ANSWERING THE WHY AND HOW OF ABDL

Adult Babies: Psychology and Practices



Discovering the structure, motivations and needs of Adult Babies

ROSALIE AND MICHAEL BENT

Adult Babies: Psychology and Practices

Michael and Rosalie Bent 2015/16

Other Books from Michael and Rosalie Bent

There's still a baby in my bed!
So, Your teenager is wearing diapers!
Where Big Babies Live
Home Detention
Adult Babies: Psychology and Practices
Coffee with Rosie
Being an Adult Baby
The Three Chambers

Other Books from AB Discovery

A Brother for Samantha
Mummy's Diary
The Hypnotist
Chosen
The Snoop
The Washing Line
My Baby Callum
A Baby for Felicity
The Regression of Baby Noah
A Baby for Melissa and her Mother
Baby Solutions
Discharged into Infancy
The English Baby
A Mother's Love
The Psychiatrist and her Patient
The Reluctant Baby
The Book Club Baby
The Rehab Regression
The Daycare Regression
The Aeviternity Gateway
A Woman's Guide to Babying Her Partner
The ABC of Baby Women
Overlapping Stains
The Babies and Bedwetters of Baker St
The Bedwetter's Travel Guide
Me, Myself, Christine
The Joy of Bedwetting
Diaper Discipline and Dominance
The Adult Baby Identity – coming out as ABDL

The Adult Baby Identity – Healing Childhood Wounds
Living with Chrissie – my life as an Adult Baby
The Adult Baby Identity – a self-help guide
The Adult Baby Identity – the dissociation spectrum
Six Misfits
Six Misfits – A man and his dog
The Six Misfits – the seventh misfit
Becoming Me – The Journey of Self-acceptance
The Epitome of Love
Australian Baby: a life of nappies, bottles and struggles
Fear and Joy: a life in and out of nappies
The Fulltime, Permanent Adult Infant

CONTENTS

Foreword 6

Chapter 1: Why is this Subject Important? 7

Chapter 2: Diaper Attraction 9

paraphilia 11

Chapter 3: The Three Sides of Diaper Attraction 13

Chapter 4: Why are Diapers so Important? 33

Chapter 5: Introducing Adult Infantile Regression 40

Chapter 6: Exploring Adult Infantile Regression 48

Chapter 7: The beginnings of Adult Infantile Regression 57

Chapter 8: The Drive for Authenticity in the Adult Baby 64

Chapter 9: Incontinence as a validation of the Adult Baby 69

Chapter 10: The objects of the adult baby universe 73

Chapter 11: Problems of the Adult Baby Life 89

Chapter 12: Making some things easier 96

Chapter 13: Identity Conflicts of the Adult Baby 102

Chapter 14: Finding balance between the adult and the baby 109

Appendix ONE: Case Studies 118

Appendix TWO: A Christian Response to being an Adult Baby 139

FOREWORD



The adult baby can be an intriguing and deeply complex person. Most Adult Babies understand little about it other than their own personal experience and the little they read online, which while it may be substantial, doesn't necessarily mean it is correct or explain everyone else.

In this book, we seek to build a model of the structure of diaper attraction, how psychological regression fits into it and the group of objects that fit inside the 'baby universe'. It is a suitable reference for adult babies themselves as well as those that seek to understand them such as spouses, friends and family or therapists.

We begin with the process of building a meaningful model of diaper-related behaviour in Adult Babies and Diaper Lovers and while that sounds rather technical and dry, it is of immense importance in understanding how we view and accept ourselves.

For many people, being a regressive Adult Baby is a real struggle and a major difficulty to deal with - both for themselves and for their partners and friends/families. The process of improving this situation starts with getting a good idea of just what this 'diaper/baby' is all about.

This book is targeted at Regressive Adult Babies rather than pure Diaper Lovers or Age Players. Obviously, therefore, the first thing we should be doing is *defining* exactly what a Regressive Adult Baby even is and how fetish and role-play are also inter-twined.

We have two very important goals which we will repeat many times over the course of this book.

- Getting to know the whole self - adult and baby
- Learning how to live life as full and as complete as possible despite the pressures of being an adult baby

Those two goals seem simple and yet we know that when adults have to deal with a powerful need and desire for diapers and babying, it all gets a lot more complex than it sounds and sometimes we trip up.

So, let's get started!

CHAPTER 1: WHY IS THIS SUBJECT IMPORTANT?



Knowing and understanding as much as possible about ourselves and our inner feelings and drives is a large component of personal growth. We can so often choose to simply ignore who we are and how we think and behave or even to live in a state of denial over the problems and issues that we face. That is a recipe for at best, personal stagnation or at worst, significant failure in our day-to-day lives. It is even more important to understand the aspects of our lives that are not common or are indeed, quite rare. These aspects can control or impede us because not only do *we* not understand them, but very few *others* do either. Diaper attraction is one such area that is poorly understood and remains chronically hidden and often simply denied or misdiagnosed.

Having an accurate understanding of both our strengths and our weaknesses is critically important to good life outcomes, but even then, this is predicated on *understanding* what these attributes are and how they work in our own particular life situation. If a person has a weakness that needs to be compensated for, then they need to *understand* this weakness well. Equally, if they have a strength that can be exploited, then they also need to understand that aspect well so as to make the best out of it.

When someone is an Adult Baby or a Diaper Fetishist, where do they go to understand these desires and feelings?

Who do they ask about what is happening to *them*? It is just as critically important that we have a much better understanding of just what is going on inside us if only to ease the mind, as well as to make the path to balance and happiness that little bit straighter and easier.

Being an Adult Baby or Diaper Fetishist can come with a number of problems and issues that can hold someone back or cause a degree of havoc in life. That is certainly not everyone's experience, but research does indicate that for a majority of people, diaper attraction comes with its own special set of problems that need to be dealt with satisfactorily or overcome. This is especially true when it involves Psychological Regression which we discuss in a later chapter.

In this book, we present a working, detailed hypothesis on the structure and interactions of *diaper attraction* among children, teens and adults. As many already know or suspect, this attraction to diapers can begin very early in life, often well before

commencing school and so a discussion of how this applies to children and young teens is very important and relevant. We will be discussing where infantile regression and diaper attraction comes from in a later chapter.

For the vast majority, diaper attraction is something that has existed throughout almost all of life, sometimes forming some of the earliest memories and experiences. It cannot be dismissed or ignored simply because we choose to do so. If it were that easy, many would have done so already. *(source: RB Survey 2012: 35.8% of respondents would choose to eliminate diaper attraction if possible)*.

Diaper attraction remains an essentially unremovable part of life.

Just as some decades ago when therapists tried and failed to remove fetishes and sexual orientation, trying to simply excise substantial diaper attraction from someone's life is a waste of time and doomed to angst-filled failure. Trying to do so when Psychological Regression is the major issue is even more likely to fail.

Management of these difficulties is always the preferred option and the only one that is likely to be successful, especially in the long-term.

CHAPTER 2: DIAPER ATTRACTION



Definition of 'Diaper Attraction'

The umbrella term 'diaper attraction' has been chosen as a means of encompassing what we see as the three major behavioural areas involved. So what does the term 'diaper attraction' actually mean in this context?

> *DEFINITION: Someone who exhibits a significant and repeated interest in wearing diapers other than (or in addition to an obvious medical need) has 'diaper attraction'.*

An understanding of this attraction to diapers is what this session is about. In a further session, we will delve into the probable causes and where it came from, but for now, we are just seeking to understand what it *is,* how it is constructed and the relationships between its components.

Paedophilia and Diaper Attraction

Before we go any further, let's firstly make the standard and unfortunately necessary disclaimer about children.

It is a sad indictment on our society and the intelligence of many of its members that we need to explain *yet again* that diaper attraction is *not* paedophilia. Paedophilia is the sexual attraction to pre-pubescent *children.*

> *Paedophilia is clinically defined as a person having a sexual preference for pre-pubescent children. In a more general sense, it is defined as a person who is sexually attracted to pre-pubescent children.*

Diaper attraction is, unsurprisingly, attraction to *diapers* and while it is frequently sexual in nature, it is not always so. Diaper attraction, diaper fetish, regression, adult babies and age-players (and any other titles you may use) have nothing to do with children on any level whatsoever. Adult babies want to *be children,* not to molest them. Diaper fetishists have sexual attraction to *diapers*, not children, just as any of the other myriad of fetishes 9eneralize a particular object. So if you try to find a connection between diaper attraction and paedophilia then you simply won't find one.

None of the three aspects of diaper attraction is paedophilia or has any other involvement of actual children.

The paedophilia issue is of huge importance however, because there is a lot of faulty perceived connection between the two that needs to be discussed. In one survey of experiences of teenagers who were discovered wearing or hiding diapers, 8% (*Survey M Bent 2012*) of parents accused their own children of being paedophiles or child molesters simply by the presence of diapers! It is a truly monstrous accusation to make to anyone at all and even more so to your own child and to do so can have hugely negative impacts on already impressionable teenagers. One seventeen-year-old *girl* literally pleaded with us to write a booklet for parents about diaper attraction after she was accused of being a paedophile by her parents simply for wearing diapers!

While it is highly offensive and frankly, quite idiotic, the connection between diaper attraction and paedophilia continues to exist in the minds of many so this must be considered and not simply ignored in how we deal with this behaviour. Part of the problem is because the diaper is *the* object that is used to stereotypically identify babies and toddlers. The media portrays the image of the baby as always wearing an obvious diaper. Cartoons will identify the 'baby' versions of their main characters by almost nothing more than the wearing of a diaper and a pacifier in the mouth. And because the diaper is 10eneralize in typical adult diaper behaviour then the fraudulent connection between it and paedophilia is formed in the minds of some. But perhaps the real reason behind this belief is no more than the classic fear response based on ignorance.

Diaper attraction is only just now becoming known in the general community and is still almost completely misunderstood. Many in society tend to demonise that which they cannot understand and paedophilia is the current most 10eneraliz behaviour. That and the afore-mentioned diaper connection is all it takes for many to simply equate wearing a diaper for non-medical needs as a perversion akin to paedophilia.

It is wrong and quite silly in so many ways, but we do need to be aware of it and treat it as a real issue.

No one has ever accused public opinion of being intelligent, but we still have to understand that it exists and to take note.

Historical and Current Sources of Data

If you have read much early material on diaper-related behaviours or infantilism you may have been struck by one significant aspect. Nearly all studies or references to it (e.g. *John Money: Lovemaps P 66, 70*) treat it as a *single* behaviour, fetish or paraphilia

without seeking to identify or understand the whole range of quite distinct behaviours that are clearly at work. Quite commonly, diaper attraction is referred to simply as a fetish and considered only in those terms. It has also been described in most unflattering (and largely inaccurate) terms as a *psychosexual paraphilia*.

PARAPHILIA

Sexual Deviancy. A mental disorder 11eneralized11d by recurrent, intense, sexually arousing fantasies, sexual urges or behaviours involving

1. *Non-human objects*
2. *Suffering or humiliation of oneself or one's partner*
3. *Children or other non-consenting persons that occurs over a period of more than 6 months causing significant distress or impairment in social, occupational or other important areas of functioning.*

McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.

Clearly, the above shows a significantly incorrect definition of diaper attraction and in general, describing it as a sexual paraphilia is wrong. Like so many all-encompassing umbrella terms, 'paraphilia' is a hopelessly 11eneralized definition and we much prefer to use Adult Infantile Regression (AIR(D)) and general sexual fetish as our terms and we will expand on them later in this session.

Dr Thomas Speaker (*Sexual Infantilism in Adults: Causes and Treatment – 1983)* refers to it almost exclusively in terms of a fetishistic behaviour while giving only brief mention to terms such as regression. Even then, when regression is mentioned, the context is clearly that of regressive-*like* behaviours rather than actual psychological regression to previous stages of development.

In a later session, we will be dealing with regression in great detail specifically in the context of infantile regression and AIR(D). Understanding regression is one of the primary keys to really understanding yourself as an adult baby.

To be fair to most of these books or studies, the sample set used for their studies was very limited and often highly biased through self-selection. For example, Thomas Speaker's thesis was based on just twelve self-selected case histories. [*self-selection means that the people effectively selected themselves for the study rather than a wide range of random or typical people*]

In addition, most of the information used by other writers seem to have been drawn largely from therapists' treatments only, forming an exceptional level of bias and

intrinsic inaccuracy to the results. It is obvious in hindsight why they missed the three-sided nature of diaper attraction. The 'diaper community' was almost invisible in the pre-internet era and so data and subjects were exceptionally difficult to obtain and study. By contrast, our hypothesis is based on surveys of a much larger number (*Survey M Bent 2012*) as well as a large number of individual case histories and interviews.

It is only on the large scale that these natural groupings appear.

Because diaper attraction has historically been a very guarded secret – even from spouses and family – information has been very hard to obtain. The internet has changed that significantly, although it is worth noting that even access to larger quantities of data doesn't make the results perfect or even close to that. There is still the very significant problem of self-selection bias and unfortunately, that is not likely to change any time soon. While on-line diaper communities boast huge numbers of members, the regular participation rate is exceptionally low. This can mean that the commonly expressed opinions on these sites may not, in fact, be the community's genuine beliefs. This is of course, difficult to gauge, but evidence certainly suggests that this is a very real problem. For example, one major supplier of adult pacifiers has indicated that the significant majority of sales go to *women*, in contrast to what you would expect from the commonly held belief that men are in the vast majority of this behaviour. Anecdotal evidence suggests that women are a much higher ratio within this behaviour set than surveys indicate. Exactly how high is difficult to even estimate, never-mind determine accurately.

Now that we have laid our foundation, let's get into the main topic of the Trinary (three-sided) nature of Diaper Attraction.

CHAPTER 3: THE THREE SIDES OF DIAPER ATTRACTION

The Three Sides/Aspects of Diaper Attraction

It is our observation and hypothesis that diaper attraction is composed of three quite distinct and separate behaviours that do however have a large degree of interaction.

We will discuss this in the next few sections. These three basic behaviours are:

1. Psychological Regression (to infancy or toddler/preschooler level)
2. Fetish (sexual fetish for diapers)
3. Role-play (sexual and otherwise)

In turn, these same three behaviours can also be described by their more common community terms (in order):

1. Adult Baby (AB)
2. Diaper Lover (DL)
3. Age-player/Role Player (AP/RP)

Like many commonly-used terms, there is significant variation in how these are used and applied and certainly, these three terms can be controversial within the diaper community. For ease of use and consistency, we will define our terms explicitly, but the reader needs to note that community definitions of these may vary from group to group. A simple example is the common term 'Adult Baby' which can be either a regressive experience or a role-playing one. It's the same term, but the experience and drivers behind the behaviours are very different. From the outside looking it, they look identical. From the inside looking out, they are very, very different. And here is an important aspect we need to take note of:

Observation alone does not define a behaviour.

What this means is that two apparently identical-looking behaviours may, in fact, be driven by two very different sets of needs and desires. Observation is an essential part of the process, but it needs to be always remembered that *"what it looks likes doesn't necessarily mean that is what it <u>is</u>".*

Taking observation alone as our sole source of data can lead us to an erroneous conclusion. If we observe role-playing and regression and consider them the same then we will come to the wrong conclusion.

One of the problems with there being little historical evidence or understanding of the three distinct components of diaper attraction is that some diaper community members can get confused or angry by the misuse of a term they believe they have already understood. An age-playing Adult Baby (role-player) may be angry or dismissive of the behaviours of a regressive Adult Baby because they have the same label even though they are extremely different internally and often, externally as well.

By seeking to understand these three components, the community should be better able to accept and understand each other. But more importantly, they should be able to understand *themselves* better. The current level of community understanding of the three separate behaviours is relatively poor. Some even deny the existence of one or other of these three groups, which is very unhelpful.

A very obvious problem that became apparent during the research is that a large number of online community members tend to define the *entire community* based through little more than the lens of their own experience. This is a common problem in general society where we can sometimes have limited or erroneous opinions and beliefs simply because our range of personal experience is too small.

The answer, of course, is to accept that there is a big, wide world out there beyond our own personal experience and to not try and define everyone else by our own narrow (and unavoidable) understanding. This can at times lead to a very large distortion in the beliefs of some online diaper communities. Despite the internet, most diaper behaviour and exploration remains very solitary and strongly bounded and limited by friends, family and a society that does not accept (or understand) it. There are still relatively very small amounts of inter-personal, real-life interaction with others, which is of course how wider viewpoints are developed. As a result, there are a lot of opinions expressed within the community that can be very inaccurate. We are seeking here to correct that understanding.

> *Only by having an accurate understanding of how diaper attraction works for <u>everyone</u>, can we truly understand how it works for <u>us</u>.*

Definitions of the three sides

Let's, first of all, provide three short definitions of these three components of diaper attraction:

Regression (Psychological): Regression in the context of this topic is the psychological experience where a person feels that their 'age' reverts or regresses to that of an infant or toddler and is reflected in emotions, perceptions and activities. It is primarily an internal experience but is also reflected in external behaviours and associated objects. The regressive tends to feel that the experience is genuine and that they do in large measure re-experience parts of true infancy.

We will discuss regression in greater detail in a later session.

Fetish: "... a fetish is a form of paraphilia, and in fetishism, the affected person has created a strong association between an object and sexual pleasure or gratification. A fetish is not simply a pleasant memory—it is a dominant component of most sexual situations. Most fetishes are objects or body parts. Common fetishes involve items of clothing, stuffed animals, or other non-sexual objects." *(Encyclopedia of Mental Disorders http://www.minddisorders.com/DelFi/Fetishism.html#ixzz2g9XtbOuP)*

Roleplay: Roleplay or age-play is where adults or older adolescents recreate scenes and events of a younger age from infancy up to around twenty years old. They will typically involve props such as clothing (and at times, diapers) and age-specific furniture and other objects. An age-player will seek to get into a 'headspace' to enhance the authenticity of the experience.

The Trinary Nature of Diaper Attraction

The following chart graphically expresses the concept that we are discussing:

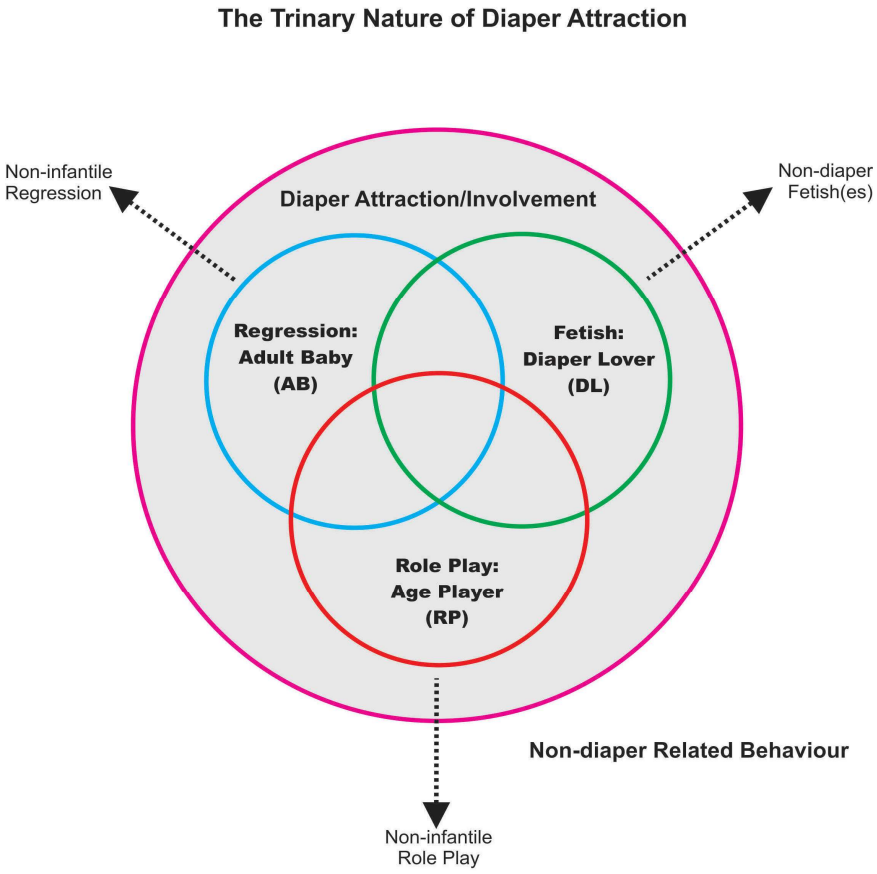


Figure one above describes the basic relationships of diaper attraction. There are four circles.

The outer circle (pink) encompasses all diaper use that is not entirely medically based. Note that needing diapers for incontinence does not preclude diaper attraction. In fact, a significant number of the diaper-attracted are also incontinent to some degree. Outside of the pink circle are non-diaper wearers or purely medical-need wearers.

There is another category of diaper wearers that need to be mentioned here and that is the occasional wearer for a practical purpose. With the advent of easily accessible, discreet and cheap disposable adult diapers, there are a growing number of people who occasionally use them at events like concerts to avoid long lines at toilets or some occupations where access to a toilet may be rare or difficult. These uses are not technically medical, but they are still using the diaper solely for its intended purpose and for no other reason and so are excluded from consideration here.

The leftmost circle (blue) represents those diaper wearers who have psychological regression (defined previously). Not simply *any* psychological regression, but specifically regression to the infant and toddler levels of development i.e. Adult Infantile Regression (AIR(D) - defined later). These are referred to as *regressive Adult*

Babies. The dotted line and arrow that leads outside the outer diaper circle are to indicate that there are other regressive behaviours that do not lead to infantile or childish behaviours and are specifically non-diaper behaviours. While not getting too side-lined here, there are other types of regression where an adult may exhibit *some* behaviours more appropriate to a considerably younger age bracket (but not infant or toddler) while generally acting his age. We deal with Regression in detail in a later session

The right-most circle (green) represents those diaper wearers who do so for sexual fetish reasons – known colloquially as diaper lovers (DL). The dotted line and arrow that leads beyond the outer diaper circle are to indicate that there are many fetishes and fetish-like behaviours that do not involve diapers at all. In fetish terms, diaper fetish is quite unremarkable and similar to other fetishes. It is also one of the least damaging or dangerous fetishes, but it is still viewed by the general community as 'weird'.

The bottom circle (red) is for those role-players who wear diapers as part of their age-play. Role players (often referred to as Age-Players) don't specifically target infant and toddler age-play, but rather anything from twenty years and below. Therefore non-diaper role-play is quite common and is indicated by the dotted line and arrow.

The Exclusive Diaper Behaviour Model

If you look at the chart in Figure One for too long you may automatically feel that you *don't quite fit*. That is probably because it is a little more complex than this simple diagram suggests. It is only the opening statement for how we look at diaper behaviours.

There are a number of people who fit exclusively into just one of these three behaviours and not into any of the other. They are a minority, but certainly worthy of mention.

Someone who has a diaper fetish and does not employ *any* infantile or toddler objects or behaviours is a *pure diaper lover* (DL) and fits simply into the right-most green circle as an exclusive diaper fetishist. This is a relatively common exclusive behaviour whereas the other two areas are far less likely to be exclusive. In this scenario, the diaper is nothing more than a fetish item, no more spectacular and different from any other fetish object in the world of sexual behaviour.

An exclusive Age Player will typically wear a diaper purely as a prop in a scene rather than as a fetish object, if indeed they wear one at all. Any sexual interaction is

with a partner or solo sexual expression rather than using the diaper as the object or driver. An Age-Player will often not wet the diaper unless it forms part of the role-playing scene, whereas an Adult Baby or Diaper Fetishist will almost always wet the diaper. An exclusive Age-Player will also not exhibit any psychological regression behaviour. While many Age-Players can very effectively get into a 'headspace' - an internal goal of identifying closely with the character and their age - to mimic the behaviours of their target range, it effectively is nothing more than a form of *method acting* rather than genuine psychological regression. This is a classic example of where observation does not define the behaviour. The exclusive role-player will *choose* to get into the role or headspace and is essentially an *external* (ie intellectual) decision. The regressive, however, will enter a pseudo-genuine state of infancy driven by the strong regressive drive. This is an *internal* ie not by choice, activity.

An exclusive regressive Adult Baby will not have any sexual fetish diaper-related behaviours. While they might be fully sexually active, their sexuality does not integrate diapers or infancy into it in any fashion. In essence, sexuality occurs outside of the baby or toddler behavioural environment. In addition, all infantile and toddler behaviours are genuinely regressive and not role-play.

The exclusive behaviour model is expressed by a minority of diaper-attracted people. The majority - as concluded from our survey - however, combine elements from two or three of the core behaviours. The individuality is expressed by the variation in the ratio of how these three behaviours are expressed.

Self-determination of this exclusivity is often quite flawed. Initial statements may assert that a person believes that they are 100% Diaper Fetishist, but further questioning often reveals an element of regressive behaviour such as using a pacifier or soft toy and perhaps some limited baby attire. Likewise, many regressive Adult Babies will often claim to be 100% regressive, but yet further investigation reveals a significant sexual fetish with diapers as well. Age-Players may also self-determine that they are solely playing a role, yet more detailed examination may reveal the existence of fetish and/or regressive drivers at work.

Self-determination is frequently incorrect and is often so because one aspect is substantially dominant, leading the person to believe it is all-encompassing. However, there are certainly some for whom the behaviours are genuinely exclusive, but they are the (unquantified) minority. We discuss later in this session, the notion of *dominant* rather than *exclusive* diaper behaviours. This is by far the more common scenario.

Overlapping of the three behaviours

Let's take a look at how these three behaviours interact with each other and start the discovery of who you are.

First, we need to differentiate between the overlap in any *particular diaper incident* and the overlap that is typical of a person's *general diaper experience*. There can be significant variation in how diaper play works out on an incident-by-incident basis. However, even within that variation, there are boundaries and limits on how it plays out and over time it is possible to determine an average ratio of overlap between the three basic behaviours.

That sounds complex and confusing, but in short, it simply means that most people have a typical range of diaper behaviours and activities that they employ. Now we want to simply investigate this range and how it applies to you.

Take note that we have referred to 'incidents' rather than lifestyle. Wearing a diaper 24 hours a day seven days a week doesn't make it a *lifestyle* in the terms of these three behaviours. No-one is sexual 24/7 nor are they permanently regressive. Role-playing is the only possibility for that and even then, it is unlikely that anyone would (or could) live permanently in such a role. We will, however, discuss 24/7 diapering later on and its special place in the life of the regressive baby.

Initially, we will investigate these overlaps by taking a look at how any two of them interact.

Interaction of regression and diaper fetish

Firstly, we will take a look at the interaction between regression and diaper fetish - the classic AB/DL category - and by far the most common.

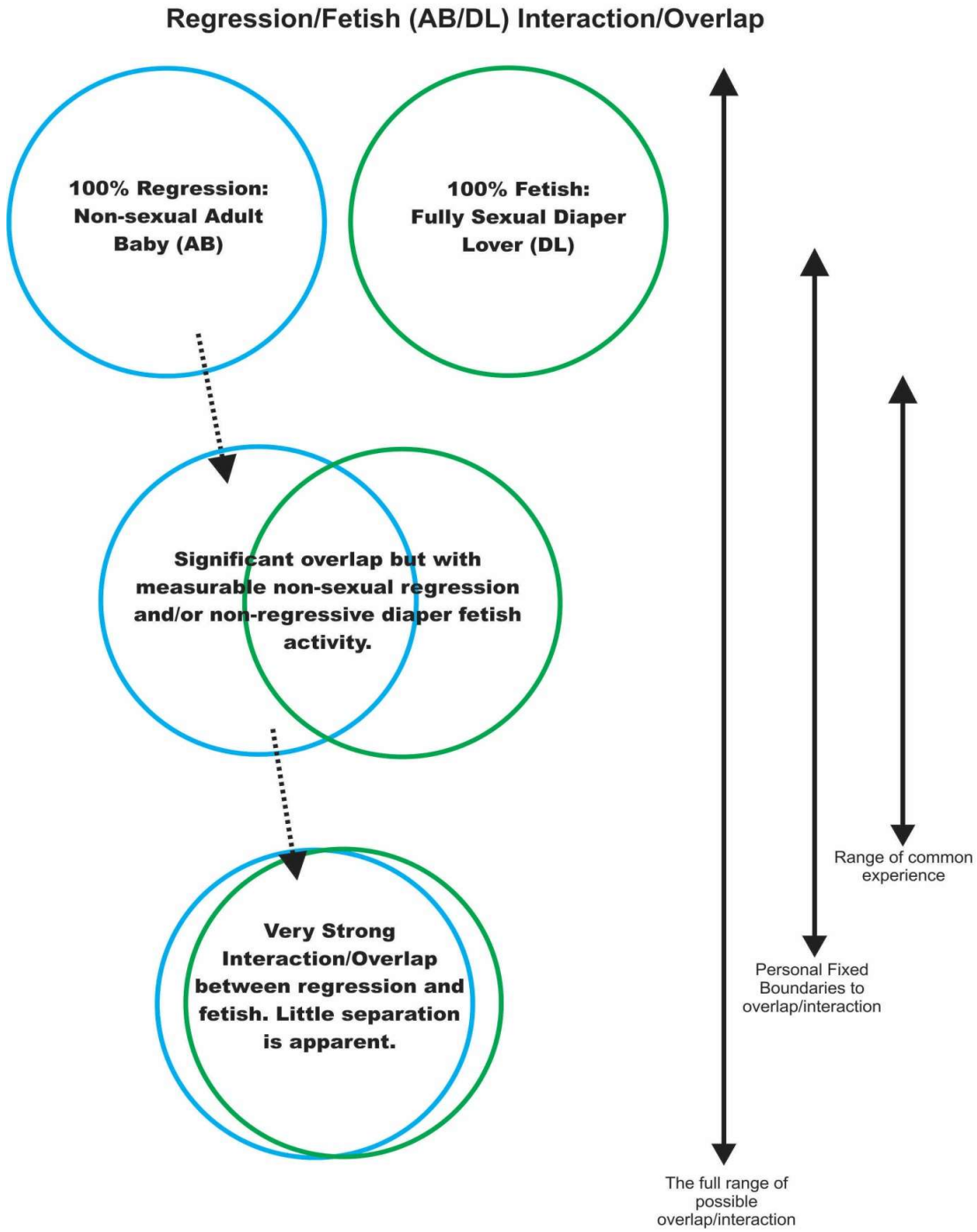


Figure 2 is used to illustrate the varying degree of overlap between regression and fetish. Don't let the chart overwhelm you as it is fairly simple. Ignore the arrows for now and let's just look at the three groups of circles.

At the top of the figure, the two behaviours (regression and fetish) are quite distinct and separate with no overlap. As previously discussed, this *exclusivity* does happen for some people most of the time (if not all the time), but it also occurs occasionally for others. A regressive Adult Baby may almost always involve some fetish/sexual activity, but sometimes, it is purely regressive behaviour with zero sexual components. While the person usually has both behaviours, they are sometimes exhibited individually.

The middle section shows that there is an overlap between the two behaviours to a measurable degree. Note that that does not mean that the two behaviours *always* overlap, only that they do at times. A regressive event may involve some diaper fetish activity or it may not have any at all. Likewise, a diaper fetish time may involve some regressive behaviour or not. While most of the time the two will co-exist, they can exist separately or in a variety of ratios. This is important to recognise – that the ratio of overlap varies strongly within an individual's personal experience. It might feel like we are trying to put you in a box, but as you can see it is a rather large box with lots of living space!

At the bottom, the two behaviours are strongly inter-related. Every regressive event will almost always contain some strong diaper fetish behaviour. Now that we have looked at the various options, let's now explore *personal variation* in this overlap.

.....

It is time to look at the arrows on the chart.

The leftmost arrow on the right side of figure 2 shows the entire range of overlap that is theoretically possible – essentially from zero overlap to ~100% overlap. This is simply identifying the maximum range possible for overlapping regression and fetish.

The middle arrow refers to the individual's *fixed boundaries* in regards to how regression and fetish exist together <u>for them</u>. For example, a person may always have at least 10% fetish in their diaper-play or conversely say that regression is a minimum of 80% of their drive and experience. These are the *outer limits* of what they would ever experience. It isn't the limits of what is possible, but rather the limits of what they will ever experience. This person simply will not engage in anything outside these limits such as purely fetish behaviour or purely regressive. These fixed boundaries are not usually a conscious choice, but rather something that has developed over time, partly by habit and partly by the internal needs that drives the behaviours.

This defines the area in which your diaper attraction exists.

The right arrow, however, refers to the *comfort zone* – the ratio of behaviours where much of the diaper-related activity takes place. This is the area in which a diaper-play incident will *typically* take place. It sounds a bit dry and technical, but it is nothing more complex than the way in which you use diapers in a typical scenario. It is your personal comfort zone. For example, a regressive Adult Baby may almost always wear a bit of baby clothing during diaper play and feel most relaxed and comfortable that way. His comfort zone would prefer that all the time and usually does do that. He will, however, move outside that comfort zone occasionally if needed (eg lack of privacy or very limited time). Sometimes the regressive or fetish drivers push outside the comfort zone (eg during times stress, upset or anger), but normally live well within this zone.

This defines the area in which your diaper attraction plays.

This chart is a visual description of how fetish and regression may interact and co-exist. Take a little bit of time and see if you can visualise where your fixed boundaries are and what is your comfort zone.

We will come back to this overlap in more detail in a future session.

Now let's take a look at the interaction between role-play and regression.

Interaction of regression and AGEPLAY/ROLE-PLAY

Initially, you might not expect there to be much overlap in these two behaviours, but there is actually quite a lot. A regressive adult baby may enjoy the experience of being an infant so much that even when they are not genuinely or fully regressive, they will employ some role-play in order to repeat or extend the emotional satisfaction they derive from regression. In addition, even within a regressive event, some may role-play other additional infantile activities in order to augment the experience.

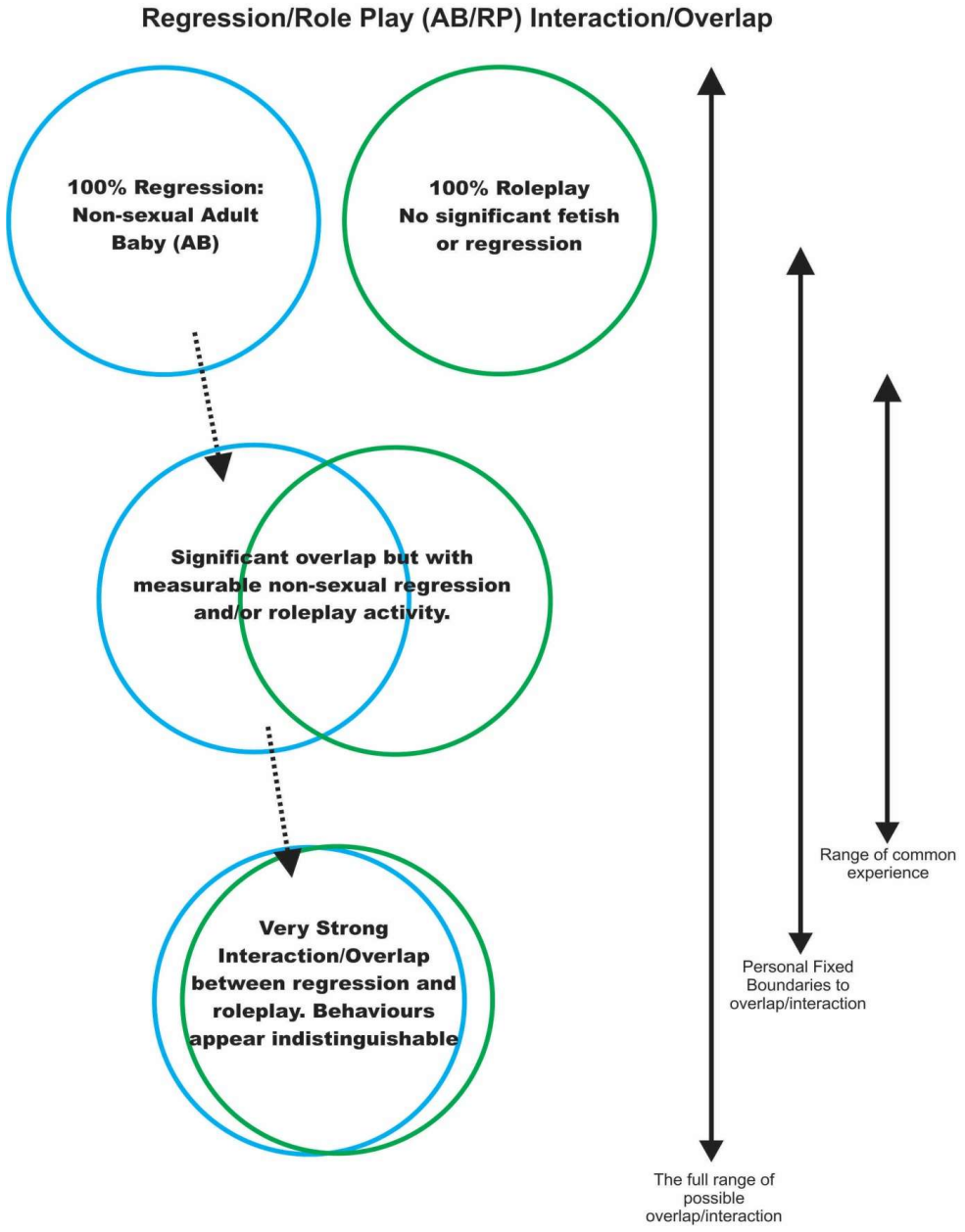


Figure 3 is used to illustrate the varying degree of overlap between regression and roleplay. Once again, the arrows on the right refer to:

- The entire range of possible interaction
- The individual fixed boundaries of interaction
- The comfort zone

At this point, we need to reinforce that while role-play(age-play) can involve playing ages from 0-20 years, the diaper related ages (0-5ish) are what we are talking about here.

Once again we see a model where genuine regression and role-play can overlap. One of the complexities of this interaction is the difficulty in determining which is which: regression or role-play. An observer may have trouble determining the difference between an accomplished role-player in a good headspace and a genuine regressive. That doesn't mean that the difference doesn't exist or that it isn't quite substantial. The differences exist in the inner drives and the self-identity.

> *The Age-Player seeks to <u>emulate</u> a child while the regressive adult baby seeks to express their ever-present inner child.*

Now, let's look at the interaction between role-play and fetish. The overlaps here are similar to the others.

Interaction of Diaper Fetish & AGEPLAY/ROLE-PLAY

Like the previous two interactions, the fetish/Roleplay interaction has a range. Despite the comments of many, diaper fetish is often employed in the context of other activities and not just on its own. While it is quite legitimate and common as an exclusive behaviour, that tends to be the minority. That is controversial but often turns out to be true.

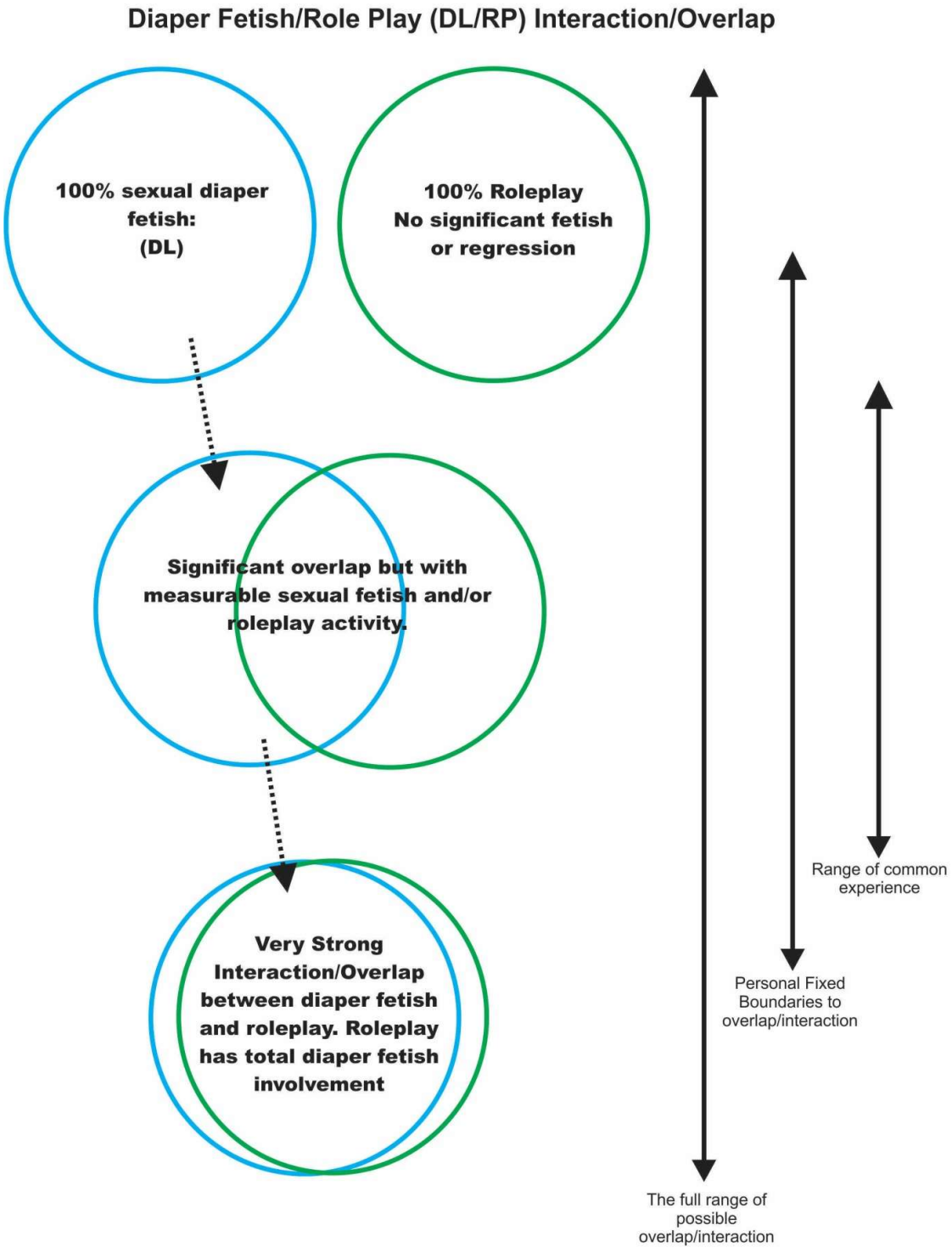


Figure 4 is used to illustrate the varying degree of overlap between fetish and role-play.

Once again, the arrows on the right refer to:

- The entire range of possible interaction

- The individual fixed boundaries of interaction
- The comfort zone

We have already seen how a diaper fetish is a very common attribute of regression. It is also a common aspect of role-play as well.

One possibility for this is that if the person is not a regressive (and this is not something that can be chosen or developed) then role-playing can provide a credible context for wearing and using diapers. In short, the wearer feels the need to have some semi-rational reason for wearing the diapers beyond simple sexual arousal. In this case, the fetish is driving the move to role play in an effort to provide a credible foundation for the behaviour.

An alternative scenario is someone who enjoys and actively participates in role-play at the age level that involves diapers. They may then develop a strong attraction and eventual fetish for diapers and therefore fetish becomes an element of their diaper play. This is the opposite direction to the previous scenario in that role-play has led to fetish.

It is worth observing at this point that while fetish and role-play can effectively lead to each other for a number of reasons, nothing leads to regression - at least, not in the adolescent/adult age range. As previously mentioned, the regressive nature is imprinted on a very young child and usually has its genesis in the pre-school age range. This session is dealing with post-pubescent diaper attraction by which time AIR (Adult Infantile Regression) is either already in place or never will be. This is one of the major differences between the three components of diaper attraction. Fetish and Role-play can develop at any stage, but infantile regression is imprinted in < five years old range.

…….

It should also be obvious that someone can also have interaction between all three diaper behaviours. This is a common experience whereby a person will exhibit all three of the diaper behaviours in varying ratios. We are not producing a chart for this interaction as it would be complex and after the last three, it should be easier to just describe it.

For every individual, there will be a typical mix of one, two or three of these behaviours. One will be dominant. Everyone will have a well-defined comfort zone that dictates how we would prefer to express our diaper attraction in varying quantities of fetish, regression or role-play. Outside of that we will have our personal fixed limits on what we do. We know this can seem complex and a bit overwhelming but hang in there.

It is important to know what we are dealing with if we are to ever hope to put some form of control or balance into our lives regarding our diaper attraction.

Discovering and Understanding the Dominant Behaviour

Statistically, we can produce a three-way ratio of the diaper behaviours for any particular person. In this section, we are going to use percentages, but be aware that these are indicative figures only and hardly precise measurements. We are simply trying to broadly describe how much of each of these three behaviours are mixing together to define how we behave in our diaper experience. We could just as easily use non-numerical categories such as: *none, little, some, lots, huge, all.* You also can use any descriptors you feel comfortable with.

For example, a person may be A) 70% regressive, 25% fetish and 5% role-play by reference to the *average ratio* of their behavioural events and how they are classified. Or they may be B) 10% regression, 60% fetish and 20% age play or even C) 0% regressive, 20% fetish and 80% role-play. These are only averages and as we discussed previously they vary greatly, usually within the comfort zone.

What is clearly apparent though is that there is almost always a *dominant behaviour* exerting itself.

We now need to introduce the concept of the *primary or dominant behaviour*. In case A) the 70% regression figure could be used as a rationale for calling them a 'regressive Adult Baby (AB)'. Likewise in B) the 60% fetish makes it easy to identify them primarily as a diaper fetishist or Diaper Lover (DL). Similarly, C) is clearly an age-player or role-player.

At issue here is that there is little 'pure', single diaper behaviour. Rather, most diaper-attracted people have a ratio of at least two and often, all three, but even in this overlap, there is generally one dominant or driving behaviour.

This concept of *dominant behaviour* is crucial in understanding the major drives in a diaper-attracted person. While someone may exhibit one, two or all of the behaviours, it is generally a single behaviour that is leading or driving it all and more than likely is the behaviour that started it all. As an example, a regressive Adult Baby would have tried out diapers and other baby/toddler paraphernalia as a very young child to meet the need they were feeling and it would have been just that single drive - regression - in operation, as a sexual fetish is impossible and ageplay highly unlikely.

However, the act of wearing diapers and gaining a sense of enjoyment and satisfaction from them can lay the foundation for a future, diaper-driven sexual fetish as well. In this case, even though the fetish is real and strong, the dominant behaviour is still regressive Adult Baby (or AIR).

Any attempt to understand the drives and to build coping mechanisms and boundaries must clearly understand which behaviour is the dominant and leading one. Trying to deal with a diaper fetish when the underlying dominant drive is regression is doomed to disappointing results or complete failure.

In later sessions, we will discuss controlling and balancing the regressive infant and the adult aspects of life. To do so, we first need to be sure of what is the real driver behind everything. If it is indeed psychological regression then these sessions can help find a smoother and easier path for life.

Age of Onset

Regression typically has a very early onset, often as young as three years of age and not much older than seven or eight years. This fits closely in with John Money's Lovemaps model of development where ages four to six are considered the key years where *lovemaps* are formed and crucially can also be 'vandalised'. While it is certainly true that some regressives are the way they are as a result of lovemaps that were vandalised through abuse and neglect, the majority seem to develop a form of regression at four years and under with no evident or substantial external causes. We discuss the theories of the onset of regressive behaviour in a later session.

Sexual fetishes (such as diaper fetish) on the other hand, don't tend to form fully until around puberty. The foundations, however, are often set in place as young children, often through exposure or extended wearing of the fetish item such as diapers. However, a lot of anecdotal evidence suggests that this link is not as strong as one would suppose. One case history details a young child's quite limited exposure to diapers in a family where younger siblings wore diapers long term and with parental encouragement and yet *he* developed a diaper fetish instead of the others. This environmental link is not as strong as we would normally expect. Like regression itself, the onset is often shrouded in impenetrable mystery.

Role-play is a fundamental play activity for young children. A primitive form of age-play is also quite common, e.g. playing mummy, daddy and baby, doctors and nurses etc. There is however a solid argument to be made that childhood role-play/age play is significantly different from adult role-play. Adult role-play is usually sexual or at least with sexual overtones, whereas childhood play is definitionally non-sexual with the obvious exception being abused children mimicking adult sexual behaviours.

Assessing the level of desire

One issue that we have avoided thus far is the question of the *strength* of the inner drive that leads to diaper-related behaviour. And this is a crucial issue that directs much of how we behave regarding diapers and/or regression.

At this point, we need to differentiate between the various drivers at work here.

Sexual desire is built into all of us and in the diaper fetishist, the onset of sexual desire at puberty may trigger a latent desire for diapers. The strength of the fetish drive can be anything from *low*, where the use of diapers in the sexual context is occasional, up to *strong*, where use of diapers is frequent and possibly the majority of times. On top of that is the *extreme* category where (almost) every sexual event involves diapers. Orgasm typically removes the sexual desire and in the case of males, does so very quickly thus ending the behaviour.

The strength of the regressive drive follows a similar path where the regression may be only occasional and fairly *shallow* up to a level where the regression is quite *strong* and frequent. The most difficult stage is the *extreme* stage where regression is very frequent and can be exceedingly strong. Unlike sexual desire, satisfying the regressive urge is far more complex and difficult and often not even fully possible for any significant length of time.

This is where we get to the crux of what this book is all about – understanding and therefore managing the almost uncontrollable.

While many people have their diaper attraction (AB/DL/RP) under control and it forms little difficulty to them, there are a large number for whom this is not the case. Hundreds of people have contacted us to detail their tales of woe and difficulty with their regressive drives. Sexual fetishes are comparatively simple to control as orgasm through intercourse or masturbation provides an easy release, but controlling the regressive drive is a lot more difficult and for a lot of people, simply impossible.

Take a look at this chart:

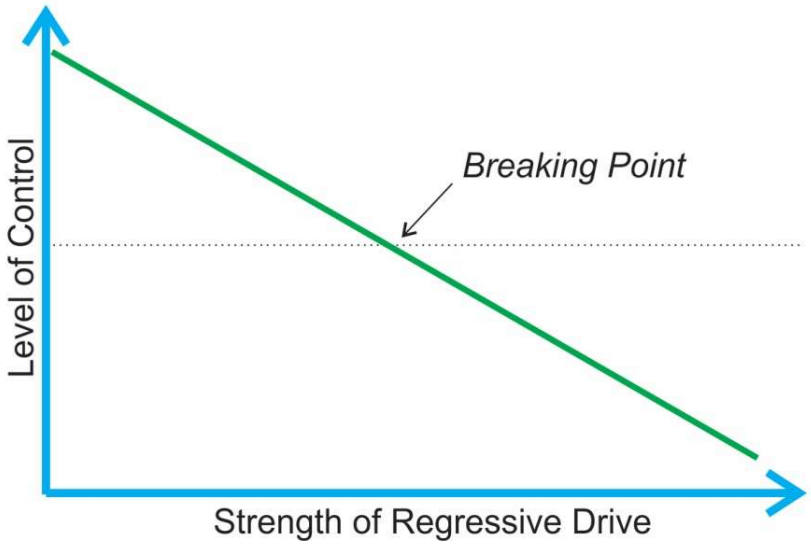


Figure 5 describes what happens to a lot of people in this arena.

The horizontal X-axis is the increasing level of the regressive drive while the vertical Y-axis is the level of control the person can exert over their regression. Starting at low levels of regression, the average person can maintain pretty good control over the drive and allow it to appear when (and if) they want. As the strength of the drive increases, the capacity to control it reduces until it reaches the dotted line - the breaking point. This is the point where the regression becomes overwhelming and is unable to be ignored, handled or satisfied without negatively impacting the adult life. Many regressive people live to the right-hand side of this breaking point, where their regressive urge is too strong to fully control.

We will discuss in future sessions what happens when we go past the breaking point, but the fact is that most readers who have made it this far, already know much about it. The entire purpose of these sessions is to help people manage this breakpoint and to move it somewhere else so that at least most of the time, we can live without regression controlling us or having a distracting need that simply will not go away.

The chart is a simple one. The understanding behind it, however, is not.

Introducing 'Adult infantile Regression' - AIR

Finding the proper terms when trying to explain anything is essential. Unfortunately, the diaper community has terms that are either too broad or too easily misconstrued and often have different meanings to different people. 'Adult Baby' is one such term that has a wide and varied meaning that often differs depending on the person using it. In this series, we will be defining terms more precisely so we all know what we are talking about.