

AN AB DISCOVERY BOOK

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# THE ADULT BABY IDENTITY

*- COMING OUT AS AN ADULT BABY -*

The Adult Baby Identity  
*Coming out as an Adult Baby*

# **The Adult Baby Identity**

*Coming out as an Adult Baby*

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Dylan Lewis

**Title: The Adult Baby Identity – Coming out  
as an Adult Baby**

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**Editor: Michael and Rosalie Bent**

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**Publisher: AB Discovery**

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*Dedication:*

*To my wife for her constant love.*

*To Rosalie Bent and Michael Bent  
who let the world know adult  
babies aren't mad, bad or alone.*

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# Foreword



“

*There is no bigger struggle in our lives than to understand who we are – not just externally or physically, but internally. Being a human being is an immeasurably complex experience and it juxtaposes both beauty and wonder with pain and suffering. We can, at the same time, both understand something and yet be totally mystified by it.*

*Being an Adult Baby adds another layer of intricacy to our personal makeup. I wish I could say that it is all positive, but anyone who has been AB in a world that knows little to nothing about it, already knows that it can be far from an entirely positive experience.*

*In so many ways, Adult Babies are alone; sometimes grouped together, but still very much separate individuals trying to make sense of the morass of conflicts, fears and pleasures that assail us constantly. We know that our friends, family, neighbours both do not, nor ever will, fully understand us.*

*For decades, I struggled to find my own identity, just as thousands like me have struggled. Until relatively recently, there was very little*



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*material out there about the psychology of Adult Infants and what was there, was usually very wrong, sometimes horrifically so.*

*It is in this light, that I highly recommend this book. It explores the AB identity and what makes us who we are and the stages of its development. Many of you will read these pages and identify strongly with it.*

*I trust you will read this book and understand that you really are an Adult Baby. You are not a bad person nor a good person. You are just an Adult Baby.*

*Being AB can be either a curse or an astonishingly wonderful experience that very few will ever experience. As humans, we are often encouraged to metaphorically 'embrace our inner child'. We have the amazing ability to do just that, but literally so. Our 'inner child' has a name, a gender and a personality who we know and understand well.*

*It is who we are.*

”

*We are Adult Babies. And proudly so.*

**Michael Bent**

# 1 Introduction



## **Being an Adult Baby is a personal identity.**

It is a stable, healthy identity - when internal conflict and fear of harm from prejudice are removed. It is a minority personal identity akin to, but not the same as, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) identities.

This is not how most other people regard being an AB.

This is not how most health professionals regard being an AB.

This is not how many conflicted ABs themselves regard being an AB.

It *is*, however, the best way to think about being an AB.

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I am an Adult Baby. I wrote this book after ‘coming out’ to myself. I realized that ‘coming out’ was an experience I shared with other people with minority identities. I realized that being an AB is a personal identity.

The alternative is to see being an Adult Baby as an addiction, a sexual fetish, a psychosexual disorder, a paraphilia – in short as a pathological condition.

That’s how society and medical professionals used to think of being LGBTQ. Arguably, especially in the dark ages of public ignorance and prejudice, that’s even how some conflicted LGBTQ people thought about themselves. We don’t think that way about being LGBTQ anymore because we understand it’s ignorant, inaccurate and hateful.

As a society, I believe that we are on the journey to understanding that being AB is a healthy minority identity. We are just several decades behind our understanding and acceptance of LGBTQ identities.

Conflicted ABs have behaviours and thoughts that are unhealthy. So do conflicted people with LGBTQ identities. That doesn’t make an LGBTQ identity unhealthy. Nor does it make the AB identity unhealthy. In both cases, it is a call to resolve the conflicts driving unhealthy thoughts and behaviours and to open the door to self-acceptance and a healthy, stable minority identity.

The purpose of this book is to think about being an AB as a personal identity.

What makes it a personal identity? (*Hint: It isn’t nappies!*)

What difference does that make?

What is the way forward?

Importantly, we can apply an understanding of ‘coming out’ to being AB. This allows ABs to understand that their struggles and conflicts are part of the process of identity formation. They can take reassurance and strength from knowing that they share this process with other people with a minority identity, including LGBTQ people. Other courageous people with minority identities have gone before us and trodden the same

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path to self-acceptance, full lives, and eventually public acceptance - without sacrificing their sense of self.

The key audience for the book are ABs and those who love them. This book is my best attempt to understand our shared identity. Some will disagree with my views. I do not intend to disparage any who's views are different from mine. Take what is useful or helpful from the book and leave the rest behind. Or even better, make a reasoned case for a different but constructive view of our identity and the way forward.

Another important audience is health professionals. The book makes the case for discarding offensive and empirically invalid pathological definitions of the AB identity.

This book is based on the pioneering work of Rosalie Bent and Michael Bent in identifying and understanding adult babies as a personal identity. I recommend their books and website [abdiscovery.com.au](http://abdiscovery.com.au). I refer to their insights and understanding throughout the book.

By Adult Baby I exclude role players and exclusively diaper lovers for whom diapers, baby clothes or baby activities are an optional extra they can freely live without, and fetishists for whom these things are confined exclusively to sexual expression.

This book is a companion to my other book, 'Becoming Me'. The latter deals principally with self-acceptance, the intra-psychic dimension of identity formation, and the childhood origin of the identity.

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**A minority personal identity**, such as being LGBTQ, can be expected to have the following characteristics–

- a. it is a fundamental feature of the person's psyche – it is not transitory or ephemeral, and it reflects a compelling and non-conforming sense of self which pervades and animates the psyche - this may or may not include a non-heterosexual sexual orientation
- b. it is psychologically healthy (when internal conflict and fear of external detriment is resolved), meaning that it is intrinsically a source of positive traits and supports other positive aspects of the self

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- c. it is a sustainable expression of the person's psyche – meaning a person sustains this identity by and for themselves

Being an AB (Adult Baby) meets these characteristics. It is not transitory or ephemeral. Many ABs can trace their first consciousness of the identity back to recollections in early childhood. This is usually way before puberty and didn't start out as a sexual fetish. The feelings associated with being AB never go away. They cannot be 'cured' away by psychology or religious faith. They can be denied and repressed only at the cost of an increasing level of psychic energy and eventually, pain and turmoil.

The LGBTQ identities include those based on –

1. sexual orientation (e.g. lesbian, gay, bisexual)
2. a non-conforming experience of self (e.g. transgender) which may be combined with one or other sexual orientations.

Being an AB fits falls into the second category – it reflects a non-conforming experience of self. You can be AB and any sexual orientation - heterosexual, lesbian, gay, bisexual or asexual. Cross-dressers and transvestites who have an experience of self as female would also fit into this second category.

### **The non-conflicted AB identity is psychologically healthy.**

Adult babies have a baby or child persona or sub-personality. That co-exists with their functional adult self. Balanced ABs are as capable as anyone else of being a responsible, loving and creative adult. The healthy baby or child persona gives the AB access to child-like innocent happiness, contentment, security and wonder. As with other valid personal identities, self-acceptance enhances the person's confidence, resilience and creativity.

Being a non-conflicted AB is a sustainable identity. ABs can share their identity with a partner or friend(s) but it remains their identity.

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So what is the AB identity? What is the compelling, non-conforming sense of self that pervades and animates the psyche of an Adult Baby?

For non-ABs, do not be distracted by the sometimes confronting images of adults wearing nappies and sucking pacifiers. For ABs, look past our obsession and our fetish with nappies. These perspectives no more fully define the AB identity than the mechanics of gay sex fully define the gay personal identity.

**Being AB is essentially about having a subjectively real baby or child persona as part of your psyche.**

At its core, it's that simple. Yes, the baby/child persona is the source of unconventional behaviours, but it's the existence of the persona which is the fundamental, defining characteristic of the identity. The AB's nappies, baby clothes and baby play can best be understood as a concrete affirmation ***to the self*** of the existence of the baby/child persona.

That persona -

- a. is a subjectively real part of the psyche
- b. has feelings and needs distinct from the person's adult persona, although those feelings and needs are ultimately those of the self
- c. has feelings which need to be recognized, and needs for comfort, safety and play which need to be met on a regular basis, for the person to function optimally
- d. is capable of acting as an almost-autonomous personality, driving compulsive behaviour, if their needs for comfort and safety are not acknowledged and met
- e. is commonly ever-present in the person's consciousness, but may move between the background and the foreground

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- f. may be of a different gender from the adult self
- g. may range in age from infant to older child
- h. is a construct, both conscious and unconscious, which commonly does not accurately replicate the attributes and behaviours of a real biological child of a specified age
- i. has been present since early childhood (whether consciously recognized or not).

This formulation was first outlined in Rosalie Bent's 2012 landmark book *'There's a Baby in My Bed: Learning to Live with the Adult Baby in Your Relationship'*. It may still be controversial in that some ABs do not recognize that the source of their child-like feelings, needs and behaviours is a subjectively real baby or child persona.

In my experience, accepting the existence of such a persona is the most confronting aspect of the AB identity. For everyone, ABs and non-ABs, it is a deeply ingrained disposition to think of ourselves as having a unitary mind or consciousness. Our culture and education do little or nothing to prepare us to think in terms of a multiplicity of mind or consciousness. It is commonly linked to insanity. For anyone to contemplate a multiplicity of consciousness is confronting. For ABs, it is especially so. We have been living most of lives with compulsive behaviours at odds with our adolescent or adult character. We already fear ourselves to be weird, damaged or perverted. If we contemplate the existence of a subjectively real baby/child persona within our psyche, will we have to fear being crazy as well?

For ABs, it is paradoxically easier to live with the fear that you're a weirdo or pervert than it is to accept that you share your consciousness with an innocent baby/child persona. I believe that, for much of the identity formation process, ABs' preoccupation with nappies and the fetish side is a distraction from this deeper and more confronting reality.



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Yet the idea of such personas or sub-personalities is becoming more accepted. Since the 1980s a school of psychology has emerged which views having multiple personas as normal – applicable to all. Internal Family Systems Therapy (IFS) was developed by Richard Schwartz based on his work with bulimic clients (*see the book of the same name, published in 1995*). It posits that we all have multiple personas (termed ‘parts’) lead by a unifying self. The book *Subpersonalities: The People Inside Us* by psychotherapist John Rowan cites an extensive and respectable pedigree for multiplicity models of mind and consciousness.

An AB with a baby/child persona is not insane; they are not ‘possessed’; they do not ‘hear voices’.

On a regular basis, they experience child-like feelings, and needs for comfort, security and play. Those feelings and needs are their own, but they come from a different source than their adult personality. The feelings and needs are very real. They persist over the AB’s lifetime. If they are denied or ignored, the AB finds themselves subject to compulsive behaviours which express those child-like feelings and needs (sulks or tantrums with partners, wearing nappies etcetera) in a disruptive way, which are at odds with the personality and wishes of the adult self.

Psychological health comes through accepting the existence of the baby/child persona, recognizing their feelings, and meeting their needs in a managed way. A non-conflicted AB in an accepting environment does that in a way that doesn’t interfere with their adult life and responsibilities. Both the adult self and baby/child persona are functional (loving, happy, resilient) as a result.

I suspect that many non-conflicted ABs integrate their baby/child persona into their daily lives by literally ‘sleeping like a baby’, going to bed at night dressed like a baby with comfort objects. I do exactly that. In the morning we get up to our adult lives. If you’re a non-AB you’ve probably at some time sat next to an AB on the bus or train, or in the next office/cubicle, who woke that morning as their baby persona. They won’t necessarily be the one you would expect. As ABs, we are very good at concealing our inner identity.

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In my view, the baby/child persona is the only credible explanation of why an adult would want or enjoy – outside of sexual expression - infantile things such as nappies, a pacifier or baby clothes. It's not the adult that wants or enjoys these things. It's a subjectively real baby/child persona seeking comfort and security the same way a biological baby/child does.

People most associate the existence of sub-personalities or personas with Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD). That is an association some ABs resist for fear of being linked to insanity. However, I believe that there is a **benign** parallel between being AB and DID. I understand genuine cases of DID are very rare. I have a relative in my extended family who has DID. It was our experience with them that prompted my wife and myself to consider that I may have a child persona and to seek a counsellor experienced in such matters.

A person with DID has multiple personas or 'parts'. In an unhealthy state, the parts are autonomous, acting separately. Unhealthy DID can be a debilitating condition where the person can wake up with gaps in their recent memory, because for those periods an autonomous personality was in control of their consciousness and actions. However, with therapy and self-management, the parts work cooperatively and there is a healthy sense of self. In the absence of dysfunction, the person has a *minority identity*, not a disorder.

I believe that ABs and people with DID are at different ends of the same continuum. Both have discrete personas or sub-personalities. For both, psychological health lies in accepting the existence of those personas, meeting their valid needs and having a cooperative relationship with the self. The differences are the extent of the autonomy of the personas in the unhealthy state, and the extent of the dissociation in the origin of the personas – in both cases high for DID and moderate for ABs.

The 'parts' of people with DID are commonly borne out of deep trauma or abuse where the personality 'splits' to find refuge from great fear or danger. There is a high degree of dissociation. That is where the

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painful memory of the trauma, and resulting persona, has been deeply suppressed to enable the self to function. It can take a long time, and a lot of therapeutic effort, for a person with DID to identify and accept their parts.

Dissociation is a continuum. It can range from benign, mild everyday examples such as daydreaming, all the way through to psychosis. For many ABs, I believe that there is a significant element of dissociation in the origin of their child persona. I think the persona commonly emerged within the psyche during a time of distress. For ABs, the distress does not commonly relate to abuse or neglect, but rather to the usual fears and frights of childhood, such as a temporary separation from the nurturing figure. As with DID the painful memory of that distress, and resulting persona (particularly the latter), has been repressed. It often takes a long time for an AB to identify and accept that they have a baby/child persona as the source of a lifetime of compulsive child-like behaviour.

Being a non-conflicted AB is a conscious recognition of a genuine need for nurturing by the Inner Child/baby persona. As with anyone, an unmet need for nurturing can be psychologically harmful. ABs show admirable courage in not turning away from the need for nurturing, despite the seemingly confronting way that need presents itself. When internal conflicts are resolved, self-acceptance allows self-nurturing, which in turn strengthens self-acceptance in a virtuous cycle. The original childhood wounds to the psyche are unmasked and healed.

Another parallel between DID and being AB is that the latter's child persona can be a different gender from the adult self. It is not uncommon for male ABs to have a female baby/child persona. In most cases, the male adult self and the baby/little girl persona happily coexist, each in their own space, there is no sexual dysphoria as for a transgender person. A further parallel is with a non-conflicted (male) cross-dresser with a female persona as a subjectively real healthy part of the psyche.

With this understanding of the identity, it has to be admitted that the term '*Adult Baby*' is not ideal, and even counter-productive. In AB,

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*baby* is the noun and *adult* is an adjective. This is misleading and unhelpful in that it suggests the primary identity is the baby or child. It suggests an indulgent or neurotic renunciation of adulthood. For non-conflicted ABs, this is the reverse of reality. As Michael Bent indicates, the adult self is the primary personality and the baby or child persona is a sub-personality (see *'The Identity Conflicts of the Adult Baby' in the book 'Being an Adult Baby'*). In preference to the term AB, Rosalie and Michael Bent use the term Adult Infantile Regression (AIR). I prefer to say that I am an adult with a child persona. That said the term AB is now so widely used that I doubt it is amenable to change. It is still important to be clear about the real nature of the identity. Given the issue with the term 'Adult Baby' I prefer to use the abbreviation AB.

While it might not be pathological, being an AB is regressive, surely? Maybe. The traditional view of child and personality development is a linear model. 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. This view originated with the non-empirically based theories of Freud and the first schools of psychoanalysis. It has been carried into psychology more generally. It lends itself to a view that there is a single, majority pattern of personality development and any departure from that is pathological, or at least suspect. When being gay was still considered a disorder, some psychiatrists and psychologists conceived of that identity as a pathological regression to some stage of infancy or childhood. We now consider such a view to be silly.

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. Bowlby states -