View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Walden University

Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2018

Etiological Perspectives of ABDL Behavior from Members of an Online ABDL Community

Jennie Marie Hilleren
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Psychiatric and Mental Health Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Jennie M. Hilleren

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Brian Zamboni, Committee Chairperson, Psychology Faculty
Dr. Trevor Nagle, Committee Member, Psychology Faculty
Dr. Sandra Rasmussen, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Etiological Perspectives of ABDL Behavior From Members of an Online ABDL Community

by

Jennie M. Hilleren

MS, University of Wisconsin - Stout, 2005

BS, University of North Dakota, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

Walden University

November 2018

Abstract

Atypical sexual behavior is often viewed from a perspective of pathology and non-clinical samples are not typically used in research. The current exploratory research is a qualitative study that examined the etiological perspectives of Adult Baby/ Diaper Lover (ABDL) behavior from members of an online ABDL community. Archival survey data from an online sample (N = 1,795) of ABDL participants were used. The theories informing this research included attachment theory and the sexual health model. Research questions included an examination of: (a) what we can be learn from the way an ABDL individual perceives the origin of ABDL behavior, (b) differences in the way participants find their ABDL interests, and (c) the origin beliefs of participants from a community sample compare to the results from historical data. Thematic analysis was used to analyze the archival survey data, and grounded theory was used to forward a theory about the etiology of ABDL. Participants suggested that ABDL may not be the result of a mental health condition or a trauma history. The majority of participants believe their ABDL behaviors are connected to childhood experiences, which partially dovetails with current theories on the etiology of paraphilias. Although some participants believe ABDL behaviors are related to toilet training, most do not. Most participants endorse a wide range of explanations for their ABDL interests and behaviors. The environmental shaping theory of ABDL is based on data from this study and both supports and conflicts with historical research on paraphilia. This study contributes to positive social change by allowing clinicians and scholars the opportunity to hear the voices of a stigmatized group and understand them better. An increased awareness of sexual diversity can allow for greater acceptance and less stigmatization in the mental health and medical fields.

Etiological Perspectives of ABDL Behavior From Members of an Online ABDL Community

by

Jennie Hilleren

MS, University of Wisconsin - Stout, 2005

BS, University of North Dakota, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

Walden University

November 2018

Dedication

I would like to dedicate this dissertation to my husband, and my 4 children. Your support and encouragement made this possible. I love you.

Acknowledgements

I would first like to acknowledge and thank my committee, Dr. Brian Zamboni, my chair; Dr. Trevor Nagle, my committee member; and Dr. Rasmussen, my URR. Thank you all for all your effort, your guidance, and your support during this process. I would also like to acknowledge my friends and family. Thank you for supporting me and encouraging me on this journey. My family has grown by exponentially during this process and I love you all.

Table of Contents

List of Tables iv

Chapter 1: Introduction to the Study 1

Background 1

Problem Statement 2

Purpose of the Study 2

Research Questions 4

Framework 4

Nature of the Study 5

Definitions 6

Assumptions 7

Limitations 7

Significance 8

Summary 8

Chapter 2: Literature Review 10

Literature Search Strategy 10

Theoretical Framework 12

Sexual Health Model 12

Sexual Deviance 13

Adult Baby Diaper Lover 15

Current Etiological Theories 19

Summary and Conclusions 22

Chapter 3: Research Method....24

Research Design and Rationale....24

Setting and Sample....24

Measures....25

Data Analysis....26

Threats to Validity....26

Ethical Considerations....27

Summary....28

Chapter 4: Results....29

Introduction....29

Begin To Practice ABDL....32

Born With Sexual Interest in ABDL....36

Sexual Interest in ABDL Are Learned....40

Interests in ABDL Are Related to Something in Childhood....43

ABDL Interests and Toilet Training....46

Perception of the Origin of ABDL Interests....48

Chapter 5: Discussion, Conclusions, and Recommendations....55

Introduction....55

Qualitative Themes....55

Distinctive Themes to Each Survey Question....56

Interpretation of the Findings....58

Limitations....60

Implications....61

Conclusions..61

References..63

Appendix A: Survey Questions 73

List of Tables

Table 1. Themes in Response to When Participants Began To Practice ABDL Behavior... 33

Table 2. Themes in Response to the Idea That Participants Were Born With Sexual Interest in ABDL....... 37

Table 3. Themes in Response to the Idea That Sexual Interests in ABDL Are Learned...41

Table 4. Themes in Response to the Idea That ABDL Interests Are Related to Something in Childhood....... 44

Table 5. Themes in Response to the Idea That ABDL Interests Are Related to Toilet Training....... 47

Table 6. Themes Based on Participant Perception of the Origin of ABDL Interest....... 49

Chapter 1: Introduction to the Study

Introduction

In this study, I investigate the adult baby diaper lover (ABDL) population from the viewpoint of individuals involved in the ABDL community. In this study, I build on the limited current literature focused on the ABDL community and I offer insight into the perspective of individuals practicing ABDL behaviors. The potential for positive social change exists because this research includes more effective and relevant clinical connection to this often stigmatized and underrepresented population. Implications of the study include a better understanding and, therefore, a better conceptualization of marginalized sexual communities, which leads to improved treatment and awareness of the human sexual range.

Background

Few researchers have investigated the ABDL population. In the history of documented sexual behaviors, this group of individuals has been viewed as deviant and diagnosable (Coleman, 2003). Previously, case studies have investigated behaviors such as diaper wearing and bottle use (Kise & Nguyen, 2011; Pate & Gabbard, 2003). Some researchers have examined the etiology of human sexual behaviors and the significance of fantasy. Researchers Joyal, Cossette, and Lapierre (2015) explored types of fantasy to identify unusual fantasies. Results indicated statistically unusual fantasies exist, but rather many common themes of sexual fantasies (Joyal et al., 2015). The sexual behaviors individuals engage in can be influenced by their fantasies, yet fantasy can also be an area to explore sexual behaviors an individual does not want to act out (Leitenberg &

Henning, 1995). Thus, the role of fantasy in sexual behaviors can vary, and fantasy has often been associated with more deviant sexual behaviors (Bhugra & de Silva, 1996)

Fantasy does not equal action but can be an are of normal sexual functioning that allows individuals to play out potential interests or previously experienced pleasure (Bhugra & de Silva, 1996; Money, 1984). A common theme within fantasies include power dynamics, and one expression of a power dynamic can be between an adult and a baby. Behaviors of individuals identifying as ABDL might be an effort to connect with the previously experienced emotional connection. Previous research has explored adult baby behaviors using a case study framework. The case studies appear limited to researchers who have a pathologizing perspective on ABDL behaviors due, in part, to the cultural framework at the time the research took place (Moser, 2011). In addition, previous researchers have not explored ABDL behaviors from the perspective of the individual engaging in the ABDL behavior. In this study, I examine a large sample size and explore the origins of ABDL behaviors from the perspectives of the participants.

Problem Statement

The World Health Organization stated that sexual health encompasses physical, emotional, mental, and social well-being in relation to sexuality (World Health Organization, 2015). An increased awareness of the wide range of ways individuals experience sexuality is an essential tool for mental and medical health professionals (Dyer & das Nair, 2012). A few of the barriers for health care professionals addressing issues of sexuality with patients include discomfort with the topic, lack of training, and fear of offending the patient (Dyer & das Nair, 2012). Weiss (2006) suggested that an increased visibility of sexual minorities exists in the media and in mainstream U.S. culture. There does appear to be a shift in culture around sexuality as evidenced by the popularity of television programs such as *My Strange Addiction* (Sergi, 2010), *Dancing*

with the Stars (Rudzinski, 2005), and *The L Word* (Abbott, Chaiken, & Greenberg, 2004). These shows challenge historic cultural silence and highlight the lives of individuals that identify as being part of a sexual minority population. Further, researchers Twenge, Sherman, and Wells (2015) report views on sexual behaviors have changed significantly from the 1970s to 2010s. Specifically, a variety of Americans have an increased level of acceptance toward a broad range of sexual behaviors (Twenge et al., 2015). The field of mental health is working to keep up with the culture and is not always successful, according to Moser (2011). As the most recent version of the *Diagnostic and Statistical Manual* was evaluating sexual diagnoses, there was a struggle to define *paraphilia* (Moser, 2011). The difficulty is more in the measure of culture and less in the measure of an individual's behavior (Moser, 2011).

Historically, sexual behavior that does not fit the cultural norm has been defined as deviant and viewed through a criminal or fear-based lens (Balyk, 1997; Furnham & Haroldson, 1998). Laws and Donohue (2008) reported that deviance is based on cultural values and can change with time as the culture changes. ABDL behaviors have been viewed as paraphilia and deviant (de Silva & Pernet, 1992). Yet, more recent researchers have noted the ABDL population may not fit the previously held conceptualization of fetish behavior or even maladaptive behavior (Hawkinson & Zamboni, 2014). For example, ABDL persons may not be engaging in ABDL behaviors as a method of coping with difficult feelings (Hawkinson & Zamboni, 2014). Further, the ABDL sample in this recent study did not endorse the idea that their behavior is related to toilet training (Hawkinson & Zamboni, 2014). The amount of research that exists to help health care providers and clinicians understand this population is limited. Research on fetish

behaviors exist, but there continues to be a lack of inquiry on the ABDL community specifically.

Purpose of the Study

My purpose in this investigation includes furthering the current research by expanding on archival data that have recently been collected from the ABDL population (Hawkinson & Zamboni, 2014). Specifically, in this study, I offer insight into how ABDL persons might perceive the etiology of their behavior. Hawkinson and Zamboni (2014) conducted one of the largest investigations on the ABDL population and reported on a limited amount of the overall data collected. I build on the Hawkinson and Zamboni investigation by reporting on previously unexplored responses to open-ended survey questions.

Research Questions

The Hawkinson and Zamboni (2014) survey provided data to examine the following questions: (a) What can we learn from the way an ABDL individual perceives the origin of ABDL behavior?; (b) What differences exist in the way participants find their ABDL interests?; and (c) How do the origin beliefs of participants from a community sample compare to the results from historical data? I coded the written responses to the questions from the survey by looking for themes within the responses.

Framework

The theories informing this research include attachment theory and the sexual health model. Attachment theory suggests individuals develop ways of understanding self and others through early interactions with caregivers (Bartholomew & Horowitz, 1991). Further, the attachment process of repeated exposure to patterns of behavior creates working models that contribute to how individuals form relationships with loved ones as

well as how personality develops (Levy & Kelly, 2010). Thus, the relationships individuals form in adulthood are informed by the attachment styles they developed early in life and may allow insight into intimacy needs, autonomy, jealousy, trust, and more (Levy & Kelly, 2010). Attachment theory informed my study by providing a possible theme to follow when examining the data.

The sexual health model is the other main theory that I used to support and inform this study. As researchers investigated methods for HIV prevention, a correlation was found between an increased report of sexual self-esteem and a higher frequency of condom use (Boldero, Moore, & Rosenthal, 1992). Robinson, Bockting, Rosser, Miner, and Coleman (2002) developed the sexual health model to understand the complex components of human sexuality and sexual behavior, initially in the context of HIV prevention. The sexual health model contains ten main components including (a) talking about sex; (b) exploring cultural and sexual identity; (c) understanding sexual anatomy functioning; (d) access and importance of sexual health care and safer sex; (e) challenges within sexuality; (f) body image; (h) masturbation and fantasy; (h) positive sexuality; (i) intimacy and relationships; and (j) spirituality (Robinson et al., 2002). The sexual health model offers a broad way to understand and explore sexuality.

Nature of the Study

A quantitative inquiry is useful when examining the frequency of behaviors with a larger population (Widsom, Cavaleri, Onwuebuzie, & Green, 2012). A qualitative design is beneficial to research when analyzing specific questions and when limited data exist on a topic (Wisdom et al., 2012). I used grounded theory to explore the three research questions identified previously. I used thematic analysis to analyze the data. I examined

the open-ended questions asked in the survey. I coded and analyzed the responses from participants based on the categories revealed through the coding. As previously mentioned, the literature on the ABDL population is limited, and a mixed-method design allows the researcher to gather valuable information.

Definitions

The definition of *atypical sexual behaviors* can be complex. Many atypical sexual behaviors have been identified as mental health disorders. Yet, Moser (2011) offered an alternative to understanding atypical sexual behaviors by applying a social construction model. Basically, all sexual behaviors may be typical, and the cultural view of the behavior is what makes them atypical (Moser, 2011). Fetishism is one of the mental health disorders that classifies atypical sexual behaviors. Specifically, the criteria for a fetish includes at least a 6-month time frame of a recurrent or persistent experience of sexual arousal, behaviors, and fantasies that include nonliving objects (American Psychiatric Association, 2013). Previous research lists most of the individuals with a fetish as males, and common fetish materials include clothes, body parts, or objects (Darcangelo, 2008). Adult baby role play behaviors include, but are not limited to, wearing diapers, crawling, playing with baby toys, using a baby bottle, wishing to be a baby, using a pacifier, or sleeping in a crib (Hawkinson & Zamboni, 2014). Diaper lover role play behaviors include wearing diapers voluntarily. The combination of these two groups is referred to as ABDL.

Assumptions

I operated with the assumption that individuals considering themselves to be ABDL are acting within a normal range of expression of human sexuality. The possibility

that ABDL behaviors are only as deviant as the culture views them as deviant was another key assumption of the study. Moser (2005) suggested that the process of naming certain sexual behaviors as deviant is a method of controlling and marginalizing certain populations. Finally, I assumed that the voice of often stigmatized and misunderstood populations is valuable for promoting social change.

The scope of the study included gaining an understanding of how individual participants experience their ABDL behaviors. In addition, questions of how subgroups within the community compare will allow clinicians to more effectively work with the ABDL population. The population included in my study is specific to individuals in the ABDL community. Thus, the results of the proposed study may be generalized to other atypical sexual behaviors, yet the specific research questions addressed in the study may be a limitation.

Limitations

A limitation to the study includes limitations inherent in using an archival data set. Specifically, the questions asked in the initial data acquisition limits the type of questions that I could explore. In addition, this research is specific to a population of people participating in ABDL behaviors and may not be generalized to any individual with a different sexual preference. Finally, the process of coding data may be biased by the individual coder. I made attempts to minimize the effects of this limitation.

Significance

Many scholars argue that Americans live in an overly sexually repressed culture in the United States (Liu et al., 2015). With this investigation, I normalized the variety that exists within the human sexual appetite. Continuing to expand the research in the

field of sexuality has the potential to challenge the silence in the United States around issues of sexual health.

The ABDL population is a minority population (Hawkinson & Zamboni, 2014). Using the results of this study can facilitate social change by bringing awareness to this population from a perspective of sexual health. Increasing awareness of sexual diversity and how diversity itself is not inherently pathological will lead to greater acceptance and respect of sexual minorities. In addition, results from this study may allow mental health professionals to learn more about a commonly stigmatized population. Pate and Gabbard (2003) reported that clients appear in the offices of professionals that challenge cultural and clinical understanding. The lack of literature on sexual minorities to help clinicians conceptualize treatment provides further difficulty (Pate & Gabbard, 2003). With this study, I contribute to the literature and offer health care professionals more accurate information about ABDL persons, minimizing or eliminating personal biases or assumptions that could interfere with their ability to provide quality care to minorities.

Summary

In this study, I expand and further research on the ABDL community. In addition, I provide information to clinicians regarding the etiology of these behaviors based on self-reports from a large sample of participants in the community. The sexual health model and attachment theory are key components that grounded my study. The importance of research on sexual minority populations continues to grow as visibility increases and culture expands for acceptance. Social change can occur as professionals have increased access to information on sexual minority groups from a general population sample. This research adds to the current literature by including general

population participants as opposed to the institutionalized individuals used in previous research. In Chapter 2, I will explore the existing literature on the ABDL community.

Chapter 2: Literature Review

Current research on sexual minority populations is lacking. Medical health, mental health, and social science professionals have historically viewed sexual minority populations through a pathological lens (Wignall & McCormack, 2015). Researchers have investigated sexual minority groups as they appeared in an institutionalized population, or a population already seeking care for other mental health or medical concerns (McCormack, 2014). Further, Irvine (2014) reported that stigma continues to exist for researchers investigating sexuality that may hinder more rigorous studies.

My purpose in this study was to investigate a sexual minority population using participants from an online community sample. I focused on the perspective of participants involved in the ABDL community as opposed to the view of the treating professional. In this chapter, I provide a synopsis of the current literature on ABDL individuals and related research that I examined about the etiology of their behaviors, wishes, and desires.

Literature Search Strategy

In this review, literature searches included specific search engines of PsychArticles and PsychInfo. Because the activity of the ABDL community is an esoteric topic, and many words exist to describe this population, I used a variety of keywords in the literature search. Key terms searched included *adult baby diaper lover*, *fetish*, *bondage discipline sadism masochism* (BDSM), *love maps*, *attachment*, and *deviant sexual behavior*. Infantilism is a type of paraphilia, or recurrent, intense sexually arousing fantasies urges or behaviors, which I included in the literature search as well. The terms that I used to explore the ABDL community and ABDL behaviors may not have been

exhaustive as a universal definition for this group of individuals and behaviors has yet to be found (Oronowicz, 2016).

The research on fetish behavior, and infantilism specifically, originates in the 1950s and connects epilepsy patients with fetishism (Mitchell, Falconer, & Hill, 1954). In addition, researchers investigated mental health concerns and the connection with nontypical sexual behaviors (Kafka, 2010a). A significant contribution to the literature on deviant sexual behavior, completed by Money (1986), explored love maps, or the way that individuals learn about what a lover or romantic partner will provide them.

One of the more recent investigations into the ABDL population comes from researchers Hawkinson and Zamboni (2014). These authors sought to explore the online community of individuals who participate in ABDL behaviors. One of their goals in the study was to provide a description of ABDL participants from the general population (Hawkinson & Zamboni, 2014). The authors also aimed to gather information on attachment styles, mood, types of ABDL behaviors, and relationships to begin to explore etiology of ABDL behaviors. Results from the study suggest that some male and female participants validate a connection between attachment styles and ABDL behavior. For example, some male participants reported that their ABDL behavior might be connected to anxious attachment style as evidenced by a small correlational significance (Hawkinson & Zamboni, 2014). Further investigation into the etiology of ABDL behaviors was suggested by Hawkinson & Zamboni (2014). Even the most current researchers have only begun to investigate the ABDL population from the lens of sexual health and attempt to understand ABDL behavior within the context of typical sexual functioning.

Theoretical Framework

Sexual Health Model

Two significant theories that influenced this study include the sexual health model and the theory of love maps. Robinson et al. (2002) created and used the sexual health model to provide researchers and professionals with a holistic sexual health lens to use with HIV prevention. This sexual health theory allows professionals and individuals to assess and explore the following topics: talking about sex, culture, sexual anatomy and functioning, sexual health care and safe sex, challenges to sexual health, body image, masturbation and fantasy, positive sexuality, intimacy and relationships, and spiritually (Robinson et al., 2002). Despite primary care being the preferred place for sexual health to be addressed, patients report they are not asked about the topic and providers report they do not want to "open a can of worms" (Gott, Galena, Hinchliff, & Elford, 2004). This dynamic does not allow for adequate sexual health care that involves safer sex practices or sexual anatomy and functioning to be explored with accurate information (Gott et al., 2004). Authors more recently have noted the discrepancy in what patients want and providers offer regarding sexual health care (Coleman, 2010). Thus, a movement has begun to encourage health providers to facilitate conversations with patients using the sexual health model (Coleman, 2010; Robinson et al., 2002).

A variety of studies have been conducted validating each category of the sexual health model and why each component adds value (Ahrold, Farmer, Trapnell, & Meston, 2011; Robinson, Munns, Weber-Main, Lowe, & Raymond, 2011; Zamboni & Crawford, 2003). The sexual health model allows for the idea that human sexuality is more than genitals and behavior. Rather, sexuality is a culmination of many pieces of life. The

influence of factors such as culture, fantasy, spirituality, and relationships suggests that human sexuality is complex.

Sexual Deviance

Sexual behavior that falls outside the socially constructed norm often has been classified as deviant sexual behavior (Laws & Donohue, 2008). Some authors have suggested that an error exists in how deviant behavior is classified of societal value systems (Money 1984; Moser 2005). For example, the history of research on deviant sexual behavior has been focused on forensic presentation and mental health diagnoses (Money, 1984; Moser, 2005). It may be incorrect or incomplete to classify behaviors based solely on the standards of societal value systems. Money (1984) reported a discrepancy in the literature due to lack of attention paid to the etiology of sexual behaviors. Instead of exploring etiology, many of the researchers prior to the 2000s focused on the negative outcomes of deviant sexual behaviors. A brief review of the wide experience of human sexuality will illuminate a variety of sexual experiences, practices, and behaviors (Moser, 2005).

Individuals have tried to explain the origins of sexual practices from both biological and mental health perspectives (Epstein, 1961; Mitchell et al., 1954). During the past 150 years, a variety of sexual preferences, desires, and behaviors have moved from being classified as pathological activities to nonpathological behaviors that are part of typical human behavior (De Block & Adriaens, 2013). This shift demonstrates the struggle that the mental health community has experienced in trying to understand sexual behavior. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; American Psychiatric Association, 2013) listed *sexual deviance* or *fetishism* as

characterized by at least 6 months of recurrent, intense sexual fantasies, urges, or behaviors that are sexually arousing. The object of these fantasies urges or behaviors can be living or nonliving (American Psychiatric Association, 2013). Researchers in Canada explored sexual deviance using a self-report questionnaire on 1,500 adults in the general population (Joyal et al., 2014). Results of the study revealed most men and women have fantasies that would be considered deviant based on the current version of the *DSM-5*. Researchers revealed fantasies and behaviors that have been considered deviant are more common in the general population than previously thought (Joyal et al., 2014).

Fetishism is another term used in reference to sexual behavior that does not fall into the category as typical or normal sexual behavior. Historically, fetishism includes sexual fantasies, urges, or behaviors connected to objects such as particular clothing items, types of fabric, vehicles, or any other object (Kafka, 2010a, 2010b). Further, fetishism has been associated and reported mainly in males (Darcangelo, 2008). Researchers have attempted to understand fetish behavior from a variety of perspectives including psychoanalytic (Freud,1961), biological (Epstein, 1961; Mitchell et al., 1954; Waismann, Fenwick, Wilson Hewett, & Lumsden, 2003), and behavioral explanations (McConaghy, 1974; Rachman & Hodgson, 1968). An area less explored by scientific investigation is cultural and social influences on sexual preferences. Specifically, the cultural and social rules around particular behaviors or meaning associated with certain objects may have an influence on the sexual association and preference of an object or behavior (Baumeister, 2000).

In this study, I used the idea that fetishism exists as part of the normal range of sexual expression and thus consistent with the wide variety of human expression as

opposed to the pathological view offered by some previous research (Epstein, 1961; Freud, 1961; Mitchell et al., 1954; McConaghy, 1974). Behavior defined as atypical is classified as atypical because it is based on the historical and potentially flawed definition of typical behavior as defined by society (Moser 2005). Moser (2005) suggested that the process of defining certain sexual behavior as deviant has been an effort to control sexual behavior based on social morals and values. Further, Moser (2005) offered the radical suggestion of removing all the paraphilias from the *Diagnostic and Statistical Manual* because the researcher argued that sexual behaviors vary by culture and change with time as well as in the course of an individual lifespan.

Adult Baby Diaper Lover

As previously noted, fetish or deviant behavior can present in many forms. I focused on the specific behaviors of voluntarily wearing diapers and/or engaging in a role play that involves pretending to be an infant. In the ABDL community, the AB represents adult babies, or individuals, who desire to be a baby and play as infants. The DL refers to individuals who wear diapers and may not engage in any other baby-like behaviors. These types of behaviors, or relational engagements, have been defined by Money (1986) under the terms *autonepiophilia* or *paraphilia infantilism*. Role play behaviors can include, but are not limited to, wearing and using diapers, using a baby bottle, sleeping in a crib, engaging in play with baby toys, using baby talk, crawling, fantasizing about being a baby, and desiring to be taken care of by a caregiver, or receiving the unconditional love and acceptance from a caregiver. These types of behaviors have been classified by more recent investigations as adult baby syndrome (Pate & Gabbard, 2003). Another categorization used to describe these types of behaviors in the fourth edition of the

Diagnostic and Statistical Manual (American Psychiatric Association, 2000) was *infantilism* listed under *masochism*.

Previous researchers on these specific behaviors have examined diaper wearing by providing case studies (Malitz, 1966; Bethel, 1974; Tuchman & Lachman, 1964). Tuchman and Lachman (1964) reported on an individual who wore rubber pants (diapers) on a regular basis at the age of 29 years. This individual would also masturbate while wearing the rubber pants and use them to urinate in (Tuchman & Lachman, 1964). In 1966, Malitz investigated a male who would use diapers to defecate and masturbate to orgasm at the age of 20 years. Another examination of diaper wearing behavior was from a 17-year-old that not only wore diapers to masturbate in but also engaged in other baby-such as behaviors such as eating baby food and drinking milk from a baby bottle (Dinello, 1967). Yet another case study examined an individual who wore diapers to masturbate in and drank from a baby bottle as well as wore women's wigs (Bethell, 1974). This case differed from another report because the individual under examination had brain damage. Similarly, Pandita-Gunawardena (1990) also briefly explored the case of an 80-year-old man who engaged in baby behavior and had desired to be a baby. The researchers stated that there may be a connection to a brain injury the individual experienced at age 6 years. Sanders (1997) explored a case of an individual who liked wearing diapers, defecating in them because of the sexual feeling of the feces on his body. This individual also had a psychiatric and criminal history including sex offenses against his younger sister and her friend.

Some similarities exist in these studies such that the participants exhibited mental health issues along with ABDL behaviors. This pattern demonstrates that researchers

have not explored data in community samples that participate in ABDL behaviors. In addition, these case studies involved participants who were exclusively male. These studies are consistent with *DSM-5*, stating most participants in sexually deviant behavior are males (American Psychiatric Association, 2013).

Recent studies have reported on males participating in behaviors consistent with Adult Baby Syndrome. For example, Croarkin, Nam, and Waldrep (2004) examined a 32-year- old male who had been experiencing recurrent and intrusive thoughts of wanting to be a baby since the age of seven. The participant reportedly kept the thoughts and behaviors a secret for a long time and wanted to wear diapers, crawl, and generally be a baby. These behaviors and desires were not related to sexual pleasure, according to the participant (Croarkin, et al., 2004). Finally, the participant was also struggling with obsessive-compulsive disorder and a history of depression with a suicide attempt (Croarkin, et al., 2004).

Another case report that resembles Pate and Gabbard (2003) is a report by Evciman and Gratz (2006). These authors wrote about a participant that not only enjoyed sucking on a pacifier, eating baby food and drinking out of a baby bottle, but also enjoyed sleeping with a baby blanket and wanting to be a baby in general. The participant had a history of physical abuse throughout his childhood and experienced sexual abuse at age 15 (Evcimen & Gratz, 2006). The participant also experienced visual and auditory hallucinations that, when effectively treated, had no impact on the participants' desire to be a baby (Evicman & Gratz, 2006). The entire picture of the participant is not one of wellness. It is worth noting this case study is enveloped in mental health issues, and the sexual behavior is viewed as another layer of problematic behavior. This case was

consistent with Croarkin, et al. (2004) as the participant made no connection between sexual enjoyment and the desire to be a baby. Other research conducted by Lehne and Money (2003) followed an individual that was punished for bedwetting by being made to dress as a girl and wear diapers in public. The authors of the study suggested this punishment experience and others played a significant role in the etiology of the paraphilia behaviors (Lehne & Money, 2003). The love map theory would explain this connection of a traumatic experience from being punished for a way of understanding romantic relationships in adulthood. To add another layer to the complexity of sexuality, sexual behaviors that include diaper wearing may occur within individuals who have no desire to be a baby or even act in baby-like behaviors. For example, another case study explored an individual that used a diaper for sexual arousal and masturbation as well as urine and feces, yet did not engage in any other baby behaviors (Caldwell, 2008).

Authors Hawkinson and Zamboni (2014) conducted one of the first studies on the ABDL community with a large, nonclinical sample. The study examined a variety of ABDL behaviors, attitudes toward parents, attachment style, and mood states. Additionally, the study explored the ABDL community from a place of wellness and not solely in the context of other mental health concerns. Results largely indicated ABDL behavior may be a part of sexual relationships and personal pleasure as opposed to a problematic (Hawkinson & Zamboni, 2014). Additionally, results offered support for the idea that two subgroups exist within the ABDL community: participants that are engaged in ABDL for the role play and participants engaged for the sexual play (Hawkinson & Zamboni, 2014). The researchers also noted differences between the sexes in regard to when ABDL practices began; males reported interest in ABDL behaviors as well as

participating in ABDL behaviors at a younger age as compared to females (Hawkinson & Zamboni, 2014). The qualitative data collected from the Hawkinson and Zamboni (2014) study was not used in this report, and the authors suggested valuable information may be gained by exploring that data.

Despite the more recent publications, the literature is limited regarding adult babies or fetish behaviors that involve diapers. The internet offers a bit more information regarding the variety of adult baby and diaper sexual play, as well as role play of baby/caregiver relationships. One of the most common names these internet groups are called is ABDLs. Because of limited research on the ABDL population and the prevalence of the ABDL population being examined from a stigmatized and pathologized framework (Moser, 2005), the proposed study will examine the ABDL behaviors and attitudes using a non-psychiatric sample from the online ABDL community. Specifically, questions will seek to learn from the perspectives of community participants regarding how participants view the etiology of their ABDL behaviors.

Current Etiological Theories

Previous research has examined the etiology of deviant sexual behaviors from three main perspectives including biological, sociocultural and psychological. Love maps are a cornerstone psychological theory developed by John Money (1984). The love map theory provides a method for understanding how and why individuals are drawn to specific people or ways of behaving in sexual and romantic relationships. Love map development has been likened to language acquisition as a way to understand the combination of personal experience and neutral template in the brain to organize sexuoerotic, or sexual and erotic, fantasies and behaviors (Money, 1988). Both language

development and love map development both require maturation during the embryonic and fetal stages of life, and further development occurs as information from the environment is gathered through the senses (Money & Pranzarone, 1993).

Money (1988) has categorized four different types of love maps: normophilic, hypophilic, hyperphlic and paraphilic. A normophilic love map is based on the match between the dominant authoritative definition of eroticism and individual sexual interests. Thus, if an individual's sexuoerotic interests fall in line with mainstream ideas about sexuality and are not dependent on a partner or object it is normophilic (Money & Pranzarone, 1993). Hypophilic love maps are incomplete or insufficient love maps, and an individual can work to develop these. Hyperphilic love maps are also considered too dominant or prevalent. In contrast, Money (1988) described paraphilic love maps as peculiar or deviant as compared to the social norm or current medical understanding.

Individuals that have paraphilic love maps may have developed them from either sexual or non-sexual childhood experiences that resulted in genital arousal (Money, 1988). Love maps can be impacted by childhood stresses. Money and Pranzarone (1993) classifies specific sexual stressors as falling into one of four categories. These love map injuries can include neglect of sexual learning, sexually abusive punishment and humiliation, premature sexual exposure before it is developmentally appropriate and coercion of children into age-discrepant sexual rehearsal play (Money & Pranzarone, 1993). The love map theory may provide insight toward ABDL behavior in connection with early experiences in life and connection with others in adult life.

The biological perspective suggests paraphilia might be the result of experiences that alter the way information is processed and stored in the brain (Balyk, 1997). The

brain encodes traumatic experiences and demonstrates biochemical changes in the brain that are connected to a temporal lobe function (Balyk, 1997). For example, the temporal lobe is the location in the brain responsible for processing emotions such as fear, novelty, reward, and anxiety. The temporal lobe responds to serotonergic transmitters differently after being exposed to trauma. Additionally, Balyk (1997) has examined patients with temporal lobe abnormalities and noted the patients exhibited hypersexuality (Balyk, 1997) like those that had experienced trauma. Another biological theory supports the treatment for fetish behavior is a temporal lobectomy. Wise (1985) reported removing part of the temporal lobe would eradicate the fetish.

The attachment relationship between mother and child has also been cited as the main contributor to the development of paraphilia (Siskind, 1994). For example, the parental figure must present self as a firm, dependent authority to the child for the child to branch out and begin to own their body and behaviors (Siskind, 1994). Specifically, the transition from the diapering experience of being a baby to using the toilet and taking responsibility for one's own body can be difficult and provide an opportunity for becoming fixed on an item or process associated with safety such as diapers (Siskind, 1994). Other researchers suggest the experience of childhood sexual abuse, or feeling guilty about masturbation, or having rigid parents can result in risk-taking and thrill-seeking behavior in the form of a paraphilia (Furnham & Haraldsen, 1998). An insecure attachment, as the result of dysfunctional parenting, may result in lack of self-worth or ability to maintain healthy peer relationships (Maniglio, 2012). In the absence of peer relationships and confidence in self, it has been suggested the development of a paraphilia is an effort to cope with a lack of connection with others (Maniglio, 2012). The

psychological theory states early relationships and early sexual experiences are the biggest contributor to the occurrence of paraphilia (Furnham & Haraldsen, 1998). For example, Lehne and Money (2003) specifically name experiences before the age of 8 that influence the development of a paraphilia to include diaper wearing as a punishment or shamed by being called a baby. Individual responses vary to the punishment of diaper wearing and some individuals report no experience of sexual arousal with the diaper and some do (Lehne & Money, 2003). It is worth noting that more recent research has not supported this theory (Hawkinson & Zamboni, 2014).

Other etiological theories combine the influences of biology and psychological experiences. Walters (2007) report both biological functioning as well as relationships and environment influence the development of most paraphilias. For example, an individual may experience an early childhood trauma resulting in an altered ability to process information in the brain as well as impact relationships in the individuals' life. Freund and Kuban (1993) also name both biological and psychological influences on paraphilia as well as the idea that paraphilia is most notable at puberty. The age range of first ABDL experiences is in adolescence and males tend to cite an earlier experience as compared to females (Oronowicz & Siwak, 2016). Many researchers that have explored paraphilia and specifically ABDL behaviors suggest further investigation into etiology of these behaviors.

Summary and Conclusions

The literature has examined individuals that participate in diaper wearing and baby-like behaviors and interactions from a perspective of pathology. Also, current literature is lacking information from many participants that practice ABDL behaviors.

Given the lack of literature and need for more informed professionals, this study sought to provide information on the ABDL community from a perspective of sexual health. The study examined the etiological theories of ABDL behavior based on the report of individuals engaged in the ABDL community. The study gathered information from participants in the ABDL community to compare and contrast perceptions of etiology of ABDL practices. The methodology for assessing the data will be explored in the following section.

Chapter 3: Method

Research Design and Rationale

In this study, I used a qualitative method using archival survey data. Responses to an online survey allowed access to a nonclinical sample of participants rarely investigated. Responses to the survey included open-ended questions regarding the etiology of ABDL behaviors. The focus on the opened-ended questions is a key component to understanding the participant view of ABDL behaviors as participants first respond to a scaling question and then are invited to add additional comments. Questions from the beginning of the survey included demographic information, and this information is reported (Hawkinson & Zamboni, 2014).

Setting and Sample

I also used archival data; thus, the participants and procedures have been detailed in other papers (Hawkinson & Zamboni, 2014). I explored data from an online sample of individuals involved in the ABDL community. I recruited participants by posting advertisements for the survey on ABDL community websites such as diaperspace.com, bedwettingabdl.com, and disc.org. Participants were not incentivized for taking the survey and did need to navigate away from the community website to access the survey. To protect the identity of participants taking the survey, no identifying information or IP addresses were collected. The participants gained access to the survey by clicking on the link in the advertisement, reading a consent form, and agreeing to participate. To participate, they had to verify that they were at least 18 years old. The survey was available to participants for 8 weeks in June 2011 and July of 2011. In total, 2,849 individuals clicked on the link to take the survey. Sixty-nine participants were not

included due to not being 18 years old, and six were not included because of not consenting to the study. Also, 353 participants completed only the consent and age form, and 404 participants provided only demographic data and were thus eliminated from the study. The final number of participants was 2,012, including 1,795 males; 139 females; and 78 transgender individuals. The age of participants ranged from 18 years to older than 80 years.

Measures

Participants provided demographic information including their age, gender identity, sexual orientation, number and gender of parents growing up, and number of siblings. In addition, participants shared about their education level, current job, length of time at their current job, and income (Hawkinson & Zamboni, 2014). The original survey consisted of 80 questions, I examined a subset of the original items. A list of the questions is included in Appendix A.

Survey Questions

Participants indicated the age they started to practice ABDL behaviors by selecting their age and then invited to comment. Participants responded to six different questions to explore their perceptions on the etiology of ABDL. These questions asked participants to indicate their agreement with the following statements: "I was born with my sexual interested in ABDL; I was born with my sexual interest in ABDL; I learned my sexual interests in ABDL; ABDL interests are related to something in childhood; ABDL interests are related to toilet training." The response scale for each of the five questions was a 7-point Likert-type scale (ranging from 1 = strongly disagree to 7 = strongly agree). Then participants commented on each item. A sixth question simply

asked for an open response to the following query: "For most people, where do you think ABDL interests come from?"

Data Analysis

Thematic analysis was used to analyze the qualitative responses from the archival data. Thematic analysis offers a descriptive process for working with the data in the open-ended responses (Braun & Clarke, 2006). Grounded theory also offered a useful frame to understand themes discovered from the open-ended responses (Braun & Clarke, 2006). A single coder employed inductive reasoning to create themes, taxonomy, and theory (Bradley et al., 2007). I present the themes that emerged from the coding and specific examples from the data provided. Participant responses were allowed to be counted toward multiple themes, and the responses that could not be coded were put into their own category. In this study, I report the mean age of first practicing ABDL behaviors, and I offer gender identity and age of the quotes that I used to illustrate themes that I found in the data. In addition, I compared and contrasted the themes that presented from the data to existing theories of paraphilia in the literature. I focused both on the qualitative comments from participants as well as some of the demographic data collected.

Threats to Validity

The results of the study are intended to learn more about a population not often explored. The methodology of using grounded theory to code the data is a strength, because the definition of *validity* is the truthfulness of the findings (Whittemore, Chase, & Mandle, 2001). Methodology alone is not the best indicator of validity, and the combination of the methodology and the types of data can be considered a strength. For

example, the data for the study consisted mainly of participant comments to partial open-ended questions. The data came directly from the words of the participants. Something to consider is how the aforementioned strength might also be a weakness for validity. For example, I present the coding in the study, which might be a weakness. Koss and Gidycz (1985) reported that participants may not want to share information, in particular, sexual information, deemed culturally shameful or bad. The participants were recruited through websites focused on the specific population I aimed to examine, which may have helped to minimize this effect. All participants in the ABDL community may not frequent online community websites; thus, all the data may not be generalizable to the ABDL community as a whole. Participant fatigue may also be an issue because not all participants provided comments.

Ethical Considerations

The survey was available online for 8 weeks. No identifying information was collected from the survey, and participants only needed to validate they were 18 years of age or older. The IP addresses were not collected. Participants of the study could remain anonymous by conducting the survey in this manner. Buchanan and Hvizdak (2009) reported that the use of online survey for research is on the rise and is a significant ethical consideration pertaining to the collection of identifying information. In addition, an important ethical consideration is to protect participants from harm (Buchanan & Hvizdak, 2009). Participants received no benefit from participating in the study, and advertisements for the survey were placed on community websites. The data used that I used in this study came from archival data from a previously IRB-approved research study.

Summary

The ABDL community is a sexual minority population with limited research to date. I examined the participants' perceptions of the etiology of ABDL behaviors from the perspectives of a community sample of ABDL participants. I used the qualitative methodology of grounded theory to organize and understand the data collected. Participant-driven etiological theories of ABDL behaviors were compared to existing theories of paraphilias. The threats to validity and ethical concerns have been reviewed. The potential for social change is reflected in sexual minority group, the ABDL population, being given a voice in the clinical literature. In Chapter 4, I categorize and explore the results of the study.

Chapter 4: Results

Introduction

My purpose in this study was to learn more about the ABDL community from the perspectives of ABDL community members. Archival survey data was examined; specifically, responses to open-ended questions were coded. One of my aims in this study was to gain an understanding of the ABDL population from a community sample of individuals. In particular, the perception of the etiology of ABDL behavior for this population was of interest to me. Next, I detail the results of the qualitative analysis.

I used thematic analysis to analyze the qualitative responses from the archival survey data. *Thematic analysis* is a descriptive approach to working with qualitative data and is used when researchers want to identify themes and patterns in qualitative data (Braun & Clarke, 2006). I was the only coder to read the responses of the participants and identify themes in the data. The first of the six steps of thematic analysis consisted of preparing the data and familiarizing myself with the data (Norwell, Norris, White, & Moules, 2017). The data were moved from spreadsheets to a word document and organized by survey question. I had ideas about potential themes that might emerge from the data based on previous literature. For example, the theory of love maps as presented by Money and Pranzarone (1993) offered the idea that love map injuries can result in paraphilia. Love map injuries could include neglect of sexual learning, sexually abusive punishment or humiliation, sexual exposure before it is developmentally appropriate, and coercion of children into age-discrepant sexual rehearsal play (Money & Pranzarone, 1993); thus, I was alert for each of these themes.

The second step of thematic analysis includes reading the text and making notes to establish initial codes (Norwall et al., 2017). The second phase consisted of a process of interacting with the data to begin to understand what types of categories exist. I excluded responses such as a symbol or a single letter. I was blind to knowing whether the responses to the open-ended survey questions came from a participant who identified as an adult baby (AB) or a diaper lover (DL). I did have a shorthand code from the original data set that corresponded to the survey question.

All of the responses from participants were hand-coded using paper printouts of data and colored pens. Each theme that emerged received a letter code and one of seven colors. Initially, I planned to go through all of the data and code for one theme at a time starting with the first theme I noticed. The third stage of thematic analysis was when the themes became quite clear. After a few passes through the data and I moved to a process of coding each response as I read them because the responses mostly fell into clear categories. I sorted the data twice using a piece of colored paper to cover my initial codes to test the clarity of the themes. In a few instances, it was necessary to allow one response to fall into two categories as the response contained two themes.

The fourth step in thematic analysis is revising the themes. During this phase, I reviewed the codes and was able to eliminate a couple of codes by combining a theme. Braun and Clarke (2006) suggested the process of coding is an organic process and will continue to evolve with each interaction with the data. In this step of working with the data, the themes were becoming clearer and more refined. One or two of my codes was broad and could have been more clearly defined. For example, instead of "abuse in childhood," I was able to be specific and state "sexual abuse in childhood," or "physical

abuse in childhood," or "emotional abuse in childhood." The challenge in coding, according to Braun and Clarke (2006), is to be specific enough with themes to accurately reflect the details of the data as well as simplify the data into general themes.

The fifth step included the process of naming and describing each theme that has emerged from the data (Norwell et al., 2017). I named most of the themes based on the story of the theme. I did have one theme named "miscellaneous" for each survey question to be a theme for a handful of responses to fall into, because they were a single response that did not fit into any other theme. The final stage of conducting thematic analysis is the reporting stage. The process of coding is to be described and detailed to provide a story for readers to follow in an effort to create trustworthiness (Norwell et al., 2017). in addition, I present a mix of raw data and themes to others in this phase of thematic analysis (Norwell et al, 2017). I present each theme along with examples of responses that fit into each theme. The inclusion of examples from the raw data will offer insight into the theme that emerged from the data. I also present the themes, examples of the themes, and the connection of the themes to previous literature.

Each survey item asked participants to respond to a closed-ended question regarding their ABDL practices and their thoughts on those practices. Participants were then given the option to write additional comments. Participants may have chosen to write comments about one survey item but possibly not the others. The final sample included 1,795 male; 139 female; and 78 transgender participants, but only a subset of the sample provided qualitative data. The age range of participants spanned from 18 years to older than 80 years (M = 30.7, SD = 12.36).

Participants responded to the quantitative questions using a 7-point Likert-type scale ranging from 1= strongly disagree to 7 = strongly agree. I offer the results of those responses in an upcoming table. The mean and standard deviation from survey questions about being born with sexual ABDL interests and learning ABDL sexual interests suggest a lot of variability in the responses. The survey question involving childhood influences on ABDL interests demonstrated more agreement and still a lot of variety in the response. Finally, the survey question asking about toilet training offered more disagreement and less variability in the responses.

I organized the results by survey items and the themes for each item presented with examples of each. The first research question relates to all of the survey items. Five of the survey items pertain to the second research question. The third research question is related to two survey items. I will present the coding for all of the survey items involved in this study.

Begin to Practice ABDL

The first survey question coded was, “At what age did you start to practice AB/DL behaviors? (Please exclude infancy when these behaviors were regulated by parents or caregivers).” Many (n = 2,017) participants responded to the quantitative component of the question and 372 participants provided a qualitative response. The most common theme was having access to diapers (n = 97). This particular theme included participants that named they found diapers at a relative’s house or had a younger sibling in diapers or would steal diapers from children they would babysit (see Table 1, Comments 1-4). The second most common theme was participants naming the beginning

of their ABDL behaviors occurred when they had independence or were on their own (*n* = 81).

Table 1

Themes in Response to the Idea That Participants Were Born With Sexual Interest in ABDL

Not born, but as long as I can remember (*n* = 33)
1. “I wasn’t born with it but was aware of my interests at a very early age (4).” (Male, age 29 years)
2. “I always knew there was something about diapers that drew me to them.” (Male, age 38 years)
3. “I’ve had them for as long as I can remember.” (Male, age 30 years)
Independent/on my own (*n* = 81)
4. “Started riding my bike to the pharmacy to purchase adult diapers and began wearing them and stashing them in my parents’ home.” (Male, age 25 years)
5. “When I was 13 I got the courage to go and buy my first lot of diapers, I’ve been wearing them on and off ever since.” (Male, age 20 years)
6. “Once in my own accommodation, providing necessary level of discretion required.” (Male, age 23 years)
Made diapers/makeshift diapers (*n* = 54)
7. “I would wear multiple pairs of underwear or put towels into my underwear to simulate diapers.” (Gender fluid, age 27 years)
8. “Began making makeshift diapers out of plastic bags and paper towels.” (Male, age 21 years)
9. “Started wrapping a small blanket up as a diaper a few times. Not much else.” (Male, age 27 years)
Sexual behaviors (*n* = 31)
10. “I had my first orgasm in bedwetter pants.” (Male, age 59 years) (*table continues*)

11. “Started to masturbate to ab/dl focused pornography” (Female, age 20 years)

12. “Fantasizing about girls wetting themselves, wearing diapers, and being treated younger than their age” (Male, age 30 years)

Used to “mess” in (urinate /defecate) (*n* = 28)
13. “I began by wetting my underwear and soiling my pants. I progressed to using towels for this purpose.” (Male, age 45 years)
14. “Began cutting out and saving pictures from diaper ads. Deliberately wet myself when I could get away with it.” (Male, age 29 years)
15.Wetting myself in purpose. Acting like I didn’t know that I went.” (Female, age 18 years)
Wanted to be a baby/nonsexual (n = 28 years)
16. “I truly loved my nightly diapering routine, and morning changes. I asked my mommy to more deeply treat me as a REAL baby girl.” (Female, age 25 year)
17. “This is around the first time I started wearing makeshift nappies. Other infantile behavior came first, but there was no defining point.” (Male, age 28 years)
18 . “Ever since that first diaper I have always wanted to put diapers on again.” (Male age, 19 years)
Internet (*n* = 17)
19. When I (started) hitting puberty, I got quite interested again in AB/DL stuff, especially DL. It started off by reading crazy diaper related stories, then I joined a certain forum called ADISC.org and then I found my way onto DPRtube.com (Male, age 20 years)
20. “I discovered it because of the internet.” (Male, age 18 years)
21. “Read stories online at age 13, but did not start interacting with other ABDLs until age 18. (Male, Age 22)
Comforting and self-soothing (*n* = 11)
22. “Also began gradually, with difficult times in my life making me feel like I wanted to go back (for instance, nursing on a baby bottle was comforting.)” (Gender variant, age 26 years)

(*table continues*)

23. “Two of my best friends were bed-wetters who wore well into their teen years. I was diapered at my ones friend’s house by his father, who I consider a substitute dad for my alcoholic father. Although I usually did not wet, it was a comfort to wear and be held and changed. And no, there was nothing sexual about it for me.” (Male, age 47 years)
Childhood play (*n* = 9)
24. “I was playing with my neighbors baby and mummy.” (Male, age 30 years)
25. “I used to participate in nappy play with my brothers and sisters.” (Male, age 28 years)
BDSM type roleplay (*n* = 7)
26. “My first boyfriend and I never did any AB/DL play, we just discussed it. A while after that, I tried wearing a diaper or two by myself and did not enjoy it at all. I thought I might not really be an AB/DL since I didn’t like diapering myself. Years later, when I was 20, I met my first AB/DL play partner. He played as my daddy. I’ve been finding play partners on and off ever since.” (Female, age 25 years)
27.“My mom tried it as a punishment and it came a routine we both enjoyed.” (Female, age 18 years)
Bedwetting (*n* = 7)
28. “Stopped bedwetting at +/- 17 years but wanted to keep wearing diapers secretly.” (Male, age 61 years)
Medical condition (*n* = 3)
29. “bouts of incontinence are the closest I can apply. No age play at all.” (Male, age 45 years)

Note. A total of 372 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

Participants also named creating their own diapers from items they had access to at home (*n* =54). Items ranged from wearing multiple pair of underwear to rolling up towels and blankets and securing them to their body (see Table 1, Comments 7-9). Another group of participants (*n* = 31) reported they began ABDL behaviors in

association with sexual behaviors. For example, Table 1, Comment 10 states, "I had my first orgasm in bedwetter pants." Two similar sized themes (both n = 28) included participants that began to use diapers to mess and participants wanting to be a baby. The participants that named their ABDL behaviors began because they wanted to be a baby were also clear that their ABDL behaviors were nonsexual. Twenty-four participants provided nonsensical response or a reason that did not fall into a theme. Another group of participants named the internet as a starting point for their ABDL behaviors with some citing specific websites (see Table 1 quote 19) and others generally naming the internet (see Table 1 quote 20). Participants also named their ABDL behaviors in association with the desire to be comforted or as a process of self-soothing (see Table 1 quote 22). A smaller group of participants named their ABDL behaviors to be a part of childhood play (n = 9) and another smaller group named BDSM type role-play (n = 7) as the beginning of their ABDL behaviors (see Table 1 quotes 26 and 27). Bedwetting was another theme named by seven participants and a few participants cited a medical condition as the reason they have used diapers. Finally, four participants provided a qualitative response that they have not begun to practice ABDL behaviors yet.

Born With Sexual Interest in ABDL

Participants were asked if they agreed with the statement that they were born with their sexual interest in ABDL. The mean response was 4.2 (SD=1.8) using the 7-point Likert type scale where higher scores reflect greater agreement. Of the 1,763 participants that provided quantitative responses, 112 participants provided qualitative answers. The most prevalent theme of responses from participants included disagreement with the survey question. Mostly, participants did not believe they were born with sexual interest

in ABDL, but instead their interests have been there as long as they can remember (n = 33). One participant responded they were not born with these interests but can remember having them at a very young age (see Table 2 quote 1). Another response from the same theme included loving diapers for as long as they would recall (see Table 2 quote 3). The second most prevalent theme was participants calling both nature and nurture as significant contributors to their sexual ABDL interests. For example, one participant stated their belief in some of their sexual interest being from birth and some of their interest coming from their life experiences (see Table 2 quote 7). Another participant wrote about how silly it seemed to think their sexual interest in ABDL would not come from both environmental and genetic factors. The same participant noted much of it seemed beyond their control (see Table 2 quote 7). There were 25 qualitative responses that indicated they did not know the answer to this question. Twenty-one participants agreed that they were born with their sexual interests in ABDL. Specifically, a few participants eluded to a genetic link to ABDL interests and suggested if enough research was conducted on this topic a gene would be found linked to ABDL. Participants also referenced childhood memories of ABDL behaviors or interests (n = 20) with one participant almost struggling to accept their own answer linking their ABDL to the age of four (see Table 2 quote 10).

Table 2

Themes in Response to the Belief That Participants Are Born With ABDL Interests

Not born, but as long as I can remember (n = 33)
1. “I wasn’t born with it, but was aware of my interest at a very early age (4).” (Male, age 29 years)

2. “I always knew there was something about diapers that drew me to them.” (Male, age 38 years)

3. “I’ve had them for as long as I can remember.” (Male, age 32 years)

Yes, I was born with my interests in ABDL (n = 21)

4. “I think so. I can’t trace it back to any specific thing that triggered it. It’s more like I’ve always had a general interest.” (Male, age 25 years)

5. “I became ABDL before sexual desires developed, so I guess this is true.” (Male, age 20 years)

6. “I think I was AB/DL from birth.” (Male, age 39 years)

Both nature and nurture contributed (n = 21)

7. “Pretty sure it is either genetics or something acquired through growing up.” (Male, age 26 years)

8. “I presume that my sexual interests resulted from some unknown combination of genetic and environmental factors. I don’t have any doubt that it is beyond my control, but it seems silly to me to suggest that my diaper fetish did no rise in significant part from environmental factors.” (Male, age 21 years)

9. “I think I was born with a basis for it, but circumstance helped craft it.” (Male, age 24 years)

Childhood memories of ABDL behaviors/interest (n = 20)

10. “I think it is absurd. But I had it by age 4. Simple as that.” (Male, age 53 years)

11. “Diapering by babysitter did it for me.” (Male, age 52 years)

12. “I am uncertain. Though this is possible, I believe that I was inspired by seeing another kid wearing diapers who “shouldn’t” have been wearing them.” (Male, age 18 years)

There is nothing sexual about my ABDL (n = 20)

13. “Asexual. Seriously.” (Female, age 28 years)

14. “This has nothing sexual to do with it.” (Female, age 28 years)

No, we are not born with sexual interests or fetishes (n = 18)
15. "I believe that it developed together with my sexual development." (Male, age 58 year)
16. "I have shown signs of AB/DL since I was very little, but I was far too young to attach interests with sexual desire." (Male, age 19 years)
17. "I do not believe anyone is born with this… and there are FAR too many theories out there regarding how and when fetish's form to begin to form an opinion." (Female age, 28 years)
No, ABDL comes from culture, environment or upbringing (*n* = 13)
18. "I believe it was part of my upbringing." (Male, age 41 years)
19. "I believe environmental factors from my childhood are the cause." (Female, age 25 years)
20. "You cannot be born with tendencies that are developed through nurture and environment. (Male, Age 24)
My ABDL is a result of abuse (*n* = 10)
21. "I believe I was sexually abuse as a child." (Male, age 54 years)
22. "I believe abuse is why I seek comfort." (Gender Variant, age 22 years)
ABDL is my identity or orientation (*n* = 5)
23. "I feel that it is something you pick up in your formative years some others I chat with in the community however feel it is a sexual identity you are born with like homosexuality and I kind of agree with them." (Male, age 25 years)
Medical condition (*n* = 2)
24. "I don't know. I had surgery on my penis when I was two and a half and was put back in diapers for it. I have thought it was a likely reason for my obsession." (Male, age 30 years)

Note. A total of 119 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

Another group of twenty participants noted there is nothing sexual about their ABDL interests. Participants in this group were also straightforward in naming the lack of sexuality in their ABDL interests (see Table 2 quote 15). A related, but different group of qualitative responses ascertained they were not born with sexual interest or fetishes (*n* = 18). This theme seemed to challenge the question by offering the idea that humans are not born with fetishes and suggesting that to assume so was a limiting way of thinking. (see Table 2 quote 18). One theme suggests people are not born with sexual interests in ABDL includes it comes from the culture, environment or upbringing. (*n* = 13). Only five responses were coded as miscellaneous out of the 191 qualitative responses.

Sexual Interests in ABDL Are Learned

Another question asked participants about their level of agreement with the statement "I learned my sexual interests in AB/DL." Most (*n* = 1,763) participants responded with a quantitative answer to the survey question. The mean response was 4.2 (SD=1.8) using the 7-point Likert type scale where higher scores reflect greater agreement. Of the 112 participants that wrote a qualitative response, the most common theme was ABDL sexual interests are both innate as well as learned through experience (*n* = 26). For example, one participant reported there could be a variety of instances that mark the beginning of ABDL interests (see Table 3 quote 3). Some participants made clear reference to believing they were born with a predisposition for ABDL some of their ABDL interests developed over time. The second largest group of participants named that ABDL is not sexual (*n* = 17). One participant felt so strongly about this point that they typed their response in all capital letters (see Table 3 quote 6). A third group of participants detailed their ABDL interest were learned from a sexual experience (*n* = 16).

Participants named experiences from puberty, adulthood and the act of wearing diapers as a baby (see Table 3 quotes 7, 8 and 9). Another theme included agreement that their ABDL sexual interested were learned and referenced early childhood as the time frame when they learned (*n* = 10). Other participants simply provided general agreement in their process of learning their ABDL sexual interests (*n* = 10). A few participants identified the internet as where they learned about ABDL but did not note any sexual interest involved (*n* = 3). A participant from the theme of bedwetting (*n* = 3) cited their struggle with wetting the bed later in life to be connected to their ABDL sexual interests (see Table 3 quote 17). Finally, a small group of participants referred to the role of diapers in our culture (*n* = 3) as significantly influencing their ABDL behaviors. For example, the act of diapering an individual is a learned behavior from watching babies be diapered. Some of the response were ambiguous as they did not name sexual interests in the comments and were not included in Table 3. One participant named sexual abuse as the way they learned their sexual interests in ABDL behavior. Ten participants reported they did not understand the question and another 10 participants reported they did not know the answer to this question.

Table 3

Themes in Response to The Idea That Sexual Interests in ABDL Are Learned

Born with and learned (*n* = 26)
1. “I think it can be both nature and nurture. Like I was born with a predisposition toward this and perhaps some very early childhood experiences solidified it.” (Male, age 33 years)
2. “I was born with such interests, but they’ve also been refined over time. So they were both born with me and learned.” (Gender fluid, age 26 years)

3. “I was born with it, but developed some aspects.” (Male, age 37 years)

ABDL is not sexual (*n* = 17)
4. “I didn’t find it that much of a sexual thing.” (Male, age 18 years)
5. “A rather confusing question, but I discovered my sexual feelings for diapers after knowing I enjoyed them without sexual interests.” (Male, age 19 years)
6. “IT IS NOT SEXUAL.” (Male, age 40 years)
Yes, learned from sexual experience (*n* = 16)
7. “The more I participated past puberty, it became more sexual. The urges were constant and when I didn’t indulge in any kind of a way it would stick to my thoughts, often being distracting at times.” (Male, age 27 years)
8. “I imagine they were imprinted on me as my first sexually stimulating experience – I mean they do cover the genitals.” (Male, age 25 years)
9. “While a teen, I found masturbating while in a diaper more gratifying then without it.” (Male, age 51 years)
Yep, developed in early childhood (*n* = 10)
10. “If changing neural pathways at a very young age, an age that I cannot remember is considered learning, then I guess so.” (Male, age 30 years)
11. “Developed at 3 years of age.” (Male, age 33 years)
12. “A fetish is too artificial to have at birth, but I have had this fetish my entire personal and memorable history.” (Male, age 26 years)
Yes, further agreement (*n* = 10)
13. “But like girls/women in panties too!” (Male, age 52 years)
14. “Personally I think a so called trigger event is responsible for creating the fetish. In my case it was a yellow baby powder bottle that drew my attention when I was a little boy. It intrigued me.” (Male, age 22 years)
15. “I think this is more likely.” (Male, age 18 years)
Learned from the internet; no sexual interest notes (*n* = 3)

16. “I don’t think I would have developed as much of an interest had I not seen other people on the internet doing it. I was, however, immediately drawn to it when I found it.” (Male, age 21 years)
No, from wetting the bed as a kid (*n* = 3)
17. “I think it was because of my late bedwetting.” (Male, age 30 years)
Yes, due to the role of diapers in culture (*n* = 3)
18. “Most behavior is learned; as the use diapers is a cultural behavior, then there is no possible answer to the question except yes.” (Male, age 35 years)

Note. A total of 112 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

Interests in ABDL Are Related to Something in Childhood

Participants were asked by survey question number 38 (See Appendix A) to rate the degree that they agreed with the idea that ABDL interests are related to something in childhood. The mean response was 4.8 (SD=1.7) using the 7-point Likert type scale where higher scores reflect greater agreement. Out of the 1,763 respondents to the quantitative aspect of the question, a total of 191 participants provided qualitative responses. The largest theme from the qualitative responses included nonspecific agreement (*n* = 54) including participants that expressed wanting to be in diapers ever since they were out of them (see Table 4 quote 1). Additionally, a participant in this theme stated their earliest memories were ABDL related (see Table 4 quote 3). Participants also named the theme of agreement, and specifically, childhood trauma (*n* = 28). One participant stated it was a result of having an alcoholic father (see Table 4 quote 4) and a couple of participants reported sexual abuse as the specific trauma (see Table 5 quote 5 and quote 6). There were 24 participants that offered the response of I don’t know the answer the question. Twenty participants stated both yes and no, and that it can

vary for each individual. One participant reported some people that enjoy ABDL because they happened upon the practice by accident and others may have been seeking comfort (see Table 5 quote 9). The next largest group of participants responded by sharing accounts of a normal childhood and no links to ABDL (*n* = 18). Five participants responded with nonsensical qualitative responses and were not coded.

Table 4

Themes in Response to the Idea That ABDL Interests Are Related to Something in Childhood

Agreement, nonspecific (*n* = 54)
1. "HAS to be, I've wanted to go back in them since I can recall being out of them. Beyond any sort of logic or feeling of self. AB/DL is extremely unlike me, yet it has always been a part of me." (Male, age 21 years)
2. "My interests have been prevalent even in childhood." (Male, age 22 years)
3. "My earliest memory involves diapers." (Male, age 19 years)
Yes, childhood trauma (*n* = 28)
4. "Abusive, alcoholic father." (Male, age 31 years)
5. "I wet the bed, and my father molested me while I wore my night diapers." (Female, age 19 years)
6. "Child abuse." (Male, age 64 years)
Yes and no; Varies for everyone (*n* = 20)
7. "In my experience conversing with other AB/DLs through various venues, some strongly point to a childhood event which holds some kind of significance to them, and others, like myself, cannot." (Male, age 21 years)
8. "Wore them once when I could remember things at a young age, found great stimulation from wearing them." (Male, age 19 years)

9. “I believe it is different for everyone. Some may have found it by accident and enjoyed it, but others might be trying to find a comfort level that they can recall from infancy.” (Male, age 21 years)

No, I had a normal childhood (*n* = 18)
10. “I don’t think so, at least not for me. I probably had the best childhood one could wish for.” (Male, age 33 years)
11. “I had a very normal childhood, and I can’t think of any catalyst from childhood.” (Male, age 29 years)
12. “I can’t think of anything in my childhood that would have caused this.” (Male, age 58 years)

Yes, punishment for bedwetting or accidents (*n* = 12)
13. “My mother occasionally punished me with a nappy when 5 or 6 for wet patch in pants – only years later did I realize this was a fetish – although cross-dressing was there since I can remember.” (Gender Variant, age 45 years)
14. “I was made to wear diapers for wetting the bed in a hospital. It was a male nurse that diapered me and seem to have liked it from then on. (Male, age 52 years)

Yes, during the transition away from diapers and babyhood (n = 12)
15. “I just remember not wearing diapers and wanting to, this was before my brother was born. I was age 4 when that happened.” (Male, age 22 years)
16. “It started when I stopped using baby stuff which I still wanted to use.” (Male, age 20 years)

Yes, feeling innocent and secure (*n* = 8)
17. Not sure where it comes from. I would guess it has something to do with my enjoying the feeling of innocence.” (Male, age 27 years)
18. “Very debatable. I had a tumultuous childhood but if anything I feel as though I relate diapers to security or a feeling of security. The flip side is that I also find something in them to sexualize, but this sexual attraction only extends as far as I enjoy wearing/using diapers and find myself attracted to women doing the same.” (Male, age 18 years)

Wanting attention (*n* = 8)

19. “Seeing others who got much attention. (Male, age 19 years)
20. “Seeing my younger brother getting love and attention during a diaper change triggered my ABDL tendencies.” (Male, age 22 years)
Potty training (*n* = 7)
21. “It came from wearing diapers as a child and toilet training.” (Male, age 21 years)
22.“I was potty trained late. I think that might have something to do with it.” (Male, age 19 years)
No, it is my identity (*n* = 3)
28. “I believe it is more related to the nature of who I am and self identity rather than nurtured by events.” (Male, age 47 years)

Note. A total of 191 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

ABDL Interests and Toilet Training

Later in the survey, participants were asked if their ABDL interests are related to toilet training. The mean response was 3.7 (SD=1.6) using the 7-point Likert type scale where higher scores reflect greater agreement. Of the total 1,763 quantitative responses, 165 chose to elaborate by adding a written response to this question. Table 5 has the details of the themes gleaned from the data. The most common theme was one of further agreement with the statement that their ABDL interests are related to toilet training (*n* = 55). In general, these responses simply affirmed that the timing, process or method of toilet training is connected to their interest in ABDL (see Table 5, quotes 1 and 3). The second most common theme of qualitative response (*n* = 43) was participants did not believe their ABDL interests were related to toilet training (see Table 5 quotes 4 and 5).

Twenty-seven participants reported they simply did not know if their ABDL interest were related to toilet training. Some participants did not think they could name one reason for everyone and reported toilet training may be related to ABDL behaviors for some, but not all (*n* = 20). For example, one participant responded that the trigger for each individual to become interested or involved in ABDL behavior is different (Table 2 quote 9). Bedwetting was also a theme of responses to this survey question and 13 participants endorsed bedwetting as related to ABDL behavior (see Table 2 quote 10). Six participants denied the relation to toilet training and named another reason for their interest. There were four participants that provided nonsensical responses and were not coded.

Table 5

Themes in Response to The Idea That ABDL Interests Are Related to Toilet Training

Further agreement (*n* = 55)
1. "I was potty trained early, and my parents made me feel guilty about accidents." (Male, age 23 years)
2. "I remember feeling like I had lost something after toilet training." (Male, age 33 years)
3. "I remember being pressured by success-oriented parents, as an only child, to toilet train correctly. There was guilt and shaming involved in my toilet training" (Male, age 33 years)
No, potty training has nothing to with ABDL interests (*n* = 43)
4. "I don't think potty training has anything to do with it." (Gender Variant, age 52 years)
5. "Missing dipaers isn't about toilet training. It is about the diapers." (Male, age 53 years)

6. “My toilet training was uneventful, and my interests were no result of it.” (Female, age 21 years)
Maybe for some people but not all (n = 20)
7. “It is different for every person. For me, I’ve always known.” (Male, age 22 years)
8. “I think they can be caused by a number of things.” (Male, age 21 years)
9. “I believe the particular triggers differes from person to person.” (Male, age 58 years)
Bedwetting (n = 13)
10. “Not sure but for me it was bedwetting that caused it.” (Male, age 38 years)
11. “bedwetter until age 10” (Male, age 55 years)
12. “I wet the bed until 15 and wore diapers nightly.” (Male, age 25 years)
No, it is about something else (n = 6)
13. “For me it is about submitting to a dominant man.” (Male, age 39 years)
14. “It is about feeling safe, exposed and accepted and thereby protected.” (Male, age 39 years)

Note. A total of 165 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

Perception of the Origin of ABDL Interests

Survey item number 40 (See Appendix A) invited participants to provide a response to a question asking about the origin of ABDL interests for most people. Two thousand and eighteen participants responded quantitatively. Of the 1,751 qualitative responses to the inquiry, the largest theme (n = 401) was ABDL interests come from

experiences in childhood. Participants reported a variety of childhood experiences ranging from parenting styles (Table 6 quote 3) to general childhood memories (Table 6 quote 1) to control issues from early childhood (Table 6 quote 2). The second most popular theme (*n* = 330) reported a clear explanation for ABDL interests does not exist. A common sub-theme within this category was participants felt uncertain of their own experiences with the origin of ABDL interests and even more unable to speak for others (Table 6 quote 4 and quote 6).

Table 6

Themes Based on Participant Perception of the Origin of ABDL Interests

Experiences in childhood (*n* = 401)
1. "Early childhood. It is not necessarily because of abuse of any kind, just a strong memory and fixation on that phase of one's life." (Male, age 23 years)
2. "It is hard to say, and as with most things in life I'm sure there is truth on both sides and that examples could be found to support both points. However, I'd say in general AB/DL behaviors are learned that most likely stem from control issues developed in early childhood." (Male, age 18 years)
3. ""I believe that in most people it comes from the nurturing they get in early child-hood. For some, maybe they were babied/mothered for too long into their childhood, and then when it stopped they desired it again. Or, perhaps they were cared for too lit-tle, and feel like something is missing because of it." (Male, age 19 years)
I'm not sure, but ABDL varies for everyone (*n* = 394)
4. "Not sure everyone is a different person and has had a different life." (Male, age 34 years)
5. "It is hard do say, I am not even sure why I like it, I just do." (Male, age 20 years)
6. "I don't know where everyone else got their feelings, even understanding my own can be difficult." (Male, age 21 years)
I was born this way (*n* = 161)
7. "I think you are born with them (Male, age 22 years)

8. “Genetic (Male, age 30 years)
9. “that is an odd question but I personally think that it is like homosexuality that is something you are born with and you cannot help it. I know if I could have chosen I would have not chosen this simply because of the social view that is somehow wrong and is borderline pedophilia that is a very strong social view on this and something we have been trying to get rid of.” (Male, age 27 years)
ABDL stems from trauma (*n* = 95)
10. “The abuse I suffered for so many years at the hands of a neighbor when I was recovering from a bad injury when little.” (Male, age 41 years)
11. “Neglect during childhood couples with exposure to a baby or toddler being nurtured” (Male, age 50 years)
12. “I am not sure about most people but for me it started as a sense of security since I suffered horrible abuse as a child. Later in life – teens – it became sexual.” (Male, age 39 years)
Desire to escape adulthood (*n* = 95)
13. “Simple desire to get away from adult life for a while, combined with engaging in something that is considered taboo by most.” (Male, age 33 years)
14. “I believe people feel they were forced to grow up too quickly and that the escape that ABDL play offers them is highly enjoyable.” (Male, age 28 years)
15. “The need for attention and to feel as if there is nothing to worry about and the freedom from adult life.” (Male, age 19 years)
ABDL comes from learning about what is sexually pleasurable (n = 82)
16. “I know I discovered pleasuring myself before I was toilet trained. I would sort of hump in my wet diapers.” (Male, age 29 year)
17. “I think, for me, I enjoyed the warmth from wetting and got a slight sexual experience from it.” (Male, age 19 years)
18. “The first object when sexually stimulated.” (Male age, 30 years)
ABDL is related to toilet training (*n* = 59)
19. The fear of the toilet or fear of being in pain when passing stool as a very young child (Female, age 18 years)

20. “I think for most it comes from toilet training. I know in my personal experience, I was kept in diapers a long time as the youngest and find a comfort in wearing them these days.” (Male, age 25 years)

21. “Late toilet-training, or anything that would have to do with being in diapers longer than society sees fit.” (Male, age 18 years)

ABDL is related to bedwetting (*n* = 54)
22. “Maybe being humiliated as a child for bed wetting.” (Male, age 61 years) 23. “Something during early childhood that caused diapers to become something more than just a clothing item. In my case, I was a bedwetter. Diapers kept my bed dry so I slept better and didn’t get in trouble for a wet bed. So diapers become something good and desirable. Adolescence brought the sexual attraction.” (Male, age 54 years) 24. “Most were probably bed wetters like me.” (Male, age 19 years)

ABDL is about seeking safety and comfort (*n* = 41)
25. “I think it’s a time where most people felt safe, so when they go back to it, it’s comforting.” (Male, Age 19) 26.“The inner child nurturing and the need to feel security.” (Male, age 54 years)

ABDL is about control and power dynamics (*n* = 29)
28. “From personality, and the person themselves, I am an AB/DL because I love the security of being held, changed, fed by someone clearly stronger and more powerful than myself.” (Male, age 18 years) 29. “The need to feel inferior or lose control as a release from stress or leadership roles.” (Male, age 23 years) 30. “It is the look, the element of control and the potential for humiliation.” (Male, age 34 years)

Curiosity or Unexplained Interest (*n* = 22)
31. “For me, always had a fascination. When not around others, I always wondered.” (Male, age 48 years)

32. Curiousity wondering what it would be like. Excitement of being caught as a AB/DL." (Male, age 50 years)

Punished with diapers (n = 20)

33. "Punishment for adolescent toilet related accidents." (Male, age 43 years)

34. "From childhood experiences, I was made to wear diapers past toilet training by my grandmother for wetting the bed, my diapers were shown to all to embarrass me. I was sent to school in diapers and the nurse was instructed to call me to her office to see if I needed to be changed. I was kept in diapers as a punishment." (Male, age 58 years)

Nature and Nurture (n = 19)

35. "Half ingrained from genetics, half from environment." (Male age, 34 years)

36. "Like most behaviors, I would credit a mix of nature and nurture that vary from person to person." (Male, age 34 years)

Medical condition (n = 18)

37. "I speak for myself as I haven't met others in real life who are ab/dl people. I was the kid who grew up and would soil my undies in school. I can't always stop or control my movements. I feel like if I can't poo like a man should then I will punish myself with a poo in a diaper like a baby does." (Male, age 31 years)

38. As I know I am a unique case in the ab/dl community; there are many individuals that have these desires sexually. However I am a unique case and use the AB portion of the lifestyle to find happiness in coping with an incontinence disability. I hope this does not mess up your study and good luck." (Female, age 28 years)

Personal preference (n = 12)

39. Laziness and convenience. I mean sometimes people are busy or would rather wet while playing video games or watching a movie. There is nothing wrong with it." (Male, age 23 years)

40. They just like diapers!" (Male, age 29 years)

Media influence (n = 7)

41. "From the internet." (Male, age 64 years)

42. "Media" (Male, age 39 years)

Note. A total of 1751 participants responded to the open-ended questions. Responses were allowed to fall into more than one category.

The idea that participants were born with their ABDL interests was supported (*n* = 145) as the third most common theme for understanding where ABDL interests come from. Some participants clearly stated they were born with it (Table 6 quote 8) and others elaborated by naming all are born with ABDL interests and just realize it at differing times (Table 6 quote 9). Two themes tied for the next most reported themes, and they are ABDL comes from trauma (*n* = 95) and ABDL is about a desire to escape adulthood (*n* = 95). Participant responses that fell into the trauma theme named neglect and abuse in childhood as the explanation for their origin of ABDL interests (Table 6 quote 10 and quote 12). The desire to escape adulthood theme ranged from a desire to feel free from responsibility of adulthood (Table 6 quote 13) to feeling forced out of childhood and wanting to experience it again through practicing ABDL (Table 6 quote 14).

Another explanation for where ABDL interest comes from included learning about what is sexually pleasurable (*n* = 82). Participants described masturbation techniques incorporating diapers (Table 6 quote 16) as well as general sexual stimulation by wearing diapers (Table 6 quote 18). Sixty-four participants named ABDL interest vary for everyone. Some participants reported their ABDL interests are related to toilet training (*n* = 59). For example, one participant reported a fear of the toilet (Table 6 quote 19) and other participants stated the timing of their toilet training was significant for them (Table 6 quote 20 and quote 21). A related, yet different, theme connected ABDL interests and bedwetting (*n* = 54). One participant noted the significance of being humiliated for bedwetting (see Table 6 quote 22). Other participants (*n* = 41) named the

connection with ABDL interests and seeking safety and comfort. One participant responded that there is a desire for comfort and caring met by ABDL (see Table 6 quote 27). Power and control dynamics of ABDL were listed by 29 participants as part of their origin story for ABDL interests. One participant named the ability to lose control and experience freedom from powerful work life being of significant (Table 6 quote 29). Twenty-two participants reported an unexplained interest in ABDL or curiosity in the act (see Table 6 quote 31 and 32). Punishment at the hands of a diaper was also named as a reason for ABDL interests by 20 participants. Another 19 participants reported both influences from nature and nurture having an impact on ABDL interests and behaviors (see Table 6 quote 36 and quote 38). Additionally, participants (*n* = 18) detailed a medical condition that impacted their ABDL interests and behaviors. Twelve participants reported it was a personal preference to use diapers for their practical purpose (see Table 6 quote 44). Finally, a small number of participants (*n* = 7) reported the media was an influence on their ABDL interests.

Summary

In summary, the participants that responded to the open-ended questions of the survey offered valuable insight. Many participants provided specific responses related to the etiology of their ABDL behaviors and interests. The research questions will be reviewed in the next section of this paper along with theories derived from the participant responses about ABDL behavior.

Chapter 5: Discussion

Introduction

My purpose in this study was to learn more about the opinions that ABDL individuals have about the causal factors of ABDL behaviors. I used archival data collected from open-ended, online survey questions. The main research question that I investigated in the study asked: What can we learn from the way an ABDL individual perceives the origin of ABDL behavior? The results of the study provide valuable knowledge for mental health professionals as well as researchers exploring paraphilic behavior. First, I will talk about common themes across six survey questions that I investigated in this study. Next, I will review each survey question and what specific themes were gleaned from the data.

Qualitative Themes

I examined the answers to six qualitative questions in the study and categorized the responses to these six questions into themes. Some themes were present in all of the questions asked, and some themes were specific to each question. For instance, almost all of the questions elucidated the theme that ABDL is not sexual. Another theme present in all of the responses was the opinion that both genetics and environment influence ABDL interests and behaviors. Responses to the questions also endorsed a connection to childhood experiences as highly influential to their ABDL interests and behaviors. Finally, although not a common theme, but worth noting, each survey question produced responses from a broad range of influencing variables.

In general, themes from the survey questions tended to demonstrate a slight trend toward agreement with the survey questions asked. The responses also demonstrated a

wide range of variability and might indicate participants in the ABDL are unclear about the etiology of their interests and behaviors. In addition, some of the survey questions that I examined offer more descriptive responses from participants. For example, the Survey Question 14 (see Appendix A) asked participants what age they began to practice ABDL. This question provided more descriptive information as opposed to insight into etiology. The survey questions asking participants about their sexual interests in ABDL being either learned or something they are born with did provide etiological insights and most participants were split down the middle with agreeing or disagreeing with the survey questions. Participants also mostly agreed that their interests in ABDL were related to something in childhood but disagreed that it was related to toilet training.

Distinctive Themes to Each Survey Question

In the first survey question, which asked participants to list the age they started ABDL practices, the number one theme reported was access to diapers through independence. Participants also noted their ABDL practice and interests were connected to their ability to create makeshift diapers out of household items to explore their desires. The second question asked participants whether they believed they were born with their sexual interests in ABDL. The unique themes present from this qualitative data included participants believing they were not born with ABDL sexual interest, yet they have had them as long as they can remember. The next most common unique theme included the belief that participants were born with their sexual interest in ABDL. Only a small number of participants named their interests are connected to abuse, medical issues, or potty training.

The third question asked participants whether they believed they learned their sexual interests in ABDL. This survey question revealed a unique and prevalent theme that most participants believe in a combination of being born with and learning their ABDL interest. The fourth question invited participants to rate their level of agreement with the statement that ABDL interests are related to something in childhood. Participants mostly agreed that experiences in childhood affected their ABDL interests and behaviors. Participants named a variety of specific childhood experience that had influence. Another common and notable theme included participants reporting they had a normal childhood and did not believe anything in their childhood affected their ABDL interest and activity. A final noteworthy theme from this inquiry is participant reports that ABDL interest and activities were a part of their identity. The fifth question asked participants their level of agreement with the statement that ABDL interest are related to toilet training. Participants reported almost equal agreement and disagreement with the effects of toilet training on their ABDL interests and behaviors.

The sixth and final question investigated by this study asked participants a completely open-ended question: for most people, where do you think ABDL interests come from? This question was the most responded to question of the six questions evaluated in the study. Interestingly, almost all of the topics addressed by the survey questions were mentioned by participants including; childhood experience, born this way, and toilet training. The second most common reported theme was the idea that the origin story of ABDL interests and behavior can vary for everyone.

Interpretation of the Findings

Grounded theory offers a method for understanding and predicting social phenomena. Specifically, this study used thematic analysis to analyze the data and grounded theory to develop theory. Based on the data from this study, it seems reasonable to forward the theory that ABDL behavior stems from environmental and contextual factors. These environmental and contextual factors include early childhood experiences and various types of social and sexual learning. This theory will be called the Environmental Shaping Theory of ABDL (EST of ABDL). To be clear, the EST of ABDL asserts that this atypical sexual behavior occurs as the result of contextual experiences that have shaped a person's sexuality. These experiences could involve childhood play that is sexual or nonsexual, an adverse childhood experience, or a response to various types of relationship dynamics with family members or peers. The EST of ABDL asserts ABDL is not genetic and non-biological. Examples of environmental factors and experiences might include noticing the attention a younger sibling received, being curious about diapers found in the home of a family member or wanting to go back to a simpler time in life. Some experiences also include parenting styles or recalling the pleasure of feeling diapers on genitals. The EST of ABDL aligns with previous authors such as John Money and Lisa Diamond regarding the development of sexual interests.

Some participants in the current study provided responses that may not seem to fit the EST of ABDL. One possible reason for this is because some participants lacked insight into their ABDL way of life, have not spent enough time thinking about their origin of ABDL, or simply did not have memory of their early experiences with ABDL.

In addition, many ABDL individuals may have specific beliefs around the origin of their ABDL behavior. For example, some individuals may be using ABDL to cope with medical or physical problems. As a result, they may have a skewed or inaccurate view of the true origin or nature of their ABDL. Thus, some of the data may not fit with the EST of ABDL.

Results of the study can provide a fresh perspective on ABDL behavior for mental and physical health providers. Historical data suggested ABDL interests come from trauma or mental illness, and results from the current sample indicate minimal connection to trauma and none to mental illness. The results from this study do not support previous papers that give suggestions about the development of ABDL, but they do confirm previous research regarding the development of paraphilia. The early case studies that suggest ABDL stems from mental health problems are misleading and inaccurate.

Bhurga, Popelyuk, and McMullen (2010) offered the concept that paraphilia is culture-bound. For example, in cultures that don't use diapers, there is not the presence of ABDL behaviors. Participants in the current study validated this finding by referencing culture and environmental influences on their ABDL interests (Table 2 Quote 21, & Table 3 quote 18). Moreover, Diamond (2003) suggests sexual orientation and identity cannot be changed but sexual interests are malleable. Sexual orientation is also often described as a very early awareness and others report their sexual awareness as something that evolved over time (Diamond, 2003). Additionally, Bailey et al. (2016) report the most reliable and consistent data regarding sexual orientation points toward nonsocial causes. Bailey et al, (2016) agree that sexual orientation is genetic. ABDL

interests and behaviors appear to reflect sexual interests rather than sexual orientation, although future research could investigate this further. Research conducted by Dwyer and Ross (2017) also explored these same themes of nature and nurture. Dwyer and Ross (2017) concluded the environment can influence nature by referencing epigenetics, or how the environment changes DNA. For example, the body responding to a stressful experience is a biological function and the response can alter how our brain develops (Dwyer & Ross, 2017). Research conducted by Walters (2007) specifically explored paraphilia behavior development and concluded both nature and nature contribute to paraphilia etiology. Thus, most of the participants in this study felt their ABDL was shaped by early childhood experiences, or environment. The EST of ABDL is in line with prior research and theoretical thinking by sexual and nonsexual behavior. Future research needs to test the EST of ABDL.

Limitations

Limitations of the study includes the specific use of an archival data set. In particular, the researcher was limited by the way the questions were asked in the initial collection of data. There was an inherent bias in a couple of the questions asked by the survey. For example, two questions assumed ABDL behavior was sex-related. The benefits of the questions being asked with the bias towards ABDL as sexual is it offered the space and normalization for participants to agree with the ABDL and sexual connection. The bias in the question towards ABDL being sexual is also a limitation as participants took their time to negate that connection as opposed to responding to the nature of the question. Another limitation of the research is the focus of the population on community participants in ABDL. The results may not be generalized to a wide range of

individuals. Finally, less than 25% of the total participants from the study provided qualitative responses for the first five questions evaluated by this study. The relatively percentage may not be representative of the group. For the final survey question examined by this study, 1,751 participants responded out of the total 2,012 participants that completed the study. The final question, depicted in Table 6, may be more representative of the ABDL community members.

Implications

The potential for positive social change exists at individual, organizational, and societal levels as a result of the study. Individually, readers of the study may begin to question some of their assumptions about individuals practicing ABDL behaviors. As a result of the normalization of sexual interest, some readers may develop increased comfort sharing their ABDL interests or other paraphilia interests. Mental health professionals may note the variety of ways individuals find ABDL behaviors and begin to broaden their understanding of general human sexual behaviors. Organizationally, the results of this study can contribute to literature supporting a wide range of sexual appetite in the human population that is currently labeled as atypical as a result of culture-bound assessments. Possibly, additional research like the current study can influence authors of the next Diagnostic and Statistical Manual to assess the inclusion of paraphilia in a different manner.

Conclusions

The qualitative responses from community ABDL participants have led to the EST of ABDL theory which asserts paraphilic behavior may not be the result of a mental health condition or a trauma history, but instead the result of early childhood experiences.

Although some ABDL participants believe their history of trauma contributed to their ABDL, most do not. In fact, most ABDL participants endorse a wide range of environmental and contextual explanations for their ABDL interests and behaviors. The EST of ABDL is in alignment with the theory that the etiology of paraphilia is connected to childhood experiences.

Additionally, this study offers mental health and medical professionals an alternate frame of wellness to use when working with ABDL participants. Previously, research suggested ABDL behaviors were disordered. The EST of ABDL suggests ABDL behaviors are the result of environmental factors. Mental health and medical professionals can use this information to guide their understanding and interactions with those that identify as ABDL. This study is an initial inquiry to a community-based sample regarding the etiology of ABDL behaviors. Future research might investigate the EST of ABDL within subgroups of the ABDL community. Finally, the EST of ABDL should be tested with other paraphilias.

References

Abbott, M., Chaiken, I, & Greenberg, K. (Directors) (2004). *The L Word.* [Television series]. Los Angeles, CA: Showtime Networks Inc.

Ahrold, T. K., Farmer, M., Trapnell, P. D., & Meston, C. M. (2011). The relationship among sexual attitudes, sexual fantasy, and religiosity. *Archives of Sexual Behavior, 40*(3), 619-630. doi:10.1007/s10508-010-9621-4

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Balyk, E. D. (1997). Paraphilia as a sub type of obsessive compulsive disorder. *Journal of Orthomolecular Medicine, 12*(1), 29-42. Retrieved from www.orthomolecular.org

Bailey, M. J., Vasey, P. L., Diamond, L. M., Breedlove, S. M., Vilain, E., & Epprect, M. (2016). Psychological science in the public interest. *Sexual Orientation, Controversy and Science, 17*(2), 45-101. doi:10.1077/1529100616637616

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A four-category model of attachment. *Journal of Personality and Social Psychology, 61*, 226-241. doi:10.1037/0022-3514.61.2.226

Baumeister, R. F. (2000). Gender differences in erotic plasticity: The female sex drive as socially flexible and responsive. *Psychological Bulletin, 126*, 347-374. doi:10.1037/0033-2909.126.3.347

Bhurga, D., Popelyuk, D., & McMullen, I. (2010). Paraphilias across cultures: Contexts and controversies. *The Journal of Sex Research, 47*(2-3), 242-256. doi:10.1080/00224491003699833

Bhugra, D., & de Silva, P. (1996). Uniforms - fact, fashion, fantasy and fetish. *Journal of Sex & Marital Therapy, 11*(4), 393-406. doi:10.1080/02674659608404453

Boldero, J., Moore, S., & Rosenthal, D. (1992). Intention, context, and safe sex: Australian adolescents' responses to AID. *Journal of Applied Social Psychology, 22*, 1374-1398. doi:10.1111/j.1559-1816.1992.tb00955.x

Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research, 42,* 1758-1772. doi:10.1111/j.1475-6773.2006.00684.x

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Buchanan, E. A. & Hvizdak, E. E. (2009). Online survey tools: Ethical and methodological concerns of human research ethics committees. *Journal of Human Research Ethics, 4*(2), 37-48. doi:10.1525/jer.2009.4.2.37

Caldwell, J. (2008). Relational aspects of maladaptive diaper-wearing and treatment with couples therapy. *Sexual and Relationship Therapy, 23,* 157-160. doi:10.1080/14681990801949982

Coleman, E. (2000). Psychiatry and human sexuality. *Current Opinion in Psychiatry, 13*(3), 277-278. doi:10.1097/00001504-200005000-00005

Coleman, E. (2010). Promoting sexual health and responsible sexual behavior: An introduction. *The Journal of Sex Research, 39*(1), 1-6. http://dx.doi.org/10.1080/00224490209552111

Croarkin, P., Nam, T., & Waldrep, D. (2004). Comment on adult baby syndrome [Letter to the editor]. *American Journal of Psychiatry, 161*, 2141. doi:10.1176161.11.2141-a

Darcangelo, S. (2008). Fetishism: Psychopathology and theory. In D. R. Laws & W. T. O'Donahue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 108-118). New York, NY: Guilford Press.

Dawson, S.S., Bannerman, B.A., & Lalumiere, M.L. (2014). Paraphilic interests: An examination of sex differences in a nonclinical sample. *Sexual Abuse, 28*(1), 20-45. doi:10.1177/1079063214525645

De Block, A, & Adriaens, P. R. (2013). Pathologizing sexual deviance: A history. *The Journal of Sex Research, 50*(3). doi:10.1080/00224499.2012.738259

Diamond, L. M. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review, 110*(1), 173-192. http://dx.doi.org/10.1037/0033-295X.110.1.173

Dwyer, J. B., & Ross, D. A. (2017). The nature of nurture: How developmental experiences program adult stress circuity. *Biological Psychiatry, 81*(8), e57-e59. doi:10.1016/j.biopsych.2017.02.004

Dyer, K., & das Nair, R. (2012). Why don't healthcare professionals talk about sex? A systemic review of recent qualitative studies conducted in the United Kingdom. *Journal of Sexual Medicine, 10,* 2658-2670. doi:10.1111/j.1743-6109.2012.02856

Evcimen, H., & Gratz, S. (2006). Adult baby syndrome [Letter to the Editor]. *Archives of Sexual Behavior, 35*, 115–116. doi:10.1007/s10508-005-9002-6

Freud, S. (1961). Fetishism. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp. 152–157). London: Hogarth Press. (Original work published 1927).

Furnham, A., & Haraldsen, E. (1998). Lay theories on etiology and "cure" for four types of paraphilia: fetishism; pedophilia; sexual sadism and voyeurism. *Journal of Clinical Psychology, 54*(5), 689-700. http://dx.doi.org/10.1002/(SICI)1097-4679(199808)54:5%3C689::AID-JCLP15%3E3.0.CO;2-9

Gott, M., Galena, E., Hinchliff, S., Ellmord, H. (2004). "Opening a can of worms": GP and practice nurse barriers to talking about sexual health in primary care. *Family Practice, 21*(5), 528-536. doi:10.1093/fampra/cmh509

Kafka, M. P. (2010a). The DSM criteria for fetishism. *Archives of Sexual Behavior, 39*, 357–362. doi: 10.1007/s10508-009-9558-7

Kafka, M. P. (2010b). The DSM criteria for paraphilia not otherwise specified. *Archives of Sexual Behavior, 39,* 373–376. doi: 10.1007/s10508-009-9552-0

Koss, M.P., & Gidycz, C.A. (1985). Sexual experiences survey: Reliability and validity. *Journal of Consulting and Clinical Psychology, 53*(3), 422-423. doi: 10/1037/0022-006X.53.3.422

Hawkinson, K. & Zamboni, B. (2014). Adult baby/Diaper Lovers: An exploratory study of an online community sample. *Archives of Sexual Behavior, 43,* 863-877. doi: 10.1007/s10508-013-0241-7

Irvine, J.M. (2014). Is sexuality research 'dirty work'? Institutionalized stigma in the production of sexual knowledge. *Sexualities,17*(5-6), 632-656. doi:10.1177/1363460713516338

Joyal, C.C., Cossette, A., & Lapierre, V. (2015). What exactly is an unusual sexual fantasy? *Journal of Sexual Medicine,12,* 328-340. doi:10.1111/jsm.12734

Kise, K., & Nguyen, M. (2011). Adult baby syndrome and gender identity disorder [Letter to the Editor]. *Archives of Sexual Behavior, 40,* 857-859. doi:10.1007/s10508-011-9783-8

Laws, D.R., & Donohue, W.T. (Eds).(2008). *Sexual deviance: Theory, assessment, and treatment* (4th ed.). New York: Guliford Press

Lehne, G.K., & Money J. (2003). Multiplex versus taxonomy of paraphilia: Case example. *Sexual Abuse: A Journal of Research and Treatment, 15*(1), 61=72. doi:10.1177/107906320301500105

Leitenberg, H. & Henning, K. (1995). Sexual fantasy. *Psychological Bulletin, 117*(3), 469-496. http://dx.doi.org/10.1037/0033-2909.117.3.469

Levin, R.J. (2007). Sexual activity, health and well-being - The beneficial roles of coitus and masturbation. *Sexual and Relationship Therapy, 22*(1), 135-148. http://dx.doi.org/10.1080/14681990601149197

Levy, K.N., & Kelly, K.M. (2010). Sex differences in jealousy: A contribution from attachment theory. *Psychological Science, 21*(2), 168-173. doi:10.1177/0956797609357708

Lui, G., Hariri, S., Bradley, H., Gottlieb, S.L., Leichliter, J.S., & Markowitz, L.E. (2015). Trends and patterns of sexual behaviors among adolescents and adults aged 14 to 59 years, United States. *Sexually Transmitted Diseases, 42*(1) 20-26. doi:10.1097/OLQ.0000000000000231

McCormack, M. (2014). Innovative sampling and participant recruitment in sexuality research. *Journal of Social and Personal Relationships,31*(4)475-481. doi:10.1177/0265407514522889

Maniglo, R. (2012). The role of parent-child bonding, attachment, and interpersonal problems in the development of deviant sexual fantasies in sexual offenders. *Trauma Violence Abuse, 12*(2), 83-96. doi:10.1177/1524838012440337

Meston, C.M. & Buss, D.M. (2007). Why humans have sex. *Archives of Sexual Behavior. 36(*4), 477-507. doi:10.1007/s10508-007-9175-2

Money, J. (1984). Paraphilia: Phenomenology and classification. *American Journal of Psychotherapy, 38,* 164-179. doi:10.1176/appi.pyschotherapy.1984.38.2.164

Money, J (1988). *Gay, Straight, and In-Between: The Sexology of Erotic Orientation*. New York: Oxford University Press. pp. 127–142.

Money, J., & Pranzarone, G.F. (1993). Development of paraphilia in childhood adolescence. *Child and Adolescent Psychiatric Clinic of North America, 2(3)*,463-475. doi:10.1016/S1056-4993(18)30552-2

Moser, C. (2005). DSM-IV-TR and the paraphilia: An argument for removal. *Journal of Psychology and Human Sexuality, 17*(3/4), 91-109. doi:10.1300/J056v17n03_05

Moser, C. (2011). Yet another paraphilia definition fails [Letter to Editor]. *Archives of Sexual Behavior, 40,* 483-485. doi:10.1007/s10508-010-9717-x

Norwell, L.S., Norris, J.M., White, D.E., & Moules, N.J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), doi.org/10.1177/1609406917733847

Oronowicz, W. (2016). AB/DL group. Close relationships and sexuality. *Przegl Seks,47*(3), 11-18. Retrieved from: http://przeglad-seksuologiczny.pl/numery/60/bez_reklam/CTLS-2016-03.pdf#page=13

Oronowicz, W., & Siwak, M. (2016). Paraphilic infantilism. The analysis of selected cases presented in the media with reference to the etiological hypotheses. *Przegl Seks, 48*(4), 10-16. Retrieved from: https://www.researchgate.net/profile/Wojciech_Oronowicz/publication315841974_Paraphilic_infantilism_The_analysis_of_selected_cases_presented_in_media_with_reference_to_the_etiological_hypotheses/links/58eb84b3aca272bd2875db34/Paraphilic-infantilism-The-analysis-of-selected-cases-presented-in-media-with-reference-to-the-etiological-hypotheses.pdf

Pandita-Gunawardena, R. (1990). Paraphilic infantilism: A rare case of fetishistic behavior. *British Journal of Psychiatry, 157,* 767–770. http://dx.doi.org/10.1192/bjp.157.5.767

Pate, J., & Gabbard, G. (2003). Adult baby syndrome. *American Journal of Psychiatry, 160,* 767-770. doi:10.1176/appi.ajp.160.11.1932

Robinson, B.E., Bockting, W.O., Rosser, B.R.S., Miner, M., & Coleman, E. (2002). The sexual health model: Application of a sexological approach to HIV prevention. *Health Education Research, 17*(1), 43-57. doi:10.1093/her/17.1.43

Robinson, B.E., Munns, R.A., Weber-Main, A., Lowe, M.A., & Raymond, N.C. (2011). Application of the sexual health model in the long-term treatment of hypoactive sexual desire and female orgasmic disorder. *Archives of Sexual Behavior, 40*(2), 469-478. doi:10.1007/s10508-010-9673-5

Rudzinski, A. (Director) (2005). *Dancing with The Stars* [Television series]. Los Angeles: American Broadcasting Company.

Sergi, C. (Creator)(2010). *My Strange Addiction*. [Television series]. Los Angeles: The Learning Channel Discovery Communications

Shacham, S. (1983). A shortened version of the Profile of Mood States. *Journal of Personality Assessment, 47,* 305-306. doi:10.1207/s15327752jpa4703_14

Siskind, D. (2009). Max and his diaper. An example of the interplay of arrests in psychosexual development and the separation - individuation process. *Psychoanaytic Inquiry, 14*(1), 58-82. doi:10.1080/07351699409533970

Stroebel, S.S., O'Keefe, S.L., Beard, K.W., Robinett, S.R., Kommor, M.J., Swindell, S. (2010). Correlates of inserted object-assisted sexual behaviors in men: A model for development of paraphilia and non-paraphilia urges. *Sexual Addiction & Compulsivity, 17*(2), 127-153. doi:10.1080/10720161003795943

Twenge, J.M., Sherman, R.A., & Wells, B.E. (2015). Changes in American adult's sexual behavior and attitudes 1972-2012. *Archives of Sexual Behavior, 44*(8), 2273-2285. doi:10.1192/bjp.157.5.76710.1007/s10508-015-0540-2

Walters, G.D. (2007). The paraphilia: A dialectically informed review of etiology, development, and process. *The Journal of Treatment & Prevention, 4*(3), 221-243. doi:10.1080/10720169708404229

Wei, M., Russell, D.W., Mallinckrodt, B., & Vogel, D.L. (2007). The experiences in close relationships scale (ECR)-short form: Reliability, validity, and factor structure. *Journal of Personality Assessment, 88,* 187-204. doi:10.1080/00223890701268041

Whittemore, R., Chase, S.K., & Mandle, C.L. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4), 522-537. doi: 10.1177/104973201129119299

Wignall, L. & McCormack, M. (2015). An exploratory study of a new kink activity: "Pup play." *Archives of Sexual Behavior,* 1-11. doi:10.1007/s10508-015-0636-8

Wisdom, J.P., Cavaleri, M.A., Onwuegbuzie, A.J., Green, C.A. (2012). Methodological reporting in qualitative, quantitative, and mixed methods health services research articles. *Health Services Research, 47*(2), 721-745. doi:10.111/j.1475-6773.2011.01344.

Wise, T.N. (1985). Fetishism: Etiology and treatment. A review from multiple perspectives. *Comprehensive Psychiatry, 26*, 249-257. doi:10.1016/0010-440X(85)90070-7

World Health Organization. (2015). *Sexual health, human rights and the law.* 1-49. Geneva, Switzerland: Author. Retrieved from http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1

Zamboni, B.D. & Crawford, I. (2003). Using masturbation in sex therapy. *Journal of Psychology & Human Sexuality, 14*(2-3), 123-141. http://dx.doi.org/10.1300/J056v14n02_08

Appendix A: Survey Questions

Each item's number reflects the number that was in the original survey.

14. At what age did you start to practice AB/DL behaviors? (Please exclude infancy when these behaviors were regulated by parents or caregivers.)

Age: __________ Comments: ___________________

36. Please indicate your agreement with the following statement:

I was born with my sexual interests in ABDL.

Strongly Disagree, Disagree, Moderately Disagree, Neither Agree Nor Disagree, Moderately Agree, Agree, Strongly Agree, Other (Please Specify): ___________

37. Please indicate your agreement with the following statement:

I learned my sexual interests in ABDL.

Strongly Disagree, Disagree, Moderately Disagree, Neither Agree Nor Disagree, Moderately Agree, Agree, Strongly Agree, Other (Please Specify): ___________

38. Please indicate your agreement with the following statement:

ABDL interests are related to something in childhood.

Strongly Disagree, Disagree, Moderately Disagree, Neither Agree Nor Disagree, Moderately Agree, Agree, Strongly Agree, Other (Please Specify): ___________

39. Please indicate your agreement with the following statement:

ABDL interests are related to toilet training.

Strongly Disagree, Disagree, Moderately Disagree, Neither Agree Nor Disagree, Moderately Agree, Agree, Strongly Agree, Other (Please Specify):___________

40. For most people, where do you think ABDL interests come from?

Comments: _________________