

ABSTRACT: *One of the most powerful needs we have as individuals is to simply 'know who am I?'. It remains for many a constant and even elusive chase and one of the great frustrations of life. For most, we quickly develop a sense of self that we are comfortable with and while we may not be fully sure of the full extent of our personal identity, we are settled and happy with what we know and how we experience life. In many ways, it is a balancing act between wanting to fully understand and the effort and potential strife that may be involved in fully exploring it.*

Being human is a complex task at the best of times and for some, the pursuit of a full understanding of our identity is a difficult one and fraught with pain and indeed, suffering. While the majority of people can accept their identity without too much difficulty, some struggle with it continually. The highly regressive adult baby is certainly one of the latter. In this article, I wish to explore the issue of personal identity and how the regressive adult baby fits into real life – conflicts and all.

In previous articles, I have discussed the concept of *Strength of the Regressive Drive*. In short, what we discover is that while the Regressive Drive itself is fairly similar in outcomes for all Adult Babies, the *strength* of that drive can vary enormously. For many, it is a light effect that leads to the desires and wants of an infantile nature, but which can be fairly easily managed and controlled and even ignored if desired. Then there is the large segment for whom the drive is quite strong and which demands that it be dealt with and acted upon. This rather broad group is where most ABs sit, with the frequent need to regress and to act out the needs that are so powerfully ingrained inside. And then there is the third group, whose regressive drive is extremely strong, and which exceeds the ability to simply ignore or even manage easily and effectively. It is a massively powerful need that simply will not go away and can often be destructive and deeply painful. While the definition of a 'psychological disorder' may be subjective, in this case, it is most definitely a disorder in that it literally brings *disorder* and a degree of dysfunction to a person's life. The word 'disorder' can seem offensive, so take it as a literal term, not a pejorative one.

A regressive drive is fundamentally opposed to our natural and normal way of living. However, in most cases, it is not a dysfunction, but more of a variety or diversity of life, because it does not adversely or significantly affect our ability to function as individuals. However, when it exceeds our ability to easily manage it, it becomes a problem.

A common theme that occurs in AB discussions is the question of *'am I an adult acting as a baby or am I in fact, a baby faking being an adult'*? It is a big question and one that confuses a lot of people. Let's first address why the question is even being asked.

For many this question seems to be ridiculous and ludicrous. *'Of course, you are an adult, acting at being a baby!'* is the common and often insensitive reply. Others then jump in and agree with the proposition that their true identity is that of an actual baby and that they employ the façade of adulthood simply to function in a world that does not see their 'truth'. The strong divergence of these two positions is largely driven by what we discussed above regarding the strength of the drive. If your personal regressive drive means that you wear a diaper occasionally and from time to time spend a bit of time in 'baby mode', then you will be in the former group declaring that being a baby is just an add-on or a peripheral activity for you. But if your life revolves around near constant regressive thoughts and drives, diapers frequently and a life that is powerfully impacted by regression, you could very easily be in the latter, wondering if indeed you were actually a baby and not a fully-formed adult. Your identity can therefore be confused and in crisis.

Let's take a look at this dilemma.

There are two basic needs of the regressive adult baby that have been confirmed by research and multiple anecdotal conversations.

- 1) That you are a *genuine* (ie real) baby and that you need that fact to be recognised and acknowledged. Essentially, that people '*see you for who you are*'. Or at least one person does.
- 2) The regressive Adult Baby craves and needs some form of a parent/child relationship that meets the fundamental infantile need for caring and control and basic parenting.

Let's look at point one. It is both accurate, but also potentially misleading without context. Its intent is to make the claim that '*I am babyISH and that I have very strong baby needs and drives. It is real and my feelings are real and I am in a very significant way, a baby.*' The adult baby needs this to be recognised and accepted by at least one other person. They need external validation of their very powerful internal experience.

The reality of point one is that the regressive baby has a strong, unique and very genuine infantile aspect that lives and acts and is in many ways in fundamental conflict with the tenets and behaviours of adulthood. And so, the question is raised for many...

"Am I a baby or am I an adult?"

It is an important question for many, and so we need to address it in detail.

Let's briefly leave the adult baby question itself for a moment and address the nature of identity. Each of us have an identity that is complex and involved.

For example, a woman can be both a wife, a mother, a daughter, a friend, a lover, a Christian or a variety of similar roles. That same woman can also be a wildly promiscuous or adulterous lover, a party-girl or a variety of other types. She can be straight, lesbian, bisexual or even asexual. All these components form part of her identity. And while some of these roles may be at odds with each other to some degree, the entire identity is essentially complementary ie *it works together to form the whole*. None of these roles extend outside of the singular identity of 'woman'. The person's identity is essentially *not in conflict*. This is not to say that an individual will not have problems with their roles or behaviours, but that they are in essence – non-contradictory.

This above concept is important to understand. The person described above will typically not have an 'identity problem'. To be clear, I am not talking about the frequent and common questions we have of ourselves regarding 'who I am' or 'what am I doing'. We all question these things from time to time, but we don't really question the essence of our *core identity*, which is what we are talking about here. And here is the problem that the regressive adult baby may face, if the strength of that drive becomes powerful enough to cause us to question our *core identity*.

I am very deliberately using the term *core identity* here because it is central to understanding this basic question and finding a good answer to it.

So, how do we answer that question as to who we are – adult or baby faking being adult?

As previously stated and discussed, for highly regressive ABs the baby identity is not a mere construct or an imaginary belief. It is not play acting or a cowardly aversion to adult responsibilities. It is not a simple desire to wear a diaper or suck on a pacifier. This person is a REAL BABY.

Let me say this again in detail. For the highly regressive individual, the behaviours, feelings, emotions, expectations and needs are those of a real and genuine, infant. A baby. A... Baby... Identity.

There will be some of you reading this who will scoff and have little to no understanding of that statement, but others of you will immediately relate to this in a way that makes perfect sense. It will be a 100% alignment with your own experience. It will resonate with you at a fundamental level.

But that still doesn't answer the question at hand. All it does is pose a basic conflict of identity. And yet, paradoxically, that is what leads us to the answer.

The regressive baby identity is in fundamental conflict with the adult identity.

Unlike the example above, where the various roles of the identity are essentially complementary and non-contradictory, the baby identity that highly regressive ABs have is fundamentally at odds and in conflict with the adult identity. This is the seed of all the of the internal troubles and trials of the highly regressive adult baby – the fundamental conflict between two separate identities. The idea that someone can be both a baby and an adult at the same time is ludicrous, because it is literally impossible.

Before we continue, let me explain to those who don't understand, that for the highly regressive, the infantile nature is truly *real*. It is not learned behaviour, but instinctive actions and emotions. In deep regression, an adult baby can spend long periods playing with toys or interacting with another in a way that is very much like a real baby or toddler. The thought patterns are significantly infantile and they can watch a child's TV show and enjoy it at a child's level. Colouring-in is enjoyable as a child would enjoy it and often showing reduced motor control as per a real child. For many, language itself devolves to a younger level. What is happening is that the person is *putting on* that baby identity and it is *on top* of the adult identity for the time of regression.

Now we come to the issue of the *quality* of the baby identity. We have already established the veracity and existence of the baby identity and now we need to discuss the extent and 'quality' of this identity.

While some may not like this, the truth is that even in the deepest regression, the baby identity is incomplete. This is not to say it is not real or that it is imaginary, but rather to state that it is not a 100% replica of an actual physical infant. Let's quickly look at some examples of this.

A physical infant has no communication skills or at best very limited abilities in this regard. Most very young infant communication is via gestures or crying. In an older infant or young toddler there will be some verbal communication, but typically very limited. Likewise, the infant will not move other than by crawling – if that. But most importantly, cognitive abilities are very limited. The regressed adult baby will typically have a large number of baby attributes, but be severely lacking in some. Communication with another may involve a stylised form of speech and gestures, but will not be genuinely infantile. Crawling may exist, but walking is still likely to occur and cognitive abilities will remain essentially adult.

Let's discuss cognitive abilities for a moment. When I say that the adult cognitive ability remains, that does not mean that infant-like thinking is not occurring. A number have reported that during deep regression they 'think very differently'. They may have more simplistic and more infantile thinking and react more like an infant than an adult, but the adult cognitive state remains intact, even if it is pushed down or made secondary to infant-like thinking. Infant cognitive behaviour exists, but is incomplete and occurs in the continued presence of adult cognition.

In short, I am saying that regression is NOT a truly dissociative state. Adult babies never cease to be aware that they are adults. However – and this is important – they essentially put the baby identity *on top of the adult identity and seek to assign primacy of identity to the baby*. And now we see the beginnings of an answer to the important question of who the regressive adult baby is: baby or adult.

They are both.

On its own, that is not a statement of much worth, but the mechanics we discussed above is, as it builds a framework on which this duality of nature can exist.

The baby identity is real. It is not a figment nor an element of psychosis. It is real. However, it is incomplete. It is inadequate in that continued existence as the regressed baby alone is not possible. The infant identity lacks many of the elements to permit satisfactory and complete independent existence as a genuine baby. Clearly a genuine baby needs a full-time carer, but this is not what I am referring to. Even with a full-time willing parent/carers, a complete and total infant existence is not possible. The inner infant identity is inadequate to the task of long-term solo existence. Too many components are missing. This does not in any way discount the validity or reality of this baby identity. It simply cannot take the place of the primary identity ie adult. It is however, what we call a SUB-IDENTITY.

A sub-identity is a separate identity with its own consistent values, emotions, physical and cognitive expressions. Just as in the example of the woman earlier, the various roles and actions of the sub-identity are fully consistent with each other. The problem occurs however that the sub-identity itself is in conflict and often *dramatic* conflict with the PRIMARY IDENTITY. This is the baby vs adult conflict that we experience.

This is the problem that so plagues regressive adult babies – that the *real* identity of being a baby is in perpetual conflict with the *real* identity of being adult. So, back to the original question of whether or not the AB is baby or adult.

We are all adults. Our primary identity is that of adult and that does not change. However, the regressive adult baby has a sub-identity that is infant and very substantially so. When we mentioned earlier, that the infant identity is incomplete, this does not in any way diminish the reality of existence or intrinsic value of the infant identity. It simply underlines that it is a **SUB** identity and not a **primary** identity.

This concept of sub-identity is also useful when discussing the sissy (as opposed to transgenders). For some it is simply cross-dressing or a bit of play and fun, but for others, the feminine drive is real and powerful, but just like the baby sub-identity, is not complete nor full-time. The sissy sub-identity is a real experience, but it does not therefore equate to transgender. The primary identity remains male while the sub-identity is female. The sissy baby is the same in that the baby sub-identity is also female while the primary identity is adult male. The two are clearly in substantial conflict, but exist in uneasy compromise because one is primary and the other secondary or subservient.

By being aware that the sub-identity is real, but still a SUB identity, it allows lesser conflict with the primary identity. It also precludes the unanswerable question as whether or not we are baby or adult by changing the very nature of the question.

Problems can occur if we seek to unilaterally force the sub-identity onto the primary identity. It is not that big a problem in the adult baby world because unilaterally forcing the baby identity over the top of the adult identity is impossible. However, unilaterally pushing a genuine feminine sub-identity

into a male primary identity is possible, but problematic. A sub-identity is by definition incomplete and by trying to artificially replace a primary identity with an incomplete one leads to problems such as unresolvable conflicts. This has application to the sissy baby because the question of 'am I a baby or an adult' also includes, 'am I a baby girl or and adult girl'. The sub-identity of female baby is incomplete.

I have often had people say that they believe they are 'transgendered lesbian baby' rather than male adult. This is a classic case of unilaterally trying to force an incomplete sub-identity onto a primary identity and therefore having to artificially create resolutions to newly appearing conflicts. "lesbian" is an attempt to reconcile being female and still wanting penetrative sex with a woman. By accepting that the sub-identity is female baby and the primary identity is male adult, this conflict is resolved or more precisely, doesn't occur in the first place.

A sub-identity CANNOT subsume (or replace) a primary identity. It can co-exist, but will always be incomplete and exist in a subservient role to the primary identity. The case of transgender is that the primary identity is female and always has been, while being in opposition to physical sexuality. However, this is not an article on the intricacies of transgender, but to simply point out that the primary identity is still not fundamentally altered. However, the internal content of the identity certainly alters and morphs over time as we grow and develop, but it remains within the constraints of the primary identity. Likewise, the regressive sub-identity also grows and develops and alters over time to become more substantial as it is given more time to express itself in a safe and accepting environment.

SUMMARY: *The purpose of this article is to both answer the question and to build a model whereby we understand the structure of our complex identities. By understanding that the regressive infantile identity is in fact a sub-identity, we allow ourselves the freedom to accept who we are – both as infant and adults – and to make more sense of the intrinsic conflicts that arise and to live happier and more content lives.*

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