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Self-perception of improved mental health among adult babies during the COVID-19 pandemic

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Abstract

Objectives: Adult babies are adults who engage in consensual roleplay as preoedipal children; they are a minority group which experiences significant stress and anxiety as a result of the shame and stigma of their regressive desires. The COVID-19 pandemic has placed additional stressors upon this group.
Objective: The author sought to discover how adult babies would self-rate the impact of the COVID-19 pandemic on their mental health.
Methods: A web-based survey was carried out in May 2021 using Google Forms. Data analysis was performed using JASP. Statistical analysis was completed with the use of Chi-square and T-tests.
Results: Of the 395 participants, 73.6% identified as male, 14.9% identified as female, and 10.8% identified as having another gender identity. Among all participants, 57.7% reported that they believed that adult baby activities (such as using pacifiers, sippy cups, or diapers) improved their mental health while 23.7% reported that they believed these activities kept their mental health from getting worse. A statistically significant ($p<.001$) number of participants reported an increase in the frequency of such activities during the pandemic. The average PHQ-4 score among all participants averaged 4.87, which indicated a mild depression-anxiety comorbidity. COV19-QoL scores, which measured self-perception of quality of life secondary to mental health during the COVID-19 pandemic, averaged 3.26 for all participants compared to a non-clinical norm score of 2.91 which suggests that adult babies perceived the pandemic as having a significant impact on their quality of life including symptoms of depression and anxiety.
Conclusion: Adult baby activities increased in frequency during the pandemic and are perceived as being vital to mental health. They represent an adaptive coping strategy which facilitated resilience during the COVID-19 pandemic.

Keywords

Minority stress, Resilience, Mental health, Adult baby, Age-play, Littlespace, COVID-19

INTRODUCTION

Definition and terminology

Adult babies are adults who enjoy roleplaying as preoedipal children (infants or toddlers). This roleplaying typically involves dressing in adult-sized versions of baby clothing, sucking on pacifiers, using baby bottles and/or sippy cups, and wearing and/or using diapers. During such roleplay, the adult baby will often engage in similar behaviors to that of a small child – such as watching cartoons, playing with dolls, or coloring. This roleplaying and behavioral enactments are usually accompanied by an altered state of consciousness known as 'littlespace' (Bauer, 2018). Adult babies represent a subset of ageplayers, individuals who roleplay as an age different from that of their chronological self. Ageplayers are in turn considered a subset of the BDSM (bondage-domination-sadism-masochism) community (Tiidenberg and Paasonen, 2018). However, a significant number of adult babies and ageplayers regard themselves as non-sexual in their regressive behavior and would decry such an association.

The adult baby has been amply described in the literature since the early 20th century. Unfortunately, the lack of standardized terminology has made it challenging for researchers to locate existing research. Jones (1913) described early cases using such terms as 'simulated foolishness', 'ritour a l'enfance', and 'mental puerilism'. It has also been titled 'autonepiophilia'

(Lawrence, 2009), and 'paraphilic infantilism' (Money, 1984; Pandita-Gunawardena, 1990; Doshi, Zanzrukiya, & Kumar, 2018). The majority of adult babies currently refer to themselves as ABDLs (adult babies/diaper lovers) due to their affinity for wearing and/or using diapers. Although the term ABDL has been around since the beginning of the 21st century, it did not appear in the literature until used by Hawkinson and Zamboni (2014).

Types of behavior among ABDLs

ABDL exists across a spectrum of behaviors ranging from the adult baby who achieves non-genital psychosexual arousal secondary to regressive behavior to the diaper fetishist who has little interest in regression but is instead sexually aroused from the humiliation of being diapered (Zamboni, 2017). This dichotomy was noted in early catalogues of unusual sexual behavior: for instance, both Hirschfeld (1948) and Stekel (1952) distinguished between 'the eternal child' and diaper fetishists. Likewise, Pettow (1922) saw the adult baby as analogous to what would currently be regarded as transgender – a type of cross dressing to transform age rather than gender but excluded from this categorization, those individuals who received genital pleasure from such activities.

Causative factors

Several case studies of adult babies, along with speculation of causative factors, exist in the psychoanalytic literature. Vertical splitting has been noted as a feature by both Goldberg (1999) and Pate and Gabbard (2003). Reenacting infantile narcissism was documented by Yorke (2013), while practicing controlled humiliation was described by Modell (1997). Cernovsky and Bureau (2016) presented the case of an adult baby who spent much of her preoedipal years witnessing familial violence in the setting of maternal deprivation, which aligns with Kernberg's (1992) ideas about perversion formation. The largest empirical study of adult babies was conducted by Hawkinson and Zamboni (2014), with over 1900 participants. They found that while adult babies had a moderate association with negative mood states: the vast majority of participants did not believe that being an adult baby was significantly problematic for them. This echoes Pate and Gabbard (1999), who came to similar conclusions after reviewing adult baby content posted on the internet.

Shame and stigma in ABDL

Despite such a downplay of possible negative effects from this regressive drive, Lipscomb (2014) suggests that adult babies experience significant levels of anxiety and depression. There is a significant stigma surrounding both adult diapers (Chrisler, 2011) and fetishes (Cernovksy and Bureau, 2016). Many adult babies remain terrified of other persons finding out about their secret identity as they are afraid they would be labeled as pedophiles, despite multiple empirical studies demonstrating that adult babies are less likely than members of the general population to be sexually attracted to minors (Fuss et al, 2019; Hsu, 2019; Brown, Barker, & Rahman, 2020). Consistent with the minority stress model (Hendricks and Testa, 2012), it stands to reason that hyperarousal would result in carrying the burden of a particularly stigmatizing – and thus shameful – desire.

Impact of the COVID-19 pandemic

It is no secret that the COVID-19 pandemic has wreaked havoc upon the world's mental health, increasing the overall prevalence of anxiety (Kontoangelos et al, 2020). The psychosocial impact of the pandemic upon sexual minorities is particularly problematic (Banerjee and Nair, 2020). This study aimed to explore the psychosocial impact of the pandemic upon a marginalized subset of sexual minorities known to already have significant psychosocial issues.

MATERIAL AND METHODS

Participants and procedures

A convenience sample was drawn from the ABDL subreddit on Reddit.com. This website has shown itself to be helpful in recruiting research participants from hidden populations, especially when these populations have significant online interactions (Maxwell, Robinson, Williams, & Keaton, 2020). As the ABDL community does represent a hidden population, a priori sample size was unable to be predicted. Since participation was limited to individuals using the Internet, this could potentially result in bias (Pierce et al, 2020): unfortunately, the restrictions on in-person socialization during the COVID-19 pandemic made other recruiting options moot. A web-based online survey was carried out using Google Forms to collect data. The survey assessed gender identity, belief on how adult baby activities impacted mental health, symptoms of anxiety and depression, quality

of life during the pandemic, and frequency of various activities before and during the pandemic. The survey was carried out from May 1 to May 8, 2021. A total of 395 individuals participated in this study. The only inclusion criteria was that the participant self-certify themselves as being at least 18 years of age. Further data on the age of participants was not collected.

Instruments

To measure the belief on how adult baby activities impacted mental health, participants were asked to select one of four statements that best described their perception on how such activities impacted their own mental health: that such activities improved mental health; that the activities did not result in improvement but kept mental health from getting worse; that the activities made mental health worse; and that the individual was not able to discern any sort of relationship between mental health and the adult baby activities.

Table 1. Survey Instrument Questions

Questions	Response options
Which of the following best describes your current gender identity?	Male Female Other
Which of the following statements best describes the impact ageplay has had on your mental health?	Ageplay has improved my mental health Ageplay has not improved my mental health, but it has kept my mental health from getting worse Ageplay has made my mental health worse I don't think ageplay has any impact on my mental health
Think back to February 2020, before the pandemic started. How often would you say you did each of the following activities? Using pacifiers Using sippy cups or bottles Playing with stuffed animals Wearing diapers or pullups Getting into littlespace Sending online messages to other ageplayers Watching the news on TV or online Eating in a way that you think is healthy Exercising Getting enough sleep at night Using alcohol, marijuana, or illegal drugs Spiritual activities (church/temple attendance)	Less often than monthly Monthly Weekly Several times per week At least daily
Now think about how the pandemic has changed how often you do these things. How often would you say you do each of the following activities now? Using pacifiers Using sippy cups or bottles Playing with stuffed animals Wearing diapers or pullups Getting into littlespace Sending online messages to other ageplayers Watching the news on TV or online Eating in a way that you think is healthy Exercising Getting enough sleep at night Using alcohol, marijuana, or illegal drugs Spiritual activities (church/temple attendance)	Less often than monthly Monthly Weekly Several times per week At least daily

Participants were also asked about the frequency of the 12 different activities they performed, both before the pandemic and during the pandemic, using a 5-point Likert scale. Responses included less often than monthly, approximately monthly, approximately weekly, several times per week, and at least daily. 6 of the activities were adult baby specific: using pacifiers, using sippy cups or bottles, playing with stuffed animals, wearing diapers or pull ups, getting into littlespace, and sending online messages to other adult babies. The other 6 activities were not specific to adult babies, as they would likely be performed by anyone in the general public. These activities included watching the news on TV or online, eating in a way that is perceived to be healthy, exercising, getting enough sleep at night, using drugs (including alcohol, tobacco, marijuana, or illegal drugs), and spiritual activities (including church/temple attendance). These 6 generalized activities were adapted from CDC (2021) guidance on known healthy ways to cope with stress during the pandemic. A list of questions in the survey instrument is presented in Table 1.

Anxiety and depression symptoms were measured using the PHQ-4 instrument. This brief screening tool asks about the prevalence of problematic symptoms during the previous 2 weeks – anxious feelings, inability to stop worrying, depressed feelings, and anhedonia. Scoring indicates the severity of comorbid anxiety and depression and can be normal (0-2), mild (3-5), moderate (6-8), or severe (9-12). Internal reliability, construct validity, and factorial validity for this instrument are well established (Kroenke, Spitzer, Williams, and Lowe, 2009; Lowe et al, 2010).

Quality of life during the pandemic was measured using the COVID-19 impact on quality of life (COV19-QoL) instrument, which asks 6 questions using a 5-point Likert scale. These questions address quality of life, mental and physical health, feelings of tension and depression, and thoughts about personal safety. Internal consistency is adequate, as evidenced by a Cronbach's alpha of greater than 0.85 on both clinical and non-clinical samples (Repisti et al, 2020).

Data analysis

Statistical analysis was performed using JASP v.0.14.1 in order to analyze differences between gender identities on each of the four measures. Descriptive statistics, including the use of frequency tables, were also used to analyze composite trends among the group. A Chi-square test of independence was used to analyze the perceived impact of both adult baby activities upon mental health and COV19-QoL responses. The paired samples T-test was used to analyze PHQ-4 scores and the relationship between perceived mental health and frequency of adult baby activities, and the Student's T-test was used to analyze the frequency of coping activities.

Ethical approval

This research study was exempt from institutional review board oversight, pursuant to the United States Code of Federal Regulations, Title 45, section 46.104(d)(2), as it consisted of a survey that did not record data which could identify human subjects. However, all ethical guidelines stipulated by the Helsinki Declaration were followed. Prior to beginning the survey, participants were required to agree to an informed consent notice. This notice informed participants that the institutional review board oversight was not required; they must be over 18 years of age to participate; the purpose of the study along with potential risks/benefits; that participation was voluntary; participants could stop participating at any time; any survey questions could be skipped at the participant's discretion; all research data would be kept confidential; and IP addresses would not be recorded by the researcher.

RESULTS

Adult Baby Activities and Subjective Impact on Mental Health

Of the 395 participants, 291 (73.6%) identified as male, 59 (14.9%) identified as female, and 43 (10.8%) selected their gender identity as 'other'. 2 individuals (0.5%) chose not to disclose their gender identity.

When asked about the perceived impact of adult baby activities upon one's mental health, 5 individuals declined to answer this question. Of the 390 respondents, 228 (57.7%) stated that the activities improved their mental health. 94 (23.7%) stated the activities kept their mental health from getting worse. 16 (4.05%) believed that the activities made their mental health worse. 53 (13.4%) denied identifying any correlation between such activities and their mental health. A chi-square test of independence showed that there was no significant association between gender identity and perceived impact of adult baby activities upon an individual's mental health, χ^2 (6, N = 390) = 11.019, p = .088. Table 2 presents frequencies of responses by gender identity.

Table 2. Frequency of Impact Responses on Subjective Mental Health by Gender Identity

Gender identity	Impact response	Frequency	Percent
Male	Improve	169	58.08
	Maintain	62	21.31
	Worsen	13	4.47
	None	45	15.46
	Missing	2	0.69
	Total	291	100
Female	Improve	37	62.71
	Maintain	15	25.42
	Worsen	1	1.7
	None	6	10.17
	Missing	0	0
	Total	59	100
Other	Improve	22	51.16
	Maintain	17	39.54
	Worsen	1	2.33
	None	2	4.65
	Missing	1	2.33
	Total	43	100

Table 3. Summary of Adult Baby Activity Frequency

Measure	Beginning Mean	End Mean	*t*	*df*	*p*
Use of pacifiers	2.112	2.505	-6.433	389	<.001
Use of bottles/sippy cups	1.666	2.067	-7.252	385	<.001
Use of stuffed animals	2.513	2.910	-6.750	389	<.001
Use of diapers	3.023	3.618	-9.432	388	<.001
Getting into littlespace	2.340	2.714	-6.203	384	<.001
Sending messages to other adult babies	2.290	2.548	-4.515	382	<.001
Watching news	3.462	3.399	0.959	390	0.338
Eating healthy	3.336	3.228	1.883	389	0.060
Exercising	2.809	2.647	2.256	389	0.025
Getting enough sleep	3.257	3.182	1.111	388	0.267
Using drugs	2.748	2.859	-2.453	386	0.015
Religious activities	1.385	1.343	1.546	383	0.123

The frequency of all 6 adult baby activities increased during the pandemic. The Student's t-test showed statistical significance of <.001 for each of these activities. On the 6 generalized activities not specific to adult babies, the frequency decreased on all measures except for the use of drugs. Statistical significance as measured by the Student's t-test was only present for the frequency of exercising (p=.025) and use of drugs (p=.015). Summaries of the frequencies of all 12 activities are presented in Table 3. Increased frequency of adult baby activities was associated with a perception of increased mental health and this was statistically significant for all activities, as shown in Table 4.

Table 4. Association Between Adult Baby Activities and Perception of Increased Mental Health

Measure	*t*	*df*	*p*
Use of pacifiers	7.86	386	<.001
Use of bottles/sippy cups	3.71	384	<.001
Use of stuffed animals	11.09	386	<.001
Use of diapers	20.48	386	<.001
Getting into littlespace	10.17	381	<.001
Sending messages to other adult babies	8.27	383	<.001

PHQ-4 scores were computed with a mean of 4.87 and standard deviation of 3.38. In regard to comorbid anxiety and depression a score of 0-2 is normal, 3-5 indicates a mild degree of impairment with everyday life, 6-8 a moderate degree, and 9-12 severe impairment. Hajek and König (2020) found that among a generalized population 10.4% could be expected to have probable depression and 9.8% could be expected to have probable anxiety based on PHQ-4 scores. When stratified by gender identity, males had a mean score of 4.49, females had a mean score of 5.40, and individuals with a gender identity of 'other' had a mean of 6.83. A paired samples T-test was performed, which found statistical significance between PHQ-4 score and gender identity: paired $t(392) = 21.13$, $p = <.001$. A breakdown of individual item scores by gender identity and paired samples T-test results are presented in Table 5.

Table 5. PHQ-4 Items by Gender Identity

Items	*t*	*df*	*p*	Male gender mean	Female gender mean	Other gender mean
Feelings of anxiety	0.389	391	0.697	1.266	1.610	1.930
Inability to stop worrying	-4.703	391	<.001	0.990	1.237	1.814
Feelings of depression	-1.918	391	0.056	1.192	1.373	1.500
Anhedonia	-4.014	391	<.001	1.059	1.186	1.628

Table 6. COV19-QoL mean scores, stratified by gender identity

Gender identity	Quality of life	Mental health	Physical health	Tense	Depressed	Safety
Male	3.201	3.343	3.330	3.479	3.211	2.595
Female	3.373	3.610	3.373	3.569	3.414	3.017
Other	3.429	3.738	3.524	3.905	3.707	3.024
Total	3.251	3.425	3.351	3.540	3.293	2.701

Scores from the COV19-QoL instrument were stratified by gender identity and analyzed. On the Chi-square test of independence, statistical significance was only demonstrated on measures for feelings of being tense and safety. For quality of life, χ^2 (8, N = 390) = 4.341, p = .825. For mental health, χ^2 (8, N = 390) = 13.879, p = .085. For physical health, χ^2 (8, N = 389) = 3.219, p = .920. For feelings of being tense, χ^2 (8, N = 388) = 19.108, p = .014. For feelings of depression, χ^2 (8, N = 388) = 13.512, p = .095. For feelings of safety, χ^2 (8, N = 390) = 19.512, p = .012. Mean scores on each item, stratified by gender identity, are presented in Table 6. Of note, worsening indicators of quality of life across all domains were noted in females and individuals with a non-binary gender identity.

For 5 of the 6 measures on the COV19-QoL instrument, adult babies rated themselves higher than the reported non-clinical sample reported by Repisti et al (2020) and had a higher COV19-QoL total scale score than the reported sample. The only measure lower than the non-clinical sample was the strength of the statement: 'Due to the spread of the coronavirus, I think my quality of life is lower than before'. Adult babies had a mean score of 3.25 on this item, compared to a non-clinical sample mean score of 3.34. The mean COV19-QoL total scale score for adult babies was 3.26, compared to the non-clinical sample mean score of 2.91. Higher scores on the COV19-QoL indicate a perception of the pandemic's negative impact upon quality of life (Repisti et al, 2020).

DISCUSSION

The overall findings show that adult babies are likely to have impaired mental health, but that adult baby-specific activities may have some sort of mitigating effect upon mental health. This contradicts earlier assertions by Hawkinson and Zamboni (2014) that adult baby behavior was unlikely to serve as a coping mechanism. Higher PHQ-4 scores among adult babies with a gender identity of neither male nor female is consistent with existing research on the mental health of non-binary individuals (Newcomb, Hill, Buehler, Ryan, Whitton, & Mustanski, 2020).

It is not surprising that the regressive behaviors of adult babies would be perceived as having a positive impact upon mental health – there is a long history of the use of regression as a psychotherapeutic modality. Psychoanalysis has been described as a prolonged exercise in regression, with Mitchell (1988) going so far as to refer to the analysand as an 'adult baby'. Regression to infancy, with the use of diapers and bottle feedings accompanied by reparenting by a therapist, was a key feature of both Sydney Margolin's anaclitic therapy (Raz, 2010) and Jacqi Schiff's cathexis school of transactional analysis (Moroney, 1989).

Symptoms of depression and anxiety at a mild-to-moderate level were quite prevalent in this population. This effect is more pronounced in individuals with a non-binary gender identification. Such findings appear to be consistent with the minority stress model of Hendricks and Testa (2012); this may also partially account for the COV19-QoL findings. Mood disturbances were shown to be common in adult babies by Hawkinson and Zamboni (2014) and were associated with a decreased perception of quality of life.

Adult babies should not be restricted from engaging in their preferred activities, as they seem to serve as a protective function for mental health. Pate and Gabbard (2003), as well as Hawkinson and Zamboni (2014), opine that adult baby activities are not harmful. Clinicians encountering adult babies in practice would be well advised to encourage continued participation in favoured activities and to adapt an affirmative approach to psychotherapy with this marginalized group; such approaches have been favourably demonstrated with other sexual minority groups such as sex workers and individuals engaging in consensual non-monogamous relationships (Shabaz and Chirinos, 2016).

IMPLICATIONS

Adult babies represent a minority group in need of acknowledgment and awareness. The results of this study suggest that while engaging in adult baby activities is perceived by its participants to have a positive effect upon mental health, depression and anxiety secondary to shame and stigma still persist. Psychoeducation may help adult babies to realize their desires, have meaning and purpose, and may quell fears and anxieties in adult babies who are phobic about this aspect of themselves.

LIMITATIONS

This study involved a hidden population: a group of individuals who may likely feel danger if openly

disclosing their identification with a minority group. As such, the sample might not be reflective of the overall population. Furthermore, it is possible that respondents were likely to have fewer feelings of stigmatization than those adult babies who chose not to participate.

CONCLUSIONS

Adult babies tend to believe that regressive activities (such as using a pacifier, wearing diapers, using a sippy cup/bottle, or getting into littlespace) have a positive effect on their mental health – despite the persistence of anxiety and depression, likely related to the underlying shame and stigma surrounding the fetishization of diapers and regression. During the COVID-19 pandemic, these regressive activities served as an adaptive coping mechanism. As these activities served a vital element in the perceived mental health of its participants during the COVID-19 pandemic, it is likely that the activities would serve a similar purpose under other conditions of prolonged stress. The activities of adult babies should be affirmed rather than pathologized, as they serve an important function in these individual's lives; destigmatisation is likely to reduce sequalae of hyperarousal consistent with the minority stress model of Hendricks and Testa (2012).

DECLARATIONS

Ethical approval: This study was exempt from ethical approval requirements under the United States Code of Federal Regulations. Title 45, section 46.104(d)(2), as it consisted of a survey that did not record data which could identify human subjects.

Conflict of interest: The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Informed consent: The first page of the Google form used in the survey consisted of the informed consent form. Potential participants were required to provide a digital informed consent prior to enrolling in the research study; if a potential participant disagreed with the informed consent then the survey was immediately terminated.

Study registration: The study was not registered externally.

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