABDLs, the derivation of emotional comfort from diapers appears to be intensified by urinating in their diapers. A significant minority further intensify that experience by defecating in their diapers. Both of these actions may also intensify the sexual gratification derived from diapers.

Grey1 found that 93% of respondents enjoyed urinating in their diapers at least sometimes (83% responded with an unqualified 'yes'). Bent1 reported that 80.3% of respondents enjoyed urinating in their diapers.

Grey1 found that 48% enjoyed defecating in their diapers at least sometimes (26% responded with an unqualified 'yes'). Bent1 reported that 34.9% of respondents enjoyed defecating in their diapers.

Zamboni asked respondents to rate how frequently they urinated and defecated in their diapers using a 7 point Likert scale (1 = never to 7 = all the time, 4 midpoint score). For males, the average rating was 5.9 for urinating and 3.0 for defecating.

3B. Sexual Expression

The three surveys indicate that sexual expression is an important motivation/need amongst ABDLs, although less so than deriving emotional comfort from diapers. It is completely absent as a motivation for only for a small minority of ABDLs.

When Fuss asked respondents about sexual stimulation as a reason for wearing diapers, 32% of respondents reported that it was always a reason, and only 6% indicated that it was never a reason. (Again, using a 5 point Likert scale; 1 = always, 5 = never; the results are reported only for the ends of the scale).

When Zamboni asked respondents to rate the importance of aspects of being ABDL, using a 7 point Likert scale, sexual excitement was rated at 4.7. (Unfortunately, Zamboni only provides the average values and not the frequency count for each point on the scale. The average allows us to compare the importance of different aspects across the whole ABDL population. However, the average values can obscure different patterns. For example, the 4.7 could mean the greater majority place some, but not overwhelming importance on sexual excitement. Alternatively, it could reflect two different populations, one which placed a high importance on this aspect, and a different population that placed a low importance on sexual excitement. Thus Zamboni's average ratings need to be interpreted in the light of the frequency counts from the other surveys).

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Grey1 asked respondents how important were the sexual aspects of ABDL, on a five-point scale. 46% of respondents rated the sexual aspect as important or very important; 35% cited as 'okay'; 12% said it was tolerable; and only 7% said it 'must be absent'.

Bent1 asked respondents "do you masturbate in or with diapers?" 53.3% indicated they did so often or exclusively in diapers; 36.3% responded that they did so 'on occasion'; and 10.3% affirmed they did not masturbate.

3C. Identification as an Infant or Child

The three surveys indicate that identification as an infant or child, is a motivation/need which is present at some level, for the greater majority of ABDLs. The corollary is that a substantial minority do not acknowledge this motivation.

Fuss asked respondents about identification as an infant as a reason for wearing diapers. 13.2% of all respondents reported that 'because I am a baby' was always a reason, and 37.6% indicated that it was never a reason. (Using a 5 point Likert scale; 1 = always, 5 = never; the results are reported only for the ends of the scale).

When Zamboni asked respondents to rate the importance of various aspects of being ABDL, using a 7 point Likert scale (4 = midpoint) the average value for males for 'being a baby' was 3.4, which was much lower than the diaper itself at 6.2 and sexual excitement at 4.7. It is likely that this average value of 3.4 reflects two different populations, those with some level of identification as a child, and those without.

Grey1 asked respondents how important was, 'being a baby', using a 5 point scale. It was cited as important or very important by 46% of respondents, and tolerable/must be absent for 32%.

Bent1 asked respondents "do you ever fantasise (non-sexual) or imagine that you are a real baby or toddler ... ?" 37% indicated 'quite often'; 42.5% said occasionally; and 19.8% said 'never'.

Cross-Gender Identification

For a substantial minority of male ABDLs, they identify as an infant or child of another gender, making this identification even more distinct from the adult side of their personality.

Grey2 (Grey's second survey of 2008-9) found 40% of respondents enjoyed "dressing as/being" a baby of a different gender from their adult selves. The result did not indicate the gender of the adult respondents but given the overwhelming proportion of males in the sample, it is a reasonable assumption that the majority of these respondents are male.

Bent1 asked respondents, "If you are male (and not transgender), when you are regressed do you feel like a baby girl?" 17% of respondents answered 'yes all the time', and a further 28% indicated 'yes sometimes'. A different question in the same survey found something similar with 26.5% of adult male ABDLs changing to the female gender when they 'regressed' and a further 7.4% (who could be either adult male or female) indicating that they were 'genderless' when 'regressed'.

3D. Roleplay / Ageplay As a Proxy for Identification as an Infant or Child

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Based on the surveys, role play or age play appears to be a proxy for the motivation/need to identify with being a baby or child. It holds a similar absolute level or prevalence of importance to that motivation, and a similar relative importance, ranking well behind emotional comfort and sex. This proxy position is evident in Grey, Fuss and Zamboni. This suggests that role-play or age play is better understood as a behaviour, rather than a motivation or basic need (the latter being identification as an infant or child).

In Grey's article 'Mapping Paraphilic Infantilism and Diaper Fetishes', Figure 2 plots the prevalence of the three key ABDL motivations – sensory experience/emotional comfort, sexual expression and identification as a baby or child, plus a roleplay aspect, 'being under the control of someone else (this might include spanking or humiliation)'. The plots for the incidences of the roleplay aspect and identification as a baby within the ABDL population are close to identical. This is indirect evidence. Without a cross-tabulation, we don't know if the similar frequencies across the whole population represent the same or similar sub-populations. It is more likely than not.

Grey1 found 43% of respondents rated 'being under the control of someone else' in their ABDL fantasies or practices as important or very important. This compares to 46% who accorded the same importance to 'being a baby'. Both these were well behind the figure of 87% for the importance of the sensory experience of diapers. However, unlike Fuss and Zamboni where the importance of sex was in the clear second rank, in Grey1 at 46% (important and very important), it grouped with 'being a baby' and 'being under the control of someone else'.

In Fuss, 13.9% of all respondents reported 'roleplay' was always a reason for wearing diapers, and 27.4% indicated that it was never a reason. The comparable values for 'being a baby' are 13.2% and 37.6%. These two aspects group together, well behind the importance of 'relaxing' (59.7% and 2%) and 'sexual stimulation' (32% and 6%).

In Zamboni, the importance of the roleplay aspect 'being dominated' was rated at 3.8 on a 7 point Likert scale. It approximated the importance of 'being a baby' at 3.4, and both were well behind the 6.2 rating for 'the diaper itself', and 4.7 for the importance of 'sexual excitement'. In addition, there was a significant positive correlation (0.49) between 'being dominated' and agreement with the statement 'I enjoy being treated like a baby'.

4. Overlap Between the Three Key Motivations

From the four large sample surveys, we know that each of the three key ABDL motivations are held, in varying strengths, by a greater majority (by a narrower margin in the case of identification as a child). That doesn't tell us how much they overlap. It is unlikely but possible that all three could be held by the same greater majority, leaving a substantial minority with a completely different, unknown set of motivations.

In fact, we do know that the three key motivations overlap for the greater majority of ABDLs. We know this as a by-product of largely unsuccessful attempts to segment the whole ABDL population. Let me explain. Segmentation divides the total population into groups based on key differences in traits or behaviour. Segmentation is useful where a population is heterogeneous in terms of *key* factors. Such heterogeneity makes it difficult to talk meaningfully about the traits or behaviours of the whole population because what may be true for one group is not true for another. Segmentation works where it can divide a population into groups with demonstrably different traits or behaviours.

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The visible heterogeneity of behaviours and mindsets led people to assume that the ABDL population was heterogeneous in its motivations. Zamboni, Fuss and Grey each sought to find the motivation which would differentiate the heterogeneous behaviours and mindsets amongst ABDLs. None of these attempts were particularly successful. Instead of demonstrating that the motivations of the ABDL population were heterogeneous, the analyses demonstrated the opposite, the overlap or homogeneity in motivation was statistically more salient than the differences. This is outlined below.

Zamboni

Zamboni's segmentation was based on respondents' level of agreement with two statements, "I enjoy sexual activity as a part of my ABDL behaviour" and "I enjoy being treated like a baby". The two subpopulations were labelled the sexual activity subgroup and the role play subgroup. The former was analogous to the DL end of Grey's ABDL spectrum, and the latter the AB end. Zamboni did not report the relative size of the sub-populations.

Zamboni claimed statistical analysis supported the existence of these two subpopulations. There are correlations between each of the statements and consistent behaviours eg. respondents who agreed that they enjoyed sexual activity placed a high level of importance on sexual excitement. Beyond this consistency between respondents' responses to like phenomena, the evidence that the sexual activity and role play sub-groups are distinct segments is lacking.

If the two statements embodied mutually exclusive motivations we would expect a strong negative correlation between the two (eg. the more one is true, the less the other is true). Instead, the study concedes - "For the overall sample, there was not a significant correlation between responses to the two statements." That means that a member of either group is likely to share the motivation of the supposedly opposite or distinct other group. The study conceded –

"Although the results provided support for at least two sub-groups in the ABDL community, a close examination of the data suggested that these two groups do overlap and that additional groups may exist. ...

Despite the apparent focus on sexual stimulation, the hypothesized sexual activity ABDL subgroup may not be devoid of roleplay. ... Some degree of role-play may serve to enhance the sexual arousal for persons in the sexual activity ABDL subgroup. ...

In other words, although there seems to be good evidence of an ABDL subgroup in which role-play was of primary interest, this group may not be devoid of sexual arousal."

Further, neither of the two supposedly defining statements showed any correlation with the third key motivation for being ABDL, deriving emotional comfort from wearing and using diapers.

What this tells us is that (statistically) the three key ABDL motivations are independent variables, which overlap in differing strengths across the greater part of the ABDL population. In this specific sense, homogeneity of motivations is more salient than heterogeneity.

The substantial minority of ABDLs who do not acknowledge the third motivation, identification as an infant or child, are a caveat to this generalization. However as discussed in a later section, that lack of acknowledgement is not to be taken wholly at face value.

Fuss

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Fuss segmented the total population based on their 'ABDL age'. That is a proxy for one of the three key ABDL motivations – identification as a baby or child. Participants who “reported regressing to a prepubescent age (age 0 – 12) were labelled childhood regressors and participants who did not report regression under the age of 13 were labelled childhood non-regressors.” The study claimed the two groups “were roughly analogous” to diaper lovers and adult babies. Childhood regressors constituted 76.4% of the total population, and childhood non-regressors the balance.

Segmentation on 'ABDL age' did successfully differentiate the regressor and non-regressor subpopulations on that the key motivation, identification as a baby or child. Regressors commonly had such an identification and non-regressors did not. In other words the segmentation was internally consistent in terms of the motivation on which it was based.

However, the segmentation did not significantly differentiate between the regressor and non-regressor sub-populations on the other two key ABDL motivations – deriving emotional comfort from wearing and using diapers, and sexual gratification or expression. In terms of diapers, 62% of regressors indicated that relaxing (emotional comfort) was always a reason for wearing diapers compared to 52% of non-regressors, and 2% of regressors said relaxing was never a reason compared to 4% of non-regressors. The two groups differed little in terms of the frequency they wore diapers in different circumstances. For example, 69% of regressors said they wore diapers while sleeping compared to 57% of non-regressors. These are differences of degree, not magnitude, without broader implications.

In terms of sex, 28% of regressors said sexual stimulation was always a reason for wearing diapers compared to 45% of regressors. However across that same scale, the groups were more similar, 7% of regressors said sexual stimulation was never a reason for wearing, compared to 5% of non-regressors. 35% of regressors indicated they wore diapers during sexual activities (presumably with a partner), compared to 34% of non-regressors. These values suggest a high degree of overlap between the two groups in terms of sexual motivations and behaviours.

Fuss demonstrated that whether an ABDL identified as a baby or child, or didn't, did not have a predictive or defining relationship with whether that ABDL derived emotional comfort from diapers or sexual gratification from diapers. Again, this points to the same outcome as Zamboni, these motivations are independent variables, present in overlapping strengths across the ABDL population.

Grey

In his article 'The Range Between Adult Baby and Diaper Lover' Grey analyses the key ABDL motivations across the five groups on the ABDL spectrum (DL Only, mostly DL, equally DL and AB, mostly AB, and AB Only). That spectrum is based on ABDLs' self-identified affinity for 'roleplay' (which as we have seen is a proxy for identification as a baby or child).

On emotional comfort from wearing and using diapers, there was no significant difference between the five groups in terms of the likelihood of ABDLs having diapers in their 'collection' (all groups ranged between 84 and 90%) or ABDLs enjoying urinating in their diapers (all groups ranged between 80 and 90%). The proportion who enjoyed defecating in their diapers did show a difference between the 18% for DLs only, and the 40% for ABs only. However there is still a significant overlap between the five populations, and the greater majority of each do not commonly enjoy the practice.

On sex, the proportion of ABDLs who found diapers sexually stimulating ranged between 72% for ABs only, to 95% for Mostly DLs. The proportion who found diapers more sexually stimulating than

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any other object varied in a narrow range between the five groups, from 57% to 60%. The proportion who found diapers more sexually stimulating than any person ranged from 8% for DLs only to 18% for ABs only. Again, the overlap is more striking than the differentiation, the greater majority in each group did not have that perception. Likewise the prevalence of sex in ABDL games, scenes and fantasies showed more overlap than differentiation between the five sub-populations. In short, given the overlap on this motivation, the segmentation was not a reliable guide to differences in sexual patterns between the five groups.

Grey also analysed the differences between the groups on the ABDL spectrum, in terms of four proxies for identification as an infant or child: preferred role/age in ageplay related fantasies; roleplay as babies/children; regression to a baby or child 'headspace'; and non-diaper ABDL paraphernalia. Even on these proxies differentiation was not absolute. The distinction was principally between 'DLs Only' and the combined three groups at the other end of the spectrum – 'Equally DL/AB', 'Mostly AB' and 'AB Only' ('Mostly DLs' occupied an intermediate population).

Segmentation on roleplay, as a proxy for identification as a baby or child, did not have a predictive or defining relationship with the other two key ABDL motivations – deriving emotional comfort from wearing and using diapers, or sexual gratification and expression. This is consistent with the overlapping pattern found in Zamboni and Fuss.

5. Psychologically, The Motivations Are Related

The second basis for revisiting the triangular models of ABDL identities is the qualitative insights of psychology. Those insights point to a deeper unity in the motivations of ABDLs.

Psychologically, the third motivation, identification as a baby or child, is an underlying element in the other two motivations, deriving emotional comfort from diapers, and sexual gratification.

Let me explain, for each of the latter two motivations.

Emotional Comfort

For adults to derive emotional comfort from wearing diapers, in the absence (for the greater majority) of a medical need, is a distinctive psychological phenomenon, at odds with the psychology of the vast majority of the adolescent and adult population. It is made more distinctive by two further elements. Firstly, for ABDLs, diapers are not just a source of emotional comfort, they are a *highly effective* means of deriving such comfort, of self-soothing. The extraordinary persistence of this behaviour by ABDLs is explained, in significant measure, because it works. Secondly, the emotional comfort is intensified by using the diapers for their intended purpose. For the greater majority of ABDLs, that means urinating in their diapers, and for a substantial minority, defecating as well.

This is the defining symptom of the ABDLs' psychological condition. It requires explanation. In my view, there is only one adequate explanation.

For ABDLs, diapers are Transitional Objects.

That is an established and widely accepted concept in psychology. It originated with the renown English psychoanalyst and paediatrician Donald Winnicott in a 1953 article 'Transitional Objects and

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Transitional Phenomena—A Study of the First Not-Me Possession’ (and restated in his last 1971 book, *Playing and Reality*).

What are Transitional Objects? Let me explain. It is commonly understood objects like stuffed toys can help calm a baby or young child. They can help the child go to sleep or tolerate the temporary absence of their caregiver. Winnicott understood it is not just a case of a child deriving comfort from a familiar but physically inanimate object. In the psyche of the child, the Transitional Object represents and embodies the caregiver – the object *is* the caregiver.

It is called a Transitional Object because it exists between subjective and objective reality. The child’s psyche endows an inanimate object with a subjective meaning which is not intrinsic in its objective, physical form. Typically, not any random soft toy or object can be an effective source of such comfort, because the child has invested a specific toy with that subjective meaning. As transitional phenomena, the object’s meaning goes beyond the confines of the child’s mind, and is apparent to, and can be shared with, others. So a caregiver might ask a crying or fussing child, ‘want your teddy,’ knowing it has a special meaning for the child.

This psychological mechanism works at the deepest, earliest, subconscious levels of a child’s psyche. Biological children first create Transitional Objects when they are between 4 and 12 months old. That is before they have language or abstract thought. Infants first create Transitional Objects when they realize that their mother/primary caregiver is separate from themselves. In response to the anxiety created by that realization, they endow an inanimate object, typically something with a soft texture which can be cuddled or put in the mouth, with special properties.

Winnicott’s statement emphasizes the role of the Transitional Object as a prophylactic for anxiety –

“Also, out of all this (if we study any one infant) there may emerge something or some phenomenon – perhaps a bundle of wool or the corner of a blanket or eiderdown, or a word or a tune, or a mannerism – that becomes vitally important for the infant to use at the time of going to sleep, and is a defence against anxiety, especially anxiety of the depressive type. ... Patterns set in infancy may persist into childhood, so that the original soft object continues to be absolutely necessary at bed-time or at time of loneliness or when a depressed mood threatens. A need for a specific object or a behavior pattern that started at a very early date may reappear at a later age when deprivation threatens.” [Playing and Reality p4]

Winnicott notes that a true Transitional Object “is more important than the mother, an almost inseparable part of the infant”. That is consistent with the deep psychological importance diapers have for ABDLs. Writing in the era of cloth diapers Winnicott also cites diapers (presumably in their unfolded form) in the list of items which are candidates to be adopted by the infant as a Transitional Object.

For ABDLs urinating in the diaper increases its efficacy as a Transitional Object. It harkens back to the time in infancy or early childhood when a wet diaper was associated with the likelihood of gaining the attention of the mother/primary caregiver. Defecating in the diaper is another escalation in that trajectory. For the minority who commonly defecate in their diapers it likely an indication of a deeper need for the diaper as a Transitional Object, a deeper need for emotional comfort.

The key point is that for infants and young children Transitional Objects are a powerful and subconscious psychological mechanism. The child is not aware of the psychological processes by

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which they gain such deep emotional comfort from their stuffed toy or security blanket or whatever form their Transitional Object takes. Adults can also gain emotional comfort from Transitional Objects, either in a similar form to those used by young children (ie. sleeping with a teddy bear), or in a more sublimated ‘adult’ form (such as cigarettes or a favourite bag or briefcase). But in either case, they probably do not approach the original efficacy of the infant’s first Transitional Object. The adult need not be aware of the psychological explanation for Transitional Objects to derive comfort from them.

ABDLs are different from most other adults in that the form of their Transitional Objects retains their original, infantile character (diapers, stuffed toys, pacifiers etc). Most importantly, ABDLs are able to access, undiluted, the original efficacy that Transitional Objects had for infants and young children. That is a diagnostic indicator of the psychological condition that underlies being ABDL.

The key point is that ABDLs are able to so effectively derive emotional comfort from wearing and using their diapers as Transitional Objects because they subconsciously identify as an infant or child. The Transitional Object itself, the diaper, is a subconscious substitute for the presence of a primary caregiver. But the deep need for comfort from that source, a primary caregiver, replicates subconsciously the psyche of a dependent infant or child. How else does urinating or defecating in a diaper intensify the emotional comfort that ABDLs derive?

So even if an ABDL does not acknowledge the motivation of identifying as an infant or child, it is inherent in their subconscious capacity to gain such effective self-soothing from wearing and using diapers.

Sexual Expression and Gratification

Identification as an infant or child is also inherent in the subconscious psychological mechanisms by which many ABDLs derive sexual gratification.

The two main sexual conditions associated with ABDLs are –

- a sexual fetish for diapers; and
- paraphilic infantilism or desired identity transformation.

Paraphilia is the over-arching category for atypical sexual conditions.

“The term paraphilia denotes any powerful and persistent sexual interest other than sexual interest in copulatory or precopulatory behaviour with pheno-typically normal, consenting human partners. ...

Fetishism denotes a heterogeneous [sub] group of paraphilias in which the individuals’ strongest sexual interest is focused on classes of objects or features of objects other than the external reproductive organs of phenotypically normal human beings.” [Sexual Disorders. Oxford Textbook of Psychopathology 2nd edition. P527-8]

Thus a sexual fetish for diapers as an object, is a form of paraphilia. It involves a conditioned sexual response to an object and does not involve identifying as an infant or child.

Paraphilic infantilism involves being sexually aroused by identifying as *the child* wearing and using the diapers and being transformed in fantasy to being that child. This is evident in the prevalence of regression tropes in erotic ABDL literature. A mainstay of this genre is stories where the protagonist

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is psychologically or physically turned into a helpless dependent baby. The Fuss survey reports that 62% of respondents had indicated that they were, at least rarely, sexually aroused at the thought of being a baby.

Some ABDLs may not be aware that the sexual scenes they enact in real life or in fantasy are based on their own desired identity transformation to an infant or child. We commonly don't dissect the psychology behind our sexual arousal. Nevertheless, upon such reflection, an ABDL may be surprised to discover that this identification and transformation is central to their sexual climax. Other ABDLs may supplant fantasied regression with real or fantasied aspects of roleplay and BDSM. As per the discussion above, this is a proxy for identification as an infant or child, likely for those conflicted about the latter.

Many ABDLs may think their sexual gratification from diapers is only based on a fetish for diapers as an object and does not involve paraphilic infantilism or desired identity transformation. However, if their sexual arousal and climax contains any element of fantasy involving regression or roleplay and BDSM themes, then it is likely there is some level of paraphilic infantilism and identification as an infant or child involved.

Winnicott recognized the link between Transitional Objects and (sexual) fetish objects, stating —

“The Transitional Object may eventually develop into a fetish object and so persist as a characteristic of the adult sexual life.”

This indicates the linkage between the motivations of deriving emotional comfort and sexual expression.

Thus we can see that even though the three motivations are visible, statistically, in surveys as independent variables, psychologically there is a deeper unity between those motivations. They are all aspects, directly or indirectly, consciously or subconsciously, of identifying as an infant or child.

6. Heterogeneity of ABDL Behaviours and Mindsets

But despite this underlying unity in motivations, there is still a striking heterogeneity of behaviours and mindsets amongst ABDLs.

So what then is the source of this heterogeneity?

I believe this heterogeneity is most validly understood as coming from two sources. Firstly, differences in the strength of the (common) underlying psychological condition. Secondly, differences in how ABDLs respond to a largely common set of underlying motivations. In the latter respect, the visible differences are those of self-image and self-acceptance.

The five sub-populations in the ABDL spectrum are not so much differentiated in terms of motivations or objectively defined behaviours, as they are in how ABDLs characterise those motivations and behaviours, to themselves.

For example, on ABDL online forums, it is not unusual to see posts where an ABDL who identifies as 'DL Only' or 'Mostly DL' talks about liking their onesie, printed ABDL diapers or pacifier. From an objective standpoint, this paraphernalia is associated with the AB parts of the spectrum. But the

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person concerned feels more comfortable or safer by characterizing themselves as a DL notwithstanding.

I don't believe that it is accidental that the single most popular group in the DL to AB spectrum, is 'Mostly DL'. It attracts an average of 31.2% of the self-reported identifications by ABDLs, half as large again as the next two largest groupings. I believe that the 'Mostly DL' label is the psychologically safest 'parking place' for ABDLs. It is the minimum concession to the signs in the ABDL's inner life that being ABDL is something more than just an object fetish for diapers.

The greatest source of differentiation in the self-image and self-acceptance of ABDLs is in relation to the third motivation, identification as a baby or child. Many ABDLs recognize this motivation. However, a significant minority of ABDLs have difficulty in acknowledging it (even when they have come to terms with the other two motivations). Yet we have seen above that identification as a baby or child underlies the most prevalent, accepted motivation, deriving emotional comfort from diapers. It also underlines some of the other motivation, sexual expression and gratification.

We can acknowledge and respect the differences in self-image and self-acceptance when relating to individuals. Those differences should not distract us from the important insight that there is an underlying unity in the motivations and needs for being ABDL. We need to be able to see the forest *and* the trees. In turn, that facilitates the recognition that the greater majority of ABDLs share a common underlying psychological condition.

7. The Psychological Condition Underlying Being ABDL

A brief discussion of the psychological condition underlying being ABDL is an appropriate conclusion to this article, although a full discussion of the nature of the condition, and particularly its etiology (cause or origin) is beyond the scope of this article.

So what is the psychological condition underlying being ABDL?

Grey refers to the condition using the terminology – 'the initial diaper impulse'.

"Data from the first and second surveys of the AB/DL Survey Series suggest that the desires of the majority of AB/DLs can be attributed to one specific condition, driving an inherent and simple desire for the tangible aspects of diapers - the feel, sound, and smell. It might be called an initial diaper impulse. ...

An initial diaper impulse explains both paraphilic infantilism and diaper fetishism without requiring multiple AB/DL-specific conditions. It is possible that the initial diaper impulse, fetishism, and masochism are themselves results of some more basic cause." [Primacy of Diapers among AB/DLs p11]

Thus Grey's view links the 'initial diaper impulse' to one of the three motivations or needs discussed above – the derivation of emotional comfort. He acknowledges that along with the other motivations, it may be linked to a more fundamental factor.

Bent identifies the underlying psychological condition as 'adult infantile regression'.

"Adult Infantile Regression is where an adult or adolescent experiences psychological regression to the infant or toddler developmental level and expresses a set of age-appropriate behaviours." [Adult Babies: Psychology and Practices kindle location 503]

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“Almost all diaper behaviour has an element of regression associated with it – ranging from the incidental to the all-consuming.”

“Our minds can be extraordinary powerful things and can likewise make extraordinary leaps of logic. This is how we can make a powerful though the subconscious connection between diapers and actual infancy. In essence, unless there is a medical reason for a non-infant to wear a diaper then the connection that is made is very simple and very powerful. If you wear a diaper then you are a baby. Likewise ... If you are a baby then you wear a diaper.” [kindle location 607]

Thus Bent links the underlying psychological condition to another of the three motivations discussed above – identification as an infant or child.

From the psychological understanding of the three motivations discussed in section five, I believe that the condition underlying being ABDL has several defining diagnostic characteristics –

- ABDLs are able to derive emotional comfort from Transitional Objects in their original infantile form (diapers, stuffed toys, pacifiers etc) with an efficacy that reproduces the efficacy with which biological infants derive comfort from the same source.
- ABDLs’ involuntary and powerful need to derive such emotional comfort in this form indicates that some part of their psyche replicates the emotional need of a young child for the (symbolic) presence of their primary caregiver.

These characteristics are consistent with some part of the psyche of ABDLs involuntarily replicating some parts of the psyche of biological infants or young children. This is a subjective experience (an adult does not objectively have the mind of a biological child).

My view is consistent with that of Bent, that the psychological condition underlying being ABDL is most closely associated with an involuntary identification as an infant or child (whether this is acknowledged or not). My view is also consistent with Grey in as much as he acknowledges that the source of the ‘initial diaper impulse’ linked to emotional comfort, may relate to a deeper factor. In my view this is a natural progression in Grey’s view – identification as an infant or child is the ‘why’ to the ‘what’ of deriving emotional comfort from diapers.

The brief treatment above is appropriate in an article. It does not do justice to the depth and extent of the writings of Grey or Bent. For those with a further interest, please refer to the references below (available free or inexpensively). For my views on the nature and etiology of the psychological condition underlying being ABDL see my book ‘The Adult Baby: An Identity on the Dissociation Spectrum’ from abdiscovery.com.au or amazon, and my forthcoming books ‘How to Live More Happily as an Adult Baby: Dissociation and the Inner Life of ABDLs’ and ‘Adult Babies and Diaper Lovers (ABDLs) – A Handbook for Mental Health Professionals’.

Dylan Lewis. July 2020.

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Annotated References

Bent, Michael	<p>Adult Babies: Psychology and Practices – Discovering the structure, motivations and needs of adult babies. Available in digital or paperback versions from abdiscovery.com.au or Amazon.</p> <p><i>Contains a detailed exposition of Bents’ triangular model of ABDL states (chapter 3). The book places the model in the context of an insightful view of the psychological condition underlying being ABDL.</i></p>
Bent, Rosalie & Michael	<p>Adult Baby Survey #1</p> <p><i>The insightful first, flagship large scale survey conducted by abdiscovery.com.au . The questions are oriented towards ABDLs who identify as an infant or child, but key metrics indicate that it is not unrepresentative. The results are available to subscribers to the abdiscovery.com.au website (subscription is free and places you on a non-intrusive mailing list). Identified as Bent1 in this article.</i></p>
Joannes Fuss, Laura Jais, B. Terrance Grey, Sascha R. Guczka, Peer Briken, Sarah V. Biderman.	<p>‘Self-Reported Childhood Maltreatment and Erotic Target Identity Inversions Among Men with Paraphiliac Infantilism’ Journal of Sex and Marital Therapy Volume 45, 2019, Issue 8</p> <p><i>Reports on a very important and insightful large scale survey of ABDLs conducted by the Institute of Sex Research at the University of Hamburg. It sets the benchmark for future surveys. Available online over a paywall. Highly recommended.</i></p>
Grey, B. Terrance	<p>‘The ABDL Triangle’ Understanding Infantilism.org website</p> <p>https://understanding.infantilism.org/abdl_triangle.php</p> <p><i>A clear and concise exposition of Grey’s triangular model, first developed in 1995.</i></p>
	<p>‘Triangle Update’ Understanding Infantilism.org website</p> <p>https://understanding.infantilism.org/archive/triangle_update.php</p> <p><i>Elaborates on Grey’s triangular model, and identifies the successive updates since 1995.</i></p>
	<p>AB/DL Survey #1: ‘2006-2008: ABs, DLs, Etc. Understanding Infantilism.org website</p> <p>https://understanding.infantilism.org/surveys/survey1_abdl_etc.php</p> <p><i>Reports on the first of four representative and insightful large scale surveys of ABDLs conducted by BitterGrey, the first conducted between 2006 and 2008. Identified as Grey1 in this article.</i></p>
	<p>‘2008-2009: Diapers and More’ Understanding Infantilism.org website</p> <p>https://understanding.infantilism.org/surveys/survey2_diapers_and_more.php</p>

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	<p>Reports on the second of four large scale surveys of ABDLs conducted by BitterGrey. Identified as Grey2 in this article.</p>
	<p>‘The Range Between Adult Baby and Diaper Lover’</p> <p>https://understanding.infantilism.org/surveys/between_ab_and_dl.php</p> <p><i>An insightful article which applies data from Grey’s first survey to evaluate the ABDL Spectrum Model to segment the ABDL population.</i></p>
	<p>‘Primary of Diapers among AB/DLs’</p> <p>https://understanding.infantilism.org/surveys/primacy_of_diapers_among_abdl.php</p> <p><i>Another insightful article which analyses data from Greys first two surveys in support of the view that there is a common underlying motivation or condition linked to being ABDL.</i></p>
Hawkinson, K., & Zamboni, B. D.	<p>Adult baby/diaper lovers? An exploratory study of an online community sample. Archives of Sexual Behaviour 2014 Jul 29;43(5):863-77.</p> <p><i>The first of six articles reporting the outcomes of the first large scale survey of ABDLs by a professional psychologist at a University. It has some confirmation bias but has excellent insights. Highly recommended. Available online free from the articles tab of the abdiscovery.com.au website.</i></p>
Winnicott, Donald W.	<p>‘Transitional Objects and Transitional Phenomena—A Study of the First Not-Me Possession’ (1953) International Journal of Psycho-Analysis, 34:89-97</p> <p><i>Winnicott’s ground breaking original exposition on the subject. Includes a concise statement of Winnicott’s unequalled insights into infant psychological development. Available on-line at –</i></p> <p>https://pdfs.semanticscholar.org/a56f/ba056a21039574e5b2371f4ad01728b54366.pdf</p>
	<p>‘Playing and Reality’ (1971) Tavistock Publications. (hardcopy only, no digital copy)</p> <p><i>The first chapter repeats and revisits Winnicott’s original work on Transitional Objects. Recommended for those with a keen interest in Winnicott. Written for psychotherapists. Best read after reading some secondary sources, or Winnicott’s books for laypeople. A seminal book published in the last year of Winnicott’s life.</i></p>