

MATERNAL CONNECTION, INTUITION AND “ELIMINATION COMMUNICATION”

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LEARNING TO BE AFFECTED: MATERNAL CONNECTION, INTUITION AND “ELIMINATION COMMUNICATION”

Abstract

Even when heterosexual couples have relatively egalitarian relationships prior to children, once children are born, mothers tend to take on more and more of the care tasks associated with the home and family. Mothers themselves often report an unwillingness to leave their infants in the care of others, even co-parents, for fear that the caregiver may not be able to read or intuit the needs of their infant. The aim of this paper is to examine the sociomaterial and embodied process by which mothers deliberately come to develop intuition – in this case around their infant’s elimination needs. Using the experiences of practitioners of both the early infant toileting practice “elimination communication” and the equivalent Chinese practice of *ba niao*, I argue intuition can be deliberately cultivated through parenting practices that promote embodied and responsive connection. I describe how mothers and (a few) others “learn to be affected” (Latour 2004b) by their infants preverbal communication, and conclude that the practice offers a way for other committed caregivers to develop a form of “maternal” intuition.

Keywords: Intuition; Parenting; Mothering; Elimination Communication; Care; Infant Care; Gender

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Introduction

A mother/ With her intuition/ Will know just what to do

Carly Simon

At least once, I have found myself hiding under the blankets in utter despair, as one of my children claws at me, crying, asking me to fix whatever problem it was that overwhelmed them (and, let’s face it, me) that day. Many parents are familiar with this feeling – a mixture of panic and despair, realising that we actually do not know what we are meant to do in a particular parenting situation, yet the buck stops with us as the grown up. Yet perhaps we forget to remind ourselves of the many, many times when we *do* just know what to do. In the early days, mothers in particular (but not exclusively) spend many long hours reading the nonverbal cues of their small infants, responding with breastfeeding, nappy-changing, shifting position, funny faces, or whatever it is that seems to work. This may start out as quite conscious but over time, becomes intuitive, embodied, and second-nature. The moments of panic and despair and total miscommunication may still surface, but for most people, a developing connection with a child results in mostly getting it right, enough of the time. This knowing-through-connectedness could be close to what Carly Simon, in her classic song about the Winnie-the-Pooh character Kanga, identifies as “a mother’s intuition”.

In this paper, I seek to examine the idea of “mothers’ intuition”. Not as a matter of fact, not to debunk through answering *what is it, really?* where the answer we might expect now is “a social construction”. Rather, I seek to understand mothers’ intuition as a matter of concern (Latour 2004a), or even a matter of care (Puig de la Bellacasa, 2017). As both Latour and Puig de Bellacasa insist, to examine these “matters” intertwined with the materiality of the social world is not to deconstruct “the facts” in an endless parade of critique, but to pay close attention to the their materialities, socialities and spatialities, which constitute the assemblages that somehow work together to produce what we know as reality. The point is to take up these matters of care, and dissent “from within” (Puig de la Bellacasa, 2017). In this paper I take up the challenge of examining and interrogating not just the social aspects, but the interconnected material, biological and spatial aspects that are part of this “thing” called mothers’ intuition. Not to use the “facts” of biology to protect and care for essentialist assumptions about mothering, which work to spatially and socially constrain the lives of women (and children, and other caring adults) by assigning a natural biological cause to mothers’ intuition. No, not that either. But to protect and care for the lived realities and stories of diverse mothers who have shared their

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feelings of concern, embodied connection and intuitive knowing with regards to their children – including their feelings of unwillingness to leave the care of their loved one to anyone but themselves.

In this paper I thus proceed to treat the idea of mothers’ intuition as something precious, something to care for and protectⁱ – but also to extend, to expand and to share beyond mothers. Not to deny mothers their own precious intuitive connections, but *to expand the possible intuitive connections* a child might benefit from, particularly with fathers and co-parents.

And so here we have the heart of it: in order to examine this idea of mothers’ intuition, this form of knowing-through-connectedness, I must dance very close to the flame of essentialism. Yet, if I want to expand and share this intuitive knowing-through-connectedness beyond mothers, I must also avoid diving headlong into that same flame. It is for this reason that I avoid examining the development of intuition in the area of breastfeeding, birthing or other such specifically “female” areas. Instead, I examine the sociomaterial and embodied process by which mothers (for both ecological and cultural reasons) deliberately develop their intuition around their infant’s toileting needs, to the degree that nappies become optional rather than essential in infant hygiene assemblages. In examining the practice known as “elimination communication” (EC) in Australia and New Zealand and *baniao* (把尿) in China, I am able to detail how mothers and (a few) others “learn to be affected” (Latour 2004b) by their infant’s preverbal communication, to which they respond by holding their babies out bare-bottomed as needed from a very young age. Although intuition becomes deeply embodied and entwined with mothers’ care-work and identity, it may be that it can be deliberately cultivated in fathers and others through less-gendered parenting practices, such as EC, that habituate embodied and responsive connection with an infant. Paying attention to the socio-material practices that work to develop embodied connection and intuition is a way of extending and caring for intuition beyond essentialist understandings of mothers’ “natural” powers, and also beyond social constructivist perspectives that do not adequately account for the embodied materiality of intuition.

Cultivating embodied and responsive connections through the socio-material practice of EC does require time, and commitment, and a sense of responsibility. It is through such time-consuming, nurturing care-work that mothers often develop the ability to concretely attend to children’s demands and needs while keeping in sight the bigger picture, what Ruddick terms “maternal thinking” (1989). This maternal thinking, concrete and grounded yet idealistic, is argued to be something that any person engaging in a form of “mothering” might develop (Ruddick, 1989; Stephens, 2011). Since then, Rehel (2014) has found through empirical

research that when ‘the transition to parenthood is structured for fathers in ways comparable to mothers, fathers come to think about and enact parenting in ways that are similar to mothers’(p111). There is hope, then, that engaging in intensive embodied care practices such as EC might enable fathers and other committed caregivers to develop not just forms of maternal thinking, but forms of “maternal” intuition. It is this hope that I explore in what follows. I first lay out the practice of elimination communication as embodied connection, then examine the process by which mothers and others initially come to learn to be affected by infant communications. By understanding better how a “mothers’ intuition” is learned and habituated, I highlight how other caring adults might also develop it through coming to be affected and connected in similar ways.

Elimination Communication as Embodied Connection

A number of embodied practices are understood to contribute to the development of an attachment relationship between a mother and a child, such as breastfeeding (Tharner et al., 2012) and infant carrying (Anisfeld, Casper, Nozyce, & Cunningham, 1990). In this paper I discuss something a bit more unusual to the English speaking world: the practice of infant toileting. This practice is known in English as Elimination Communication (EC) and in Mandarin Chinese as *baniao* (literally, “to hold out to urinate”). Like the sociobiological practice of breastfeeding, EC works by caregivers learning the particular idiosyncratic signs their baby makes to communicate, in this case, before the baby “eliminates” body waste. These signs are then responded to by holding the baby in a comfortable position in an appropriate place with bottom bared (see figure 1). As the baby eliminates, a cue noise is used to encourage an association with the feeling of release. The baby may then begin to develop some of its signs (or adopt new ones) into more deliberate signals and can learn to voluntarily release eliminations when cued. A number of specific and discrete activities (watching, cueing, signing, holding) contribute to the overall practice of EC or *baniao*. In my research, mothers and other caregivers practicing EC/*baniao* reported developing a sense of intuition about when a baby was about to “go”, experienced as “a sudden thought”, or “just knowing” or finding themselves responding to their child’s signals reflexively, precognitively even.

[Figure 1 here somewhere]

Like the infants of the Digo people of the Congo (deVries & deVries, 1977) and other parts of the world where a form of EC is the norm, EC and *baniao* babies can be dry through the night and day as early as four months. Over the years I have become intimately familiar with everyday practices of EC and *baniao* — not only through research in Australia, China and New Zealand,

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but also through practice with my own three children.ⁱⁱ The baby is in no way independently “dry” (as one might expect a toilet trained pre-schooler to be) because they are dependent on caregivers to notice their signs, undress them and hold them in an appropriate place. As Turp notes more generally, a baby is never really a baby on its own (Turp, 2006), but is always seen in context and relationship with someone (parent, caregiver) or something (cot, pram, mat, car seat). Until a baby becomes independently mobile, it must always be held in arms, or secured in some other substitute for these holding arms. What I am emphasising here is that for EC and *baniao*, intuition is built on, and further builds, this embodied connection of the baby-carer. Moreover the practice is part of a wider assemblage of socialities, materialities and spatialities of care and hygiene.ⁱⁱⁱ For both practices, the assemblage gathers towards the social side of relationship, the baby being held and responded to through a literal holding relationship with a caregiver performing activities of care that involve other material objects such as basins or potties. We can contrast to a practice of hygiene that gathers toward the material side of the infant hygiene assemblage, where a baby might receive passive hygiene “care” from an object such as nappy while being “held” in an object such as baby seat.

EC and *baniao* are culturally situated and emplaced as different practices, assembled slightly differently, but also connected. In this paper, I draw on ethnographic and autoethnographic fieldwork in three countries: Australia, China and New Zealand. In 2007 and 2009 I conducted ethnographic research into mothers’ everyday lives in the city of Xining, a city situated on the edge of the Qinghai-Tibet plateau. In addition to observation and casual conversation, I formally interviewed 25 mothers and grandmothers about their everyday lives, focusing on infant feeding, toileting and hygiene (see Dombroski, 2015)^{iv}. The second ethnographic investigation I draw on in this paper was conducted concurrently, with the online Yahoo! group of Australian and New Zealand based English-literate parents (almost entirely mothers), called OzNappyfree. I was a member of this group from 2006 to 2015, when most activity shifted to Facebook. In 2009, I collected a year of webposts, and conducted two focus groups (in Brisbane and Melbourne) and attended a group meetup in Sydney.^v At that time the group had more than 500 members (See Dombroski, 2016).

EC and intuition through Oznappyfree

Many OzNappyfree ECers became aware of the possibilities for EC primarily through (sometimes romanticised and inaccurate) knowledge of other places and cultures. During one focus group in Brisbane, a number of Anglo-Australian mothers gathered discussed their exposure to EC in other parts of the world. Nadine went on to say:

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The fact that they do it so successfully [in other societies] is the one reason to try it... I’d often say “well, I figured if kids in Africa can be toilet trained by 12 months, my kids aren’t any more stupid than any of theirs”.

On the forum, mothers describe the signs their babies gave when they wanted to eliminate. Signs described included passing gas, fussing at the breast, crying or screaming out, raising the knees to the chest repeatedly, and more. The practice was enabled through an assemblage of material objects: people held out their newborns over bowls, basins, sinks, baths, toilets, outdoors. Some babies wore nappies, or split crotch pants, while others were kept bare from the waist down. Once babies could sit up, potties and toilet seat reducers were possible. Mobile babies had to be distracted with books, toys, songs, mirrors and so forth so that they would not get off the potty half way through.

Some families practiced part-time due to childcare changes or other restrictions. Many used nappies as a backup, especially while out. Eventually, toddlers would “graduate” to “toilet-trained”, where they would verbally ask for (or take themselves to) the potty, and reliably stay dry through day and night. This could happen with parental assistance from 11 or 12 months, through to a number of children still wetting at night at age five. Mostly graduation seemed to be happening around 18 to 28 months.

What is interesting for this paper is that many mothers reported that eventually they started to intuitively “know” when their babies needed to go, as these webposts from 2009 illustrate:

I seem to be getting much more of a feeling for when he needs to wee and am more alert to his signs/signals since I have been leaving nappies off during awake time at home.

Sometimes I get the feeling he needs to go despite whether I can see him or not – I have learnt not to ignore this, or else I’ll end up with a dirty nappy.

Having ECed [daughter] previously, I’m finding my intuition is much stronger this time around.

Others reported knowing they needed to listen to their intuition more, but always “talking themselves out of it” or “finding reasons why they don’t need to go”. What was clear is that through everyday activities and embodied practices of connecting through EC infant hygiene, mothers and others could develop intuition around their child’s toileting needs.

Baniao and intuition in Xining

While EC is something of a “fringe” practice in Australia and New Zealand, the Chinese practice of *baniao* is firmly embedded in mainstream culture. In the city of Xining, participants from Hui, Tibetan and Han backgrounds practiced similarly^{vi}. Although disposable nappies are now

widely available in China, the take-up is somewhat limited, with one study finding that nappy-using families only used one per 24 hour period (normally overnight, see Frazier, 2010). Newborn babies were dressed in cotton garments with soft *niaobu* (literally, “urine cloths”) tucked in the gap of their split crotch pants (Figure 2). The person caring for the mother and baby directly after birth (often a grandmother) would respond to babies’ signs of discomfort through changing position, rhythmic movements or checking the *niaobu* before giving it to the mother to feed. Participants reported that according to traditional Chinese medicine, the plastic of disposable nappies is not good for the babies’ heat regulation and circulation of blood and vitality (*qi*). Thus practicing *baniao* could reduce the chance of health problems related to what is referred to in traditional Chinese and Tibetan medicines as “coagulated blood” (they mentioned night-time colic, cradle-cap and nappy-rash).

[Figure 2 here]

Eventually, through the continual changing of *niaobu* and attempts at holding out, mothers and other caregivers learn the rhythms of the growing baby’s elimination needs. Babies develop different signs for impending elimination, which may change throughout the year or more of holding out. Local Han mother Deng Yi noticed her seven-month old baby would make a specific noise when needing to wee or poo. Hui rural migrant Guo Lihao reported her one year old would toss and turn in the bed, and she would then hold her out over a basin beside the bed. Hui university student Ma Xuegang told me how his baby cousin would squirm on the couch and grunt in a specific way before urinating. He would then have time to lift the baby off the couch and hold him out. Appropriate places to hold out included wide basins, potties, squat toilets, western toilets, bathroom floors, drains, newspaper (for defecation only), outdoors (for urination only). Because tiled, concrete and dirt floors, along with the outdoors, were considered to be “dirty” spaces that only the (shoed) feet interacted with, in some places and with some families these spaces were also appropriate (in cities, rag head mops were used to clean up immediately, while in the country, ash might be thrown on the puddle to absorb it, then swept up with a brush and shovel).

Alongside signs, most families used a degree of timing in predicting when to hold out their babies. Ma Xuegang estimated that he tried to hold his cousin out at least every hour. Tibetan migrant and single mother Drolma likewise indicated that her father (who cared for her baby fulltime back in her village) held out her son every two hours. Guo Li Hao told me that if her one-year-old had recently been breastfed or had drunk some water, she held her out every ten minutes. Others used timing between thirty minutes and two hours, with variations depending on the last feed, the amount of water consumed, and the type of weather. There were also

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certain times of day that the babies were always held out: first thing in the morning and after naps, after a drink, before going out somewhere, and if the baby had not urinated in a while. If the baby did not want to urinate, it would arch its back. Older toddlers could be taught to squat independently in split-crotch pants in appropriate places.

In the Chinese practice of *baniao*, both generalised and idiosyncratic signs of impending elimination are relatively well-known among a variety of family members – mothers and grandmothers, but also here teenage male cousins and grandfathers. The common factor is not so much gender or maternal status, but is actually more related to the leisure time and proximity of family members. Retired grandparents and student cousins were in a position to be present and connected to babies during the day.^{vii} Although the signs are well known, and people could tell me what they were, many participants were unable to articulate in a particular incident how they knew a baby needed to go, indicating that the dance of signal and response sometimes moves into a less cognitive, more embodied response.

What all this means is that the embodied connection that is sustained and encouraged through EC and *baniao* is dependent on a degree of bodily proximity and tuned-in awareness to a baby. While bodily proximity is seen as difficult in parts of the world where infants are expected to sleep alone, in many parts of the world this is not considered extraordinarily onerous, but part of the normal spatiality of caregiving. Granted, in places such as China, the bodily proximity of a caregiver is not limited to mother alone, nor to the space of the home, as the above ethnographic descriptions reveal (see Morrow & Dombroski, 2015). Tuned-in awareness can be considered onerous and exhausting in parts of the world where mothers are expected to completely meet multiple children’s needs at home, on their own (Dombroski, 2011). The point for this paper is not to deny that embodied connection can be difficult and demanding in contexts where caregiving is not commonly shared with other caregivers, but to highlight the ways in which embodied connection – and a specific form of intuition – can be developed and maintained partly through the practices of elimination communication and *baniao*. In the next section, I discuss a number of practices families use in China, Australia and New Zealand to deliberately develop the embodied connection and “maternal” intuition that enables a successful nappy-optional hygiene practice.

Learning to be Affected, Developing Intuition

Caregivers are not innately endowed with the knowledge of how to EC or *baniao* their child. Yet somehow, intuition with regards to children’s toileting needs can develop, and importantly for my argument, can be *deliberately* developed. Within both hygiene assemblages, EC/*baniao*

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involves a deliberate training period where mothers and others learn to be affected by the baby’s particular bodily communications regarding urinating and defecating. As they learn to interpret these communications — and respond to them — the signs for impending elimination become increasingly differentiated from other bodily movements. In turn, the baby also learns to be affected by the particular responses and cues of the caregivers, increasing their ability to communicate the diversity of their form of communication. The series of acts involved in developing the practice of EC/*baniao* are thus transformative – the caregiver/baby dyad is no longer the same. In what follows, I will describe the particular periods of training, but first let us turn to the phrase “learning to be affected”.

“Learning to be affected” is a phrase developed in the work of Bruno Latour (2004), as he attempts to delink our knowing of the body from medical knowledge. He suggests, among other things, that “scientific study” of the body should be based around *increasing* the possibilities for reality (a kind of multiverse) rather than narrowing possibilities through prematurely deciding on the one “correct” reality (Latour, 2004). Practitioners of EC in Australia and New Zealand are frequently faced with the “medical fact” or “reality” that babies cannot attain control of their sphincter muscle until the age of two years or more. Yet, in a very real way, they unlearn this “fact” as they learn to be affected by their babies’ ability to firstly, communicate their elimination needs and secondly, develop increased control over the sphincter muscle through the two-way EC process.^{viii} The ability to attain control over the sphincter muscle lies dormant until it is activated by social practice – whether EC/*baniao* or later toilet-training. There are synergies here between the example Latour (2004) uses – of training “the Nose” in the perfume industry – and the intentional development of an extra sense for EC and *baniao*.

In the perfume industry, a “Nose” is a person who is able to differentiate between subtle scents others cannot perhaps detect. Through the help of a series of different fragrances used in conjunction with a week-long course, the student comes to attain the abilities of a “Nose”.

Latour writes:

Through the training session, she learned to have a nose that allowed her to inhabit a (richly differentiated odiferous) world...before the session, odours rained on the pupils without making them act, without making them speak, without rendering them attentive, without arousing them in precise ways: any group of odours would have produced the same general undifferentiated effect on the pupil (207).

Latour suggests here that in producing a more richly differentiated world, the process of learning to be affected has in fact increased the pupil’s capacity to act (Roelvink, 2010). We could also say the subject is transformed. He goes on to write:

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The teacher, the kit, and the session are what allow differences in odours to make the trainees do something different every time — instead of eliciting always the same crude behaviour. The kit (with all its associated elements) is part and parcel of what it is to have a body, that is, to benefit from a richer odoriferous world (207).

What is interesting here is the inclusion of the active material and social elements of the odour-detecting assemblage known as a nose — the kit, the teacher and the session. In the same way, EC /*baniao* practitioners learn to be affected by the active material and social elements of the hygiene assemblage they contribute to.^{ix}

In the north-western Chinese city of Xining, Qinghai Province, the deliberate period of “training” happened primarily during the *zuo yuezi* month-long period of “lying in”. During this period of 30 to 100 days, the grandmother (or other confinement “auntie”) takes responsibility for the baby’s eliminations with the support of soft cloths, split-crotch pants, and a wide basin for holding baby out over. During this culturally-prescribed rest period, the mother and baby are not normally permitted to go outside or receive non-family visitors, and in many cases the mother is also discouraged from watching television or reading, or any other activity. She may be encouraged to eat and sleep and eat special foods and have frequent meals in order to make breastmilk. This period is obligatory, and is justified normally in terms of the mothers’ health and recovery from the *qi* or vitality depleting act of giving birth. But adhering to this practice also allows a sustained period of learning to be affected by the baby which is transformative — with the help of the accompanying older woman, the mother and other family members become aware of the baby’s signals and patterns for feeding, sleeping, and eliminating in particular. For example, when asked about this period, one Xining-born Han Chinese mother said:

When she wanted to pee, she would move frequently. She would mumble, and move around. Then you knew that she might want to pee. You just need to hold them out. Generally, you can see that.

She suggested that anyone could see that in the immediate family, although sometimes she was the one to point it out to her husband:

Daddy can also do that [hold the baby out]. Adults, any adult can do that. For example, if I felt unwell some nights, and I did not want to move, he will hold the baby out to urinate. I would say to him “you hold the baby out for a wee”, and then he would do so.

Another migrant Han Chinese mother did not speak of direct signals but described her method as being more about embodied knowing, as follows:

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Sometimes after I get up, I hold him for a while, and when I feel it is nearly the time, he poos as soon as I hold him out.

A number of mothers commented that they “wouldn’t know what to do” and were “taught what to do” by their mothers or mothers-in-law during confinement. The confinement period provides for the elimination patterns and signals to be absorbed to differing degrees by members of the family. In terms of “learning to be affected”, the *yuezi* period provides a time for both babies and caregivers to deliberately develop an embodied awareness and intuition of elimination needs, where the capacities for differentiating communication and responding to it with action have been increased for both parties, through this assemblage of training, trainer, material objects and spaces, and cultural practice. The assemblage can include disposable nappies, but in learning to be affected by the babies’ elimination needs, families deliberately limit their use of these objects out of concern for babies’ health and hygiene.

ECers from the OzNappyfree forum also often put themselves through a less prescribed period of training. Some begin by removing their baby’s nappy for a certain amount of time each day, making a more concentrated effort to observe when the baby eliminates and any signs that precede this. Others may take note of the common signs listed by others on OzNappyfree (which acts in this case as a “trainer” or Auntie). When the babies appear to give one of these signs, they respond by holding the baby “in position” over a potty or bucket or sink and making a cue sound. The process of response is an important part of learning to be affected. With this relationship, if the signs are not responded to, the conversation grinds to a halt. If the signs are responded to fairly promptly and consistently over time, they may develop into more deliberate signals through reinforcement and response. Some ECers relied heavily on timing, but this could backfire as babies may stop signalling:

Do try watching for her signals - you might find if you've been using lots of timing that she sort of just waits for you to take her rather than being proactive, but by easing off she'll start to show you what she needs when she needs it! (Webpost 2009).

Eventually the ECing mothers and some others may also develop an embodied intuition that does not consciously register any signs or signals, because they have learned to be bodily affected by the baby’s signs, for example:

I'm finding my intuition is much stronger this time around. No real rhyme or reason that I can tell. I still have the occasional "Does she need to go? No, I don't think so" ... "Darn! I should have listened to that feeling!" (Webpost 2009).

And another:

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I then had a moment of intuition that he was about to blow again ... So, cued him onto the [cloth nappy] that was underneath him (Webpost 2009).

The training period may not be as prescribed as the *yuezi* period in China, and is certainly not obligatory, but participants agreed it was best to start before the baby reaches six months of age. Whenever this deliberate attentiveness and training begins, we might say that the capacities for differentiating communication and responding to it with action have been increased, partly through this assemblage of the webforum, the training period, material objects and spaces, and new practices. The assemblage can include disposable nappies, but in learning to be affected by babies’ elimination needs, families deliberately limit such items in out of concern for the babies’ communication and attachment needs, as well as environmental concerns.

So mothers and others in China, New Zealand and Australia learn to be affected by their babies’ nonverbal signs and signals for impending communication, through deliberate training/retraining of the embodied interaction between them. Just as Latour insists that the odour kit and the training sessions and trainers are an inextricable *part* of the newly acquired nose, so too might we understand the period of training (whether *yuezi* or other), the trainer (whether mother-in-law or the OzNappyfree Yahoo! forums or Facebook groups), and the baby and its assorted paraphernalia (split-crotch pants, towels, training pants, basins) as an acquired part of the mother (or other carer). In this way, we might understand “maternal” connection here to be somehow located in that in-between and distributed inter-corporeal space (Johansen, 2015; Sarmiento, 2015), as part of an assemblage that includes mother and baby and other things that have brought this felt connection into being, where human life is entangled with other species and the material environment in webs of interdependence (Roelvink & Zolkos, 2015).

What is interesting about EC/*baniao* is the *deliberate* retraining of one’s senses (and, presumably, one’s neural pathways and embodied habits) to perceive and intuitively respond to a more differentiated world of infant communication, perhaps bypassing rational cognition.^x Because of this transformative act, the resultant assemblage of hygiene has shifted towards an embodied and intuitive and even obligatory connection rather than a reliance on material hygiene products.^{xi} The connection between baby and caregiver comes to be the arbitrating factor in other hygiene or parenting choices. For example, disposable nappies have not been taken up to a large degree in Xining because caregivers had learned to be affected by their babies’ health and hygiene needs, which are better cared for without disposable nappies (Dombroski, 2015). ECing parents in Australia and New Zealand experimented with reduced hairwashing after their infants and toddlers communicated their fear and dislike of hairwashing, particularly with shampoo (Dombroski, Forthcoming). This intuitive and embodied connection

with an infant could have lasting neurobiological and psychological effects well into their adult life.

Beyond Mothers? Interrogating Intuition

If intuition is an outcome of a sociomaterial process of learning to be affected, what does this mean for the way we think about mothers’ and others’ everyday care-work? And what does it mean for the reported “gate-keeping” activities of mothers who feel reluctant about handing care over to others? Should mothers just be more insistent on leaving babies in the care of others, for periods of time, in order to help those others develop intuition? Or is this often heart-wrenching decision heart-wrenching for more reasons than can be outlined here? Surely this becomes less heart-wrenching if the infant is left in the hands of a connected and nurturing co-parent who has developed intuitive responses to match mother’s? But if it is possible to extend this embodied connection and intuition beyond mothers then why isn’t this more widespread already? To explore these questions, I look at a range of perspectives on infant attachment and parenting.

Firstly, and most importantly, what comes through in neuropsychology literature is that fathers are indeed capable of forming deep meaningful and embodied attachments with their infants, but this generally develops more slowly than the mother-infant attachment (Swain et al., 2014). While a body of literature in psychology suggests that mothers’ attitudes towards fathers is a predictor for gatekeeping behaviour (where mothers control fathers’ interactions with children, or prevent them from caring for them on their own), there is little that explores how this might change on a societal level, except for exhorting mothers to be more encouraging and less critical of fathers’ parenting (Allen & Hawkins, 1999; Fagan & Barnett, 2003; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Other psychologists studying infant attachment seem to be relatively oblivious to fathers, often drawing on animal studies and envisioning humans as mammals where infant care is necessarily done by (lactating) females, who are “naturally” better at reading nonverbal cues (Atzil, Hendler, & Feldman, 2011). Feminist psychoanalytic literature, on the other hand, highlights the factors in society that firstly, push women and the disempowered into developing the survival skills of reading nonverbal cues, and secondly, push mothers into parenting expertise and identity more than fathers (Chodorow, 1999).

It is important to take seriously the materiality of the neurological and biological aspects of human development maternal connection and intuition, but to do so from a feminist perspective (Wilson, 1998). An anti-essentialist constructionist feminist approach might be tempted to

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argue that maternal intuition as outlined here is due to a variety of social factors including the social conditions of possibility for having a sustained period of learning to be affected. The social conditions are certainly a factor, but I also want to pay attention to the “matter” in this matter of concern: changes in neural biology, for example, induced by pregnancy, hormones, giving birth, breastfeeding, microbes and more (Barha & Galea, 2017; Swain et al., 2014).

According to neuropsychanalytic researcher Allan Schore, the primary task of an infant in the first year of life is to form a strong emotional attachment to *one* primary caregiver, usually the biological mother. He notes that this is partly material or biological:

...in the last trimester, the biological mother's emotional state influences the infant's developing brain. We know that the stress hormone, cortisol, crosses the placenta, so the emotional state of the mother at that point in time has already begun to influence the infant. This continues after birth, when the mother usually is the one who continues to act as a regulator of the baby's emotional states (Schore & McIntosh, 2011).

While this clearly articulates a material and embodied connection, much of the research on the ongoing attachment relationships after birth do not provide cultural or social contexts. It is unclear whether the research on primary caregiving and attachment is describing a universal development process, or the norm to date in the context in which the English-language research is undertaken. What does this mean for adoptive mothers, or other parents and caregivers? What other biological processes are involved in affect, emotion and attachment with non-maternal caregivers?

In my research in Xining, it appeared that the so-called “primary caregiver” role was shared by grandmother and mother, or even only grandmother. What does this mean for fathers’ attachment then? Schore’s research emphasises the role fathers play in the second year of life providing stimulation and active play, but again, with little cultural context acknowledged (Atzil et al., 2011; Schore & McIntosh, 2011; see also Swain et al., 2014). Could fathers be involved in more nurturing, obligatory, and intuitive response roles with infants if so given the chance? I think here of the mistakes made in English-language research on infant sphincter muscle control, which began with the culturally embedded assumption that children could not exercise control over this muscle before two. If this biomedical research can get it so wrong by ignoring context and place and assuming that the age of toilet training in one culture reflects the limits of biological possibility, it may be that attachment research that looks only at mothers’ caregiving in western cultures is making the same mistake of assuming this represents the limits of biological possibility.

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Despite the lack of solid cultural and social contextualisation of infant attachment, emotional and brain development, gender and primary caregiving, I am not ready to dismiss all this research. It does appear that there is a unique and important role for mothers in early infant care that, as feminists, we would do well to pay attention to. If a women’s brain is altered by being pregnant – even containing foetal cells years after the event (Barha & Galea, 2017), is that not something we should pay attention to? When women report an embodied unwillingness to leave their infant, we must be attentive to not just the social pressures and constructions that surround learning to be affected by an infant’s preverbal communication, but also to the complex interaction between neurobiology and social practice.

In the approach to thinking maternal connection and intuition I have outlined in this paper, the embodied connection between mother and infant presents as neither fully biological nor fully socially constructed, and also not some tidy in-between concession. The connection is something far more complex — or “richly differentiated” to use Latour’s words. Reproductive biologists have examined the “somatisation of emotions” (Reiger & Dempsey, 2006), whereby the “love hormone” oxytocin is intricately linked with embodied and cultural practices that promote its release (and we might imagine these practices to be richly differentiated too just as different people have different material and social requirements for “feeling safe” or “feeling relaxed” or “feeling loved”). In the same way, we might argue that maternal connection and intuition is intricately linked with embodied and cultural practices that enable most mothers to learn to be affected by their infants in different ways.

EC is certainly one way that mothers and others have learned to be affected by their infants’ (and later, children’s) nonverbal communications, but it is primarily interesting because it not only indicates a widening of communication but a concomitant shift in the capacity to act. The capacity to act can become an obligation to act or a habit to act, meaning that transformative change can take place in a space beyond the rational. As Massumi argued, conscious decision-making is less about rationality and more about acceding to (or denying) impulses and affects that arise in the body (Massumi, 1995). It is through rehabilitating the body that much social change can happen.

This article begins to get at the heart of this: if mothers are *learning* to be affected by infant communication to such a degree that embodied brain-changing connection and additional intuition develops, the attentive quality of care that comes out of intuition and embodied connection may well be something that can spread beyond mothers. Not through rationally making solid arguments to convince mothers to give up their socially constructed desires and expectations of care, no, it should be clear I am not saying that. Rather, through starting with

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what ECers deliberately do to develop embodied connection and intuition, we might expand this process beyond mothers – most especially, to fathers and co-partners who might not otherwise get a chance to develop this. As Ruddick (1989) argued even before the neurobiology was clear, the very act of nurturing and responding to a child’s demands can be the beginnings of a particular type of maternal thinking that emerges for whomever is engaging in the act of “mothering”, whether male or female, biological parent or not – yet not divorced from biology. As Rehel (2014) recently showed in her work on fathers and paid paternity leave, there is evidence to show that when time and responsibility are available to fathers of babies, they come to think about parenting in similar ways to mothers. I am arguing here that if fathers and other caregivers take up an everyday practice of embodied care and connection – such as EC/*baniao* – they *can* develop a version of that thing we so casually call maternal intuition.

I have suggested that one way to begin might be to engage in periods of deliberate and embodied “learning to be affected” – and not necessarily around toileting. What I am interested in is that this development of “parental” intuition could help reduce maternal anxiety around the care of children, to increase trust in their mates, and to enable a greater sharing of the work of childrearing. In the same way, the development of this parental intuition fosters greater embodied connection between “secondary” caregivers and infants, perhaps transformative, rendering the co-parent unable to ignore and to be obliged to perform the particular and attentive care-labour infants demand.

To conclude, although people may start EC for a variety of reasons (including cultural, environmental, economic, practical, health), there is something about the actual process of becoming aware of (and responding to, and developing ongoing obligations to respond to) a small baby’s elimination communications that is potentially transformative for those involved. The practice of EC and *baniao* begins with practitioners “learn to be affected” by subtle communications, and these become enrolled in an ongoing habit of care, where intuition and obligation and response all become mixed up in new forms of hygiene. It is in this kind of transformed, embodied, intuitive connection that our hope for redistributing and proliferating care work lies.

As I finish this paper, I type at the back end of a full plane, somewhere between Dubai and Rome. At the front of the cabin I see two fathers holding babies, interacting with each other’s infants with funny faces. The two dads are young, trendy: one with a shaved head and leather braided strips around his wrists, the other in a muscle tee exposing complicated tattoos. These two young “millennial” fathers from different ethnic groups, from different parts of the world, speaking different languages, on a long haul flight from an Arab-owned airline, definitely seem

to be capable and competent in reading their infants’ nonverbal communications. I have some hope, as I look around me, that the valuable and important carework of parenting can become better shared, for the benefit of babies, mothers and fathers or co-parents. Is mothers’ intuition and connection important? Undoubtedly. But can the transformative path, the increased capacity to act, the carework burden this intuition and connection might bring be shared? Can it be extended to co-parents, fathers, family members? Perhaps it is too ironic to say after a paper of rational argument – but I have come to “just know” that this is indeed possible.

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- ⁱ I am inspired here by Katharine McKinnon’s thoughtful work on “Naked Scholarship” (2016)
- ⁱⁱ My husband and I have actually practiced EC with a baby in each of these countries.
- ⁱⁱⁱ Here I draw on John Law’s use of the word assemblage, see Law (2004).
- ^{iv} Research was approved by the Australian National University ethics committee in 2007. I used Mandarin Chinese to communicate with participants. Quotations used in this paper are my own transcriptions and translations from the original recordings.
- ^v Ethical approval was granted through a 2009 proposal amendment to the original project (above).
- ^{vi} I formally interviewed 7 Hui mothers, 10 Han mothers, 4 Tibetan mothers and 4 foreign mothers. In each group I included mothers who were professionals, labourers, and migrants.
- ^{vii} This counters a common feminist criticism of the practice of elimination communication: it is perceived as being only possible for middle-class stay-at-home mothers as an additional intensive mothering practice that creates impossible ideals for mothers not of this group.
- ^{viii} In fact, many ECers argue that babies are born aware of their eliminations, and that we train them to not pay attention to them by not responding to their signs of discomfort with holding them out.
- ^{ix} I am deeply indebted here to Gerda Roelvink’s work on the World Social Forum, drawing on these same passages of Latour, and Jenny Cameron’s work on community gardening in Australia. See (Roelvink, 2015a, 2015b, 2016), Roelvink and Zolkos (2015) and Cameron, Manhood, and Pomfrett (2011).
- ^x Although as Massumi (1995) points out, even cognition seems to be embodied and our rational decisions are prefigured in our bodies before coming into conscious awareness.
- ^{xi} I am influenced here by Stephen Healy’s (2008) arguments around the possibility of ethical and transformative acts also being caught up in obligation.