

SEXUAL INFANTILISM IN ADULTS:
CAUSES AND TREATMENT

by

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Infantilism in Adults: Causes and Treatment

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Sexual Infantilism in Adults: Causes and Treatment

The fact that we now refer to sexual "deviation" rather than "perversion" represents an evolutionary change within our culture toward a more objective and scientific approach to these problems, in contrast to a highly moral and prejudiced approach of the previous generation. Perhaps someday we shall talk simply of "variations" in sexual object choice. (Judd Marmor, M.D., Leaver et al, 1976. p. 63.).

A few years ago, Love Cosmetics introduced a line of women's toiletries with a baby powder scent called Baby Soft. Their promotion was based on the slogan, "Innocence can be sexy". For a group of American men (and apparently women) this admonition that the experiences of childhood can be sexually exciting is taken literally. These people attempt to re-experience infancy and the sexual arousal that this regression provides for them.

There are as many non-sexual reasons for attempting to re-experience infancy. For some it is an attempt to complete childhood experiences which have caused psychological traumas in adulthood (e.g. Primal Therapy or hypno-regression therapy); some regress to avoid the stresses of adult life (repression as an ego defense); still others enjoy the arousal they get from "being" a baby. This latter group, those who are sexually aroused by regression and the objects of infancy practice a fetish known as sexual infantilism and are called sexual infantilists.

Marmor's description of evolution in sexual definitions is particularly evident in the study of sexual infantilism. For example, some Freudian psychologists use the concept "infantile

fetish" to describe the attachment of a young child to an object in which the child has invested a particular emotional significance (Rorphe and Galenson, 1975). Others have sought to limit the term 'fetish' to a particular type of adult sexual response.

"According to a strict definition of the clinical concept of fetishism, it is a male sexual perversion and belongs to adulthood" (Bak, 1976, p. 191). Yet even this definition denies the existence of fetishes in females (e.g. Dudley, 1954). Although, as will be shown later, sexual infantilism is primarily a male sexual variation, it is seen in females as well. The definition of "fetish" used here is: a condition in male and female in which sexual excitement is aroused by an inanimate object or a fantasy or ritual involving such an object (Bak, 1976; Katcha dourian, 1972; Hyde, 1979; Beach, 1976). In sexual infantilism, sexual arousal involves the objects of infancy (e.g. diapers) and/or the experiences of infancy such as incontinence or feeding. Infantilism is an "infantile fetish" in the sense that the arousing objects are from infancy but infantilism is a fetish and, as such, requires an adult-type sexual response developed during or after puberty. As in all fetishes, the 'strength' of the infantilism fetish may vary from mild interest to being a necessary component for arousal to being an exclusive sexual outlet (Hyde, 1979). The study of sexual infantilism must include more than semantics: it must involve consideration of the social and psychological aspects of sexual variation.

Sexual behavior, like all behavior, is judged through a

comparison to social norms. The actor is evaluated by an authority structure, the creators and enforcers of norms, and is judged to be conformist or deviant. The process is neither uniform nor inevitable, being modified by several factors (Scheff in Millen, 1973). One of these is the need of the elite, those who control the power used to enforce the norms, to maintain their position.

In order to survive, an authority structure must maintain a delicate balance between its demands for conformity and the patterns of resistance that may emerge. ...The management of discontent requires authorities to negotiate (settlements) with potential partisans, allocating some resources in exchange for compliance (Davis, 1975. P. 204).

According to Gamson (1968), the negotiation process involves the use of a number of strategies including regulation of access to resources, cooperation, and manipulation of rewards and punishments including the use of the 'deviant' label. The overall purpose of this negotiation for the authority structure is to maintain its power (Davis, 1975).

Included within the deviance label is a variety of other labels with differing levels of stigmatizing severity:

Most norm violations do not cause the violator to be labeled as mentally-ill, but as ill-mannered, ignorant, sinful, criminal, or perhaps just harried, depending on the type of norm involved. There are innumerable norms, however, over which consensus is so complete that members of a group appear to take them for granted. ...A person who regularly violated these norms probably would not be thought to be merely ill-bred, but as strange, bizarre, and frightening because his behavior violates the assumptive world of the group, the-world that is thought to be the only one that is natural, decent, and possible (Scheff in Millon, 1973, p. 412).

Fetishism as a sexual behavior is judged under these same processes by the authorities (e.g. clinical psychologists) and by the group (i.e. society). Neither is quite sure whether fetishism is a 'conforming variation' or a 'sexual deviance', although both

currently exercise social control over the behavior. As psychologists currently have assumed a highly visible social control role in treatment of deviant behaviors (Halleck, 1971), it is appropriate to begin with a look at their part in the definition and control of sexual fetishes.

The variation vs. deviance debate about fetishes is an old one among psychologists and is still in progress. Havelock Ellis, a pioneer in sexology, considered most sexual variations to be acceptable. It was Ellis who proposed that sexual variations can be viewed as lying on a continuum which ranged from harmless idiosyncrasies to severely psychopathological behavior. Most variations would fall in the acceptable low and middle range of the continuum (Ellis, 1936).

Freud labeled all deviations from his standard of adult, heterosexual relations to be 'perversions', yet he too allowed for a range of behavior to be considered as acceptable, including fetishes:

A certain degree of fetishism is thus habitually present in normal love, especially in those stages of it in which the normal sexual aim seems unattainable or its fulfillment prevented. ...The situation only becomes pathological when the longing for the fetish passes beyond the point of being merely a necessary condition attached to the sexual object and actually takes the place of the normal aim, and, further, when the fetish becomes detached from a particular individual and becomes the sole sexual object (Freud, 1962, p. 20).

It would appear that later psychoanalysts downplayed Freud's use of the continuum and instead adopted an absolutist definition of acceptable sexual variation. An example is Stoller:

(Sexual deviation is) a preferred, habitual, compelling method of achieving sexual gratification other than by willing genital intercourse between a male and a female (Stoller in Beach, 1976, p. 192).

Such a definition is extremely limiting in terms of even heterosexual behavior. Any behavior falling outside the parameters of the definition is defined as a perversion; perversions by an absolutist definition are psychopathological and require the attention of a psychotherapist to effect a 'cure'.

Absolutist definitions of deviance tend to be based on personal or group moral judgments rather than evidence of pathology or damage. By controlling the definition of sexual variation, being able to label such variance as 'sickness' and investing both the label and the definition with a strongly negative emotional content, psychologists acquired control of their clients and assumed the role of social control agents. The client was encouraged to surrender to the therapist through the promise of a cure (relief of social pressure directed against them).

Therapist power probably came from two traditions from which psychology evolved: medicine and religion. The psychiatrist is first a physician, one who exercises all the prerogatives of other physicians. The physician is one who has studied disease and is therefore best qualified to diagnose and treat illness. By studying psychology, in addition to medicine, the psychiatrist specializes in diseases of the mind and is therefore supposedly qualified to diagnose and treat these conditions also.

In former times, a client experiencing something 'troubling the mind' was likely to seek the advice of a clergyman. The professionalization of psychology (and its accompanying

mystification) took the concepts of psychology beyond the limits of common sense, developing into a highly technical specialization that the average minister was unlikely to have access to. Going to the minister for guidance may have seemed analogous to consulting a witchdoctor about an appendectomy when there was no surgeon nearby. The psychiatrist spoke a language that the average person no longer understood making him seem even more knowledgeable.

As the psychiatrist's powers developed, so did those of the psychologist, although at a much slower pace. The question of effectiveness arose in the 1950's when the psychologist's prestige began to outdistance that of the psychiatrist as the behavioral therapies developed by the psychologists were found to be more effective in 'curing clients' than psychoanalysis (Eysenck, 1960). The practice of psychoanalysis in clinical psychology had slipped greatly in 'proven' efficiency although psychiatrists were able to remain valued specialists with the control of the newly developed psychiatric drugs.

Societal values served to reinforce the notion that psychotherapists were the proper people to deal with the vast majority of sexual variations. 'Sexuality as a social relationship' was the justification for societal intrusion into the sexual relationship and accompanying social control. Mainstream norms supposedly served to protect the sanctity of the sexual relationship and to safeguard the rights of the individual to freedom from sexual exploitation or abuse. An admirable goal, legislators translated these norms into laws prohibiting sex for money, between unmarried partners or persons of the same sex, with animals or children, without consent, and/or involving certain

proscribed techniques (Slovenko, 1965).

Fetishes as principally solitary or private sexual behaviors were insulated from societal interference and the activities of fetishism were not specifically prohibited by law. Individuals arrested for fetishistic activities came to the attention of the community either through property crimes (acquiring the fetish object through theft) or offenses against community morality through public display of sexual activities (Epstein, 1965).

In the twentieth century, there has been a variety of arguments as to whether criminals should be treated or punished for their crimes. This debate has existed in the area of sexual activities as well. In general, only the most serious sexual crimes have been designated as appropriate for punishment alone (e.g., rape, child molesting, sexual murder). Other offenses are usually adjudicated by requiring treatment, some modification of behavior. Thus most sexual variations came to be viewed as forms of mental illness. In the case of fetishists remanded by the courts into the custody of psychotherapists, these people tended to be those for whom the fetish strength was severe enough to motivate illegal and/or indiscrete behavior.

Those fetishists seen by the psychotherapists tended to be those exhibiting the extremes of fetish behavior. Whether the fetishist was referred for treatment by the courts, or by a sexual partner or family member, the result invariably was that the psychotherapist's experience was primarily with individuals who exhibited only the most extreme forms of fetish behavior. There was little or no contact between the therapist and those fetishists whose behavior was not severe enough to constitute a

public nuisance or be felt as self-destructive. It is understandable that psychotherapists would forget that there was any range in fetish behavior; this they did and concentrated their research on innovative treatment models rather than examining the trueness of the assumptions on which their research was based.

During the 1970's, the need to treat sexual variations came into question. Homosexuality was the first variation to be scrutinized and declared 'non-pathological'. (Homosexuality was removed from the Diagnostic and Statistical Manual of the American Psychological Association in 1973). Therapists continued to treat homosexual clients by altering their sexual orientation after 1973 (Goodall, 1975), and the debate has not yet concluded, but it would seem that the 1980's promise an increase in tolerance for sexual variations which fall within the new limits of being consensual, nondestructive or private behaviors involving only adults.

This increased tolerance for sexual variation apparently is generalizing into the area of treatment as well. The prominent beliefs about sexual variations are now relativist rather than absolutist; behavior must be judged on the basis of the severity of maladaptive effects in a given environment (e.g., changes in assessment procedures in DSM III) (Coleman, Bulcher and Carlson, 1980). As long as behavior falls within the above guidelines, therapy becomes a matter of client choice rather than therapist mandate.

The relativist view allows for situations in which even extreme behaviors may be highly adaptive and healthy for the

individual. This paper, through an examination of a highly variant fetish behavior, will attempt to support this position.

Sexual infantilism is such a highly variant sexual behavior that there is little description of it in the popular or scientific literature. In counseling, I had come into contact with two males who practiced this fetish and felt hampered by the lack of information about it.

A review of Psychological Abstracts back to 1940 yielded four case histories (Tuchman and Lachmman, 1964; Malitz, 1966; Dinello, 1967; Bethell, 1974). Confidentiality and a lack of adequate histories made the additional clinical cases unusable.

Far more descriptions of sexual infantilism is found in popular 'sexology' magazines such as Forum, in more specialized sexual publications like The Advocate (a national gay newspaper) and The Fetish Times (a soft-core monthly for fetishists), and in those publications which cater specifically to infantilist fantasies, such as The Crib Sheet and Play Pen.

The clinical case histories involved reporting biases and seemed to present only the most extreme sexual behavior; the non-clinical cases were easier to obtain but there was little control in defining which were reports of behavior and which were fantasies.

The most 'appropriate' methodology seemed to be gathering non-clinical cases and attempting to control for fantasies. It was likely that the cases would involve less extreme, more discrete behavior (behavior that could be concealed and thus avoid the attention of clinicians).

During a review of fetish literature, I read an ad placed in

The Fetish Times by a sexual infantilist seeking correspondence with those who shared his fetish. The ad suggested to me that a survey might serve to elicit self-reports of infantilist behavior and histories. I prepared the Infantilism Survey (see appendix) and mailed it to him. He returned the completed survey and mentioned that over a period of eight years, he had corresponded with approximately 200 other men with a diaper fetish. I requested his assistance in obtaining histories and he mailed approximately eleven of the questionnaires to his correspondents of which eight returned completed.

I also placed an ad in The Fetish Times seeking "adults, male and female, who wear diapers" and who would be willing to answer a survey. The ad ran in the January 1980 issue (no. 69) and resulted in an additional thirty-two requests for the survey. All the respondents were mailed the survey and nineteen of the histories had been returned by February 25, 1980.

The Infantilism Survey presented a less than complete report of current behavior and especially history. This required a second or third 'interview by mail'; in all cases, subsequent information tended to support the earlier report, limiting somewhat the chance of a complete fabrication.

As with any case report, caution must be exercised in making generalizations, especially as this sample involves a very limited, self-selected population. Research parameters excluded all persons except adults who wear diapers, who would admit to this behavior to a stranger by answering the questionnaire, and who were able to obtain the survey either by requesting it in

answer to the ad which appeared in only one issue of The Fetish Times, or by being in contact with another survey respondent who passed on a copy of the survey to them. Obviously, all but a select group, even of sexual infantilists, were excluded.

In spite of the limitations, these case studies present information which was unlikely to be obtained any other way. Only subjects 'B' and 'G' have ever consulted a therapist about the fetish (limiting the chances that their histories would ever be presented clinically) and none of the subjects has ever attracted community attention because of fetish activities (e.g., theft arrests). Although this information was available inside the fetish 'community', it was unlikely that it would be available for analysis by non-members except through a procedure such as this.

The subjects presented may differ significantly from those who chose not to answer the survey. Overall, they tended to be articulate and had a noticeably strong self-esteem. They had adjusted to their desires, learned to 'pass' as persons without variant sexual behaviors, and were generally comfortable in their lives. Whether this is true of a majority of sexual infantilists is unknown.

It should also be remembered that considerations of time and money prevented more than an exploratory study of these subjects; procedures such as psychological testing, physical examinations and face-to-face interviews were beyond the limits of the study.

Conclusions must be based solely upon the information presented by repeating questions in the absence of the original

report (the survey). I have attempted to minimize fantasies and believe that the material presented here represents actual behavior.

The case histories presented here include eleven males and one female, ranging in age from 24 to 50 years. They reported the entire range of sexual orientation from homosexual to bisexual to heterosexual, as well as the range of marital statuses. Most of the respondents had completed some college and all were employed; occupations included clerk, teacher, firefighter and business executive.

Case Study: A

A is a 50-year-old married male, primarily heterosexual. He has two sisters, 7 and 8 years older respectively. A is an infantilist who developed a fetish for rubber pants first and a diaper fetish later.

A's toilet training was normal. He feels his interest in rubber pants was fixed by an incident at age 4 or 5 when he agreed to "play baby" with a slightly older female. He explains:

There may have been some small positive reactions to rubber even before "the incident". I have no way to know this. However, the trauma of the incident made it stick. I cannot remember the details and have always wished for a good hypnotist to try and go back through the experience. All I know is that I agreed to "play baby". I know I was lying down and she was going to "baby me" -- whether with rubber pants or both diapers and rubber pants. At some point (and I don't remember what) the mother came out from the house, quite hysterical over our activities and banished me from there (forever). There was a fearsome German shepherd that got into the act there somewhere also. So, the very indelible impression. I am not sure I consciously remembered this experience until many years later, but the mixed pleasure/fear/guilt feelings were strongly embedded...

From that time on, I was very attracted to rubber baby pants. when shopping in Woolworth's or whatever, it was very painful to pass the rubber baby pants at the counter. (I wanted to swipe them.) Such notions never occurred in any other connection. Once, while waiting for my mother visiting a friend, I investigated a doll house and found there a doll with tiny rubber panties on - [I] was really transfixed!

A remembers no other incidents with rubber until age 13 when he experienced his first orgasm:

I discovered orgasm while standing in a pool house shower in a latex swim suit. (Age 13 or 14.) In my innocence, at least in subsequent reruns, I would urinate in my trunks [and] then let the sharp nozzle spray the most vulnerable part of my penis (latex encased). I associated the convulsive orgasm with an extension of urination. From this arose several complications: 1) a fetish for latex trunks [and] latex rubber; 2) special attraction to "wet" sex; 3) establishment of urination as a preliminary to erection and orgasm.

When the pool closed for the winter [I] was in a real bind. I used to try things in the tub/shower at home, without the same effect. But eventually a pattern was established where I would urinate in jockey shorts, then masturbate. Often I went to the basement, got out old outgrown Levis and wet them prior to masturbating. On some occasions I used wadded-up cloths as a diaper but don't remember really pinning on a real diaper (actually a towel) until college age. During this time I also found stimulation from putting rubber items inside my shorts, such as football bladders, etc. Unfortunately, rubber baby pants were gone from the stores. [Author's note: WW II was in progress.] For a time, I used a plastic tie-on (table) cover snatched from a relative, wetting in some wadded cloth. then masturbating...

I believe while college-age, I did wear a towel-diaper on a few occasions of privacy. The private sex became less emotion-filled and more mechanical, giving way to social-sexual development. so I have little recollection of specific activities. I did on occasion, however, enjoy wetting my shorts prior to masturbating, or wearing my shorts into the shower and doing it [masturbating] with lots of lather. I think I had lost all memory of rubber fondness in the confusion of social-sexual development, although I got some pleasure out of buying and using condoms on myself. If I had not forgotten rubber, why did I rush out to buy rubber pants when they were again available and I was living alone as a graduate student??

In a later reflection, A remembers his teen years in an effort to analyze the diaper fetish:

I always like babies, whether or not it had anything to do with the experience [as a child]. As a teenager [I] enjoyed babysitting and changing the baby, (mostly my cousin). I don't remember any strong attraction to diapers, but was fond of a baby picture of me sunning

in [a] coach [carriage] with legs spread and obvious diaper protection.

After graduate school, A entered the army for two years, during which time he responded to neither fetish:

The day I was discharged from the army. (I was already married a year), I bought a pair of Playtex super (toddler) size rubber baby pants. I wore them, wet them and masturbated in them. I was 26 at the time. From then on, I occasionally bought rubber pants -- Sears. mail-order, medical supply [stores]. This was always private, and on rare occasions, not conflicting noticeably with basic marital sex.

Incidentally, I have corresponded with many men whose activities have been similarly clandestine...

After my wife "discovered", we experimented a few times wearing rubber pants. I was excited but also embarrassed. She even knows about my infantile desires but we never got around to that. For a while, she let me wear as much rubber as I wanted but I always felt nervous and guilty about it. While we had some fantastic sex in rubber pants (one pair of rubber bloomers was virtually destroyed in one session!), it didn't take. It bothered her and she felt my wearing rubber pants had transvestite overtones. So, we more or less desisted. We did (and do) keep a soft rubber sheet in bed which we both find stimulating, especially applied during excitement in the groin and thigh area. This has a practical use as well, since we use coconut oil for lubrication. This is our "compromise".

When we left to live in England in 1974, she encouraged me to get rid of a duffel bag full [of rubber clothing]. So, I sent it off to friends (correspondents), but have accumulated a few new items over the years since. Most of this she is probably not aware of. But she understands and accepts my rubbery inclinations and makes jokes about her "kinky" lover, so it would not be a major holocaust if she did know!...

when I lived alone for several months in another state (1976), I wore diapers and rubber pants nightly [and slept] over a rubber sheet. I generally wore one or both when I was around the apartment. On these occasions, I would often take a large bottle of formula (milk and honey) to bed and this would guarantee a very wet night. I suppose if I were living alone, I could do this (the whole baby bit) more than I do now.

A states that he wears diapers with rubber pants about once or twice per week, and wears rubber pants without diapers more often. He says he masturbates in diapers "perhaps 3 - 4 times/month." As for other baby items, such as bottles, he says:

On occasion, when in private. in rubber pants or rubber pants and diapers. I'll drink a Coke or beer using a lamb's nipple over the neck. This is pleasant but I can't say it has a huge impact on my psyche. Plastic pants I've used only for variety or for lack of rubber pants. They are also "kinky" to wear over a diaper as you can see the bulging "baby diaper"...

The warm, wet feeling (of a diaper) is very exciting. This is ancillary to the silky, smooth feeling of soft rubber pants...

None of A's infantile activities occur during marital sex.

He says:

All of our sex is without diapers or rubber pants, about 50% with a rubber sheet. We probably have sex about 4-6 times per month, with occasional more active spurts.

Correspondence with others with similar interests is important.

I should probably say that an important dimension of my rubber life has been correspondence since 1969. when I began my first "collection" in earnest. [I] have corresponded with maybe 40 - 50 men during those years. At present [I] am in contact with only 4 - 5 regularly. I believe the correspondence with these other men freed some of my inhibitions and guilt, for instance, to use diapers without embarrassment, which, as you can tell, was rare earlier.

A has also met some of his correspondents:

On a few occasions. [I] have been with a male in diapers and rubber pants. The sharing of the experience was more important than sex.

Case Study: B

B is a 49-year-old white male, married and primarily heterosexual. The case history he supplied to supplement the survey was so complete and detailed that the author wishes to reprint it here in its entirety:

I believe it vital to point out, initially, that my boyhood was most innocent, and devoid of any sexual knowledge, stimulation or arousals until ages 8 or 9 when, upon returning to bed following evening urinations, I several times found extremely pleasurable sensations in my penis upon lying down, face-down ... leading me to squirm and wriggle upon my stomach as my penis was between my abdomen and bedding. About the fourth or fifth time this occurred, I recall the distinct tension and the release of Sensations in a dry, first-time erection which truly amazed and somewhat frightened me. It was at this very juncture that my very first sexual knowledge or instruction came from a neighbor pal as will be seen as this narrative progresses chronologically.

As the third of four children in an upper-middle-class home with a loving, close, hard-working, happy, white protestant family, I had two older sisters and an infant sister, not to mention numerous cousins, aunts, uncles and grandparents ... all of whom were close and met for dinners, etc. weekly and shared our family's summer cottage on the Canadian shore of Lake Erie from summer through fall.

Our family album is evidence that as an infant, I was dressed in white or amber-colored rubber baby pants over my diapers. These disappeared with toilet training accomplished at age 2 - 2½ . This was a pattern with our youngsters, except for youngest sister who was in diapers, etc. to age 3 - 3½. [Youngest sister was born when he was 6; other sisters were 8 and 7 years older respectively.]

At my age 4, during summer vacation, there occurred several instances of pants-wetting and bed-wetting probably due to hard, intense play and swimming periods daily as well as the more-than-average consumption of soft drinks, etc. Following the first of each incident (pants and bed), both my Mom and aunt chided me gently with sympathetic tone and a mention or two of my having "to wear rubber pants

again if this keeps up". With continuance of the "accidents", they provided both white and amber rubber pants which I wore over underwear (sometimes double at night) or a diaper, fashioned from used, worn terry beach-towel material. One family album photo shows me at age 4½ - 5 at the dock wearing simply T-shirt, diaper and socks and shoes, a very customary play outfit for all day wear. Obviously seen by peers and adults, the dress brought some sympathetic as well as caustic remarks regarding "wetting your pants", "big baby" and "sissy" ... which I can recall especially from uncles and aunts which ceased once said. It now strikes me as to how common and open were such attires among youngsters of those days, whereas today toddlers and youngsters seem always to be dressed to conceal such infantile clothing.

With return of absolute control just after entering Kindergarten, the rubber pants, diapers and extra-heavy (training pants type) underwear disappeared ... and I continued my all-boy type of activities and role in the family. There is no recall of any significance relative to these experiences.

Between ages 6 - 9, I often was involved (such as on rainy, stay indoors days and evenings) in playing "dolls" or "house" as we called it, with my older sisters. Each had a life-size (about 24 - 30") baby doll with padded cloth body and plaster-like head, arms and legs. Each was dressed in real baby clothes provided by my mother and aunt, including baby's rubber pants of white, amber - (flesh) and pink rubber with gathered, ruffled waist and legs. During such play, as well as when assisting (fetching and carrying) baby sister's rubber pants or sheets, I can recall the strange, irresistible fascination and attraction I felt in the sight, feel, sound and aroma of baby rubber in the pants and sheets. It became a habit of mine to "sneak" a feel, smell or handling of these items whenever I could, in addition to two rubber aprons hanging in our kitchen and bathroom. This attraction and self-interest also extended to fascination with ladies rubber bathing caps and an all rubber card table cover used at our cottage. Like the baby pants, it had similar rubber gathering and ruffled edges. It got so, I couldn't be near such items without feeling or rubbing them on my cheek and smelling them. Yet, in this period, there was absolutely no sexual sensations, arousals or knowledge ... just the liking as described.

Three incidents of doll-play and evening babysitting by my older sisters involved me as daddy and then, at

their urging, as baby with me being helped into a diaper and rubber pants (stretched to the hilt) and being bottle-fed. In spite of the "naughtiness" feelings of this, I did enjoy playing for them: the third such incident including a high school classmate of theirs who had come to study and spend the evening babysitting with them. She laughed and laughed at me and said if I didn't play baby for her as my sisters said I did, they would tell all my pals about my doll-playing, etc. After this third incident, it all ended through, I surmise, mutual shame and embarrassment for all concerned and we continued occasional dollplay with me as "daddy" or "brother" only.

Age 8 - 10 brought a new neighbor family next door with a girl a year older than me and a boy of my age. The daughter, S, and I became good, close playmates and friends via walking to and from school together and her joining in most of our boy gang's sports, such as hockey in the yard, scooter races, skating, baseball, etc. None of us boys ever met her brother, T, who never went to school due to "illness" which we sometimes heard via mothers quietly discussing or exclaiming over T's "problem" in sympathetic, hushed conversations ... and S seldom mentioned him. We caught sight of him occasionally seated and bundled up on the rear porch or going out in the car with his family, etc. Then, one summer day, S invited me to meet her brother, T, so we could play some games with him like checkers, chess, Monopoly, etc. ... and into her house we went to be welcomed by her mother who led us to T's room and saw that S politely and properly introduced me to T.

I sincerely believe that this marked the first "trauma" of envy in my lifetime. what greeted my young eyes during the introduction was a boy of my age and build (a bit thinner and a bit pale), lying on his bed with books and drawing material around him ... and, other than socks and a sport-type shirt, wearing only a diaper pinned on him beneath a pair of large, semi-transparent, amber rubber pants. The disarray of the bedding also revealed a white rubber sheet beneath the cloth top sheet. I can still recall the shock, stammering and reddening face I experienced for some long moments before his enthusiasm and unaffected greetings and conversation "normalized" the environment. my sensitivities, sympathy and new understanding of the family's problem was tinged with jealousy and some envy at his dress and situation. As she departed us for the

kitchen. T's Mom mentioned that T had a wetting problem and that we could no doubt become good friends if I would visit more often. Obviously. I was the first such lad to meet him and the family had selected me for my manners and friendship with S.

Out came the checkers and the three of us sat around the bed entering into the competition as any other kids would and chatting away about the gang, etc. The two hours or so that we spent gave me opportunity to note the neatly stacked groupings of diapers and rubber pants on the dresser and side table ... with diaper pail identical to that in our baby sister's accessories. Subsequent visits and playing about their house revealed clotheslines on the rear porch and in the basement, literally draped with diapers, rubber pants and sheets. Just as at home, whenever the opportunity came, such as in "hide and seek", I would feel, fondle or smell the rubber items at hand.

Our budding friendship and pal-hood soon led to afternoons when S and her Mom would ask me to stay with T as they went shopping, etc. ... usually for an hour or two near our neighborhood. One morning, over cookies and milk in the kitchen, T and I were discussing the gang and its two girl members when, like out of the blue, he asked me if I ever "jerked off" ... the very, very first time I had ever heard such a term related to sexuality, etc. when I asked him what that was. he said something like, "You know, with a hard-on and your pecker feels good" ... and suddenly I realized he was referring to my penis and the several times good feelings I'd had in it ... on the bed. Not wanting to appear ignorant or not informed, I admitted I'd had good feelings on my stomach in bed and he admitted to the same. etc. Returning to his bedroom, he suggested we "jerk off together" and said he'd show me how. Sitting up against his pillows, he lowered the front of his rubber pants and diaper to show me his erect penis and began stroking it in typical boy fashion, both hard and rapidly until he ejaculated forcefully onto the bedding ... and urging me to hurry up and do the same. Now opening my pants and shorts, I began stroking myself with an erection produced and anxious to see my ejaculate shoot forth, although I'd never before seen such a thing ... and, alas, I again felt the sensations of pleasure and tingling, yet with no actual ejaculation. It was comforting to hear T explain he had had no ejaculation (cum) earlier and that I wasn't ready yet. That night at home. I again fondled myself by hand I and again experienced like results. It was several days later that in a repeat

session with T, my first sperm shot forth and it was a thrill and relief with T congratulating me, etc. From then until age 15, T and I were inseparable and I became almost a member of his family. Also, it wasn't long before I confided my envy over his rubber pants and we were each in a pair whenever we mutually masturbated or fondled each other ... spurting onto the rubber sheet or into the pants which we carefully tissueed dry and resumed our regular play. etc. before his sister or parents returned. Thus, I had experienced my first sexual instruction and knowledge and began to comprehend what the other "guys" so often whispered and kidded about.

Almost simultaneously came the commencement of "wet dreams" and/or the telltale spotting of sheets, underwear, pajamas, etc. So, naturally, at home alone, I would "borrow" little sister's extra rubber sheet or a pair of rubber panties into which I masturbated. Sis's panties were too tight and not stretchy enough to actually pull on without tearing ... so I would put my penis in them to stroke myself. Always liking to lie on my tummy, I often pulled the rubber sheet up between my legs like a giant rubber diaper for protection. During the events of the last few paragraphs. I came to understand and shamefully accept my fascination with rubber and my sexual organ. It also, no doubt precipitated my eventual "bi-sexual" nature which arose years later after marriage.

S and T's family relocated at our ages 15 and we lost contact a few years later ... something which turned out to be a lifelong regret as my knowledge and involvement with rubber pants and sheets continued and increased.

During teen years preceding age 17 - 18, my earnings from chores and newspaper route provided money with which I could bike to distant 5 & 10's or drug stores to purchase my own extra large or super size rubber pants ... for secretive wear in bed beneath my pajamas. It often amazed my folks and sisters as to how often I retired somewhat early, which was attributed to my rapid teen growth and thinning out. Actually, I was stroking myself in bed or rolling around fantasizing being a big baby or being babied by my sisters or T. These were years of wearing baby pants next to my skin and never realizing any appeal in diapers, etc.

Other than my continued solitary, guilt-ridden, embarrassing (afterward) sessions about every other

night or sometimes twice a night, my school and play and activities were "all boy" and I was admired and popular in school, scouting, and outdoor sports as a leader and example-setter. My other "pleasure" and "addiction" was mine alone and irresistible until orgasm and guilt-ridden the moment it was done. Probably like others in this activity and affliction, I hid my baby pants and rubber sheets in my closet and all over the house, such as in the basement rafters, attic rafters, etc. ... often wrapping and discarding countless pairs in the garbage cans through the sense of shame and guilt after use. Sometimes, the next night would find me eager and aroused again and, with no others at hand, I'd retrieve the discarded pants or sheet, wash them in the basement when alone, and resume wearing them to bed again.

An avid reader of all magazines and books, I can recall the fascination of searching for baby pants ads and a particular fascination in reading the small, partial page insert ads for "Anti-colic Nipples" which were illustrated as black rubber pull-on nipples which snapped over the top of narrow necked nursing bottles. Also vivid is the fascination with which I devoured ads for the "Hygieia" nipples for wide-mouthed nursers and how they more perfectly resembled mother's breasts. However, I only read these, found them arousing, but never used or purchased them or "borrowed" them. As rubber baby pants became less and less randomly piled and open on dime store counter sections, in came the marvelously, milky-soft and stretchy Playtex baby pants and sheets of latex with its heady and strong aroma. My first sight of these came during a mid-teen family reunion at which two older cousins were "introducing" their babies ... both boys about a year old. As I was passing a group of female relatives gathered about a day bed on which one baby was being changed, I was stopped in my tracks and overcome with curiosity when one older aunt remarked, "What adorable little rubber pants! are they a new type?" ... and, lingering close, heard and saw the mother/cousin hold up a pair of flesh-colored, semi-transparent Playtex baby pants and stretch them out and out as she explained they were "the new Playtex pants which are so stretchy they grow with baby ... and could fit almost any child". I was instantly erect and damp and retreated to my room to relieve my sexual tensions. Later, I lingered about the infants and played "tickle-tickle", etc., even accepting a cousin's urging to hold her baby, during which I was sure to place my hand under the infant's rear to fondle and feel the

smooth, soft, warm latex material. The very next afternoon found me in the local drug store where I viewed my first display rack of the silver and golden tubes containing the new, stretch-to-fit-me pants. I was delighted to find they had a "super" size labeled on some tube ends and purchased pairs in white (cream shade), flesh and pink ... and broke all time records to home on my bike. Once alone, I pulled on all three pairs and hopped into bed to fondle my erection so firmly and neatly outlined through the skin-hugging, aromatic, soft, shiny latex. From that day on, I was a slave to the sensual and protective Playtex pants and sheets.

My Navy and college days also were activity and leadership-filled, almost to the point of completely forgetting or ignoring my former involvement with rubber pants: except for an occasional, inward, secret, self-smile when hearing the words from women or in seeing items of baby rubber now and then. Four years of Navy duty saw but three weekend "liberties" when, staying in a large city hotel, I gave in to visiting local, large dime stores and drug stores to purchase both baby pants and sheets by Playtex, returning to my room to lounge and masturbate all weekend while most of my buddies were about town seeking girls or prostitutes for sex. It was with sadness and regret I had to discard the purchases in city trash cans prior to returning to duty.

College saw my principal introduction to dating and girls, having attended an all-boys high school with several dance and movie dates, etc. Such active, full and athletic days with dating, etc. kept my masturbation periods to fantasy only and did not involve the wearing or use of rubber for four years. However, when at home, it was with more than a little interest I discovered my Mom and sisters had begun to wear Playtex girdles; the first of which had smooth latex bodies impregnated with ventilation holes throughout, the later models having cotton flannel inner surfaces to reduce and absorb perspiration. These flesh and ivory shade girdles were often on the basement clothesline or in the bathrooms. While heavier than baby latex, they possessed the same texture and aroma ... and several times I enjoyed being alone and tugging them on for solitary fondling, etc. Being tall and slender, I was able to tug them on with the bottom, open edge across my pubic section and my erection standing in front, amidst the leg garters dangling at the sides ... thus being sure, most times, that my ejaculate did not soak or stain the girdles. My fantasies in such

pleasures were those of a baby, however, and not of being a female, etc. But how I envied the girls who could wear such undergarments all the time.

Girls' sanitary panties sometimes were in evidence about their room or in the bathroom or laundry - piles. A very prevalent type, I noticed immediately, was the Kleinerts "Feathernap" panties which were a tissue-thin rubber panty, easily torn or ripped, to be worn over girls' silk, satin or cotton panties. etc. Their delicacy kept me from attempting to stretch them on over my healthy endowment, yet rubbing myself to climax with them was heavenly. I also "borrowed" their silk or satin panties with not much thrill in use thereof. My basic attraction and pleasure was in rubber or latex panties.

Post-service and college years found me so active, athletic, and burdened with studies and fraternal leadership that there remained little time in my mind for other than occasional, widely-scattered fantasy masturbations. Several of my college classmates were home area chums who had been active in teen scouting and camping with me ... including several who had known me well enough to have joined in the shared sleeping bag pleasures and masturbations, summer and winter. Always considering them handsomely and boyishly cute. during college years I again admired them as such, even wanting to share masturbation with them again, but all being vets, was afraid to bring up the distant, teen past ... yet, they always occupied a portion of my rubber pants masturbation pleasure. None of them or anyone else ever knew of my rubber pants fixation and fetish.

Upon graduation from college, I worked in New York City and New England for several years, being so busy and impressed with my junior executive training and duties, that I dated often with girls and took to the adult social and cultural offerings of the large cities.

Upon return home to commence administrative posts in the local university. I resumed dating my college sweetheart and upon our first intimate petting experience, found her to be wearing a Playtex girdle identical to those of my sisters. Now home again, I resumed intermittent wearing of rubber pants, sometimes under my trousers on dates, etc. ... often ejaculating during petting, etc.

Finally, proposing marriage, my self-pleasures in rubber seemed a bit juvenile and idiotic for such a grown, successful person ... and, with marriage, I finally completely severed my desires and

masturbation. The first years brought three children, two years apart ... and even through the subsequent years of baby care and childraising, the presence of plastic baby pants or rubber sheets and baby accessories left me cold, due to their being for my own children, I guess. Oh, there was an occasional erection or horny arousal upon seeing my wife put baby panties on the kids. but it only occurred when watching my wife handle them or shake them out or rinse them out, etc. ... and that ended that ... at least for nine years ... years of advancement, graduate studies and a transfer to national sales duties with a large machine company.

THEN IT ALL CAME BACK WITH A PASSION, just when I figured we were into a mature, family, successful, well-planned life and sexual relationship. A ski accident and broken leg for one of the youngsters at age 10 found me visiting a major surgical supply store in search of an arm pad and rubber tip for a crutch. As I waited my turn at the counter, a lady next to me requested "three pairs of the white rubber pants, small size" ... and, for the very first time in my life, I learned that rubber and plastic pants were available for adults. I really can't explain why such realization had never dawned on me ... there, of course, being adults who are incontinent, etc. I was dumbstruck and stood there gaping as the clerk produced three boxes of Bittner's #450 white rubber pants. opening each and shaking and holding up the pants for inspection as to condition, etc. The very sight and rustle of the rubber pants as they were unfolded and shaken, stimulated me to instant erection and lubrication flow ... so much so that I barely avoided an on-the-spot ejaculation. As I listened to their discussion as well as the clerk's showing of Bittner's plastic briefs. I learned that their "small size is perfect for a 30-inch waist" and after being waited upon for the crutch articles, asked for two pairs of the "small size rubber pants like the lady purchased". Without further comment or discussion, they were wrapped and I was on my way, each pair at that time costing \$4.50. The drive home was seemingly endless. Once at home, I locked the bedroom door, stripped and tried on both pairs for fit. The aroma, feel, sight and sound had me on the bed in moments for my first masturbation in rubber pants in many, many years. Especially arousing was the secure fit at waist and legs with their gathered, ruffled, baby-style and the fullness of the pants. Using the "privacy" excuse of having to shower, shave and get dressed for an evening appointment provided the fifteen minutes of pleasure in rubber pants. I then secreted them in my "travel" suitcase with

combination lock where they remained until evenings alone periodically gave me the chance to repeat the solitary masturbation I had known as a boy and teen.

About a month later, while browsing through magazines in a business office waiting room. I was frozen into erect paralysis as my eyes fell upon the bold words "RUBBER PANTS" in a small ad in the rear of a womens' magazine such as Redbook, Cosmopolitan or Glamour. There beneath the words was a sketched view of human waist and legs with ruffled rubber pants covering them ... and identical to the style pants I had worn as a child and teen ... in color choice of pink or black. In a matter of weeks, I received the two pairs of pink rubber pants I ordered, via mail, from South Bucks Rainwear Company in England. (Black color was a surprise and not having ever heard of such baby pants color, never ordered that color.)

During the next few months, while maintaining and enjoying regular, "normal" marital relations, my frequency of solitary masturbation in rubber pants resumed and increased ... not without a considerable amount of self-guilt and, following each such incident, plenty of disgust ... a reaction similar to boyhood and teen periods.

This almost unbelievably coincidental knowledge and stimulation of availability to rubber pants occurred at a time when my company assigned me to out of town travels over a four year period, with weekly travels necessitating motel living for 2 - 5 days per week. Lonely evenings after dinner provided the opportunities to wear and enjoy my now growing assortment of baby-style rubber and plastic pants and to visit out of town medical/surgical houses in search of such items ... including rubber sheets which I also rediscovered and found irresistible.

Travels also provided opportunity to purchase and learn about sexually-orientated literature, leading to the commencement of correspondence with others of same interests ... all male. Current, local P.O. Box continues this "hobby".

Some months after resumption of enjoyment of rubber pants, my wife noticed my anxiety and increased reading habits, mostly involving psychiatric texts, etc. re sexual fetishes. One evening, after a cocktail party, she commented upon my deep, deep thought periods and my "research" readings. My years of inhibition gave way to revelation of my boyhood-rooted arousal and enjoyment over rubber baby pants ... and sheets. A full and serious discussion

ensued with my educated, teacher-wife accepting my revelations, yet considering them a "sexual crutch" with the expressed wish that I not openly "model" them for her, etc. ... but, if I desired to wear rubber panties to bed, fine, as was the use of a rubber sheet under my bedding (my side) as she realized the aroma, etc. turned me on. Actually, since both of us enjoy mutual fondling and masturbation as much as intercourse, she now often fondles my baby pants, sitting up next to me after I have brought her to manual climax with me kicking my legs in ecstasy as I ejaculate in the pants.

She is not aware of my clandestine correspondence nor my expanded interest in and enjoyment of such additional items as diapers, baby bottles, pacifiers, bonnet, etc. These became possible and enjoyed during my months of road travel and living alone in the motels, hotels, etc. Whenever alone for a day or more, especially at our vacation cottage. My dress and habits include all of the foregoing items ... and probably like most fetishists, the seeing of myself in them via mirrors. My wife, via comments to my sisters, etc., can now appreciate my boyhood exposures and experiences and indulges my rubber-wear for bedtime wear several nights per week.

Via correspondence, I have personally met and shared infant attire, accessories and mutual masturbation with four male friends ... one of whom is homosexual and provided oral satisfaction for me also. The other three men, my age and younger, are married and, like me, are "bi" where infantilism is concerned. Only coincidental travels made these meetings possible, as we are all residents some 200 - 300 miles of each other ... and may or may not be possible to repeat.

One divorced young man of 28 lives some ten miles from me and we have several times met at his apartment to dress, discuss, compare literature and items. There is no sexual activity involved and he is currently seeking a wife via dating with the intention of fully revealing his interests and making it a condition for marriage that she accept his wearing of diapers and baby pants (plastic and rubber) at home. He has worn and used them for masturbation since teens but not to wet or anything else. His interest is rooted in having been kept in diapers and baby pants to age 6 - 7 due to bed-wetting.

The pants most often worn by writer to bed are the snap-on, flannel-lined Pro-pants by Salk Company with four side snaps. These are washed with the family

wash, yet concealed from our teen youngsters. Only my wife and I are involved. For solitary masturbation or frequent day wear under regular clothing including business suits, amber, white or pink rubber panties are worn. usually over cotton briefs or shorts.

When rubber pants are worn for bed, they are easily rinsed and washed, then towel dried after the morning shower. Masturbation in rubber pants usually includes K-Y lubricant inside the pants for friction-free, slippery enjoyment. Sleeping in the ejaculate-soaked rubber pants provides a stimulating aroma of sperm and rubber as in my teen years.

Aside from various rubber pants styles and colors, my adult "layette" includes plastic Pro-pants, Kleinerts incontinence briefs (plastic) available in most department store notions or intimate apparel departments, and Bittner's plastic briefs. Diapers are large baby diapers but more often heavy terry towel in white and adult disposable, tape-on diapers newly available in medical supply houses. The latter eliminates the need for secretive, hurried and worrisome washings of wet diapers.

Frequency of marital relations: About once per week or once per two weeks and approximately three "pantied" play sessions (as we call them) to two regular intercourse sessions. Once in a great while, we have intercourse on a rubber sheet which does nothing for my wife yet she knows it stimulates and increases my pleasure. The two or three nights per week that I wear plastic or rubber pants to bed with T-shirt or under pajamas often are just for sleeping and a "security" fetish comfort for me ... with or without sexual activity.

Some fifty correspondent acquaintances, all male, range from single to mostly married or divorced (no divorce due to infantilism) and from straight to bi and gay in nature. I now maintain correspondence with some twelve regular, permanent friends. We also exchange partial and full photos of ourselves in the various degrees of infant clothing and accessories.

In spite of the enclosed, detailed case history and its contents, the author (subject) is a married, successful, affluent, parent, business executive in own business and is locally well-known as leader and participant in church, civic, social and fraternal activities. His second. secret-self is known only to him and his wife and correspondent friends. Fact IS stranger than fiction -- Again!

In addition to the infantilism experiences B details above, he stated he has had three "babysitting" sessions over a 1½ year period with a prostitute who had advertised in a national 'dominance' magazine. He describes a typical session:

"'Jennifer' only lightly slapped my bottom while putting me on a rubber sheet and into towel diapers and rubber pants. She bottle-fed me warm milk and breast-fed me ... then while changing me, she sucked on me before I screwed her with my diapers and rubber pants pulled down to my thighs."

B has consulted a "psychiatrist/friend" about infantilism and rubber fetishism; he was advised that the fetishes were OK as long as they did not shut out regular sexual relations and pleasure, and that the fetishes could probably never be removed from his mind so he might as well enjoy them. B expresses some disappointment that his wife "doesn't accept diapers or baby items other than rubber pants". As to the positive aspects of diapers. B says he "enjoyed being a baby with four male babies in the past six years, the masturbation, wetting and receiving oral satisfaction from a male baby (gay)", and the chance to enjoy at least a facsimile of his fantasy which is "to have gals know I'm an adult baby".

Case Study: C

C is a white, bisexual male, 42-years-old and an only child. C developed bladder control very late and wore diapers and rubber pants continuously from birth until age 14. At age 10, his mother said he was old enough to change his own diapers and he continued to do so until he gained bladder control. (He says his parents "were very understanding and did not give me a hard time for wearing diapers".)

At age 12, he was sent to a summer camp for the first time -- a camp for handicapped children. All the other boys in his cabin were also incontinent and wore diapers. There were two boys to a room; his roommate was 15. They shared mutual masturbation sessions, the roommate later fellated C and finally encouraged C to reciprocate. (Although C had previously been "masturbating in wet diapers", this was his first sexual experience with a partner.

At age 13, C began to have control over his bladder. At 14, he developed continence and stopped wearing diapers.

Except for occasional 'secret' masturbatory sessions, C did not wear diapers through high school. During this time, he developed as a bisexual. having both gay sex and his first heterosexual experiences. After high school. C spent four years in the military. On leave, he says. "I'd go to a nearby city and stay at a hotel. I would then go to a department store and buy diapers and rubber baby pants and enjoy a wet weekend".

After separation from the service. C attended college and would wear diapers approximately once a week and always alone. Dating and sexual experiences continued to be bisexual. Shortly

after completing college, C began dating a woman exclusively and within a year married. He kept his interest in infantilism a secret and continued to wear and masturbate in wet diapers when alone. (His job involved a great deal of travel, therefore he had ample opportunity for this.)

Approximately nine years into the marriage, C developed a bladder problem which required surgery. After surgery, C became enuretic and "since [I] enjoyed the feelings of wet diapers anyway, began to wear diapers day and night. This seemed to turn my wife off and we had sex less and less. And so, I started seeing men again for sex. After [10] years of marriage, she started seeing another man at her job and we were divorced".

After the divorce, C discovered Rubber Life, an adult magazine catering to rubber fetishists and infantilists and discovered that other adult men existed with similar sexual preferences. (He says, "So far I have never written or met a woman who enjoys diapers".) C placed an ad asking people who enjoy wet diapers to write to him. He has since placed similar ads in other fetish publications such as the Fetish Times, Finger Magazine, Nugget Magazine and The Crib Sheet (which specializes in infantilism) and has corresponded with 200 men in the United States and six foreign countries (some of whom have answered the questionnaire on which this research is based).

Currently, C wears diapers and waterproof Pants continuously. "During the day, at work, I wear adult disposable diapers and Gerber adult plastic panties. At home, I wear cloth diapers and

rubber panties and sleep on a rubber sheet ... I can control my wetting during the day but [have] no control at night." He masturbates in diapers daily. .

Socially, C says. "I have dated a few women since [The divorce -- 5 years ago] but all were turned off when they found I wore diapers". He has had both social (by letter and in person) and sexual contacts with men who enjoy wearing diapers. "About 5 years ago, I had my first diaper visitor and since then, have had some 25 men visit with me. All enjoy wet diapers ... this past July, I had two gay friends who love wet diapers visit with me and we enjoyed wetting each other's diapers, changing each other and three-way sex together."

C views infantilism as a man's fetish and wishes that women could understand and tolerate its practice. "For some reason, diaper wearing seems to be a man's fetish. Some of my married friends would have a very happy marriage if the wife would have an understanding mind about her husband who enjoys wet diapers." He says he does not feel that his fetish has caused problems for him although it seems to have aided the collapse of his marriage. (He blames his bisexuality: "Since being married and divorced. [I] am not sure a bisexual should marry".) One positive aspect of his fetish is the social network he has developed with other men with similar interests. "I enjoy meeting other men who love wet diapers ... changing each other. spanking and enjoy wet experiences."

C has never felt the need for counseling or therapy for the diaper fetish: "[I] have never gone to a psychiatrist, but one of my diaper friends did have to go. His wife found his hiding place

for his diapers and correspondence. He said the psychiatrist tried to help him but could do little for him. In the end, all has worked out. His wife is happy he saw a psychiatrist. He now has his own P.O. Box and now keeps his diapers somewhere and not in his home. But [I] am sure he is still somewhat unhappy that he must hide his fetish from his wife. I do find it strange that women will not accept their husbands for wearing diapers."

C is in good health although he has a chronic condition -- low testosterone levels (he is an XXY genotype) -- and must take monthly hormone shots.

Case Study: D

D is a bisexual male, 43-years-old and single. Raised since age 2 in an orphanage, D says that his toilet training was normal, "no need for diapers or rubber panties since age 3". He does, however, feel that his training in the orphanage was costly emotionally, and that he was denied a chance to experience childhood: "I proved at the age of five I could do almost anything that one wanted to train me to do, thus being denied baby and childhood."

Early masturbation experience involved laying face down on a bed and rubbing his penis against the sheets. This became easier when he tried it on the wet rubber sheets of a roommate. "[I] used to like to waller in another's wet rubber sheet -- I WAS ATTRACTED TO RUBBER TO THE ZENITH -- but even STRONGER TO WET AND RUBBER!"

After leaving the orphanage. D's rubber fetish diminished and sexual development was primarily heterosexual into his mid-twenties when his interest in rubber clothing returned:

It started back in the fifties when they were selling "rubber" [menstrual] panties for women. That was my first introduction in buying rubberwear. Also [catalogs] carried genuine RUBBER SHEETS at that time. In 1960, I was with [a] friend ... [who] brought out a pair of transparent rubber pants. It blew my mind! I was unaware that they had rubber-wear besides women's sanitary pants or rubber sheets. When they were in the other room, I hurriedly copied down the address on a piece of paper (a West German firm now out of business). My first order from them came to over \$800 with postal duty, fees, etc. [The] order was for rubber sheets, knickers, bras, girdles, vest, shorts, etc. ... At that time. I wore only rubber - no diapers -- so. I was young and wild and horny. Since then, I have come across 15 - 20 rubber manufacturers.

In the late sixties, D experimentally began to wear and wet diapers. but found it unsatisfying.

I tried to wet [adult] diapers, but thought it unsanitary even though I desired it. Before going to bed, I would go to the bathroom, let the hot water run, fill a glass and pour [it] down into my diaper and rubber pants. IT WAS HORRIBLE!

The incident which changed D's attitude toward diapers occurred in 1970:

I had a car/truck collision that left me with a broken back and a brain concussion. [Since] I was suing the truck firm, I found it reasonable to add into the suit that it had left me "incontinent", which it didn't. All it was was a way for me to be able to wear diapers and rubber pants with it all on doctors and hospital records, thinking it would add to my "suit".

Currently, D says:

[I] sleep nightly on a rubber sheet. wear diapers and plastic or rubber pants almost daily, use pacifier or bottle every night, bibs occasionally, and rarely, baby food, mostly because of non- contact with other infantilists. I also wear booties, baby bonnets, and tailor-made romper suits (with and without snap-crotch). At present. I wear diapers and waterproofs (rubber and plastic panties) together. In my younger years, it was TOTALLY without diapers ... I also use a crib.

I like the feel, smell, clamminess, bulkiness, and humiliation of diapers and waterproofs. It [involves] both mental and sexual feelings. The only way I can describe this HUNGER AND DESIRE is like to be hungry, penniless, and walk by a restaurant with the odor escaping into your nostrils, proving to one that the body had to be satisfied in the rubber and baby scene. Rubber, diapers, baby food, clothes, etc., ALL LEAD TO FULFILLMENT ... it allows me to feel the feelings I was denied as a child.

Infantile experiences are regulated by D's environment and emotional condition: "it fully depends on my mood and circumstances, from wearing them [diapers] continuously up to 72

hours, to not wearing them up to two weeks."

Questioned about sexual experiences, D said he had had sexual acts with partners which did not include the use of any baby items and has had contact with other infantilists through infantile literature (like Play Pen), through correspondence. and through meetings:

I currently correspond with 6 - 10 babies regularly. Three are married and heterosexual, three are 'admitted' homosexuals and the rest are bisexual. I enjoy all their 'trips`. especially from the married babies for their desires and fulfillments are pretty well in line with my own. I have not had a homosexual or bisexual act with another baby -- strictly bathing, cuddling, changing, powdering, etc. with them ... [I] rarely experience sex with diapers, for few can understand the fetish.

Responses to the inquiries on pleasures of infantilism, D said that regression "relieves built-up tension". Problems: "[I] just have to be careful that I am wearing appropriate clothes for the occasion." He said he has never sought counseling because of his infantile desires.

Case Study: E

E is a 32-year-old, gay male. He says his childhood experiences were normal, but questions his belief that his first interest in infantilism occurred at age 13 or 14:

My interest in diapers must go back beyond years 13-14 but I think I have repressed its beginnings. During the emotional trauma I had ("confused sexual urges" and a desire to regress), I babbled to my parents rather incoherently about both my infantile interests and my attraction towards men. It has made it impossible to ask them about early experiences without opening a large can of worms. (Since then, we have never discussed it.) I do remember accidentally wetting my pants one day coming home from the fifth grade (but don't remember it as a pleasant experience). I just remember that in junior high, I started using towels and pillowcases as diapers and wetting them when no one was home.

[From] 1965 to 1971 [18 - 24], I attended college and graduate school. I lived in a fraternity and almost never used diapers. During this time, I discovered masturbation and had my first heterosexual experiences.

[From] 1972 to 1975 [25 - 28], I finished graduate school and began my career. During this time, I admitted and reluctantly accepted my gay identity and had my first gay love affair. [During this time], I used diapers when alone and tense. Currently, fairly regular use ... this varies from weekend use which can be all day and night to once or twice on week nights.

E says that he always wears rubber or plastic pants with diapers. occasionally wears "a baby-doll nightie, rhumba panties, or a rubber romper suit", and. rarely, will use a baby bottle or eat baby food. He says that he does not wear diapers because of incontinence, but, "by choice ... [I] must consciously force wetting or soiling", and says that he always masturbates while wearing diapers, "from once to four times per episode, almost always after wetting or soiling".

Describing his sexual experiences. E says that between 1971 and 1974, he had "5 - 6 heterosexual pairings" and, since 1971, over 100 gay pairings, all without the use or presence of baby items. E also describes several contacts with other infantilists:

1) Young (early twenties) white male. Met via correspondence. A first for both and very tense. Both in diapers and plastic pants. He became a little baby girl and was passive. All sex [was] manual. Only I wet.

2) Gay, white male (30's). Met via correspondence. Little role playing. First gay sex, with me passive, then diapers and plastic pants. Both of us wet and/or messed during the night with repeated manual sex or just rubbing of bodies.

E detailed a chronology of a 'typical' weekday and a weekend infantilism experience:

Today was a classic of "heavy infantilism mode", I awoke wet in a distant city. I disposed of the disposable (one adult size disposable diaper with two children's size as soakers) in the trash, showered and dressed for the trip home. Once home, I returned to diapers and went out shopping. Was wet from 2 until 7. Showered and shaved and am now going out for a normal gay evening. May or may not use diapers tonight depending on what happens.

This was a relatively typical weekend. I went to a gay bar after work on Friday to see if I could meet someone. No success there, so I picked up dinner at a fast food place and went home. For a while, it was a toss-up between staying home or going out (it was too cold outside). I decided to catch up on correspondence and stay home, attired myself in very thick diapers and two plastic pants. First called two 'baby' friends for long telephone chats. Then wrote two others. Watched TV and released bladder whenever I felt the urge. Changed and went to bed in dry diapers at 1 AM. Awoke and wet twice during the night. Went to Saturday breakfast with wet diapers under clothes. Moved bowels on the way home. Masturbated and cleaned off at home. Remainder of Saturday straight.

Saturday night, another baby friend called. Again went to bed dry and got out wet.

Sunday morning, grocery shopped in wet diapers,

showered and put dry diapers on and met one of my baby partners for brunch. Returned to house where he wanted me to wet. Tried hard and inadvertently moved bowel. (Partner climaxed at that.) Partner then masturbated me to climax.

Cleaned up, did laundry from week and have been straight since. May or may not wear diapers tonight.

E says his personal analysis of his fetish would be:

No inkling as to cause of initial interest. Probably relates to self hate of homosexual urges. Later use seems to compensate for period of inordinate success. tension or doubt. Current frequent use may be related to the failure of a two-year gay relationship.

The sexual excitement E feels in infantile scenes he

explains as:

1) Abandonment of adulthood cares -- a return to the care-free, cared-for feelings of infancy. Actually enjoy the sensations -- warmth, wetness.

2) Need for self-abasement or humiliation. The need is not understood. It may relate to early self-hate of homosexuality, failure as an athlete, etc., but it seems to counterbalance tension (particularly professionally).

It is very hard to say [whether the use of diapers has ever caused problems in personal life or in a relationship]: 1) No, because it serves as a great emotional catharsis during times of stress and those who I have written or met seem uniformly to be gentle and warm people. 2) Yes, because occasionally I feel consumed by the fetish and the many hours and dollars spent sustaining it. Also., there is the fear that it will prove to be a professional disaster. People may be reluctantly willing to accept gayness but someone who wants to wet or mess his pants??? Hardly!

This ambivalence carries over into E's thoughts about counseling:

In college, I suffered a 'breakdown'. I was hospitalized briefly and then had therapy once or twice a week for 6 months. Discussed only my "gay desires" of which I wanted to be "cured". First physical male experience ended urge for cure and for therapy.

I would love to undergo therapy, but hesitate to do so for several reasons, in particular: 1) it's expensive, 2) it's risky -- I socialize in circles with doctors and psychiatrists. many of whom, to my shock, gossip about their patients, 3) I find most analysts have unbending. personal prejudices, and 4) I despise being treated like a commodity -- "your hour's up; see you next week!"

Case Study: F

F is a 28-year-old, heterosexual male. He is married.

F is the oldest of four children, they being 1, 2 and 3 years younger. F says his toilet training was normal. He remembers, however, two incidents in early childhood that he found arousing. The first was when his 4-year-old sister was diapered by a relative for soiling her underwear and was made to sit with her siblings wearing only a diaper. and the second occurred when a brother of his wet the bed and was forced by his mother to wear rubber pants to bed until he ceased. (The latter incident lasted approximately one month -- the brother was 6 and F was 7.)

As F reached puberty, he began to feel a desire to regress:

I I felt I wanted to escape the pressures of being the oldest and began to have fantasies of being a baby in diapers again. when alone, [I] used to crawl on a bed, fantasizing I was an infant. During this time, I had my first orgasm, and began to masturbate regularly. All my brothers and sisters were out of diapers, so I had to purchase baby items at a variety store. The first items I bought were plastic baby pants, in a large and later a toddler size. I masturbated wearing these plastic pants, sucking on a bottle or a pacifier, and pretending I was a baby in diapers (which were too expensive). As I grew older, I experimented and occasionally improvised a towel-diaper: I also, on rare occasions. would wet or soil myself and then throw my "diaper" away. This became inconvenient so I stopped doing it, [and] stuck to fantasy. This continued through high school when I was able to be alone at home.

I was experiencing my first taste of heterosexuality after the usual boyhood gay experiences and enjoyed it. Masturbation was causing guilt, as was my desire for diapers and so I stopped for periods up to six months. Then something would jog my "fantasy memory", like an ad in Good Housekeeping in for adult- size rubber pants. and I would improvise a diaper again.

At age 18, F moved out of the house and went to college.

During college, he did not wear diapers:

When I went to college, I was too busy, too guilty, and too public to practice my baby fantasies. Also, too big: toddler plastic pants didn't fit any more, even without diapers. So I gave it up.

After college, I began to work and lived alone. I used to read porno books and one day, I ran across a copy of Rubber Life which had a story about an adult baby. I was incredibly turned on! I decided to check the hospital supply stores for adult-size diapers and plastic pants, and bought both. I bought a baby bottle, a bib and I some baby food and spent the whole weekend in diapers. It felt so good! I wet several times and masturbated, changing myself afterwards.

Since that time. I have babied myself regularly, about once a week. I occasionally have pangs of guilt and throw all of my stuff out, swear never to do it again, and abstain for a few months, but I always get the craving and replace my baby things.

F says that he currently uses: "cloth and/or disposable diapers, plastic pants, bibs (cloth or plastic), baby bottle and pacifier almost every time. I wear double diapers at night although I seldom wet and occasionally will wear a baby bonnet, or a baby-doll nightie."

He says that he masturbates each time he wears diapers and that his wife does not know of his desires. "I feel I cannot share my baby side with her: I have carefully hidden all my baby items and only baby myself when she is away."

Sexually, F says he has sex with his wife about twice a week, "never in diapers". He says he has never had a sexual experience with a partner which included the use of diapers, although "before marriage, [I] had about 20 women partners over a 5-year period".

Problems caused by the use of diapers, he says, are: "anxiety over desire to share fetish with wife and occasional guilt over baby desires."

Benefits he obtains from regression are primarily emotional:
"I feel a tremendous release in diapers, like I am loved and cared
for. I have also met some interesting friends through
correspondence.

F has never sought counseling or therapy because of his
desire to wear diapers.

Case Study: G

G is a 35-year-old, gay male. He has one sister (13-months older) and one brother (seven years younger). He was enuretic off and on and was diapered for this into his teens.

As a child, I was a late bed-wetter. Also, my mother punished me for anything I did which displeased her. I was diapered so I would be humiliated ... I come from a broken home. My mother married five times.

G says he began to find wet diapers sexually exciting, began to masturbate in them, and has been wearing them regularly since age 13. He has, however, had periods when he "gave them up":

On two occasions after the onset of wearing diapers, I gave them up because I felt it was not "normal", they are not healthy for me. After giving them up each time it was a period of about two to three weeks before I resumed using them. I resumed wearing diapers because they offered me a sense of "security" that I felt I needed.

The third time I gave them up was because I had met a "lover". I felt that once I had a lover, I wouldn't feel the need for diapers. After an affair that lasted one year with this guy, I discovered that there were others who enjoyed diapers (like me). After this discovery, I returned to diaper-wearing.

The fourth time I gave them up was due to my religious convictions. I am so totally into the diapers, physically, mentally and emotionally. I have sometimes felt that I have neglected my spiritual needs due to my love of diaper-wearing. I resumed wearing diapers because at this point, I have never been able to settle this issue within my mind.

G says that his turn-on is more than just the regression; it involves the diapers themselves:

Just the sight of diapers really "turns me on". While folding diapers after I have washed them, I get an instant erection! Also, just to feel the material of the diaper really excites me, especially diapers made

of "Birdseye" material. I also love the smell of a wet bed or diapers and love the feeling of wetting myself.

G says that he wears diapers daily, "often 24-hours a day", with rubber or plastic pants, uses baby powder and baby lotion, and has a rubber sheet on his bed.

I use all of the items mentioned on a fairly regular basis, but not always. [I] use a pacifier and wear adult size "baby" clothes sometimes. [I] have a playpen and a crib.

When questioned about masturbation while wearing diapers, G says, "Yes. At least 1 to 2 times daily; often I fantasize I'm with that "special guy".

G says that he had had and does have sexual relationships both with and without the presence of baby items:

Sometimes I pick up a "trick" when I go to the gay bars. I then have to decide if he would go for a scene with diapers or not. If I think he'd be "turned-off" by the use of diapers or other baby items, then I try to forego those things.

If the trick agrees to a "baby scene", G will point out:

Several things I love for him to do:

- 1) feel my diapers to see if I'm wet.
- 2) I like him to piss in my diapers (dry) while I'm wearing them.
- 3) "change me".
- 4) talk "baby talk" to me.
- 5) feed me baby food.

G says that his interest in diapers has been both helpful and problem producing:

Helpful to me, yes. I am a person with several physical handicaps. That means I could win no beauty contest [and] that means that I don't score with a trick as often as I'd like to. Fortunately, ... I can "get off" on diaper-wearing and infantilism. Relationship-wise. I have a number of tricks who could "get off" with the diaper, infantilism scene, but don't think they would want a long-term relationship.

Problems: Guilt. My last lover could not accept the diapers, though he tried. During: my "coming-out" process, I mentioned my use of diapers to my counselor. He made little "to-do" about it -- basically had a so-what attitude.

Case Study: H

He is a heterosexual male, married and 46-years-old. He is the second of two children (he has a brother three years older), and was raised in a single-parent family by his mother.

H's early experiences were normal with complete toilet training by age 3.

The earliest recollection of my tendencies for wearing diapers and rubber pants was at about the age of 8. I was having a problem with a wet bed at times. It wasn't every night, but often enough for my mother to comment on and then threaten me with "didies", as she called them. I was very attached to my mother and wanted to do anything to please her. I took it on myself to go to the nearest 5-and-10-cents store, purchase the largest pair of plastic pants I could find, and secretly put them on under my pajamas. I stuffed a small towel under the pants. I didn't tell my mother about it and secretly wore my towel and pants to bed each night. Each morning, I'd hide the pants and put the towel in the laundry hamper. At the time, my wetting problem was intermittent. This style of living continued for about a year without the knowledge of my mother, until I had an accident in school.

I asked permission to go to the bathroom and was turned down because the bathroom pass was being used. I was at the peak of not being able to control myself and allowed myself to wet a little at a time just to alleviate some of the pressure, but my accident was clearly visible as I went home for lunch. My mother noticed at lunch time and scolded me and kept me home for the rest of the day.

Although she never mentioned the plastic pants I had been hiding, she must have found them. I say this because she told me that she was going to make sure I was protected the next day in school. Nothing was mentioned that night, but she took me aside the next day before school and told me I'd have to wear diapers and rubber pants under my school clothes, and put real diapers and rubber pants on me. She told me that she could take the wet beds at home, but could not take being embarrassed by my school accidents.

I wore the diapers and rubber pants until my first year of high school, when, for some reason, the problem ceased. It might have been because I became involved with

sports and was compelled to lick the problem.

However, I had become addicted to the feel of rubber, and I once again secretly wore just the rubber pants whenever I could. I was at the age when I began to get erections and often masturbated (wearing) the pants. This part of my life went on until I joined the Navy in 1952 (age 18). The next four years were spent without any diapers or rubber pants, yet the idea was on my mind.

Once I was released from the Navy, I took my own apartment and lived alone. I did it because I planned to renew my love for rubber pants and diapers.

I dated often and was quite popular with the ladies, but I kept my fetish very private. I lived this way for six years until I fell in love and married at the age of 29. I never told my bride of my secret desires, yet I often took her out on dates, prior to our engagement, and I wore rubber pants under my trousers. Most times, I didn't use diapers. It would have been too bulky.

It's hard to believe I could have kept a secret so well, but I can honestly say she never discovered it, even with late night petting.

I carried the rubber pants into our married life but managed to keep it a secret for a while, until she showed me a pair she found in my closet. I felt embarrassed by the discovery, yet did love my wife and trustingly told her all. She was a bit surprised that I was able to keep it a secret during our dating days because we had come close, many times, to being completely intimate. We passed that night of my discovery in deep talk and I asked her to try and accept the fetish even if she didn't understand it.

The next few days passed quietly, without any mention of the rubber pants, and I was relieved. The next time the subject came up was when we played Scrabble, a game we played often. She suggested that the loser would wear the rubber pants for the winner. It was her way of telling me that it was OK. I tried my best to lose and did and then wore the rubber pants in full view of my wife for the first time. I must tell you that it was also the best love-making we had ever had at that point in our short relationship and we both knew it was worth it. From then on, the rubber pants became a part of our foreplay prior to love-making.

It was M's suggestion that I should wear diapers under the rubber pants because the weather was warm and "I shouldn't sweat or I might get a rash". It was another step forward and the diapers became an everyday part of our life, and she did the diapering. She told me she'd send me to work in diapers except that in my line of work, ... a firefighter, the chances of discovery were too great.

Nevertheless, it became a routine for us -- anytime I was home, she put me into diapers and rubber pants, except when we made love and then we left off the diapers.

She even got involved with the rubber pants and often wore them for me at home. Sometimes, when we went out socially, we both found it exciting to wear rubber pants. It was our very own secret.

...throughout most of our relationship. I didn't use the diapers for their intended purpose. That is, until one day, she suggested I wet them while we were shopping, and I did. We laughed all the way home and have continued the practice even today. I suppose its a turn-on for us at this point.

In finishing. I must tell you that we have borne a large, young family. We are still involved with infantilism and it is a secret we keep only to ourselves -- the children are unaware. Unfortunately, my sister-in-law found out: she discovered some diapers and rubber pants in our laundry room while visiting and knows of my fetish. She looks at me funny sometimes, but I can live with it. As long as my wife is understanding and accepting, I couldn't care less.

H says that he masturbates in diapers about three times per week, and wears rubber pants under his trousers at least five days per week. He says that the problems caused by wearing diapers involve the disapproval of his sister-in-law.

As for the benefits:

It has allowed my relationship with my wife to grow. We have allowed ourselves to trust completely and accept each other.

He also says that, although he was able to have sexual relations without the use of rubber pants and without difficulty, "I experience greater satisfaction when dressed [in rubber pants]."

Case Study: J

J is a 45-year-old male heterosexual; he is married. He is a youngest child. J remembers his interest in diapers beginning at age 6.

At age 6. we moved to a new house and as long as I can remember. I had a problem with wetting my bed. It wasn't every night. I could go a week or even three weeks with no problem, then have an "accident". Even that was not bad. I did not wear diapers on these nights. However, once every couple of months. I would wet the bed 2, 3 or 4 nights in a row. After the second night. my mother would put a diaper on me. I would sometimes wet with the diaper on. She would keep diapering me until I had at least one dry night. She carefully explained that the diaper was to help me. It would keep me warm and also help keep down the laundry. [During this time,] I continuously had a rubber sheet on my bed under the sheet ... [with] a cotton baby blanket on top of the rubber sheet for extra absorption.

Around age 10 or 12, I realized I liked wearing the diaper and also liked the rubber sheet although I was extremely embarrassed by them. I would wear the diaper on my own and soon had sexual stimulation and then releases. Trying to use and cover up use of her diapers became so difficult for me that I went out and bought my own. I also bought rubber pants and sheets. I wore these for a number of reasons, as I recall. One was to avoid a wet bed and all the wash and the diapering routine that went with it. They also felt good, they save me sexual relief, and they represented an adverse situation. There was also excitement in the chance of being caught, which happened on two occasions.

By age 15, the need to wear diapers has to be a bad situation. without a dryer. my washed diapers had to be hung out on the clothesline to dry. My mother even hung the rubber sheet out sometimes. It did not seem that she did it to embarrass me. It just seemed practical as she did not have many diapers for me and had to dry them rapidly. I had increased my wetting. I had a period of ten days or so of wetting the bed, just a few days dry, and then began wetting again. Mother would have me stand on the bed as she pinned the diaper on me. (She was tired of bending over to pin them on while I was laying down.) well. I wet the bed three nights in a row. I just did not know what to do.

Each night. she put diapers on me and I pleaded with her not to make me wear them. On the fourth night, the normal routine was followed. Mother called upstairs and told me to call her when I was I getting ready for bed so she could come upstairs and put on my diaper. I stood on the bed as usual and was pleading with her not to make me wear diapers. After she had pulled the diaper between my legs and fitted it to the sides. I held one side while she pinned the other. She was very upset and said not only would I have to wear the diaper but she was going to have to do something else about my bedwetting. She said it was too much of a mess with the wet diaper, pajamas, sheets, baby blanket and sometimes the other blankets. As she was talking. I realized she only had one pin. (I had used it and forgot to put it back.) So while I was standing there on my bed with only my diaper and holding one side, she went to her room to get a pin. All the windows were open. as it was summer and the main room light was on. She kept talking about having to do something when she said that the first thing she was going to do was get a pair of rubber pants for me. (I had tried myself to get a pair of rubber pants for a couple of years and all that I could find were too small.) I was stunned, and stammered that they did not make rubber pants that big. She said that she would just have to find some. Well. I did not wet my bed as an accident from that time on

After 15, I only wore my own diapers and homemade rubber pants and just enjoyed their feel and obtained sexual relief whenever needed. I wore them maybe 3 to 4 times per month.

After college and graduate school, J married. He kept and continues to keep his use of diapers a secret from his wife. at age 35, " ... my wife developed some physical problems and then emotional problems. We exist in different parts of the house and do not sleep in the same room except on vacations or hospital visits".

When my situation changed, I started wearing them every weekend, and then for a week at a time and finally, regularly every night. Wearing diapers at night just seems relaxing after a day's work. There were problems in where to keep them and also getting them washed. I bought a file cabinet with two locked drawers and started doing my own I wash "for my shirts".

[A few years ago,] I purchased a hypnotherapy tape for training to be a chronic bedwetter. I was skeptical at first but after only two weeks of the six weeks training, it happened. I had an uncontrolled "accident". Even though I had intentionally wet my bed (diapers and rubber pants), I was always aware. This time, it happened without my knowing. As the training went on, the frequency increased. I stopped the training as I did not know how I would handle this on vacations, expected hospital visits, etc. I changed the tape for a control stimulus.

J say that he currently wears diapers nightly. "I am sexually stimulated by diapers and wetting every night even though I do not masturbate ... except about once every 5 - 7 weeks". In addition to diapers and rubber pants. J says:

I use a pacifier at times, have a nightcap of a baby bottle of warm milk, eat a dinner of baby food and sometimes dress up with a bonnet and a baby-doll shortie gown over my diapers and rubber pants. These add a little extra excitement, but I especially enjoy walking around the yard at night in the summer wearing only my diapers and rubber pants.

He says he does this on "special occasions, 3 - 4 times a year". He evidently has had sexual relations in the past which did not include diapers: "... have always had regular sexual experiences. Once partner knew of interest (in diapers) and was turned-off by it. I never brought it up again." Currently, he says, he is not involved in a sexual relationship.

Asked about the problems associated with wearing diapers, J says, "Maintaining my supply of diapers, rubber pants and rubber sheets without anyone knowing has been a problem". As to perceived benefits, "Wearing and/or using them seems to provide a strong sense of security. Many adults joke or react strongly to incontinence and seem nervous about it. By living it, there seems to be an added confidence. They provide warmth and security and do provide sexual gratification."

He says:

There are interests and reactions other than sexual which seem to go along with infantile scenes. There seems to be a "put-down" or "humiliation" aspect. There is a keen sense of excitement wearing diapers (wet at times) in a crowd and no one knowing. There is an excitement in the risk of being caught wearing them. In addition, there is a feeling of embarrassment at "having" to wear diapers. This embarrassment is increased by "having" to wear rubber pants, as this shows an even more serious need for protection.

He says that he once consulted a therapist about the fetish.

Once, when there were some mixed feelings about interlacing diapers and regular sexual activities, I consulted my doctor. He said it was OK as long as it did not interfere or cause any negative feelings.

Case Study: K

K is a single, bisexual female. She is 24-years-old and has two sisters, 6 and 9 years younger respectively.

I was toilet trained at about a normal age by day. when I was 3½, I graduated from daytime diapers to training pants. However, after that time, I continued to wet at night and often would wet if I took a nap. Because of this, diapers and tot-size baby pants were part of my bedtime apparel for as long as I can remember. Also, if I was particularly tired at any time of the day, I would be diapered before being sent to take a nap.

When I turned 12-years-old, my mother made an attempt to get me to stop wetting the bed. I was taken out of bed at 11 PM to use the toilet each night and a bed-wetting alarm was used to train me to stay dry. This went on for about three months and during the first two-and-a-half months, there was no success. The alarm wouldn't wake me until I had finished wetting. The last two weeks were somewhat more successful, having only slept through the alarm about twice a week and the alarm was removed. However, within a few short days, I was back to wetting nightly and soon after was put back into diapers and plastic panties. Up until this time, my mother would put my diaper and baby pants on me, but after the unsuccessful training, I was to diaper myself. This continued until I moved out of the house about five years ago, into my own place.

I should mention here that my family has a history of bedwetting. My father wet until he was 14, and my mother wet regularly until she was in her early 20's, and still wets occasionally. My 18-year-old sister still wets regularly and my 15-year-old sister averages about twice a week. Both sisters still live at home and, to the best of my knowledge, wear diapers and plastic pants to bed.

When I got my own apartment, my diapers came with me. I started to wear them more often during the day. This started when I would leave my wet diaper on during breakfast during the week and while I did housework on the weekends. Also, I started putting on my diapers early in the evening, whereas before I'd wait until I went to bed. I guess I enjoyed the soft bulk pressing against my sex when my diaper was dry, and I loved the wet bulk rubbing between my thighs when my diaper was wet (and I still do). Sometimes in the morning, I would purposely wet my already wet diaper while I ate

breakfast, and one night, while watching TV, I purposely wet the diaper I had put on to go to bed in. The feeling was delectable, and, as I was wetting, I played with my nipples. The next thing I knew, I was "coming and going", reaching an intensely satisfying orgasm as I wet. That was the turning point, I believe, as after that, I started to wear diapers more and more in the daytime.

Now, I wear diapers pretty much all of the time. I use them as they are intended to be used, and, being within walking distance from the school to my apartment, am afforded the luxury of a diaper change at lunch.

Within the last few months, I've found myself wetting my diaper before I realize that I am wetting. This excites me, as does the fact that I am wearing baby apparel instead of adult apparel ... I am sexually aroused whenever conscious of my diapers and rub myself through them constantly. Walking causes me to get excited as I am massaged by the dry or wet diaper, and I use this as a form of masturbation. I would like to add that along with the physical stimulation from the diapers and plastic panties, I am also turned-on by the psychological aspect, i.e., wearing and wetting diapers as an adult when they are associated with babies. (I do like to think of myself as a big baby.)

K says that in addition to diapers, she "wear[s] plastic panties whenever I wear diapers, [use] baby powder and lotion, "Wipe-and-Dipes" [a brand of disposable baby washcloths], a diaper pail and a rubber sheet on the bed."

Currently, I have sex with both a man and a woman without the presence of baby things, and also with them present. The girl is a life-long friend who knows of my bedwetting. I got her to wear one of my diapers once before a session of lovemaking, and now she will wear them sometimes to please me. We also enjoy "straight" sex without diapers. My male friend also knows of my bedwetting and gets turned-on by me being in diapers. He often has me wear them when we go out and changes me when I am wet. This leads to satisfying sex, but again, we also enjoy straight sex.

When asked if the use of diapers ever caused problems for her, K replied:

Maybe. I say this because I've been caught in diapers and plastic panties a few times and was both embarrassed and excited. One such time was at the library. I was wearing an older pair of baby pants (I like to think of them as baby pants), which were very crackly, and made a lot of noise as I walked. I heard one of the girls who was there say to her boyfriend that I made a lot of noise like her baby brother. As I left, I heard them laughing and later found out that the pants had leaked leaving a sizable wet spot on the back of my skirt.

As for beneficial aspects: "... they've been a tremendous help to me, especially in controlling my bedwetting". She says that she has never sought counseling because of her use of diapers.

Case Study: L

L is a gay male, 34-years-old, and currently living with a partner. He is the oldest of four children, with the others 2, 10, and 12 years younger respectively.

L says that his sexual attraction to diapers began around age 12, but that he remembers earlier infantile experiences:

I remember certain specific instances back to the age of 4 or 5, but am not sure how they relate to the present. At age 4, I remember placing gravel in my briefs, riding my tricycle and enjoying the feeling of having a "load" in my pants. Also at age 4 or 5, I remember going to the home of friends of my parents and, while there, placing a plastic shower cap between my legs on top of my shorts. I remember vaguely wanting to wear plastic pants. In the second grade, age 6 or 7, I remember going to bed at night having taken a plastic shower cap ... and putting it between my legs over my briefs, but nothing more. Although I shared a bed with my brother, I do not remember him being aware of my activities.

L says he remembers other incidents between ages 5 and 12; fashioning a diaper which he wore and wet, causing a neighbor boy to wet his pants, and wetting his briefs in bed which gave him "an electric feeling of pleasure". He says, "These were all isolated incidents which occurred once ... I have no memory of anything similar which occurred between them." These experiences occurred during times when the family moved; L says his father was a naval officer and was transferred approximately every two years.

Now we come to ... seventh grade, age 12. I remember one instance of wetting my briefs (two pair worn together), washing them out by hand and being discovered by my mother, which really shocked me ... I told her I had gotten excited while playing and had had an accident. I was told not to do it again. At this point in time, my little brother and new sister were in diapers. The babysitter would not change their

diapers if they had soiled, so I would do it for her. ...Also. our neighbor across the street was a boy 1 or 2 years younger than me who, when I tickled him, would start wetting his pants. He would yell to stop and then go in the house to change. ... This really excited me, seeing his wet pants. I wanted to wet my pants ... but didn't.

At any rate, I got the idea to try on my little brother's plastic pants with and without diapers. The fit was snug, to say the least, but it worked. I would pull the diaper between my legs and pull up the plastic pants to hold the diaper in place. Then I would pull my jeans over them. I would either try to force my urine out or wait until I had to go to the bathroom really bad and then I just let go. I loved the wet, warm feeling as it filled my crotch. Then I would wear the diaper all day, wet again and/or put on a dry diaper and continue wetting at night. I did not do this every day or even every week, but frequently Every time I would force myself to wet, I would get hard (but without orgasm or ejaculation), and this, of course, gave me great pleasure. About this time, I discovered masturbation, which I often indulged in, although I did not know what it I was.

About this time. L began to experience his first interest in men, noting he had a "crush" on an eighth grade teacher.

I was not interested sexually in kids my own age other than fantasizing [about them] in wet pants and diapers. I did enjoy seeing peoples' penises. I do not recall any interest in girls or women at any time in my life. and was never sexually aroused by them.

At age 15, he had a three month long "sexual encounter with an old friend of the family (age 60)". At this time, his parents divorced.

I remember now ... that I had crushes on other boys in high school and wanted to have sex with them but I was too afraid, and would go home, put on my diaper, wet it, masturbate several times during the night and take them off in the morning. I wore diapers frequently during my teens or a facsimile of a diaper when I could no longer use my brothers' and sister's and plastic pants would not fit. I started buying diapers ... when I was 17 and had graduated from high school. I was working full-time and taking university

classes at night. I bought Jolan's Stay-dry panties and Sears cloth diapers and plastic pants and wore them at least once a week ... I sometimes wore the Stay-dry panties to the university (they did not show under clothes). I remember loving to masturbate and almost always did so in my diapers.

Between college and graduate education, L spent five years in the Navy when he did not wear diapers.

While in the middle of graduate education, L says,

I came out and realized I was really gay and enjoyed it but I did not have sex with anyone from age 15 until age 29 (except for an experience with a prostitute) ... I came out when I ran into a Navy friend of mine I had not seen for 4½ years (since getting out of the service). He introduced me to my first trick ... truly the most memorable sexual experience I can remember other than my lover. at this point. I started going to gay bars and meeting people and dating and having sex on a regular basis. I would occasionally revert back to diapers when I was horny and could not find a sex partner but I preferred sex with another male over the diaper. I once introduced one of my boyfriends to my fetish because he seemed very receptive. He did not participate but let me get off with him while in my diaper and plastic pants.

I started (wearing diapers again) after reading some Advocate ads in august of 1979 and responded to my first ad (for correspondents) while dating my current lover. ...Prior to this past weekend (January, 1980) my current lover had not participated in and did not know of my fetish until December when I told him. He had discovered my diapers and plastic pants a couple of weeks prior to my admission but said nothing at the time. ...This past Sunday, I had been wearing three briefs to simulate training pants under my jeans and had been wetting them all day, so that by late afternoon, the front of my jeans were very wet. We started making out and he was not repulsed as before when I had tried that. In fact, he massaged my crotch while I wore the wet pants. ...After much foreplay, I took off my clothes and we had sex ... He still can't handle my presence in diapers and plastic pants. He knows of my correspondents ... but does not read the letters and has not seen any of my pictures of others and myself in diapers.

L says that he currently wears diapers about once a week. He says that his fetish has never caused problems for him and is beneficial in that infantilism "provides a great release of sexual tension and is another way of masturbating (the hand sets boring)". He has never sought therapy because of the fetish.

Case Study: M

M is a 36-year-old, bisexual male currently living with a man. He is the oldest child with a brother 4½ years younger.

At age 4½, my baby brother was born. I remember my mother diapering him and giving him much of the attention that, previous to his birth, had gone to me. I guess I was jealous ... and began to have fantasies of wearing diapers. From that age through my teenage years, I made diapers and plastic pants from pillow cases, old sheets, towels, and plastic bags. I hid my creations in a box I buried in the back yard. At the time when I started to have wet dreams, I wore the diapers to protect I the bed sheets. Twice my mother found my things but made no comment about it.

Age 18. In college, I lived in a dorm and my experiences were very limited; the same was true in the Navy, except on weekends when I went to a hotel to "do my thing".

Age 24. Arrived in [the city] in 1968 and soon began ordering plastic pants and diapers from Sears. But I lived with a roommate and it was difficult to get into diapers. At that time, I was reading the L.A. Free Press, the Advocate, and the East Village Other looking for ads from anyone into infantilism. I read every issue for several years and saw nothing. I thought that maybe I was the only one into this scene. Finally, in 1970 (or '71), I placed an ad in the L.A. Free Press, the first time for an infantile ad to my knowledge. (The Free Press refused my ad at first thinking I wanted to have sex with babies!) I got four letters from that first ad and each was very exciting!! Over the years, I've placed ads in Fetish Times, the Advocate, Rubber Life and a couple of other publications. I've met and corresponded with several hundred guys. Most have been straight (since there are more straight people in the world) and many married. And most have wives that just "don't understand". I've met people from all walks of life, all professions and ages. I know people everywhere and it has become almost a hobby rather than a fetish! But. it still turns me on. I've found that people into this thing usually fall into one of two categories: (1) those really into infantilism, i.e., playing an infant with all the equipment with a (dominant] mother or dad, and (2) those who just like wearing diapers, wetting or soiling them in the process (as adults).

About diapers. M says,

There have been many intervals when I don't wear them everyday. I have at various times, lived with people (either in sexual relationships or for convenience) and it was then very difficult since they didn't know. ...when they did know, they usually preferred I not wear them while they were home. ...I have rarely not worn them because of disinterest.

He says that he wears diapers now,

fairly often ... always use plastic pants (sometimes rubber) with diapers ... use disposable diapers, too ... have some adult-size infant clothing (pajamas. Overalls, rompers, baby shirts), a crib, bottles, baby food and dishes (don't use often. though), toys, stuffed animals and probably some other articles.

He says that he find infantilism sexually exciting. "It being a fetish. it stimulates me like any other fetish would! Sexually. it is not a replacement for my sexual life. but rather an extension of it." He says that he masturbates in diapers "when alone, once or twice a week, if time permits".

Describing his sexual experiences, he says:

My experiences with men and women aren't all that unique: the usual things and I find it fine without diapers and baby paraphernalia, sometimes I prefer it without diapers.

He says he has had experiences which included diapers "both with women and men, which included mutual masturbation, wetting, and "the usual"."

Under benefits, M says, "A great bonus to my own sexuality. I really feel lucky to have this extra "turn-on" which others don't have." But it also has its costs: "[I] have lost several lovers who could not accept my diaper-wearing." W says that he has had therapy, but not because of the fetish, "[the fetish] was not the reason I sought help ..."

Fetish Model Analysis

Causal influences in sexual infantilism

It is difficult, if not impossible, to develop definitive, empirically-proven primary causal connections. In the past, behavior research has tended to focus in on a narrow aspect of the individual or the environment to the exclusion of the other variables which constitute reality, or to bend the reality through inference until it fits neatly into a particular model. Neither methodology provides a satisfactory explanation of the behavior.

The trend toward incorporating more factors influencing a particular behavior has led to the development of more global theories, systems models, such as the "ecological model". Systems models eliminate from study the fewest influences on behavior, presenting a scientific model which more closely parallels reality. An underlying assumption is that behavior occurs in an 'environment' of influences including physical setting, internal physiology, predispositions, time, and social roles -- a sociopsychological 'ecology' (Germain, 1979).

The ecological model follows the systems approach in eliminating the fewest variables influencing the behavior (Ibid.).

The ecological model does not correct the difficulty of defining primary causes with certainty, but does allow a better understanding of predisposing, precipitating, and reinforcing behavioral influences (Coleman, Butcher and Carson, 1980, p. 128).

Infantilist behavior can be viewed using an ecological

model as relating to a number of causal factors: biology, stress (psychoanalytic view), faulty learning (behavioral view), blocked or distorted personal growth (humanistic or existential view), unsatisfactory interpersonal relationships and/or pathological social conditions (Ibid.).

Biological influences:

Coleman, Butcher and Carson (1980), in describing physiological influence on behavior, have said:

... a wide range of biological conditions, such as faulty genes, diseases, endocrine imbalances, malnutrition, injuries and other conditions that interfere with normal development and functioning are potential causes of abnormal behavior (p. 128).

Several of these conditions have appeared in the literature on fetishes: genetic damage, endocrine imbalances, lesions of the temporal lobe, and enuresis.

Chromosomal abnormality was suggested by Kramp and Nielsen (1968) as a cause of "psychoinfantilism", a marked immaturity in several adult relatives of a boy with Down's syndrome (p. 19). If this immaturity or slowed development encouraged the subject to remain at an infantile level of psychosexual development, a causal relationship between adult infantilism and chromosomal abnormality could be demonstrated.

Nielsen and Thomsen (1972) replicated this research by comparing a group of twenty adult hospitalized females diagnosed as "psychoinfantile" and a matched group of twenty controls. They found "no connection" (p. 552). Among the case studies, only one person, C, reported any diagnosed chromosomal abnormalities. He has an XXY genotype and suffers from a chronic low testosterone condition, and none of the subjects exhibited the permanent, total

form of regressive behavior exhibited in psychoinfantilism.

The case studies do not tend to support the hypothesis of genetic damage, yet the one diagnosis of chromosomal abnormality, the XXX genotype in C, points to a second possibility -- the influence of hormones on behavior. In C, the low hormone levels may have been more of a predisposing factor than his chromosomes. Money (1961) has suggested a link between hormone-influenced morphologic maturity and psychosexual development:

Morphologic maturity ... plays (an) indirect role in adult eroticism. ... as a prerequisite of normal maturation in the teens. Social maturity is significantly dependent on social interaction with persons of one's own age, especially during the teens and early adult years. The person who looks sexually infantile is not fully acceptable to his group, since he looks much younger ... It is difficult for a boy who reaches the middle or late teens looking juvenile to behave in a socially mature and grown-up way, for other people, even close friends and family who know his age, habitually and unwittingly react to him in the basis of his physical appearance (p. 239).

Low testosterone levels could have slowed C's development of secondary sexual characteristics, and left him with an immature look. His appearance could have had a major impact on the reaction of his parents to the enuresis, influencing their tolerance to his needing diapers at age 12.

Hormonal levels were not evident in the histories of the other subjects but were found in a portion of other infantilism cases (Dinello, 1967). It would appear that hormonal influences can have an effect on the development of infantilism; further study is needed to determine the strength of predisposition. Hormone levels must be eliminated, however, a primary cause, "The direction or content of erotic inclination in the human species is

not controlled by the sex hormones" (Money, 1961, p. 239).

Temporal lobe dysfunctions have been proposed as another possible physiological component of fetish etiology, in infantilism (Bethell, 1974) and other fetishes. Fetishists in some cases exhibited symptoms of epilepsy (Kolarsky, Freund, Machek and Polak, 1967); in others, they did not (Epstein, 1975). Epstein reported observable symptoms of temporal lobe damage in the non-sexual behavior of fetishists:

It should be noted that, at least in fetishism, the disturbance is not limited to sexual activity but is more widespread, involving varied behavioral areas (p. 253).

In the cases of infantilism in the literature and those presented here, only one case reported the appearance of behavior signs of brain damage (Bethell, 1974). Although it would take EEG readings of the 12 subjects to conclusively prove the absence of brain damage, the ability to conduct affairs at an adult level and the absence of epilepsy would seem to remove these subjects from the causal influence of temporal lobe lesions.

One physiological factor which did have predispositional influence on infantilism in these subjects was enuresis, "the habitual, involuntary discharge of urine after age 3" (Coleman, Butcher and Carson, 1980, p. 510). Statistics show:

Among 7-year-olds, an estimated 21.9% of the boys and 15.5% of the girls are enuretic, compared with only 3% of the boys and 1.7% of the girls at age 14 (Rutter, Yule and Graham, 1973), and only 1% or less in young adulthood (Murphy, et al., 1971) (Ibid.).

Among the cases presented here, five subjects (C,H,G,J and K) reported enuresis at least occasionally up to age 15, and each

of them is enuretic now. A common remedy for enuresis was diapers, increasing the likelihood that diapers would be present at the onset of puberty when the behavior could be reinforced by sexual pleasure. Although enuresis can be caused by physiological conditions, most researchers attribute cause to psychological factors. In these cases, the eventual voluntary control of enuresis in all but one case (K) discounts the theory of organic dysfunction.

Psychoanalytic theory:

According to Freud, fetish behavior arises when normal sexual aim is somehow blocked and the emotional energy generated in sexuality is attached to an object instead of a person (Freud, 1962). Later theorists stated that a variety of conditions could create this 'block', such as castration anxiety (Bak, 1974), ego splitting and projective identification (Betty, 1972), and separation anxiety (Riophe and Galenson, 1975). There is disagreement about when the fixation which creates fetishes occurs, in childhood (Greenacre, 1968; Riophe and Galenson, 1973; Peto, 1975) or later (Fenichel, 1945; Bak, 1974; Storr, 1957). In addition, there is disagreement as to whether fetishes by definition are pathological (Stoller in Beach, 1976; Boss, 1940; Greenacre, 1968) or not (Freud, 1962; Storr, 1957).

It is impossible to evaluate the subjects' fetish in psychoanalytic terms: there simply is not enough information. But the case studies do lend some support to certain psychoanalytic concepts of fetishism. The choice of fetish object (i.e., diapers) does encourage the hypothesis of a latency period in fetish

development (Bak, 1974). (The attraction to diapers would occur in infancy, be sublimated in childhood, and reappear during the stress of adolescence). Also the use of regression as a mechanism of ego-defense (e.g., E's explanation that diapers help in the abandonment of adulthood cares -- a return to care-free, cared for feelings of infancy") is congruent with psycho-analytic theory (Coleman, Butcher and Carson. 1980, p. 119). It is in the area of anxiety reduction and defense mechanisms that psychoanalytic theory has the greatest value.

Behavioral Theory:

Behavioral theory holds that fetishes are a conditioned sexual reaction. Sexual arousal is paired with particular objects, the behavior is reinforced by sexual pleasure and the behavior becomes assimilated (learned) (Bandura, 1969). This hypothesis has been tested and replicated in the laboratory (Rachman, 1966; Rachman and Hodgson, 1968), and is the basis for much of the therapy used to extinguish fetishes (Faustman, 1976; Marshall, 1974; Bebbington, 1977; Barlow, 1974).

The pairing of diapers and/or rubber pants with sexual arousal during early masturbatory experiences occurred in ten of the twelve cases presented. (D's first masturbatory experiences involved rubber sheets lubricated with urine, and E, although wearing diapers at age 16, did not begin to masturbate until after 18 years of age). The correlation between the presence of infant clothing during early masturbatory experience and the later arousal by these objects demonstrates a primary causal link between early sexual conditioning and adult sexual preferences.

It seems clear that although the link between fetish objects

and sexual arousal may be made early but such learning in no way guarantees the continuance of fetish behavior. Maintenance is dependent upon many factors including repetition and reinforcement of the pairing of the fetish object and sexual pleasure (Bandura, 1969; Marquis, 1970). This occurred in all of the subjects.

Existential and Humanistic Theory:

According to humanistic and existential perspectives, blocked or distorted personal growth is a primary cause of psychopathology. Presumably, human nature tends toward cooperation and constructive behavior; if we show ... maladaptive behavior, it is because of distortion of our natural tendencies by an unfavorable environment (Coleman, Butcher and Carson, 1980, pp. 127-128).

As in psychoanalytic theory, it is difficult to assign cause using the information presented in the case studies. It is impossible to account for selective memory and other distortive effects in recalled histories. Yet, humanistic and existential concepts do have some support in these case histories. Several of the case histories mention situations in which parents discouraged maturation either actively (G, who was diapered as "punishment": H, who was diapered for wetting his pants) or passively (e.g., J and K). J mentions this situation explicitly;

In a vast majority of children who are bedwetters, there is a situation where the child is treated like a baby. Many times the parents, usually the mother, likes to keep the child as a baby in order that he will build a dependence on her ... the use of diapers and plastic pants, beds with side rails, etc. ...encourages bedwetting. Diapers are put on for wetting, so why not? ... (T)he continuous treatment of the child as a baby ... will reinforce baby ways.

This attempt to retard or halt maturation (and accompanying

independence) is especially obvious in the case of G, who was diapered for wetting the bed after age 6:

Gradually, she (Mother) started diapering me (for punishment) for other things such as ... playing in the water and getting my clothes or shoes wet, failing to eat all of my dinner at meal times, not minding her, etc. ...When I was 8-or 9-years-old, my parents wanted me to take piano lessons. Well, I love music but generally hated to practice the piano. Prior to Christmas (that year), a rumor was started around home that if my piano lessons did not get better, Santa might leave a pair of pink baby pants in my stocking. I laughed it off and ignored my lessons -- and in my stocking? Pink baby pants! From then on, if a practice went poorly, I was put into diapers and my pink baby pants and made to continue practice (C).

The social environment presented in the family could not only serve to block growth and maturation but also to encourage regression as in the case of sibling rivalry where regression to infantile stages in order to gain parental love and attention is positively reinforced. Rather than learning a new behavior, the child is encouraged to go backward.

There are also two cases presented here where friends aided to etiology of the fetish by reinforcing the social acceptability of regression, B and C. In C, reinforcement came after the fetish had been reinforced sexually, when he attended a summer camp at which he met other boys, some of whom were older, who were also in diapers; this reinforced C by assuring him that he was not alone in wearing diapers at this age. While this reinforcement would tend to decrease pressures for change, it probably aided C in self-esteem through reassurance that he "wasn't the only one in the world", a statement counselors commonly hear from persons practicing sexual variations. B also was reinforced socially by

the neighbor boy who wore diapers and taught B to masturbate. This environment assured B that his interest in rubber pants was shared by at least one other person, and also allowed for the presence of diapers and rubber pants through B's early masturbatory experiences.

Factors in Maintenance of Sexual Infantilism

That the diaper fetish persists in the face of some strongly negative pressures (e.g., E: "People may be willing to accept gayness, but someone who wants to wet or mess his pants??? Hardly.") is convincing evidence that the reinforcements for the behavior are also strong. These reinforcements can be divided into two categories although there is considerable overlap: sexual pleasure and emotional satisfaction.

The sexual pleasure experienced by the subject is obvious. Most reported the "turn-on" aspect of wearing diapers or practicing infantilism rituals with a partner was seen as the premier benefit. (Every subject answered "Yes" to the survey question, "Do you find wearing diapers sexually exciting?").

For some, the arousing quality lies in the fetish object (e.g., D: "I like the feel, smell, clamminess (and) bulkiness ... of diapers and waterproofs"). For others, the arousal was generated by less tangible qualities such as humiliation, embarrassment and taboo violation:

There seems to be a "put-down" or "humiliation" aspect. There is a keen sense of excitement wearing diapers (wet at times) in a crowd and no one knowing. There is an excitement in the risk of being caught wearing them. In addition, there is a feeling of embarrassment at "having" to wear diapers (J).

Within the last few months, I've found myself wetting my diaper before I realize that I am wetting. This

excites me as does the fact that I'm wearing baby apparel instead of adult apparel (K).

There also is arousal in the belief that diapers are a "sure-fire" method of sexual release: "...I don't score with a trick as often as I'd like to. Fortunately ... I can "get-off" on diaper wearing" (G).

For many of the subjects, diapers enhance a-regression, if temporarily, to the feelings of childhood:

I feel a tremendous release in diapers, like I am loved and cared-for (F).

...it (infantilism) serves as a great emotional catharsis during times of stress... (E).

Rubber, diapers, baby food, clothes, etc., ALL LEAD TO FULFILLMENT It allows me to feel the feelings I was denied as a child (D).

For these people, infantilism is just as much a coping mechanism as it is a fetish. They are not fixated at a certain level, but rather behave as 'time-travelers', alternating between functioning at an adult level (managing careers, families, relationships, etc.) and functioning at an infantile level (wearing diapers, wetting, drinking from a baby bottle, etc.). Sexual infantilism behavior is compartmentalized, being a behavior that is engaged in only in certain times and situations when it seems "appropriate". There is a conscious decision as to whether to have an infantile experience or not, whether the motivation is for sexual pleasure or as a coping behavior. They use regression as a defense mechanism in times of stress to gather strength for coping or as a method of using illusion to maintain momentum in the face of a difficult reality (cf., Goleman, 1979).

Whatever the motivation, the subjects find the effects of

infantilism to be positive and rewarding and this reinforcement maintains the behavior.

Summary

It can be seen that the case histories of sexual infantilists presented here support certain fetish models and act as 'deviant' cases for others. The ecological model, being the most flexible, is able to accommodate each of the behavioral influences and probably presents a picture of behavior which is closest to the data.

Although the subjects shared many similarities in experience, each developed the infantilism fetish through a unique set of circumstances, something which happens in all sexual development. Only one model of fetish development was strongly supported enough to justify the hypothesis of the existence of a primary causal relationship (the behavioral), yet even the behavioral theory required other ecological influences to maintain the behavior into adulthood. This suggests that no model which excludes ecological components will be adequate to explain a behavior as complex as sexual infantilism. Models of behavior which analyze the greatest variety of influences will tend to be more adequate in understanding causal relationships in behavior.

Treatment Recommendations:

The ethical implications of recommending treatments for fetishes will be discussed in the next section. In the past, therapists have generally recommended that all fetishes be treated, especially in the case of highly variant behaviors like sexual infantilism. Advances in assessment and treatment of

fetishes have motivated a general rethinking of the need for therapist intervention which is particularly apropos in this study.

It is safe to say that those subjects who wish treatment should have it. None of the subjects expressed a desire to eliminate the fetish, but a few were concerned about behavioral self-control (e.g., E: "...occasionally, I feel consumed by the fetish and the many hours and dollars spent sustaining it. ...Also, there is the fear that it will prove to be a professional disaster"). These people would benefit from a therapy which enhanced feelings of self-management (Wilson and Davison, 1975). In addition, assessment and therapy should be individually tailored to the needs of the client.

For the others, it would seem to be best left as a matter of self-selection. Infantilism is a pleasurable and perhaps adaptive behavior for them. It would be difficult to remove (Sansweet, 1975), if it is not severely maladaptive or socially disruptive behavior, and there is little or no desire for extinction in the subjects. As long as the behavior is managed through discretion and does not involve criminal behavior, uninvited therapist intervention could easily be argued to be an unethical violation of individual rights.

Therapists must recognize that they can act as agents of social control, stigmatizing and managing the behavior of the client for an authority structure. Doing so encourages the client to submit to the whims of authority, thus increasing or at least maintaining the power of the elite and encouraging client

dependency. Conversely, by supporting individual rights, therapists can encourage a reflective process in the client and enable the client to question the status quo (Halleck, 1971). This latter process seems much more humanistic, enabling the client to overcome social and psychological obstacles and actualize potentials. This direction involves a healing, a process of growth, whereas support of the social controllers may result in the therapist convincing the client to 'scar' and submit to 'cure'.

Treatment of Sexual Fetishism:
Suggested Modifications of the Barlow Model

"Refuse to put yourself down, no matter what anyone thinks of your tastes. If you are not able to do this, think about consulting a psychotherapist -- not about your sexual preference, but about your anxiety associated with disclosing it." The Forum Advisor commenting on a diaper fetish, (Forum Advisor, p. 70).

A new model of fetish etiology arose with the research of the social learning theorists and the behaviorists. Rather than being a reaction to the frustration of sexual desires as in the Freudian model, fetishes were now viewed as the result of processes "whereby culturally inappropriate stimuli and responses acquire unusually strong sexual reinforcing properties", (Bandura, 1969, p. 512). An object becomes paired with a pleasurable sexual response often enough to begin to elicit the response by itself. This model was demonstrated in the laboratory by 1966 (Rachman, 1966) and, since replication in 1968 (Rachman and Hodgson, 1968), has been generally accepted by most therapists.

The behavioral model of fetishism generated a new type of treatment, behavioral therapies based on the assumption that fetishes are by nature pathological. Research was geared toward producing more effective therapies: the ethical and political questions created by these therapies were, for the most part ignored.

During the sixties and into the seventies, aversive therapy was used to treat a variety of deviant sexual behaviors including

fetishes. 'Success' in aversive therapy consisted of extinguishing the target behavior, deviant arousal. The aversive approach was found not to be a 'cure' since the target behavior often either reappeared (relapse) or was found to be unextinguishable (Sansweet, 1975; Barlow, 1974, p. 127). Personality 'side-effects' were observed and ethical questions regarding the 'punishment' aspects of the treatment were raised by some of aversion's pioneers. In 1969, Simon Rachman said, "...we feel that aversion therapy should only be advised if there are no alternative methods of treating the patient" (Rachman and Teasdale, 1969, p. 316).

Rachman's reservations were essentially ignored. Research, rather than seeking non-aversive treatment alternatives, was primarily directed at developing more efficient methods of aversion (Faustman, 1976). Aversive techniques became components of 'combined treatments'. Experimentation involved types of aversion (chemical, electrical or imaginary), added to other behavioral therapies such as control of masturbatory fantasies, sexual retraining, gender identification, counter-conditioning, and anxiety reduction (Bandura, 1969; Marshall, 1973, 1973; Evans, 1968; Brownell, Hayes and Barlow, 1977). The results of such experimentation demonstrated two things: (1) aversion could be made more efficient by combining it with other types of behavior therapy. and (2) the wide variety of results across the spectrum of sexual deviations suggests that individualization of combination therapies will improve effectiveness (Barlow, 1974, p. 127).

Barlow summarized these experiments and proposed a clinical

model in which the treatment of sexual deviations involves (1) accurate psychometry of behavioral excesses and/or deficits in four aspects of sexual behavior (deviant arousal, heterosexual arousal, heterosocial skills, and gender-role identity), and (2) "construction of specific treatment packages" based individually on these measurements (Ibid, p. 123). Barlow states,

Sexual deviation encompasses a number of behavioral excesses and deficits. The most notable behavior is sexual arousal-to non-normal or deviant persons, objects or activities. In fact, deviant sexual arousal has come to define sexual deviations in the textbooks of psychopathology and even in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM II). In the clinic, this emphasis on deviant arousal is misleading. It is very seldom that a client who complains of deviant arousal does not present associated behavioral deficits or excesses. Yet, ... treatment is often aimed exclusively at eliminating deviant arousal and success is defined as its absence (Ibid, p. 121).

Barlow feels that "there are at least three associated problems that may accompany deviant sexual arousal". These are deficiencies in heterosexual arousal, deficiencies in heterosocial skills, and/or gender-role deviations. (He excludes from the model "temporary emotional reactions such as 'anxiety' or 'depression' which result from life circumstances of the client and not from deviant arousal per se, and personality disorders which are patterns of interpersonal behavior not directly connected with deviant sexual arousal"). Sexual deviation, according to the Barlow model, involves deviant arousal which may or may not be accompanied by "an absence or minimal levels of heterosexual arousal", (deficiency in heterosexual arousal), an inability to "act on" heterosexual arousal due to a lack of "heterosocial skills necessary for meeting, dating and relating to persons of

the opposite sex" (deficiencies in heterosocial skills), and/or "some degree of gender-role deviation in which opposite sex role behaviors are present and some preference for the opposite sex role is verbalized" (gender-role deviation) (Ibid., pp. 121-122).

Under the Barlow model, treatment of sexual deviations involves "accurate assessment of 'numerous excesses and deficits ... which would require intervention'". followed by the application of "efficient and effective treatment procedures for the various components of sexual deviation" (Ibid.).

While this model has some definite advances in therapeutic technique (such as the construction of specific action plans for each case), there are a number of obvious blind-spots. Most obvious is a therapist bias toward heterosexuality. As homosexuality is now considered to be an acceptable sexual preference by many (e.g., its removal from DSM II), it is hoped that the Barlow model would be adjusted to reflect the choice of homosexuality as an option available to clients.

Another problem with the model is the incongruence between assessment and treatment of the sexual arousal, social skills and gender-role components on the one hand, and the deviant arousal component on the other.

Notable is the failure of the Barlow model to allow for possible functional or beneficial aspects of sexual deviations like fetishes. While other components of the model are analyzed for "excesses and deficits" and thus are evaluated on a continuum for which some level of behavior is 'appropriate', deviant arousal seems to be automatically labeled as psychopathologic. This conflicts with a basic component of the model:

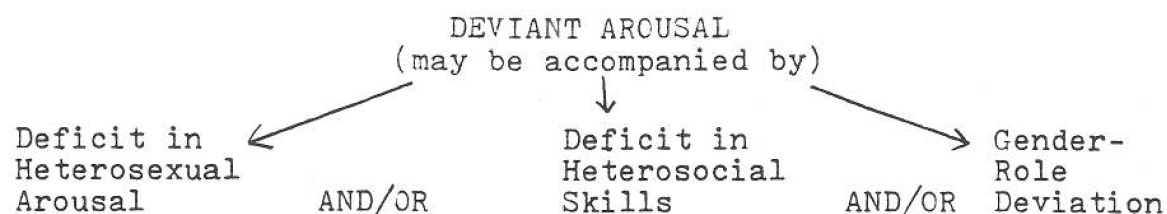


Figure 1: Barlow Model of Sexual Deviation (Barlow, 1974, p.122).

The notion of applying one treatment, such as aversion therapy or psychotherapy, to every type of disorder is a traditional one in clinical psychology and psychiatry which is now giving way to specific treatments for specific problems (Bergen and Strupp, 1972). In sexual deviation, no client is the same. Each has some combination of the excesses or deficits noted above. A recurring theme in this chapter is the need for individualized assessment of each client and the construction of specific treatment packages based on an analysis of behavioral excesses and deficits found in sexual deviation (Ibid., p. 123).

By automatically considering deviant arousal as pathologic, therapists are blinded to the 'normal' and 'functional' aspects of that deviation and automatically 'treat' the client with the one treatment method held to be 'successful' (aversion therapy).

Psychological theory since Freud has held that some degree of sexual deviation occurs in most people (hence, is 'normal'): In a 1905 essay on sexuality; Freud wrote, "No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim". He added that this precluded anyone from using the word 'perversion' as a term of reproach: in the Freudian view, we are all 'perverts' (Goleman and Bush, 1977, p. 104). Current views incorporating Freud's observations see fetishes on a normal-abnormal continuum: "Many people have mild fetishes -- they find such things as silk underwear arousing -- and that is well within the range of normal behavior; only when

the fetish becomes extreme is it abnormal" (Hyde, 1979, p. 351). Thus, the question of whether treatment is necessary is dependent upon whether use of the fetish is by preference or by compulsion. If the use of a fetish is necessary for arousal or replaces human partners, it is likely that the client will request treatment to put the fetish back into perspective. (Figure 2).

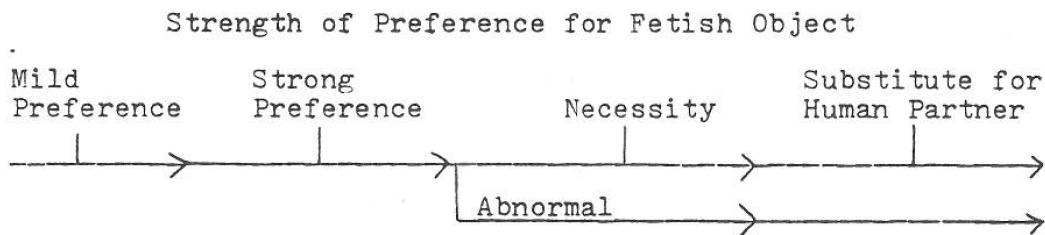


Figure 2: The Continuum from Normal to Abnormal Behavior in the Case of Fetishes (Ibid.).

Hyde's continuum can also be applied to the question of whether a fetish is functional or dysfunctional: some types of fetishism clearly assist the individual to live more effectively (functional) while other types are harmful to the individual or those around him/her (dysfunctional). This notion is best analyzed on an individual basis. Some case illustrations should help.

Within the last few months, I've found myself wetting my diaper before I realize that I am wetting. This excites me, as does the fact that I am wearing baby apparel instead of adult apparel. I am sexually aroused whenever conscious of my diapers and rub myself through them constantly. Walking causes me to get excited as I am massaged by the dry or wet diaper and I use this as a form of masturbation. I would like to add that along with the physical stimulation from the diapers and plastic panties, I am also turned-on by the psychological aspect, i.e., wearing and wetting diapers as an adult when they are associated with babies. (I do like to think of myself as a big baby). (Case Study: K).

Benefits he obtains from regression are primarily emotional:

"I always feel a tremendous release when in diapers, like I am loved and cared for." (Case Study: F).

They also include developing orgasmic capacity:

"... there is some evidence that people who spend more time in sexual reverie may have a better time in bed. This is certainly true for inorgasmic women: very often they have little or no sex-fantasy life. In their training program for such women, sex therapists Joseph LoPiccolo and Julia Heiman urge them to develop their fantasies to the fullest ..." (Goleman and Bush, 1977, p. 104).

Fetishes can also help in developing intimacy between partners:

Kaplan feels that people should not be ashamed of their sexual tastes or fantasies, no matter how exotic they may seem. 'I always encourage couples to share their masturbatory and sexual fantasies with each other', she says. There is little danger in scaring off the partner, she adds. 'It increases the intimacy and openness between a couple. If you really love someone, their unusual fantasy doesn't frighten you, but it may make you feel more protective. If you know that something excites the other person, you're not turned-off by it. You say, "Good, let's use it to give you pleasure". I've never seen disclosure like that do any harm, at least not in therapy' (Ibid.).

At the other end of the continuum, fetishes can be dysfunctional:

...unusual fantasies are pathological only in the extreme, when the preoccupation with the unusual desire is exclusive ... (or) when it is harmful to the person or others ... (Ibid.).

Examples of fetish dysfunctions would be when an object takes the place of a human partner (to use the diaper fetish cited, if she was uninterested in sex with a partner because her turn-on was exclusively the diaper), or if the use of the object is harmful to the person or others (her use of diapers encourages a lasting regression (self-harm) or she purposely exhibits herself in diapers in public causing embarrassment to her lovers (harm to others)).

Blindness to the functional-dysfunctional continuum eliminates the incentive for therapists to precisely assess the client's situation and absolves the therapist from any responsibility for the political aspects of altering personality in the client. If fetishes are inherently psychopathologic, the therapist is doing the client a favor by 'curing' him. The ethical issues involved are enormous:

... while society is developing an increasing tolerance of deviant sexual behavior between consenting adults and new behavioral surveys report a growing degree of deviance which challenges the traditional assumptions of normalcy, those practicing such deviations can still be subjected, as psychopaths, to indeterminate incarceration and 'rehabilitative' therapy (Kittrie, 1971, p. 364).

In other types of sexual deviations, such as homosexuality, behavioral therapists have been encouraged by their peers and their subjects not to alter sexual preferences, even in clients who request it (Goodall, 1975). One has to wonder how many people will needlessly suffer aversion simply because this examination of the functional-dysfunctional aspects of fetishes is not being done. Assessment of how the 'deviant arousal' serves the client (fulfills needs) will further safeguard the client's rights and, simultaneously, require the therapist to be as certain as possible that they have obtained a complete ecological picture of the behavior before beginning therapy.

An additional problem with Barlow's model is a firm reliance on aversion as the treatment of choice for deviant arousal. Other components merit a variety of approaches (e.g., the heterosexual arousal component: Barlow lists four 'promising' techniques -- systematic desensitization, exposure to explicit heterosexual themes, masturbatory conditioning and fading). Deviant arousal is

treated solely with aversion. Rachman's suggestion to explore all alternatives before advising a client to undergo aversion is again ignored. Under the Barlow model, none of the alternatives is explored first.

These problems can be remedied and Barlow's treatment of deviant arousal will be more congruous to the rest of the components by adding another treatment to therapy: the PLISSIT model.

PLISSIT was developed by Jack Annon, and the program involves four levels of approach to the problem of deviant sexual arousal: Permission, Limited Information, Specific Suggestions, and Intensive Therapy (acronym: PLISSIT). The method is sequential; the therapist advances to the deeper level of intensity only when earlier, less-intense methods have failed.

Annon explains:

PERMISSION: The largest number of sexual problems can be effectively treated by the helping professional giving well-placed, accurate permission to the client. Permission, used in this model, implies a kind of professional reassurance, letting clients know they are normal -- okay -- not deviant or perverted. Many people are not bothered by the specific behavior they are engaged in but are concerned that it is seen by most other people as wrong or aberrant (Sinclair. 1978. pp. 331-332).

This intervention would be used when the major problem seems to be guilt or a lack of self-esteem: when the fetish is not at the 'necessity' or 'substitute' stage. An example would be the opening quote from the Forum Adviser.

LIMITED INFORMATION: Limited information, usually expanded on permission, provides the client with specific factual information directly relevant to the particular sexual concern (Ibid.).

Intervention here involves correcting misinformation and

myths on such topics as averages (size, frequencies), masturbation, menstruation and aging processes. If the client in the first example felt he needed to know about others practicing similar fetishes, perhaps he could be shown The Fetish Times so that he could see he is 'not the only one'. More information is needed when permission is not enough to reduce guilt or anxiety.

SPECIFIC SUGGESTIONS: An even smaller number of clients need intervention at the next level. The therapist offers his suggestions only after (s)he has taken a sexual problem history. The sexual problem history includes (1) description of the current problem, (2) onset and course of the problem, (3) client's concept of the cause and maintenance of the problem, (4) past treatment and outcomes, and (5) current expectancies and goals of treatment This history is important to maximize the likelihood that the specific suggestions will be effective in alleviating the sexual distress (Ibid.).

Types of 'dysfunctional' fetishes would enter the PLISSIT model here. The necessity for modification of behavior becomes apparent: the sexual problem history explores the functional-dysfunctional aspects of the fetish, etiology and past treatments, and current understanding and expectations. This 'reality check' is absolutely necessary to develop treatment plans tailored to the client, which will carry a greater chance for success. At this level, the client's resources are also assessed. The sexual problem history allows a therapist to evaluate the availability of therapeutic alternatives before Intensive Therapy is required.

INTENSIVE THERAPY: The final level ... is required by a very small number of persons with sexual complaints. Their dysfunction is sufficiently involved and complicated that intervention using permission, limited information and specific suggestions is not sufficient to alleviate the dysfunction (Ibid.).

Only at this point does aversion become the therapy of choice. Aversion to eliminate the fetish, the deviant arousal, is

necessitated when the dysfunction is severe enough to resist less intensive methods, or when the deviant arousal is highly negatively-sanctioned and modification is mandatory (e.g., child molesting).

The addition of the PLISSIT model of treatment and a more sensitive evaluation procedure in cases of deviant sexual arousal (accurate assessment of how deviant arousal fits into a particular lifestyle) should increase the efficiency of the Barlow model. Such treatment and assessment modification would make the model more sensitive to variations of perception and behavior in each client, thus increasing the chance for a more perfect individualized treatment plan and, concurrently, a higher rate of success. Sensitization of assessment procedures could bring about a greater therapeutic economy by allowing therapists to treat deviant arousal with a variety of techniques instead of only aversion. Treatments could be matched more accurately with client needs, perhaps eliminating the use of aversion techniques when only counseling was required.

Finally, presenting a client with alternative treatment strategies increases the chance that clients are able to give 'informed consent' to therapy, thus restricting the chance that the client will be the victim of unethical therapist practices.

It seems clear that the vast majority of infantilists, at least those represented in this survey, have little need for therapy. They have managed to adapt their lives to fit around their preferences and are quite happy being who they are. On the other hand, for those persons who choose to alter their sexual preferences to fit better into their lives, it seems more

appropriate to create the 'best' therapy possible, a marriage of client-centered therapy and efficient behavioral techniques which allows the client to take control of his/her life without sacrificing 'freedom and dignity'.

Summary

For a variety of reasons, some adults attempt to recreate the feelings of infancy. For some of these adults the motivation is sexual and their behavior can be labeled as sexual infantilism. Fetish behavior has traditionally been evaluated by psychologists who based their judgments on personal biases. The psychologist has tended to ignore concepts of social control in both assessment and therapy.

Even highly variant sexual behavior, such as sexual infantilism, must be considered in terms of adaptation and coping strategies; therapy must be tempered with a consciousness of the social controller role of the therapist. Using case studies for illustration, it was suggested that sexual infantilism differs from stereotypes of fetishes as a totally debilitating type of behavior either socially or sexually, and calls into question the accuracy of the stereotype for other fetishes.

Several models of fetishism were compared to the case studies for accuracy. Primary causal relationships were suggested only in the behavioral theories but support surfaced for components of several of the other models.

Treatment recommendations for the individual case subjects were discussed, the conclusion being that the behavior itself did not warrant treatment as long as the individuals were comfortable with it. For those individuals who requested treatment, a new model of treatment was suggested which combined the Barlow model with the PLISSIT model. The combination was felt to result in a treatment for fetishes which was more accurate in assessment and

treatment plans and which offered the client greater options in controlling their own behavior.

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INFANTILISM SURVEY

I am researching the experiences of adults who wear diapers. Please answer this questionnaire and return it to the address given on the bottom of page 2. ALL ANSWERS WILL BE KEPT STRICTLY CONFIDENTIAL. If you have any questions or would like more details of the study, add your questions to the end of the survey and I will write you. Thank you for your help -- Tom Speaker.

1. Age: 2. Sex: M ___ F ___ 3. Occupation: _____
4. Marital Status: Married or Living with Partner ___ (Check one)
Divorced ___
Single ___
5. Do you have any brothers or sisters? Yes ___ No ___. If yes, what age were you when they were born? _____
6. How long have you been wearing diapers? _____
7. If there have been intervals in your life when you did not wear diapers, please describe how long, and the reasons you began wearing them again.
8. How often do you wear diapers now? _____
9. Besides diapers, do you regularly use any other baby items such as rubber pants, bibs, bottles or baby food? Yes ___ No ___. If yes, which items do you use and how often?
10. Do you wear diapers because of incontinence problems? Yes ___ No ___. Please explain.
11. Do you find wearing diapers sexually exciting? Yes ___ No ___. Please explain.
12. Do you ever masturbate while wearing diapers? Yes ___ No ___. If yes, approximately how often?
13. Have you ever had sexual experiences with a partner without the use or presence of diapers or baby items? Yes ___ No ___. If yes. Please describe your experiences:
14. Have you ever had sexual experiences with a partner which included the use of diapers or baby items? Yes ___ No ___. If yes, please describe your experiences:

15. Are you currently involved in a sexual relationship? Yes__No__
If yes. is your primary partner male or female?Male__Female__.
16. Have you ever read books or magazines dealing with
'infantilism' or 'adult babies'? Yes__No__. If yes. please
list which publications and how often you buy them:
17. Has your use of diapers ever caused problems for you, either
in personal life or in a relationship? Yes__No__. If yes,
please explain:
18. Has your use of diapers ever been helpful to you, either in
personal life or in a relationship? Yes__No__. If yes, please
explain:
19. Has your use of diapers ever caused you to seek counseling or
therapy? Yes__ No__. If yes, please describe your
experiences:
20. Do you have any additional comments or questions?

Please return the completed survey to: Tom Speaker
c/o Psychology Dept.
Ben Trowbridge
Southern Oregon State College
Ashland, OR 97520

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