

Puberty and the Resurgence of the Baby Core of the Personality

Overview:

Infants are one giant bag of “incapacity,” albeit a bag of huge potential for the development of ability. But they enter the external world physically helpless, have virtually no understanding of what is going on around them, and suffer all form and manner of physical and emotional distress.

It is extremely hard to be an infant! Is it any wonder then that most infants strive, with all of their power and ability, to move out of that state of utter helplessness and dependency? Recognition of all of this provokes in most parents their very best instincts for protecting and supporting the infant as he or she tries to grow beyond this most difficult period of life.

Making sense of and bringing order to all these components of infancy dominate the infant’s mental development, leading to the ordinary major milestones of life’s progression. The development of a capacity for contact with its caregivers, motor control of its torso, weaning, walking, speech, bowel and bladder control, etc. all reassure the parent and infant alike that things are going to be okay outside the womb.

By the age of two or three, with much more coordinated mobility and language skills to interact with the grown-ups, the vast majority of toddlers are happy to leave the helplessness and dependency of infancy as far back in the rear view mirror as possible. In fact, they constantly and wishfully overestimate their physical capacities in the world around them and their mental understanding it, as evidenced in daily spills of liquid, breaking things, falls, etc. Their estimation and judgment about their capacities and place in the world is so off that we have to make our homes “toddler proof” to keep them from seriously harming themselves.

A Mental Shift from Early Childhood to School Age:

Very interestingly, somewhere between ages three and five, and I don’t fully understand how this happens, a great divide occurs between what is ‘conscious’ and what is ‘unconscious.’ It is as if all of the concrete maneuvers for regulating their mental states, which originated when mental states and physical states were seemingly indistinguishable, continue unabated as development proceeds past this point.

But during this time period, there is an increasing gulf between the mental operation of these maneuvers and the laws of external reality. While the small child is developing an intellectual understanding of gravity, physics, boundaries, etc., he or she is simultaneously using and operating with the magical and unrealistically fantastic laws of its original ‘baby level’ mental coping maneuvers.

For example, the magical idea that one can get “unborn” back inside mom or move mental contents in physical space (which is the basis for the unconscious phantasies underlying projective processes) continue unabated on one level of the mind. Children of all ages will hurl an epithet at another and then put their fingers in their ears to prevent the return of that concrete missile sent “into” another with mal-intent.

Simultaneously, at a more “grown up” level they are beginning to recognize and accept the laws of external reality. I would like to arbitrarily, because it is such a useful model, refer to this as the “adult part of self.” I define the adult part of self as (1) the most mature, emotionally developed, realistic part of self at any age level, and (2) that it wishes to model itself after good parental figures (assuming there are some to model).

Baby Levels versus Adult Levels of Mental/Emotional Functioning:

The result of these developmental changes leaves human beings, by the time we are ready to go to our more formal education at age five or six, divided into two levels of progression. The American Kleinian psychoanalyst Jim Grotstein uses a phrase “meanwhile, and on a different level” to refer, in part, to this human capacity to operate on “dual tracks” at the same time.

One can readily see the operation of these levels – the ongoing ‘baby level’ of the personality and the developing ‘adult level’ – in every contact with children between the ages of three and ten years. They are often simultaneously fascinated by babies and disdainful of the baby’s incapacities and helplessness.

If a child’s own infancy was too painful, then his capacity to tolerate reminders of it may be compromised. I knew a child who could not bear the crying of babies in a restaurant and would find it so intolerable that the family would have to move their table or even leave if the infant didn’t quickly stop crying.

Latency and Its Shallow Appearance of Being More “Grown-Up”:

Freud’s “latency period” spans the ages of approximately six to ten years (give or take from child to child), during which a child’s focus on “sexuality” seems to have receded from conscious thought and preoccupation. Freud noted that during this time, the child begins to repress early traumatic or overly bad memories.

I am inclined to think of this “latency period” as having more to do with a retreat from the dominance of “baby states” of thinking, feeling, and being, as the child approaches what might be described as a “pseudo-adult” quality of behavior. As the English Kleinian psychoanalyst Donald Meltzer describes it, obsessional “splitting mechanisms” take over. These mechanisms attempt to keep “thought” separated from “feeling,” and “baby” behaviors separated from “grown-up” behaviors, etc.

To highlight this distinction, Meltzer refers to “grown-up” as simply referring to the external nature of appearance and behavior. He reserves the word “adult” for truly mature aspects of thought, feeling, and behavior. Children during the latency period often mistake size and appearance of something as “conferring” a level of maturity that can only be developed over many years. Putting on mom’s lipstick and high heels or drinking dad’s beer does not instantly confer proper adult status!

The Shift to Pre-Adolescence and Adolescence Proper:

At this point I wish to bring puberty, the topic of this section, into the discussion. Picture a pre-adolescent of age eleven or twelve (a year earlier for some girls, and a year later for some boys) who knows that menstruation or ejaculation is coming around the corner, at any moment. Their bodies are starting to change. They are simultaneously intrigued, maybe even thrilled, but also terrified on some level, about it all.

As Donald Meltzer poignantly describes in his wonderful, but dense book “Sexual States of Mind,” one’s life has reached a “crisis of identity.” Put in other words, “Whose body is it?” Is the pubertal child stealing his parent’s body and co-opting the sexual perks that go with it, or is it his own body to do with as he pleases? As a friend’s precocious six year old once asked her mother, “Mom, am I yours, or am I mine?”

At this point in his or her life, the child moving into puberty is both in a crisis and at a crossroads. Is he or she willing to leave childhood behind and move into a scary world of increasing separation and independence?

The “Baby Core” of the Personality Resurfaces and Dominates at Puberty:

When the anxiety regarding the looming separation of adult life is combined with the hormonal changes that seem to intensify the experience of all emotions, there is an inevitable resurgence of intense contact

with all of the baby feelings that he or she had been so arduously moved past in the previous eight or ten years, since being a toddler.

As I like to describe it, the baby core of the personality is “reborn” to the surface of the personality at puberty to possibly be reworked more constructively than had been achieved to date, but also potentially to “go to hell in a hand basket.”

The next few years after puberty, with these baby states of mind so dominant, will be nearly as painful as infancy was. Wilfred Bion describes the individual’s relationship to emotionally painful states of mind by describing the choice the adolescent will have with the major baby level issues remaining from infancy.

Each issue will require some form of “facing and modifying” if emotional growth and maturation is to occur. The alternative is to “evade” the emotional issue that is so painful by the use of “omnipotent” unconscious maneuvers, implying the sidestepping of the mental pain at hand and the moment, and therefore, undermining proper growth and maturation.

When ‘evasion’ becomes the overarching attitude to mental pain, then drug or alcohol usage, acting out, shoving the states of mind into one’s body ‘psychosomatically’, etc. will dominate development. One has to worry that the legalization of marijuana will suggest to more adolescents that it is okay to go through adolescence “high” on a daily basis, rather than as an occasional recreational event. The daily use would suggest to me an “evasion” of the pains of adolescence.

The Fluidity of Early Adolescent Identity as It Moves Through the Teenage Years:

These choices, in relation to baby level emotional pain, are at the heart of why one does not give personality diagnoses before mid-adolescence, at the earliest. Except for infantile autism and childhood schizophrenia, virtually all other diagnoses are impossible to make in childhood. We can identify a child at risk for serious difficulties after puberty and beyond, but we can only speculate at the form they will take. The coping maneuvers and relationship to emotional distress will only become solidified in mid- and late adolescence (approximately ages sixteen to twenty-five).

In the face of significant to severe emotional distress after puberty, with the baby states of mind back in full bloom, we may see the teenager go, developmentally speaking, in any number of major diagnostic directions. Here is a list of common ones using descriptive terminology:

- 1 – They might develop a “thought disorder,” including psychosis and schizophrenia.
- 2 – They might develop a “mood disorder,” i.e. depression with or without manic features, which may include suicidal ideation.
- 3 – They may be intolerant of emotional distress and resort to “mind-numbing substances” like alcohol or drugs.
- 4 – Alternately, they may unconsciously shove these distressing states of mind (psyche) into their body (soma) and suffer from “psychosomatic” illness. This is especially common when genetic predisposition is combined with a childhood environment that does not promote thinking about emotional states.
- 5 – They may suffer severe “gender/identity confusion” that may be temporary or lifelong.
- 6 – They may be prone to intense rebellion against parental authority and have a “conduct/behavioral” disorder.

7 – They develop an “antisocial/sociopathic” personality organization in which they “turn away” from good objects, with or without ever becoming involved in criminal endeavors.

8 – They may resort to an “obsessional control” of their mind and objects, keeping emotions held in a separate area of their mind and out of human relationships, so that thought and feeling are never allowed contact with each other, in any area of life, that might cause the eruption of uncontrolled emotional distress.

9 – As a variant of #8 with a different style of focus, they may decide that all of this adolescent maelstrom of emotion is more than they wish to engage in and therefore, retreat back to the relative calm and order of the “latency” age period of later childhood.

In such individuals, being social, a good person, well-behaved, cooperative with the “grown-ups,” is put as a premium value, while “curiosity about” and “experimentation with” the “adult” world of sexuality and relationships, etc., as a normal part of exploring movement into adult life is often sacrificed.

At the extreme of the bell shaped curve, some of those within this group will never make it to the “pairing” phase of adolescence. These individuals often “pair up” and get married, but without the passion of looking for one’s soul mate. They are at risk of finding their lives are too shallow or insincere and “Stepford-like,” to be fully satisfying by the time they reach mid-life.

Summary:

I would like to make a summary review of babyhood and its relationship to puberty and adolescence. The task of infancy is to bring order to the infant’s emotional world, develop a mental apparatus that can cope with the external world, and learn to mediate between one’s psychic reality and external reality as one goes through life in the outside world.

This is on top of coping with the ‘limbic leakage’ of left-over emotional states stored from very early life, as primitive ‘memories as feelings.’ Sometimes, the work done in infancy and the early childhood years doesn’t manage much success in developing a capacity to traverse these early issues.

Fortunately, we get a second chance to traverse them more successfully than we did initially. That is to say, they all come back up to the surface after puberty. If we are fortunate, we may make significant strides and move on to adult life much less fettered by our infancy.

If we are unfortunate, for whatever combination of internal and external reasons, we will burden the rest of our lives with issues that will require outside assistance to traverse. As mental health professionals, we will never run out of work, but we will definitely be better equipped if we understand the relationship between adolescent issues and infancy.

The correlation between the two is so strong that it is literally possible to take a careful history of adolescence, which most patients can give without consulting their parents and have a pretty good idea of how infancy went generally, something most patients cannot describe without their parents’ assistance. One can even often surmise plausible scenarios for what happened in infancy. When having an initial consultation with a new patient, I have regularly had a patient remark, “How did you know that happened?”

Some Take-Home Lessons Regarding Adolescence and the Baby Core of the Personality:

I would like to share one final comment about puberty and early adolescence that is often helpful to the parents of teenagers.

Puberty starts on average between eleven and thirteen years of age (although unfortunately, it seems to be trending earlier). The ages of thirteen to fifteen seem to be the point of maximal confusion and distress for most teenagers because all of the baby feelings have come back to the surface of the personality.

Things will usually begin to settle into a pattern that begins to stabilize in the second half of the fifteenth year and into the sixteenth year. Hence, we don't allow teenagers to drive until they are at least sixteen. By the seventeenth year, many teenagers are ready to separate from their parents and go off to college. Not infrequently, taking the baby issues into consideration, some late adolescents are best served by staying nearer to home and having the safety and reassurance of regular contact with their parents.

Those pubertal children who had retreated back to latency, sometimes take off for college thinking they can do the "grown-up" thing, only to crumble under the burden of unrecognized and un-metabolized "baby" feelings that resurface as a result of the separation from home.

Thus, I am suggesting that it is extremely useful to recognize that there is a correlation between how that individual's infancy was experienced and what they are likely to be dealing with in adolescence. This makes it easier to make plans for future schooling that are more likely to succeed, rather than cave in under the weight of unrecognized baby anxieties and issues.

One could probably make a case that in an ideal world all teenagers would have some psychological counseling or therapy as part of the planning to move away from home, as they embark on the beginning of their adult independence.