

Adult Baby Syndrome and Age Identity Disorder: Comment on Kise and Nguyen (2011)

James Giles

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In Kise and Ngyuen's (2011) Letter-to-the-Editor, entitled "Adult Baby Syndrome and Gender Identity Disorder," the authors present a case study of an individual who seems to display both adult baby syndrome and gender identity disorder. They start off referring to the individual by saying, "Mr. B is a 38 year old biological male who prefers to be identified as a female; therefore, Mr. B will further be referred to as Ms. B." Kise and Ngyuen's decision to refer to their patient as "Ms. B" seems based on the patient's wish to be identified as a female and, presumably, because they want to respect the patient's wishes. However, they also point out that Ms. B prefers to be identified as a baby. She used a pacifier and wore a "brief" that she insisted on calling a "diaper." They quote her as saying, "I don't consider myself an adult. I would like to be treated as a baby, be re-taught, and re-trained."

Oddly enough, however, and despite Ms. B's preference to be identified as a baby, Kise and Ngyuen continue to refer to the individual as "Ms. B." This is odd because babies are not referred to with titles such as Mr., Mrs. or Ms. These titles are normally reserved for adults. In referring to a baby, the normal practise is to refer to the baby by his or her first name or an affectionate nickname. But if Kise and Ngyuen respect Ms. B's wishes to be identified as a female, why then do they not respect her wishes to be identified as a baby? Some people might argue that this shows disrespect for B's expressed desire to be identified as a baby.

Now Kise and Ngyuen could attempt to argue that, for reasons of maintaining anonymity, they could not refer to the patient by her first name. But this problem is easily solved by using the first initial of the patient's first name. Thus, if the

patient's referred first name is Sally, they could simply refer to her as "S." Of course, this would not enable them to show that they were respecting their patient's wish to be identified as a female; for "S" could just as easily stand for "Stewie" as it could for "Sally." But why should respect for gender identity preference take precedent over respect for age identity preference?

One reason might be that, for many people, the term "adult baby syndrome" sounds a bit silly and, therefore, that the wishes of someone having this syndrome (if it really is a syndrome) are not worthy of being taken seriously. Not as seriously, at least, as someone who shows the more scientifically respectable gender identity disorder.

One way of addressing this problem would be to drop the term "adult baby syndrome" and replace it with the term "age identity disorder." Not only would this help to give it the same sort of scientific prestige as the term "gender identity disorder" and thus help researchers (and perhaps others) to respect the wishes of persons having this disorder (if it is a disorder), but it would also be more accurate. The reason I say that it would be more accurate is because the literature makes it clear that not all those who are discussed under the heading of "adult baby syndrome" wish to be identified as babies. Thus, for example, Evcimen and Gratz (2006) used the term "adult baby syndrome" to refer to an individual who wished to be identified as a 3-year-old. But 3-year-olds are not really babies; they are late-stage toddlers. Therefore, to be accurate (if they want to use the adult baby syndrome type of nomenclature) they should refer to the person as having "adult toddler syndrome."

Or again, in a discussion of adult baby syndrome, Dickey (2007) says that his clinical team has seen a number of such cases. He then goes on to describe a 25-year-old male who, appearing at the clinic in pigtails and a skirt, said he preferred to be identified as a 10-year-old girl. Here too one must be sensitive to the fact that a 10-year-old is not a baby. Sticking

J. Giles (✉)
Philosophy Program and Sexuality, Gender, and Diversity
Program, La Trobe University, Bundoora, Victoria 3086, Australia
e-mail: jg@james-giles.com

with the same nomenclature, one would have to say such a person had “adult pre-pubescent syndrome.” But proceeding in this way would quickly lead to a multitude of categories of the form “adult (fill in the blank) syndrome.”

A simple way of dealing with this difficulty would be to note that what each of these individuals has in common is something that could be called “age identity disorder,” perhaps also involving “age dysphoria.” The problem, of course, is that once it is put this way it then becomes obvious that a large amount of the population, especially in youth-focused Western culture, have “age identity disorder.” Numerous older people have age dysphoria, prefer to be identified (and hope to “pass”) as being younger, and do what they can to mask their age, perhaps even to the point of seeking out “age re-assignment surgery.” And the same can be true of younger children

who wish they were older (though surgery here does not seem an option). Such people do not really believe they are younger or older than they actually are, but then neither do those with adult baby syndrome really believe they are babies.

References

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