

Toilet Training:
A Foucauldian Discourse Analysis
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Abstract

Toilet training is a process in which a child learns to independently manage their excretory functions in a way that fits with society's norms. Within my practice as an occupational therapist I wished to problematise why different opportunities were enabled for children with impairments particularly around the opportunity to become toilet trained. As a citizen of Aotearoa New Zealand, I also wanted to problematise why as a country we have such high child abuse rates and how this linked to our socially constructed beliefs around body wastes. The aim of this inquiry was to open up the practices of toilet training to examination, and to gain an understanding of how everyday practices are produced, changed and maintained.

The study I outline in this thesis is a genealogical biopolitical governmental discourse analysis of toilet training in Aotearoa New Zealand, applying the thinking of Michel Foucault with a poststructural influence. To do this study I accessed and analysed a wide range of texts associated with toilet training, including letters and articles from popular media sources, child development pamphlets, manuals, books, research articles and governmental reports. The accessed texts focused on three identified events associated with shifts in toilet training practices. The first event was the baby boom of the 1950s in response to secure economic times and post-war wealth. The 1980s event connected to a shift from early childhood care services moving from the Department of Social Welfare to the Department of Education and an increase of women in the work force. The last event is located in current day, particularly in response to increasing numbers of children attending primary school without being toilet trained and the implementation of the Vulnerable Children's Act. The analysis of the texts involved applying Foucauldian thinking and utilising his notions, principles, rules and tools. The findings are presented as a series of articles with each addressing an identified rupture in discourses, thus creating a three-part genealogy of toilet training practice in Aotearoa New Zealand. Each article has its own methodological focus suited to the nature of the located rupture. *Toilet Training Discourses in 1950s Aotearoa New Zealand* (Robinson, Hocking & Payne, 2016b) showcased the influence of medical and psychoanalytical discourses on the everyday practices of mothers and children, while the second article, "Toilet training practice and subjectivities in 1980s Aotearoa New Zealand" (Robinson, Hocking & Payne, 2016a) demonstrated how a shift in toilet training practice was influenced by the contextual situation of neoliberal and human capital discourses. While "Toilet training in Aotearoa New Zealand: The use of critical, quality and purchased time" (Robinson, Hocking & Payne, in press) focused on the

transformation of medical, moral and aesthetic discourse and practices as played out through the disciplining action of time use. Following each article, a consistent framework of analysis is presented, teasing out the located episteme, techne and ethos, and a reflective narrative of the learnings gained.

The outcome of my study is that what constitutes toilet training is currently constructed by some discourses as a key juncture and a practice which is orchestrated predominantly by mothers, but facilitated by a growing number of adults, who socialise children through a continuum of development from dependence and interdependence to illusionary independence. This key juncture is seen as a trajectory, one which follows the norm or a trajectory which may include Othering and difference. I argue that toilet training practices and associated knowledges have predominantly been produced from medical discourses, with additional moral and aesthetic discourses and practices also being located. Current-day toilet training, and therefore toileting mastery, is intertwined with the concepts of agency, cognitive ability, ease of mobility and O(o)thering. The criteria of who is O(o)thered changes depending on the knowledge produced within each specific time period and has an effect on whether a person is seen as cognitively capable to hold agency. Othering (with a capital O) connects to medical discourses, lower-case othering to aesthetics, while agency, ease of mobility and cognitive ability connect to moral practices and, therefore, produce toilet training as a human rights issue.

Toilet training is usually constructed as dominance of the social body over the instinctual body. This thesis provides space “to think otherwise”, this being, that the body being toilet trained has the opportunity to shape the social body. This space “to think otherwise” includes the practice of toilet training and the practices used by occupational therapists in supporting clients with toileting challenges. The contribution of this study lies in highlighting and questioning the taken-for-granted truths which have become embedded within the discourses and discursive practices of toilet training, enabling an opportunity “to think otherwise” about the opportunities and dangers which are currently produced by the competing discourses located.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the footnotes), nor material which to a substantial extent has been submitted for the award or any other degree or diploma of a university or other institution of higher learning.

Signature:

Coauthored Works

- Robinson, R., Hocking, C., & Payne, D. (2016). Toilet training practices and subjectivities in 1980s Aotearoa New Zealand. *New Zealand Sociology*, 31(1) 48-71.
- Robinson, R., Hocking, C., & Payne, D. (2016). Toilet training discourses in 1950s Aotearoa New Zealand, *New Zealand Sociology*, 31(7), 94-114.
- Robinson, R., Hocking, C., & Payne, D. (In press). Toilet training in Aotearoa New Zealand: The use of critical, quality and purchased time. *SITES*.

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I think I may miss it.

Chapter 1: Introducing the Thesis

Bowel and bladder training is commonly associated with the place in which body waste is deposited – the toilet. Therefore, the terminology, toilet training, reflects the historical and technological influences of water-based sanitation systems and the provision of private spaces adorned with porcelain commodes. Toilet training is identified as a developmental milestone (Martin, King, Maccoby, & Jacklin, 1984) facilitated by those people sanctioned by society to support the mastery of this task (Humphry & Wakeford, 2008). Although described as a universal developmental milestone, it is not universally conducted in the same manner (Ritblatt, Obegi, Hammons, Ganger, & Ganger, 2003), at the same developmental stage (Mota & Barros, 2008), or with the same meaning (Schulze, Harwood, Schoelmerich, & Leyendecker, 2002). Each country, culture and historical time period offers its own way of bowel and bladder training (Mota & Barros, 2008; Whiting & Child, 1953; Wolraich & Tippins, 2003), demonstrating that this task is socially constructed by a range of discourses.

This inquiry focuses on the cultural construction of toilet training in Aotearoa New Zealand. It is about the everyday doing, being, becoming and belonging (Wilcock & Hocking, 2015) produced from toilet training discourses within Aotearoa New Zealand. The importance of understanding toilet training discourses is most clearly communicated in the following newspaper clipping:

The shameful list grows – Lillybing; Tangaroa Matiu, beaten to death for soiling his pants; January 2006, a three-year-old tried to hide evidence of his soiling but died after repeated beatings (name suppression given); Kelly Ray Roberts, six-years old, soiled his pants, was savagely beaten and died alone; Tishena Crossland, two years old and beaten with a belt for wetting her pants. (Murry, 2007, p. 18)

The connection between everyday doing and children developing in a world free of abuse is important; yet, this newspaper clipping demonstrates a connection between body wastes being out of place and extreme forms of abuse. Additionally, many children with disabilities have delayed toileting skills, and many children with delayed toileting skills have undiagnosed disabilities. Both groups are profiled as being at risk for abuse (Ministry of Social Development, 2012). Furthermore, caregivers of children with faecal incontinence reported significantly impaired quality of life for their children and increased parenting stress (De Bruyne et al., 2009; Egemen, Akil, Canda, & Ozuyurt, 2008; Kilicoglu et al., 2014). This issue is both personally and professionally relevant to me as a member of the population and as a social actor of the state through my role as an occupational therapist working with children and parents. This discourse

analysis may enable myself and others to be more informed, providing some insight into how these actions are produced and opening up space to think otherwise about what can be done to shift this practice. With this in mind, I will now present the aim of this research, the research questions and the study design.

Aim

The intended outcome of this governmental discourse analysis is to increase awareness of the range of discourses which shape how New Zealanders conduct toilet training and the subjectivities produced through this process.

Research Questions

- What are the key social, historical, political and cultural discourses that construct the current knowledge and practices of toilet training in Aotearoa New Zealand?
- How are the discourses deployed by the social actors in the health, education and other systems used to assess whether individuals, as evidenced by their occupational engagement, are healthy or deviant, eligible or ineligible for particular forms of assistance?

I have chosen Michel Foucault's thinking to inform my research process. His thinking fits under the broad category of qualitative research, however the tools utilised in a Foucauldian-inspired research process do not fit with the traditional qualitative research process. Additionally, I have chosen to format the findings of my PhD as a series of articles for publication which adds another element of change to the usual writing up of a thesis. At the time of submission, two articles had been published and a further article had been submitted for consideration to a peer-reviewed journal. These articles are included as chapters within the body of the thesis, while the other traditional elements are wrapped around these three main pieces of work.

Electing to present the main findings of the study in article format had practical implications. Primarily, it meant that earlier work was submitted for publication prior to analysis of the later time periods being initiated. While that served its purpose of prompting early writing, the early pieces do not reflect the understanding of Foucauldian thought achieved over the whole thesis process. The articles are thus book ended with preliminary explanations of the specific Foucauldian concepts employed in the analysis and "after the event" reflections on the research process and my journey of development as a discourse analyst deciphering Foucault's thinking. Therefore the findings chapters thus chart both the discourses in play in

three chronological sequenced historical periods, in addition to documenting my growth as a researcher.

Design.

The study design is a governmental discourse analysis of published texts using a Foucauldian governmental lens, conducting and then presenting a genealogy of three specific time periods, the 1950s, 1980s and the current day, with a poststructural influence. Governmentality requires consideration of how everyday doing is produced by a shared understanding communicated through discourses within a population as well as by an individual's own behaviours (Dean, 1999; Foucault, 1994/2002b). Discourse as a concept has multiple meanings. In this inquiry, it is used to capture the productive nature of language and practices in written and visual form. Discourses are considered productive, they circulate and produce knowledge, everyday actions and subjectivities (Foucault, 1997/2000b). Subjectivities are identities that people take on, or others place on people, and relate to the development of our sense of self (Foucault, 1997/ 2000b). To locate the discourses in play, published texts were drawn from government, service provision and community-level literature from Aotearoa New Zealand, with analysis of later periods informed by findings from earlier time frames. This inquiry is shaped by Michel Foucault's thinking. It requires the location and analysis of discourses, looking specifically for how discourses shape knowledge/power, how knowledge/power is disseminated and maintained by the technologies, and how this in turn shapes the subject positions people hold and the subjectivities they associate within themselves and others (Foucault, 1997/2000d).

Significance.

The taken-for-granted truths and social expectations that influence who, when and how people engage in this task, alongside the consequences of being "successful and/or unsuccessful" in achieving the mastery of toileting are revealed in this thesis. These insights may enable adults (parents, caregivers, health and educational actors of the state) to support achievement of this skill from a more informed point of view. Being aware of the power plays between discourses and the productive nature of the intersecting discourses makes the invisible visible. With toilet training, much has been written about what adults need to do to train/teach/empower a child. Why it is important is often stated or inferred, but the aspect which often does not get considered is the effect that this advice has on the everyday lives of children, adults and the world. To quote Foucault:

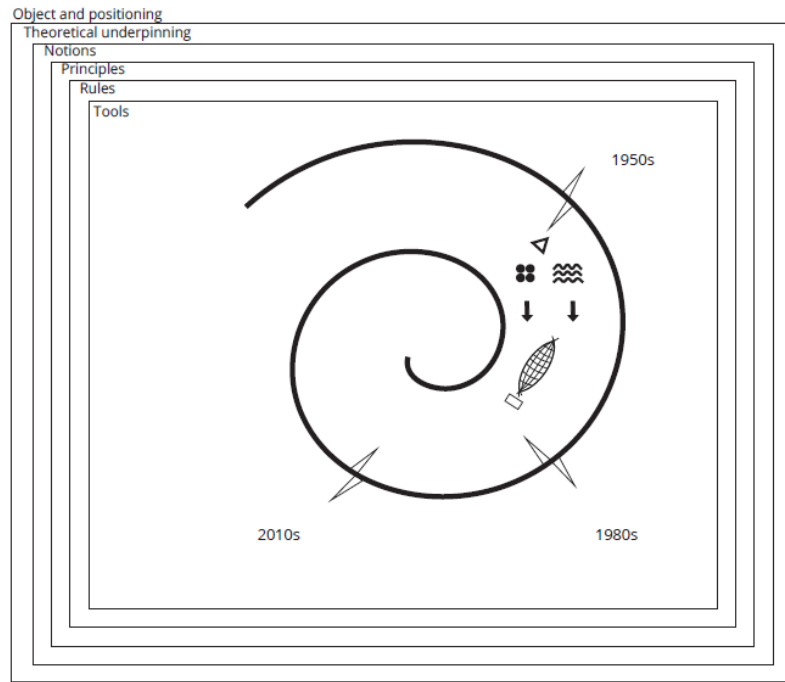
“People know what they do, they frequently know why they do what they do, but what they don’t know, is what the doing does” (Foucault as cited in Dreyfus & Rabinow, 1983, p. 187).

Therefore, the answering of the research questions and the aim stated above is evidenced by demonstrating what the doing does. I position everyday doing as discursively constructed and therefore, a brief explanation of this theoretical perspective is now presented.

My research falls under poststructuralism. Poststructuralism builds on the root of structuralism but in a critical manner, rejecting some of its central tenants, particularly the belief in, or search for, a metatheory of universal ontological truths that explain humans or society (Harcourt, 2007). Instead, poststructuralists focus on the gaps and ambiguities within knowledge, questioning how these gaps came about “at a particular time under specific historical conditions” (Harcourt, 2007, p. 18). Part of these ambiguities is space for multiple truths and fragmented subjectivities. One major characteristic of poststructuralism is described as the “linguistic turn” (Lupton & Barclay, 1997, p. 8), which means drawing attention to the constitutive role played by language in creating notions of reality. It is this connection between language creating reality, actions and subjectivities, as well as enabling space for agency through resistance and awareness, that underpins my thinking and has drawn me to choosing Michel Foucault’s thinking to guide this research.

Toolbox diagram.

Michel Foucault’s thinking influenced both the conduct of my inquiry and its presentation. Foucault’s thinking is complex; it offers choices in the intellectual tools which can be used. This is noted by Dean (1999) who explained “there is no common way of using the intellectual tools being produced by workers in this area” (p. 4). To illustrate the intellectual tools I used, and to assist in explaining the complexity of the connections between these tools, I created a toolbox diagram (see Figure 1).



Key:

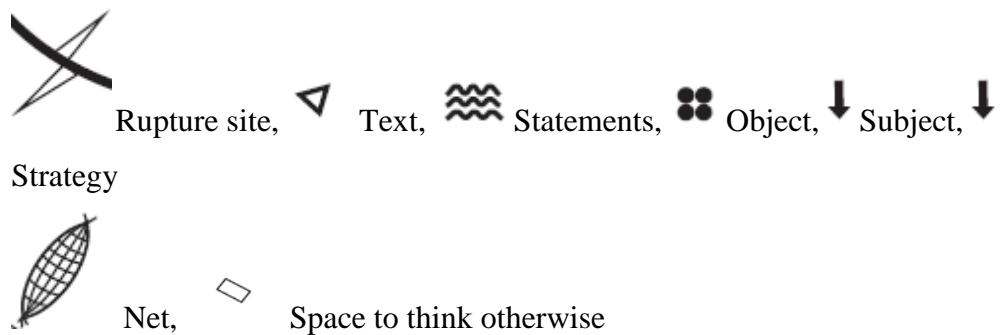


Figure 1. Toolbox diagram

I present this toolbox diagram with hesitation, respecting that Foucault was opposed to his research being distilled down to a defined, consistently replicated methodology (Tamboukou & Ball, 2003). I am not proposing that this diagram becomes a system for others to follow; it represents a learning strategy relevant to the context of my learning style and my goal of producing an explanation of using a Foucauldian informed methodology. I acknowledge that Foucault possibly would muse at the irony of his work being moved into a line drawing, his knowledge experiencing the same fate as objectified knowledge, being represented as a grid of specification. The wording “diagram” is appropriate – “It is perhaps with these [diagrams] that we ought to begin in order to understand the whole picture” (Deleuze, 1988, p. 44). This diagram is presented

as a system which has multiple roles: 1) to communicate the tools I have used, 2) reflect how my thoughts relating to Foucault are ordered, 3) assisting in communicating these thoughts to my readers and 4) to structure my thesis.

This diagram consists of seven layers, starting from the outside working inwards (see Figure 1). Each layer is labelled and explained below. The connection between the diagram and the structure of this thesis is then described.

1. Object and positioning. Toilet training is explained as a taken-for-granted truth. Within this layer I describe my own positioning in relation to toilet training prior to embarking on this study.
2. Theoretical underpinning. This layer explains the underlying world view which shapes what I see as knowledge. I then introduce Foucault as a thinker.
3. Notions. The notions of order, truth, history, power and ethics, and how they shape this inquiry, are discussed.
4. Principles. Reversibility, discontinuity, specificity and exteriority are described, explaining their role in the analysis.
5. Rules. Rules are subcategories or ideas that fit under specific principles. These are outlined and used to burrow down into deeper analysis.
6. Tools. The continuum of archaeologies, genealogy and governmentality are described and how they shape each stage of the research process.
7. The doing. This internal picture brings all the layers together and explains how they are used within the research process.

Overview of Thesis

Connection between diagram and structure of thesis.

The outer layer of the toolbox diagram *Object and Positioning* is presented in the second chapter of my thesis. In this chapter, I describe how I first engaged in and considered toilet training without a Foucauldian influence, recognising knowledge gained through life experience. It is about situating me alongside toilet training, both as an everyday task and as a professional consideration. This was an important part of the PhD process that took place before I enrolled. It is acknowledged at this stage, as this life experience and engagement with knowledge occurred in an uncritical way. The theoretical underpinning and the elements of Foucault's thinking that are relevant to this inquiry are then explained, which makes up the second layer of my diagram.

In the third chapter, I present the third layer of the diagram. I describe Foucault's *Notions* and explain how they underpin this research. I then move onto the fourth layer,

Principles, and then the fifth layer of the diagram, *Rules*. The sixth layer explains the *Tools* used and lastly the seventh layer describes the *Doing* which is depicted as a spiral, with points of disruption and symbols representing the different stages of my Foucauldian discourse analysis. It is at this point that the diagram is revisited in more detail, once an overview of Foucault's thinking is completed.

The fourth chapter considers contrasting perspectives on socialisation. I also explore conformity and the process and development of the concept of norm, and briefly explore body wastes as an abject. I finish by acknowledging the invisibility of toileting and body waste management. As I have formatted this thesis's findings as a series of articles for publication, the following three chapters contain the articles. Each article represents a specific time frame selected because a shift in discourses and practices occurred at this time. The fifth chapter showcases the analysis of the 1950s, the sixth chapter the 1980s, while the seventh chapter presents some of the findings drawn from the current day. On the diagram, these articles are depicted by the box labelled "space to think otherwise" (Tamboukou & Ball, 2003, p. 9). Space to think otherwise is reflective of Foucault's view that findings should be laid out for others to make sense of in relation to their own context and reality. Describing the way forward should not be offered, as that in itself adds to the power play of knowledge (Tamboukou & Ball, 2003). As Foucault stated, "I take care not to dictate how things should be" (1994/2002c, p. 288). It is this mindful inclusion of offering space to "think otherwise" that ensures that this research remains true to Foucault's thinking (Heslop, 1997). As these articles have been written over the last 3 years and my understanding of the application of Foucault's thinking has evolved throughout this time, each article chapter is accompanied by an introduction which describes the processes of text selection and is concluded with a hindsight reflection, and then a segue leading into the next chapter. This format is similar to the one expressed by Foucault (1994/2002c):

Once my work is finished, through a kind of retrospective reflection on the experience I've just gone through I can extrapolate the method book that ought to follow" and then, in regard to the use of a segue, "like a scaffolding that serves as a link between a work that is coming to an end and another one that's about to begin. (p. 240)

Hence, a Foucauldian method seems to only have clarity after it has been conducted. It is for this reason that my discussion chapter includes method as well as findings. Following on from the three findings chapters, the eighth chapter, the discussion, draws the findings presented in the articles together, reflecting against the

stated research questions. It is at this point that I present the thesis of my thesis. I then consider the implications for occupational therapy practice and point to ongoing areas of research. This chapter concludes by discussing my experience of using Foucault's thinking and the use of a diagram as a tool to support my own sense-making and application of his ideas.

I now move into the first layer of my toolbox diagram, positioning myself and my relationship with toilet training. This is important as I cannot stand outside the discourses which shape my everyday experiences (Prasad, 2005). I have been immersed in taken-for-granted truths about toilet training, mothering, and about being an occupational therapist. These situations, subject positions and life roles are interconnected and have impacted on my understanding of toilet training leading up to starting this study and during the process of this discourse analysis. It is relevant for readers to understand a bit about my context so they can make comparisons to their own context and understand why we may notice different discourses in play.

Chapter 2: Object Positioning and Me

Situating me

I am many things, with multiple subject positions and multiple subjectivities, the three most relevant to this research being a mother, a peer to many other mothers, and an occupational therapist. It is within these roles that my interest in and exposure to the successful and unsuccessful experiences of toilet training have occurred.

As an occupational therapist, a docile member of the medicalised human sciences world, my contact or awareness of toilet training has been with families whose child is unsuccessful in toilet training alongside having a diagnosis of developmental, congenital or behavioural disability. Initially, I was exposed to the problem of toilet training with children who were attending school but not toilet trained. As a therapist (premotherhood) based at a school for children with disabilities, employed indirectly by the Ministry of Education, I drew on the assumption that routine and opportunity were what was needed, and that diagnoses of cerebral palsy, Down syndrome, autism and developmental delay were no reason for not mastering this task. This view clashed with many of the teachers' assumptions about who would be successful in learning to be toilet trained, and since the children had not developed this skill, I assumed this resonated with the families' beliefs. Before my experiences of working in schools, and a few years earlier in my career under employment by the Ministry of Health, I visited families with preschool children in their homes or early education centres. This preschool age is thought to be the prime age in which toilet training should occur. However, I cannot remember addressing toilet training and, therefore, I assume it was never raised as an issue, either by myself or the families I was working with.

Later, as a new mother, my awareness of toilet training was shaped by popular media and pamphlets given out in the course of becoming a parent, enrolling in Plunket or engaging in taking my children to Well Child/Tamariki Ora health checks. At this time, unsolicited and solicited advice from medical professionals, my parents and parents-in-laws, peers and early childhood educators occurred. These practices and interactions highlighted the significance of toilet training within my subject position of being a mother. My own children started to have a voice; with their actions clear, they also added their view. By 2007, I had four children under the age of six, and changing nappies and toilet training were a big part of my life. It was also at this time that I read about the connection between child abuse and toileting accidents. I could not understand how this connection produced such an extreme reaction in the adults concerned and such a dreadful reality for these children. All these views, alongside being a middle

class pākehā working mother, influenced how I and my husband toilet trained our four children. As all of my children experienced being part of paid early childhood care, this also influenced our toilet training experiences. Being a mother enabled me to acquire a new subject position, that of a peer mother. As a peer mother, I have sat over many cups of coffee listening to friends' celebrations over their child's success or concerns in their child's slow mastery of this task, or sat quietly biting my tongue not to share my view until asked, or play into my own fears or boasts of achievements.

Engaging in these subject positions of a mother, a peer, and a therapist has exposed me to a wide range of discourses. Some of them I agreed with and engaged in, others I dismissed as silly, unrealistic or irrational, others as morally wrong, all of them shaping my subjectivity, the subjectivity of how I was viewed and my construction of the subjectivities of my friends, my professional colleagues, parents, clients' families and the children involved. Lastly, it needs to be noted that, in this inquiry, I have taken on another subjectivity, that of a researcher. As a researcher, my interests and choices have greatly influenced what I have read and what I have showcased (Tamboukou, 2011).

For this research, I wanted to understand why there was a connection between abuse and toileting accidents. I also wanted to understand why the social message of delaying or not attempting toilet training was given to parents whose children experienced developmental delays and why another set of social messages was given to parents of children without delays. Furthermore, I wanted to consider what my role as an occupational therapist was in the transference of these messages. In this simple pondering, I was already touching on the notions of discourses, socialisation, norms and Othering.¹

Occupational therapy is an allied health profession which focuses on enabling people across the lifespan to do what they need, want and are expected to do (World Federation of Occupational Therapists, 2011). It is a profession developed from the core premise that what you do in your daily life affects your own health and well-being, and that of the people around you (Wilcock & Hocking, 2015). Occupational therapy knowledge creation has been strongly influenced by traditional quantitative and qualitative research methodologies (Kielhofner, 2006). However, due to a contextual shift acknowledging the social and structural influences on health and the rise of a critical voice within occupational science, encouragement and opportunity to look at

¹ Othering with a capital letter captures the practice of excluding people (Lister, 2004), while othering with a lower case celebrates our difference in a positive way (Hamer, 2016).

this simple pondering through a Foucauldian perspective was suggested. Although Michel Foucault's work has been in circulation since the 1950s, his thinking has only recently begun to inform the academic world of occupational therapy and occupational science (Mackey, 2007; Molke, 2011; Rudman, 2012; Silcock, Campbell & Hocking, 2016; Whiteford & Peiriera, 2012). Therefore, I mindfully embarked on using a complex methodology with absolutely no prior knowledge or exposure to this way of thinking. The development of my understanding is captured through the three manuscripts which make up the findings of this thesis. I will now give a brief introduction of Michel Foucault and the aspects of his thinking that I drew on.

Theoretical underpinning.

Michel Foucault.

Michel Foucault was a French thinker who lived a short life. He was born in France in 1926. In his youth, his home country was occupied by Nazi Germany. Educated in Switzerland, he came to an awareness of the fickleness of language as he was required to move between French, Swedish and English in the course of his studies (Foucault, 1994/2002c; O'Farrell, 2005). The cultural situatedness of everyday tasks and knowledge also became apparent as he moved between countries. Possibly, these early experiences shaped Foucault's interest in culture. Foucault described his task, and the task of other thinkers, as being the analyses of culture, meaning "the way a society constructs and organises knowledge about the world and social relations and defines particular behaviour and knowledge as acceptable or unacceptable" (O'Farrell, 2005, p. 17). Foucault's interest in acceptable and unacceptable behaviour has been linked to his own understanding and considerations of how he himself fitted into society as a male who identified as homosexual, in a point of history which was not very accepting of sexual difference (Foucault, 1997/2000a; Kelly, 2014). It is suggested that his focus on madness, prisons and sexuality particularly stemmed from this life experience and possibly experiences of being Othered (O'Farrell, 2005). This point was partially confirmed by Foucault in an interview in 1978: "I haven't written a single book that was not inspired, at least in some part by a direct personal experience" (Foucault, 1994/2002c, p. 244). Furthermore, Foucault focused on the limits of society as he felt that "defining the limits of a culture throws into relief the indemnity of that culture, the values, and systems of order it chooses to adopt" (O'Farrell, 2005, p. 91). By focusing on the limits of society, awareness of who is excluded, who and what is deemed abnormal and how this produces Othering are demonstrated (Foucault, 1997/2000c).

Foucault's way of framing cultural analyses required the development of new research tools. The development of these tools continued throughout his life time, starting with his thesis produced while in Sweden. His thesis studies resulted in his first book, *Madness and Civilization: A History of Insanity in the Age of Reason* (1961), which demonstrated how madness was constituted and was historically constructed. Soon after this, Foucault wrote *The Order of Things* (1970). In this book Foucault demonstrated how formal systems of knowledge (resemblance, mystic, spiritual, religious, scientific) and what is deemed legitimate knowledge have changed, leading to western societies' current valuing of knowledge produced through scientific means, particularly knowledge of empirical predictive science (O'Farrell, 2005; Power 2001). These formal systems of knowledge are captured by the terminology of episteme (Foucault, 1970). The different strands of episteme are communicated or identified through discourses (Foucault, 1972). Discourses are a "group of statements that belong to a single system or formal knowledge" (O'Farrell, 2005, p. 78). They are "practices that systematically form the objects of which they speak" (Foucault, 1972, p. 49). Therefore, they are productive and limiting at the same time (Hook, 2001). For discourses to function, they require the tension of resistance to hold them in place. Therefore, for every discourse there is the possibility of resisting it and therefore having a counterdiscourse (Powers, 2001). Further discussion of this term occurs again later within this thesis.

Throughout his career, Foucault focused on how culture is shaped by and shapes history, which in turn shapes and is shaped by discourses and the produced subjectivities. Discourses produce subjectivities, these being the identities people take on or are given by others (Foucault, 1983; Tamboukou & Ball, 2003). Therefore, Michel Foucault's thinking provided a specific way to engage in discourse analysis and it is this focus that I have used within this inquiry.

Chapter 3: Discourse Analysis Shaped by Notions

Foucault's ability to locate discourses and distil their productive nature on the creation and maintenance of subjectivities and everyday actions was underpinned by his theoretical notions of order, history, truth, power and ethics (O'Farrell, 2005). These notions are visually represented by layer three of the diagram (Figure 1) – *Notions*. Foucault's theoretical notions are embedded in his research topics of madness, prisons, sexuality and French life in the 16th, 17th and 18th centuries (; O'Farrell, 2005), and although these topics are interesting within themselves, it is the processes used and the ideas behind the exploration of these topics that have altered my thinking and informed the doing of my research.

Reflective of Foucault's interest of the ordering of knowledge, his thinking went through many stages of inquiry and ordering of what was important to him. Foucault's changing focus is captured in his extensive 800 or so writings, lectures and interviews (O'Farrell, 2005). In a bid to make sense of Foucault's morphing focus, his writings have been categorised in a number of ways. By theoretical notions as above, by stages of discourse development, as experiences, explorations and methods, by methodological categories, archaeologies, genealogies and governmentalities or chronologies (O'Farrell, 2005). Over his 57 years of life, Foucault refined and redefined his thinking. This is possibly why there is so much commentary expressing discomfort with his ideas, as his continual shifting of how he categorises the important notions of knowledge are not always straightforward (O'Farrell, 2005).

Underlying Foucault's focus on the emergence and decline of knowledges, and how it is ordered, is the notion of what is deemed truthful. Foucault demonstrates how societies' understanding of truth shifts and how these shifts are influenced by people's place in history (Rabinow & Rose, 2003). Foucault strove to demonstrate that there was more than one truth and that what constitutes as truth is socially constructed. It was for this reason he was against the idea of a grand narrative or underlying essence (Heslop, 1997; Tamboukou & Ball, 2003). Truth underpins the phenomenon of taken-for-granted ways of thinking and doing. Elevating knowledge to a truth status justifies current ways of doing as natural and unchangeable. By enabling awareness of taken-for-granted truths, Foucault offers space for another way to be considered or "to think otherwise" (Tamboukou & Ball, 2003, p. 9). It is this unsettling and demonstrating of the cultural situatedness of taken-for-granted truths that enabled Foucault, and those who use Foucault's tools, to have a social justice connection (Dean, 1999; Springer & Clinton, 2015).

On one hand, Foucault pushed up against the notion of one truth and of facts, proceeding to demonstrate that they were socially constructed, but on the other hand, to make his ideas credible and to actually show the constructed nature of knowledge, he needed to use explicit facts (Hook, 2001) and therefore buy into the current episteme of knowledge. The irony of Foucault's approach of challenging the notion of facts as socially constructed and unstable, and still using them to provide credibility to his scholarship, was at the source of many unfavourable critiques of his work (O'Farrell, 2005).

Foucault's next notion is history. This notion is vital and is an explicit focus in all of Foucault's work. In using artefacts from and of history, Foucault is able to demonstrate the situatedness of knowledge and truth. It also provides a medium in which he illustrates the application of his ideas. On the surface, much of Foucault's work looks similar to traditional historical research (and therefore so does mine), with the use of artefacts from history to justify what was occurring (O'Farrell, 2005; Hook, 2001). The difference between Foucault's work and traditional historians is in the framing of the topic, and the philosophical stance on the progression of knowledge development (Hook, 2001). Historians explain what happened and speculate why, linking cause and effect together and usually reflecting a progressive continuity perspective (O'Farrell, 2005). In contrast, Foucauldian-inspired work favours discontinuity, focuses on the complex relations between events, the social body and how these combined influences shape cultural knowledge and therefore practices in the specific time period (Dean, 1999; Foucault, 1994/2002f; Hook, 2001).

Foucault's focus on the ordering of knowledge as transient and truth being historically situated provides a useful backdrop to his notion of power and the relationship between knowledge and power or, as it is described, knowledge/power (Foucault, 1972). This tension between what is deemed truthful, what is seen as legitimate knowledge and how this productively shapes everyday practices is an area for which Foucault is possibly best known (O'Farrell, 2005). The intertwined relationship between knowledge and power led to Foucault combining these two concepts together with a /, not to show that they mean the same thing but to demonstrate their intertwined relationship with each other (O'Farrell, 2005). In Foucault's description of power, power is not a thing, or a capacity, or owned; it only exists when it is being exercised (Foucault, 1994/2002d; O'Farrell, 2005). "Power is only a certain type of relation between individuals" (Foucault, 1994/2002d, p. 324). Power can only be exercised over free subjects, when freedom is defined as the "possibility of reacting or behaving in

different ways” (O’Farrell, 2005, p. 99), hence again drawing in the concept of resistance. Power is seen as productive (Foucault, 1990). It produces “particular types of knowledge and cultural order” (O’Farrell, 2005, p. 100), and knowledge and cultural order produce particular types of power. Foucault was particularly interested in the “microphysics of power and capillary power, where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives” (O’Farrell citing Foucault 1975, p. 39). Foucault’s consideration of power also changed within his scholarship, using sovereign power (related to the macrophysics) as a point of comparison, and acknowledging the more modern role of judicial power. Foucault also explored disciplinary power (the microphysics focused on the body), biopower (health and well-being of the population), and lastly governmental power (what guides and governs people’s conduct) (Dean, 1999; Foucault, 1988; O’Farrell, 2005). In my inquiry, I touch on all four considerations of power.

Foucault’s conception of knowledge/power is therefore relevant to my inquiry of toilet training as it provides a way to consider this influence on the bodies of the children and adults, their actions and the development of attitudes, as well as the socialisation process/relationships which support the learning process of how to achieve toileting mastery.

As Foucault moved his focus from disciplinary and biopower to governmental power, his work moved onto the notion of ethics and therefore started addressing the productive nature of the subject (people) in more detail (Foucault, 1983). Within my inquiry, the consideration of whether freedom to choose is provided to all citizens, especially those who are Othered, is explored, along with how the fear of being Othered shapes everyday doing and subjectivities.

Application of Foucault’s Thinking

Foucault developed and refined his methodological considerations as he explored each notion. As he engaged in this process he created principles, rules and tools (Hook, 2001; Nicholls, 2009) which assisted in finding specific topic examples drawn from history, and evidencing them with what would be considered fact-based examples. He offered these tools up for others to use, like tools from a toolbox. He encouraged each researcher to use the tools best suited to their individual inquiry (Foucault, 1974). The tools I have drawn on are the principles of reversibility, discontinuity, specificity and exteriority (Fadyl, Nicholls, & McPherson, 2012; Foucault, 1981; Hook, 2001; Nicholls, 2009). Because there is such freedom with how

one can use Foucault's tools, there is concern of poor scholarship hiding within the toolbox approach (Street & Manias, 2000). One way to demonstrate clear Foucauldian scholarship is to explicitly demonstrate a coherent connection with his notions, principles, rules and tools within one's research (Hook, 2001). Because this thesis is formatted as a series of articles for publication, this posed several problems, as a balance between word count, journal focus and theoretical credibility needed to be reached. It is for this reason that these principles and rules are signposted here, touched on briefly within each finding's chapter and then revisited again after the three articles have been showcased.

The principle of reversibility.

The principle of reversibility was predominantly discussed in Foucault's (1981) book *Order of Discourse*. The point of this principle is to disrupt the usual relationships we have with discourses (Foucault, 1981). This is required as discourses shape our everyday action and thinking, and therefore can exist without us realising. These produced ways of doing and thinking can evolve into taken-for-granted truths. Under the principle of reversibility, Foucault articulated procedures to assist with this process of disruption, these being exclusion (external to the discourses), limitation (internal to the discourses), and rules and restrictions of the speaking subject (Foucault, 1981). Foucault's principle of reversibility (1981) provides a tool for disrupting usual relationships, while Foucault's rule of double conditioning disrupts the usual way power is considered (Nicholls, 2009). Double conditioning means to consider local material practices as ascending power relations. This perspective of power is different to traditional theories of power which describe power as descending and held by one group or person over another. Therefore, when looking at texts the researcher traces knowledge/power at the local level of everyday action first and then connects these practices to broader governmental concerns and formal knowledge creation, such as research articles and governmental reports (Hook, 2001; Nicholls, 2009). These ideas assisted in the location of discourses and the consideration of power plays and therefore, further expansion of their role will occur in the article chapters 5, 6 and 7.

The principles of discontinuity and specificity.

The principle of discontinuity captures Foucault's (1981) theoretical stance that discourses do not seamlessly build on **itself**, forever improving. This goes against the majority progressive view of history of knowledge, that today is more advanced than yesteryear and therefore must be better (Hook, 2001). Foucault enables a different view by capturing those ruptures in discourses when advancing history has not occurred and

instead of justifying them away as a random occurrence or unforeseen crisis, he used them as a point of inquiry to notice how a shift in knowledge occurred and then, even more importantly, how this changed everyday practices (Hook, 2001). A link between the principle of discontinuity and the rule of continual variation can be drawn.

Continual variation captures the idea that knowledge/power is always changing and that multiple actions and subjectivities can be produced from the same discourse. The idea that knowledge is not consistent or static allows space for inconsistent progression of ways of thinking to take place (Foucault, 1970, 1979; Hook, 2001; Nicholls, 2009).

One way to upset this traditional evolutionary view of history is to consider everything, discourses included, as an event with a starting and an ending (Foucault, 1972). Therefore, the principle of discontinuity assisted with identifying which time frames my inquiry would focus on. I read widely, covering topics, such as the public/private divide, feminism and gender roles, workforce opportunities, childcare, welfare and health provider histories, psychology, general Aotearoa New Zealand history, mothering/parenting, technology, family structures and birth rates, world events, and government elections and state priorities. To identify potential ruptures, I mapped key dates and events drawn from this literature onto a large paper to find clusters of when things happened. Then, once potential areas of rupture had been identified, I located text directly about toilet training accessed by the everyday population from the chosen time frames. I then compared this local text with earlier and later texts, looking for shifts in how toilet training was constructed. From this process, I was able to identify two periods of rupture: the 1950s and the 1980s. Although Foucault himself did not overtly link his genealogies to the present time, I do. Therefore, my last discourse analysis is situated from 2006 to 2016.

In Figure 2, which is a detail extracted from Figure 1, the application of the principle of discontinuity is demonstrated in the doing layer. The broken curve (see Figure 3) demonstrates ruptures in discourses and the associated time frames in which these ruptures occurred.

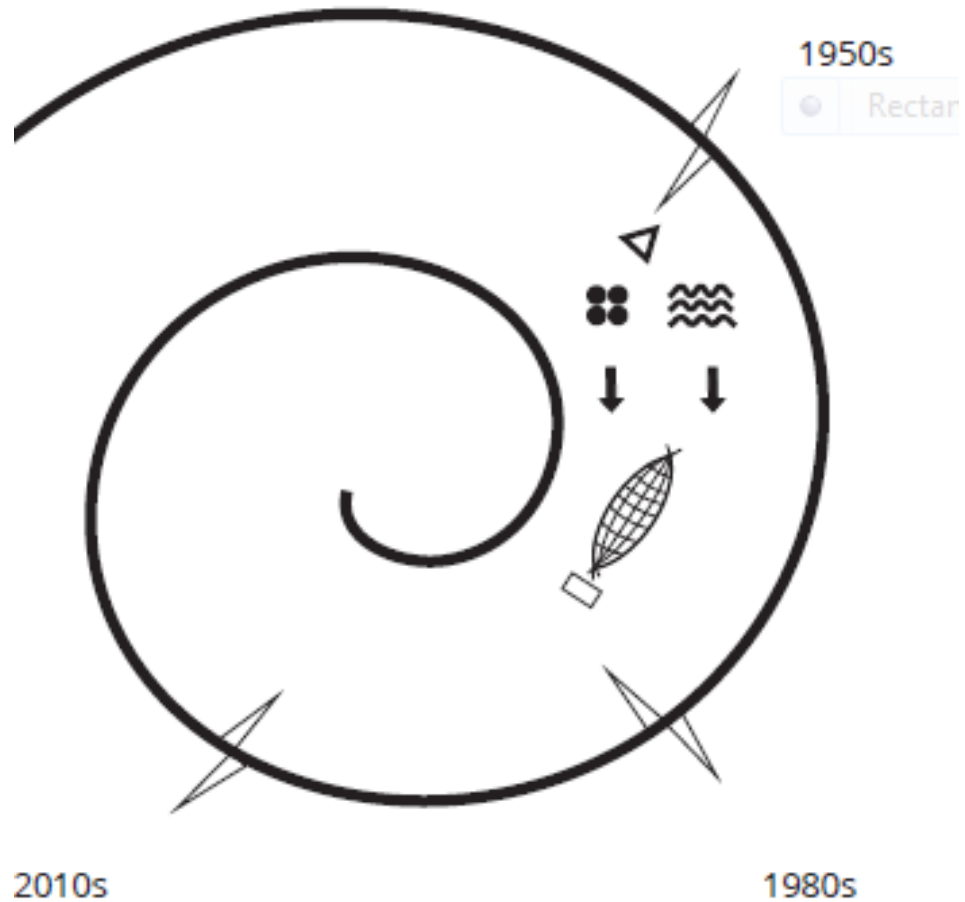


Figure 2. Tools-doing



Figure 3. Rupture site

Once I had looked at this larger contextual view via the principle of discontinuity, I followed Foucault's suggestion to look at the local (Hook, 2001; Nicholls, 2009). Text within the local includes items, such as pamphlets, magazines, newspapers and popular media forums which are accessible to members of the community. Analysing these texts was facilitated by the principle of specificity, which focuses on looking for evidence that demonstrates the material effects produced by discourses. This includes actions, structures, social conditions and subjectivities (Fadyl,

2013; Foucault, 1972; Hook, 2001). This principle helped me work out what to look for and which statements to select as data.

The application of this principle can occur through the rule of tactical polyvalence. It is within this rule that Foucault reminds the researcher to look beyond binaries (Foucault, 1981; Nicholls, 2009) which is particularly useful when considering the potential for mothers, for example, to occupy multiple subjectivities.

Principle of exteriority.

Lastly, the principle of exteriority reminds the researcher not to burrow down to the hidden core of the discourses. Foucauldian-inspired researchers do not seek out meaning, but the location and the regularity of discourses and what is produced or made possible by them, particularly at the local level (Foucault, 1979; Hook, 2001). The principle of exteriority encourages the researcher to look across multiple sources of text across different sections of society (Hook, 2001; Nicholls, 2009). It can be actioned through the rule of double conditioning, which guides the researcher to access text from both the state level, service provision and community level (Nicholls, 2009). Therefore, I have drawn texts from governmental (World Health Organization and state documents), service provision (Plunket Society, Parent Centre texts) and community levels (*New Zealand Woman's Weekly* magazines).

Additionally, a connection between the rule of immanence and the principle of exteriority can be drawn. This principle's emphasis is on using text which circulates at the local level as a way of providing evidence of the material forms of practice showcasing "what the doing does" (Foucault as cited in Dreyfus & Rabinow, 1983, p. 187) and what is made possible. The rule of immanence reminds the researcher to look for these practices within local networks which enmesh people and therefore **aides** in the ability to corroborate findings in extra textual dimensions and material forms of practice (Foucault, 1979; Hook, 2001; Nicholls, 2009), the connection between this rule and principle being the emphasis on the value of looking at the local context and materials.

These principles and rules are then carried forward by the researcher and assist in the application of Foucault's tools. I found Foucault's tools more directive and they assisted with how to actually conduct the next stage of the doing of my research. My understanding of these tools was greatly assisted by the work of Fadyl (2013), Fadyl, McPherson and Nicholls (2012), Hook (2001), Nicholls (2008, 2009) and Tamboukou (1999). Tamboukou and Ball (2003) and Gore (1993, 1995) were especially useful in understanding technology of government and the end stages of analysis.

Foucault's tools.

Foucault has two main tools: archaeologies and genealogies. Archaeologies focus on the formation of discourses (Foucault, 1972) while genealogies, which build on the tool of archaeologies, focus on the power relations and productive nature of discourses (Foucault, 1977; Tamboukou, 1999). Depth of analysis is added to a genealogy through the application of a biopower governmental focus. Although the tools used are not directly labelled on the diagram (Figure 1), the components of these tools are illustrated through the symbols included within the doing layer of the diagram.

Archaeologies.

Archaeologies reflect Foucault's early focus on the notions of order, history and truth. It was during this stage of his scholarship that Foucault focused on how knowledge emerged and what was considered to be truth. He demonstrated how this changed over differing periods of time (Foucault, 1981). Researchers use the tool of archaeology to illustrate how knowledge emerges at a point of discontinuity (Hook, 2001). This point of discontinuity is the result of a problematisation of an issue (Frederiksen, Lomborg, & Beedholm, 2015). It is at these upsets of history (ruptures) that something that is ordinary and invisible is now considered and turned into an object, with its own knowledge being produced about it, classifying, counting, recording and describing it (Foucault, 1972). The knowledge that is produced seeks to answer the concern raised, which is termed problematisation (Dean, 2001; Frederiksen et al., 2015). This combined knowledge/power forms discourses and these discourses produce discursive practices, they change and enable people's thinking, ways of categorising knowledge and what is considered truth (Heslop, 1997; O'Farrell, 2006). *The Archaeology of Knowledge* (Foucault, 1972) and *The Order of Discourse* (Foucault, 1981) assisted in explaining how to analyse and locate discourses from text. The priority within archaeologies is to locate discursive formations and the disciplines producing these formations (Foucault, 1972). Within an archaeological inquiry, discursive correlations and transformations are also considered. Correlation reminds the researcher to explore the connections and intersections between the elements of discourses, while transformation enables the exploration of how discourses shift over time (Foucault, 1972; Hook, 2001). These tools are used within my inquiry.

Genealogy.

Genealogy is an additional tool building on an archaeology (Tamboukou, 1999). It seeks to understand why one set of knowledge is placed over another and therefore, how differing subjectivities are produced and/or resisted. Additionally, a genealogy is

often described as a “history of the present”. The intention of this tool is summed up by Tamboukou (1999):

A history of the present ... calling into question self-evidences of the present by exposing the various ways they were constructed in the past, such historians shatter certain stabilities and help us detach ourselves from our truths and seek alternative ways of existence. (p. 211)

Therefore, by conducting a genealogy, alternative ways of thinking are facilitated. Archaeology and genealogy are seen as “dimensions of analysis” (Foucault, 1992, p. 12) and therefore, both inform this inquiry. It is, however, the genealogical aspect which enables the consideration of the productive nature of knowledge/power. As Foucault (1977) explored the concept of knowledge/power, he described different forms: sovereign, judicial, disciplinary, biopower and governmental. Sovereign power, in the modern day, is represented by judicial law, while disciplinary power focuses on the training of bodies (Foucault, 1977). The overarching term *biopower* captures knowledge/power relationships with particular interest in the governing of the social body (Powers, 2001). It is described as the discipline of the body and the regulation of the population through the processes of normalisation (McHoul & Grace, 1998) and conformity (Rose, 1992). Foucault’s thinking about disciplinary power was merged into one of two poles of biopower, anatomo-politics, which refer to the training of individual bodies, and biopolitics, which is concerned with the population as a whole (Foucault, 1991; McHoul & Grace, 1998).

Biopower is relevant to my professional role as an occupational therapist. As explained by Nikolas Rose (1990), biopower is carried out within health and welfare government initiatives through connections with health professions (disciplines) and health professionals (social actors of the state), and the advice they give. People take on this knowledge (population and social actors) and then self-govern and reinforce norms around what is expected behaviour. This self-governing and social governing reflect Foucault’s last scholarly focus on ethics. Within this consideration, a different, more subtle form of knowledge/power, described as “governmentality,” is discussed (Foucault, 1997/2000d, 1997/2000b; Nadesan, 2010). Judicial, disciplinary, biopower and governmental power have been located in this inquiry. There is a connection between the state, which seeks to develop (disciplinary) and maintain a healthy population (biopolitics), its workers (social actors), who enact the task of keeping the population safe and healthy, and the people themselves who, after a period of learning, self-regulate and take on a mentality (governmentality) (Foucault, 2000d/1997; Rose,

O'Malley, & Valverde, 2006). In this study, the concern is in the way we conduct toilet training in a nonquestioning manner. Therefore, in summing up, it is the relationship between discourses, the creation of subjectivities, shaped by knowledge/power positioning and the health and well-being of the population that leads me to describe this inquiry as a Foucauldian-inspired genealogical discourse analysis with a governmental biopower focus.

Method tools and the doing.

Traditionally an archaeology would look at the formation of discourses by excavating down and locating the elements of discourse and then identify correlation by noticing the connections between the elements. Foucault (1972) describes these elements as the object, the enunciated modalities, concepts and strategies. However, since I am engaging in the tool of a genealogy, some archaeology elements are modified and therefore, the elements of discourse sought are the object, statements, subject and strategies. In combination, these are all part of a discursive formation (Dreyfus & Rabinow, 1983). The object is the target of the knowledge generation. For my research, the object is toilet training which is represented by a cluster of four dots (see Figure 4).



Figure 4. Object

The formation of the object includes examination of four elements: the object, grids of specification, surface of emergence and the authorities of limitation (Foucault, 1972). Authorities of limitation is about which fields, institutions or discipline areas are producing this knowledge and therefore, who is seen as being a valid author or commentator on this topic area. Authorities of limitation connects back to the principle of reversal and exclusions external to the discourse, as this rule showcases also considers who is able to comment and produce knowledge. The object is often represented or reduced down into grids of specification classifying information, such as illness descriptions, which are then distilled down into lists of information, diagrams, tables and checklists (Foucault, 1972). These are used to organise the information being produced. These grids of specification are seen as a scientific way to communicate knowledge and are therefore valued by society (Rose, 1992). The surface of emergence requires the researcher to follow each chosen piece of text and therefore the practice produced from it, to the historical occurrences which have created such situations and space for it to emerge (Foucault, 1972).

When conducting an archaeological analysis, Foucault (1972) placed emphasis on the formation of the discourses. However, in a genealogical inquiry, greater consideration of power is required (Tamboukou, 1999). I see a similar role in authorities of limitation and enunciated modalities. Foucault's early work was focused on the formation, correlation and transformation of discourses relating to truth and order, and thus prioritised locating the specific world view espoused and the disciplines seen as legitimate speakers and creators of this knowledge and the "laws behind the phenomena" (Dreyus & Rabinow, 1983, p. 70). However, with Foucault's move to considering knowledge/power, a separate focus on the credentials of the legitimate speakers was not required. This thinking was now exposed within the principle of reversibility, the concept of internal exclusion particularly the subcategory of author. Therefore, in the initial stages of inquiry, the enunciated modalities information is located by authorities of limitations. This is achieved by extending inquiry within this area to consider the qualification of the author and then linking it back to the professional body they represent.

Statements are considered the basic element of a discourse. They are more than text as they reflect context and are considered rare; therefore, not every sentence is considered a statement (Deleuze, 1988). Statements "contain their own function of subject, object and concepts in the form of derivatives" (Deleuze, 1988, p. 9). In the diagram, statements are depicted as wavy lines (see Figure 5).



Figure 5. Statements

Following Foucault's genealogical focus, I have included the category of subject to reflect the productive element of subject positions and subjectivities influenced from the notion of power and ethics. The subject is depicted as a bold downward arrow in the diagram (see Figure 6).



Figure 6. Subject

There are two meanings of the word *subject*: subject to someone else by control and dependence, and tied to his own identity by conscience or self-knowledge. Both

meanings suggest a form of power that subjugates and makes subject to [in turn it] categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that must recognise and others have to recognise in him. (Foucault, 1994/2002e, p. 331)

This awareness or self-knowledge is shaped through knowledge transposed through discourses and the supporting technologies of government² and self.

The subject constitutes itself in an active fashion through practices of the self. These practices are nevertheless not something invented by the individual himself; they are models that he finds in his culture and are proposed, suggested, imposed upon him by his culture, his society and his social group. (Foucault, 1984, p. 201)

The second half of this quote demonstrates the productive and limiting nature of discourses, and reminds the reader that the production of the subject can also occur in an unconscious and imposed way. The shaping of identities is communicated in a number of ways – through the terminology of subject (subject to someone else by control) and dependence subjectivities (the identities taken on or given by society, e.g. earth mother), and subject positions (roles which categorise people, e.g. mother) (Foucault, 1984). When individuals knowingly and actively shape their engagement in practices, without the direct surveillance of others and, therefore, form their desired subjectivities, they are exercising Foucault's notion of ethics. An “essential condition for the practice of ethics is freedom, the ability to choose one action, not another” (O'Farrell, 2005, p. 114).





The last element is strategies, which is also located within the statements reviewed. In the diagram, strategies are depicted by a bolded downward pointing arrow (see Figure 7).



Figure 7. Strategies

Strategies are practices and actions. Or, to use Foucault's (1994/2002e) words, “modes of action on possible action” (p. 346). Strategies connect to the principle of specificity, by looking for the actions produced or suggested by the statements at the everyday doing level (Foucault, 1972).

² “Technology of government are distinguished by a particular orientation towards conduct that takes the form of a strategies rationality concerned with optimisation of performance and aptitudes and states...a method[s] of training in which conduct is shaped, directed and regulated” (Dean, 1996, p.51, 64).

Locating these four elements (statements , object , subject , and strategies ) within the specific boundaries of text statements drawn from 1950s, 1980s and the present day, was the first task within the genealogy. The second aspect of the analysis considered the productive nature of discourses relating to knowledge/episteme, ethos/subjectivities and techne/technologies (Foucault, 1986). Aspects of these findings are covered in chapters 5, 6 and 7, and then expanded on in the discussion and segues occurring between each article chapter. The following section goes into more detail of the actual methods of my research.

Methods

The doing.

The visual representation of a spiral of years descending backwards from the present was the first part of my method. Descent and emergence are two concepts also associated with genealogy. Descent reflects the idea that the research question is situated in the present, with emergence or formation used to demonstrate the development of a new discourse that rises out of a rupture (Tamboukou & Ball, 2003). Therefore, a site of historical rupture in which toilet training has been problematised in the past is likely to be a site of new emerging discourses. Foucault advocated that it is at these ruptures that we are most able to gain insight into the power play of discourses and where we are most likely to illuminate taken-for-granted truths.

The line breaks on my spiral depict both the rupture and the formation of discourses. These ruptures occur out of the messy intersection of many contextual elements. Within this messiness and numberless beginnings, the problematisation of some aspect of the “conduct of conduct” (Foucault, 1994/2002d, p. 341) about how people are being governed is also situated (Tamboukou & Ball, 2003). Problematisation is a term associated with governmentality (Dean, 1999). It is this process of problematisation which facilitates the development of new discourses and discursive practices. When problematisation occurs, text is created and recreated (commentary) in a bid to explain, describe and then solve the problem (Frederiken, et al., 2015). Therefore, locating texts is an important stage of a discourses analysis. In the diagram explaining my research process, the text analysed is visually represented by a triangle (see Figure 8). This symbol was chosen to remind me of the three layers of text required to be reviewed (community, service and governmental).



Figure 8. Text

Discourses have three stages: formation (knowledge of ideas), correlation (connection and interrelationship) and transformation (what is produced) (Nicholls, 2009). From the text, the four elements (statement, object, subject and strategy) of the formation of discourse are represented. The second stage of discourses is correlations. The messiness of these correlations, between these individual factors, other discourses, technologies and contextual factors, is described as a *dispositif* (dispositif). “This *dispositif* is of course, a grid of analysis constructed by the historian” (Dreyfus & Rabinow, 1983, p. 121).

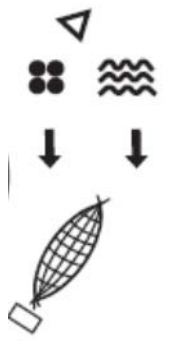


Figure 9. Dispositif

On the diagram, the *dispositif* is represented by both the discursive formations and the netlike structure with intersecting strands. My role as the researcher has been to pull apart these different strands and consider the implications in regard to a governmental perspective. The netlike structure is first outlined by the juridical power, then overlaid with lines representing disciplinary biopower, the training of bodies (anatomy-politics), and the health and well-being of the population (biopolitics) (McHoul & Grace, 1998). The horizontal lines within the netlike structure represent micro practices of biopower associated with the technologies of government. Power cannot occur without resistance so each micro practice automatically enables space for a micro practice of resistance. The micro practices of biopower (also called the technologies of government) located in this inquiry are classification, clinicalisation, confession, exclusion, medicalisation, normalisation and surveillance. These will now be briefly described in the order in which they would most logically be engaged in.

Firstly, the technology of medicalisation occurs. This is when “systems of problems of order and deviance in a culture begin to be addressed in terms of the medical model of disease” (Powers, 2001, p. 21). Because the problem, in this case disorders of toilet training, is framed to be one which medicine and the medical field can address, it is constructed that the child would need to be assessed within a clinic environment. This technology is referred to as clinicalisation (Powers, 2001). By attending a clinical space, the child and supporting adult are required to engage in the process of making an appointment and being seen by a medical person so that the next three technologies – confession, examination and classification – can occur. Within confession, “individuals who reveal truths about themselves, ... believe this process to be therapeutic because it allows authorities to compare them to scientifically determined normal ranges and to take action” (Powers, 2001, p. 19). Therefore, this act of confession requires a person to confess to.

From here the formal technology of examination occurs. This “is highly ritualised and turns the person into an object of knowledge production” (Foucault, 1977, p. 184). The examination “situates them in a network of writing; it engages them in a whole mass of documents” (Foucault, 1977, p. 189). Within the confession stage and the examination stage, the medical person draws on knowledge of what constitutes the norm. The norm is a technology which “differentiate[s] individuals from one another by reference to a minimal threshold, an average to be respected, or an optimum towards which one must move” (Foucault, cited by Gore, 1993, p. 171). Ewald (1990) describes this process as “the play of opposition between normal and abnormal or pathological” (p. 140). With these steps completed, the seeking out of medical assistance, attending a clinic, confessing the problem to a medical social actor of the state, engaging in further examinations using comparison to the norm, the task of classification is finally carried out. Gore (1993) describes classification as a technology which is used “to differentiate groups or individuals from one another” (p. 174).

Classification is an important step in the diagnosing and Othering process. The finding of this medicalised process leads to the potential technology of exclusion. Exclusion is described as “tracing limits that will define difference” (Gore, 1993, p. 173) and therefore connects into the process of classification which is reliant on the norm to define the difference. If a person is deemed to fall outside the minimal threshold, they may engage in the technology of distribution and be distributed to another medical clinical space (Gore, 1993, p. 176). Alternatively, the person may return to society but with the technologies of surveillance and normalisation in play.

Normalisation occurs through comparison against others within the context of everyday practice, and therefore also shapes everyday actions, it is underpinned by the knowledge of the norm. Foucault (1977) describes this as “a whole that is at once a field of comparison, a space of differentiation and the principle of a rule to be followed” (p. 182). It is this comparison, and the resulting concern which possibly brings the adult to consider the need to confess the child’s current toilet training ability.

In contrast the last technology, surveillance is constant. Surveillance connects back to the concept of panopticon.³ The panopticon is a theory of prisoner control through the use of architecture which would enable prisoners to always feel watched but never be able to know for sure if they were being watched (Foucault, 1977). Surveillance is a technology of biopower, while self-surveillance is driven from an individual’s voluntary choices and connects to the technology of self. Locating these technologies of government assisted me to identify the different sites of power in play (Gore, 1995; Power, 2001).

Returning to the diagram, the four lengthwise lines depicted in Figure 10 are associated with the four aspects of technologies of self: ontology, ascetics, deontology and teleology (Dean, 1999). Ontology encapsulates the person’s own self-directed body project; it assists in considering that which the person is trying to change or act on. Ascetics focus on how we govern, while deontology connects into subject positions and subjectivities, considering who we are when we are governed. Teleology is about the end or goal sought (Foucault, 1992).



Figure 10. The netlike structure

³ The Panopticon is an architectural blueprint of a theoretical building developed by Jeremy Bentham which Foucault used as an example of disciplinary technology as he felt that it would enable “a state of conscious and permanent visibility that assures the automatic functioning of power” (Foucault, 1977, p. 201).

Technologies of self are sometimes categorised as moving away from power, a turning in on the self. However, another perspective is that as a person turns upon himself or herself to consider the choices made, within the limits of freedom set in place in that specific historical context, it is still knowledge/power which is providing the opportunities to engage or resist this process, and it is still knowledge/power which sets the limits of freedom or these fields of possibility (Foucault, 1997/2000e; O’Farrell, 2005). It is for this reason I describe Foucault’s notion of ethics as being an extension of his thinking around power.

Technologies of government and technologies of self are the tools used by the state to govern from a distance. A governmental perspective is described as governing the population by the “conduct of conduct” (Foucault, 1994/2002e, p. 341).⁴ To understand how the state governs from a distance, three aspects of governmental power are analysed: What do I know?’ – episteme (truth/knowledge), What am I? – ethos (identities, shaping of subjectivities and subject positions) and What can I do? – techne (technologies of government and technology of self) (Dean, 1995; Deleuze, 1988). These three aspects, “knowledge, power and the self are the triple root of a problematisation of thought” (Deleuze, 1988, p. 116) and are pulled out of the dispositive demonstrating some of the transformations located throughout each stage of analysis. Transformation is the space that enables the researcher to consider how things were and how things are now, without defaulting into a progressive historical knowledge perspective. It is through the tool of transformation that the historical, cultural construction becomes evident.

Transformation.

These three aspects of the power analytic – episteme, ethos and techne – are laid out, presented partly through each of the articles and then expanded on in the summary statement following **within** each article. They are represented on the diagram as three prongs extending out of the netlike structure.

⁴ Technologies of government include Foucault’s earlier work on disciplinary power as well as his later work of biopower (O’Farrell, 2005). Biopower expanded disciplinary power to include both the individual and the population (McHoul & Grace, 1998) and therefore enabled strategies, such as normalisation and norm which require a population focus to come into play. While technologies of self represent Foucault’s later work, enabling space for a more self-determining agentic person to be considered (Foucault, 1994/2000f; Frederiksen, et al., 2015). governmentality draws both technologies together – technologies of government which include biopower and disciplinary power (population and individual) and technologies of self (Foucault, 2002c).



Figure 11. Power analytic

In keeping with Foucault's poststructural stance, and his great lengths to avoid grand theories (O'Farrell, 2005), a preferred way of responding to discourses in play, or suggestions to change the current situation are not provided, as this in itself would add to the power play of discourses. This stance is expressed clearly by Foucault (1994/2002c): "I have absolutely no desire to play the role of a prescriber of solutions ... I take care not to dictate how things should be" (p. 288). Therefore, the rectangle on my diagram represents the space to think otherwise (Tamboukou & Ball, 2003), whatever that is to each reader (see Figure 12).



Figure 12. Space to think otherwise

The process of analysis described here was repeated at each rupture site. However, in each successive analysis the discourses' lifespan of formation, correlation and transformation become more complex. This complexity is due to the transformation of discourses onto the next ruptured site, possibly presented in the same way, possibly transforming, possibly moving from a dominant to nondominant discourse. The process is depicted by Figure 13.

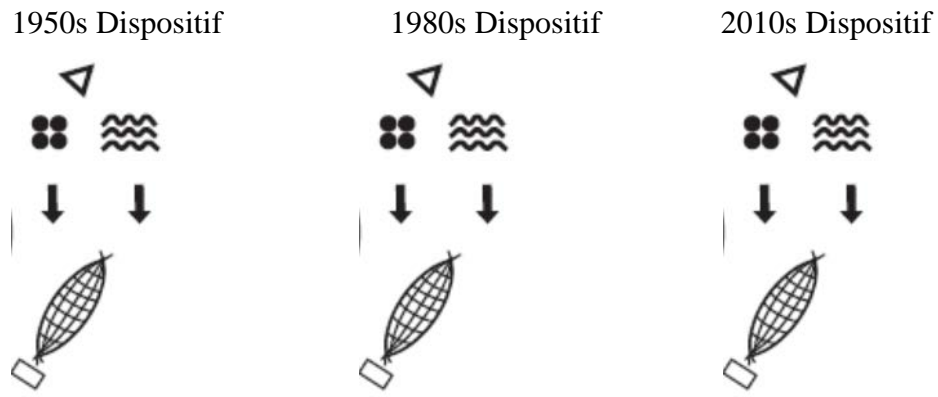


Figure 13. Transformation on transformation

These power plays are demonstrated in each article chapter. Having identified and defined the key concepts I have drawn from to carry out this study, I now turn to the concept of socialisation, which is a key disciplinary process.

Socialisation and toilet training.

Toilet training is the socialisation of bowel and bladder habits in a manner suiting society in that moment of history within that specific context. How this is conducted is dependent on the discourses shaping adults' and children's practices and therefore, before the analysis of toilet training discourses can be showcased, an exploration of the concept of socialisation is required. A current taken-for-granted truth is that it is an adult's role to socialise a child into the cultural norms of society. This belief is demonstrated below.

One of the important roles of parents is presumed to be the socialisation of the child. Socialisation is the process by which an infant becomes an acceptable member of his or her society, one who behaves appropriately, knows the language, possesses the requisite skills, and holds the prevailing beliefs and attitudes. (Harris, 1995, p. 461)

The process by which children acquire cultural knowledge has been a long-standing area of inquiry. "For centuries, the process of development from infancy to adulthood has been a subject of intense fascination which has preoccupied adults, scholars and other child watchers" (Smith, 1997, p. 1). Over the course of time, views of childhood have changed from children being mini-adults in smaller bodies, to beings who unfold from infancy to adulthood in a predictable pattern driven by innate biological structures, to a passive blank slate to fill up and shape through operant conditioning, to, in more modern times, active recipients who interpret, engage and shape their experiences and hold agency (James & Prout, 2015; Woodhead, 2006).

Current thinking reflects a sociocultural and ecological approach to viewing children's development and therefore acknowledges the processes of enculturation and socialisation (James & Prout, 2015).

There are multiple theories about how children are socialised, and therefore multiple disciplinary strategies in place. Some theories look specifically at socialisation from individual to individual, while other theories frame it as a group process (Harris, 1995). Foucault's thinking challenged overarching metatheories which explain the truth of how something like socialisation came to be and should be. Therefore, a tension arises between me wanting to be exposed to theories of socialisation, particularly the notion of Othering, while using a Foucauldian approach which places emphasis on the practices of Othering through the technologies of government, rather than the explanation behind why it occurs. In acknowledging this tension, the explanation of group processes, particularly out of group hostility, between group contrast, within group assimilation and within group differentiation, have assisted my understanding of the power of the norm and the importance of normalisation in the process of socialisation, and therefore assisted my understanding of the productive power of technologies of government (Foucault, 1983).

This background understanding of differing socialisation discourses (theories and practices) is relevant as toilet training, like all social processes, occurs through the process of socialisation and is considered a civilising task. Toilet training is categorised as a civilising task due to the requirement of control over instinctual bodily functions (Elias, 1994). The regulation and justification for excretory control can be traced by discourse analysis of written texts. However, Inglis (2001), using a principle similar to Foucault's principle of reversibility, challenges researchers not to default to the current dominant discourses. Inglis points out how medical hygienic discourses of body wastes harbouring harmful bacteria is a prominent justification for how and why society should manage its body wastes. Instead he suggests through his *Sociological History of Excretory Experiences and Toilet Technologies* that the sociology of excretory practices be broadened to include moral sociocultural influences, which are those actions of excretory practices which repulse society, and aesthetic influences which include society's sensory reaction to the sight and smell of body wastes (Inglis, 2001). Moving forward into my research I realised that, to help me separate myself from taken-for-granted truths around toilet training, I needed to make a point of expanding my view beyond medical hygienic discourses. Therefore, further engagement with different theories on socialisation was required. Julia Kristeva's (1982) notion of the abject (the

social shaping of disgust at body wastes) provided another view on the mechanism of the socialisation process. Julia Kristeva, a Bulgarian-born French philosopher, developed a framework of abjection which explores the move between nature (instinct and waste) and culture (symbol) (Gimbaudo, 2007). Kristeva described abjection as:

An extremely strong feeling that is at once somatic and symbolic. It is somatic in its visceral response of revolt against the subject's biology, its origin (the maternal) or its death (waste, decay). The encounter with the abject exposes subjectivity as a construct, and thus as evanescent and illusory, causing a violent response of denial (disgust, retching etc). (Gimbaudo, 2007, p. 121).

Kristeva argued that what constitutes an abject object is defined by society. Creation of an abject is a universal phenomenon which is inherent to all human subjective development, although Kristeva (1982) noted that coding takes on different shapes according to different cultural systems. In many societies, the process of humiliation and punishment occurs at the point when body wastes were coded as an abject (Whiting & Child, 1951). This was an important point in developing my understanding between toilet training and child abuse. The aesthetic elements (sight and smell) and the action of elimination of faeces and urine becomes an abject by a cultural process which infuses negative discourses in association with a specific organic body matter. In turn, this perspective provided a base in which to consider how Othering in relation to incontinence may occur.

The act of abjection, the discursive practice of being revolted or disgusted (visceral response), is a marker of what society codes **as an abject** (body wastes, faeces and urine). Kristeva provided an explanation of how discourses are transmitted from group processes to individuals. Kristeva's framework of abjection fits with Foucault's notion of biopower in a number of ways, most simply the shared consideration from micro (individual) to macro levels of change (society). Kristeva's notion of nature and instinct rising out of the individual's body and Foucault's pole of anatomo-politics, which considers the body as an individual biological organism needing to be trained, have similarities (Foucault, 1977; Kristeva, 1982). In addition, Kristeva's notion of culture, becoming part of the collective population, is in alignment with Foucault's concept of biopower, the production of willing and able bodies that support the status quo of ongoing power relations, achieved through the normalising strategies of western social science (Powers, 2001). Becoming part of the collective population, as described by Kristeva, connects with Foucault's concept of normalisation, which produces conformity.

Conformity and the norm.

Conformity around body wastes, and therefore toilet training, connect to the requirements of invisibility. It is the action of keeping body wastes hidden which adds to its power as an object of abjection. Rules shaping the invisibility of toileting in western societies have been traced back to “the 1500s when Brunswick Court Regulations restricted toileting practices”, requesting that members “go to suitable prescribed places for such relief” (Elias, 1994, p. 107). Obeying court rules was a display of improved civilised ability, initially forming part of a class system, including those who followed social defecation rules and excluding those who did not. Upper-class society became repulsed by the lower class society, their inferiority evidenced by their smell and the visibility of excretory practices (Inglis, 2001). Inglis thus illustrates that Othering through excretory practices occurred historically as a way to identify a societal group. This need for increased order and control of defecation developed out of the social conditions of people living and interacting in closer environments.

Over time an erosion of class-based defecation practices occurred, first through other members of society beginning to defecate in private, thus taking up upper-class toileting norms. Later the provision of statewide sewage systems and housing regulations, which required a toilet in every home, enabled privacy and the discrete removal of body wastes for all members of European society (Inglis, 2001). Inglis (2001) asserts that the increasing invisibility of toileting is now maintained through cultural practices of toilets being separated from the main body of a house, either in a self-contained room or as part of the bathroom facilities. Once the task is privately conducted, the smell and evidence of defecation is flushed away in water. Furthermore, the invisibility of defecation is also transposed onto the invisibility of direct language and speech about toileting functions (Inglis, 2001). Defecation is no longer directly talked about, but is now communicated through a web of euphemisms, such as “use the little room”, “see a man about a dog” or a more crude offering, “to drop a log”. Inglis’s study highlights a nexus between the increasing invisibility of action, language and sensory evidence (sight and smell), which occurred in unison with a decreasing tolerance by society of body wastes, and the increasing repulsion and shame of those who do not reach this societal norm of body control (Binkely, 2009; Jewitt, 2011; Kama & Barak, 2013). Thus, repulsion and shame became connected to the practice of Othering (Leach, 1983). Interestingly, toilet training is a time when the invisibility of body excretion is given a difference tolerance, when the fear of one’s offspring being Othered in the future produces the motivation to support the child from instinctual to

civilised in the present. The following section will explore this contradiction in society's willingness to talk about and engage with body wastes by drawing on quotes from 1950s texts to illustrate an alternative to abject discourses.

Instinctual body and the abject.

In Kristeva's framework of abjection, the child starts in the instinctual and natural stage of human development. Initially, to the instinctual and uncivilised child, body wastes are organic matter, not revolting or disgusting. "For the toddler himself, the process of elimination – if he is aware of it at all – is mildly pleasant, and the products of elimination are simply objects of curiosity, something to be felt, played with, smelled, and even tasted" (Stone & Church, 1957, p. 276). This view was also expressed by Spock: "He has not learned any disgust, in the early part of the second year, and he may play with them [faeces] if he has the chance or put some in his mouth as he does everything else" (1953, p. 246). However, for a child to become a civilised and accepted member of society, the instinctive need to rid the body of wastes wherever and whenever needs to be overruled. In this process, the child learns to dispose of their body wastes in a cultural way which does not cause disgust or revolt. This shift from instinctual to civilised is expressed by Bevan-Brown in the following quote:

Consequently, the child naturally desires to urinate and defecate at that time and in that place which gives him the greatest satisfaction. If he is to become an accepted member of society he will have to learn to renounce these desires, at least to a considerable extent – that is, become less natural and more social – therefore some kind of bowel training or education is necessary. (Bevan-Brown, 1950, p. 45).

However, for this process from instinctual to cultural to occur, I propose that another step to Kristeva's framework is required, this step being, suspending the abject. It is this step that the alternative discourse to invisibility is given space.

Suspending the abject.

Discourses of the knowledge of the abject (body wastes) and the act of abjection (revolt) in response to body wastes being outside the toilet (the socially defined place body wastes are to be placed) have circulated within society for centuries (Inglis, 2001). When adults teach children to be toilet trained they have to suspend their understanding of the abject, or at least minimise it, to be able to engage in this task. Therefore, during the process of toilet training, another set of discourses operate which suspends the act of abjection, as long as the child fits other socially defined parameters, such as, being an infant and being of an age when a child is expected to be learning how to use a toilet appropriately. These parameters determine when the discourse of abjection is

subjugated, as demonstrated in the quotes following: “Never scold a baby and never allow anyone else to scold him for wetting or soiling napkins or for wetting or soiling any other place whatsoever.” (Partridge as cited by Bevan-Brown, 1950, p. 44). “The mother should never be angry or disapproving when these lapses occur.” (Deem & Fitzgibbon, 1953, p. 127). “Excessive shaming about his messes, trying to develop in him an intense sense of disgust, usually doesn’t make his training go any faster.” (Spock, 1957, p. 252).

In addition to infants and children being toilet trained, people with intellectual disabilities were categorised as being similar to infants.

At the lowest level, the person is an idiot, who, however long he lives, can never learn as much as a normal toddler knows. The idiot never learns to talk or understand speech, to dress or feed himself, to take himself to the toilet, and he is always as helpless and as dependent upon others for his life and safety as a normal infant is. (Stallworthy, 1959, p. 29).

The suspension of the act of abjection was expanded to include people with impairments due to their long-term dependence. Therefore, although the biological matter is the same, it is the circumstances of the body waste which classifies it as either an abject or a neutral object. One set of discourses produces adults to react to body wastes as abject, something disgusting produced by our body which causes revulsion, while another set of discourses defines body wastes as matter that must be tolerated, with no display of revulsion required.

An adult’s ability to engage in toilet training a child is dependent on his or her ability to suspend the abject, while shaping a child’s move from instinctual to cultural elimination of body wastes. For the child, being unaware of the discourses of body wastes as abjected is required for him or her to associate body wastes in the toilet as a neutral object. If this suspension of the abject does not occur, and a child takes on the discourses of abjection, it could lead to them being revolted every time they eliminate body wastes in the toilet. If this occurred, the negative reinforcement of retching, for example, could classically condition the child to not engage in the culturally desired way of elimination.

Becoming toilet trained demonstrates the child’s ability to move between instinct and culture. However, after a child is toilet trained, if the act of elimination does not occur in the toilet, the act of abjection (revolt) in the adult occurs because the child no longer fits the other socially defined parameters – learning the balance between instinct and culture (toilet training), infancy or impairment. That is, when society deems

that this socially produced parameter should no longer be in place, a change in tolerance occurs. “Bowel movements that have to be cleaned up are distinctly unpleasant to them, and they can’t help being irritated by the child who continues to soil after 1 or 1 ½ years” (Spock, 1953, p. 248). At this stage, the act of abjection by others is used to socialise and strengthen the child’s conforming to cultural ways.

When the child demonstrates the act of abjection (revolt) or the added discourse of shame in response to their own instinctive elimination, it is a marker of shared cultural subjectivity being in place.

At about the age of three (as mentioned earlier), the child begins to develop a social sense – a desire to imitate grown-up people. He will seek to do what grown-up people do, and if he has an opportunity of observing adults in this matter he will wish to imitate them, first as regards place and later as regards time. (Bevan-Brown, 1950, p. 44)

A child’s shift to taking on the discourses of what is expected is similarly demonstrated in this quote from Spock: “This makes us think that discomfort and disgust at being soiled come naturally to children at a certain stage of development, more in one case, less in another” (Spock, 1953, p. 247). Thus, for Spock and other theorists in the 1950s, part of a child’s natural development was the child’s understanding of body wastes as repulsive. This was seen as instinctual, that it would unfold naturally at some point.

Civilising the body.

Demonstration of the child’s understanding and uptake of abjection discourses required the child to reject the suspension of the abject, for anywhere other than in the toilet. This shared cultural subjectivity was purported to be facilitated by the development of cognitive skills (Robinson, Hocking, & Payne, 2016). A child’s uptake of dominant discourses and their practices could occur even if the balance between instinct and culture (toilet training) was not completely mastered. This explains why some young children get so upset with elimination accidents even if the surrounding adults were not concerned. Such displays of distress could also be an outward expression of shame.

One of the most profound arenas for the genesis of shame is “toilet training”, over which the battles of wills inevitably end in humiliation for the child, who is often responded to with contempt or disparagement when bladder and bowel control fails. (Kaufman, 1989, pp. 77-78)

In keeping with Foucault’s reasoning, all discourses, in this case, the discourses that produce the suspending of the abject, would include the possibility of resistance

(Powers, 2001). Children who resist the discourse of suspension and take on the discourse of the abject possibly becoming toilet trained quicker, as they are motivated to avoid the experience of shame. In contrast, children who only suspend the abject may take longer to toilet train.

The act of resistance, or the act of choosing an alternative discursive action of suspending the abject is demonstrated differently in adults. “For a number of parents, however, the process of elimination continues to be ‘dirty’, disgusting, anxiety-producing, and perhaps even tinged with immorality” (Stone & Church, 1957, p. 276). “Training is here regarded as strict if rigidly performed at given intervals, usually with punishment – for example, slapping, scolding an arousal of disgust” (Dimson, 1959, p. 666). “If a mother has been suggesting that accidents are uncomfortable or unpleasant, it is easy to see why the child is likely to pick this up” (Spock, 1953, p. 247). Adult resistance, or engagement in alternative actions are demonstrated by the act of abjection (revolt). The adult no longer sees the child fitting the socially defined parameters, or ignores this part of the parameters of the suspension. The body wastes are outside the toilet and therefore the abject is culturally shaped to occur. The biopolitical benefit of suspending the display of abject during toilet training secures the long-term health and welfare of the population through disposal of body wastes into toilets.

The acquisition of engagement in stage-specific practices demonstrates the social construction of toileting. Learning to have an abjected response to body wastes when in the wrong place, by people without the predetermined parameters, needs to occur if the move from instinct to culture is to be maintained by the socialised and civil population. This control mechanism is achieved by discourses of invisibility, as through the act of keeping body waste invisible society does not habituate to the aesthetic qualities, and therefore does not develop a toleration to body wastes out of place. Drawing Inglis’s, Kristeva’s and Foucault’s thinking together enables consideration of the possible correlation between the notion of the abject, toileting, disability, Othering and abuse, and therefore sets a backdrop of consideration as I moved forward into the more formal part of my inquiry and explored the first located rupture site.

Chapter 4: The First Rupture

In this chapter, I justify why the 1950s was chosen as a time frame to analyse. I provide a mapping of the landscape to highlight relevant historical contextual occurrences, which provided the conditions of possibility for this shift in discourses to occur. Following this, I outline the publications and texts chosen for analysis, including how I narrowed down the texts chosen using the concepts of biopower and biopolitics. I provide one example of how specific statement analysis was conducted. With publication permission from *New Zealand Sociology*, I then present a copy of “Toilet Training Discourses in 1950s Aotearoa New Zealand” (Robinson, Hocking, Payne, 2016). After this, I apply a framework of considering the episteme, techne and ethos followed by a reflective narrative of learning gained. Foucault’s principles, rules and tools are signposted within the chapter to illustrate how his thinking along with Foucauldian scholars have shaped my inquiry.

Why 1950s? Mapping the Landscape

Initiating Foucault’s principle of discontinuity, a time frame in which the event of toileting training shifted was selected. The first rupture period analysed was the 1950s. This period, starting just under 10 years post World War 2, has been described as an economically secure time, with unemployment being very low. Additionally, a living wage initiative was put in place from the New Zealand Government, enabling one male wage to cover the costs of running a home (Bryder, 2003). It was a time of strong gender-based division of labour, alongside a cult of domesticity for women (Estes, Biggs, & Phillipson, 2003; May, 2013), which reflected a strongly idealised family-based society sanctioned by government (Tennant, 2007). The domesticity of women and the government’s idealised family-based society, alongside a lack of contraception, facilitated the births of many “baby boom” children (Pool & Du Plessis, 2012), and therefore many children requiring toilet training.

Increased awareness of maturation processes emerging from the ages and stages research led by American based Arnold Gesell and Frances Ilg occurred during this period (Beatty et al., 2006). Specifically related to toilet training, Gesell and Amartruda (as cited in Berk & Friman, 1990) conducted research on children’s maturational development around elimination. The stages of maturation were categorised and normalised and then included in Gesell and Ilg’s gradients of growth performance tests. Although this knowledge was developed abroad, it was taught to medical and Plunket nurse trainees who then used Gesell’s performance tests in Plunket clinics throughout

Aotearoa New Zealand (Bryder, 2003; Tennant, 2007).⁵ Adoption of these tests gave medical and allied health professionals tools and knowledge not readily available to mothers. Another tool which facilitated the medicalisation of toilet training was the *Diagnostic Statistical Manual of Mental Disorders (DSM)*, published in 1952 by the American Psychiatric Association. The psychological gaze stemming from the work of Freud broadened the medical view of toilet training to include emotional and sexual development, which is evident in the wording used in the 1952 edition of the DSM. At community level, a psychoanalytical perspective was also beginning to be voiced by Parent Centre, which was formed in 1952.

Therefore, the 1950s, a period with a large number of young children being born and requiring toilet training, the idealised traditional family society, and the emergence of medicalisation of toilet training with the medical, developmental, behavioural (Plunket) and psychoanalytical perspectives (Parent Centre) circulating to assist in the classifying of toileting dysfunction, made this a relevant period to research.

1950s publications and text selection.

As explained in chapter two, to conduct a genealogy, emerging and transforming discourses are located by looking at practices situated in everyday environments. This focus is captured within Foucault's rule of immanence (1979). Functionally, this required me to find text accessed at community level, "the places where objects are defined, subject positions negotiated and concepts and strategies exercised" (Nicholls, 2009, p. 36). However, to follow the rule of double conditioning, I also needed to access text at the state level. Therefore, I have followed Fadyl, Nicholls and McPherson's advice (2012), and have used multiple sources from differing levels of society. They described these levels as state government level, provision of services and community level. Examples of government-level texts are the *Mazengarb Report* (1954), produced for the New Zealand Government as well as international literature such the *Maternal Deprivation Report* (1951), which was written for the World Health Organization (WHO) by John Bowlby. Service-level texts include Church and Stone (1957) and Stallworth (1959), along with the *DSM* (1952). Texts that were shared between service level and community were *Modern Mothercraft* (Deem & Fitzgibbon, 1946, 1953) and *Sources of Love and Fear* (Bevan-Brown, 1950). Community-level texts included

⁵ Plunket is the common name for The Royal New Zealand Society for the Health of Women and Children Inc. which was established in 1907 to help mothers and save babies. Clinics were set up around New Zealand, staffed by nurses and volunteers (Bryder, 2003; Tennant, 2007).

Plunket Baby Book pamphlets, *Te Ao Hou* magazine, *New Zealand Woman's Weekly*, *New Zealand Listener* and *Baby and Childcare* (Spock, 1946, 1953 & 1957).

Additionally, influenced by Foucault's principle of reversibility, I actively sought out publications which would be considered excluded, or not main stream. Using the subcategory of opposition between reason and madness also informed my text section, as I sought out texts which had been silenced, seen as a point of resistance, or were just starting to be disseminated (Foucault, 1983). For example, the psychoanalytical view of parenting had been mostly silent in New Zealand up until the 1950s. Therefore, I used Bevan-Brown's *Sources of Love and Fear* (1950) as it was considered a resistance perspective. In contrast, "reason", and what was claimed as reasonable, was provided by using *Modern Mothercraft* (Deem & Fitzgibbon, 1948), which was seen as the authority on how to be a mother.

Statement Selection

I narrowed down the texts chosen for analysis by drawing on the concept of biopower, specifically biopolitics. Initially, as I read each statement, I asked myself, "Does this statement call the mother or child into action?" However, this was too broad and it was at this stage that I understood that the tool of statements needed to be narrowed down to enable meaningful selection to occur. Therefore, I further narrowed down my selection of texts by including the concept of an abjected response (Kristeva, 1982). This facilitated the selection of statements which included the word *disgust*. Some examples are provided below.

"Some of them, towards the end of the second year, begin to feel uncomfortable when soiled and wet or they begin to be **disgusted** by the sight and smell of the movement." (Spock, 1953, p. 247)

"For a number of parents, however, the process of elimination continues to be 'dirty'; **disgusting**, anxiety-producing, and perhaps even tinged with immorality." (Stone & Church, 1957, p. 276)

"Training is here regarded as strict if rigidly performed at given intervals, usually with punishment – for example, slapping, scolding an arousal of **disgust**." (Dimson, 1959, p. 666)

My search was then broadened out to include any emotion-laden statement, or statements which inferred the production of an emotion. The locating of emotions fits with a Foucauldian framework as pointed out by Tamboukou: "Emotions can only be discussed as an effect of intense power/knowledge relations at play within specific political, social, historical and cultural context" (2003, p. 210). All emotions, like that of

disgust, are socially constructed and therefore are a site of knowledge/power in play. Examples of emotionally laden statements are:

“The mother should never be **angry** or **disapproving** when these lapses occur.”

(Deem & Fitzgibbon, 1953, p. 127)

Once the statements had been located, I focused on the elements which create an object, considering the surface of emergence, the authorities of limitation and the grids of specification, as well as the strategies rising from these statements and the subject positions and subjectivities produced. An example is provided in Table 1.

Table 1

Statement Analysis – 1950s

Statement	
“Some authorities think that early training may be harmful ...” (Deem & Fitzgibbon, 1953, p. 43).	
Discursive formations	Analytical questions
Object-Surface of emergence	What historical or cultural situations have enabled space for early toilet training to be considered harmful? What situations and space led Plunket to be exposed to other authorities’ perspectives? In what situations and spaces are these different perspectives located?
Object-Authorities of delimitation	What led Plunket and other authorities to having the expert voice about toilet training? Who are the other authorities?
Object-Grids of specification	Are there categories which reflect or chart the outcome of this harm? What categories describe the different authorities? What categorises early training?
Strategies	What toilet training practices are harmful? Which practices are deemed not harmful? What is the connection between harm and early toilet training? Why does later training not cause harm?
Subject	What kind of mother creates harm through early toilet training /or not? Which authority causes harm or not through their advice to toilet training children early? What kind of child is produced through this harm?

The location of each statement within the books and pamphlets I read drew on the principle of specificity as I looked for what it produced, while the formation aspect of the statement analysis occurred by asking inquiring questions as demonstrated in Table 1. The next step was to answer each of the above questions. This step required engagement with text and the conditions of possibility in place at a micro and macro

level. It was here that the principle of exteriority was utilised. The findings were contextualised and then written into the article presented below. Although it was more difficult to find direct quotes about toilet training in magazines and newspapers due to the invisibility of this task in such media, it was relatively easy to find evidence supporting the bigger concepts, such as mother blaming and the uptake of a psychoanalytical view.

1950s Article

Robinson, R., Hocking, C., & Payne, D. (2016). Toilet training discourses in 1950s Aotearoa New Zealand. *New Zealand Sociology*, 31(7), 94-114.⁶

Abstract.

This paper explores shifts in toilet training practices in Aotearoa New Zealand during the 1950s, using a poststructural Foucauldian genealogical analysis of published texts, facilitated by the notions of normalisation, Othering and subjectivities. In the 1950s, emerging discourses redefined toilet training as one of emotional importance, producing a shift towards later toilet training, which prioritised attunement between mother and child, enabling opportunities for childhood agency to emerge. For children who fell outside the defined norm, a counterdiscourse of Othering was put in place. These findings highlight the social construction of knowledge and how beliefs that enable or limit people became intertwined with mastery or lack of mastery of excretory practices.

Keywords.

Toilet training, Foucault, Othering, discourses, mothers, agency.

Introduction.

Bladder and bowel training children is a task which has apparently changed very little over the years. The end goal is always the same – for the child to independently manage its excretory functions in a way that fits with society's norms and thus demonstrates its ability to be one of the group, to be the norm. However, in 1950s Aotearoa New Zealand, a shift in what was deemed legitimate knowledge occurred, resulting in a change in the conduct and experiences of toilet training. To understand how this occurred, a genealogical method with a focus on the events that facilitated a change in discourses was undertaken, drawing on the notions of normalisation, Othering and subjectivities. This paper is structured into three parts. The first very briefly discusses the methodology used. The second focuses on the contextual situation

⁶ Lousie Humpage the editor of *New Zealand Sociology* granted permission through email communication for this article to be included within my thesis on the 6th of May 2017.

occurring in the 1950s and how this influenced the normalisation of new toilet training discourses. The third showcases the power positioning between discourses and resulting subjectivities. This article builds on the scholarship provided by Robinson, Hocking and Payne's "Toilet Training Practices and Subjectivities in 1980s Aotearoa New Zealand" (2016), by further demonstrating how toilet training is socially constructed and connected to a specific historical context.

Method.

This article reflects the thinking of Michel Foucault (1990, 2008), who demonstrated that taken-for-granted truths emerge from what is understood as legitimate knowledge. This knowledge is disseminated through discourses, which in turn produce ways of thinking, doing and categorising people. Two ways in which this can occur are through normalisation and through the production of subjectivities. Additionally, Foucault's thinking highlights how knowledge is influenced by its historical cultural context (Foucault, 2008).

Foucault was a poststructural thinker, meaning that he rejected the premise that there is one objective answer to be found. Accordingly, in the discourses and subjectivities highlighted within this inquiry, other equally valid perspectives are also circulating. With this openness to multiple perspectives being acknowledged, the credibility of this inquiry is obtained by providing evidence from 1950s magazine and newspaper articles as well as documents at governance levels. These extra discursive and material-based products provide evidence of contextual factors that enabled discourses to shift or emerge, as well as the enactment of the discursive practices and subjectivities created (Hook, 2001). Therefore, much of evidence provided is not directly about toilet training. Rather, it illustrates the web of interactions influencing the experience of toilet training in the 1950s.

Texts circulating at community level within 1950s Aotearoa New Zealand, such as *Plunket's Baby Book*, and parenting books available for purchase, such as Deem and Fitzgibbon's *Modern Mothercraft* (1953) (considered the handbook of the Plunket Society), Bevan-Brown's *Sources of Love and Fear* (1950) (the unofficial guide book of the Parent Centre) and Spock's *Baby and Childcare* (1957) are examples of texts used in the initial discourse analysis. Texts were located from academic and community/public libraries. Once the data statements had been selected, the findings were reflected against the concept of the norm and why people adhere to norms (governmentality).

Excretory practices of Aotearoa New Zealand.

Excretory practices have occurred since there were humans. However, the term *toilet training* was dependent of the invention of the toilet (Elias, 1994; Inglis, 2001). In Aotearoa New Zealand before colonisation, excretory practices were shaped by the technology and needs of that time. A review of written records from the late 1800s and early 1900s, Aotearoa New Zealand demonstrates a connection between the elimination of bodily wastes, civilisation and civility (Wood, 2005). As the population grew human wastes became a public health problem (MacLean, 1964; Wood, 2005), spurring the development of sanitation systems and making the tracking of diseases related to insanitary practices a legitimate knowledge base of medical practitioners. The correlation of epidemics and mortality rates thus connected sanitation, hygiene and health together.

By the early 1900s, medical hygienic discursive practices had become the public health solution to epidemics and infant mortality. Sanitation systems and mothers were thus both deemed to require monitoring, guidance and surveillance (Robinson, Hocking, & Payne, 2015). That role largely fell to Truby King, the founder of what later became Plunket Society. King's work and Plunket made positive changes to the physical health of young children, with marked improvements in infant mortality attributed to the uptake of immunisation, the development of medical knowledge and sanitation infrastructure (Bryder, 2003; MacLean, 1964), and the "civilising" of early colonial Aotearoa New Zealand (Wood, 2005). These improvements in the status of New Zealanders' health might seem to imply that Plunket was immune to contesting discourses. However, a rupture in discourses relating to toilet training, mothering and the emotional health of young children occurred during the 1950s.

Genealogy of toilet training in the 1950s.

Plunket.

By the 1950s, Plunket's position in society, and the authority given to its advice by medical hygiene and behaviourist discourses, was securely embedded as "part of the fabric of the New Zealand way of life" (Bryder, 2003, p. 162). However, tensions around these dominant discourses, as well as between physical and mental health, were to occur in the course of that decade (Bryder, 2003; DG, 1957). To understand these tensions and how they connect to the events occurring in the 1950s is outlined in the following genealogy.

In the 1950s, Plunket was the main advisor to 88.6% of Pāhekā (Bryder, 2003). Māori mothers and children were supported by the Women's Health League or the

newly developed Māori Women's Welfare League, which were aligned with public health nursing services (Rogers & Simpson, 1993) and also informed by Plunket's medical hygiene teachings (Keritepu, 1956).

The strength of medical hygienic discourses can be seen in Plunket's "essential elements", which were advocated as forming a protective circle safeguarding the baby (Deem & Fitzgibbon, 1953). A condensed version of Plunket's teaching was provided to every mother on birthing her child, in a leaflet-style book used to record progress, particularly the measurable features of a child development – their height, weight and length. Three of Plunket's essential elements – mothering, wise management and cleanliness – provided Plunket nurses with legitimate reasons to instruct mothers in how they should best toilet train their children. Plunket's *Modern Mothercraft* (Deem & Fitzgibbon, 1953) suggested starting toilet training before one month of age using behavioural techniques of "holding out" to manage excretory functions of the child. Described under the section "Forming Good Habits", strictly structured routines of toileting were expected to produce children who would self-identify the need to go to the toilet by 2 years of age (Deem & Fitzgibbon, 1953). These instructions were recirculated in a series of mothering articles during the 1950s by *Te Ao Hou* magazine, published by the Ministry of Māori Affairs, although encouraging mothers to access public health rather than Plunket nurses (Keritepu, 1956).

Within Aotearoa New Zealand, providing mothering literature was a strategy put in place in 1920 by the Plunket Society to reinforce and standardise Truby King's way of childcare. The cost of this resource was justified as guarding against inconsistent nursing practice, mothering ignorance and as a tool by which "scientific mothering" could be articulated (Apple, 1994; Bryder, 2003; Clendon, 2009). Plunket's first leaflet-style books contained core teaching summarised within the front and back covers (The Royal New Zealand Society for the Health of Women and Children Inc., 1950). A more in-depth book, *Modern Mothercraft*, was written as Plunket Society's Official Handbook by Helen Deem and Nora Fitzgibbon in 1948. It is unclear if this was given out to mothers or required purchasing. However, some insight can be gained by F. M. from a short article he wrote regarding the anticipation of his upcoming fatherhood role. F.M. discusses his desire to purchase a modern parenting book, *An Interesting Condition: The Diary of a Pregnant Woman*, by Abigail Lewis (1951). However, the bookseller refused to sell it to him due to his gender. F. M. then goes on to comment how he was required "to rely on the Truby King's government handbook" (F.M., 1953, p. 59). What this *New Zealand Woman's Weekly* text demonstrates is that booksellers

stocked parenting books and childcare guides. In the course of this inquiry, the first author purchased a second-hand copy of the 1948 reprinted edition of *Modern Mothercraft*. On the front page is a business stamp from Gifford and Son's, a bookseller based in Te Awamutu in the first half of the 1900s. This provides evidence of this book's distribution through a commercial business, rather than Plunket directly.

Emerging of a competing discourse.

Plunket advice was in stark contrast to the relationship perspective advocated by Parent Centre, a parent-led organisation established in 1952 (Bell, 2004). Parent Centre advocated for greater opportunities for parent and child attunement and incorporation of child development knowledge into childcare practices. This meant later toilet training, stemming from the child rather than imposed upon by the mother. Enacting a relationship perspective, which would later be referred to as a "social revolution", stemmed from concern for the emotional health of children. This revolution took hold both nationally and internationally during the 1950s (Dally, 1983). Concern for children's physical health alone was no longer deemed sufficient (Beaglehole, 1950; Bevan-Brown, 1950), as discourses about the mental health of the population began to move from a subjugate discourse to one that shaped everyday doing.

The possibility that children's mental health related to their early childhood experiences had been raised by Sigmund Freud in the late 1800s. Freud proposed that children move through five stages of psychosexual development, with each stage necessary to ensure a healthy personality development. Conflict would cause fixation and possible neurosis. The second stage focused on the erogenous zone of the anus, with toilet training identified as the catalyst activity. In the last stage, between 3 and 5 years of age, Freud reframed his seduction theory into the oedipal complex – the theory of erotic attraction of a child to the parent of the opposite sex, based on Greek mythology (Swan, 1974). After his own mother died, Freud's *Female Sexuality* (1931) emphasised the child and mother relationship in the preoedipal stages. In contrast to his earlier writings, which cast the mother figure as the inducer of shame and guilt, and the cause of neurosis (Swan, 1974), Freud now recast mothers as important and positive. The formation of mothers' positive and negative subjectivities had an important consequence to the ongoing psychoanalytical toilet training discourses.

Bevan-Brown and Freudian commentary.

Twenty years later, back in Aotearoa New Zealand, psychoanalytic discourses were beginning to shape the actions carried out during toilet training and caregiving tasks. This discourse placed emphasis on the relationship between mother and child,

with adherence to psychoanalytical discursive practices seen as vital for a child's healthy sexual personality in adulthood. This long-standing, but initially subjugated, discourse was first articulated in Aotearoa New Zealand by Dr Maurice Bevan-Brown, the first president of the New Zealand Association of Psychotherapists. Bevan-Brown is credited as being the first psychiatrist to bring a psychoanalytical perspective to Aotearoa New Zealand (Bryder, 2003). Like many of that time, he worked at the Freudian-inspired Tavistock Institute Clinic in England, which is associated with many prominent paediatricians and psychoanalysts, including Erik Erikson, Anna Freud, John Bowlby and David Winnicott (Bell, 2004; Bryder, 2003; Winnicott, 1952/2002). On returning to Aotearoa New Zealand in 1940, Bevan-Brown self-published *Sources of Love and Fear* (1950), targeting what he saw as New Zealand society's ignorance of the emotional needs of infants. Bevan-Brown questioned the normed repressive parenting practices advised by Plunket, instead pushing to enlighten the public through lectures, publications and discussion (Kedgley, 1996). His main message echoed Freud's theories connecting early child nurturing to their mental health in later years.

Ernest Beaglehole, the author of *Mental Health in New Zealand* (1950), as well as the chair of the Mental Health Association and the first Professor of Psychology within New Zealand, was a vocal supporter of Bevan-Brown's work. Unlike Beaglehole, however, many practitioners disagreed with Bevan-Brown and he subsequently resigned from the New Zealand Medical Association to develop the Christchurch Psychological Society, thus creating tension between psychology/psychiatry and medicine (Kedgley, 1996). This tension flowed through to Plunket. Helen Deem, a paediatrician and Medical Director of Plunket at that time, although open to consideration of the emotional needs of children, did not endorse psychoanalytical explanations of caregiving tasks (Deem, 1950 as cited in Bryder, 2003). In contrast, Parent Centre embraced Bevan-Brown's work as an influential source of knowledge, with acceptance of this perspective shaped by Helen Brew, the founder of Parent Centre and a member of the Christchurch Psychological Society (Bell, 2004; Kedgley, 1996). Problematisation of the emotional needs of children was a national and international occurrence, with the ideas espoused by Bevan-Brown mirroring concerns voiced by other medical specialists with psychoanalytical training, particularly John Bowlby in his 1951 WHO report *Mental Health and Maternal Deprivation*.

Bowlby and critical periods.

Bowlby drew on biological research of critical periods of physical and sensory development in animals to justify the notion of a critical period of emotional development in young children. This knowledge was interpreted as meaning that mothers needed to provide consistent care for their children, and in doing this, secure their emotional well-being as adults (Bowlby, 1953). Subsequently, this discourse justified a need for knowledge around critical emotional development, and how to mother in a way that was emotionally supportive. Bowlby's 1951 WHO report provided endorsement for Freudian psychoanalytical reasoning, when set against the backdrop of separation and deprivation experienced by many children in wartime Europe (Bryder, 2003).

Lay readers and ongoing commentary of psychoanalytical discourses.

Public interest in Freudian theory is illustrated in the 1957 *New Zealand Listener*, where the books section acknowledged Calvin Hall's newly published book, *A Primer of Freudian Psychology*. However, others were not supportive. A "Letter from Listeners" in 1957 stated that the role of Plunket was to protect mothers and babies "from the spate of child psychology publications and cheap psychiatry that are having disastrous effect on family life in some areas aboard" (MOD: 11). Additionally, the complexity of reading psychoanalytical books was noted in *New Zealand Woman's Weekly* (Powers, 1959), in response to a father's expressed bewilderment and confusion at what he was reading. The advice given succinctly stated "Don't read out of your depth" (p. 32).

Clearly, psychoanalytical theory attached onto the shirt tails of empirical science was to be digested by experts, understood and then shared as commentary once stripped down to a more straightforward knowledge. Although childcare gurus Spock, Bowlby, and Winnicott, were not based in Aotearoa New Zealand, their theories and practices reached New Zealand parents through radio, books, magazines and personal connections (Bryder, 2003). This knowledge was then contextualised and inserted into commentary by Parent Centre bulletins, teacher training institutions, and in time, popular media sources, such as *New Zealand Woman's Weekly*, *New Zealand Listener* and radio broadcasts (Bell, 2004; Bevan-Brown, 1950; Bryder, 2003; Stover & New Zealand Playcentre Federation, 1998). This knowledge was given legitimacy by its authorship within medical and *psy* professions (Rose, 1990), leading to its content being taken as truth and thereby dominating how toilet training was to be carried out. This recycling of knowledge, with a market audience of mothers who had or were in the

process of being convinced that they needed expert advice to supplement their own mothering knowledge (Beatty, Cahan & Grant, 2006; Rose, 1990), was no doubt a profitable one.

Spock and the dissemination of psychoanalytic discourses.

The trend for commercialising parenting books was also occurring overseas, with Benjamin Spock, an American paediatrician with psychoanalytical training, publishing *The Common Sense Book of Baby and Child Care* in 1946. Within 3 years, he was selling over one million copies a year (Beatty et al., 2006). Spock's more permissive child-rearing views and straightforward application of Freudian theory, stripped of most of its sexual connotations, straddled the parenting interests and beliefs of both Plunket Society and Parent Centre (Kedgley, 1996). Spock's scholarship can be seen as a joint point of knowledge sharing, as demonstrated by Neil Begg, the incoming Director of Medical Services for Plunket, writing a commandment to Parent Centre in 1956 for their use of Spock's work within their own publications.

Begg had formed a personal connection with Benjamin Spock the year before, in a trip to the United States (Bryder, 2003). Thus, Spock's work influenced the history of ideas at a service level (utilised by health and educational professionals). Evidence of Spock's infiltration is provided at community level from everyday New Zealanders in a quote taken from the *New Zealand Woman's Weekly*: "After a particularly trying day with a one-year-old, Dr Benjamin Spock, the author of *Baby and Childcare* is always very soothing" (Hill, 1959, p. 10). Many well-respected New Zealand historians (Bell, 2004; Bryder, 2003; Kedgley, 1996; May, 1992) refer to stories of New Zealanders who either read Spock's book or were influenced by the advice within it. For instance, another quote from the *New Zealand Woman's Weekly* reads: "Dr Spock is like an old friend when he tells you that almost every baby goes through that stage and that it doesn't mean that your child is emotionally starved or socially maladjusted" (Hill, 1959, p. 10). This infiltration at community level is important, as change in toilet training practices within the private sphere of the home had to come from the desire to conform to discourses shaped by the procedure of normalisation, rather than as a directive from service-level health or education workers.

Additional evidence of parents reading parenting books based on psychoanalytical discourses was located in a letter to the editor in the *New Zealand Listener*, where A. Grey (cofounder of Playcentre) endorsed Winnicott's *The Child and Family* parenting book (Grey, 1957). It needs to be noted that Foucault's scholarship points out that the uptake of discourses is more complex than just having published

works available; one strand of this complexity is due to the concept of resistance (Powers, 2001). The act of resistance is noted by F.M. in his quest to be an informed father, when he sought out discussions with women that “have revealed to me the dogma of experts is never accepted by any mother anywhere” (F.M., 1953, p. 17). The second strand, as mentioned earlier, is providing credible evidence that discourses produced action and shaped the Aotearoa New Zealand way of life. Therefore, more evidence is required to further demonstrate how psychoanalytical thought developed into taken-for-granted truths influencing mothering and toilet training practices. To do this we return to the formation of Parent Centre.

Shared uptake of psychoanalytical and developmental knowledge.

In the early-1950s era, Parent Centre and Playcentre (a parent-led play-focused group established in 1941) aligned with psychoanalytical psychology and adopted an educational focus, while Plunket traditionally aligned more with the behavioural field of psychology and medical hygienic physical health perspective (May, 2013). Although a history of the tension between Plunket and Parent Centre was noted in the early years, especially around the publication of Bevan-Brown’s *Sources of Love and Fear*, both organisations realised that a respectful alignment had benefits for bigger-picture issues relating to child development and greater choice for women (Bryder, 2003). Parent Centre’s close alignment with Bevan-Brown’s teaching was partly influenced by four out of 17 (including Helen Brew) of the founding pioneers of Parent Centre accessing government postwar scholarships to study or gain experience overseas, thus being exposed to Anna Freud’s, John Bowlby’s and David Winnicott’s work directly. Exposure to these influences is evident in the practices adopted by Parent Centre, and the easy alignment with the knowledge articulated by Bevan-Brown (Bell, 2004).

Plunket’s medical advisor, Helen Deem, like Parent Centre members, was also exposed to the modern trends in paediatrics through overseas scholarship and visiting specialists to New Zealand shores (Bryder, 2003). The influence of the psychoanalytical discourse is noticeable when comparing Plunket’s 1948 reprinted edition to the 1953 updated edition of *Modern Mothercraft* (Deem & Fitzgibbon, 1948, 1953). The 1948 edition had 45 illustrations, with only four having mother and child together, and just one illustration where they are engaged in eye contact. In contrast, the 1953 edition had 57 illustrations, eight of these being of mother and child making eye contact or experiencing joint attention to an object. It is interesting to note that in the 1948 edition, there are six illustrations of Karitane nurses caregiving for a baby (no mother included), while in the 1953 edition, nurses are only depicted in two illustrations with sick or

premature babies (no mothers present). This shift from nurses to mothers doing the care, and shared eye gazing, reflects the increasing emphasis on relationship between mother and baby, a core concept in psychoanalytical discourses.

Change can also be seen in the wording. Although *Modern Mothercraft* maintained its advice stemming from behaviourist classical conditioning, such as holding out a child to defecate or urinate at one month of age, it was tempered by acknowledgement of the child's emotions and experiences, therefore demonstrating a move towards greater consideration of a child's mental health. This shift is demonstrated in the following quote: "Our experience leads us to favour this viewpoint provided the baby shows no resentment" (Deem & Fitzgibbon 1953, p. 43). [The preferred point of view was still to engage in early-holding-out procedures.]

This example is in contrast to the scholarship of Clendon (2009) who, in her analyses of 80 years of Plunket baby books, suggests that the leaflet-style books did not advocate the importance of love, protection and psychological development of the child until the 1970s. Clendon's view is valid, as demonstrated by the quote taken from the inside of the front cover of the Plunket's Baby Book (The Royal New Zealand Society for the Health of Women and Children Inc., 1950). The wording states: "Regularity of all habits – **Secure at least one motion everyday**" [bolding in original]. Under advice given for the child's management, "Fond or foolish over-indulgence, mismanagement, and "spoiling" may be as harmful to an infant as callous neglect and intentional cruelty" (p. 1). This difference in findings demonstrates the subtle change evidenced through photographs and wording included in the 1953 edition of *Modern Mothercraft* (Deem & Fitzgibbon), which were not included in the *Plunket baby books*.

Bringing together behaviourist and psychoanalytical perspectives.

The bringing together of behaviourist psychology, which advocated that only observable actions, such as behaviours, routines and habits were valid sources of inquiry, and psychoanalytical theory, which advocated inquiry via the unconscious mind as played out in relationships with others, was not a smooth process. Philosophically, these ideas stem from very different perspectives. Behavioural-based toilet training discourses supported practices that were adult-led, while psychoanalytically-based toilet training discourses supported practices that were child-led.

Since the early 1900s, pākehā New Zealanders had been shaped via Truby King's teaching to associate habits, hygiene and health together, thus merging the knowledge of hygiene discourses with the practices provided from behavioural

psychology. The philosophical clash between behaviourism and psychoanalytical theory, however, meant that modern parenting practices would require the removal of strong use of routine and habit training. This removal challenged the taken-for-granted truth that conformity to routines was the backbone of a civilised healthy population. Discomfort with moving away from conformity was challenged by Dr Clem Hall who asked, “Are we a nation of conformists?” (Hall, 1957, p. 4). Nonetheless, many politicians, medical professionals and parents felt that if a behavioural structure for child-rearing was removed, society would degrade (Bryder, 2003). This fear is ironic, since psychoanalytical discourses also stated that failure to prioritise relationships would cause society to rear delinquents, thereby also causing societal chaos.

In an effort to balance out the tension between physical health (routines and habits) and mental health (relationships), Deputy Director-General of Health Dr Turbott shared the following views in a radio broadcast, later reported in full in the *New Zealand Listener* (1957a). Turbott stated:

The basis of mental health lies in respect and affection – the recognition of “individuality” as such, and regard for it. This begins in the home. Parents are in the front line in the attack on mental diseases. Bringing up children involves responsibility for their mental as well as their physical well-being. (p. 22)

In contrast to his stance articulated above, in September the same year, Turbott displayed a preference for routines and habits over relationships in an article about childhood sleeping.

“When putting the child to bed it is quite all right to let him be a little autocrat. Teddy has to be put in a certain place and the window just so,” but his bottom line is, “finally there must be discipline, or the child will resent limitations and become antisocial later.” (1957b, p. 26)

Becoming antisocial is a common discourse in the 1950s, antisocial due to lack of habit and routines stemming from bad parenting, or antisocial and emotionally harmed because of lack of maternal bonding and childhood relationships (Bowlby, 1951; Mazengarb, 1954).

Turbott’s inconsistency was noted and addressed by A. Grey in a letter to the editor of the *New Zealand Listener*. Grey (1957), a predominant leader of the Playcentre movement, although his full name and his association with Playcentre were not included within his abridged letter, brought to light the struggle between using tools informed from behavioural psychology while trying to enact the reality of parenting by

psychoanalytical discourses. Grey particularly focused his response on the lack of acknowledgement of relationships, a core concept of the psychoanalytical discourses, pointing out a flaw in Turbott's advice: "The omission of the relationship between mother and child; father, mother and child" (Grey, 1957, p. 11).

The prospect of raising an antisocial population was of such concern for the 1954 New Zealand Government that it commissioned a report on *Moral Delinquency in Children and Adolescents* (Mazengarb, 1954). This report, which was sent to every home in Aotearoa New Zealand, challenged parenting discourses of permissiveness while reinforcing the role of mothers in securing the emotional stability of their children. The *Mazengarb Report* linked back to Bowlby's *Maternal Care and Mental Health* (1951) report, restating the association of early mother-child relationships and delinquency. Parental permissiveness (the opposite of psychopath mothering) was seen as a core element of psychoanalytical parenting discourses. Irrespective of philosophical stance or belief in its causative mechanism, the fear of creating antisocial children held sway in the minds of government officials, health professionals and parents.

Why mothers.

Before exploring how psychoanalytical and developmental knowledge affected the lives of mothers, a brief explanation is offered of why mothers in the 1950s were deemed responsible for child-rearing and therefore toilet training. This taken-for-granted truth of mothers' suitability was the result of many combining factors. One such factor was a government initiative increasing the working wage for men, creating an expectation that the male of the household would be the sole income earner and women's lives would centre on home and child-rearing (May, 1992; Pool, Dharmalingam & Sceats, 2007). This premise was reinforced by Bowlby's (1951) *Maternal Care and Mental Health* report, which stressed the importance of close relationships between a child and mother or mother substitute, which was then reinforced in the *Mazengarb Report* (1954). These factors created the expectation for mothers to provide constant care for their children or, as Turbott stated, to "be on tap" (Turbott, 1957a, p. 22). Responsibility for continuously nurturing the development of tomorrow's citizens was not yet shared by educationalists or fathers.

Childcare services were seen as separating the child from the mother and therefore not supported by government, even though Bowlby (1951) did include the concept of a substitute mother forming secure relationships. Consumers of childcare were seen as unfortunate, lazy and risking the emotional harm separation from their child may cause (May, 1992), therefore the majority of mothers rejected this option and

the resulting subjectivity. Although using extended family support did not carry a negative social connotation, this was less available for many families due to a trend towards urbanisation and nuclear family formation (Pool et al., 2007). For many immigrant families raising first-generation New Zealanders, extended family support was thousands of miles away. Another prominent factor was the belief that caregiving was a biological trait, evidenced by women's ability to birth children and nourish them. This biological justification was yet to be upset by Harlow's monkey experiments (1958) or Bandura's concept of learned behaviour and observational learning, or the immanent second wave of feminism (Cox, 1987; Weiten, 2014).

This mix of biological justification, gender stereotyping, mothering isolation, subjectivities and circulating discourses combined to create the social expectation that the adults responsible for toilet training the preschool children of New Zealand were the mothers who birthed them. It was therefore predominantly the mother's job to navigate through the science of child-rearing – raising a child that matched the normalised knowledge of child development scales, while at the same time avoiding being the type of mother who inflicted emotional harm as theorised by psychoanalytical discourses. This concern was discussed by Spock and Bergen (1964) after a five-year longitudinal study recorded that mothers with higher levels of education who had vague Freudian knowledge, were especially hesitant in toilet training their children for “fear of arousing painful tensions between mother and child” (1964, p. 114). In hindsight, Spock and Rothenberg (1985) reflected that knowledge shared in his own parent education materials, associating neurotic adults with child possessiveness of bowel motions and mother conflicts, had hampered rather than helped parents. Another complexity of this boundary related specifically to the association of sexual desires and toilet training. Many mothers, vexed by their understanding of psychosexual theory, were drawn to engaging their child in toilet training early to separate themselves from any possible child-based sexual feelings occurring via the oedipal complex (Sears et al., 1957). Therefore, mothers of the 1950s were caught between facilitating their child's developmental success while also not pressuring their child to avoid emotional harm and trying to avoid eliciting any child-based sexual feelings.

Normalised scales and subjectivities.

Mothering knowledge of when developmental success could be expected was disseminated via Plunket teachings and commercial parenting publications. This knowledge stemmed from the research of Arnold Gesell, which mapped out the maturation, skill and age of a child when mastery occurred; this type of knowledge was

referred to as ages and stages developmental scales. Gesell's developmental scales produced a new way to create and assign children into normal and abnormal, an important component in the technologies of normalisation, individualisation and Othering (Rose, 1990). Gesell's scales merged with theoretical psychoanalytical knowledge. Therefore, a connection between mastery of developmental abilities and emotional development was produced, particularly through the theorising of Erik Erikson. Erikson modified Freud's psychosexual theory, moving the negotiation of conflict from sexual stages to developmental tasks that influenced a child's developing identity and ongoing relationships with others. Like Freud, Erikson specifically named toilet training as a task that shaped the trajectory of the child's unfolding personality, associating mastery of toileting to either the positive outcome of autonomy or the negative outcome of shame and doubt (Erikson, 1950). Erikson's stage of autonomy versus shame and doubt coincided with the anal stage of Freud's psychosexual theory (Weiten, 2014).

The connection between childhood toileting experiences and emotional health was then incorporated into the newly published *DSM* (American Psychiatric Association, 1952). The inclusion of enuresis into the *DSM* was a way of categorising the "other" from a mental health perspective. This formalised knowledge piggybacked on the Othering created through normalised criteria. Arnold Gesell's stages of normal development, Frank's (1952) connection between bladder and bowel myelination and maturation, and Davis and Havighurst's (1946), Erickson's (1946), Klatskin's (1952), and Sears, MacCoby, and Levin's (1957) demonstration of the application of this normalisation into a behavioural norm, became latched onto by Erikson's psychosocial theory. All of these knowledge sources reinforced the normed age at which toilet mastery was occurring within the general researched public.

Furthermore, when Gesell's work was combined with Piaget's theory, a continuum of development advancing from sensory to physical, to advanced cognitive skills was produced (Gesell, 1948; May, 2013; Weiten, 2014). This thinking was justified using Binet's intellectual testing, which demonstrated how children with lower cognitive skills presented with the physical skills of a younger child (Beatty et al., 2006). This meant that people could associate outward behaviour with internal cognitive functioning. Linking this back to toilet training, mastery of toileting came to be used as a marker of physical, cognitive and emotional development and then, due to Othering, social worth.

This association is demonstrated in the language of the time by Stallworthy, the medical superintendent of Tokanui hospital: “The idiot never learns to ... take himself to the toilet, and he is always as helpless and as dependent upon others for his life and safety as a normal infant” (Stallworthy, 1959, p. 29). This type of categorising added into discourses of abnormality and Othering, producing societal practices that infantise children and people. This practice is important as it links back to the taken-for-granted truth that mastery of toilet training is a requirement of societal membership, and those who do not attain this mastery are forever stuck in the role of an infant or made invisible. Children and adults assigned the subjectivity of abnormal were described in a number of ways – idiot, imbeciles or feeble-minded (Stallworthy, 1959). This classification was produced by low scores on a developmental test or delayed behavioural function compared to peers.

Not mastering toilet training was now situated as a personal inadequacy, leading to individualised Othering and, in turn, a specific subjectivity. However, due to the influence of psychoanalytical discourses, Othering was not just located as a cognitive behavioural manifestation; it was also seen as the result of a psychological problem. Therefore, when a diagnosis of enuresis was assigned to a child, he or she was categorised under “personality disorders” and seen as an “expression of psychopathology” (p. 39) and “immature personality” (American Psychiatric Association, 1952, p. 98). These broad criteria enabled “the application of diverse technologies” to regulate and fix this dysfunction (Hurl, 2011, p. 48), in short, through institutionalisation.

Subjectivity of shame.

The leap of toileting dysfunction to an “expression of psychopathology” requires an explanation. This connection linked back to psychoanalytical discourses. First, Freud set the premise that, if caregivers were harsh and shamed a child during their development through the psychosexual stages, the child would experience fixation in that instinctual stage. Therefore, following this reasoning, dysfunction in toilet training was identified as a sign of fixation, caused by emotional harm occurring in the anal stage of development. If we follow Erikson’s psychosocial reasoning, successful toilet training reflects learning society’s expectations and mastery of skills, and therefore autonomy as supported through relationships with others. However, shame and doubt occur if the relationships with others was too controlling or ridiculing. The shame inflicted by not measuring up to ages and stages time frames, or shame resulting in an

unresolved conflict with others, is then carried forward, affecting personality development (Erikson, 1950).

By extension, since mothers are the main adults involved with toilet training, fixation, shame or dysfunction in the child are a result of mothers' actions. If a mother is too lenient or too strict during the toilet training process, emotional harm would be caused. Even if the child is successfully toilet trained in the time frames set out by Gesell, underlying damage could be waiting to emerge at a later date. This harm would manifest as personality dysfunction, such as delinquency, adult hoarding behaviours, parsimony and miserliness (Stallworthy, 1959). Additionally, if a mother had started too early or too late, or used the wrong process of toilet training, enuresis or constipation could be caused, physical evidence of mothering failure. Thus, Othering occurred not only to the child who had not mastered toilet training, but also to the child that had mastered toilet training but presented with delinquent or atypical behaviours. Furthermore, this Othering was extended to include the mother of that child. Since toilet training required the support of the mother, the cause of the pathology was located in the transaction of the child and the mother. Therefore, enuresis not only Othered children and adults experiencing this impairment; the mothers who raised them were now also Othered as being a psychopath when viewed through a psychoanalytical lens.

This discourse of mother blaming is demonstrated in *Modern Medical Counsellor*: "Such wetting is more often the mother's fault" (Swartout, 1958, p. 235). It is also articulated by paediatrician and researcher Dimson (1959): "It is commonly believed that the mother is to blame, and this is probably true in so far as coercive measures play their part ..." (p. 670). The productive result of this discourse was the creation of subjectivities dividing mothers into two categories – emotionally attuned mothers and dysfunctional, emotionally harming mothers, which can be further distilled down to good mother/bad mother. For mothers, the desire not to be given the subjectivity of a "bad mother" reinforced their compliance with advice demonstrated below from *Sources of Love and Fear* and *Modern Mothercraft*, which states: "They may hold the baby over the pot as early as the age of one year in an atmosphere of fun which both enjoy together. They will desist if the baby shows resistance or fear" (Bevan-Brown, 1950, p. 44). Deem and Fitzgibbon (1953) further advised mothers to: "Seat the child on the toilet after meals for a few minutes or at the time that his bowel movement usually takes place, but do not keep him there if no motion occurs, and let him off if he is restless or fretful" (p. 127).

This advice urged mothers to notice their child's restlessness, resistance and resentment and, when noticed, not to coerce their child into finishing the toileting task at hand but to stop in that moment. The mother stops because of associated psychoanalytical discourses, which connect a child's resistance or the parent's coercion during toilet training to disorders of delinquency or dysfunctional emotional health. Thus, mothers' individual fear of causing emotional or physical disorders, or fear of being blamed for causing emotional disorders, shapes her own behaviour. This internal self-governing was held in place by the possible views of other people and the resulting subjectivities those views would produce.

Therefore, new discursive practices that enabled a young child's toilet training experiences to include space for agency were created by the emerging discourse, which wove knowledge of relationship, dysfunction, blame, developmental time frames and attunement together. The discursive practice of child agency and child-led responsibility is succinctly included in the following quote: "Control is something the child learns for himself and is not 'taught' by the mother" (Deem & Fitzgibbon, 1953, p. 127).

Conclusion

In conclusion, by using a Foucauldian lens we have illustrated the effect psychoanalytical and developmental discourses and the procedures of normalisation had on the practice of toilet training and the subjectivities of mothers and children. These discourses enabled discursive practices of later toilet training, emerging child agency and association of childhood toileting success with mothering skill. Emotional rather than physical health came to be prioritised, with the relationship of mother and children seen as vital to the development of a children's emotional self and their ability to become toilet trained and therefore useful societal members. The reframing of toilet training as a physical and emotional milestone resulted in developmental ability, mastery of toileting and agency being linked together as a taken-for-granted truth. The counterdiscourse of these associated concepts was that limited developmental ability is associated with decreased ability and the need to be infantilised, as justified by individuals' ability to independently and appropriately eliminate their body wastes in the toilet. For children who did not achieve toileting mastery and fell outside the defined norm, delinquency and poor mental health were predicted, and, with this, a counterdiscourse of Othering was put in place. Othering justified invasive procedures, limiting possibilities of attunement between mother and child due to institutionalisation, and therefore, closed down opportunities for agency and ongoing enculturation. These findings highlight the social construction of knowledge, the process of normalisation

and Othering, and how beliefs that enable or limit people became intertwined with mastery or lack of mastery of excretory practices.

In summing up, infants and young children in the 1950s were valued for their future human worth. It was this promise of emotionally stable adults of the future that caused changes in child-rearing practices. This end goal made supporting the emotional growth and development of children such a priority, that the discursive practices put in place to achieve this goal radically changed how toilet training was conducted.

1950s Hindsight Considerations and Learnings

Referring back to the diagram presented in Figure 1, the article presented above fits into the “space to think otherwise”. One of the challenges of writing a thesis by publication has been meeting the needs of a variety of audiences. I initially tried to meet the needs of myself, my examiners, journal editors, the scientific community and readers all at once. Therefore, the first completed draft, written without consideration of where to submit, was 10 000 words long. This was a mistake as the number of journals that will accept such a long word count is very limited. Although my supervisors suggested cutting down my word count, I declined this feedback as I wanted to include how I was using Foucault’s thinking as well as the findings located. I submitted to *Cultural Studies Journal* where it was rejected without feedback. Still feeling that every part of my article was important, I changed the referencing format and resubmitted to *Foucault Studies*. My thinking was that this journal would have greater tolerance for the methodological explanations embedded within the article, plus, they allow a generous word count. The response was also a decline, however, this time I was provided with some useful feedback. At this stage, I had more clarity of the overall goal of a Foucauldian genealogical discourse analysis and how to communicate this in article format. Moreover, due to the time lapse since writing the article, I was now able to see a way to edit it down and accepted what needed to occur. I decided that I would cut out my description and application of Foucault’s thinking, as for most readers of a general journal (rather than a theoretically focused journal) the level of this detail initially provided is not required. Therefore, the following section lays out the analysis stage of the discourse analysis process, demonstrating how Foucault’s thinking shaped the article’s construction. This seems to be very similar to Foucault’s own process: “Through a kind of retrospective reflecting on the experiences I’ve just gone through, I can extrapolate the method the book ought to follow” (Foucault, 1994/2002c, p. 240). Therefore, my article showcases the experiences of toilet training, while my follow-up sections draw out the method.

I do this by moving back to the diagram and drawing attention to the part which is symbolised as three prongs extending out of the dispositive, episteme (truth), techne (power) and ethos (subject). These three domains of a genealogy are described by Foucault (in Rabinow, 1986) as:

A historical ontology of ourselves in relation to a field of power through which we constitute ourselves as subjects of knowledge, second a historical ontology of ourselves in relation to a field of power through which we constitute ourselves as subjects acting on others, third a historical ontology in relation to ethics throughout which we constitute ourselves as moral agents. (p. 351)

These three domains of a genealogy are now described.

Episteme

Episteme is described as “the product of certain organizing principles which relate things to one another (by classifying things, and by allocating them meaning and values) and which, as a result, determines how we make sense of things, what we can know, and what we can say” (Danaher, Schirato, & Webb, 2000, p. 17). Another way to describe epistemes is as “more or less conscious notions or world views prominent within periods of history” (Danaher et al., 2000, p. 17). Therefore, when I reflect on the episteme within an article, I am reflecting on the knowledge, the systems which produce and present the knowledge, and the way it is circulated in a more or less conscious manner.

Moving onto the systems of knowledge located within “Toilet Training Discourses in 1950s Aotearoa New Zealand” (Robinson, Hocking, & Payne, 2016), these predominantly stemmed from the discursive formations of medicine and psychology with and without psychoanalytical associations. Theoretically, the discursive formation, those disciplines (professions) who produce the knowledge/power and Foucault’s meaning of author, are intertwined. Disciplines and the institutions in which they belong provide the boundaries of knowledge, what can and cannot be spoken, while the authors, the individual or group of individuals who follow these boundaries and produce the text, connect back to the disciplines (Foucault, 1972). An example of resisting the boundaries occurred when Bevan-Brown resigned from the Medical Association and then created the Christchurch Psychological Society, which would allow him to say what he wanted to say, although now fitting within the boundary of a psychoanalytical perspective.

An interesting problem of the prominence of the authors occurred during the process of the 1950s discourse analysis. Due to the limited literature published in the

1950s, I was able to trace the dissemination of psychoanalytical knowledge into Aotearoa New Zealand. This, however, goes against advice that “the archivist usually avoids quoting big names” (Deleuze, 1988, p. 17). This challenged me, as the authors were so prominent and the history so well detailed by other scholars (Bell, 2004; Bryder, 2003; May, 2001) there was a tendency for me to misrepresent Foucault’s concept of the author, focus on the individuals and allow the boundaries of the disciplines to fade into the background. This was rectified as I read and came to understand Foucault’s thinking better. The authors of the main texts, Deem and Fitzgibbon, and Truby King, were connected to the disciplines of medicine, while Bevan-Brown, Spock, Bowlby and Erikson were connected to the psychoanalytical perspective/psychology and medicine. Applied psychology was only just emerging and therefore the authors listed required a connection with medicine before a credible connection to psychoanalytical theory was possible. Thus, the rule of authorities of limitation was that authors needed to initially belong to medicine to have a legitimate voice before including psychology and psychoanalytical theory into their discourses.

Techné

Techné and technologies are described as “a practical rationality governed by a conscious aim” (O’Farrell, 2005, p. 158). The conscious aim of the state in the 1950s was to create an environment which enabled men to work and women to stay home and raise a new population of physically and emotionally healthy babies who would grow up to be law abiding, emotionally resilient adults. At this point in history, being physically present and not coercive, and remaining emotionally neutral during toilet training was seen as one way to ensure emotional well-being.

Within the analysis, multiple examples of technologies of government in play were located. For example, surveillance was carried out directly on babies and young children through the process of weighing, measuring and recording their progress. This was supplemented with documentation recording the child’s bowel motions, number and form. This weighing, measuring, inquiry of food intake and body waste output was all part of the examination process, both of the child’s growth and development but also of the mother’s ability to facilitate this (Foucault, 1977). The examination took place both within the family home as well as in clinic setting, depending on what services were available. The clinic setting and the community ethos of Plunket and its volunteer army of supportive mothers enabled the technology of normalisation to occur, particularly through the act of gathering groups of children and mothers together at community clinics. These groupings of people, mothers at the community centres and

one-on-one with the Plunket nurse, enabled space to notice and be noticed, while discussing and confessing concerns relating to the role of mothering. This was reinforced by advice or normative scales provided in lay books by Benjamin Spock, Parent Centre writings and Plunket's *Modern Mothercraft*. Although the practice of conversing with the Plunket nurse opportunity to portray understanding and compliance to normalised ways of being occurred, this mechanism of confession to Plunket nurses also expanded out to peers, and others through technologies, such as *New Zealand Woman's Weekly* columns. The most prominent technologies were the tools of the norm and normalisation.

Although the authorities of this information were from psychology/psychoanalytical psychology with a medical affiliation and the corresponding qualifications, it was the filtering of this information via secondary commentary in more lay terms that enabled capillary power to occur. The desire to be like others, the desire to be a good mother, to not raise delinquent youth or emotionally cold adults created enough fear to shift everyday practices. This sifting of everyday practices relating to toileting training meant that a shift towards noticing a child's body language and therefore agency started to occur.

When a child was not measuring up to the norm, classification connecting emotional health, cognitive skills and control of body waste occurred. Additionally, a further unofficial classification of infantilising those who had been unsuccessful in moving from instinctual to civilised was constructed. If a child was classified as being an "idiot", "moron" or "feeble-minded", practices of that day encouraged families to place their child in an institution. Classification and exclusion using the *DSM* via institutionalisation were the extreme end of exclusion technologies put in place (Foucault, 1977). Due to the sources from which I gathered texts, a strongly medicalised view of toilet training was presented. However, to conduct a governmental analysis consideration of the "conduct of conduct" (Foucault, 1994/2002e, p. 341) via technologies of the self also needs to be considered. Aspects of "technologies of self" assist in locating the ethos (see Table 2), therefore expansion of deontology (subjectivities) occurs after the Table.

Table 2

Technologies of Self – 1950s

Terminology	Description	Discursive practices
Ontology	what we seek to act on	Mothers acted on their own behaviour particularly in being nonemotional but present and noncoercive.
Ascetics	how we govern	Governed by fear of producing a child who did not meet the norm. Governed by being the subject who is responsible for the child's behaviour.
Deontology	who we are when we are governed	A valued citizen for the children produced and successfully raised – a mother.
Teleology	the end or goal sought	Children who are physically and emotionally normal. To be an informed, mother guided by experts – Plunket, Parent Centre or Spock.

Ethos**Deontology.**

The subject position of being a mother, an adult who is responsible for toilet training her offspring, was created. From there, the subjectivities of being a good mother or a bad mother/psychopathic mother and being a scientifically informed mother or not, were created. *Or not* is provided to acknowledge the concept of resistance. For the child, a different subjectivity was offered – being a *normal* child achieving mastery of toilet training or *abnormal* child not achieving mastery, this leading to the subject position of being an idiot, feeble-minded and infantilised and therefore requiring institutionalisation. As noted within the article, even those children who had been toilet trained successfully but then during the teenage years demonstrated delinquent behaviours, or as adults demonstrated overly frugal tendencies, were seen as having experienced emotional harm during the task of toilet training. Therefore, the potential for a mother to be blamed and labelled as a bad mother lasted the lifespan of their offspring.

Different subject positions were created for the social actors of the state. One task required them to document a child's abilities against the norm so that classification of the child could occur, and in turn they could offer advice and intervention to try and improve the situation (Hurl, 2011). The mothers of this monitored group of nonachieving children were then required to engage in the practice of confession on behalf of the child – had a bowel motion been achieved or not, wet clothes or not. This required closer surveillance of the child's daily bowel and bladder habits, and in turn the

mothers' ability to maintain this level of surveillance. For those grown-up children who had not achieved toilet mastery, another layer of technologies of government were applied, the distribution of the physical body into an institution for care (Foucault, 1977). Institutional care was required for those who were different, due to their need for assistance with bowel and bladder management.

It was surprising to realise how prominent the technologies of classification, normalisation, norm and Othering were, and how interconnected each of these technologies were to the roles taken on by the social actors of the state. I now understand Foucault's terminology of webs and grids of power (O'Farrell, 2005). It was the combining of many practices, each innocent within themselves, which, when combined, created the productive action to change how toilet training was conducted and therefore the creation of a new range of potential subjectivities.

Reflections and learning.

I learned a lot about New Zealand history that I did not know before, particularly the development of Dunedin city (Wood, 2005) and the lack of sanitation systems, the everyday occurrence of cess pools in the backyards of people's homes and the habit of throwing body waste on the street at night time. The use of flax plants as toilet spots, the development of piping the waste into the harbour, and the pollution and death of sea life that came with this (Wood, 2005). As I reflect on this history, I can only imagine how disrespectful this must have felt to the Māori people who connect to this land.

It was interesting to learn about Truby King and his life story, and his use of everyday tasks, such as farming to assist the health and well-being of the patients in his care at Seacliff Asylum and how his progress with animal husbandry was shifted across into practices which were then used to assist the formation of his ideas relating to the care of infants. This is overtly seen in *Modern Mothercraft*, when Deem and Fitzgibbon (1948) compare pictures of well-nourished and undernourished pigs. It was interesting reviewing books from Truby King's private library collection and seeing how his ideas were actually commentary reframed from other international sources (Exhibition, 2015). I learned that the development of Plunket, and the funding it was provided from the Ministry of Health, was very tenuous, relying heavily on relationships and political shuffling. I also learned how a cycle of institutions starting as charity-based moved into being government-funded and then contracted out, enabling privatisation (Tennant, 2007). As I read about Plunket in the 1950s, I was shocked at the institutional racism practised in regard to Māori mothers' access to Plunket services (Bryder, 2003).

I was surprised how quickly practices shifted, when comparing *Modern Mothercraft* publications between 1946 and 1953, particularly the marked changes in the mothers' role and the nurses' role. I would have thought that changes in parenting practices or advice given occurred at a slower rate. With the move towards attunement and joint attention in mind, I was still surprised at how routine-based and hands-off mothering the advice provided by Plunket was, especially when I compare with my own parenting practices.

I was intrigued to be able to trace the dissemination of Freudian knowledge into New Zealand, literally from one person to the next. It was interesting to learn more about the history of Freud's knowledge development, how much was informed by dreams and how he shifted his ideas to be more acceptable to his peers (Swan, 1974). It was interesting to see how this information filtered through Bowlby and then through additional commentary, morphed into practices of joint attention and the valuing of relationships between differing family members.

It was interesting to learn how Gesell used the new technology of film, and frame by frame created line drawings from the negatives to find patterns of normed movement. It was also interesting how psychoanalytical knowledge connected itself to knowledge from the pure sciences to increase its credibility. Realising the prominent role of emotions in the technology of government, for example, desire to be part of the norm and fear of not being part of the norm, led me to wonder if utilising emotions is another technology of government, as emotions are often seen as instinctual and therefore natural/pure/essence of the real and therefore assist in reinforcing taken-for-granted truths. For example, to argue against the truth of experiencing disgust when you have to remove someone's faeces off your front door step, or sadness (when you experience a loss of a loved one), or anger (when someone does you an injustice), or happiness (when you achieve a goal) sounds like madness. Emotional control was also located in many of the statements – where mothers were to be nonemotional, not showing disgust, not showing pleasure or joy, emotionless mothers so that nothing positive or negative could be classically conditioned or emotionally connected to the toileting process. This connected back to fear of causing some kind of psychological damage during those critical toilet training years. These reflections from my inquiry into discourses of the 1950s provide a superficial overview of some of the general knowledge acquired during this process. This general knowledge provides a base for further thinking and analysis, and it is for this reason that I signpost them here to enable

the concept of correlations and transformations (Nicholls, 2009) to be considered as I moved through each stage of my research process.

What did I learn from the application of Foucault's principles, rules and tools?

I learned that I needed a structure to focus my data collection. Kristeva's thinking assisted with this. I found that the principle of reversibility, particularly starting at the sites of exclusion or resistance, was a really powerful strategy to locate ruptures in discourses and inconsistencies in knowledge. Foucault's challenge of "what is truth" has assisted in levelling out the hierarchical value I place on documents and I enjoyed giving statements from the *New Zealand's Woman's Weekly* the same value as a statement from a WHO document. I did find I was drawn to binaries and found I am socially shaped to add value judgements to these, that one aspect of the pair must always be preferable to the other. I first understood this idea of Foucault's to mean that I should not have binaries, but I think binaries cannot be avoided. However, the ranking of binaries is possibly the warning that Foucault was trying to give. To me, this fits in with the theme of exclusion, which underlies his work. Lister's work of Othering (2004), and Hamer's use of Othering and othering (2016) resonated with Foucault's work on exclusion for me. Othering, with a capital letter, captures the practice excluding people (Lister, 2004), while othering, with a lower-case "o", celebrates our difference in a positive way (Hamer, 2016).

The 1950s was a crucial period of data analysis. This article contains just a small slice of the data found and the thinking developed from this rupture site. The key findings related to Othering, agency and the role of emotions in holding technologies in place. These findings served as a backdrop for my inquiry as I moved to the next identified rupture site.

Chapter 5: The Second Rupture

In this chapter, I justify why the 1980s was chosen as the second time frame to analyse. I provide a mapping of the landscape to highlight relevant historical contextual occurrences which provided the conditions of possibility for this shift in discourses to occur. Following the same process as the earlier chapter, I outline the publications and texts chosen for analysis, including how I narrowed down the texts chosen. I provide one example of how specific statement analysis was conducted. With publication permission from New Zealand Sociology, I then present a copy of “Toilet Training Practices and Subjectivities in 1980s Aotearoa New Zealand” (Robinson, Hocking, Payne, 2016). After this, I apply the same framework considering the episteme, techne and ethos followed by a reflective narrative of learning gained. Foucault’s principles, rules and tools are then signposted to illustrate the application of his thinking along with Foucauldian scholars who have shaped my inquiry.

Why the 1980s? Mapping the Landscape

The second period chosen for analysis was the 1980s. This was a time of radical government change which opened up the free market, enabling overseas products to come into New Zealand (Carlyon & Morrow, 2014). The governmental strategy of this period can be characterised as one of equity, a focus that ran from the 1960s to the end of the 1980s (May, 2001). This gaze reflected a societal mindset that enabled the implementation of legislation centred on the rights of women and minority groups (children and disability groups), with increased consideration of early childcare needs. This commitment to childhood rights was demonstrated at both ends of the decade. Firstly, the United Nations Education, Scientific and Cultural Organisation (UNESCO) proclaimed 1979 as the “Year of the child” and then, in 1989, the *United Nations Convention of the Rights of the Child* was published.

Early childhood education and services received increased funding by the newly elected Labour government which came into power in 1984 (Carlyon & Marrow, 2014). In 1989, the traditional split of government funding between welfare, education and charity ended with the “Before Five” reforms, in an attempt to equalise services and the philosophies underpinning them. Key legislation affecting early childhood training, qualifications and opportunities emerged during these times (May, 2013). The perceived value of attending early childhood education was increasing in value, with those children not attending considered disenfranchised (May, 2001). Childcare services and the opportunities for women are closely linked, and therefore, a connection between toilet training and feminism can be drawn (Knox, 2012; May, 2001).

The 1980s are considered part of the second and third wave of feminism. The second wave is reflected in the knowledge that gender roles could be unlearned, while the third wave of feminism is characterised by a focus on the rebalancing of paid and unpaid work influencing both traditional and nontraditional families (Matthaei, 2001). The effects of feminism are seen in workforce changes, with large numbers of women employed in a wider variety of jobs, compared to the 1950s (Carlyon & Marrows, 2014). It also needs to be noted that a change in the number of people living in traditional nuclear families (mother, father and children living under the same roof) dropped to one third of New Zealand's population (Carlyon & Marrow, 2014), demonstrating a marked change from the family values of the 1950s.

In the area of health, the *DSM* was republished in 1980 as the *DSM-III*. It listed diagnostic symptoms of enuresis but removed the early causal connections of issues to internal conflict, demonstrating less of an allegiance with the theories of Sigmund Freud. *DSM-III Revised* (1989) continued to associate toileting problems with mental health (Greenberg, 2013). However, the charting of the maturation signs of typical toilet training continued to be considered the domain of concern of the developmental paediatrics, with a specific study focusing on 99 normally developing New Zealand children, published in 1988 in the *New Zealand Medical Journal* (Stenhouse, 1988).

In the 1980s, toilet training as a public health concern broadened beyond contamination and hygiene concerns to include child abuse. This was reflected in Plunket's work in defining and targeting at-risk groups, and identifying and minimising environmental hazards and promoting community safety (Bryder, 2003). This increasing focus on classifying at-risk groups was also occurring overseas as demonstrated in research conducted by Kruger (1985), who reviewed 24 consecutive fatal child abuse cases in America covering a two-year span. Kruger's findings demonstrated that toilet training or toilet incidents for children over one year of age was a predisposing factor in nine out of the 12 child fatalities. Gender factors were also noted, with the abuser being male in 18 out of the 24 cases. Kruger's research thus articulated a link between toilet training and abuse, demonstrating a broader sociocultural awareness of child development and public health concerns. This connection was also discussed within Aotearoa New Zealand (Royal New Zealand Plunket Society, 1980).

In summary, the 1980s presents as a relevant time period to research due to the increased diversity in family life, gender roles and early childhood education opportunities. The ongoing medicalisation of toilet training remained but took on a

community focus with a stronger emphasis on risk, in particular child abuse. Underlying this, there was a shift towards the rights of the child and the increasing societal valuing of children as not just the future population but as valued citizens in the present, all with the backdrop of a government facilitating a free market economy.

1980s publications and text section.

As I entered the 1980s stage of data selection, the volume of available publications increased. A strategy I used to narrow down the potential texts chosen was to locate similar texts from similar organisations and businesses that I had accessed in the 1950s. Following Foucault's principle of specificity and the principle of exteriority, I started with the local and I began with finding quotes from the *New Zealand Woman's Weekly*, which demonstrated material action and practices, and I worked outwards from there. Additional examples of the publications chosen included *Pajamas Don't Matter* (Gribben, 1979, 1991), which was a commercial parenting book, as well as *Baby and Childcare* (Spock, 1985) and *Parenting ABC* (Leach, 1983). Another community-level book was the *Health Development Book* (1982), which was similar to *Modern Mothercraft* (Deem & Fitzgibbon, 1953) of the 1950s, but this was given freely to every family by their midwife, Plunket nurse or general practitioner. The *Health Development Book* (1982) has dual categorisation as a community-level and a service-level text, with an accompanying manual to assist social actors of the state to inform, support and survey the parents and children on their case load. At a government level, mostly legislation around childcare and protection was used.

Statement Selection

I had learned from conducting the 1950s analyses that I needed a strategy in line with biopower and governmentality to narrow down my statement selection. Therefore, I broadly read a range of texts, including those cited above, specifically the information and advice about toilet training. While doing this, I noticed reoccurring associations relating to learning and abuse. Informed by this observation, I reread the texts looking specifically for two concepts – toilet training as learning and toilet training as a site for abuse, to make sure that they could be located in a number of texts and to notice the regularity of their presence at community, service and government level. Once I was assured that they were consistently included associations, I chose my statements for analysis. An example of the types of statements located and how analysis was conducted is provided in Table 3.

Table 3

Statement Analysis – 1980

Statement	
“Many mothers still punish their toddler for wetting pants” (Davis, 1985, p. 38).	
Discursive formation	Analytical questions
Object-Surface of emergence	What historical or cultural contexts provided spaces and situations for some mothers to still (inferred as outdated practice) punish a toddler for wetting their pants? What situations and spaces led to mothers/adults not using this approach? What situations led to the wording <i>mothers</i> , rather than <i>parents</i> or <i>fathers</i> ?
Object-Authorities of delimitation	Who espouses the knowledge that combines punishment, mothers and toilet training together?
Object-Grids of specification	Are there categories which break down different types of punishment? Different types of wetting? Different types of mothers? When is a toddler a toddler?
Strategies	What are some methods that mothers use to punish? What are some of the methods mothers who do not punish use? How do mothers learn to not punish or to punish? How do mothers know that pants are wet? Why is it the mother’s role? What is excluding others from being in this role?
Subject	What kind of mother punishes their child for wetting? What kind of mother does not? For the child who is punished for wetting his/her pants, what kind of child is s/he seen as? For the child who doesn’t wet his/her pants, what kind of child are they seen as?

Once the analysis of the statement occurs, the next step was to answer each of the questions produced. This step required engagement with text and historical information broader than just toilet training literature. The article presented below showcases the outcome of this process.

1980s Article

Robinson, R., Hocking, C., & Payne, D. (2016). Toilet training practices and subjectivities in 1980s Aotearoa New Zealand. *New Zealand Sociology*, 31(1), 48-71.⁷

Abstract.

This Foucauldian discourse analysis shows how prominent discourses leading into the 1980s reframed previously accepted parental toilet training practices of smacking as abusive. With this problematisation of smacking, new parenting tools were required, creating discursive practices in which parents were required to talk and read more to their children. These practices reflected discourses of human capital emerging from a neoliberal ideology which in turn influenced the governance of families and toilet training practices. The article showcases the productive power of discourses on the practices of toilet training and the subjectivities of the parents and children who engage in this task.

Keywords.

Toilet training, human capital, smacking, incontinence, Foucault.

Introduction.

Toilet training is a universal milestone that requires the engagement of a child and caregiving adult to shape the instinctual functions of defecation and urination to the rules of society. The mastery of this task has secured its place as a marker of developmental progress and of parenting skill. Lack of mastery of toileting is seen as a marker, justifying more surveillance and possible intervention due to the correlation between this deficit and potential disability, abuse, and neglect of human capital. We identify toilet training as a discursive practice, an everyday task that all parents and young children engage in at some stage of a child's development. It is the focus of multiple discourses which makes it a powerful object of the state for shaping the population's behaviours.

This poststructural Foucauldian genealogical discourse analysis has a governmental focus. It shows the impact of the emerging ideology of neoliberalism and how the concept of human capital shaped the task of toilet training in the 1980s. The subjectivities of the parents and children who engage in this task and the social actors who are part of the disciplining apparatus are also discussed. Government, service providers and local community texts produced or influential during the 1980s were used to demonstrate the formation, correlation and transformation of discourses (Hook, 2001)

⁷ Louise Humpage the editor of *New Zealand Sociology* granted permission through email communication for this article to be included within my thesis on the 6th of May 2017.

influencing the discursive practice of toilet training in Aotearoa New Zealand during this decade. The 1980s thus represent a rupture in parenting discourses which reframed the previously accepted parental tool of smacking as ineffective, inappropriate and abusive. Concurrently, research also demonstrated that New Zealand parents did not sufficiently engage in conversations with their children, which affected language development causing lower skills in reading (Clay, 1976; Ritchie, 1972, 1978). This lack of language development framed many parents as being neglectful in the facilitation of their child's early cognition. These research findings occurred at the same time as the identification of abusive parents as those who "hit too hard" (Ritchie & Ritchie, 1981). Both groups of parents (the neglectful and the abusive) were seen as dysfunctional in their role of preparing the productive citizens of tomorrow. Therefore, unique to the emerging neoliberal context of the 1980s, the problematisation of smacking and physical punishment intersected with the need for parents to talk more to their children. This opened up space for new parenting practices which influenced the governance of families and the practices of toilet training.

These new parenting practices were informed by new educational knowledge, providing space for the social learning aspect of toilet training to be acknowledged. This acknowledgement increased the responsibility of parents to talk and enrich their child's cognitive development while teaching societal ways of doing during everyday caregiving routines. A parent's ability to teach in a successful way was demonstrated by their child's ability to stop instinctual patterns of urination and defecation and take on "grown-up", more mature and independent ways of toileting within the developmental time frames set out by the medical profession. In contrast, a child's lack of independent toileting altered their subjectivity to being constructed as delayed or immature. Additionally, as incontinence is listed as a tangible symptom associated with intellectual disability, a subjectivity of being intellectually disabled was often produced. Being identified as intellectually disabled supported the continuation of the discursive practice of excluding many such children from society through institution-based care services (Morrison, Beasley, & Williamson, 1976). This exclusion was partly justified through the additional burden of managing a child's ongoing self-care needs associated with incontinence. Parents too were at risk of exclusion from their role as parents if they neglected or were unable to meet their child's developmental needs or if they crossed the line from discipline to abuse.

In the 1980s, an emphasis on cognitive development was integrated into parental discourses. This broadened parents' responsibilities and required them to change the

way they engaged with and disciplined their children. This change of behaviour was held in place through discourses of good parenting versus bad parenting and their associated subjectivities. To ensure children's cognitive development, mothers were required to take a more active role in monitoring their child's developmental attainment and therefore their own parenting skills. Informed engagement with this role was supported by child development checklists and education schemes to upgrade parents' knowledge of parenting. All of these initiatives were created and monitored by social actors of the state. This surveillance role initially included just health professionals. However, with the increased valuing of early learning experiences, the fourth Labour government set in motion an increase in early education care services. In so doing, it brought early childhood teachers into the network of surveillance along with primary school teachers. Justification for this surveillance over children and parents was provided by the increased awareness of everyday child-rearing abuse and neglect occurring with New Zealand society.

Therefore, the 1980s was a time of increased state initiatives to survey and support the health and well-being of children and their parents' parenting abilities. This was achieved by increased funding of early childhood care services as well as the widespread dissemination of normalised child development and parenting knowledge. Thus, an expectation was produced of parents to "parent as first teachers", placing the health, wellness and holistic development of a child's human capital as a parent's responsibility. Parents who were deemed to do this well met standards produced by the taken-for-granted truths of normal development and "good parenting". This neoliberal ideology placed emphasis on the individual child and parent, while fading inequitable social determinants of health into the background.

Historical overview of toilet training in Aotearoa New Zealand.

A genealogical analysis looks at the history of the present (Foucault, 1986), enabling toilet training to be considered as an event and crystalising the contextual occurrences which shaped the unique way this universal milestone was attained and the subjectivities it produced within specific time periods. Through exploration of the contextual occurrences, the location of taken-for-granted truths and prominent discourses are exposed. This exposure is facilitated through the distance of history – in this case, 25 years before the present. Once located, previously taken-for-granted truths and discourses are more easily uncovered, showcasing the shifts and transformation of discourses. To provide context to our discussion of Aotearoa New Zealand in the 1980s, an overview of toilet training in previous decades is provided.

Early in the history of Aotearoa New Zealand, Māori, the indigenous people, utilised cultural practices of tāpū and nōa to maintain a system of body waste management. Nappies were traditionally made from flax stripped down into cottonlike balls of fluff and put in place to assist with the management of a young child's body wastes (Phillips, 1955). As Māori were colonialised, and moved or forced away from traditional practices, new ways of body waste management needed to be learned alongside other new practices of pākehā [people of European decent] living (MacLean, 1964). Pākehā and Māori methods of body management were shaped by the limited infrastructure and systems available to a young colonialised country. As town populations expanded and the need to control increasing volumes of body wastes became a public health problem, new technology was required along with changing social expectations of acceptable behaviour (MacLean, 1964; Wood, 2005). With these new practices and technologies came new rules, held in place by sanitation inspectors who had the legitimate authority over excretory management. Medical practitioners took on the role of inspectors through their connection with medical knowledge and understanding of the link between body wastes, contamination of drinking water, disease outbreaks and mortality rates (MacLean, 1964; Wood, 2005). In being conferred this position of authority, medical practitioners reflected the domination of medical discourses on everyday life in the early 1900s.

The medical hygienic discursive practices were seen as the public health solution to the high infant mortality rate in the early 1900s, this rationale providing a catalyst for new ways of parenting, directed through advice from experts. Rather than being seen as instinctual, mothering came to be viewed as requiring guidance, surveillance and monitoring (Bryder, 2003) and therefore toilet training also came under medical control. Framing body wastes as a health concern led to the incorporation of stricter practices around children's toilet training. These new ways of child-rearing were based on the beliefs of Truby King, the founder of the Royal New Zealand Society for the Health of Women and Children (Inc), later referred to as Plunket. King's ideas aligned with behavioural training, which viewed children as malleable beings, who prospered under strict routine and regularity of habits (Bryder, 2003). This belief is reflected in the toileting advice given by Plunket. From the early 1900s to the 1950s, children as young as 3 weeks of age were placed on a small chamber pot at regular intervals to produce a bowel motion on cue. This practice, often supported by a diet of prunes and the administration of enemas, was seen as morally appropriate to ensure the future discipline and physical health of the child (Deem, & Fitzgibbon, 1948).

By the 1950s, Plunket's dominance as the advisors to Pākehā mothers and children, shaped by the discursive practices of medical hygiene and classical conditioning theories, was securely embedded into the New Zealand way of life. Plunket also influenced Māori mothers and children, their ideology disseminated through the Women's Health League, Māori Women's Welfare League and public health nursing services (Else, 1993). A shift is noted from the 1950s onwards as psychoanalytical and developmental fields of psychology influenced adults working with children to consider the emotional as well as physical aspects of a child's development. This, along with significant contextual changes associated with the end of World War 2, meant that a greater emphasis was given to the association between mothering and a child's emotional development. In turn, toilet training practices were affected. Instead of habit training a child through classical conditioning, waiting until developmental readiness was achieved was deemed appropriate (Spock, 1957). Developmental readiness was a time frame set out by developmental psychology and the medical profession, and validated by quantitative research (Beatty, Cahan, & Grant, 2006; Rose, 1990). Additionally, the emotional context in which toilet training was conducted changed due to the connection psychoanalysts proposed between toilet training conflict and emotionally harmed adults (Bevan-Brown, 1950).

Therefore, from the 1950s onwards, children had greater autonomy than early generations of New Zealand children around the everyday experiences of toilet training. The use of enemas and stool loosening diets were no longer seen as appropriate (Deem & Fitzgibbon, 1953; Spock, 1957), and advice to hold out a young child over a chamber pot seen as old fashioned and developmentally ridiculous (Bevan-Brown, 1950; Spock, 1957). Additionally, from the 1950s onwards, the psychoanalytical theories presented in popular media rendered a subtler notion of relationship. Thus, toilet training was depicted as a demonstration of development and communication between parent and child, rather than an activity requiring careful management for fear of causing emotional and sexual dysfunction (Sears, McCoby, & Levin, 1957). These practices remained in place until the 1980s when another shift in thinking occurred. To contextualise the occurrences supporting this shift, a general mapping of the territory of the 1980s Aotearoa New Zealand is provided.

Situating 1980s NZ as “not such a great place for children”.

A national concern leading into the 1980s was that Aotearoa New Zealand was not such a great place to bring up children (Max, 1990). This was evidenced by New Zealand slipping down the international rankings on both childhood mortality rates and

childhood literacy levels, and an increased ranking on child abuse statistics (Elliott, 1991; Max, 1990; Silva & Mc Gee, 1984). Negative reports exposed on the world stage by the WHO and United Nations put New Zealand under surveillance by its world partners and its own population (Max, 1990). The increased problematisation of children's experiences is evidenced by the 1979 telethon focus, which was the International Year of the Child (Ritchie & Ritchie, 1981). This focus offered a forum to discuss the tensions between state versus community's responsibilities in raising the nation's children, and tensions between parents' responsibilities and children rights (Bryder, 2003). Thus, leading into the 1980s, children, their parents and the social actors of the state who surveilled them were a focus of much research and political debate.

The state's responsibilities in bringing up the nation's children were directly linked to the future earning potential of tomorrow's citizens. "Children are our single most important commodity, they are our future" (Austin, 1989, p. 32). Influenced by a human capital and privatisation mindset, the state faced the reality that a sole focus on primary industry was economically self-limiting. This message was reinforced by New Zealand's guaranteed economic securities being severed by England as it began to trade with other European nations (Carlyon & Morrow, 2014). This economic shift signalled a declining need for labourers and blue-collar workers; instead, the workforce of tomorrow would require higher levels of literacy, problem solving and adaptability skills than had been required of previous generations (Schultz, 1981). Therefore, social inequalities affecting the cognitive potential of the future workforce were framed as a state problem in two ways: one, as a social injustice and two, as a future workforce crisis.

At the heart of this debate was the dawning acceptance of the existence of social inequities, their effects on the health and educational status of New Zealanders, and how this in turn influenced life opportunities (Clay, 1966, 1976; Ritchie, 1978; Wilkies, 1994). Characterised by Wilkies (1994) as the death of the classless myth, long-standing social injustices were beginning to be acknowledged by the state. They were articulated by those experiencing inequity and recognised by those whose social positioning had insulated them from experiencing injustice first-hand.

Education was advocated as one way to bridge this divide (Ritchie, 1978), with educationalists Jane and James Ritchie (1972, 1978) highlighting a disparity between children's language development, their family's socioeconomic level and cultural identification. The idea of experiences influencing child development reinforced earlier

research by Marie Clay, which related oral language experiences to reading ability (Clay, 1966). Another correlation made by the Ritchies was that the use of physical punishment as a child-rearing tool was associated with the limited use of language between adults and children within New Zealand homes. The Ritchies' findings (1972, 1978, 1981) coincided with the nation's unfavourable rankings on childhood literacy and child abuse rates, and provided some insight into childhood mortality rates. Although social injustices and the effect of social determinants of health, such as socioeconomic status and literacy, were being acknowledged by some, the emerging neoliberal discourses placed the blame on parents. For example, "If you take it back to the cradle, where theoretically every human being starts out with equal chance, the buck appears to stop with the parents of New Zealand" (Parker, 1987b, p. 11).

In addition to proposing a social determinant perspective of children's experiences and developmental outcomes in Aotearoa New Zealand, the Ritchies (1978, 1981) also challenged the notion that there could be a separation between smacking as a parenting discipline tool and abuse – "Any action which harms another is a violent act" (Ritchie & Ritchie, 1981, p. viii). The Ritchies then began to advocate for the removal of the wording "reasonable force" in Section 59 of the Crimes Act, which excluded "parents, teachers and others acting in place of parents from the charge of assault when they hit children" (1981, p. viii). Furthermore, they asserted that section 59 was a violation of articles 7, 16, 24 and 26 of the Humans Rights Act. This view was explained in a letter from the Ritchies to Pat Downey, the Chief Human Rights Commissioner, and then republished in *Spare the Rod* (Ritchie & Ritchie, 1981). In this way, the "legitimate" practice of parental smacking was challenged at a human rights level, a legislative level and at a parenting discursive level. Thus, smacking was reconstructed as a violent and abusive parenting tool. Furthermore, the Ritchies' studies demonstrated the younger a child was, the more likely smacking would be used as a parenting tool, due to the belief that limited cognitive abilities would make other parenting tools unsuccessful (Ritchie & Ritchie, 1981). A direct connection between smacking and toilet training is demonstrated in a quote from one of the Ritchies' research participants: "When I was potty training my toddler ... lots of smacks were delivered" (Ritchie & Ritchie, 1981, p. 69).

Correlations and connections between discourses.

The influence of the various discourses of human rights and child development is seen in statements drawn from the community service texts used to guide professionals or written by professionals to guide parenting practices which describe the

discursive actions that join toilet training and smacking together. Examples include, “and no doubt you’ve lost your patience [when toileting accidents occur], growled, shouted, smacked, and did some or all of those things ‘they’ say you mustn’t do” (Brock, 1987, p. 11), and “certainly don’t punish [toileting] accidents with shrieks and smacks” (Gribben, 1979, p. 31). It is relevant to note a section in this same publication titled “When you hit too hard”, reveals awareness that smacking and hitting were commonly used parental practices. However, the shift from smacking as an acceptable, legitimate disciplining practice to one seen as abusive continued to be contested. “Even a saint would find it hard to remain patient and calm when dealing with the eighth pair of wet pants and second dirty pair for the day, and when this constant changing of clothes has been happening every day for weeks” (Brock, 1987, p. 11). From parenting manuals to everyday publications, it is acknowledged that toileting accidents might be punished by smacking, as demonstrated in this *New Zealand Woman’s Weekly* article: “Many mothers still punish their toddler for wetting pants” (Davies, 1985, p. 38).

The connection between toilet training, toileting accidents and abusive physical force is further reinforced by an American study. Krugman’s research (1985) connected nine out of 12 childhood fatalities for children over one year of age with the antecedent of toileting accidents or diaper changing; an additional connection to male abusers was also noted. The hidden components between toileting accidents and abuse are the visceral response of disgust and repulsion (associated with body matter out of place) which is shared with the biology of anger (Gambaudo, 2007; Weiten, 2013). This linking of parenting knowledge, anger and abuse was reflected at the end of the decade by Elliot (1991), “The potential for abuse can be reduced when caregivers have a better understanding of what is normal difficult behaviour on the part of their child coupled with knowledge of ways of coping with anger” (p. 11).

To address the issue of child abuse that was being exposed, a National Advisory Committee on the prevention of child abuse was set up via the Minister of Social Welfare in 1981 (Bryder, 2003). David Geddis, the Medical Director for Plunket and a member of the National Advisory Committee, was particularly concerned about child abuse and spearheaded many of the initiatives connected to this issue. One such initiative was a 1980s leaflet *A Cry for Help*, which linked the Royal New Zealand Plunket Society and the National Children’s Health Research Foundation together. The leaflet contained information on child abuse statistics, how children are abused, parental stresses [one being toileting accidents] and how to access help. Therefore, *A Cry for Help* indirectly reinforced discourses connecting toileting accidents, parental stress and

abuse together, while also providing parents with tools to self-educate, self-assess and then self-refer for help from government and charity-based services as required.

State-funded resources, such as *A Cry for Help*, enabled governing from a distance by shaping parents to be self-responsible. Parents were motivated by the desire that they and their children would fit within society's norms and not be the type of deviant person defined within these governmental resources. This shifting neoliberal focus towards parenting self-responsibility, along with utilising the desire to be normal, is also seen in the area of childhood development.

Parenting knowledge as a governance tool.

A shift towards parents' self-assessment of their child's skills was justified when Silva and McGee's (1984) research *Growing up in Dunedin* highlighted a large number of childhood health and development deficits that had not been identified through the systems of health surveillance in existence at the time. Their finding raised concerns about the validity and credibility of the child health practices carried out by social actors of the state, and parents' knowledge and abilities to notice and respond to problems within their own children, delayed language development and daytime enuresis being two of the reported deficits. An outcome of Silva and McGee's finding was a shift of child development knowledge from professionals to parents. Using obvious childhood milestones, such as toilet training, was perceived to be an easy way for parents to self-assess their child's development, thus increasing parents' responsibility and governance of detecting and reporting a deficit within their child. Silva and McGee actioned the idea of parents taking greater responsibility by writing and publishing the *Health Development Record Book* (1982), which set out the standards and the ways in which to achieve them, and replaced *Plunket's Baby Book* (Clendon, 2009).

The 1982 and 1984, editions of the *Health and Development Record Book* (1982; 1984a) were written as a shared documentation tool for parents and health professionals, thus broadening the practice of recording childhood stages as a legitimate task of mothers. However, a distinction between mothers' and health professionals' knowledge was maintained by a supporting user manual for professionals (Department of Health, 1984b).

The continued questioning of the usefulness of expert-led screening tools, e.g. the Denver Developmental Screening Test, was reinforced in the government-funded Elliot Report (1991) in which the surveillance of individual child development was challenged as being ineffective. One advocated solution was to use less precise tools, such as parental questionnaires and professional observation with a sharing of

responsibility placed on parents (Elliott, 1991), thereby endorsing the practices utilised within the *Health and Development Record Book*. Although privately purchased child-rearing publications had been available in New Zealand for well over 40 years, this new government-funded book (as opposed to pamphlets) was the first provided free to all parents. The national sharing of anticipatory advice and child development knowledge created a taken-for-granted truth of set behaviours against which the nation's children could be compared. Furthermore, parents as facilitators of children's development were open to comparison as well. With this comparison articulated, the discursive action to raise parenting skills to meet this level then occurred.

Supporting parents by increasing parental knowledge was a prominent issue in the 1980s. "Promoting good parenting is every bit a government's responsibility as controlling drunk driving" (Austin, 1989, p. 33). The need for increasing parents' knowledge was justified by many cases of child neglect being traced back to limited parenting skills, while child abuse was traced back to include unrealistic expectations of child development (Elliott, 1991). Therefore, the *Health and Development Record Book* was one apparatus to assist with improving parenting knowledge as well as addressing Aotearoa New Zealand's child abuse statistics. This improvement needed to better New Zealand's image of being a good place to be a child as well as its implications for the workforce of the future.

Cognitive development and books.

In the 1980s, the economic worth of workers was reframed from the number of hours they could work to the quality of their capacity. This concept of human capital, an economic theory articulated by Theodore Schultz in his 1979 Nobel laureate and then published in *Investing in People* (1981), justified the economic worth of enriching the quality of workers through their education and life opportunities. This focus expanded the requirements of the state to improve both the quantity (lifespan) and the quality (intellectual abilities) of the population. Although it was seen as the state's responsibility to enable educational opportunities, it was seen as the individual family's responsibility to make the most of these opportunities; each individual's ability to acquire education was seen as enriching their employability in the future. Part of this population focus were unemployed mothers, another part was the worker of tomorrow – the child.

Parents as first teachers.

The idea of children as future workers placed an expectation on parents, especially mothers, since they spent the most time with children (Max, 1990), to take on

the responsibility for their child's cognitive development. This expectation constituting parents as first teachers (along with the role of physical provider, protector, health monitor, emotional supporter and socialiser), started reshaping the actions of mothers. Mothers' role as a teacher and the expert of their child is reflected by Brock (1987), who emphasised how the parent was to design a toilet training programme which best suited their child's needs. The shift of wording of parents to experts reflected an increasing level of responsibility being placed on parents. Brock's proposed programme reflected discursive actions drawn from teaching and learning knowledge. These included, communicating with words, showing by example, learning by practising, prompting, preventing accidents, and praising and encouraging. This was different from the classical conditioning-based 1930s discourses, which suggested holding a baby over a chamber pot from 4 weeks of age with the expectation of toilet training being completed at 5 months of age (Deem & Fitzgibbon, 1948). Or in the 1950s, the intertwined psychoanalytical permissiveness and developmental discourses which suggested getting the task done in an emotionally and sexually neutral manner once developmental readiness skills appeared (Bevan-Brown, 1950; Bowlby, 1953; Deem & Fitzgibbon, 1953). In comparison, the discourses of the 1980s supported more active engagement, not just to get the task done when readiness presented itself but to facilitate the child's experiences as an active learner, thus adding the subject position of teacher to the many subjectivities mothers and parents were to hold.

The discourse of parents as first teachers emerged and was then put into a formal structure in 1991 with the government initiative "Parents as First Teachers" (PAFT) (May, 2001). However, even before that initiative, parents' role in cognitive enrichment of their children had been set in place through two organisations: Playcentre and Parent Centre (Bell, 2004; May, 2001). Both these voluntary organisations emerged in the late 1940s and early 1950s, and advocated for a more engaged and informed method of parenting through relationship and parent education. Both organisations disseminated child developmental knowledge, thus strengthening consideration of parents' role in the cognitive development of children through the task of play (Grey, 1958, 1974). The discourse filtered down to popular media "Play is a child's work" (Parker, 1987b, p. 13). By the 1980s, cognitive development through play as well as everyday caregiving tasks was being advocated. The State Services Commission (1980) acknowledged this connection between caregiving and education.

"...whatever is provided for young children is in one sense care, and the other sense education ... one cannot provide care for young children without them learning

ideas, habits and attitudes, nor can one educate them without at the same time providing care” (pp. 3-4).

The value of learning through everyday tasks was similarly expressed in the *New Zealand Woman's Weekly*: “Learning to feed himself is an important skill that he will only learn by trial and error” (Moon, 1987a, p. 51).

The enrichment of children's development was not only facilitated by mothers' time, but also through the purchase of commercial resources. It was around this time that children's books with cardboard pages came onto the market. Helen Oxenbury's 1980s cardboard book series marked a new genre of literature for the very young child (Kümmerling-meibauer, Meibauer Nachtigäller, & Rohlfing, 2014). Her picture book, *Working* (1981), which includes an illustration of a child sitting on a potty with flushed cheeks tending to potty work, reflects this appreciation of everyday experiences captured in simple pictures and words. Other self-care tasks, such as eating, having a bath and sleeping, are all included as a child's work. The availability of books suited for preschoolers reinforced the 1980s discursive practice of reading to young children within the routines of home life (Clay & Butler, 1979). Justification for reading to a young child was framed from a communication and cognitive stimulation perspective. “Apart from the visual stimulation, there is also a wealth of communication going on, with speech from the reader and responses from the baby” (Moon, 1987d, p. 67). State endorsement of the value and importance of reading and talking to preschool children was reinforced in a government-printed book *Reading New Zealand Parents Guide* (Nadler, 1989).

Traditionally, play had been viewed as the work of preschoolers, but now through the medium of orally enriched everyday activities, cognitive development could be facilitated during caregiving routines. “When children turn five they have already had 5 years of learning, some in a preschool setting but mostly (and much more importantly) at home” (Nadler, 1989, p. 8). Another part of this learning included the discursive actions of reading to their child with bedtime routines seen as optimal time for engagement with books.

The discourses of the 1980s placed a holistic responsibility for children's development on the parents' shoulders. Evidence of this influencing parents' everyday actions is demonstrated in the *New Zealand Woman's Weekly* in a variety of articles. An educational cognitive perspective is demonstrated by a mother asking for advice about reading to her nine-month old child (Moon, 1987d), a health perspective by mothers asking for advice about common illnesses (Moon, 1987c) and a physical

development perspective by a mother asking about when to buy her child a tricycle (Moon, 1987e). A disciplinary perspective is also apparent in an inquiry about the role of parents (father and mother) in raising their children (Moon, 1987a; Parker, 1987b). Interestingly, although *Health and Developmental Record Book* (1982), *Pajamas Don't Matter* (Gribben, 1991) and the *New Zealand Woman's Weekly* use the term *parenting* to capture the changing roles of child-rearing within families, the reality presented within letters written to this magazine and articles published, was that mothers were still the main caregivers of young children (Novitz, 1978; Parker, 1987a). This gendered perspective was further reinforced by the suggestion to "Haul your husband from his armchair and together bring up your children equally to be equal" (McKenna, 1987, p. 80). That is, although the discourses of holistic development were aimed at parents, they mostly influenced the daily routines of mothers and children.

Replacing smacking with talking.

The outcome of these intertwining contextual occurrences resulted in smacking as a parenting tool being replaced by teaching and learning discursive practices mediated through language and everyday caregiving routines. For example, a mother's desire to use an alternative parenting tool to smacking was expressed in her letter to the *New Zealand Woman's Weekly*. "My husband smacks him a lot, and I cringe when he does that but I think he [the child] should have some discipline" (Moon, 1987a, p. 51). In response to this mother's concerns:

I suggest praise for behaviour that is acceptable is often more effective than smacking for behaviour that is not acceptable. Try, when you are angry, to express it as gently as you can, and to make it clear to the child that you are angry with his behaviour rather than him as a person. (Moon, 1987a, p. 51)

The alternative tool of talking and teaching is also seen in other articles. "When you ask your child to obey you, always be clear about it and tell him the reason why." (Moon, 1987b, p. 50)

Evidence of parents' compliance with this new approach to parenting was monitored against apparatuses of the state. Success was first assessed by the self-governing parent, comparing their child's abilities to those markers set out within the *Health and Development Record Book*. Health-based appointments with social actors of the state enabled opportunities for parental confession and the seeking out of reassurance of their child's abilities. This process provided confirmation of the parent's child assessment skills and in turn their skills as a parent. To add authority to the process, the social actors of the state utilised additional professional tools, such as the

Denver Developmental Test. The carrying out of this practice is reflected in a mother's letter to the *New Zealand Woman's Weekly*, asking what she could do to prepare her child for the Denver Developmental Test. The following response was provided: "I guess you are a little apprehensive about the term *Denver test*. As mothers, we feel rather protective of our children when they undergo any test, and hope our children will live up to the expectation that the test presents" (Moon, 1987f, p. 67). Although the discursive practice of enriching a child's development was placed on the mother's shoulders and the tools for doing this were provided through the simple directive of talking more during everyday activities, surveillance of a child's ability to master these skills and a mother's ability to teach them still required social actors of the state to double check that enrichment was occurring.

With the increasing value placed on mediated everyday caregiving activities, a shift in parenting discourses from permissive to authoritative also occurred (Parker, 1987b). This shift in parenting styles was further influenced by the loss of status of Benjamin Spock due to his stance around America's engagement in the Vietnam War and what others perceived as the undisciplined actions of war protesters being associated with permissive upbringing (Spock & Rothenberg, 1985). Permissive parenting was also seen as the root cause of the "gloomy news about life in New Zealand" (Parker, 1987b, p.11). "For the past two or three decades, permissiveness has gone unchecked' (Roper cited by Parker, 1987b, p. 11). Therefore, although Spock had sold over 30 million copies of his *Baby and Childcare* book, by the 1980s, his parenting advice lost favour. This shift is reflected in a *New Zealand Woman's Weekly* article quoting Dr Peter George who suggested Penelope Leach, an English author, as Spock's replacement and "revered sage" of parenting advice (Parker, 1987b, p. 11). On the topic of toilet training, Leach had the following views:

"Once he passes an age of which nappies are considered even marginally appropriate, he will be unacceptable in a group and will be an unwelcome guest in many private houses too" (Leach, 1983, p. 661).

Our society will not tolerate a child who stinks ... If you allow a child to go on soiling after infancy, you are rearing one whom society will not tolerate. What better recipe could there be for the creation of a child who is unhappy, isolated, sure of his own worthlessness and eventually antisocial? (Leach, 1983, p. 663)

These claims capture the discursive actions in play when lack of mastery of toileting behaviours occurred. Leach uses fear of exclusion to shape parents' behaviours into engaging in toilet training sooner rather than later. Inability to control body wastes

is seen not only as a marker of developmental and cognitive skill, but also as a marker of who should and should not be included in society. The connection between exclusion and incontinence is further demonstrated in an article describing toileting practices at Waipa Community Training Centre which was attached to Tokanui Psychopaedic Hospital. In this account, a volunteer relays the words and actions of Glenys, another volunteer.

“I’ll take Toby to the toilet.” Glenys pulled Toby up. He went with her reluctantly. Most of the residents are incontinent. “I was on during the night,” she said, “and this morning they all dirtied themselves at the same time. God, it was awful.” (Young, 1989, p. 37)

This article also describes residents hitting out, having limited language skills and being in a deprived and barren institutional environment.

The 1980s saw many people with disabilities excluded from New Zealand society through placement in institutional care, although challenges from parents of children with intellectual disabilities had been circulating since the 1950s (Morrison, Beasley, & Williamson, 1976). The move away from institutionalised care was prompted by the work of English disability activists who raised awareness that one of the main limiting factors for people with impairments was societal attitudes (Oliver, 1996). However, it was not until the 1970s that governmental funding was allocated to assist people with impairments to integrate into the community. Examples are the 1973 Royal Commission into services for the mentally handicapped (Hutchinson), the Accident Compensation Act 1972 and the Disabled Persons Community Welfare Act 1975.

Another outcome of the problematisation of social attitudes was the emergence of an industry of survey development and measurement of population attitudes. Once measured, initiatives to change attitudes occurred. One such initiative was the *International Year of the Disabled* in 1981 and the associated telethon. Changing attitudes and increased awareness of the lives of people with impairments was seen in the inclusion of stories about disability within the *New Zealand Woman’s Weekly*, one of many possible examples being an article about Catherine, a little girl with Down syndrome (Wheeler, 1982). The differing discourses about normalisation, stimulated by the shift from institutional care to community-based living are demonstrated in the *New Zealand Woman’s Weekly*: “Normalisation in New Zealand is to be a gradual happening, working towards giving i.h. [intellectual handicapped] people a natural rhythm of life and some sort of choice” (Dr Webb cited by Vincent, 1987, p. 14).

Another perspective within the same article: “The thought of residents moving away from that, into smaller homes with only five or six people in each, is very worrying, The kids [in institutions] ... live as normal a life as possible. Sure you get 35 of them all cleaning their teeth at once, but does that really matter?” (Anne Adams cited by Vincent, 1987, p. 16). The growing focus on people with intellectual disabilities highlighted their previous invisibility, through the lack of statistical information about them. This situation led the Research Foundation of the New Zealand Society of Intellectual Handicapped to collect data on a variety of issues including prevalence of impairment, effect on family, and problems of daily care and management for those families already caring for their children at home (Morrison, Beasley, & Williamson, 1976). These findings recorded three quarters of people with intellectual impairments surveyed had no incontinence issues; however, incidence and frequency of incontinence were significantly related to age and degree of retardation. “Three quarters of the profoundly retarded were completely incontinent” (1976, p. 173). However, an article by Paterson (1982) in *New Zealand Woman’s Weekly*, “The secret shame,” exposed that incontinence wasn’t just an issue for people with intellectual disability. It noted “those affected are often too scared to visit supermarkets, films or even friends for fear of having an accident” (p. 49). Society’s inability to accommodate incontinence was also noted by a mother’s story of her daughter’s epilepsy:

She went to Johnsonville School at the age of five, and although a well behaved and willing pupil she had continual seizures causing collapse, and could not control her bladder. After two or three months, she was sent to Kimi Ora Cerebral Palsy School. (Vincent, 1987, p. 16)

This segregation of pupils with disabilities marked a societal boundary, with toilet training strictly confined to home and disability settings. The boundary was extended in 1989 with an amendment to the Education Act, enabling the mainstreaming of children with “disabilities” into “normal schools” (1989). Children now had the right to be included, irrespective of their bowel and bladder control. Lack of toilet training was now an education and a social equality issue.

Coinciding discourses of disability rights, women’s rights and the provision of early childhood care, and the enrichment of children’s cognitive skills intersected, making a context unique to the 1980s. During this time, in 1989, the fourth Labour government shifted early education and care services from the Social Welfare Department to the Department of Education. This move reflected a shift of perspective from services being targeted at needy and struggling members of society to

mainstreamed and normal ways of life, a shift justified by human capital discourses (New Zealand Treasury, 1987). This shift incorporated an increase in state-funded early childhood services and initiatives to support improved early childhood teacher qualifications and financial reimbursement (May, 2001).

Early care and education teachers and mainstream teachers, due to their expertise in teaching knowledge, were now drawn into the governance web as social actors of the state. Up till that time, the routine health checks that had been conducted in schools since the 1900s were undertaken by public health nurses (May, 2001). With the move towards checklists of developmental milestones, teachers were seen as having the skills, just like parents, to conduct assessment and surveillance of children's abilities and, inadvertently, parents' abilities to meet the holistic needs of their child (Elliott, 1991), while also being responsible for educating the workers of tomorrow. This expanding subjectivity drew teachers into the discourses of parental neglect and abuse, increasing their power to discipline others through the act of reporting to another social actor who, through the Children and Young Persons, and Families Act (1989), could exclude parents from the everyday lives of their children. To avoid this subjectivity of not measuring up, parents' behaviours were shaped into engaging in the discursive actions of comparison and the associated pressure to perform.

This pressure to be a good parent bothers me. It's pressure at the tea party, the pressure of the baby not getting her teeth as soon as everyone else's baby at Plunket, the pressure of potty training a child as early as everyone else's child. (Davies, 1985, p. 38)

This quote reflects mothering pressure to be responsible for both the unfolding genetic blueprints [teeth] and socialised skills [potty training] of her child. The pressure to perform, this feeling of being assessed, compared and surveilled, became a growing reality of parents and children in Aotearoa New Zealand.

Surveillance of the health of individual children and young people involves a set of activities initiated by professionals or parents or caregivers, including the oversight of the physical, social and emotional health and development of all children; measurement and recording of physical growth; and monitoring of developmental progress. (Tamariki Ora, 1993, p. 58)

This strategy of holistic child development surveillance intertwined the community, parents and social actors of the state from health, education and justice professions into monitoring the "conduct of conducts" (Foucault, 1994/2002d, p. 341) of themselves and each other.

Conclusion.

At the beginning of the 1980s, New Zealand's standing as "a great place to live" was challenged due to the mounting number of children with physical, behavioural, cognitive and developmental impairments associated with social inequities. These impairments were framed as a state concern, as conditions creating social inequities are socially constructed (Max, 1990; Ritchie, 1978; Silva & Mc Gee, 1984). Discourses of early childhood care and education were reframed as a tool to address these inequities and increase the human capital of the workforce of tomorrow (New Zealand Treasury, 1987; Stuart, 2011). Additionally, within the private sphere of people's homes, discourses of parents as first teachers and the educational value of everyday caregiving activities were enriched through teaching and learning tools. These combined discourses reframed toilet training as a site of neoliberal action through the concept of human capital.

I think the interest of this theory of human capital is that it represents two processes: one, that we could call an extension of economic analysis into a previously unexplored domain, and two, on the basis of this, the possibility of giving a strictly economic interpretation of a whole domain previously thought to be noneconomic. Thus, all problems of healthcare and public hygiene must, or at any rate, can be rethought as elements which may or may not improve human capital. (Foucault, 1979, pp. 219 & 230)

Influenced by neoliberal discourses and surveillance by larger world powers, the fourth Labour government developed broader surveillance strategies reflecting a greater monitoring of Aotearoa New Zealand's children and their parents. Although more surveillance was occurring, the state balanced this intrusion into the private sphere of home life by placing the holistic responsibility of childhood health and development onto the parents. Part of this responsibility was to parent well, which meant child-rearing without smacking. At a service and community level, the questioning of smacking alongside the discourses of human capital filtered through to the daily discursive practices of parents that influenced the way they carried out toilet training and therefore the experiences of their children. These new ways of parenting and human capital discourses were held in place by normalised comparison, aided through tools, such as the *Health and Development Record Book*, commercial parenting books and education targeting parents. However, freedom to inflict violence on children while engaging in toilet training, or any other activity, continued to be endorsed through

Section 59 of the Crimes Act. This endorsement would not be lifted for another 20 or so years, therefore maintaining the discursive practices of toileting accidents and abuse.

1980s hindsight considerations and learnings.

With this article, I was able to explore the connection between toilet training and abuse. I first came aware of this connection by Murry (2007), and with further inquiry located international occurrences of this fatally produced practice as described by Krugman's article (1983) and more recently Alpasian, Kocok, Avei, and Guzel (2016). Collectively, the discursive practices described by Whiting and Child's research (1953) connecting abject tolerance of a society, age of expected toileting control and engagement of physical punishment, alongside Kristeva's theory of how an abjected object is created and the resulting visceral and somatosensory body responses has provided some insight into how this fatal discursive practice may be socially constructed.

On a more practical level, I was able to apply my learning about a realistic word count for an article and limiting the amount of theory I tried to embed within it. I was also getting a clearer picture of the outcome of locating episteme, ethos and technologies, which provided a clearer way to structure the article.

Episteme

Knowledge from neoliberal discourses and human capital discourses were located, particularly relating to personal responsibility, along with the child constructed as future workers required to meet the economic needs of Aotearoa New Zealand. Discourses about the importance of the early years of life for cognitive development built on earlier knowledge relating to emotional development, acknowledging or requiring mothers to be active in their role. The knowledge/power of quantitative empirical longitudinal research converted in economic values justifying the truth of early intervention programs was also located (Stuart, 2011). Awareness of othering, with a lower-case "o" (acceptance of diversity), was beginning to emerge. This was seen in shifts towards deinstitutionalisation (Hamer, Finlayson, & Warren, 2014) and more acceptance of society to include people with cognitive impairments into their communities. Discourses of parents as experts, with guidance, also began to emerge.

Techné

The techné, or the "conscious aim" (O'Farrell, 2005, p. 158), is enabled through a web of technologies of government. Due to the number of different technologies located, I have displayed them in a table format (see Table 4). The conscious aim for the 1980s was to create an environment that would enrich and value the cognitive skills of

the population, and therefore resources and systems to monitor the cognitive development of children, and the parents supporting them were developed and provided. Another conscious aim was to improve Aotearoa New Zealand's status compared to other countries, particularly with regards to literacy and abuse. The last aim was an acknowledgement of other people's voices, whether that was for women, children or people with impairments. Similar technologies of government are located in the 1980s, compared to the 1950s. However, the practices within the technologies had changed. These changes are outlined in Table 4.

Table 4

Technologies of Government – 1980s

Technologies	Discursive practices
Surveillance	Plunket visits and the Health Development Book to compare child growth to scales as well as normed, criterion referenced skills. Early childhood educators added to the social actors of the state who looked at children's well-being and health via the role of cognitive development and ensuring absent of abuse and neglect. The defining and surveillance of "what was appropriate" as punishment. The fear of exclusion for others, the fear of being labelled abusive or neglectful parents. The Organisation of Economic Co-operation and Development (OECD) and United Nations reports on New Zealand literacy standards and abuse rates.
Confession	Indirectly through letters to <i>New Zealand Woman's Weekly's</i> parenting advice column. Directly through Plunket visits, with early childhood educators and through documentation with <i>Health and Development Record Book</i> .
Examination	Weight, height and developmental milestones recorded within <i>Health and Development Record Book</i> . Denver Developmental Scales conducted on children.
Clinicalisation	Milestones checked within medical and/or Plunket centres.
Medicalisation	Of abuse/Of lack of talking/Of not meeting developmental milestones
Normalisation	Use teaching and learning techniques while engaging in everyday tasks with young children. To discipline without physical force and to talk more. That a child would be toilet trained within socially acceptable time frames.
Norm	Time frames and tasks as set out in the <i>Health and Developmental Record Book</i> .
Exclusion	Those with incontinence issues. Parents/Mothers who neglect or abuse their children.
Classification	Delayed, immature, neglected, abused. White collar, blue collar. Cognitive and language skills.
Distribution	Keeping people at home rather than in institutions. Moving people from institutions to community homes.

One of the main changes was the expansion of the technologies of surveillance. The social actors of the state increased to include early childhood educators and workers. Surveillance was broadened to gaze over a mother's/parent's ability to enable their child's physical health, emotional health and cognitive development, through active mothering. This surveillance was deemed to be a health, education and parental responsibility, and the knowledge to compare to was provided through the *Health and Development Record Book*. While conducting this gaze, any potential signs of abuse were to be detected, with an expectation to act on this information. The parents themselves were asked to self-confess if in an abusive relationship and to seek support. The gaze of the state penetrated all the way into the bathroom, due to the connection between toileting accidents and abuse.

Ethos

Ethos includes the subject positions and subjectivities put onto people as well as the subject positions and subjectivities people strive to shape themselves into. This information is presented Table 5.

Table 5

Technologies of Self – 1980s

Terminology	Description	Discursive practices
Ontology	what we seek to act on	<p>Parents/Mothers acted on their own behaviour, particularly in being nonphysical with discipline and more teaching orientated. Parents/mothers to be facilitators of their child's cognitive development and inclusion into society by meeting society's norms.</p> <p>Social actors of the state to monitor, stop and teach skills which decrease the amount of abuse and neglect of children.</p> <p>Children/adults controlling their instinctual bowel and bladder habits.</p>
Ascetics	how we govern	<p>Parents/others: governed by fear of producing a child that did not meet the norm. Fear of being excluded from parenting due to neglect or abuse.</p> <p>Social actors of the state asserting validity of practices through research findings, privileging neurodevelopmental, empirical and economic outcome-based research.</p> <p>Children: by the adults who teach them and by the messages of the abject.</p>
Deontology	who we are when we are governed	<p>Parents/mothers: valued citizens for the children they have produced who fit within the norm and are cognitively able and successfully raised.</p> <p>Social actors of the state; who have power to engage law; who have the expertise to say if a child is fitting the norm; as the person who the parent/other confesses to. Children; learners, compliant.</p>
Teleology	the end or goal sought	<p>Parent/mother who has raised children who are physically and emotionally normal with developed cognitive skills who in the future will add to economic productivity.</p> <p>Social actors of state who guard against neglect and abuse, who share the expert role.</p> <p>Child who fits into society and grows up to be an economically useful citizen.</p>

The subject positions and subjectivities arising from this analysis continued to have the good mother/bad mother binary, possibly a product of the strength of the discourses producing such knowledge, or possibly an outcome of the texts I have chosen to analyse. However, within this binary, there are other subject positions and subjectivities in play, such as mother as a teacher. A good mother is a mother who is a teacher. Therefore, there are layers of subjectivities within the one subject position of mother. Additionally, awareness of incontinence, independent of cognitive impairments,

was located, challenging the taken-for-granted truth that incontinence always comes with cognitive deficit. However, for adults, this awareness reinforced the shame and exclusion associated with body wastes out of place, thus reinforced the divide between what was considered adult and childlike behaviour.

The responsibilities of social actors of the state increased, as lack of development was now seen as a potential neglect issue and, with the reframing of physical punishment as violence, greater consideration and follow-up action from them was required. The seriousness of this shift is evident in the use of judicial law to define what was, and what was not, appropriate child discipline. In this time frame, smacking children was still acceptable. For the children, the subject positions of being delayed, neglected or abused were created. One way to combat this was through early education services. Children who did not attend were seen as having a limited start.

Reflections and Learning

This rupture sight enabled me to learn about the shift from Plunket holding dominance over early childhood health, to child health being contracted out to multiple providers (decentralised), and the use of empirical research to justify this shift (Bryder, 2003; Silva & Mc Gee, 1984; Tennant, 2007). With this shift, Plunket's enactment of being a community-based service changed. Traditionally, Plunket had looked at one child at a time within the community of the clinic or within the person's home, focusing on health. In contrast, in the 1980s, there was a shift to looking at the broader issues impacting on the health and well-being of the community of young children and parents, such as abuse (Royal New Zealand Plunket Society, 1980). This represents an expansion of population issues of concern considered from a biopower perspective.

I was able to unpack the taken-for-granted truth of learning and toilet training being associated together. Originally in my PGR9, informed by Aitken, I described toilet training as:

Toilet training is a task involving an adult and child who are interactively shaping each other while teaching and learning cultural practices that will enable the child to urinate and defecate in an appropriate place and manner for that cultural setting (Aitken, 2001 as cited in my PGR9 application).

At that stage of my inquiry it was a taken-for-granted truth that toilet training involved teaching and learning. However, I realise that, although toilet training is a change in behaviour, it does not necessarily occur through explanation, modelling, discussion, and positive reinforcement and praise. It also requires the physical capacity to "control" elimination. Although there will always be an element of learning within

toilet training, if a person ascribes to the understanding that any change of behaviour is the result of learning, how toilet training was conducted in the 1980s (and I would argue now as well) and who it is conducted with, reflects an underlying belief about a person's capacity to learn, and in turn their future ability as a productive citizen. Unpacking this taken-for-granted assumption assisted in helping understand why, linking back to my own work history and experiences, the children with impairments were not offered the opportunity to toilet train before attending school and why concern is raised about a child when this skill is not mastered. Although still attached to potential emotional disorders (past connection with psychoanalytical theory), it is more securely attached in the 1980s to a disorder of cognition and learning.

I had not realised that discussion about removing "reasonable force" from Section 29 of the Crimes Act had been raised in the 1970s. This seemed incongruent when reflecting how quickly knowledge seemed to change *Modern Mothercraft* from 1946 to 1953, and then how slowly it changed in regard to "smacking", with legislation only changing in 2007.

The importance of the first years of life on a child's developmental ability to me is a taken-for-granted truth, both as a mother and as an occupational therapist. I now realise that this has not always been the way and that this is a current episteme of my current historical context. Development is seen as being informed from both nature (biologically born with) and nurture (environmental experiences). It is holistically inclusive of physical, cognitive and emotional (social) development. As I conduct this inquiry, I can see discourses building around these notions. First in the 1900s, physical health was emphasised – as long as mothers provided good nutrition, sunlight, clean air and opportunity to play and explore, physical abilities would unfold to be within norm. Within the nature/nurture view of development, nature took a stronger prominence. In the 1950s, emotional health was acknowledged as important, although it was not actively understood how to promote it. Acknowledgement of the potential power of nurture was beginning to occur. As long as mothers were not coercive or overly emotional, the emotional health of a child would also unfold normally, thereby demonstrating the two perspectives of nature and nurture coming together. Leading up into the 1980s, cognitive skills were also seen as predominantly blueprinted by nature, not able to be enhanced, just requiring opportunity to unfold (the deployment of Piaget's theory) within the formal school setting.

However, a shift occurred by the 1980s. Children's development was no longer seen as unfolding naturally from within, but required stimulation from their

environment. Everyday occurrences of daily routines were seen as the site to add value to a child's cognitive development, particularly through the medium of language (Vygotsky influence). Therefore, the notion of early childhood years being a valued time for enriching development only really started to become a prominent concept/discourse in the 1980s.

The nature/nurture debate underlying how children's development is framed and how that is influenced through commentary relating to theories of psychology has taken on more clarity for me. Although both perspectives stem from the same discipline, I find it interesting that such opposing views can still fit within the boundaries of authorship allowed by one discipline. This in turn assists in explaining why psychology as a discipline has so many fields of knowledge creation, and in turn, grids of specification. I see this as a way to still connect to the overarching powerful history of this discipline, giving enough room to have contradictory perspectives, while not losing credibility.

I also found it interesting that the wording *normalisation* was used to explain the process of people moving from institutions to the community, tapping into the desire or the belief that to be like the norm is the preferred, which in itself demonstrates a taken-for-granted truth that to be included is preferred over being excluded. I am now aware that normalisation has many different meanings, from a concept within statistics, to ideas about society and disability. Foucault (1977) expands on the notion of normalisation through the concept of normalising judgement. Normalising judgement is described as an instrument of disciplinary power, and with that the connection to the norm and in turn examination occurs. "It is a normalising gaze, a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them" (Foucault, 1977, p. 184).

What Did I Learn from the Application of Foucault's Principles, Rule and Tools?

Ethics/ethos is about people modifying their own behaviour to be the kind of person they want to become. I now realise that subject positions are similar to deontology – "who we are when we are governed". Similarly, teleology – "the end goal sought" – aligns with subjectivities, but could also align with subject positions, if that was the end goal sought. With an ethos perspective, the person is actively choosing their end goal, but some subject positions and subjectivities are placed on people without their desire or agreement. Therefore, although similar, they do not exactly incorporate the whole of Foucault's ideas relating to subjectivities. However, if this is kept in mind,

by using all four of Foucault's ethos criteria, a concise summary of the discourse analyses can be achieved. Therefore, although Wilcock (2006), and myself included at times, resigned to the statement, "Foucault himself was far from being a systematic thinker" (p. 2), the more I engage with his thinking the more I can see clarity in the tools he produced and how they support his inquiry.

Chapter 6: Current Day

In this chapter, I justify why I step out of Foucault's way of conducting a genealogy and explain why I have located my third rupture in the current day. Following a similar structure as the first two findings chapters, I provide a mapping of the landscape to highlight relevant historical contextual occurrences which provided the conditions of possibility for correlated and transformed practices and discourses to occur. I outline the publications and texts chosen for analysis, including how I narrowed down the texts chosen, providing one example of how a specific statement analysis was conducted. I then present "Toilet Training in Aotearoa New Zealand: The Use of Critical, Quality and Purchased Time," which is currently under review by SITES journal. After this article, I apply the same framework as earlier chapters considering the episteme, techne and ethos followed by a reflective narrative of learning gained. Foucault's principles, rules and tools are then signposted to illustrate the application of his thinking along with Foucauldian scholars who have shaped my inquiry.

History of the Present: 2006-16 Mapping the Landscape

Foucault inferred the application of his genealogies to the present day rather than explicitly making the connection for his readers. Instead, he let the reader complete this last step, reflecting against their knowledge of the situation. By not extending his genealogies into the present day, he avoided placing one contextual reality over another (O'Farrell, 2005). I extend this to enable space to acknowledge that each person's experiences and context is unique to them. Therefore, the application of his topics about prisons, sexuality and madness might resonate in a different way to another person and therefore, he provides space to think otherwise, without stating what the action emerging out of the thinking should/could be. I also acknowledge and strive to provide "space to think otherwise". Foucault's thinking, through his own labour and now many other scholars, provides enough structure to guide how to expose taken-for-granted truths without espousing an alternative practice forward. Therefore, this last section focuses on current-day discourses, but stops short of stating what the action rising out of the otherwise could or should be. This last section focuses on the time frame from 2006 to 2016.

Mapping the landscape of the last 10 years includes noting that the current National government has been in office for the last 9 years. This government's focus has favoured neoliberal practices, particularly people being self-responsible. One consequence of this relates to accessing Ministry of Social Development funding via benefits. Adults with young children are obligated to have enrolled their child with a

general practitioner, engaged in Well Child/Tamariki Ora checks, and, after 3 years of age, have their child attending an approved childhood education programme. If the person receiving the benefit does not complete these obligations, they are offered support to engage in these tasks and then “If you still fail to take all required steps to meet your obligations, your benefit will be affected” (Ministry of Social Development, n.d. para. 2). This is relevant to point out, as it demonstrates that earlier versions of the *Health Development Record Book*, which was renamed the *Well Child/Tamariki Ora Book*, continue to be an important surveillance tool. Engagement with this tool, and health practitioners, is shaped to almost be obligatory or at least punitive if the person does not engage with it. There is a national target of 98% of all children completing their health and wellness checks (Ministry of Health, 2015). Part of this process includes inquiry into the toileting skills of the child through questions about general development. Furthermore, another surveillance step was included in 2008 with the inclusion of the Before School Check. This health check uses a Strengths and Difficulties Questionnaire (SDQ) which both a registered nurse (or another health professional) and early childhood educator complete, as well as a Parents’ Evaluation of Development Status Questionnaire (PEDS) completed by the parents. The data from these tools is reviewed, referrals made as required and then the information is kept on the child’s medical record. This information is then used to inform ongoing health strategies (Ministry of Health, 2015).

Prior to the fifth National government being in power, the Labour government had put in changes which have continued through National’s term of office and are relevant to the topic of toilet training, these being, in 2007 the fourth Labour government began to fund 20 hours of free early childhood education for all children over the age of 3 years. According to recent statistics, 50% of children between 0 and 4 years of age experience childcare services (Education Counts, 2017). These are mostly self-funded, however additional subsidies are provided for families seen as vulnerable. Vulnerable families include those with young mothers/parents, being out of employment and having mental health challenges. Therefore, targeted as well as universal schemes are running alongside each other. For children between the ages of 3 and 5 years, engagement in childhood education services is 90% due to the universal funding scheme (Education Counts, 2017). Therefore, these initiatives of targeted and universal early childhood education funding schemes, along with a trend towards later toilet training, meant that many children are now being toilet trained by people outside their immediate families (Mota & Barro’s, 2008). Along the subject of vulnerable

children, the Green Paper for Vulnerable Children was presented in 2011 for consultation and then published as a White paper in 2012, with corresponding practices arising out of its suggestions to reduce the harm experienced by New Zealand children (Ministry of Social Development, 2012). Practices include a police check and greater surveillance of any person working with a child in a paid or voluntary role, with a legislated expectation that processes of notification of potential emotional or physical abuse and neglect are completed.

Serving as a foundation for this change in 2007, the Green Party managed to force through legislation the application to remove “reasonable force” from Section 59 of the Crimes Act, which had previously allowed adults to use violence against a child under their care. This is relevant, as noted in the previous chapter, because an association between toilet training, and toileting accidents and abuse has been identified, and therefore the classification and the removal of reasonable force has the potential to change toilet training practices.

Other contextual issues include the global recession which began in 2008, and engagement with Kyoto’s carbon credits 2008-2012 scheme in an effort to positively influence climate change and acknowledge the health of the earth. The connection to toilet training is via the products used and the systems available to manage this waste, with disposable nappies ending up in landfill and creating gas which adds to global warming (Dombroski, 2013). Also, from a branding perspective, New Zealand relies on the image of a “green clean country” and therefore increasing expanses of landfills negatively affects the national image used to sell exports and entice tourists.

Another possible influence may be the quantitative study *Growing Up in New Zealand*, started in 2009 and tracking the life experiences of around 7,000 children from Auckland, Counties Manukau and Waikato areas (Superu/University of Auckland, n.d.a). The voluntary engagement provided by the parents of these children demonstrated the continued desire as a population to confess our lives in the name of research, confessing information about their child as well as their parenting life choices from engagement in employment and childcare services, parental smoking and alcohol use as well as disciplining practices (Superu/Auckland University of Auckland, n.d.c). This information is disseminated in the form of multiple reports and online media forums (Superu/University of Auckland, n.d.b) and is being used to create and reinforce norms to compare daily practices against.

A major influence that marks a difference from the 1980s to the current day is the prominence of the internet, which has brought connectivity and accessibility of

knowledge through search engines. Estimates are that 2.8 million people were connected to the internet in New Zealand and 50% of these people use it to access health information (Statistics, NZ, 2016). Therefore, unlike the other time periods analysed, I accessed information created in internet forums, such as blogs, online magazines and business websites. Also, within the time frame of this final analysis, the 2011 Christchurch earthquakes and the 2016 Kaikoura earthquake provided a stark reminder of the fragility of life and the environment that we live in. These natural disasters along with tragically taking lives of New Zealanders upset the daily routines and habits of many people. Many services were interrupted for long periods of time, with families not having access to sewage services and being required to use communally shared portable toilets. This interruption to normal services highlighted the expectation for the state to provide working sanitation systems. Increased toileting issues and delayed toilet training in the Christchurch area is correlated with the earthquakes (Broughton, 2017; O’Callaghan, 2015; Small, 2017). This very brief mapping of the last 10 years provides some of the contextual occurrences and conditions which enable, and link to, toilet training, childhood experiences and family life in Aotearoa New Zealand.

2006-2016 publication and text section.

With broadening out my access of statements to include internet-generated knowledge sources, the expanse of potential texts to draw from was huge. I once again drew on Foucault’s principle of reversibility (1981), and the corresponding procedure of exclusion and resistance, to help narrow the focus of statements selected. For instance, at the very start of my PhD process I attended a talk by a psychotherapist who had explored practices of elimination communication in Asian countries.⁸ She voiced her concern about the art of this practice being lost as disposable nappies became more accessible and her desire for elimination communication to be a more mainstream practice here in Aotearoa New Zealand. Her passion and level of emotion in discussing this topic and connecting it back to her clients in New Zealand who had relationship challenges with their children seemed extreme to me at the time. This made me aware that, although well read in the area of toilet training, there were discourses I was not engaging with. Therefore, I decided that statements about elimination communication would be included.

⁸ Elimination communication involves observing and then responding immediately to the signs of an infant’s impending bowel or bladder release by holding them over the toilet and giving a vocal or hand signal to the child (Bauer, 2016). The pairing up of a hand or vocal signal with the act of toileting enables classical conditioning to occur.

Statement selection.

I searched for statements about elimination communication, toilet training in the home and in early childhood education services, as well as information about relationship of such practices and the environment, prioritising New Zealand authored work. However, as the internet enables access to other voices from other countries, I also reviewed some of these, especially if New Zealand-based writers had referred to them. I continued to use the strategy of using community, service-level and government-level documents and tried to continue the links with sources used in the previous analyses.

Statement analysis.

I read broadly at first and noticed an association between time and how time influenced the everyday doing of adults and children. Time is a disciplinary mechanism Foucault (1977) discusses in *Discipline and Punish*, and therefore stood out as a technique worth further exploration. For example, in the statement analysed in Table 6, the unhurried use of time is inferred. Following the table 6 the last of the three articles which conclude this genealogy of toilet training are presented.

Table 6

Statement Analysis – 2016

Statement	
<p>“There is a supportive approach to toilet training, using unhurried and familiar routines ... toileting skills may still be unreliable, and young children are assisted in ways that do not engender shame or embarrassment” (Te Whāriki, Ministry of Education, 2016b, para 3 and 5).</p>	
Discursive formations	Analytical questions
Object-Surface of emergence	What historical or cultural situations and spaces enabled toilet training to become a concern for the Ministry of Education? What situation enabled toilet training to be included in a curriculum document?
Object-Authorities of delimitation	<p>The surface of emergence, requires the researcher to follow each chosen piece of text and therefore the practice produced from it, to the historical occurrences which have created such situations and space for it to emerge (Foucault, 1972).</p> <p>What led the Ministry of Education to have a voice about toilet training? What other subjects have authority?</p>
Object-Grids of specification	Is toilet training a specific skill listed on the Te Whāriki document?
Strategies	<p>How is toilet training assisted? Which methods are deemed to engender shame and embarrassment?</p> <p>What and when do toileting routines occur?</p>
Subject	<p>What does unhurried toilet training look like?</p> <p>What kind of subject positions are produced? What kind of child is reliable in toilet training and what kind of child is not?</p> <p>How is the author (Ministry of Education) shaped by providing advice and guidance on toilet training?</p>

2010-16s Article

Robinson, R., Hocking C., & Payne, D. Toilet training in Aotearoa New Zealand: The use of critical, quality and purchased time. Under review with SITES accepted with revisions.

Abstract.

The socialisation of a child into society's ways of managing body wastes is an important life skill which can impact the physical and mental health of the child and the public health of the child's community. Literature in this area has predominantly focused on how to toilet train, the connection between toilet training methods and ongoing incontinence issues, and the risk of cross contamination in childcare facilities. It is our argument, however, that the discursive practices of “in the moment time” of

toilet training are underconsidered. This is important as it raises questions around the loaded expectations placed on those adults supporting the orchestration and learning of this task, particularly mothers. Using a Foucauldian discourse analysis drawing on texts accessible within Aotearoa New Zealand, we located three constructions of toilet training time with children: purchasing time, quality time and critical time. We propose that these constructions are contested, with multiple requirements produced from medical, aesthetic and moral discourses. Our findings showcase the covert underpinning of medical neurodevelopmental knowledge providing justification for aesthetic and moral practices, as well as locating the opposing subjectivities of a committed mother and a noncommitted mother. This analysis opens space to think otherwise about the assumptions underpinning the task of toilet training and how mothers are required or choose to use their “in the moment time” during this task.

Keywords.

Toilet training, time, mother, child, Foucault.

Introduction.

Being socialised into society’s ways of managing body wastes is an important life skill which has the potential to impact the physical and mental health of the child and the public health of the child’s community (Black & Fawcett, 2008; Kovacic et al., 2015). This process of learning is often called toilet training. We define toilet training as a process in which a child learns to independently manage their excretory functions in a way that fits with society’s norms. Toilet training is an important aspect of public health by ensuring that appropriate use of sanitation systems occurs. The connection between sanitation and health has a prominent place on the world stage (Black & Fawcett, 2008; UNICEF, 2012), however, the people required to teach toileting and the discourses which shape how this is carried out are often not acknowledged.

Literature on how to toilet train children is vast, within both scholarly journals and popular media forums. This literature tends to focus on how to toilet train (Vermandel, Van Kampen, Van Gorp, & Wyndaele, 2008), comparing toilet training methods and outcomes (Duffin, 2012; Kaerts, Van Hal, Vermandel, & Wyndaele, 2012), particularly constipation and incontinence issues (Kovacic, et al., 2015) and to be concerned with cross contamination in early education facilities (Hoque, Hope, Scragg, & Kjellstrom, 2003), all which reflect the prominence of medical discourses. With all that is published, consideration of the productive nature of this advice on adults’ use of time, particularly mothers, and how this constructs subjectivities, is minimally discussed. Mothers’ use of time, particularly “in the moment time”, captures the notion

of the hidden tasks and expectations required during the act of toilet training. We propose that these expectations are often framed as being morally and aesthetically correct practices to engage in, however, when unpacked, we demonstrate that they are underpinned by powerful medical discourses. Exposing the interplay between moral, aesthetic and medical practices is important as practices underpinned by moral and medical knowledge are often produced as taken-for-granted truths and therefore seen as natural and unchangeable. Locating the practices and subjectivities produced by the interplay of medical, moral and aesthetic discourses enables space to think otherwise and potentially dismantle taken-for-granted truths, such as the gendered nature of toilet training, the societal importance we place on independent toileting and the dominating power of medical discourses. Lastly, we argue that toilet training, due to its connection with these discourses, is produced as a key juncture in which the mother is expected to navigate correctly to ensure a positive life course forward for her child.

This article completes a three-part genealogy of toilet training practice. Firstly, “Toilet Training Discourses in 1950s Aotearoa New Zealand” (Robinson, Hocking, & Payne, 2016b) showcased the influence of medical and psychoanalytical discourses on the everyday practices of mothers and children, while the second article, “Toilet training practice and subjectivities in 1980s Aotearoa New Zealand” (Robinson, Hocking, & Payne, 2016a) demonstrated how a shift in toilet training practice was influenced by the contextual situation of neoliberal and human capital discourses. This article provides the final part of the toilet training story by describing current-day practices and subjectivities.

The structure of this article occurs in the following manner. Firstly, we outline the methods and texts used to support his inquiry. Within this process the relevance of time as a concept of inquiry for toilet training is presented. Discourses and practices from the 1950s and 1980s are reviewed and then expanded to consider how these discourses have transformed (Nicholls, 2009) and present themselves in current context as different time use requirements. Consideration of toilet training as a key juncture requiring navigation by the mothers is discussed. We conclude the article by opening up space to think otherwise about the assumptions underpinning the task of toilet training and how mothers are required or choose to use the time needed to accomplish this task.

Method.

This article reflects the thinking of Michel Foucault (1990, 2008), who demonstrated that taken-for-granted truths emerge from what is understood as legitimate knowledge. This knowledge is disseminated through discourses, which in turn produce

ways of thinking, doing and categorising people. Therefore, following Foucault's scholarship, a coupling between knowledge and power exists, and shapes society's everyday experiences. This inquiry particularly considers discourse and practices stemming from a medical, aesthetic and moral knowledge, and how they shape time use. Moral discourses relating to excretory practices are those tasks used to manage actions that repulse society (Inglis, 2001). We expand consideration of this repulsion to include taken-for-granted truths of the correct thing to do with regard to care of oneself, others and the environment (Ritchie, Duhn, Rau, & Craw, 2010). Medical discourse relates to the health and development of the body as well as public health. While aesthetic discourses are based in people's sensory responses to bodily excreta (Inglis, 2001) and everyday responses to sensory experiences. Similar to medically produced discursive actions (actions produced from discourses), people's moral and aesthetic reactions to excretory practices are socially constructed and can therefore be brought to light and traced back to specific discourses (Rose, 1996).

Foucault's thinking highlights how knowledge/power are influenced by their historical cultural context (Foucault, 2008), and therefore discourses and the texts are considered against their situated context. This type of discourse analysis is called a genealogy due to the connection with considering the power-based production of daily experiences. However, due to the connection with sanitation and public health, it also has a biopolitical focus. Additionally, due to the consideration of how discourses shape people's actions and space to consider the freedom people have to construct their own lifestyles, such as engaging in a type of mothering which uses elimination communication, a governmental focus also occurs. A governmental focus considers the interplay between normalised practices shaped by surveillance and engaged in by the collective population and individualised practices, which may be personally chosen to strive to match the norm or separate oneself from the norm, the main difference being self-surveillance versus collective surveillance holding practices in place (Foucault, 1977, 1988). It is important to note that Foucault was a poststructural thinker, meaning that he rejected the premise that there is one objective answer to be found. Accordingly, in the discourses and subjectivities highlighted in this inquiry, other equally valid perspectives are also circulating. With this openness to multiple perspectives being acknowledged, the credibility of this inquiry is obtained by providing evidence from current-day magazines, blogs, websites and newspaper articles, as well as documents at governance levels.

Inquiry Focus.

At first, I read broadly across a range of toilet training literature and noticed an association between toilet training and time, and how constructions of time influenced the everyday doing of adults and children. Time is a disciplinary mechanism Foucault (1977) discusses in *Discipline and Punish*, this concept stood out as a technique worth further exploration, and therefore shaped the focus of this article. The most obvious connection to time was how time frames are used to explain and measure a child's expected progression along this continuum of instinctual body waste voiding, to controlled body waste voiding. It is these behavioural time frames that cause the concept of time to be repeatedly included in texts about toilet training, particularly when to start, and how frequently to take a child to the toilet. Community-level texts, such as Huggies' website (2016), *Well Child Tamariki Ora: My Health Book* (Ministry of Health, 2002), *Strategies with Kids, Information for Parents* [SKIP] (Ministry of Social Development, 2011) all inferred or provided a time in which toilet training should be considered. Another construction of time use located is about misuse of time as demonstrated by Grade (2013):

“The average child goes through 6,000 disposable nappies [diapers] from the time they are born until they are toilet trained” (Grade, 2013, p. 9). Grade's use of the word *time* illustrates the more subtle but dominant connection between time and the process of toilet training. Time is seen as a precious resource; therefore, if toilet training is started before children are deemed developmentally ready, parents are seen as wasting time trying to toilet train too early. In contrast, if parents start after readiness has occurred, they are also seen as wasting the time spent changing children who could have been independently toileting themselves. These constructions reflect the notion of misused time and allude to the idea that the correct use of toilet training time must be possible and preferable.

What is also included in analysed texts like those cited above, often as a taken-for-granted practice was how adults are expected to use time during toileting to socialise with children. The process through which children acquire cultural knowledge has been a long-standing area of inquiry. Over the course of history, the view of childhood has changed, from children being mini-adults in smaller bodies, to infancy unfolding into adulthood in a predictable pattern due to innate biological structures, to a passive blank slate to fill up and shape through operant conditioning, to, in more modern times, that of an active agent who interprets, engages and shapes their experiences and holds agency (James & Prout, 2015; Woodhead, 2006). These shifts in thinking reflect the changing

nature of knowledge and what is deemed to be true at that point of history (Foucault, 1990). Current thinking reflects a sociocultural and ecological view of children's development and therefore acknowledges the processes of enculturation and socialisation. This focus in turn provides space to consider the roles of others in a child's ongoing development. How toileting time is used, and who is expected to dedicate "in the moment time" with a child during the task of toilet training reflects society's' current beliefs around who is responsible for the socialisation of children. Therefore, although acknowledging the child's agency in toilet training, this article focuses on the discourses that shape the adults engaged in the task of toilet training children, particularly mothers.

Statement selection.

Foucault's teachings advocate that knowledge is productive and shapes everyday practices and subjectivities (Foucault, 1990; Tamboukou, & Ball, 2003). Therefore, to perform robust research, the links between context, informing knowledge, discourses, daily practices and subjectivities need to be demonstrated (Hook, 2001). The first step of a Foucauldian genealogical biopolitical governmental discourse analysis is accessing statements. Statements are groupings of sentences which represent a type of knowledge, instruct an action or describe a personal trait. For this study, statements were accessed from texts published since 2006 in Aotearoa New Zealand, supplemented with online resources written in other countries but accessible through the internet. A small selection of statements are showcased as quotes, providing evidence of the discourses and practices or actions in play in Aotearoa New Zealand's current historical context.

Following Foucault's rule of exclusion, which refers to that which is prohibited, that which is mad and that which seems false (Hook, 2001), we started looking at community-level sources, such as newspapers and magazines, for toilet training practices that would be considered marginal within Aotearoa New Zealand. This led to the location of texts on a practice termed "elimination communication", which was considered to be against normalised practices published in texts by the Ministry of Social Development (SKIP, 2011) and the Ministry of Health (2002). Normalised in this context means that which has been researched under a medical developmental lens and then espoused as the expected behaviour (Ewald, 1990; O'Farrell, 2005). This procedure enabled us to unsettle taken-for-granted ways of doing. Doing, practice and discursive practice are interchangeable terms which mean everyday actions. These statements were then traced to the everyday practices, structuring of time and subjectivities they produced or encompassed. Although Foucault's thinking opposed

looking at knowledge and history as progressive (O'Farrell, 2005), he did acknowledge the layering of knowledge through the process of commentary (McHoul & Grace, 1998) and therefore transformation of discourses and practices (Nicholls, 2009). Therefore, before locating the everyday practices and subjectivities located within this analysis, a brief review of toilet training practices in Aotearoa New Zealand since the 1900s is provided to enable the concept of transformation of discourse and practices as presented through commentary to be exposed.

Historical overview and the emergence of critical time discourses.

Toilet training practices in early 1900s Aotearoa New Zealand were predominantly governed by Truby King, the founder of the Royal New Zealand Society for the Health of Women and Children (Inc), later referred to as Plunket. Plunket's mission was to "help mothers and save babies" (Deem & Fitzgibbon, 1948). In the early 1900s, high rates of infant deaths were a national concern. King's solution to this problem was to draw on medical hygiene knowledge and utilise behavioural conditioning to improve the health of young New Zealanders by teaching mothers scientifically structured ways of mothering (Bryder, 2003). These influences were reflected in the toileting advice given by Plunket. From the early 1900s to the 1950s, children as young as 3 weeks of age were placed on a small chamber pot at regular time-measured intervals to produce a bowel motion on cue. This practice, often supported by a diet of prunes and the administration of enemas, was seen as morally appropriate to ensure the future discipline and physical health of the child (Deem & Fitzgibbon, 1948). Improving the health and increasing the numbers of European babies was seen as critical to the effort of colonising New Zealand, and one that was deemed the mother's responsibility (Bryder, 2003).

In the 1950s, informed by neuroscience, developmental psychology and psychoanalytical discourses, a shift in toilet training practices occurred (Robinson, Hocking & Payne, 2016b). The toilet training of children moved to a later age, justified by the finding that the myelination of the cortical nerve tracks from the bladder to the brain were not in place until after 18 months of age (Ford, 1952). Thus, it was argued that children do not have the physiological capacity to exercise control over waste excretions until myelination is complete. Lists of observable readiness skills demonstrated by the child during this time frame, such as putting items away, enabled mothers and researchers to gauge when this internal development had occurred (Spock, 1946). This normalising knowledge led to child development being described in grids of specification, showcasing stages of development, each stage assigned to an age and

mapped against a time continuum. These published time frames, although researched in the 1930s (Gesell, 1948), became readily accessible during the 1950s via medical textbooks and parenting books (Beatty, Cahan, & Grant, 2006), specifically in Aotearoa New Zealand in Spock's *Baby and Child Care* (1957) and Deem and Fitzgibbon's *Modern Mothercraft* (1953).

Ways of thinking about child development were also influenced by psychoanalytical discourses because of the perceived need to address children's emotional health. Although the physical health of New Zealand children had improved over the previous 50 years, in the eyes of those who ascribed to psychoanalytical theory, Aotearoa New Zealand's way of raising children was lacking (Bevan-Brown, 1950). As mothers were constructed as the primary caregivers during this historical period, discourses broadening the gaze beyond children's physical health positioned mothers as also being responsible for their child's emotional development (Robinson, Hocking & Payne, 2016a).

This construction of mothers' role and responsibilities was shaped by many factors, including Bowlby's *Maternal Care and Mental Health Deprivation Report* (Bowlby, 1951) to the WHO (Kedgley, 1996). The knowledge informing this report came from theories connecting mothering, toilet training, excretory functions and personality development together, such as the anal stage in Freud's psychosexual theory, and autonomy versus shame and doubt in Erikson's psychosocial theory (Erikson, 1950; Weiten, 2014). According to these two theories, teaching and responding correctly to the management of excretory body functions is a catalyst that could influence people's emotional health in adulthood (Erikson, 1950; Stallworthy, 1959). Therefore, the mother's ability to facilitate excretory management correctly and within the proposed time frames, was critical to the ongoing emotional and physical success of the child. These psychoanalytical discourses altered this everyday task, enabling child-centred rather than mother-led toileting practices to emerge. Psychoanalytical knowledge thus piggybacked on the quantitative, empirically based ages and stages grids of specification, reinforcing the practice of conducting toilet training in the child's second year of life. Thus, the second year of a child's life was constructed as a critical time for mothers to start toilet training, with this taken-for-granted truth produced through the knowledge sources of medical science, neuroscience, developmental psychology and psychoanalytical theory securing medical discourses prominence in shaping toilet training practices and a mother's role within it (Robinson, Hocking, & Payne, 2016b). These constructions, the initiation of training

and mothers being responsible for this task, continued via commentary into the 1980s and current day. In the following section, we demonstrate that in the 1980s mothers are still positioned to be the lead adult involved in toilet training, but for new reasons and in new ways.

A new strand to critical time.

In the 1950s, it was seen as critical to complete toilet training within a specific time frame, in a particular way (Robinson, Hocking & Payne, 2016b). In current day, these discourses still remain, however, they have been transformed to also consider the critical nature of how society uses resources and how this affects the health and the aesthetics of people and the earth. Acting in an earthwise, responsible manner and instilling this way of thinking in children are increasingly seen as critical (Dombroski, 2013; Lee, 2013; Ritchie et. al., 2010). One way of instilling this thinking occurs through the products and processes used to support toilet training. We suggest that sustainability practices and medical discourses of critical time are woven together influencing “in the moment time” use.

Starting in the 1980s with conversations around cloth diapers versus disposable, sustainability discourses have shaped toilet training practices and in turn have been created as a marker of a type of chosen lifestyle. “There’s nothing wrong with cloth diapers, but once they’re elevated from something that catches a baby’s poo into a lifestyle, something has gone awry” (Keith, 2014: 99). The inferred thinking here is that cloth nappies are more sustainable and earthwise, and that engaging in these practices requires ascribing to a particular way of life and therefore time use. This connection between parenting and sustainability practices is demonstrated in this quote taken from a New Zealand-based website Thenappylady.co.nz: “We started with nappies [choosing cloth not disposables] and went from there. Over time we added in one little step at a time and have become a sustainable household” (Mead, 2016: para 1). Toilet training offers the opportunity to model sustainability practices and values through the products chosen or deliberately not chosen. Within this time use of engaging in a particular way of toilet training how mothers dispose of the child’s faeces, and their practices of reusing products, are passing on not just cultural knowledge about toileting expectations, but also sustainability knowledge (Dombroski, 2013). Therefore, if mothers also ascribe to toilet training practices which stem from sustainability discourses, another layer to how time is organised occurs. These mothers are committed to their child and committed to improving the earth by the choices they make relating to body wastes and the teaching they pass on to their child while engaging in the everyday

practice of toilet training. The motivation behind ascribing to sustainability practices can be linked to both the health of the earth by decreasing the number of nappies in landfills and in turn stopping the leaking of body wastes into water sources used for living, as well as the health of children's skin (Baer, Davies & Easterbrook, 2006). Another motivation potentially underpinning sustainable toilet training practices is the aesthetics created through these practices, bonding with a child through elimination communication, not having to change nappies, or for the child the aesthetics of not having body wastes trapped next to the skin. The aesthetics of not having an earth polluted by discarded nappies is also located in discourses (Lee, 2014). The push to alter the use of disposables has lead 30 district councils in New Zealand to contract a cloth nappy educator "to explain the advantages of the reusables to expectant parents, in an effort to cut down on domestic waste" (Akoorie, 2014: para 4). The connection between saving time and damaging the environment is demonstrated in the following quote: "We were convinced by very astute marketing that we would have more time available in our lives if we used disposable products because you could just throw it away when you are done with it instead of taking the time to wash it" (Meads, 2016: para 3). Therefore, people who are committed to the earth, are committed to spending time for the health of the planet.

Therefore, sustainability discourses are connected to toilet training practices through both the choice of products used and the process engaged in. These practices are often justified from of an aesthetic perspective of looking after the earth. However, these same discourses also alter the aesthetics of how in the moment time of toilet training is used. A more prominent strand of sustainability discourses connects to medical discourse relating to contamination of water sources from body wastes. From the 1980s to current day, practices emerging from medical and aesthetic discourses have enabled space for sustainable toilet training practices to be produced. The social construction of this task has rendered it as critical to the development of the child, and then by the product and process choices made, critical to the ongoing health of the earth.

Quality time.

In this section, we first highlight the discourses and practices located in the 1980s relating to toilet training, pulling on a genealogical analysis presented by Robinson, Hocking, and Payne (2016a). Once this is briefly provided, we demonstrate how these discourses and practices are being transformed through current-day commentary. In the 1980s, the timetable for initiating toilet training continued to be

around 2 years of age, demonstrating that the discursive construct of critical time from the 1950s was still in play. However, new knowledge broadened the task of toilet training into a valid opportunity to cognitively enrich a child's early learning skills and, therefore, human capital. Human capital is seen as the potential to economically capitalise on each person, to make the most, or get the most out of them as a citizen. Improving children's cognitive skills improves their learning power, which in turn improves their earning potential as an adult (Stuart, 2011).

Thus, in the 1980s, an overlap of psychoanalytical theory, which stressed the importance of the mother-child relationship during toilet training, merged with human capital discourses, which placed increased value on cognitive development (Robinson, Hocking & Payne, 2016a; Stuart, 2011). These combined discursive constructs created the emergence of "quality time". The construct of quality time reinforced intensive mothering practices, these practices being "child-centred, expert guided, emotionally absorbing, labour intensive, and financially expensive" (Hays, 1996, p. 122). Intensive mothering assumes that the mothers should be primarily responsible. Furthermore, they "are expected to see the world through the eyes of the child, and thus respond always from that subject position" (Arnold, 2014, p. 47). In this way, intensive mothering knowledge shapes a mother's and child's engagement in everyday tasks in a very specific way. Quality engagement was now seen as a morally correct way for mothers to parent their child. However, even the discursive construct of quality time has degrees of quality described within it, as well as acts of resistance. Unpacking these degrees of quality is important as this construct underpinned by the ongoing but continually transformed discourses that mothers are the ones responsible for their child's development.

Mothers of now.

There is a subset of mothers who are described as an "extreme form of intensive mothers" (Walker, 2014, p. 60). They ascribe to the toilet training practice of elimination communication (Walker, 2014), which involves observing and then responding immediately to the signs of an infant's impending bowel or bladder release by holding them over the toilet while pairing a vocal or hand signal to the child (Bauer, 2016). The pairing up of a signal with the act of toileting enables classical conditioning to occur. This is very similar to the holding out of children in the early 1900s, except that the mother is responding to an infant's signal rather than a prescribed timetabled routine set by Plunket. Engagement in intensive practice of elimination communication is seen as an opportunity to enrich quality time between mother and child to an even

deeper level as demonstrated by this quote: “The greatest reason and benefit, however, is that parents feel they are responding to their baby's needs in the present moment, enhancing their bond, and developing a deeper communication and trust” (Bauer, 2016, para 5). Therefore, quality time is seen as having a specific aesthetic quality attached to it, while, at the same time, including the traditional and medically based practice of bonding and, therefore, attachment (Schoore, 2000).

Maximising time, reading with toilet training.

Another quality-time practice that shapes “in the moment time” is reading to children. Reading to children about toilet training before, during or after the task has been advocated since the 1980s (Ritchie, 1978; SKIP, 2011; Welford, 1987). A specifically created genre of children’s books depicting everyday activities, such as toilet training, embraced a child-centred view, informed by learning theory and human capital influences emerged during the 1980s. Contemporary books of this genre are adorned with technology of simple cause-and-effect buttons, providing auditory additions of toilets flushing or people cheering to the reading experience (Pinnington, 2009) or are tactilely rich with padded toilet seats incorporated on the cover (cognitive enrichments) (Sirett, 2010). These additional adornments reflecting practices rising from aesthetic discourses to enrich the sensory experience of reading and from a human capital perspective, the cognitive stimulation of the child.

Reading to children about the steps of toilet training and mastery of toileting experiences is seen as a way to regulate action, to strengthen the relationship between mother and child, while also enriching sensory, language and early academic understanding. The location of this task is in the bathroom, while sitting on a toilet. “By 15 months old, he was sitting on the toilet by himself – one hand on the side of the seat and the other between his legs – as I ... read him a book” (Chatel, 2015: para 1). All these quality-time elements, such as reading while on the toilet or being together during self-cares, shape the time use of mothers and children.

This connection of reading and toilet time was such a taken-for-granted truth in Aotearoa New Zealand that, in 2013, Treasures nappies adorned their products with characters from the Hairy McClary children’s book series. Huggies, another provider of disposable diapers, also suggests reading and even has a children’s book club (Huggies, 2013, 2016a, 2016b). Even *Strategies with Kids Informing Parents* (SKIP), a resource published by the Ministry of Social Development, states “read books or tell some stories about kids learning to use the toilet” (2011, p. 4). A mother engaging with her child in

this manner has ascribed to the taken-for-granted truth that good mothers enrich their child at any opportunity, and do this in a quality manner.

The connection between books within a home and future success is well documented (National Library of New Zealand, n.d). Following this line of reasoning, parents who invest in reading products for their children will improve their child's educational outcomes and therefore invest in their child's future, giving them the edge to success in society (Nadesan, 2002). A popular parenting magazine demonstrates the link between quality time, reading and future success: "A cuddle, your voice and something to look at [book] – it's all starting them off on their road to a PhD ..."

(Cowan, 2016, p. 35). Therefore, reading before, during and after toileting as part of the toilet training routine is produced as a task to include within the "in the moment time".

Milkie and Warner (2013) described this practice as *status safeguarding*. The ultimate goal of status safeguarding is to ensure that their child reaches the highest social status achievable. This "entails vigorously pursuing what is believed to be the best for an individual child at every key juncture through anticipating and solving status problems" (Milkie & Warner, 2013, p. 68). The connection between status safeguarding and toilet training as a key juncture is now considered.

Toilet training – a key juncture.

We propose that toilet training has become one of these key junctures, which is possibly why mastery in this task is loaded with assumptions regarding the future trajectory of the child and why "in the moment time" is so heavily constructed by society. Many of these assumptions stem from child development theories put in place during the 1950s and 1980s, linking critical time and quality-time discourses with toilet training. Quality time, which is influenced by medical and aesthetic discourses, can be a form of status safeguarding, and is further enriched by purchasing educational products (Takseva, 2014). The ability to invest in quality time is also influenced by financial security, which affords more freedom to make choices about toilet training practices (Appling, 2012). Choices include purchasing products and in turn extend out to consider a mother's engagement in the paid workforce and the utilisation of early childhood education services.

Purchasing others.

To be a mother and return to the workforce full or part-time before one's child starts to attend school requires someone to look after the child. While this could be the child's father, in Aotearoa New Zealand this service is predominantly provided by early childhood education organisations (Carrol-Lind & Angus, 2011; Ministry of Education,

2016). Huggies, a diaper producer, specifically suggests engaging another person to assist with the toilet training process “if you simply can’t afford time off work or you find yourself as busy as a bee, perhaps looking for a babysitter or carer is another option” (n.d: para 5).

Growth in the enrolment of children in early education services is the result of changing perceptions of the value of education and the value of influences from outside the family (Levy, 2016; May, 2013). This practice is reinforced by government policies which enable parents to enrol children from 3 months of age for a cost, and for children 3 to 5 years of age, free for 20 hours a week and a maximum of 6 hours a day (New Zealand Government, 2016). Consequently, the task of toilet training may be conducted outside the home by adults not biologically connected to the child (Kaerts et al., 2012; MoE, 2016). These structural changes influence the aesthetic experiences of children learning to be toilet trained, and the mothers who now share this task with another adult foreign to their family’s ways of doing.

Committed subjectivities.

The government is committed to young children having a good start to their educational life (Ministry of Health, 2016) and therefore supports the qualification and employment of trained early childhood teachers. However, commentary which transforms discourses from the 1950s and 1980s ignores this contextual shift, and continues to produce the taken-for-granted truth that mothers need to engage with purchased products, at critical times in quality ways to support their child’s development at this key life course juncture. To give commitment “in the moment time” to a developing child is seen as the morally correct thing for a mother to do.

Toilet training takes commitment, whether by using elimination communication or more mainstream toilet training practices (Chug, 2013). Therefore, when mothers engage in this task, they are often given or ascribed to the subjectivity of being a committed mother. In comparison to this are the mothers who delay toilet training their child as they are unable to commit to the time required to complete the task (Dailymail, 2017; Parson, 2012). Therefore, the act of resistance is demonstrated through the lack of personal doing. However, toilet training still occurs through purchasing another adult to complete this task (Gurkan, 2016).

Transformation and the complexity of subjectivities.

We proposed that toilet training advice has created heavily loaded “in the moment time” expectations and discursive actions for both the mother and the child engaged in the task. We have described these discursive actions as critical, quality and

purchasing time, and have traced their production back to medical, aesthetic and moral discourses. Critical toilet training time is seen as a way to enable physical, emotional and cognitive development. Critical time links back to earlier medical psychoanalytical and developmental psychology knowledge creation linking the mother and the child together. This past knowledge is now justified by new technologies, such as functional magnetic imaging which demonstrates how enrichment and relationship build neural pathways within the brain (Nobilo, 2016; Sivaratnam, Newman, Tonge, & Rinehart, 2015; Swain, Lorberbaum, Kose, & Strathearn, 2007).

In exhorting adults, through the truth of medical scientific technologies, to make the most of these critical times, an adult, usually the mother, must also engage in quality time. Quality time occurs through the promotion of relationship and learning during these critical times. Quality time also links back to knowledge creation stemming from a psychoanalytical perspective and is once again justified by the neuronal growth that can be produced espoused from medical discourses (Schor, 2000). Enrichment of quality-time experiences is achieved through purchased products, particularly books, adding to the aesthetic quality of the “in moment time”. Those mothers who engage in toilet training at the critical moment, in a quality-time way with the support of purchased products, demonstrate their commitment to their child and, if engaging in sustainability practices, also to the earth. However, a different subjectivity is given to a mother who has purchased another adult to navigate her child through this key juncture, irrespective of it still being done at the critical moment, in a quality way, while reinforcing sustainable choices. The subjectivity produced, a noncommitted mother is given, because the mother is not the one doing the “in the moment time”.

Conclusion.

We have argued that to take up all these discursive practices during “in the moment time” of toilet training creates the subjectivity of a committed mother. However, if the socialisation of toilet training is outsourced to another adult, the subjectivity of a noncommitted mother is created. We have identified that, although space is produced for aesthetic and moral discourses to be acknowledged within the constructions of critical, quality and purchased time, their taken-for-granted truth is intertwined with their underlying connection to medical (public health and neurodevelopmental) discourses. This analysis has functioned to open space to think otherwise about the assumptions underpinning who is expected to conduct toilet training, how and why the “in the moment time” of toilet training is so heavily

constructed towards the mother completing this task, and how this influences the experiences of the child and adults engaged in this civilising task.

2006-2016s: Hindsight Considerations and Learnings

Influenced by Inglis and Holmes's article "Toiletry Time Defecation: Temporal Strategies and the Dilemmas of Modernity" (2000), published in *Time and Society*, I decided to write my last article to meet the brief for this journal, which is to publish from a wide range of disciplines on any topic relating to the concept of time and temporality. Foucault's thinking shaped this article through the application of his rules, particularly the rules of exclusion, keeping it local and looking at exteriority. The process of writing this article was less laborious, as I now had a greater comfort with Foucault's thinking and how to represent this within an article. Additionally, more of the resources were available online which assisted the process. Unfortunately, this article was rejected, but useful feedback was provided. Feedback is a gift as noted by Foucault, "Without the questions that I was asked, without the difficulties that arose, without the objections that were made, I may never have gained so clear a view of the enterprise to which I am now inextricably linked" (1972, p. 17). One aspect of this feedback was that I had not moved far enough from the data, and I had not reconnected with the historical periods that I had laid out earlier in the article. This was useful feedback which I used as I moved forward. I decided to move back to a health focus and therefore rewrote the article streamlining it and then submitting it to *Psychology and Health*, which was also rejected, but without feedback. I contacted *New Zealand Sociology* who had published the first two articles written for this thesis. However, they informed me that they were unable to accept this article due to the requirement of publishing a diversity of topics. This led me to submitting to *SITES: a journal of social anthropology and cultural studies*. I am waiting for their feedback. Following the same format as the earlier chapters, I will now expand on the findings. Firstly, I will discuss the episteme, techne and the ethos drawn from the data.

Episteme

Episteme enables space to consider the knowledge, the systems which produce, disseminate and present knowledge and the ways in which it is circulated in a more or less conscious manner (Danaher et al., 2000). Within this last article, the emergence of sustainability knowledge and living well with the earth and children's role and responsibility within it, was a newly located discourse (Dombroski, 2013; Lee, 2013; Peterson & Lupton, 1996; Taylor, 2013). While the correlation of knowledge included

psychoanalytical theory, human capital theory and developmental theory, transformation of knowledge was seen in the changing role of education-based social actors of the state and their role in being a commodity. The most interesting aspect was seeing the connection between discourses producing moral and aesthetic practices and practices reinforcing the knowledges circulating within the discourses. Thus, demonstrating the productive nature of both, furthermore, once unpacked a connection to science-based medical knowledge was located.

Techné

Foucault outlined four technologies: technologies of production, technologies of sign systems, technologies of power and lastly, technologies of self (Foucault, 1983, 1997/2000f). In this inquiry, I have focused on those relating to the body, hence technologies of power and technologies of self. Within his technologies of power, Foucault enabled space for people to shape and be shaped through the act of resistance, while in the technologies of self, people mindfully shape themselves independently or with the help of others towards their aim. When these technologies are combined, they produce the “conduct of conducts” (Foucault, 1994/2002e, p. 341). This production captures the connection between the individual and the social, however Lobb (2015) proposes that something more is required. She advocates for a fifth technology – the technology of the other. This technology uses empathy as its tool and focuses on engagement with others at a nonverbal level. Lobb suggests that this technology is about enabling the other to develop autonomy; this technology is currently described as being one-directional with the focus being enabling the other. She proposes that it is through the technology of the other, that the one being supported will be able to, one day, have the skills to engage in the technologies of the self. Lobb’s work is interesting. However, the lack of acknowledgement of the less agentic person shaping the more agentic person through shared relationship presents as a problem within this proposed new technology. It is, however, interesting to consider how agency is enabled through the differing technologies and the use of emotion or emotion-based skill of empathy within this process. This point will be revisited again later in my discussion chapter. Following the same structure as the 1950s and 1980s chapters, I have charted my findings against technologies of government in Table 7 and technologies of self in Table 8.

Table 7

Technologies of Government – 2016

Technologies of government	
Technology	Discursive practices
Surveillance	Of infants and young children demonstrating signs of needing to urinate or defecate by mothers/carers. Of the amount of waste produced by families with young children by councils. Of mothers on other mothers in their skill and level of surveillance of their children's bowel and bladder needs by other mothers. On educators/teachers' ability to complete toilet training in a nonhurried care moment manner by other educators/teachers and mothers. Of those families on benefits with children to meet their obligations stated by Ministry of Social Development and followed up by social actors of the state who work for the Ministry.
Confession	Indirectly through <i>New Zealand Woman's Weekly</i> , online blogs and business website question and answer forums. Through Plunket visits. To early childhood educators.
Examination	Not specifically located
Clinicalisation	Not specifically located
Medicalisation	Not specifically located
Normalisation	To teach and enrich during the act of parenting, to be close to their child or have someone close to your child to pick up on their signs. To engage in interactions with calmness, warmth and in an environment of attunement. To use products that are socially acceptable (this means different things to different people). To call in experts to show a parent/mother how to do an everyday act of managing waste (human and nonhuman).
Norm	Set by practices in other contexts. Set by recycling specialists
Exclusion	Those who engage in elimination communication and those who don't engage in EC. Those who use cloth nappies or not. Those who use disposables or not.
Classification	Those toilet trained and those not.
Distribution	Keeping people at home with fewer people around to focus on a child's bowel and bladder needs. Placing many children together in early childhood settings, distributing their needs by toileting skill.

The initially puzzling findings located in this table was the lack of practice produced from examination, clinicalisation and medicalisations. This was due to the underpinning assumption that the child was developing along normed time frames, influenced by the texts I chose to analyse. Another key finding was the hierarchical nature of surveillance, the surveillers and the surveilled. These points are expanded on later in this chapter, after the findings relating to technology self are explored.

Ethos

Table 8 outlines some of the discursive action located in the area of technologies of self. There are many actors, the child, the mother, parents, teachers and early

childhood workers. The examples provided in Table 8 are indicative of the full analysis which is discussed later on in this chapter.

Table 8

Technologies of Self

Technologies of self		
Terminology	Description	Discursive practice
Ontology	“what we seek to act on”	Mothers acted on their own behaviour particularly in being attentive and mindful of all their actions for their child and for some the earth.
Ascetics	“how we govern”	Governed by attunement with a child and with the earth by the waste made and the products used. Governed by time and money. Through shame, disapproval and by admiration.
Deontology	“who we are when we are governed”	An admired mother by those who ascribe to the same values and norm. A teacher (paid employee) who demonstrates the ability to “care” while enriching development. A child who is learning that adults will listen to their subtle nonverbal communication even before words. A child who takes on learning from a very early age.
Teleology	“the end or goal sought”	To be the type of mother who has raised children who are physically and emotionally connected and aware of sharing with the earth. To be an informed mother guided by experts or other mothers, particularly those from different cultures.

Reflections and learning

Through engaging with this rupture site, I learned that examination, classification and medicalisation were less prominent in this inquiry, even though in the landscape mapping, an increase in surveillance processes had occurred, as demonstrated by the Vulnerable Children’s Act, with obligations around access to benefits and through the Well Child/Tamariki Ora Health Checks. Surveillance from a biopower perspective can still be located but, due to the focus of this inquiry being on the training methods used before dysfunction in a child is usually located, medical discourses and practices were more in the background.

This finding could be due to the population focus of this article being pitched at the practices of “socioeconomically secure” people who choose to engage in

elimination communication practices, and therefore potentially producing wider fields of possibility which include greater choice to engage in developmental health screenings, such as the Well Child/Tamariki Ora checks and the B4 School Checks.⁹ Greater range within the field of possibility is enabled to this “socioeconomic band” of the population as noted by Nadesan (2010). Furthermore, this population group does not usually experience health inequities and therefore, possibly, is not under as much direct surveillance as other population groups, such as teenage mothers or mothers on a governmental benefit, to engage in these health-based practices.

Health checks, which enable a space for the subject/practice of toilet training to be raised by the mothers/parents, are encouraged by the Ministry of Health when the child is within the range of 2-3 years of age. However, health checks scheduled at this age bracket focus on immunisations and broad issues, such as “check the child’s development” and inquiry about the child “learning to do things themselves” (Ministry of Health, 2015c, para.2). For mothers and children engaging in elimination communication, this description is not relevant to toileting control, as it is the mother’s ability rather than the child’s ability which is the focus of elimination communication. Furthermore, children who have experienced elimination communication would be toilet trained by 2 years of age, and therefore toileting as a component of learning to do things for themselves would possibly not be raised by the mother. Therefore, the practices of elimination communication, toilet training and health surveillance do not seem to directly intersect due to a mismatch in the timing of when practices are engaged in and who is seen as responsible for enabling the mastery of this task. This is possibly why the analysis of technologies of government demonstrated in Table 8 highlighted the decreased influence of clinicalisation, examination and medicalisation in comparison to the other analyses. However, surveillance still occurs – it is just manifested in different

⁹ The B4 School Check aims to identify and address any health, behavioural, social or developmental concerns which could affect a child's ability to get the most benefit from school. It is the 12th core contact of the Well Child Tamariki Ora Schedule of services and takes about 45 minutes to complete. This involves a registered nurse conducting a parent interview following a structured format. Additionally, a Strengths and Difficulties questionnaire completed by a licensed early childhood educator known to the child. Information gathered from the other components of the B4 School Check – height, weight, vision, hearing and other information from the SDQ – are used to identify a child’s strengths and whether a child and their family and whānau need support. The nurse then discusses this information with the child’s parent or caregiver. Identification of particular concerns or difficulties may lead to an offer of referral to services or may just require advice and support from the nurse (Ministry of Health, 2015b).

ways, such as through other mothers or through the watchful eye of early childhood teachers.

For this article, I gained more awareness of the object of surveillance being multifaceted and complexly intertwined. On one level, surveillance occurred on the child under the practice of elimination communication disciplined through technologies of government, ensuring that body wastes were appropriately managed and that the mother's engagement with the child was done in a way that enhanced growth and development. Another level of surveillance – one of technologies of self – was seen by the mother on herself shaping her own practice to meet the standard of mothering as demonstrated through her success with elimination communication practices. The practices of being an attuned mother who looks after and enriches her child's emotional, physical and cognitive development is shaped or informed by technologies of government. However, an additional engagement in these practices occurs through technologies of self if the mother actively strives to be this type of mother.

Additional layers of surveillance occur by other mothers and people who engage in or do not engage in elimination communication, each having their normed standard to compare against, hence drawing in technologies of government. As noted earlier, surveillance by medical and educational actors of the state may also occur. Although intense surveillance occurs on the child who is being disciplined by elimination communication processes, the focus of this article was on mothers and the technologies which shaped their practice. This possibly occurred due to elimination communication being framed as a mother's ability to manage her child's body waste, and as a mothering issue rather than a child's developmental ability. Elimination communication is seen as a lifestyle choice and is therefore engaged in as a technology of self. However, I have come to the understanding that for technologies of self to come into play, the existence of technologies of government as a point of comparison is required.

Another finding located was the transformation from the 1950s and 1980s discourses of mother blaming and mother responsibility to mothering choice, and once again, mothering choice connecting into technologies of self. In this article, I can see a greater connection to the technologies of self aspect of Foucault's concept of governmentality, and although biopower is still producing practice, a **greater distance** between the direct surveillance by medical actors of the state, and mothers and children engaging in elimination communication occurs. This move away from medical discourses opened up space for a stronger focus on aesthetic and moral discourses to be located, thus, highlighting that there are multiple discourses that both compete and

compliment the practices of toilet training. The norm of when and how toilet training should be engaged in and achieved is set by the Well Child/Tamarki Ora information. This information is one set of discourses in play; a different set of discourses is in play by those mothers and children who engaged in elimination communication practices. Irrespective of the norm ascribed to, at some point, usually around 4 years of age, the surveillance of toileting skill is conducted by social actors of the state. If the mother and child are engaging in B4 School Checks, a nurse orchestrates the process and an education-based social actor triangulates it. Therefore teachers/educators are given the responsibility to fill out and support the use of the Strength and Difficulties Questionnaire as part of the B4 School Checks, and therefore a role in classification and the medicalising of everyday tasks and interactions get shifted to, and carried out within the early childhood setting (Ministry of Health, 2015b; Kersten et al., 2014). The information provided through the Strength and Difficulties Questionnaire is double checked by the health practitioner at the Well Child/Tamarki Ora Checks and then, if required, follow-up referrals for additional services are put in place (Ministry of Health, 2015b). These practices bring a medicalised perspective back into child development and the mastery or nonmastery of toilet training.

The process of analysis of both technology of government and technology of self is captured in my diagram as the netlike structure. This step of the discourse analysis is what shifts it to having a governmental focus. Although I reflected on these ideas when writing each article, after they were published/submitted, I revisited the data and filled out the tables. Summarising the information into table format assisted in generating additional insights. While conducting this review of technologies, I have been surprised by the impact B4 School Checks have on the discursive practices of children, mothers, and health and education professionals. I had no idea that the B4 Health Checks, particularly the Strength and Difficulties Questionnaire, were connected to the discipline of mental health and used language, such as “normal” and “abnormal”, or the controversy around the use of this tool (Kersten, et al., 2014). I have also found it intriguing how the chosen text statements influence the location and analysis of technologies in play. For example, if I had chosen to analyse elimination communication as a treatment for infant colic, a different emphasis would most likely be located (Jordon, 2014).

Another surprising finding was that attunement is a multiple billion-dollar industry in America and that this influences practice here in Aotearoa New Zealand (HeartMath Institute, 2017; Brownlee, 2016). The focus of this industry is to assist

adults, including parents, to achieve a state of coherence between their heart rate and emotional regulation. This is seen as useful in parenting as enabling a calm heart rate creates a more regulated self which in turn influences the relationship between the child and parent. This quality relationship in turn is seen to positively influence the child development (Shonkoff, & Phillips, 2000). Biofeedback and technology are used to assist with this skill development and monitoring. Explicit use of research publications provided on the www.HeartMath.org website justifies this practice (HeartMath Institute, 2017). Although HeartMath is an American company, I was directed to it through researching information from Playcentre, a New Zealand based parent-led organisation (Brownlee, 2016). I can see linked commentary to the 1950s neutral mothering practice required during toilet training. However, this current commentary is telling and teaching mothers/parents how to achieve this calm neutral behaviour, rather than just advising it to occur. More subtle forms of teaching attunement are also occurring and turning into specialty interventions conducted by health practitioners with very specific knowledge about how this can be facilitated (Space NZ Trust, n.d.). In the field of occupational therapy, this is located in interventions which draw on attachment theory – an emerging field of practice (Meredith, 2009).

Another surprising addition I noted was in the authorities of limitation relating to toilet training knowledge. Before this inquiry, I was unaware that Auckland City Councils were influencing parenting practices, especially toileting experience, via educational programs which link to increased recycling practices (Auckland City Council, 2017). These new experts broaden out the social actors of the state who have a stake in the knowledge development around how best to complete this practice.

Although not directly discussed in the article, heightened surveillance has also been located within the landscape mapping. This is produced through a correlation between Well Child/Tamaraki Ora Checks and by the Ministry of Social Development. This is a background feature which is an important contextual consideration. As a person who has been fortunate to not require support via government benefits, I was surprised at the differing levels of obligation and surveillance required if on a state benefit, and how these limit parenting choices compared to those not reliant on state assistance. I also reflect as a mother of four children how willingly and without real awareness I engaged in the Well Child/Tamariki Ora checks, under the guise that they were the right thing to do. However, when my children engaged in this process, they got a lunchbox, stickers, colouring pencils and a tooth brush, which I can remember them valuing. They insisted on taking their new lunchbox to kindergarten to show off that

they were a big kid who now had one of those lunchboxes. In hindsight, I can see the power of peer comparison in action for my children, even at the age of 4, and for me, obviously demonstrating to others that I had engaged in the tasks required as a docile member of the population (Foucault, 1977).

What did I learn from the application of Foucault's principles, rules and tools?

Initially, I felt annoyed at myself for writing this article. I felt that I had been so strongly influenced by the desire to get published that I strayed from my research questions. Reflecting on this article against the technologies of government in this section was challenging and confusing. While writing that section, I felt that I was looking further behind what I had written. Although these are practices which are occurring, I did not evidence these in my article, and therefore needed to explain them in the mapping of the landscape section.

The outcome of this learning is that I now understand how technologies of self and technologies of government are intertwined, and intimately connected. I understand what Foucault was trying to express when he came up with the term *governmentality* (Foucault, 1994/2002b). Initially, I had seen these two technologies as two different concepts under one heading, but now I see technologies of self as being reliant on technologies of government to be in place, so that personal goals can be set in comparison to these practices. This learning possibly would not have occurred if I had not chosen statements which focused on alternative practices of toilet training.

From my article, I was still able to discuss ethos and epistemes, but the technologies of the government were not reflected on as much in my article other than norm and normalisation. I now realise that normalisation is an important aspect which facilitated technologies of self to occur, and the desire to motivate people engaged in technologies of self uses the normalised practice as a point of comparison. As stated above, these points were important in my overall learning and are expanded on within my discussion chapter. However, first I demonstrate how Foucault's principles and tools have assisted in locating the findings showcased in the three articles.

Application of Foucault's Principles

In the following section, I will showcase examples demonstrating the application of Foucault's principles and tools drawing from the three differing time frames. The main principle that guided my inquiry was the principle of reversibility. The point of this principle is to disrupt the usual relationships people have with discourses. This is required as discourses shape our thinking and everyday action, and therefore may

influence everyday practices without people realising it. These produced ways of doing and thinking become taken-for-granted truths. Under the principle of reversibility, Foucault articulated procedures to assist with this process of uncovering the truths of exclusion (external to the discourses), limitation (internal to the discourse), and rules and restrictions of the speaking subject.

Exclusion has been a powerful concept and is therefore the main principle I am going to elaborate on. Foucault locates exclusion external to the discourse; exclusion is further distilled into three subcategories. These subcategories are: prohibition (who can speak, who can't, what is said/what must not be said), opposition between reason and madness, and opposition between true and false. I will briefly explain these subcategories and provide examples of their application to the three different time periods under review.

Prohibition – who can speak, who can't, what do you not say.

In this category, who can speak relates to who is seen as being a legitimate source of knowledge. Those who can't, relates to those who are not seen to have a worthy opinion, or hold knowledge that is worth sharing. I also interpreted this category to reflect who has agency and who does not.

I found this category very relevant to toilet training due to the invisible nature and social taboos placed around talking about toileting. This invisibility was demonstrated when trying to find information about toilet training in public media sources, such as the *New Zealand Listener* or *New Zealand Woman's Weekly*, particularly in the 1950s. Toilet training advice could not be directly located. However, toilet training advice could be located in literature specifically seen as mothering guides or guides on child development. Interestingly, in literature about toilet training, other topics are silenced as they are deemed inappropriate to link with the task of toileting. In *Modern Mothercraft* (Deem & Fitzgibbon, 1948), Plunket rarely talks about mothers loving their child or engaging in positive emotions. Mothering love is such a taken-for-granted truth in current times that its lack of inclusion stood in stark contrast to current-day discourses. The silencing and even warning against displays of mothering love was due to knowledge espoused in early psychoanalytical theory, engaging in any emotion, positive or negative, while toileting was seen as laden with potential harm.

Prohibition enabled space to consider which subject position was seen as the most legitimate source of knowledge. In the 1950s, pākehā mothers were provided mothering advice by Plunket. It is interesting to note that at this point in New Zealand history, Plunket had influenced two generations of mothers. Therefore, great

grandmothers' advice which would have been informed prior to Plunket teaching was seen as unscientific and incorrect, validated by the reality of so many infant deaths in the late 1800s (Bryder, 2003). As so many pākehā mothers were exposed to Plunket care, their practices became normed and therefore to not engage in these services was seen as unfortunate and underserved. This is why so many communities pushed for having Plunket nurses visiting their area as they did not want to be outside the norm (Bryder, 2003). The legitimacy of nurses' advice was reinforced in the Plunket baby books. Space was provided for nurses to record their observations and advice; however, there was no space for mothers to record their observations or concerns. Therefore, although in my genealogy I located toilet training practices as the emerging place for child agency to develop, mothers' agency was also changing in response to this. As mothers moved towards acknowledging their child's needs more, while silencing their own instinctual ways of knowing how to mother to fit within the Plunket way, it could be argued that mother's agency was being more and more constrained.

In the 1950s, Plunket was a dominating force in the health of mothers and babies. However, in comparison, in the 1980s, Plunket was excluded from writing the *Health and Development Record Book*. This radical change was influenced by the Ministry of Health being less driven by personal relationships and more aligned to clear policy requirements backed up by current empirical research findings (Bryder, 2003: Silva & Mc Gee, 1984). In the *Health and Development Record Book*, mothers were enabled a voice and given more visibility, their experiences included as offset quotes in the margins of the page. Additionally, consideration of the voice of the child is apparent through the illustrations provided in the book, where it clearly shows the child initiating the communication of their needs.

When considering this subcategory of who can speak in current-day practices, it would seem that everyone has the potential to speak in relation to a particular knowledge production/discourse, if they are articulate and literate or have someone supporting them with this task; what media forum they speak on is where the exclusion now occurs.

This has changed over the three time frames. In the 1950s, only medical professionals seemed to have the opportunity to be published on the topic of toilet training, while in current day, this has expanded to mothers and any person who is able to share their opinion via the differing media the internet offers. Publishers as gatekeepers of who can speak and who cannot have shifted with the intervention of the internet and social media forums, and this in turn enables multiple discourses to be

circulating at any one time. This leads on to Foucault's next subcategory – opposition between reason and madness.

Opposition between reason and madness.

Within this procedure, reason is seen as being the “sole means to access truth” (O'Farrell, 2005, p. 91), while in contrast, madness is seen as being that which is “silenced and excluded” from western history (O'Farrell, 2005, p. 91). Due to this inquiry being positioned from a biopower governmental perspective, opposition between reason and madness tied very closely to the medical model. Madness is described by a person's ability to match normed behaviour. Since many norms relate to medical descriptions of the body (physical and cognitive), when someone falls to the extremes or outside this norm, they are often seen as being medically unwell (Greenberg, 2013). Therefore, at this time in our society, madness is often seen as a state of ill health and therefore the views of this emotionally unwell group should not be shared with others. It is for this reason that madness is “silenced and excluded” from western history (O'Farrell, 2005, p. 91). In the 1950s, Bevan-Brown saw the psychoanalytical perspective as the sole means to the truth about how parenting should occur. He felt that Plunket teaching was causing emotional harm and therefore was not reasoned behaviour (Bevan-Brown, 1950). The view that men should be included, have an equal role and responsibility, and have the skills to toilet train and emotionally connected to young children, was also considered madness in this time period. It is clear to see what was held as madness in the 1950s, has changed to what is expected in current day. In the 1950s, the idea of people with disabilities having agency and being included with their community was seen as madness. In the 1980s, this view was contested. In text, both sides of this discourse – the reasoned and the mad – were articulated. However, the idea that children and people with disabilities being enabled space to have agency and having the opportunity to be part of the community, was seen as madness by many. This subcategory assisted in me considering the O(o)thering¹⁰ cycle and how attitudes changed by shifting what is seen as madness to that of reason.

Opposition between true or false.

The next procedure which influenced the analysis process is the opposition between true and false. Here Foucault proposed that knowledge is governed by “different division[s] between true and false” (O'Farrell, 2005, p. 92). Within this procedure, I sought out to understand what knowledge, institutions and disciplines are

¹⁰ O(o)thering is a produced way of expressing two concepts at once: the concept of both negative exclusion of people with differences, and the inclusion of people and acceptance of diversity.

connected to the statements and the texts used. I looked to locate who produced the knowledge and how this knowledge was distributed and in what ways. Within the 1950s knowledge, connecting biology and maturation were seen as truth. In *Modern Mothercraft*, pictures of animals and the effect of good nutrition were displayed. This photographic record evidencing the truth of the knowledge espoused. This same technique was used in demonstrating the physical maturation process of children through Gesell's work. The influence of science and research shaping role expectations is also evident. Psychoanalytical knowledge underpinned by empirical research produced the subject position of mothers as responsible and therefore to blame for stilted child development and the creation of delinquent youths. This psychoanalytical knowledge came from research of displaced and orphaned European children from World War 2. The truth of this knowledge, demonstrated by the New Zealand Government sending the *Mazengarb Report* out to every home, reinforced the importance of emotional mothering in the early years.

Moving onto the 1980s, the social construction of gender roles was now acknowledged through new science, and what was once seen as truth has been replaced as false. Expanding the role of caregiving to both sexes was now considered possible. The view that mothers, due to their biological ability to nourish children, are the only adults with the skills and ability to emotionally connect with their young children was seen as false. It was this shift in knowledge that enabled the expansion from mothers providing care, to other adults. Along with this, space for childcare and education services to be reframed as a positive initiative for both the child and the mother occurred. The positive impact of these services demonstrated through research reinforced this new truth. This move towards childcare and education services was in response to a complex web, one aspect of this web being questioning the assumption that children would cognitively develop without stimulation or opportunities for learning. It was now seen as a truth, and that for a child to develop to their highest potential, parents and other adults needed to talk and spend quality time with them. Additionally, research was demonstrating that physical discipline was not the best way to parent or socialise a child, and that for a child to develop to their highest potential, new ways of engaging were required. Specifically relating to the practices of toilet training, the suggestion of holding the baby out at 4 weeks was now seen as false advice and not empirically substantiated.

Within current-day practices, the shifting of discourses and therefore the understanding of what is true and what is false, continues to shape taken-for-granted

truths. It is now seen as a truth that toilet training is socially constructed, against a backdrop of developmental readiness. That men and women are equal in their abilities to toilet train and support their child's toileting, the reality is that it is still most commonly falls to the mother, who still is the one most likely to be at home with the child. Another taken-for-granted truth exposed was that children should have a choice and a level of control around learning to be toilet trained. In relation to landfill pressures created from used disposable nappies, it is now seen to be true that as a society we need to be more proactive in considering the effect of these products and how this in turn influences the health and aesthetics of the world. It now seems true that early-holding-out toilet training practices can be completed in such a way that also enables the child's agency to come through at an even earlier age, or at an even more fundamental level that all children have agency to action. What now seems false are those things from the past which used to be held as truths, that men cannot provide care in a loving way to children, that mothers should be the only ones socialising children until they attend school, that physical discipline will ensure a good character and that all delinquency can be traced back to mothers' care, and that the earth is there for society to use and abuse. Particularly, it is this procedure of that which is held true and false, that demonstrates the social construction of knowledge.

Internal systems of exclusion.

Internal systems of exclusion place limits on what can be said. There are three procedures discussed by Foucault in relation to this: commentary, the author and discipline. I will consider each one in turn. Commentary's role is to articulate what has already been said (Foucault 1971). This retracing of ideas, and the role of commentary, is enhanced by completing genealogies over several time frames and is captured in Foucault's description of commentary being "meaning that which must be rediscovered" (Foucault, 1972). Hence, although the same idea, toilet training has been written about in the 1900s, 1950s, 1980s and current day; each time the person who is commenting is telling the true meaning that was missed by the last commentary. This was seen by Spock's inclusion of Freud's psychoanalytical perspective into his writing alongside the work of Gesell's developmental ages (Spock, 1953). It was also seen occurring in Bevan-Brown's work as he included Freud's teaching in his book *Sources of Love and Fear* (1951), which was then included in Parent Centre teachings and in time in *Modern Mothercraft* (Deem & Fitzgibbon, 1957), and then in *New Zealand Woman's Weekly*. This commentary was located again in the 1980s. Gesell's and Piaget's unfolding blueprint of maturation was rewritten to acknowledge that this

“natural” unfolding was reliant on enrichment, stimulation and communication. Another change within this commentary was this could be completed by someone other than the mother. In current day, this is recreated yet again – a rediscovery of the importance of spending time with children and that the adult’s emotions impact on the conditions of learning and development of the child. Another tracing of commentary would be holding out practices used in the 1900s being reframed as elimination communication practices in current day. Foucault’s concept of commentary shaped my ability to trace knowledge, which created a methodological tension as Foucault framed knowledge production as nonprogressive. On the other hand, the concept of transformation enabled space to demonstrate the connection or the development of ideas, therefore, highlighting a contradiction in Foucault’s system of inquiry. However, now that I understand this potential area of contradiction it can be managed. The concepts of commentary are a subcategory of “Internal system of exclusion” which I feel connects to the concept of “history of the present”. History of the present enables the researcher to look at the past to help add clarity to taken-for-granted truths in the present. However, it also assists in seeing the trace of commentary. Foucault put his tool of looking at each moment in time as an event to counteract this continuous pull towards seeing history and knowledge generation as progressive. Therefore, it is possible that there are more boundaries in using Foucault’s tools than I first realised. I now understand that specific combinations of tools, rules and procedures are required to enable Foucault’s thinking to be expressed in the manner in which he first laid out.

The next procedure of internal exclusion is that of the author. Foucault has specific way of considering this concept.

Not, of course, the author in the sense of the individual who delivered the speech or wrote the text in question, but the author as a unifying principle in a particular group of writing or statements lying at the origins of their significances, as the seat of their coherence. (Foucault, 1972, p. 221)

The unifying principle can also be traced over the three genealogical time frames: 1950s, that of creators of expert knowledge, deficit finders and dysfunction labellers; in the 1980s, authors were advice givers enriching the cognitive growth of the population; and in current time, authors are humanity and world savers.

The last procedure is discipline. These are professional groups or formal systems of knowledge, such as the disciplines of sociology, philosophy and medicine, or basically, any grouping “who set the rules regulating truth and falsity, valid and invalid knowledge and the ways of acquiring knowledge” (O’Farrell, 2005, p. 13). In the 1950s,

medicine and psychiatry were setting the rules. In the 1980s, a slight shift occurred, with medicine sharing its position with developmental psychology and education, however, still legitimised and justified by empirical quantitative science. In current day, the validity of knowledge has expanded to also include the voice of mothers themselves, celebrities and disciplines of knowledge associated with sustainability. Therefore, space and acceptance for both subjective knowledge and empirical knowledge are occurring.

Rules and restrictions of the speaking subject.

Another set of procedures includes the rules and restrictions of the speaking subject captured in written form. In the 1950s, mothers did not talk for themselves, except in *New Zealand Woman's Weekly's* letters-to-the-editor page. The language was very formal, and advice or commentary of toileting issues limited to formal parenting books. In comparison, in the 1980s, language was less formal (poos and wees) with the use of cartoons and quotes from mothers now included (Gribbens, 1979, 1991; Health and Development Record Book, 1982), however, selected by a professional expert and publisher. This increasing informality may be reflective of a shifting shame threshold¹¹ which Brinkely (2009) and Kama and Barak-Brandes (2013) advocate and is happening through the marketing of products associated with abjected body wastes. Additionally, in current times, the voice of mothers from third-world countries, explained by mothers and experts from first-world countries, is occurring. Therefore, some gatekeeping is still occurring. Mothers sharing their experiences and advice without the gatekeeping of experts is now very possible through online blogs and webpages, where mothers often present themselves as the expert of their own mothering experience. Murphy (2003) found that mothers who resisted breast feeding advice from medical personnel, reframed themselves as experts of their babies as a mechanism to protect themselves from the subjectivity of not fitting the normed requirement; either way, multiple perspectives are accessible on the internet.

I have highlighted the tools and procedures used as I completed each discourse analysis and have provided some examples of how this helped me locate information within the texts I reviewed. Initially, I populated these findings into a table format to help me track how each procedure added to my understanding. This was a useful process for me and one that I would engage with again. An example of this table is

¹¹ Shame thresholds reflect what society is socially shaped to be shamed by. Through marketing and exposure to body waste issue's Brinkely (2009) and Kama and Brandes (2013) advocated that our threshold of what is deemed shameful is changing. For example, advertising products for light bladder weakness, highlights that this is an experience that occurs, and through this exposure makes it less shameful as it's seen as more common.

presented in Appendix A: Application. With the application of Foucauldian principles and rules used in mind, I now move into my discussion chapter.

Chapter 7: Discussion

This chapter lays out the combined findings from the series of articles written towards the completion of a Doctor of Philosophy thesis. This chapter is structured in the following manner. First, I draw the three individual articles together. I then reflect on my findings against the stated research questions. Implications for practice are then considered along with suggestions for further research. My discussion concludes by reflecting on my experience of using Foucault's thinking, and the use of a visual diagram as a tool to support my own sense-making and application of his ideas.

Correlations and Transformations: Drawing the Three Articles Together

The first article, "Toilet Training in 1950s Aotearoa New Zealand," explored shifts in knowledge, practices and subjectivities. The main findings were that in the 1950s, emerging discourses reconstructed toilet training practices as having emotional importance, producing a shift towards toilet training children at a later age, and therefore, a modification of what was perceived as the norm. This new norm enabled space for the constructed practices of attunement between mother and child to occur, and enabled opportunities for childhood agency to emerge. The impact on children who fell outside the defined norm and the workings of Othering were evidenced. The findings highlighted the social construction of knowledge and how beliefs that enable or limit people, have become intertwined with mastery or lack of mastery of excretory practices. Ongoing dependency beyond the expected age with toileting was seen as abnormal and therefore required medical intervention and in many cases, segregation and exclusion from society. Medical and psychoanalytic discourses were prominent.

The second article, "Toilet training practices and subjectivities in 1980s Aotearoa New Zealand," demonstrated how accepted parental toilet training practices of disciplining the child by smacking were reframed as abusive and therefore the problematisation of new parenting tools to support this task was produced. Those who did not meet the norm of what constituted good parenting were Othered. The new discursive practices required parents to talk and read more to their children, stressing the interdependence of the mother-child dyad on cognitive and communication development as well as toilet training. Early learning through daily caregiving opportunities reflected a growing understanding that input in a child's early years had the ability to change their educational outcomes. This resulted in greater demand for, and acceptance of, the commodification of early education and care services. This

widened the number of adults involved in the teaching of toilet training, and therefore the number of adults required to take up the practices of an interdependent toilet training relationship. Interdependence at this stage was still seen as a one-directional relationship of the adult shaping the child. Lobb (2015) would categorise this as enacting the technologies of government (subtle control), self (the personal project of self-development) or other (developing an other's agency), depending on the aim in mind. The recommended age of toilet training remained relatively stable when compared to 1950s. However, additional practices and the level of communication expected during toilet training increased markedly for the adult and the child engaged in the task. This article showed the productive power of human capital discourses emerging from neoliberal ideology and how these altered the practices of toilet training. The influence of neoliberal ideology reinforced the practice of taking personal responsibility, which in turn potentially enabled space for adults to work on their personal project of being the best parent/caregiver/educator they can be when engaging with a child. This personal project would be a demonstration of the technologies of self in play.

The third article, "Toilet Training in Aotearoa New Zealand: The Use of Critical, Quality and Purchased Time," was situated in the present day. The discursive practices of "in the moment time" of toilet training were presented. I located three constructions of toilet training time with children – purchasing time, quality time and critical time – and proposed that these constructions are contested, with multiple requirements produced from and producing medical, aesthetic and moral practices and discourses. I showed the covert underpinning of medical neurodevelopmental knowledge/discourses to the justification for aesthetic and moral practices and discourses, as well as locating the continued expectation of mothers to engage in the everyday doing of the "in the moment time" of toilet training. Ironically, the time frame in which toilet training occurs had reverted back to include the very young, if ascribing to the elimination communication discourse, as well as expanding to what could be considered late, extending into a child's fourth or fifth year of life, therefore, highlighting the contested nature of what is considered the ideal time to conduct toilet training. This analysis opened space to think otherwise about the assumptions underpinning the task of toilet training and how mothers are required or choose to use their "in the moment time" during this task and the resulting subjectivities produced.

Problematism

I started this thesis by problematising two concerns, these being why different opportunities were enabled for children with disabilities particularly around the opportunity to become toilet trained, and why as a country we have such high child abuse rates and how this linked to our socially constructed beliefs around body wastes. An outcome of problematisation is that text is created and recreated to describe the concern in a bid to solve the problem (Frederiken, et al., 2015). I have not solved the two problems which prompted my inquiry. However, I have come to understand that children with disabilities were and are seen as not having the cognitive ability to learn to become toilet trained within the same time frames as children without disabilities. This meant that the children with disabilities would require assistance by their parents for longer, as the opportunity to learn to be toilet trained was delayed. Discourses suggest that assisting and supporting children with delayed toileting control is associated with high parental stress (De Bruyne, et al., 2009; Royal New Zealand Plunket Society, 1980). Because children with disabilities may take longer to be toilet trained, this parental stress lasts longer than for children who are toilet trained at a younger age. As outlined in chapter 4, additional discourses link children with disabilities, body wastes out of place, unrealistic developmental expectations (possibly placed on children with undiagnosed disabilities) and parental stress with increased risk of abuse. Intersecting with these discourses are additional discourses which connect socially constructed negative emotions with body wastes out of place, which prime the body to experience disgust. The visceral bodily responses to disgust are very similar to anger, which may produce a response, such as smacking or violence. Smacking is produced as a disciplining behavioural response associated with toileting accidents. Additionally, physical discipline is seen as a response often used with young children who are seen as not having the cognitive capacity to understand other disciplinary methods. Children with disabilities are also produced as having limited cognition and therefore physical discipline may also be a justified method used due to this shared discourse. This is compounded with discourses of mother blaming, Othering and exclusion, thus, potentially leaving parents and children unsupported.

Transformations

Collectively, the process of conducting genealogies of toilet training over these three time periods enabled me to answer my stated research questions. My first research question focused on the exploration of daily toileting practices, and how this was

influenced by the specific sociocultural historical time period the task was situated in. In the current context, toilet training is initiated in response to the child's toileting urges and readiness skills. It is completed face-to-face, ideally rich with conversation, intellectual stimulation and praise, and requires a high level of coordinated relationship between adult and child. As a child moves from instinctual elimination to socially shaped control over the elimination of bowel and bladder body waste, a continuum of practice (dependence, interdependence and illusionary independence) and technologies occurs.

Firstly, the child is dependent on an adult, usually the mother due to close coordination with other caregiving tasks, such as breastfeeding, to manage the cleaning up of expelled body wastes. The body waste is contained in nappies, cloth or disposables until the time when this task can be completed. The child is dependent on the mother or adult to complete this task, thus producing the child as a subject. At this stage, Lobb's fifth technology of the other (2015) (facilitation of another's development through the act of caregiving) would also be enacted through the use of empathy. Empathy enables the ability to understand the aesthetics of the child's experiences and therefore act accordingly. In acting accordingly, the mother or adult is practising in a morally informed manner.

A shift towards the second stage of interdependence can occur very early through nonverbal or verbal communication as the mother recognises a child's signals and acts on this "in the moment" expression of agency, through the practice of elimination communication. The child, in recognising the routines and patterns of the mother, responds in synchrony, which is a demonstration of readiness skills for both the mother and child. This synchrony is something different than that proposed by Lobb (2015) due to the dual influence each subject has on the other. Currently, technologies of self and technologies of the other only consider a unidirectional creation of self, and therefore do not capture this shared synchronicity of creation of the self with others that attachment discourses and some elimination communication discourses advocate. The technology located during the interdependence stage of toilet training requires the consideration of change or action occurring on both subjects at the same time, which engages both subjects at a bare minimum into the technology of government by carrying out what is expected to be done. This relationship, however, can also overlap into technologies of self for either the child or adult, depending on the goals set and aspirations of each subject.

What Is Expected to Be Done?

In this current historical context, practising elimination communication or main stream toilet training practices, space for agency and the synchrony of suspending the abject is the expected practice for the adult and the child. The child is initially unaware that they are suspending the abject; it occurs in reflection to the adults' and society's responses. However, over time, the child is culturally shaped to learn that body waste out of place is an abjected object, once again in reflection of the adults' and society's responses. Therefore, through this interdependent relationship, the child's behaviours are shaping the mother's, and the mother's behaviours are shaping the child's. This joint learning is then carried forward and shapes how both parties respect agency in others, while at the same time monitoring and controlling their own bodily urges. Body urges include bowel and bladder control as well as physiological reactions connected to emotional experiences, such as disgust or anger, therefore producing what is socially described as the practice of self-control.

Continuum of Practices

I suggest that the practices relating to defecation and urination are on a continuum from dependence to interdependence to illusionary independence. Dependence is when a child requires assistance and is a passive recipient of care. Interdependence is multipronged, as it describes both the synchrony of becoming (development of agency and control of body urges) for both child and adult, as well as belonging, through connection of shared practices, to the social body. These shared practices include suspension of the abject (active suspension for the adult and initially unaware suspension by the child) and then the teaching of the abject at the appropriate point within this shared process. The last stage – independence – is produced by the societal norm which requires the doing of toileting to be conducted in privacy away from others' direct view. The complexity of each stage extends beyond the child-mother dyad, connecting the task of toilet training to the social body. This connection occurs through a web of connections. These include: the reliance on toilets which link into a statewide sanitation system; public health initiatives limiting the spread of harmful bacteria; normed time frame expectations of mastery; state-provided education and care services which enable another adult to support the learning of this task in a particular way; and importantly, discourses and mechanisms which maintain body wastes as both an abject object and one for which the abject can also be suspended. All these complexities are in play during each stage and show that toilet training is never truly an independent task, hence the wording illusionary independence. The last stage –

illusionary independence – assumes ease of mobility, self-awareness and self-regulation skills. At each of these stages, particular subjectivities and ways of being are created for all actors involved.

Social Actors of the State

My second research question requires further explanation. To recap, this question was: How are the discourses, deployed by the social actors in the health, education and other systems, used to assess whether individuals, as evidenced by their occupational engagement, are healthy or deviant, eligible or ineligible for particular forms of assistance?

This research question has a strong biopower perspective and therefore, connection to technologies of government. Analysing this relationship in turn enabled the practices of the social actors of the state to be located. The practices created by the discourses deployed by the social actors of the state include technologies of classification, defined and reinforced through documentation of what is perceived to be within the norm and what is perceived to fall outside the norm. When I wrote the second research question, I used the words healthy and deviant without realising how these concepts underpin the medical discipline's technologies of classification. Although I had an inkling that diagnosing and categorising people had discursive practices associated with it (Morris, 2001; Phelen, 2011), I was unaware of the impact the process of classification could have on someone's life and how this mechanism influenced people's everyday opportunities. Additionally, I was unaware how much the technology of classifying people, and the resulting subjectivities and produced practices are a taken-for-granted truth within my professional role and my daily life.

I now understand that discourses which shape the “conduct of conducts” (Foucault, 1994/2002e, p. 341) are deployed through a complicated web of technologies of government and technologies of the self. The main structures within this web include experts associated with specific disciplines, research, documentation, classification, development of a norm, commentary to disseminate knowledge of the norm (Foucault, 1977), comparison and desire. Out of these structures, the concepts of comparison and desire as a technology of both government and self has captured my thinking. Desire is a concept often included in work inspired by Foucault (Dean, 1999; Rose, 1990, 1992, 1996).

Desire and Comparison

Desire occurs through comparison – the gap between the self and perceived norm – and then, depending on each person's individual values (informed by other sets

of discourses which give rise to what is perceived as meaningful to each person), to either be part of or not part of that norm. If there was no norm, there would be no comparison, and due to the nature of the norm, once compared, a drive to position oneself against the norm, usually alongside or better than occurs (Coleman, 2006; Davis, 2006; Nadesan, 2002). Therefore, I now understand the importance of the mechanism of comparison facilitated by technologies of government (Foucault, 1977).

Desire is an interesting concept as it connects to emotions; emotions fuel desires, and both desires and emotions are framed as being instinctual and internally generated. Emotions are created when people do or do not obtain their desires of matching the norms of behaviours (Rose, 1990, 1996). Therefore, the connection between emotions and motivations influenced by desires supports the population's engagement in technologies. Because emotions are constructed as instinctual, the discourses and the knowledge which ignite them become a taken-for-granted truth. I have located disgust in response to body wastes out of place, fear on being Othered, pleasure in success, empathy with one-directional connection and desire as a motivating force.

Furthermore, I suggest that desire is a connection which links technologies of government and technology of self together. In technologies of government, the desire of wanting to fit the norm creates shared patterns of behaviour which support people to engage in the mechanisms of biopower, often without questioning why this is required of them (Dean, 1999; Rose, 1990). These practices are held in place by concern about other people's opinion of how well an individual fits the norm (Coleman, 2006). The desire to avoid creating negative opinions or subjectivities from peers motivates engagement in the mechanisms of government.

In contrast, in technologies of self, people's mindful engagement in closing the gap between their everyday doing and their desires leads them to independently shape their behaviour, without the surveillance of others. This is very relevant for toileting as the end goal is illusionary independence, and therefore engaging in self-surveillance of how well one meets the joint skill of body waste control and agency in comparison to society's norms is the main goal of this body project.

Surveillance

Returning to toilet training, the ultimate goal of toilet training for Aotearoa New Zealand society is to teach children to self-monitor and manage the excretion of their body wastes independently and in a way which meets society's expectations appropriately. Therefore, toilet training practice pulls on both technologies of government to socially shape children to meet the norm and technologies of the self to

continue this practice throughout their lifespan, and then briefly to engage in technology of others when supporting someone in a dependent state.

In my exploration of the connection between toilet training and the mechanism of self-surveillance, additional intensities of surveillance have been located. I have become aware of the concept of heightened surveillance. Heightened surveillance has been located in tasks requiring parents to engage in well-health activities, and in certain aspects of toilet training. I have used the word *heightened* as there is still the field of possibility to resist. Practices, however, are under closer and more frequently scheduled scrutiny than potential surveillance. If a person under heightened surveillance chooses resistance, a different trajectory of practices and experiences would be put in play. When a child remains in the dependent stage of toileting for longer than the expected norm, heightened and enforced methods of training like the Modified Rapid Approach¹² (Rinald & Mirenda, 2012) or moisture alarms¹³ are used (Vermandel, Kampen, Watcher, Weyler, & Wyndalel, 2009). I have used the terminology *enforced* as the child may not have choice in being placed in these situations and having to experience these practices. However, the child may exercise a choice within the field of possibility by refusing to urinate or defecate in the required place. This inquiry has given me space to consider that heightened and enforced surveillance may produce decreased self-worth, especially if it does not connect with the person's own desires, which in turn would connect to a task not having meaning, purpose, or choice and control. This idea of limited choice is summed up in this quote from Deleuze: "Is not life this capacity to resist force?" (Deleuze, 1988, p. 93). Heightened, enforced and potential surveillance are mechanisms of disciplinary power which connect to technologies of government, particularly in training bodies to meet the norms of society. Heightened and enforced surveillance often occurs for people who require assistance with toileting, and during this process individual agency often gets silenced and the subjectivity of being Othered occurs.

O(o)thering

O(o)thering has been a theme in all three articles. In the 1950s genealogy, Othering included both the child and mother due to the connection between classification of toileting dysfunction seen as stemming from, and resulting in,

¹² Modified Rapid Approach is a method of training developed from Foxx and Arzin (1979) toilet training method, where a child and adult stay in one room for 6-8 hours a day for two to three days with a toilet or potty and engage in a set schedule of toileting opportunities which are based on operant conditioning.

¹³ Moisture alarms are devices inserted into a child's underwear. The alarm alerts the child and the adult when urine has leaked out of the bladder and prompts the practice of stopping the action of urinating until the child is sitting on the toilet.

psychopathic personalities and deviant behaviours. In both these examples, Othering was located within the person. As it was located within the person, it was deemed logical that it could be fixed through rehabilitation and therefore connected to medical discourses and the professional disciplines which utilise this knowledge.

In the second article, Othering shifted. Smacking as a form of physical discipline was now constructed as wrong and therefore a type of Othering of parents using this form of discipline started to occur. Othering was located in the person as an inadequacy. This inadequacy was demonstrated by their behaviour, therefore joining the person and task together (abusive parent/lack of self-control). However, change within the person was seen as possible by teaching different ways to handle stress and engage in child discipline, and therefore Othering could be changed through new learning. Teaching for skill deficit reflected a shift towards incorporating education-based social actors of the state in the technologies of government. The social determinants of financial pressure or lack of social support causing the stress is a subjugated discourse. While taking personal responsibility for the current situation was a more common discourse, discursively this was enacted as striving to be the best parent one could be. This individualistic personal responsibility reflected the influence of a neoliberal thinking dominant in that time period, and the place for technologies of self to be actioned.

In the third article, othering occurred through the types of activities chosen, such as elimination communication or engaging another adult to toilet train their child. Although the person makes the choice, this is not seen as being located within the person even though they made the choice; rather, it is located in lifestyle. Agency to choose a lifestyle within the fields of possibility set by society is enabled, unless that lifestyle is seen as inappropriate by the rest of the population. In this case, the person's mental health would be questioned (Greenberg, 2013). Lifestyle choice connects to the concept of desire, and therefore, because it is constructed as an active choice to live in a particular way, alignment with technologies of self occurs.

Therefore, when I reflect on the first two articles, I see a continuum of practices held in place by technologies in government and some connection to technologies of self. Then, in the last article, the influence shifts and there is a stronger connection to technologies of the self and less connection, although there is still an underlying influence of technologies of government. This finding is reassuring, seeming to evidence that I have truly conducted a discourse analysis which utilises a governmental focus: "The encounter between the technologies of domination of others and those of the self I call 'governmentality'" (Foucault, 1997/2000f/, p. 225).

Considering Othering and Problematisation

Othering can be produced through the process of medical problematisation. A negative emotion may be associated with the process, which leads to exclusion. Although Foucault was against overarching theories, I can see a pattern within his thinking, this being that something becomes problematised, and then the topic gets broken into a binary, normal or abnormal or preferred or not preferred. This creation of binaries and this western way of thinking was something that Foucault challenged. However, it can be located particularly in the construction of Othering. The abnormal or the not preferred gets associated with a negative emotion resulting in Othering, which in turn means that this group of people gets excluded from some everyday activities and experiences through the process of stigmatisation (Coleman, 2006). Then, over time, the Othering of the excluded gets problematised. In opening up space to consider the Othering of the Othered, the people who are Othering are seen as more deviant than those who were Othered in the first place. Therefore, the originally Othered group gets repositioned into being other with a lower-case “o” and more included, accepted and positively acknowledged within society. This cycle of Othering and exclusion, and shifting the focus from who is Othered to whom is Othering, can be identified and enabled through using Foucault’s tools. How this shift occurs is dependent on how it plays out and which discourses become subjugated and which discourses stay dominant.

It does need to be noted that Othering can also be produced by other discourses. The important ingredient is the symbolic association with something negative, which creates Othering with a capital “O” (Lister, 2004). This association is often linked to emotions of fear, disgust, anger or hopelessness. Linking back to body wastes and Kristeva’s concept of the abject (1982), as society is socially shaped to associate body waste out of place as revolting or disgusting, and when society encounters people who are not able to meet the norms around bowel and bladder control, the connection between disgust, Othering, exclusion and possibly abuse occurs. It is possible that this taken-for-granted truth of body wastes being an abject of disgust is hiding a complicated web of discourses underwritten by intertwining knowledges producing a connection between Othering, abuse and the rights of citizenship to be included.

Knowledge creation produces urinary and faecal incontinence as abnormal and renders the people who are incontinent as Othered and therefore excluded from many everyday activities (Tantau, 2017). Then, in the process of gathering, more knowledge about the impairment presumed to cause the incontinence and further surveillance into

the everyday toileting habits of the Othered people occurs. Having this close monitoring of body wastes by another in itself may be seen as an abject eliciting shame.

Currently the shame created from this problematisation has not been widely addressed. However, practices which keep the symptoms of incontinence as invisible as possible have emerged. For example, there are advertisements on television about light bladder weakness, advertisements in mainstream catalogues for bedside commodes and the availability of large-size child and adult diapers for purchase from the supermarket. Other examples include funding to employ support worker staff within kindergartens and schools to assist children with toileting cares. The solutions provided for incontinence increase the visibility of the problem, while at the same time, striving to keep the body waste itself invisible. Visibility of an issue is an important aspect of increasing acceptance, but only if done in a way which does not elicit the emotion of disgust, fear or anger. A reclassification occurs this time, not of the Othered but of society with those members of society with acceptance of the original problematised issue of incontinence and those without acceptance. The Othering gets shifted to those people in society without acceptance. Due to the desire to be part of the norm, those people who originally excluded others, change their view and practices and the once Othered people increasingly change status to othered, enabling more opportunities. As more opportunities are opened up, more products and services to support engagement are developed. This process in action may be why the services and products mentioned above are currently in place in comparison to 40 years ago, as incontinence as an issue has moved from being invisible and excluded to visible and O(o)thered. Although some shift in attitudinal barriers against people who experience incontinence has occurred, there are still strong discourses of body wastes being out of place being an abject (Small, 2016; Street dump, 2017). The shift that has occurred demonstrates a greater tolerance for impairment being located within the person, but less tolerance for dealing with and managing the actual body waste (Tantau, 2017). Within this shift, the tension of increasing awareness and therefore visibility of the issue while maintaining the invisibility of body wastes, has been managed.

When looking back at historical discourses from the 1950s and 1980s, Othering, and segregation of people with incontinence occurred. In the present day, Othering and segregation are subtler, with children experiencing toileting issues at school being removed from class, and parents contacted and required to come and clean up their child. Some schools use support staff to assist a child's self-care needs. However, the social disgust in having to clean up a child who has soiled is reflective in an

employment allowance called “dirty money:” (New Zealand Education Institute, 2015). The point of parents being required to come into school to deal with their child’s incontinence issue is one that requires further exploration. Following the findings of the intertwined knowledge creation, which links mothers as the prime doer/prime negotiator of this toileting juncture, it is a fair assumption that this expectation falls onto the mother of the child to either come in and physically clean up the child or to organise for someone else to complete the task. I lay this socially constructed role expectation and its resulting practices, such as the assumption of availability, to be considered otherwise. However, further exploration is beyond the boundaries of this thesis.

The Pull Towards Othering

There is a discursively constructed tension between locating knowledge in everyday tasks and experiences (nurture) and locating knowledge within the person (nature). This is an ongoing challenge as neuroscience and improving functional magnetic resonance imaging technology enables researchers to see within the person as he or she engages in doing, thus blurring the lines between doing and biology or, using older terminology, nature and nurture. As a discourse, neuroscience is valued (Wastell & White, 2012). The production and comparison of printed scans are seen as legitimate truthful research. This is similar to 1930s knowledge, when a child’s motor development was compared against grids of specification developed from photos distilled down into line drawings. These techniques, drawing the historical knowledge of the sequence of physical developmental, with the pragmatic observation of body matter out of place, with the contemporary tool of functional magnetic resonance imaging enable the ability to draw the observable and the once nonobservable together. This is very similar to the 1950s advice that the observable task of putting toys away was a readiness signal to start toilet training, thus linking the observable task to the completion of the nonobservable myelination of the bladder nerves. There is a subtle shift located in the move from observable practices giving a window into what is happening developmentwise within the body and brain at a body structure level, and observable practices producing and creating the development of structures within the brain and body. Because of this subtle shift in discourses, there is a risk of engagement in occupations (the observable) being prioritised for what it does for the development of body (the nonobservable), rather than what they do for our sense of self. That is, there are different processes in place when practices are shaped by technologies of government, which can be very different to the processes used and produced when engaging in practices of technologies of self. One outcome of technologies of

government practices is the connection to medical developmental discourses, which locate difference as a problem within the person and therefore may result in Othering. The irony is that most people engaging in technologies of government may develop a sense of belonging which occurs through engaging in these shared practices and beliefs. However, the same technologies of government may have the potential to separate and exclude a particular group from belonging due to difference within the physical, emotional or cognitive body. Furthermore, if the problem is seen to be within the person, then the influence of structures that are socially constructed is not acknowledged and social model discourses get subjugated, and the only way to improve the situation is assumed to be through processes of medicalisation.

Toileting, Cognition and Human Rights

Access to sanitation is a human right (United Nations, 2010). In some countries, lack of provision of toilets limits menstruating females' engagement in schooling (Jewitt & Ryley, 2014). Lack of toilets in some countries shapes the behaviour of women who wait to defecate at night in the dark, which increases their risk of rape (Hardoy, Mitline, & Satterthwaite, 2006). While these are clearly human rights issues, they may not seem so relevant in Aotearoa New Zealand. However, access to toilets for transgender people has recently been raised as a human rights issue here in this country (Howie, 2016; New Zealand Herald, 2017). The common element between these experiences is the physical access to toileting facilities. The perceived need for toilets in particular locations is influenced by funding and resources, but is also influenced by societies' discourses about what is required by whom (Tantua, 2017). In comparison, this study, although acknowledging the impact of the physical environment and resources, has placed more emphasis on discourses which shape the practices engaged in during toilet training.

The importance of paying attention to the discourses and practices associated with toileting have been identified by other scholars (Clark & Rugg, 2005; Dolva, Lilja & Hemmingsson 2007). For example, Dolva, Lilja and Hemmingsson (2007), after demonstrating how difference in toileting abilities altered expectations and opportunities for children with Down syndrome, stated that "professionals must be knowledgeable about and aware of culturally influenced differences to detect environmental barriers that may present opportunities for development through intervention" (p. 419). In this case, the opportunities for development were by enabling children with Down syndrome to start school at 5 years of age, even if they had not mastered toileting (which was against the dominant discourse). This opportunity created

advanced improvement in social and communication development one year later, compared to those children with Down syndrome who were delayed starting school due to not being toilet trained.

While Dolva, et al. (2007) did not position access to schooling as a human rights issue, I do position difference in opportunities based on toileting skill that way. Human rights have two essential elements – freedom and well-being (Kallen, 2004). Freedom is the right of every human being to participate in shaping the decisions that affect their own life and that of their community. When and how people go to the toilet are decisions which affect their own life and then, due to the connection with bacteria and disease and the aesthetics of body waste out of place, these decisions also influence their community. The second element of human rights is well-being. Well-being is the ability and conditions needed to achieve one's purpose by action (Kallen, 2004). This covers the opportunities and conditions provided to children and adults to be toilet trained or supported along the continuum of dependency, interdependence and illusionary independence in toileting.

Analysing toilet training experiences from these two aspects of human rights provides space to consider if conditions and abilities are given more weighting than freedom in participating in decision making. Findings suggest that less prominence to the freedom (agency) aspect of toilet training is enabled for people with impairments. Instead, prominence is given to enabling the conditions and acquisition of the physical skills of toileting but closing down skill development in, and enactment of, agency. The updated Te Whāriki early childhood curriculum (2017) overtly includes toileting and toilet learning under the strand of well-being/mana atua. This strand encourages children to develop an understanding of their body's functions, and how to keep themselves healthy and to respect tāpū¹⁴. Space within this strand for making choices and expressing their wants and needs is encouraged alongside achieving independence and taking responsibility for themselves and others. Agency is inferred through the act of expressing oneself and through the underlying principle of empowerment (Ministry of Education Te Tāhuhu o te Māuranga, 2017). In contrast, the connection between agency and toilet training is clearly demonstrated within the Australian early childhood framework; acknowledgement of learning, health, relationship, dignity and rights are included within toilet training quality areas and, under toileting routines, supporting the child's agency to understand and control their body is recommended (Commonwealth

¹⁴ Tāpū translates to taboo or forbidden.

of Australia, 2009). One would think or hope that these opportunities and or measure of quality are extended to all children – those with impairments as well as those without.

The Layering of Discourses

Within my Foucauldian research, the notions of Othering and comparison have been strong due to my research focus on governmentality and biopower, and the object of body waste being socially constructed as an abject. These processes are held in place by many technologies, particularly those of norm and normalisation. Cultural appropriateness or the norms of toileting tasks have changed over many centuries (Elias, 1994; Inglis, 2001) and although medical hygiene discourses have a prominent place in today's context, this has not always been so. According to Inglis (2001), toileting was once a task which was conducted with no shame or requirements of invisibility, and therefore no Othering. However, toileting has been shaped over centuries to be conducted away from others. The cultural change towards invisibility of body wastes has correlated with decreasing tolerance to exposure of the aesthetic elements of the sight and smell of faeces and urine (Inglis, 2001). This decreasing tolerance marked by people's repulsion and often visceral reactions to faeces and urine when not in the toilet are deemed "out of place" (Kristeva, 1982) and in turn, in some cases, produced the practice of physical discipline resulting in abuse as a response. Aesthetic and moral discourses were historical influences in the shaping and socialisation of toileting practices. However, since the late 1900s, these discourses have been overshadowed by a medical hygiene focus (Elias, 1994; Inglis, 2001). When reviewing literature about toileting, a cycle of knowledge being shaped from aesthetic discourses to moral discourses, medical hygienic discourses can be found. This cycle seems to be repeating as there is a return to aesthetic and moral discourses. However, unlike the discourses of the 1500s, these are underpinned to medical science discourses.

In the current context, a child's agency is valued as demonstrated by the New Zealand Government ratifying the United Nations Convention for the Rights of the Child in 1993. Therefore, space for a child's perspective is facilitated. Such a perspective considers the child's aesthetic experience, for example to assist in illustrating this point, "what would it aesthetically be like to have a synthetic product or urine sitting against your skin for hours?" The inference within this statement is that it would be unpleasant; the outcome of nappy rashes is evoked. It is seen as morally correct to decrease this unpleasant aesthetic experience as much as possible, and therefore avoid the negative medical outcome. However, a similar process occurs with positive aesthetic experiences and emotions. For example, by reframing toileting as a

special care moment, full of connection and bonding (ACEQCA, 2016), a pleasant aesthetic experience is inferred. In this case, the morally correct thing to do is to enable such an experience. The reasoning behind why we value this pleasant aesthetic experience is due to the taken-for-granted truth that connects loving, nurturing, and enriching environments and positive brain development together. These two examples demonstrate that both positive and negative emotions link into aesthetically based discursive practice, which in turn produces morally based discursive actions. However, when analysing why aesthetic and moral practices are linked together, justification for these practices can be linked to developmental and medical discourses.

This underpinning of medical discourses connects with Foucault's (1977) concept of "regimes of truth" and how in our current time, the legitimate knowledge or truth is science. Therefore, behind the taken-for-granted truths which govern the population's behaviour, is empirical research and science either producing the knowledge or, once the practice is in place, justifying it. With all these discourses and thoughts in mind, this brings me to the thesis of my thesis.

Toilet training is usually constructed as dominance of the social body over the instinctual body. This thesis provided space "to think otherwise", this being, toilet training is the body's (expanding numbers of adults and the child through interdependence) opportunity to shape the social body. I propose that toilet training is a key juncture, a particular stage which marks acknowledgement of a child's learning of social ways and through this skill development, acceptance into the norm of society. This juncture is orchestrated predominantly by mothers, but facilitated by a growing number of adults, who socialise children through a continuum of development from dependence, interdependence to illusionary independence. Furthermore, I have illustrated that toilet training practices and associated knowledge have predominantly been produced from medical discourses, with layering of moral and aesthetic knowledges being produced. Drawing from these discourses, toilet training is intertwined with the concepts of agency, cognitive ability, ease of mobility and O(o)thering. The criteria of who is O(o)thered changes depending on the knowledge produced within each specific time period and has an effect on whether a person is seen as cognitively capable to hold agency. The production of O(o)thering often occurs at the juncture of achieving mastery of toilet training.

Oothering connects to medical discourses, lower-case oothering to aesthetics, while agency, cognitive ability and mobility connect to moral discourses and therefore produce toilet training as a human rights issue. Human rights in themselves are another

discourse with the ongoing risk of turning into a taken-for-granted truth immune to critique and therefore also possibly and potentially dangerous (Foucault, 1997/2002a; Manokha, 2009).

Implications for Occupational Therapy Practice

As one of my subject positions is that of an occupational therapist, I will now consider these findings against my professional life role. The concept of Othering intrigues me and as I have engaged in this research process, I have reflected on the role my profession of occupational therapy plays in the classification and O(o)thering of people. Occupational therapists do not diagnose medical conditions. Rather, they assist in data gathering, often using norm-referenced assessments, and then put forward their findings for a doctor or a psychiatrist to provide a medical diagnosis. This practice is dominant in many paediatric practices due to the availability of normed tests for this age group (Dunn, 2011a). Many of these assessments have a body systems and functions performance component focus and are used to back up the observation of the child engaged in everyday tasks (occupational performance). The child's ability is then compared against normalised expectations of what a child "needs, wants and is expected to do" (World Federation of Occupational Therapists, 2012, para. 1.) at that age or life stage.

Practice is shifting and now the ideal in occupational therapy is for therapists to encourage families and children to self-evaluate and prioritise their ability compared to normalised ways circulating within the clients' context (Haertl, 2010; Humphry, 2002, 2005; Humphry & Wakeford, 2008). The reasoning behind this practice is to enable choice, control and meaning within the therapy experience. This links back to enabling a therapy experience which supports quality of life by providing choice and control. When working with young children, parents usually select the goals they deem important for their child, in collaboration with the therapist. Although this self-evaluation and prioritising is filtered through each person's value system, fear of being Othered (Marks, 1999), hence excluded, does not make this a completely free choice. This connects back to the quote provided in the 1980s article by Leach in regard to a child who is not toilet trained within a time frame expected by society, particularly when it connects to body wastes. "Our society will not tolerate a child who stinks ..." (1983, p. 663).

People's/parents' self-selected goals often fit within the dominant, taken-for-granted truths held by society. When families and clients engage in this process (self-comparison and articulation of desire to be more like the norm), they articulate a misfit

between what currently is being achieved and what they desire. The gap between the client and client's family's current ability and desire is then measured using quantitative scales (King, McDougall, Palisano, Gritzan, & Tucker, 2000; Law, Baptiste, McColl, Opzoomer, Polatajko, & Pollock, 1990). Contemporary occupational therapy assessments and interventions focus on assisting in identifying the gap between a person's current ability and his/her desire to match what is expected of him or her. Furthermore, although people are given space to voice the expected level of ability they ascribe to, the expected level by definition is what society has created as a dominant norm. In prioritising engagement in the norm as a target of occupational therapy, through ascribing to the words need, want and expected to do, particularly "expected to do", occupational therapy as a profession could be accused of reinforcing discourses of Othering. Othering involves negative connotations produced by discourses which highlight difference as being undesirable and deficient. Therefore, although contemporary occupational therapy focuses on everyday engagement and participation in life tasks and has less preoccupation with "fix the person" medical discourse, the profession is at risk of supporting mechanisms of Othering due to the inclusion and reliance of comparison against normalised standards of what people are expected to do. As clearly stated by Hammell (2004), "categorising the occupations of others is not a neutral enterprise but value laden and inherently political" (p. 297). Furthermore, although it looks on the surface that occupational therapy has shifted towards using tools of technology of self through the process of client-led goal setting, possibly these contemporary practices are really a means to enact mechanisms of technologies of government, training bodies to meet society's norms. Therefore, it could be argued that instead of overtly classifying a client through using the tool of a standardised normed assessment, contemporary occupational therapy covertly uses the pressure of comparison against normalising discourses to shape parents to make choices that require their child to meet what they need, want and are expected to do by society. In doing so the profession continues to reinforce the dichotomy of normal and abnormal.

Occupational therapists and bowel and bladder management: beyond children.

Many of the people who encounter occupational therapy services have experienced a short-term challenge in engaging in the everyday tasks which influence their health and well-being, while others have chronic ongoing occupational engagement challenges. For some people, these challenges extend to body waste management. Traditionally, occupational therapists have had a role in providing

equipment which assists in the task of toileting. Equipment is usually located in one place, therefore limiting that person to being near to that environment or an environment which supplies a similar set up. Therefore, access to a specific type of toileting equipment may alter the person's toileting and inclusion experience (Tantua, 2017).

At home, a person may be independent but when out in the community, may require assistance, therefore placing them into a subject position which could be associated with being infantilised and shamed due to discourses which connect decreased bowel and bladder control with decreased cognitive ability. The connection between body wastes out of place and disgust may cause the person themselves or the adults with them to engage in increased self-surveillance or surveillance to try and manage their toileting needs with advance time to locate and secure an appropriate toileting space to use. For the adults supporting the person with bowel and bladder needs, it is possible that due to their relationship with the person, they suspend the abject and resist discourses of disgust and shame. This suspension of dominant practices may mean that they are less subtle with this task than they would be with themselves, thus reinforcing the subjectivity of infantilisation. This potentially occurs even though caregivers themselves resist connecting dependency and infantilisation, connecting them instead to a different subjectivity (that of husband, wife, mother, father, loved one, or person within their care). Therefore, it is possible that, in an attempt to maintain someone's health and well-being (dignity), we heighten disciplining and surveillance of their toileting needs, which actually, in the long term, may negatively affect their well-being as they are under constant overt surveillance. For all people, those without freedom of movement and independence in toileting and those with independence, Foucault's use of Bentham's inspired surveillance is relevant (Foucault, 1977).

I can now see why Foucault and so many scholars using his work used Bentham's theoretical concept of the Panopticon (Foucault, 1977). The concept of the watcher not being directly visible especially fits with the private task of toileting which generally occurs either at home or in the enclosed space of the bathroom. Although the task is completed in privacy, multiple practices are conducted to make sure that the evidence of toileting stays within this private space. For example, flushing the waste away, wiping and washing all traces of body wastes off the skin and in turn any accompanying odour, all of these discursive practices are part of the successful toileting process.

It is interesting to note two new products which demonstrate society's desire to be clean and nonbody-waste smelling. There are wet wipes for adults to use after

regular toileting, and a discrete purse-size Poo Purri spray which is sprayed onto the toilet bowl water so that any bowel motions and their accompanying smell excreted into the toilet are sealed within the water, thus hiding the odour.

Products like these produce discursive practices which continue to keep the olfactory sensory experience of body waste hidden, and in turn, continue to produce body waste as a shameful, embarrassing and negative aspect of human existence. Negative emotional experiences are often linked to Othering, thus associating body wastes, negative emotions and Othering together. These discourses are possibly a result of transformed practices linking back to earlier discursive practices which connect society's low tolerance of body wastes out of place, age expectations of when this skill should be in place, shame and physical discipline (Leach, 1983; Whiting & Child, 1953).

Possibly, the use of such products connects back to other discourses of fear of Othering, and a desire to be seen as a civilised person. Products to spray over the smell of bowel motions have been around for years. The interesting thing about the Poo Purri product is that it claims to leave no trace of the smell of the bowel motion. These products possibly support individual goals linking into specific subjectivities, and therefore potentially technologies of self-related practices. Technologies of self may also be put in place when a person is aware that they are at risk of not consistently meeting society's norms about bowel and bladder control. This could occur when a young child is self-motivated in mastering toilet training or at differing times with the life course when meeting society's toileting norms are compromised.

When people can easily achieve toileting due to physical ability and accessibility of toilets, practices around toileting are conducted in a manner which take no additional thought; they are invisible tasks following taken-for-granted ways of doing and truths, shaped by technologies of government. However, when a person does not have freedom of accessibility (no toilets available) or freedom of physical control (mobility or bowel and bladder control), more conscious thought has to be put into managing the timing and completion of toileting. This additional layer of planning about managing body wastes is to ensure that a breach of bowel and bladder control does not occur, or if it does, that nobody notices this breach. Therefore, the façade of maintaining the normed standards is achieved and in turn, the subject position and desired subjectivities are also maintained. It is possible that, when a person struggles with consistently being successful in managing their body wastes, toileting shifts from a technology of government, to a technology of self, as the person mindfully constructs their routines

and activities to decrease the possibility of a breach of control occurring. It is the mindful aspect rather than a taken-for-granted way of doing which I purpose shifts this task from a technology of government to a technology of self. However, this increased application and striving to maintain society's norms could also be considered as being more disciplinary, and therefore the person's practice could be influenced by both technologies. Either way, the outcome is the same to engage in what is deemed the appropriate and preferred way of managing body wastes. With the context of when a young child becomes aware of the abject and starts to independently toilet themselves in a conscious manner, technologies of self are enacted. This can occur again at other points during the lifespan, whether temporary due to availability of toilets or more enduring challenges around changes in body structures and functions. Therefore, in these situations, technologies of self in regard to maintaining the subjectivity of being a toilet trained person are put into play. The heightened level of surveillance engaged on the self by the self, can also be experienced within technologies of government. However, in this case it is heightened surveillance by others.

Alternatively, when an adult has toileting challenges due to learning impairments, intervention programmes are put in place. Drawing on the discourse located within the 1950s and 1980s genealogies, the association of bowel and bladder control with cognitive ability placed on children is also placed on adults. This association or taken-for-granted truth also reinforces the subjectivity and practices of infantilisation. One way to decrease infantilisation is to structure the environment to move surveillance of toileting needs to sit within the person themselves as "care of self". It needs to be pointed out that this could be seen as ascribing to neoliberal discourses of personal responsibility. For "care of self" to occur, a certain level of cognitive skill and insight is required on behalf of the person, and from the caregiver's perspective, practices which enable space for choice, control and communication of desires. However, when considering the needs of people with decreasing or decreased insight, learning from elimination communication practices could be applied.

The level of cognitive skill of the person supported in successful toileting can be developmentally very young, as demonstrated by elimination communication practices. This same knowledge could be applied with people who experience dementia or with populations of people who, due to decreasing health, have decreased insight.

Societies' current ways of managing decreasing control over bowel and bladder function is through products which contain body wastes next to the person's body until they can be managed. This leads me to reflect on this quote by Dunn (2011): "We have

replaced skills with products in many aspects of our life” (para., 17). Possibly, the skill that has been replaced is not so much the skill of independent toileting, but the skill of attunement and supporting people to toilet interdependently. Another possible way to change these subjectivities and practices is to enable space for a larger variety of discourses, to make **point** of moving away from binaries about what constitutes human worth and what is required for citizenship to be enacted.

Occupational therapists address toileting as part of the remit of what people “need, want and are expected to do” (World Federation of Occupational Therapists, 2012, p. 1) or in more traditional terms, under the category of self-care. Occupational therapists apply human rights through the concept of occupational rights (Hammell, 2008; Whalley Hammell & Iwama, 2012) and occupational possibilities (Rudman, 2011). Occupational rights are defined as “the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (Hammell, 2008, p. 62). The freedom aspect of human rights is considered through the concept of occupational possibilities, which considers both the conditions required and the opportunity to exercise agency. Therefore, practice which takes a human rights perspective is more likely to include the individual, community, conditions and abilities. Within occupational therapy theory, abilities are covered by occupational performance; conditions are covered by occupational deprivation. The link between conditions, abilities and agency is acknowledged by occupational possibilities, and all of these concepts are drawn together under the overarching concept of occupational rights.

Invisibility of toileting.

The notion of invisibility of toileting and occupational therapy intrigues me. I have positioned toilet training and toileting as a human rights and occupational rights issue. However, as a profession that assists people in everyday life, beyond the body functions and systems of the person, toileting is rarely mentioned. Research and advice on how to teach the abilities aspect of toileting can be located (Donlau, Mattsson, & Glas-Mattsson, 2012; Maitra, et al., 2010). Consideration of the conditions which enable toileting, especially through private bathroom modification and equipment, can also be located (Sim, Barr, & George, 2014). However, inquiry into the production of subjectivities and how to balance the tension between agency and skill development in toilet training and toileting are scant within occupational therapy literature (Clark & Rugg, 2005). When considering that toileting is a task that every human engages, in one way or another, each day and multiple times, it is surprising that more knowledge

generation about the topic has not occurred (Dolva et al., 2007; Swart, Kanny, Massagli, & Engel, 1997).

Throughout this thesis, I have located toilet training and toileting against prominent discourses created within the occupational therapy profession, these being occupational rights and possibilities, occupational performance in the form of what is expected to be done, as well as doing, being, becoming and belonging through engagement in the differing technologies of government, self and others. This linking assists in demonstrating to me how the larger medical, aesthetic and moral discourses influence the smaller profession specific discourses which in turn shape the everyday practice of occupational therapists.

Areas for ongoing research.

Research is a powerful discourse in our current context and therefore, for occupational therapists and excluded people to shape discourses that are circulating, research that includes the voice of usually excluded people needs to be conducted. I have identified many potential areas for ongoing research, these being:

- For occupational therapists to engage in quantitative and qualitative research about the toileting needs of our clients, across the lifespan, from an occupational rights perspective.
- For occupational therapists to engage in quantitative and qualitative research locating and demonstrating occupational deprivation and the population groups affected by this issue.
- For occupational therapists to engage in quantitative and qualitative research locating forced surveillance within parenting and the effects of this on the population group affected.

This next section draws on the awareness of how histories of the present uncover insights into taken-for-granted truths. I propose the benefits of:

- Conducting a genealogy of occupational therapy's history of toileting knowledge within occupational therapy literature to locate the dominant and subjected discourses in play.
- Conducting a genealogy of occupational therapy's history locating the conditions of possibility producing the shift from using technology of government based assessments to technology of self-assessment.

The following suggestion I have not discussed directly within this thesis. However, through this inquiry I have become more aware of the influence of Freud's

thinking on the occupational therapy profession and therefore my last suggestion for ongoing research is:

- To conduct a genealogy of psychoanalytical knowledge and how this has been articulated within the occupational therapy profession within the field of children, youth and families. Locating this knowledge may help demonstrate and explain the tension between occupational-based discourses and developmentally based discourses.

Theoretical experience.

This section concludes my thesis by discussing my experience of using Foucault's thinking, and the use of a diagram as a tool to support my own sense-making and application of his ideas. Like many before me, I have at times found Foucault's writing difficult to understand, but at the same time there have been aspects which have resonated and permanently changed my perception of the world. I am pleased that my supervisors pointed me towards Foucault as a theoretical influence and I am annoyed that I had not come across his ideas earlier.

I have greatly appreciated being able to read other people's work and their explanations of how they apply and understand Foucault's ideas. Hook's (2001) and Nicholl's works (2009) were very helpful in the initial stages of conducting my genealogies, assisting my understanding of how to select times for analysis and statement selection. Tamboukou and Ball's work (2003) added clarity to how to engage in the analysis stage and O'Farrell's work (2005) assisted in adding depth to my theoretical understanding behind the tools I had chosen and pulling apart the implications between the technologies of government and technologies of self. Lobb's scholarship (2015) broadened my thinking around technologies relating to caregiving and child development, thus enabled another perspective. With these combined commentaries (and many others), I was then able to reengage with Foucault's original writings, particularly *Discipline and Punish: The Birth of the Clinic* (1977), *The Subject and Power* (1997/2002e) and *Technologies of the Self* (1997/2000f), and see the framework of his thinking more clearly. I had not engaged in any formal learning which had exposed me to Foucault's ideas before I embarked on this PhD enrolment. Therefore, a huge part of this learning journey has been understanding Foucault and his way of thinking. I initially drew the toolbox diagram to connect all this thinking together and support my ability to articulate which Foucauldian ideas I was using and how I was applying them. Distilling information down into visual pictures is a study strategy I use, and since I was studying Foucault, it made sense to me to draw it.

Therefore, although this diagram was first created as my own study notes, when I came to write up my surrounding chapters, I decided to use it to structure my thesis. The diagram has assisted in cataloguing all the different information I have read from Foucault and other scholars into a system which is concise in my own thinking. As I read more I was delighted to see that Deluze (1988) used the description of a diagram. To me this added justification of my way of constructing and making sense of a Foucauldian inquiry.

This whole thesis has been influenced by Foucault's thinking; as I engaged in this process I learned more and more. My articles were written at a stage when my application of Foucault's thinking was still very much emerging. It was not until I wrote up my thesis and took a deeper look at the technologies creating and holding the subjectivities in place, that a deeper engagement occurred. In hindsight, I should have done this process before I wrote my articles; on the up-side, I have lots more to write.

The last words.

Early on in my scholarship, I came across Foucault's quote "about what the doing does" (Foucault as cited in Dreyfus & Rabinow, 1983, p. 187). I was drawn to this quote as the word *doing* holds significance within the profession of occupational therapy. When I apply this quote to myself, the doing of using Foucault's thinking has made me a broader and more critical thinker. It has empowered me to see that even things that I had perceived as unchangeable can be changed. So, to answer what the doing does, it has clarified that I can be a political force by the everyday actions I engage in and that everyday actions matter. It has reaffirmed the importance of choice and space for resistance.

Foucault has shown me that everyday actions have power. This resonates with my professional self as an occupational therapist who specialises in working with people being able to engage in their everyday doing. Foucault has taught me not to prioritise one type of knowledge over another, and although I understand this, the reality is that in this current context, research does hold power. At the same time, so do discursive actions. I see research as valued; research is currently seen as needed and listened to, especially at state government level. It is for this reason that I am particularly thankful for writing this thesis as a series of articles, and for the endless support in learning to write in article format provided by my supervisors. Although acknowledging this developing skill and its place within the web of mechanisms used to influence change, I also understand that for change to happen, this knowledge needs to be echoed in lay literature. It is this tool of lay literature and daily conversations that

changes normed thinking and, in turn, everyday practices. I can also see how everyday practices influence commentary and in turn, what is researched. It is for this reason that I see Foucault's work as a tool that helps cross the practice-theory divide.

Therefore, to end, "what the doing does" has created a politically inspired writer who is committed to challenging the taken-for-granted truths producing Othering, abuse, exclusion and invisibility, and creating a different space to think otherwise, both by what I write and by my everyday actions.

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Appendix A
Technologies in Play 1950

Technologies of government	
Surveillance Connecting back to the concept of panopticon. The feeling of always being watched but not necessarily seeing anyone watch you. "Surveillance enables comparisons to be made, Comparisons which are important in establishing or challenging norms" (Gore, 1995, p. 170).	Plunket visits and the use of Gesell and Plunket's Baby Book to compare the child growth to standardised scales. The surveillance of "what was appropriate" for a man to read. The fear of comparison "not maladjusted".
Confession "Individuals who reveal truths about themselves to social authorities believe the process to be therapeutic because it allows authorities to compare them to scientifically determined normal ranges and to take action" (Powers, 2001, p. 19).	Indirectly through <i>New Zealand Woman's Weekly</i> column. Through Plunket visits.
Examination "is highly ritualised... It manifests the subjection of those who are perceived as objects and objectification of those who are subjected" (Foucault, 1977, p. 184). The examination ... situates them in a network of writing; it engages them in a whole mass of documents ... (Foucault, 1977, p. 189).	Weighing of the baby by the Plunket nurse. Recording of bowel motions in the Baby Plunket Book. DSM and scales of cognitive skills of ID people.
Clinicalisation A clinical space in which treatment occurs (Powers, 2001).	Institutions. Plunket clinics, psychiatric hospitals, Karitane hospitals.
Medicalisation "when systems of problems of order and deviance in a culture begin to be addressed in terms of the medical model of disease" (Powers 2001, p. 21). The use of body words (Powers, 2001).	Enuresis and encopresis Idiot, feeble-minded, etc Psychopathic mothers
Normalisation Occurs through comparison. "A whole that is at once a field of comparison, a space of differentiation and the principle of a rule to be followed" (Foucault, 1977, p. 182).	Gesell's work, <i>Modern Mothercraft</i> , Spock's commentary, Research work. Grids of specifications developed and used by health professionals.
Norm Differentiate individuals from one another by reference to a minimal threshold, as average to be respected, or an optimum towards which one must move (Foucault 1977, cited by Gore, 1993, p. 171). A "Principle of valorisation ... the play of opposition between normal and abnormal or	Gesell scales and research which provided a documented norm. DSM.

pathological” (Ewald, 1990, p. 140). The means by which “society communicate with itself” (Ewald, 1990, p. 141).	
Exclusion “Tracing limits that will define difference” (Gore 1993, p. 173).	Feeble-minded, etc and DSM, placing people in institutions. Mothers who had children with impairments.
Classification “Differentiating groups or individuals from one another, classifying them” (Gore, 1993, p. 174).	DSM, Feeble-minded, idiot.
Distribution Distribution of bodies in space (Gore, 1993, p. 176).	Placing people in institutions. Placing mothers in the home and fathers out in the paid workforce.

Appendix B

Application of Principles

Principles		
<p>Principle of reversal - reversing the usual relationships</p> <p>Order of Discourse (1981). The point of this principle is to disrupt the usual relationships we have with discourses. This is required as discourses shape our everyday action and thinking and therefore can exist without us realising. These produced ways of doing and thinking evolve into taken-for-granted truth.</p> <p>Under the principle of reversal Foucault articulated procedures to assist with this process, these being exclusion (external to the discourses), limitation (internal to the discourse) and rules and restrictions of the speaking subject.</p>		
<p>Exclusion is considered external to the discourse</p> <p>Procedures of exclusion have three subcategories these being; prohibition (who can speak, who can't, what do you not say), opposition between reason and madness, and opposition between true and false.</p>		
Prohibition – Who can speak, who can't, what do you not say		
1950s	1980s	2016
<p>In the early Plunket book (Deem & Fitzgibbon, 1948) love for your child was not expressed. Plunket rarely talk about loving your child or positive emotions. The role of fathers not mentioned in <i>Modern Mothercraft</i> (Deem & Fitzgibbon, 1948).</p> <p>In Plunket baby books, space was provided for nurses to record advice. However there was no space for mothers to record their observations or concerns.</p>	<p>Plunket was getting excluded from writing the <i>Health and Development Record Book</i>. Mothers were allowed to have more of a voice, their quotes included in the <i>Health and Development Record Book</i> and in <i>Pajama's Don't Matter</i>; these books were written by a mother/artist and medical reporter. The voice of the child is shared though the illustrations provided within the book. The exclusion by mothers and women of fathers is included in <i>Pajamas Don't Matter</i>. No mention of environmental issues noted.</p> <p>Children's world view beginning to be included by genres of books focusing on their experiences and illustrations which assist in picturing life from a child's view.</p>	<p>It would seem everyone has the potential to speak if they are articulate and literate, what media forum they speak on is where the exclusion now occurs.</p> <p>Exclusion also occurs through availability of time. Blogs and webpages open for anyone with internet access. Parenting magazines still limited to professionals. The inequitable time spent between mothers in caregiving and men in caregiving seems to be not acknowledged.</p> <p>The role of early childhood educators in socialisation minimised while education through play emphasised.</p> <p>The voice of the child is clearer but especially when reading nappy advertising blurbs, the needs of the mother have been silenced.</p> <p>Mothers from third-world mothering practices have</p>

		voice within first-world context but through another's expert voice.
Opposition between reason and madness Reason being the "sole means to access truth" (O'Farrell, 2005, p. 91). Madness being that which is "silenced and excluded" from western history (O'Farrell, 2005, p. 91).		
1950s	1980s	2016
The emotional harm Bevan-Brown felt Plunket was doing, and in response the madness Plunket felt the psychoanalytical field of knowledge was causing. That men should be included and have an equal role and responsibility to raising young children. That men had the skills to be emotionally connected to young children and to toilet train their children.	That children and people with disabilities should have a voice, and opportunity to be part of community not just at home or in an institution was seen as madness. That children could be disciplined without smacking.	That continuing to pollute the world is madness. Not having a child in nappies and attending to their bowel and bladder needs on demand.
Opposition between true or false The next procedure is the opposition between true and false. Knowledge is governed by "different division[s] between true and false" (O'Farrell, 2005, p. 92). Within this procedure the analysts seek out what knowledge, institution or disciplines are connected to the statements and the texts which produced them. Who is distributing the knowledge and in what ways.		
1950s	1980s	2016
Biology and maturation where seen as very important. In <i>Modern Mothercraft</i> , pictures of animals and the effect of good nutrition where displayed. Photographic evidence and science was seen as truthful. Mothers were deemed responsible (father silent), and to blame for stilted development and delinquent youth due to psychoanalytical knowledge. The truth of this knowledge demonstrated by the New Zealand Government sending the <i>Mazengarb Report</i> out to every home,	The social construction of gender roles now acknowledged. Women only having the skills and ability to emotionally connect with their young children was no longer seen as true. Early toilet training suggestions of holding the baby out at 4 weeks was now seen as false. That children would just cognitively develop without stimulation or opportunities for learning was now deemed false. That physical discipline was not the best way to parent, and that for a child	The social construction of toilet training is now acknowledged, against a backdrop of developmental readiness. That men and women are equal in their abilities to toilet train and support their child's toileting, the reality is that it still most commonly falls to the mother, who still is the one most likely to be at home with the child. That children should have choice and a level of control around learning to be toilet trained. It is now seen to be true that we do need to be more proactive in considering the effect of

reinforcing the importance of emotional mothering in the early years.	to develop to their highest potential, parents needed to talk to them and spend nonviolent time with them was developing into a truth.	landfill wastes on the world. It now seems true that a habit training classical conditioning approach to toilet training can be completed though operant conditioning in such a way that also enables the child's voice to come through at an even earlier age.
Internal systems of exclusion Internal systems of exclusion place limits on what can be said, there are three procedures discussed by Foucault in relation to this; commentary, the author, and discipline.		
Commentary's role is to articulate what has already been said (Foucault 1971). "Commentary meaning that which must be rediscovered" Foucault (1972).		
1950s	1980s	2016
<p>The work of Freud and Gesell, rewritten by Spock. Freud's work rewritten by Bevan-Brown's work, which was then included into Parent Centre teachings and in time into Modern Mother craft (Deem & Fitzgibbon, 1946) and then to <i>New Zealand Woman's Weekly</i>.</p> <p>That physical development and sanitation are important but so is a child's emotional development, so give space for that to unfold naturally.</p> <p>That women are to be the child raiser.</p> <p>That husbands are to support their wives.</p> <p>Routine and discipline but without coercion.</p>	<p>That a biological blue print is there but can be enriched through teaching and learning processes. That a child's development needs stimulation with the help of an adult.</p> <p>That husbands should not hit wives, and in some cases, can hit children.</p> <p>Enrichment first and routine second.</p>	<p>The rediscovery of the importance of spending time with your child, that the adult's emotions carry messages.</p> <p>Human capital is developed through relationships and investing in your children</p> <p>That emotional development needs fostering, this is dependent on a loving, emotionally and cognitively enriching adult, safe environment, and needs to be met in a consistent manner.</p> <p>That homes should be nonviolent.</p>
Author "Not, of course, the author in the sense of the individual who delivered the speech or wrote the text in question, but the author as a unifying principle in a particular group of writing or statements lying at the origins of their significances, as the seat of their coherence" (Foucault, 1972, p. 221).		
1950s	1980s	2016

Unifying principle – expert knowledge providers/deficit finders	Population enrichers/ advice givers	World savers
Disciplines Professional groups or formal system of knowledge, such as sociology, philosophy and medicine. Basically, any grouping “who set the rules regulating truth and falsity, valid and invalid knowledge and the ways of acquiring knowledge” (O’Farrell, 2005, p. 13).		
1950s	1980s	2016
Medicine and psychiatry	Medicine, psychology, education	Medicine, psychology, education, conservationists
Rules and restrictions of the speaking subject		
1950s	1980s	2016
Mothers’ or fathers’ experiences talked about via the professional author, except in <i>New Zealand Woman’s Weekly</i> letters to editor page. Letters polite and respectful.	Information less formal. Use of cartoons and quotes from mothers. Less writing included. Terminology not formal poos and wees (Gibbons, 1979/1991)	The voice of mothers from third-world countries, explained by mothers and experts from first-world countries.