

Letter to the Editor

Adult Baby Syndrome

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Adult Baby Syndrome is a recently described symptom cluster, which has not yet become part of any official psychiatric classification system. There have been only a few case reports in the literature, which presented either as a paraphilia or an obsessive-compulsive disorder (OCD) (Croarkin, Nam, & Waldrep, 2004; Dinello, 1967; Malitz, 1966; Pate & Gabbard, 2003; Tuchman & Lachman, 1964). These patients shared the common symptoms of wearing diapers, drinking milk out of a bottle, eating baby food, and wanting to become a baby.

Mr. A was a 57-year-old, Hispanic male, married with three children, who presented for psychiatric emergency evaluation complaining of hearing the voice of a female which called out his name and commanding him to kill himself. He was also seeing “ghosts,” which he further described as a female dressed in white. He stated that he was “miserable and lonely” and had suicidal ideation with no specific plan. While Mr. A stated that he had been hearing voices, especially at night of a female and “ghosts” for more than 40 years, he never experienced command auditory hallucinations up until a few months ago. It was around the same time that his wife started working longer hours and Mr. A remained at home alone, which he viewed as a significant stressor. This overlapped with his wife’s request to sleep separately due to her hot flashes. When asked about his feelings for his wife, he reported that he wished his wife were his mother.

He stated that he spent his time alone playing with toys. In addition, he had recurrent, intrusive thoughts and behaviors involving sucking on a pacifier, eating baby food, drinking out of a bottle, sleeping with a baby blanket, and wanting to be a baby. When asked how old he was, he replied “3.” He did, however, know his chronological age of 57, but only wished to be age 3. These ego-syntonic thoughts and behaviors had been present since grade school. He reported that he sometimes felt himself as an adult, but it was very rare and lasted less than a week. He was sexually abused at the age of 15 by an adult male and physically abused by his mother during childhood. He had no previous exposure to the mental health system.

Mr. A was hospitalized on a short-term acute inpatient psychiatric unit, as he was considered to be a risk to himself. He denied having had any symptoms of anxiety or

avoidant behaviors. During hospitalization, we questioned whether his symptoms related to wanting to be a baby represented a subsyndromal form of OCD, a paraphilia, or some new diagnostic entity. Mr. A’s thoughts and behaviors had been known by almost all immediate family members, who did not overtly object to these behaviors.

Mr. A was treated with quetiapine (600 mg/day) for his hallucinations. After this regimen, he denied having any auditory or visual hallucinations or suicidal thoughts. Feeling like a baby and related behaviors, however, remained the same.

Unlike the case presented by Pate and Gabbard (2003), our patient denied wearing diapers and any sexual gratification related to his thoughts and behaviors. Different from the case reported by Croarkin et al. (2004), Mr. A’s recurrent, persistent thoughts and behaviors did not cause marked anxiety or distress to him, and Mr. A did not feel driven to perform these activities in response to an obsession. This patient’s history of physical and sexual abuse might have contributed to his feelings of wanting to be and act like a baby as well as his desire to be the recipient of a maternal caregiver. While it is unclear whether Mr. A experienced these behaviors outside the context of a chronic dysphoria, it is unsatisfying to compartmentalize these behaviors (wanting to be and act like a baby) unrelated to his feelings of misery and loneliness along with his psychotic symptoms. A psychodynamic explanation, without knowing other key developmental features of Mr. A would be inappropriate and beyond the scope of this communication.

We concluded that at least part of his symptoms represented a variant of adult baby syndrome which may be a spectrum of disorders and which can be found in other psychiatric illnesses. Unfortunately, we could not observe this patient over time and longitudinally. Our patient had been experiencing both auditory and visual hallucinations since his adolescence. He was never evaluated by a neurologist in an effort to rule out an organic etiology for his visual hallucinations.

Since this patient described himself as “miserable and lonely,” one might question whether he had other symptoms consistent with a major depressive episode. He denied any changes in his energy level or neurovegetative symptoms and did not satisfy DSM-IV-TR criteria for a major depressive episode. Like other psychiatric syn-

dromes, adult baby syndrome may be a concurrent cluster of symptoms found in a variety of psychiatric disorders.

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