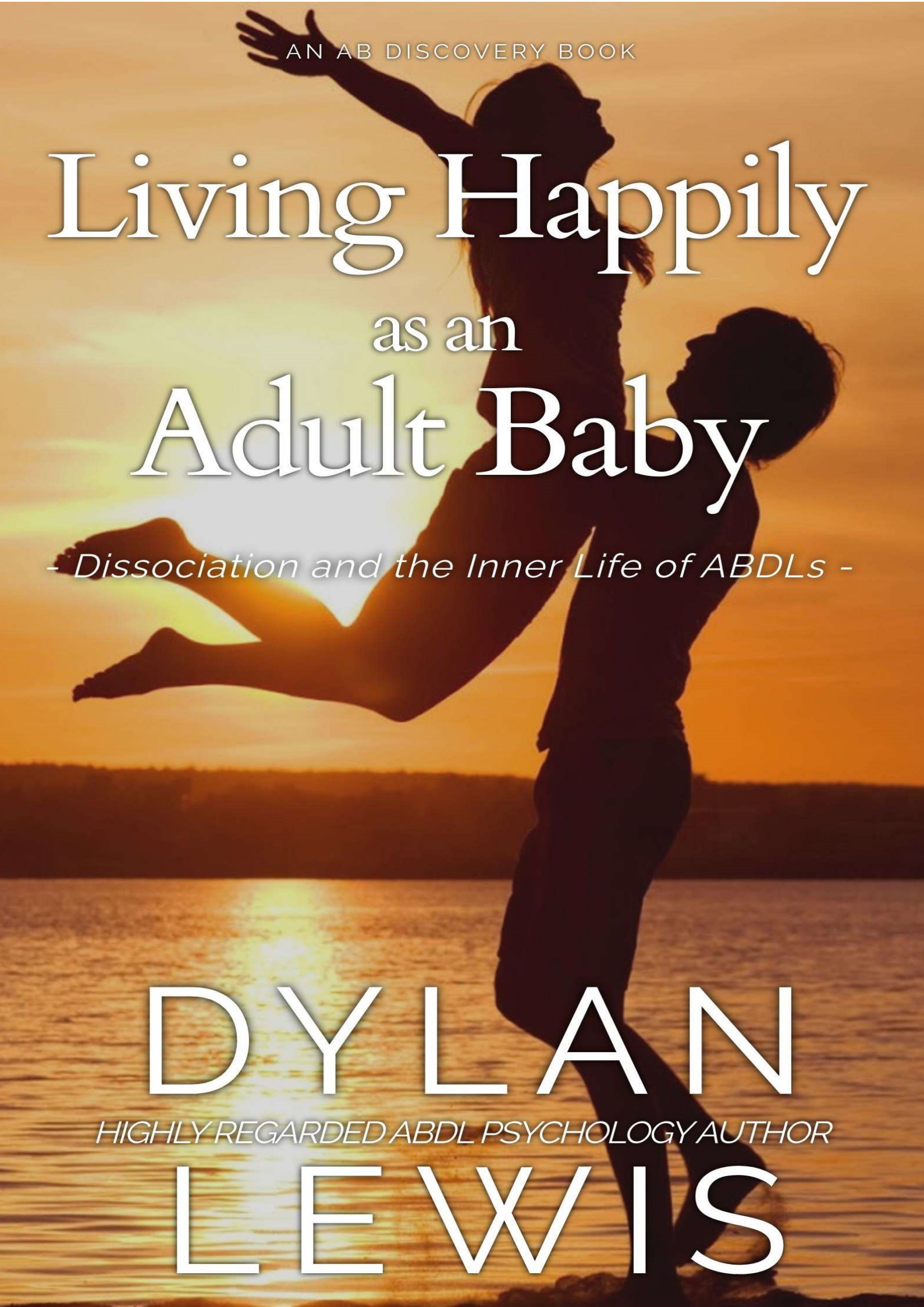
AN AB DISCOVERY BOOK
Living Happily
as an
Adult Baby
- Dissociation and the Inner Life of ABDLs -
DYLAN
HIGHLY REGARDED ABDL PSYCHOLOGY AUTHOR
LEWIS

# Living Happily as an Adult Baby

## *Dissociation and the Inner Life of ABDLs*

by

Dylan Lewis

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*Dedication*

*To my wife, for her constant love and wisdom (and for introducing me to the work of John Bowlby and the luminous Donald Winnicott).*

*To Rosalie Bent and Michael Bent, for letting ABDLs (and the world) know we are not mad, bad, or alone.*

# Foreword

Understanding. Knowledge. Insight.

It is the goal of most people and humanity in general to understand and to gain knowledge. To understand our natural world. To understand space. To understand those things so tiny we can never see them. We want to understand what other people are saying, insight into what they are feeling and what makes them tick.

For most people, it is natural to want to understand more about a wide variety of topics and disciplines. Perhaps the most important understanding of them all is the knowledge of **self**.

Adult babies have traditionally not fared well in the area of understanding of ourselves. The few professional attempts to explain ABDL behaviour and thinking have been less than helpful and often insulting and deeply offensive. Being described as a paraphilia alongside and adjacent to paedophilia and other serious disorders has been the nightmare that has haunted the community for a generation.

Slowly however, the light has been dawning on the extraordinary world of the adult baby.

The first step was the recognition that being an adult baby is no mere affectation, fetish or odd choice of behaviour. It was the understanding that the baby self is a genuine and subjectively real *identity.* Not a thing, not a concept or a feeling, but an *identity.*

A few professionals have belatedly drifted onto the scene and made a few inroads, but they have been well behind the small group of hard-working ABDLs themselves who have sought to build a body of understanding on who we are. Knowing who we are is the key to success, happiness and the ability to move forward.

The works of B. Terrance Grey, Rosalie and Michael Bent led the way to building an intellectual basis of understanding of who Adult babies are. Then came Dylan Lewis, whose canon of work in this area has no peer. This new book – *Living Happily as an Adult Baby* – makes a promise in its title that is almost obscene in its arrogance. Adult Babies have often struggled with the power of their baby identity and happiness - especially long-term happiness – has often eluded them.

As I read this work, I was astonished by the accuracy of how it defined *me*. I saw myself in its pages and I saw others as well.

I commend this work to all adult babies, their family and friends as it seeks to further humanity's understanding of this most complex identity structure.

The Adult Baby.

**Michael Bent**

**AB Discovery**

# 1. Introduction

The title of this book - *Living happily as an Adult Baby: Dissociation and the Inner Life of ABDLs* - sounds a bit abstract. Better we start with the question – *Why don't my Little and Adult always like each other?*

Why do they sometimes fall out, badly?

Why do they often ignore each other – each living as though the other didn't exist?

Adult Babies (ABs) and Diaper Lovers (DLs) have two sides to their personalities – their **Adult** side, and a child-like diaper-loving side, sometimes called a '**Little'**.

I am an AB myself. I know that how our Little and our Adult sides get on together makes a huge difference in the life of an ABDL. It is the difference between misery and happiness, between destructive conflict and peaceful calm, between shame and contentment.

Often it is a troubled story. In the first stage of our life as ABDLs, our Adult side often rejects and shames our Little. In the second stage, our Adult and Little go about their separate business while doing their best to ignore each other. In the third stage, our Little often becomes the apple of our eye and we grow tired of, and impatient with, our staid and unfeeling Adult side.

Some ABDLs stop at this third stage, happy to accept and celebrate their Little. But, that is like a sporting team that is so proud of their performance in the first three quarters, they leave the game and lose in the final quarter. Loving your Little, but falling-out-of love and neglecting your Adult leaves the door open to future harm. It can make us desperate to give our Little what they crave. It can put previously happy marriages at risk. I have been in those spaces, and I have seen others there too. If we want to live happily, there is a fourth stage in our lives as ABDLs.

Recognizing that being ABDL is an identity on the dissociation spectrum, let us understand the real, hidden, relationship between our Little and our Adult sides. That relationship is more complex and more important than we first understand. We often think our Little side is what makes us ABDL, what makes us different. We think that our Adult side is our 'normal' side – something separate from our Little.

It is not so.

The unexpected truth is that our Adult side is as much a part of us being different, of being ABDL, as our Little side.

The nature of our Little is shaped by our Adult, and our Adult is equally shaped by our Little. They are in no way separate. You cannot have the bolt without the nut, or the nut without the bolt. That also explains why it never works to just try and give up diapers. Throwing away the nut does not make the bolt more functional, or vice versa. This hidden relationship is laid open when we understand how dissociation works. We may not have seen it before, but it has been there all along. That is what this book is about.

I believe being an ABDL is an identity on the dissociation spectrum. That is the same spectrum as Dissociative Identity Disorder (DID) – which used to be known as Multiple Personality Disorder (MPD). An ABDL's Little is an alternate personality like the alters of someone with DID/MPD. It is our Little who needs diapers and all the rest, to feel recognized, nurtured, and safe. Most people with full-on DID also have child alters. There are many

similarities between the child alters of people with DID, and the Littles of ABDLs. Psychiatrists treating DID have been interacting with child alters for decades. This book applies that learning to being ABDL and draws on the published writing of expert psychiatrists.

Dissociation is not yet widely understood. We often think of it solely in terms of DID/MPD. Then we think of TV shows or movies, like Toni Collette in the 2009 – 2011 TV series *'United States of Tara'*, or James McAvoy in the 2016 movie *'Split'*. In reality, dissociation is rarely like that, not even DID. It is more subtle and usually passes unnoticed. Living with dissociation is largely a private experience - of living with a hidden self that is very different from everyone around you. Most ABDLs will 'get' that concept.

**Dissociation is common.**

It is estimated that around ten per cent of the population has substantial levels of dissociation. That makes it as common as mood disorders like depression and anxiety. In time, society will come to understand and accept dissociation, just as we have with depression and anxiety.

Dissociation does not equal *crazy*. Unlike other psychological conditions, including depression, dissociation does *not* impair a person's grasp on reality. We know what is going on is inside our own mind – subjectively real, not objectively real. There are many high-functioning people with some form of dissociation, including doctors and mental health professionals. Dissociation forms a broad spectrum with lots of small graduations. Everyone on the spectrum has their own unique experience of self and life. DID is at the further end of the spectrum. There are more people on the sub-DID parts of the spectrum than actually have DID. Being ABDL is a part of the sub-DID group.

Dissociation shows us –

- why we fall in love with our Little, and why we fall out of love with our Adult
- why our Adult can feel both emotionally numb, *and* anxious and stressed
- why many of us do not want to look too deeply into our childhoods
- most importantly, how to live more happily as ABs.

The key audience for this book are ABDLs and those who love them. It assumes you know a lot about ABDLs and where you fit on the ABDL spectrum, but know less about dissociation.

This is a self-help book. It is based on my need to get to the heart of why I am ABDL. I have no formal qualifications or clinical experience in psychology, but I have a layman's lifelong interest in the subject. I searched for writings by expert psychiatrists that best explains the nature and origins of being ABDL and I found the answers I was looking for. It turns out that what makes me ABDL has been well understood by psychology for decades. It took me a while to accept what I found, but the answers fit for me.

Every ABDL is different and some will disagree with my views. I do not intend to disparage anyone whose views are different from mine. So, if after scanning or reading this book, you want to think that being ABDL has nothing to do with subjectively real alters or childhood trauma, that is okay. That is you, defining you. This book is about offering people information based on my best, sincere understanding, and giving them a choice about what they believe. Take what is helpful from the book and leave the rest behind.

I use the term ABDL to include anyone who has an involuntary need to derive emotional comfort from wearing nappies/diapers. That includes those who identify as ABs or DLs. The scope of the book does not cover those for whom diapers are exclusively a sexual fetish, or those for whom diapers are optional, something they can freely live without.

Compared to my previous book *The Adult Baby: an Identity on the Dissociation Spectrum*, this book taps the insights of the theory of Structural Dissociation, and of psychiatrist Colin A.

Ross, to better understand the nature, origin and healing of dissociation as experienced by ABDLs. You can read the two books together or independently.

This book is based on the pioneering work of Rosalie Bent and Michael Bent. Their ground breaking book *There's Still A Baby In My Bed: Learning to Live With the Adult Baby in Your Relationship* was the first to recognize that that being ABDL is a personal identity and understand that our Little is a not a fetish, but a genuine child alter. I refer to their insights throughout the book.

**TRIGGER WARNING:**

This is a book for ABDLs who are ready to understand diapers are the tip of the psychological iceberg. It talks about the childhood origins of being ABDL. I believe that being ABDL is a form of dissociation. For some people, some of the time, dissociation can cause distress and impairment. Coming to terms with dissociation can, sometimes, be disturbing and frightening.

Psychiatrists who are expert in dissociation, divide therapy for the condition into multiple phases. The first phase is about ensuring people feel safe with themselves, and stabilizing any distress they may be feeling. Only when this has been accomplished does therapy progress to identifying and healing the causes of the dissociation.

If you are ABDL, it is important that you feel safe with yourself, and have support, before you explore these issues. The journey of self-discovery is not an easy one to undertake alone. You need a confidant who you can trust, and who will be an ally in your healing. If there is no one in your life with whom you can safely share your feelings about your life as an ABDL, seek professional support – preferably from an LGBTQ-friendly therapist who understands dissociation and personal identity.

If you are not presently in a space where you feel safe with yourself, or safe exploring the childhood origins of being ABDL, you may wish to put this book aside for a later time.

If you are in crisis or deep distress about being an ABDL seek professional therapy.

# 2. The Child Alters of Dissociative Identity Disorder (DID)

Some might consider explaining being ABDL as a form of dissociation is far-fetched. For me, what confirmed the diagnosis of dissociation was discovering the child alters of people with DID. For the sceptics and those who are seeking a reason to read further, I will jump straight into talking about child alters. When I read the autobiographies of people with DID, or the textbooks of the psychiatrists who are expert in DID, I found striking parallels between child alters and the Littles of ABDLs.

Child alters are not incidental to DID. Two expert psychiatrists, Colin Ross and Frank Putnam, estimate that around 85% of people with DID have at least one child alter [Ross. Dissociative Identity Disorder Table 6.11 p146]. Child alters are central to the nature and origin of DID (as we shall see in a later chapter). This is described in the quotations below -

> *"Child and infant personalities are found in virtually every MPD [Multiple Personality Disorder] patient's system of alter personalities … Usually, there will be a number of child personalities, and they often exceed the number of adult personalities. [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p107]*

> *"Because the traumatic experiences occur primarily in childhood, child alters are almost always present. There are usually several of them." [Yeung. Engaging Multiple Personalities. Volume 1 p89]*

Our contemporary understanding of dissociation developed from the 1970s and 80s. From that time, mental health professionals working with people with DID have been consciously interacting with child alters. There are decades of documented knowledge about child alters based on good quality clinical material, collected in the work of expert psychiatrists. Key elements of that understanding are described below.

Child alters have recognizable mannerisms –

> *"Child personalities may be easily recognizable by their nervous fidgeting, movement overflow, and childlike gestures (e.g., rubbing the nose with the back of the hand." [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p 122]*

> *"It is not uncommon for patients to report they have infant dissociative parts. Often, very young behaviours are associated with the activity of these parts, such as thumb sucking, rocking and bedwetting." [Van der Hart, Steele & Boon. Treating Trauma Related Dissociation: A Practical Integrative Approach]*

> *"Infant or small child personalities frequently curl up in fetal positions, crawl on the floor, or huddle in corners." [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p119]*

Child alters often have a dual character - they can be frightened or innocent.

*"Child alters think, feel, speak, and sometimes write, as young children. This is how they see themselves, regardless of their chronological age. The therapist must refrain from judging or treating them as adults." [Yeung. Engaging Multiple Personalities Volume 1 p89]*

*"Child alters are often frightened and untrusting. … Spontaneous abreactions by 'hysterical', terrified child alters are a diagnostic clue for DID, and can be difficult to manage. The child may cower in the corner, curl up in a fetal position, suck her thumb, call for mommy, or simply ask, 'Who are you?' Some child alters, on the other hand, are poised, confident and friendly young adults, despite a claimed age of 7 or 8 years. Others are spontaneous, childish and delightful. Like alter personalities in general, the children display the full range of human traits and characteristics. Some children may be relatively full bodied, and capable of a number of different emotions, attitudes and behaviours. Others may represent a single memory and mood, and may never express anything else." [Ross. Dissociative Identity Disorder p146]*

*"Child and infant alters frequently serve the function of holding memories and affects generated by earlier traumatic experiences. When these personalities come 'out', they may repeatedly abreact the traumatic experience in some fashion. … Usually there will be other child or infant personalities who serve to counter balance the frightened and abused ones. These child alters are often love seekers, and may be very Pollyanna-like, seeing everything as wonderful and idealizing the abuser(s). They retain a childhood innocence that the other alters have lost.." [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p107]*

Child alters can be fun –

*"Working with child alters can be fun. That is why it can be difficult. The therapist could spend hundreds of hours playing with child personalities in a counter therapeutic fashion. … Child alters can be more seductive than the overtly seductive, sexually acting out adolescent and adult personalities. They can be lonely, sad, or frightened, and can evoke parental and protective instincts in the therapist. They can be delightfully spontaneous, childlike, and trusting, giving the therapist powerful positive feedback for playing games with them. … " [Ross. Dissociative Identity Disorder p330]*

Child alters can be a handful –

*"It is counter therapeutic to allow alters to run amok, even in a pleasant childlike fashion.' [Ross. Dissociative Identity Disorder p310]*

*"Multiples, with their child and infant personalities, are capable of acute and profound behavioural regression. During moments of extreme anxiety, they may collapse into a thumb-sucking, preverbal state as an infant personality emerges. Tyrannical 2-year-olds or other child alters with disturbed reality testing may emerge, keeping the therapist preoccupied with 'babysitting' rather than psychotherapeutic work." [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p213]*

The child alters of different people can play together –

*"When multiples do get together, they interact as well as anyone else. Despite the incredible number of possible personality interactions between two multiples, the dynamics of their systems usually serve to bring out the most appropriate pair of alters. Administrators will deal with their counterparts, and child alters will play*

*together. … " [Putnam. Diagnosis and Treatment of Multiple Personality Disorder p 182]*

The world can seem a big and frightening place to child alters. Talking about taking a walk to provide an interlude in therapy, Colin Ross says –

*"If a trip outside the therapist's building is made, it may have an important desensitization component. The outside world often seems very big and frightening to child personalities. … The interlude shows that the therapist values the child, and acknowledges his or her subjective experience of self and the world." [Ross. Dissociative Identity Disorder p331]*

Trust can be a big issue for child alters –

*"… There are often child or other alters who are dangerously naïve and trusting, and who have been ruthlessly exploited by a variety of people. … To establish trust and safety with some frightened child alters, it is important to tell them in a gentle, straightforward manner, that it is safe. I might say, 'It's all right. You're safe now. I'm a doctor and I'm not going to do anything to hurt you. I just want to talk to you.' The alter might reply, 'You promise you're not going to hurt me?' I would then go on to explain the bad things that happened a long time ago. … I might say, 'I promise I'm not going to hurt you. I completely, completely promise. 'You can believe me and I wouldn't lie to you. You'll see. We'll just talk and everything will be okay.' [Ross. Dissociative Identity Disorder p297]*

You calm a child alter, much as you would calm a child -

*"When child alters are hiding in the corner, shaking, screaming, trying to bang their heads, or scratching themselves, physical restraint may be necessary. Usually very little force is required, and it is more a comforting, holding form of restraint, than an aggressive control or containment. A hand on the shoulder may help. When touching any alter, it is usually best to get permission first … With child alters, the therapist might explain, after getting permission, 'I'm just not going to let anything bad happen to you here. …." [Ross. Dissociative Identity Disorder p297]*

You can reach a child alter through play –

*"Formal play therapy is a modality we use sparingly in our Dissociative Disorders Program. However, therapists at other centers have extensive experience with the use of dolls, sand trays, dollhouses and other toys. These props are used in much the same way as they would be in work with an actual child, for establishing trust … My feeling is that the work can be done without the props, but I am ready to believe that I underutilize toys." [Ross. Dissociative Identity Disorder p331]*

Stuffed toys 'stuffies' or 'plushies' can be very important to child alters -

*"Patients may bring shawls, bears, blankets, or other transitional objects into therapy, and these should be talked about explicitly by the therapist. If the therapist doesn't comment, the child may conclude that the therapist doesn't like his or her bear. Sometimes the bear becomes a co-patient in the therapy. This occurs when the child alter projects onto the bear so intensely the bear is alive. When this happens, the transference to the bear is extremely charged and plastic, and important work can be done. The child may divulge abuse secrets that only she and the bear knew about, or may enter a long monologue addressed to the bear in which she defines key issues in therapy.*

> *The therapist may comment on how brave the bear is, how lucky the bear is to have the child with him, and how glad the therapist is that the bear was willing to share these memories. A promise may be made to have the bear back for future sessions. …" [Ross. Dissociative Identity Disorder p331]*
>
> *Child alters can prompt a maternal response from others, as in the example of a therapist breastfeeding a patient [Ross. Dissociative Identity Disorder p266].*
>
> *Child alters can be bullied by other parts of the person's psyche '… locking them up in a room or closet in the patient's inner world.' [Ross. Dissociative Identity Disorder p151]*

There are key differences between DID and being ABDL. The child alters of people with DID often seem to be more 'out', or more traumatized, than the Littles of many ABDLs. But there are still striking similarities between the character of the two.

The quotes above are from psychiatrists who are authorities on DID. In the companion book *The Adult Baby: An Identity on the Dissociation Spectrum* I describe the similarities between how some people with DID experience their child alters, and how some ABDLs experience their Littles. This is based on the autobiographies of people with DID and accounts from an ABDL self-help book.

It is conceivable that DID child alters are separate phenomena from ABDL's Littles, and the parallels are a superficial resemblance. I think it is more likely that they belong to the same family of psychological phenomena. It seems unwise to dismiss a large body of clinical material and knowledge which is relevant to ABDLs, particularly in the absence of any comparable alternative body of clinical knowledge.

I hope you will read further and reach your own, informed conclusion.

# 3. Preparing the Groundwork

This book is about explaining why we are ABDLs and using that understanding to help us live more happily as ABDLs. These can be controversial topics. So, before we go further it is helpful to do some groundwork. We need to consider the following issues.

- Can we talk meaningfully about ABDLs as a group?
- Why do we sometimes feel unsafe when discussing explanations for being ABDL?
- How can we best feel safe?
- Is being ABDL a personal identity or a mental disorder?
- How certain can we be about explanations for being ABDL?
- What are the sources guiding our understanding about being ABDL?

Each of these are discussed below.

## *Can We Talk Meaningfully About ABDLs as a Group?*

ABDL is a concatenation of Adult Baby (AB) and Diaper Lover (DL). Some people see these two as different groups. I do not. Here is why.

The overwhelming majority of ABDLs share a common motivation for being ABDL. It is a deep, involuntary need to derive emotional comfort from wearing, and often using, diapers. This is true whether they derive sexual pleasure from diapers or not. We know this from four large sample surveys of ABDLs. We need to divert, for the moment, to look at these surveys.

They fall into two categories –

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

The professional surveys are -

- A 2011 survey by the late Brian D. Zamboni and Kaitlyn Hawkinson, which garnered 2012 responses. Zamboni was a clinical psychologist at the University of Minnesota Medical School. The results were first published in the article - *'Adult Baby/Diaper Lovers: An Exploratory Study of an Online Community Sample*' in the Archives of Sexual Behaviour. Five other articles followed in different journals.

  As the first professional survey of ABDLs, it was exploratory and descriptive. It profiled the ABDL population in terms of key characteristics, ABDL behaviours and self-image. The key implicit, research objective was to identify if the ABDL population was pathological. The survey validly demonstrated that being ABDL

was not dysfunctional for most people, most of the time. Along with the Fuss survey (below) it is the baseline for interpretation of all the surveys.

- 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 Joannes Fuss, Laura Jais, B. Terrance Grey, Sascha R. Guczka, Peer Briken, Sarah V. Biderman. The results were first published in the article – *'Self-Reported Childhood Maltreatment and Erotic Target Identity Inversions Among Men with Paraphilic Infantilism'* in the Journal of Sex and Marital Therapy.

  It had two key research objectives: firstly, to investigate whether ABDL was a variant of paedophilia, as posited by sexologist Ray Blanchard and secondly, whether being ABDL might have an origin in childhood maltreatment. It strongly refuted the link to paedophilia, and, using a rigorous approach, inferred that childhood maltreatment was part of the origins of ABDL. It also had a descriptive and exploratory purpose. Along with the Zamboni survey, it is a baseline for understanding the ABDL population.

The self-help surveys are:

- Three of four surveys conducted by B. Terrance Grey conducted from 2006-08, 2008-09 and 2009-11. They garnered 1397, 991 and 893 responses respectively from ABDLs. 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 thematically.

  The implicit purpose of the surveys, was to (a) recognize the heterogeneity of practices, mindsets and etiologies within the ABDL community; and (b) take an inclusive, non-pathologizing view of being ABDL that showed respect for all positions within this diversity. The benefit of this perspective is that the surveys are broadly representative of the ABDL community. They usefully supplement our understanding from the professional surveys, commonly consistent with the latter, other times, providing information on aspects which have not otherwise been illuminated.

- Several surveys conducted by Rosalie and Michael Bent, notably the first which ran from 2012 to 2020 and attracted up to 3093 responses. It is available free of charge for those on the free mailing list for the website abdiscovery.com.au.

  It is comparable to the other surveys on key metrics suggesting it is generally representative. A caveat is that the questions emphasize the experiences of ABs who strongly identify as infants or toddlers. Provided this informs comparisons, the exploration of this aspect of being ABDL is illuminating and supplements the picture found in the other surveys.

For the sake of brevity and clarity, these surveys are referred to as Zamboni, Fuss, Grey, and Bent (ie. Grey1 or Grey3). They are cited through this book. I consider the orders-of-magnitude of the survey results to be generally valid. I place the greatest confidence in results which are corroborated across multiple surveys.

This is an appropriate juncture to acknowledge the contribution of B. Terrance Grey, known as BitterGrey in the ABDL community. Grey has done more than any other individual to build the quantitative evidence base for understanding ABDLs. As well as running his own survey program, he was acknowledged by Brian Zamboni as a contributor to the latter's survey and is a co-author of the Fuss survey. Grey deserves particular thanks for his vigilance in refuting the false and damaging equation of ABDL with paedophilia by some sexologists.

The four surveys are unanimous in finding that deriving emotional comfort from diapers is a motivation and need for the vast majority of ABDLs.

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. 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 the 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 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 as either the most important motivation or equally important motivation. None of the other motivations come close to this level of importance. (For a fuller discussion of the underlying unity in the motivations for being ABDL see my article *'ABDL Motivations – Seeing the Trees and the Forest'* - https://abdiscover.files.wordpress.com/2020/07/abdl-trees-and-forests.pdf).

Yes, there are differences between ABDLs, but the vast majority share this compelling need to derive emotional comfort from their diapers. The demarcation between DLs and ABs also seems "fuzzy" and porous. For example, in on-line ABDL forums, it is not unusual to see posts where someone who identifies as a DL posts about liking their onesie, printed ABDL diapers or pacifier. Neither is it uncommon for a DL to indicate they are becoming more AB in their preferences. So, we can talk about ABDLs as a group.

We can also consider ABDLs both as a *spectrum* and a *taxonomy*. A *spectrum* is a continuum with lots of small graduations. It is like a colour palette where the different tones shade into each other. A taxonomy is a collection of related but distinct categories. Mammals are an example of a taxonomy. Cats and dogs are mammals, but they are separate taxons or categories, they are either one or the other. It is useful to see ABDLs as a spectrum when we recognize that every ABDL's experience is unique and that each person's experience belongs on a continuum with infinite unique graduations. It is useful to see ABDLs as distinct categories, for example, ABs or DLs, when we want to delve into the nature of being ABDL by focusing more deeply on particular experiences.

## *What Makes Us Feel Unsafe – Fear of Shame*

Being ABDL is rare. Some estimates are ABDLs represent one-in-a-thousand in the general population (Grey. *'ABDL Population Estimates'* ). As a result, we commonly feel ourselves to be very different, and alone in our difference. And for many of us, that brings up feelings of