

Introduction

This article compares two key explanations for why people are adult babies (ABs). These explanations are –

1. Firstly, that being AB is a form of regression whereby the AB returns to a point of fixation in their biological childhood where their development was stopped or delayed, or they were traumatized.
2. Secondly, that being AB is a second self, an alter ego or distinct persona within the psyche, borne of dissociated trauma in childhood.

For AB's in general, there is unlikely to be clinical or empirical evidence decisively in favour of either explanation. Thus, ABs are free to choose which explanation they prefer. However, I believe that the explanation of a *second self*, better fits the AB identity. This article sets out the reasons for preferring this explanation.

Does it matter? Yes! ABs have a complex, little-understood identity. An accurate view of that identity is important to empower ABs to move forward, both individually and collectively. It is also important when ABs seek therapy, especially when they are in distress or crisis. Consultations and treatment based on an inaccurate view of the identity are more likely to be ineffective or counterproductive.

I am an AB. I am a heterosexual man in his fifties with a second self, an asexual baby girl named Chrissie. I have no qualifications in psychology, but I have a lifelong interest in psychology and a desire to better understand my own identity as an AB, and AB's collective identity. I follow in the pioneering steps of Michael and Rosalie Bent in understanding being AB as a personal identity.

The two explanations for being AB are discussed below, followed by a discussion of the factors which allow us to choose the most valid explanation.

Regression

In this explanation, the AB has a unitary psyche where the adult temporarily reverts to a child state, and the child supplants the adult to a greater or lesser extent. The AB is reverting to behaviours and a psychological state from their biological childhood. Those behaviours and states are not random. They represent points where the development of the AB when they were a biological child got stuck for a time, experienced difficulty or missed a step. This is referred to as a fixation. Obvious examples are toilet training and thumb sucking. Regression is generally understood to take place when a person is unable to find more appropriate ways of responding to either their own psychological state or to external stresses – it is a failure of adult coping mechanisms.

The concept of regression was developed by the founder of psychotherapy, Sigmund Freud. In its original form, it was linked to failures in psycho-sexual development and was a negative behaviour, associated with neurosis. The reversion to childhood fixations did not necessarily take the form of blatantly infantile behaviours. For example, a reversion to the early oral (breast/bottle) stage of psycho-sexual development could take the form of excessive drinking, eating or smoking.

Later theorists allowed that regression may not be an exclusively negative or neurotic phenomena (although they were not contemplating the blatantly infantile behaviours associated with ABs). The concept of regression has also been expanded

beyond psycho-sexual development to psychological development more generally. This broader view of regression removes some of the objections to Freud's original, narrower conception as an explanation for being AB.

As an explanation, regression has the advantages of being obvious, simple and familiar. The connection between an AB's obsession with nappies and a fixation on a childhood failure of toilet training seems obvious.

The explanation also fits the most straightforward view of child and personality development, as a linear model common to all. Everyone goes through the same sequential stages in childhood, in the same order. Personality disorders in adulthood are thought to be patterned on a personality structure that is normal at some stage of childhood. Adult dysfunction arises because the person has got stuck at that stage and returns to it in stress or crisis. Simple(ish).

And familiar – most people have witnessed or read of situations where a young child, faced with an overwhelming crisis such as being hospitalized, separated from a parent, or the like, reverts to behaviours that they had previously grown out of – bedwetting, thumb sucking, needing a comfort object like a security blanket or stuffed toy.

Second Self/Alter Ego

In this explanation, being AB comes from having a second self within the psyche, a baby or child alter ego, co-existing with, but distinct from, the adult or adolescent self. The origin of the child second self is described in my book *'The Adult Baby Identity – A Self Help Guide'* -

Based on my experience, I believe that there was a time, or times, in your childhood when you felt very frightened and desperately alone. You were a very young, vulnerable child. You felt overwhelmed. That was when the child persona emerged in your psyche. It was the best thing your psyche could do to protect you from despair.

It does not have to mean that you had bad parents. Even with the best will in the world, parents can't always protect their children from the 'ordinary catastrophes' of childhood. Those catastrophes include a young child being very frightened at a temporary separation from their mother or primary caregiver. But whatever it was, at the time, you did not understand what was happening. You felt alone and unloved and like all children who feel unloved, you felt it was your fault. You felt unlovable. Your Inner Child was wounded. And such childhood wounds stay with us. For some ABs, these wounds may not come from the ordinary catastrophes of childhood, but from abuse or neglect.

Your child persona is a creation of your subconscious. They are not you as a biological child, although you can see some influence of yourself as a biological child in your child persona.

The origin of a persona within the psyche in such traumatic circumstances is referred to as dissociation or 'splitting.' Both the original trauma and the resulting persona are buried in the sub-conscious in what is called repression. When the persona and memories are repressed, we genuinely don't know they are there. It is amnesia. But over time repression breaks down: fragments of memory return and the buried, split off persona 'breaks through' and influences behaviour. For most ABs, repression starts

breaking down at a fairly early age, often around ten. In time, with self-acceptance, the AB's adult self and baby persona, share consciousness.

We commonly associate this phenomenon and the existence of second selves with Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD). Such an association between being AB and DID may be fearful and unwelcome for some ABs. This is based on several misconceptions – that dissociation is rare and invariably debilitating. Dissociation is common and covers a broad spectrum, of which DID lies at the further end. Dr Marlene Steinberg, the psychiatrist who invented a key diagnostic instrument for identifying dissociation, indicates that up to 14 percent of the US population has some form of dissociation. I believe that ABs are a subset of that larger population. Dissociation is not invariably debilitating. There are many high functioning people with dissociative conditions. Dr Steinberg states they –

“... run the gamut from PhDs to prostitutes and are generally highly intelligent, creative, brave, articulate and likeable. Many are accomplished professionals, married, raising children, holding down responsible jobs.” [The Stranger in the Mirror: Dissociation The Hidden Epidemic]

The second-self explanation does not depend on a single, linear view of personality development as is contained in the concept of regression. This is described in my book *'The Adult Baby Identity – Healing Childhood Wounds'* -

There is another view, advanced by John Bowlby, the creator of Attachment Theory. He posited a view that personality development isn't a single linear track. Instead it is a multi-track phenomenon where we start out at a similar origin, but each point of interaction between the genetic inheritance, the emerging personality and the environment represents a possible branch of development. ...

“What if being an AB, that is the emergence of a baby/child persona in childhood, wasn't a regression per se, but a diverging branch of personality development? In the same way that other minority, or LGBTQ identities are a diverging, but healthy branch of personality development. It's only a speculation, but in the absence of empirical evidence either way, it is just as tenable as the single linear view.”

Which is the Better Explanation?

Health professionals use the term 'differential diagnosis' to refer to the process of choosing between different explanations for a person's behaviour or state. This involves evaluating how each explanation fits and identifying which factors can be linked to one state and not others.

Regression and a second self are both plausible explanations for childish or AB behaviours in adults. See the article *'Regression: Diagnosis, Evaluation, and Management'* for an example of differential diagnosis where dissociation is cited as a possible alternative explanation to regression (see the annotated references for the article, available free on-line).

Non-Differentiating Factors

There are a range of behaviours or factors associated with being AB which could be consistent with *either* regression or a second self. Some of these common factors are listed below.

- a. The strength of the AB's need to express and validate their child state/self.
- b. Insecure childhood attachment. I believe that ABs are acting on unmet needs for nurturing based on a broken attachment between the AB and their mother, when the AB was a child. This is based on a widely accepted and empirically based theory of personality development, called Attachment Theory. (See my book *'The Adult Baby Identity – Healing Childhood Wounds'*).
- c. Transitional objects. I believe that ABs met their own need for nurturing via the same psychological mechanism as biological babies – through transitional objects like favourite stuffed toys. In the psyche of young children transitional objects stand in for the presence of the mother/primary caregiver. This is based on the work of the renowned paediatrician and psychotherapist Donald Winnicott (see the book cited above).
- d. Triggering. For conflicted ABs, a sight or other sense can trigger an urgent and compelling need to wear a nappy.
- e. Being AB commonly involves a sexual fetish for nappies.
- f. AB's typically derive emotional comfort from wearing nappies, wearing baby clothes and engaging in child's play.
- g. Being AB involves a mix of both adult and child state/selves.

Thus, none of the above factors are a basis for distinguishing whether regression or a second self is the best explanation for being AB.

In general, neither explanation is stronger in terms of objective clinical or empirical evidence. For example, neither is associated with a distinct brain scan. Both states are identified via observation and intuition, and the AB's self-reporting, all of which are subjective. While regression is the more familiar, concept that should not be mistaken for a stronger empirical base for explaining behaviour in adults. The concept of regression in adults has been migrated from psychoanalysis to psychology generally. However, it should be noted that the original theory of regression and psychoanalysis generally is intuitively, not empirically based.

Differentiating Factors

There are factors linked to being AB which fit the second-self explanation, and do not adequately fit the regression explanation. These include –

1. Reversion to biological childhood as per regression does not adequately explain a lot of the AB's behaviours and characteristics.

2. Conflicted ABs commonly experience ‘identity confusion’, one of the five elements of dissociation, typically a conscious duality and conflict between an adult and child self.
3. An AB’s child state/self typically manifests over time as a complex multi-layered persona consistent with ‘identity alteration’, one of the five elements of dissociation, rather than a set of disparate regressive behaviours.
4. For ABs who have accepted their identity, the positive experience of self-nurturing their child state/self is not adequately represented by the concept of regression.

Not Reversion to Biological Childhood

Significant behaviours or characteristics of the AB cannot be adequately explained as a reversion to their biological childhood. They are better explained as behaviours or characteristics linked to a child second self which is a sub-conscious *and* conscious construct of the AB’s psyche.

A good example of this is that many ABs identify with having a child state/self with a different gender from their adult self. Rosalie Bent indicates -

‘... around half of physically male Adult Babies and Little Ones identify as female infant/toddler, indeterminate or sissy. ... ‘Sissy’ and ‘girl’ are quite similar and when determining your Little One’s gender, keep in mind the sissy option. It is a subset of the female gender, but for simplicity, I have used it as a separate one.’ [‘There’s Still A Baby In My Bed: Learning To Live Happily With the Adult Baby in Your Relationship]

Some of these ABs did identify as female at an early age and hence regression might encompass baby girl clothing and behaviours. I suspect that most did not identify as female at an early enough age for those characteristics to be caused by regression to their biological infant or toddler state. In my case, I have a multi-dimensional baby girl second self, but my biological childhood was exclusively male, and in a family with an absolute demarcation between gender identities. For me, a female child state/self could not be result of a regression to any part of my biological childhood.

It is likely that many of the preferences of AB’s child state/selves in terms of clothes and toys or activities do not replicate those of the AB’s biological childhood. This does not deny that some of the construct of the baby/child second self is influenced by the AB’s biological childhood. But this influence is mixed with others, at least as strong, which come from elsewhere in the psyche. That is more consistent with a second self, rather than regression.

Identity Confusion

Before AB’s accept themselves, they typically experience an intermittent sense of turmoil and doubt about their identity. That experience is commonly of living with dual and conflicting sides or selves – the adult and the child. Even when the child state or self is denied by the AB, it is still experienced as a potential disruptive force which could unexpectedly manifest in the ‘binge’ part of the ‘binge and purge’ cycle, or in involuntary

triggering of the need to put on a nappy. This is consistent with ‘identity confusion’, one of the five components of dissociation. (For a discussion of these five components see my book *The Adult Baby Identity – Healing Childhood Wounds* or Dr Steinberg’s book cited in the references). Dr Steinberg defines Identity confusion as –

a feeling of uncertainty, puzzlement or conflict about who you are - perhaps a continuing struggle going on inside you to define yourself.

This pervasive experience of uncertainty about identity is consistent with a second self, rather than regression.

Identity Alteration

An AB’s child state/self typically manifests over time as a complex multi-layered persona. It’s not just wearing nappies. It’s also a wardrobe of baby clothes, pacifiers/dummies, stuffed toys, perhaps bottles, and activities such as watching children’s TV, colouring books or playing with dolls. And the physical manifestation of the child state/self is only the tip of the iceberg, on top of a large repertoire of fantasy involving an imagined life as a baby. This goes well beyond a small number of disparate childish behaviours such as might be linked to regression.

The manifestation of such a multi-layered persona is more consistent with an alternative personality – a second self. That represents ‘identity alteration’, another of the five components of dissociation. Dr Steinberg defines Identity alteration as –

a shift in role or identity, accompanied by such changes in your behaviour that are observable to others – you may experience the shift as a personality switch or loss of control over yourself to someone else inside you.

The ‘binge’ part of the AB’s tumultuous ‘binge and purge’ cycle, and the involuntary triggering of the urgent need to put on a nappy, are most validly viewed as behavioural changes driven by a child second self which constitute ‘identity alteration.’

The AB’s child state/self is sufficiently elaborated/formed as an alter ego or second self that they are often *named* by the AB. Again, that is consistent with a state that is experienced by the AB, not as a set of disparate behaviours but as an alter ego.

Self-Nurturing

When an AB accepts their identity, their episodes of ‘baby time’ (wearing a nappy, dressing in baby clothes, using a pacifier or bottle and baby activities such as dolls play) represent self-nurturing of the AB’s child state/self by the AB’s adult self. That nurturing heals the AB’s childhood wounds and supports a stable and healthy identity. The positive character of the AB’s ongoing self-nurturing is more consistent with shared consciousness between an adult self, and a baby/child second self. It is less consistent with regressing to a past wounded biological childhood. Regression can be understood as a temporary psychological refuge when normal coping mechanisms have failed. As a permanent behaviour, it is likely to be viewed as neurotic. The adult state is supplanted by a child state, and the former is not ‘present’ to comfort and protect the latter.

Regression carries a negative connotation in common understanding. In terms of AB’s understanding, psychological validity trumps public perception. However, unless

there are compelling grounds to view regression as the most valid explanation for being AB, it would be helpful to avoid endorsing negative public perceptions of our identity.

Conclusion

Regression, and a second-self or alter ego borne from dissociation, are two key explanations for being an AB. Both are plausible explanations for a lot of the behaviours and characteristics of ABs. For AB's in general, there is unlikely to be clinical or empirical evidence decisively in favour of either explanation. This leaves AB's free to choose the explanation they prefer. Some AB's might find the explanation of regression more attractive than a second self, as the former may be less confronting. This is more likely to be true for DL's (Diaper Lovers) who maintain that their interest is only in nappies, not the larger repertoire of baby clothes, activities and fantasies associated with ABs. Regression may be a preferred explanation for either DLs or ABs still in significant denial about the full extent and true nature of their identity.

However, a differential diagnosis of which explanation is a more accurate fit with the behaviours and characteristics of the AB, favours the explanation that being AB comes from a second self within the psyche, a baby/child self which shares consciousness with the AB's adult self.

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Bent, Rosalie	<p>There's Still A Baby in My Bed: Learning To Live Happily With the Adult Baby in Your Relationship. (2015) (Amazon & Abdiscovery.com.au)</p> <p>A revised version of the 2012 book that first articulated that being an AB was a personal identity, not just a fetish. Written by the wife of an AB. Evergreen.</p>
Lewis, Dylan	<p>The Adult Baby Identity – Healing Childhood Wounds (2019) (Amazon & Abdiscovery.com.au)</p> <p>Explores the origins of the identity in an insecure attachment and trauma in childhood. References John Bowlby and Attachment Theory, and Donald Winnicott.</p>
Steinberg, Marlene	<p>The Stranger in the Mirror: Dissociation The Hidden Epidemic (2010) (hardcopy: Harper Collins. Digital: Amazon).</p>

	The author is the psychiatrist who developed the leading diagnostic questionnaire for identifying dissociative disorders. Highly recommended.
Lokko, Hermioni N & Stern, Theodore A.	'Regression: Diagnosis, Evaluation, and Management' Primary Care Companion for CNS Disorders. 2015; 17(3): 10.4088/PCC.14f01761. Published online 2015 May 14. Available free on-line at - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578899/
Wikipedia	Differential diagnosis Dissociation (psychology) Regression (psychology)