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Becoming my daughter's mother: Attuning relationally

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Abstract

In this paper I explore ideas such as mothering, caring, rules, and responsibilities towards a toddler, whilst methodologically, being influenced by a body of work around a feminist ethics of care. This piece attempts to understand how as a mother who is influenced by academic readings, I can support my child's independence and remain sensitive to her needs while setting some boundaries to keep her safe and prepared for the outside world. To do that, I have drawn on feminist New Materialist and posthuman non-anthropocentric ethics, where researchers continually challenge the assumption of boundaries, for example between agency and humans, ethics and politics, autonomy and dependence. Being entangled with my own 'theoretical' trajectory - readings, teachings and my own cultural values, beliefs; personal and professional identity and the practicalities and challenges of the lived experience with my daughter, in this research assemblage, the aim is to apply ideas from a feminist ethics of care to help me understand how to attune with my child more carefully in order to balance the notion of boundary-setting during sleep routines while respecting her need of autonomy.

Introduction

Becoming a mother and caring for a young child made me realise that I have mainly experienced care as a recipient. Becoming a mother and caring for my own child can feel good, easy to do, but it can also feel exhausting, demanding, oppressive for the one who receives care. While my daughter has been growing, I have started questioning many things that previously I'd have typically taken for granted, for example about what is right and wrong for a child's upbringing; what is acceptable and what is not, what is ethical and what is not when caring for a young child. Whilst dealing with a mixture

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of romanticised ideas around 'perfect' mothering/caring, cultural ideologies and familial practices around rules and responsibilities, theoretical ideas and dominant discourses around development, milestones and stages of a 'healthy' development towards a new baby, methodologically, I have been influenced by a body of work around key pioneers in feminist ethics of care (Bauman, 1993; 1995; Dahlberg and Moss, 2005; Tronto and Fisher, 1990; Moss, 2019; Tronto, 1993) and more recently, a more-than-human feminist ethics of care (De la Bellacasa, 2017) in an attempt to understand how, in my adult-toddler relationship with my daughter, I can balance independence and boundaries, while being responsive to her needs and not limiting her creativity and ingenuity.

Particular attention will be placed on an 'ethics of care' as it was the ongoing daily and moment-by-moment ethical dilemmas that compelled me to think more about these issues when, for example, dealing with bedtimes, which I experienced as particularly fraught, full of tension and refusal. In this research assemblage I draw on the post-humanities, to unsettle taken-for-granted knowledge around how parents, carers, teachers, researchers can problematise, but also balance the notion of boundary-setting between themselves and young children, while respecting their child(ren) and their needs.

Being Greek-Cypriot myself, I recognise how my understanding and enactment of boundaries is culturally specific, encultured in one country, yet not in another. Now living in the UK and becoming my daughter's mother made me realise how this new role intersects with so many other aspects of my own intersectional and always changing identity such as my class, race, professional profile, personal profile, abilities in the world including in caring practices.

The peculiarity of my own assemblage is that I am entangled and part of this amalgama of entities (such as humans, non-humans, spaces, experiences, discourses, rules, regulations, boundaries, my personal different and overlapping aspects of identity etc.), and my involvement in this research includes not only those entities that I am aware of, but also all those which unconsciously contribute to my decision-making. Therefore, those ethical decisions that I am asked to deal with daily, also include some hauntings from my own upbringing. Indeed, my past and present practices of engagement with rules, regulations and practices include my Cypriot school experiences in a strict educational system full of rules, pressure and structure, my religious teachings, my home experiences growing up in a nuclear family with my two sisters and parents, the continuous advice to behave well and be a good model of a student and girl, the more recent impression that I know best about child development because of my studies and professional role, all the readings around gentle parenting and Montessori alternative methods of education and much more … an evolving assemblage that will always be on the make. Isabelle Stengers (2019: 19) explains such research attempts very well, saying that this is not a process where 'academics' critique from a 'safe distance', this is 'engagement all the way down', and involves being there in the thick of things.

Below I present an event which appears repeatedly in my everyday life, where I have to remind myself that I need to find ways to respond to my two-year-old girl's needs effectively. As a mother I have a massive responsibility. I try not to say that to punish myself or feel guilty, but to be present for my child who is looking for her boundaries, who is trying to set boundaries, to test boundaries, and to extend them, and not hide behind them. I need to find a way to guide my child who is only two, but wants to be independent, something that I want for her too. Since she was born, I wanted to follow

a gentle approach into parenting, which encourages compassion, understanding and meeting the child's needs rather than managing their behaviour (Walters, 2024). However, although gentle parenting does not establish firm boundaries for children, I believe that rules and boundaries are needed in some cases. Some boundaries in our life can keep us safe, or at least create the illusion of being safe, can help us have a smooth transition into a wider social realm while growing up, be fair to others, be gentle and kind while caring for others, help us understand that disappointment and restrictions can be part of our life. At the same time, boundaries create limits, sameness, lead to comparisons, create stress to parents and perhaps children who cannot follow them. Therefore, acknowledging my own embodied memories of being there as well as my role as my daughter's mother, who is also an early childhood scholar, I aim to address the following event recognising my involvement in the co-production of meaning making as well as acknowledging and resisting the temptation to fall back into the mother/daughter, adult/child dyad (Lenz Taguchi, 2012: 265). Thus, while becoming-with the data as a researcher and a mother, in this analysis I will bring in to play key ideas from foundational literature around care (Gilligan, 1982; Noddings, 1984, 2002; Tronto, 1993) before moving into a much richer storying of how as a scholar and mother I understand Barad's response-ability through a different kind of more-than-human analysis of the bedtime event.

'Bedtime cry-sis'

8:10pm

It's been already an hour and a half since we came upstairs. She had her bath, she put her pyjamas on, she brushed her teeth, we've read the book 'Rabbit's Nap' from her favourite book collection 'Tales from Acorn Wood' and now it's time to get in bed. That dreaded time to sleep.

Thoughts keep running through my mind, '*I need to be strict and follow the same pattern every night … I need to find a way to get her to sleep … I must be doing something wrong … Why is she never tired? I need to set some boundaries … I need to set the example for her …*'.

9:30pm

She is still awake, she asks to play with her toys, she is talking, she is singing, she is trying to gain my attention … she is now asking for milk, she is now asking for a biscuit, she is now asking to go downstairs, she wants that milk … but NO not that milk, she wants it cold, but NO not that cold, she wants it white, but NO not this white … she decided she doesn't want it anymore.

An overtired child … and an overtired mother

9:45pm

She cries herself to sleep … The same pattern, over and over again…

'*I must be doing something wrong … massively wrong*'

Discussion

Many have talked about the benefits of sleep (Arnal et al., 2015; Vyazovskiy, 2015) high-lighting its key role in our overall function and emphasising the major health issues of sleep insufficiency. More specifically, within the different (mainly, but not solely quantitative) fields of literature on sleep in the earliest years of life, three areas are problematised: sleep deprivation (Jiang, 2019), risks of co-sleeping (D'Souza et al., 2023) and enforced sleep time/ sleep time procrastination (Gehret et al., 2021; Koopman-Verhoeff et al., 2019; Magalhães et al., 2021). In the wider literature of post-humanism and new material-ism, it seems as though sleep and the practices of sleep remain largely overlooked although it takes up to a third of our lives and it affects us so much. Sleep is such as complex process for some people comprising many different procedures, especially for young children. The young child's sleep assemblage lasts long as it requires the simultaneous and conjoined preparation of the body, environment and atmosphere for sleep (Kraftl and Horton, 2008). It can include bodily rituals such as the bath, the story, the last bottle/milk, the dif-ferent lighting of the room, the different room temperature, perhaps some music or lullabies playing in the background or complete silence, the blankets, soft comfort toys, and the dif-ferent patterns of sleeping obsessively or not ordered performances for the conditions of the body to rest and eventually fall asleep. Bodies are 'multi-sensuous', open to being touched and affected (Kraftl and Horton, 2008: 518), and this can be more obvious when they are tired and need to sleep. Textures, other bodies, human or not, affection, cuddles, warmth, and sounds can play such an important role within that sleep time assemblage.

Although it is important to acknowledge the fundamental significance of sleep and its complexity, this paper goes beyond traditional understandings of the role of sleep which have been well explored by psychology and neuroscience. In this paper, the emphasis is not on establishing fixed or universal principles while bringing up a child who finds bedtime routines and sleep moments of procrastination, but on a moving, changeable ethics of care and response-ibility/ability (Barad, 2012: 208) in an attempt to remain sen-sitive to my child's needs while caring for her and also setting some boundaries which can keep her well, safe and prepared for the outside world. The event presented, is not about research per se; but an event that brings my professional identity as an academic researcher into encounter with the lived experiences and living knowledge of myself and my own daughter in relation to, and with one another. Consequently, this writing might seem to interfere with normative practices of academic writing, which is more systematic, including a well-defined aim, research methodology, 'data' and well-structured analysis and discus-sion. The words assembled here hope to help me problematise my mothering role and to develop knowledge that might be useful for myself and others who share similar concerns, struggles and care on how they can listen more care-fully. Caring for young children is not easy, and there is no single way of doing it. Therefore, my aim in this paper is to understand how I put an ethics of care to work in ways that enable a child to sense her own autonomy within limits that do not restrict children's potential, creativeness, and imagination.

Problematising an ethics of care

Care, caring, carer. Burdened words, contested words. And yet so common in everyday life, as if care was evident, beyond particular expertise or knowledge. Most of us need care, feel care, are

cared for, or encounter care, in one way or another. Care is omnipresent, even through the effects of its absence. Like a longing emanating from the troubles of neglect, it passes within, across, throughout things. Its lack undoes, allows unraveling. To care can feel good; it can also feel awful. It can do good; it can oppress … (De la Bellacasa, 2017, p. 1).

The section below is an attempt to understand care ethics, and it has found inspiration from a number of key care literature scholars, who have also been very influential in more current matters of care literature. These include Maria Puig de la Bellacasa (2012; 2017), as well as some of her earlier influencers like Tronto (1993), Noddings (1984), and Gilligan (1982). These authors have a certain standing in the care literature, and for this reason they have been chosen to inform the following section of this paper.

Over time and in varying contexts, there are different meanings of care, such as health, welfare, guardianship, maintenance, attention to do something correctly, attention to avoid damaging something or putting yourself or someone at risk, and protection of someone or something (Puig de la Bellacasa, 2017). Although care is clearly associated with all the above, it has a particular relevance when we talk about babies and young children. Britto et al. (2016: 91) refer to the kind of care which emphasises children's health and nutritional needs, safety and protection from threat, offering opportunities for early learning, and social interaction, emotionally supportive, and developmentally stimulating as 'nurturing care'. This interpretation of care takes note of its relational character, furthered by De la Bellacasa's focus (2012) on holding together and maintaining life in an environment with different bodies, places, and non-living entities. When associated with welfare, then care can be linked to health, whereby a child might require physical or psychological attention, for example, children who move into care (Dahlberg and Moss, 2005). Although there are many different meanings of 'care', this paper will explore the kind of care that extends its meanings to bring attentiveness to and responsibility for others.

The historical background of an 'ethics of care' includes 'a practice rather than a set of rules or principles … It involves particular acts of caring and a general habit of mind to care that should inform all aspects of moral life' (Tronto, 1993:127). One of the most frequently cited definition about care is the one used by Tronto, who defines care as 'a species activity that includes everything that we do to maintain, continue and repair our "world" so we can live in it as well as possible' (1993: 103). Tronto also refers to our relationships with the environment around us, and attentiveness to others. This interpretation of care emphasises its relational character which aims to hold together and maintain life in an environment with different bodies, places, and non-living entities (Puig de la Bellacasa, 2012). In addition to relationality, Sevenhuijsen (1998) adds to Tronto's definition concepts such as empathy, compassion, love and commitment, as well as responsibility and communication (Sevenhuijsen, 1998 cited in Dahlberg and Moss, 2005: 74). Therefore, an 'ethics of care' is understood as being consistent and sensitive to responsibilities and relationships with and to others (Dahlberg and Moss, 2005). An example of a humanist ethics of care is the mother-child dyad, as it includes the idea of meeting the needs of the other who we are responsible for (Tronto 1993). Robinson (2011: 28) at the same time, highlights the importance of not to 'idealise caring relationships,' given that 'dominant norms and discourses sustain existing power relations that

lead to inequalities in the way societies determine how and on what bases care will be given and received'.

In line with the definition provided by Tronto above, one of the pioneers in the field of care ethics, Carol Gilligan (1982), in her work 'In a Different Voice', sees ethics as the responsibility to care for one another. That idea is also present in the philosopher's Nel Noddings' work, who has been pivotal in building an educational framework of care ethics. More specifically, Noddings (2002: 283) describes the relationship between the student and the teacher as 'a constellation of encounters'. When talking about care in schooling, usually people refer to the protection of children and attention to their physical needs (Moss, 2019). Within a neo-liberal context, the importance of caring, 'has been increasingly eroded' with the emphasis shifting to regulation and a narrow and rationalistic notion of a duty of care (Lynch et al., 2012: 84).

Care ethics is usually associated with attentiveness to relationships, something which according to Tomkins and Bristow (2023) has its origins in parental, or more often in maternal relations. Gilligan (1982) sees care ethics as that need, almost like an obligation, that individuals feel to care for one another. She also states that empathy and compassion are essential qualities in an ethical living (Gilligan, 1982). She described the ethics of care as having a female moral voice, perhaps referring to a particular framework of interactions which has been influenced by particular experiences (Gilligan, 1982). The concept of mothering relates to a distinctive view of caring which is based on responsibility. For Kittay (1999:1), care means meeting the needs of dependent individuals so they can survive or thrive. This shows that care aims or should aim to encourage the autonomy and independence of the dependents so they can develop those skills and characteristics which will help them succeed in life without depending any more on others. That sense of care which aims to support the autonomy of dependents, includes love, trust, selfishness, selflessness and respect for the other's self and individuality. Building on de la Bellacasa's care matters work, which acknowledges that humans are social entities and do not live in isolation, but in relation to others around them, it is crucial to accept that mothering is an assemblage, a relational experience between several human and non-human entities, allowing us, as Price-Robertson et al. note, 'insights … to explain how emergent qualities like 'care' (Price-Robertson & Duff, 2019) … 'relationality' (Longhurst, 2016) and 'home' (Price & Epp, 2016) are generated in interactions between diverse human and nonhuman bodies'. Analysing, the bedtime routine, allowed the acknowledgement of all these entities (my daughter, our culture, rules, bedtime routines, sleep deprivation, lighting, books, bath, relaxing massage, milk, snack and … and … and) which come together to open up the dyadic conception of mother-daughter (Aslanian, 2020; Puig de la Bellacasa, 2017) and instead, 'establish the ontological ground for a non-anthropocentric and relational view of the family' (Price-Robertson & Duff, 2019). This relationship cannot have the same intensity for everyone as it depends on the needs and the context of the relationship at the time (Green, 2012).

In feminist care ethics the response to the one in need is receptive and not projective (Noddings, 1984). More specifically, Noddings (1984) insists it is all about receiving the other into ourselves so we can see and feel with the other. She calls this 'empathic engrossment' and an example of that is the response to a crying child (Noddings 1984: 30). For instance, when my daughter cries during bedtime, my first reaction is to

cuddle her or pick her up, as I know she needs something. My child's feeling automatically becomes mine. However, this is not necessarily a problem-solving action, but more of a '*feeling with*' as we do not solve or deal with any problem at the time. Noddings calls the urge to move closer to the other and connect with them as 'rational objectivity' (Noddings, 1984: 33). This dialogue of understanding which is accomplished by close contact is essential when trying to connect with the other (Arendt, 1994).

> *In other words, care ethics focuses attention on 'what matters'*
> *at least as much as 'what works'; and first and foremost, on 'what matters here'.*
> *(Tomkins and Bristow, 2023: 132)*

When re-turning and re-thinking the bedtime event, in an attempt to understand what is causing all the disruption and tension, I realise that the mother-daughter or adult-child comes into being relationally. My daughter and I are co-constituted, along with all the other human and non-human entities around us. There is never a clear 'mother' or 'daughter', but those categories are given in attempts to stabilise what we are both always becoming in relation to one another. Following Mason (2021: 1), the intertwinement of mother and baby and the tensions that this creates, do not disappear after birth, but they continue and become stronger taking the form of 'postpartum maternal tethering'.

One of the non-human entities which comes to matter in matters of care around bedtime routines and the mother-daughter assemblage is the persistence to follow rules, routines and boundaries, which could be one of the causes of tension. As discussed in the introduction, I am fully embodied in this research assemblage and I derive my internal 'rules, routines and boundary-making practices' from my upbringing. Therefore, these rules and routines cannot be seen as innate or universal, they are located in specific places and informed by specific experiences, people and cultural understandings. In relation to ethic of care, regulations and rules can be part of a caring practice (Aslanian, 2020; Tronto and Fisher, 1990; Tronto, 1993), however, despite my best intentions, it seemed that my two-year-old daughter was struggling to follow her bedtime routine.

Caring as a relational force contributes to our mother-daughter relationship. Mackenzie and Stoljar (2000: 5), use the term 'relational autonomy' to explain how humans are never entirely self-sufficient. The bedtime event is governed by a number of rules, and it requires a number of actions and choices to be taken, however, these only happen in relation to one-another as no one acts entirely for or by themselves. As a mother, I might still be exercising a form of autonomy and decision making, however, my daughter-driven decisions reflect this relational autonomy (Beever and Morar 2016; Hendl 2016; Mason, 2021). Every time I act, I do this either with the help of other people, such us my mother, my mother in-law and friends, or with my daughter in mind (Beever and Morar, 2016). As Bubeck (2002: 169) puts it, a mother "is not really 'her own woman' … She is other-directed and heteronomous, hence not the autonomous agent that political and oral theory would have her be".

Ethics of entanglement: Always wanting to be 'response-able'

Discussing ethics of care from a feminist perspective helped me understand not only its relational character but also its importance of becoming responsive to the individual. In

this section, I will explain how ethics of care shift to 'ethics of entanglement' and response-ability. The following literature around response-ability will contribute to the development of a particular response-able approach, which as a mother and a researcher-scholar I am trying to develop, recognising the bedtime event as part of an affective assemblage of everything that affects it and is affected by it.

Barad's model of an 'ethics of entanglement' helped me sense the ethical challenges and demands of my role as an academic specialising in early childhood and a new mother (Barad, 2011: 150). Karen Barad (2007; 2011) and Donna Haraway (1992, 1997, 2016) have written extensively about response-ability which refers to the ability or capacity to respond. More specifically, Barad (2007: 380) refers to response-ability as the 'differential responsiveness (as performatively articulated and accountable) to what matters'. Haraway (2016: 34) argues that response-ability includes 'cultivating collective knowing and doing' and that it is a 'sympoiesis (making-with)' (Haraway 2016: 58). Haraway (2016) and Barad (2007; 2014) also talk about the relational capacity of humans and non-humans and the way they come together as co-constituted through their associations and relationality.

Trying to understand my response-abilities as a mother made me realise that there is no single explanation of the term. Being response-able for my daughter, being response-able for her upbringing, for her becoming while I am also becoming with her in that journey, requires the ability to respond to her needs respectfully while being-in-relation to her (Barad, 2012: 208; Haraway, 2008: 88). Response-ability feels to me ongoing, complex, difficult, tiring; a network of forces entangled and intertwined with other subjects and objects which all together compose our world.

Renold et al. (2021) add something very different to the original understanding of the term response-ability, which expands on Beausoleil's (2015) view on being present in an act of being response-able. Renold et al. (2021) state that being response-able is not only about the ability to respond or the right response, but it is mainly about enabling the response of the Other (whatever/whoever that Other might be in every situation). Paying attention to the response of the Other, requires good and active 'skills of attunement', space and time to familiarise ourselves and attune with young children's and people's experiences (Renold et al., 2021). Thus, while my daughter is growing and changing, I am concerned and uncertain about how I can allow more space for her, time to grow independently, but also for myself to be more open, receptive and at the same time responsive to all the new challenges which are emerging.

Being fully open to those moments while being with other human within more-than-human assemblages (my child, emotions, my husband, toys, her key person, darkness, health visitors, bed, blankets, phone, notes, theoretical ideas, previous experiences, judgements from other adults, suggestions and guidelines from guidebooks and textbooks and … and … and …), I can see, feel and acknowledge the complexity of this bedtime assemblage or any other event composed of tears, frustration, disagreement, screaming, crying and disappointment. By re-focusing on materiality and the way matter affects and is affected, the ethics of 'becoming' occurred in relation to others and in relation to matter and meaning, with a heightened respect for, and acknowledgement of all matters (Taylor and Ivinson, 2013). Adding to that idea, Sarah Whatmore (1997) highlights that ethical issues cannot be restricted to one person, place, or procedure, but they are situated in relation to 'other' entities. In this relational world, ethics, being

and knowing cannot be separated (Barad, 2007). Consequently, rather than worrying about rights or wrongs, I should be more open and receptive to my two-year old's excitement to meet the world.

Children are fascinated by the unknown and are amazed by meeting their boundaries, not only in the environment they are in but also within themselves, sometimes surprising even themselves. According to Lenz Taguchi (2010), all places and, more specifically, pedagogical places have their own rules such as a specific way of sitting, eating, behaving, moving, socializing, etc. Equally, during bedtime we have tried to create specific ways of behaving and a routine which included bathing, putting pyjamas on, brushing teeth, reading books, switching the light off, getting in bed and finally sleeping. The interest lies in the relations emerging between entities and what this process might do to those rules. In the bed-time event, the rules of calming down, relaxing, getting comfortable and ready to rest seem to be replaced by excitement, liveliness and distraction. This affective moment of the bed-time event intra-acts with my own feelings of anxiousness, pre-empting a disrupted bedtime. Braidotti (2013) highlights how the individual is relational as (s)he acts and (s)he experiments in order to constitute subjectivity. She suggests that this constitution happens only while being with other entities and operating in a socially connected world (Braidotti, 2013).

Becoming attuned with my daughter

The idea of being response-able and responding to the needs of the other is central in ethics of care. However, to be able to understand and sense my daughter's needs, difference, and otherness I should be able to sense her world (James and Lesley, 2015). Attunement can be described as the shared agreement or understanding between a number of different organisms to make communication possible (Egan, 2013). For Cavell attunement is: '[A] matter of our sharing routes of interest and feeling, modes of response, senses of humour and significance and of fulfilment of what is outrageous, of what is similar to what else, what a rebuke, what forgiveness, of when an utter- ance is an assertion, when an appeal, when an explanation- all the whirl of organism Wittgenstien calls 'forms of life' (Cavell 1976, 52 as cited in Egan 2013, 71). James and Lesley (2015) carry on adding to the explanation of the term attunement, saying that it also includes the skill to pick up upon others' mood and be able to respond to this mood in an appropriate way. For example, during the bedtime event, I should aim for attunement in an attempt to engage with the unfamiliar, receive otherness and attune to sounds of difference rather than sounds of sameness (Lipari, 2009). Therefore, it is important to welcome the other as it is, without trying to make it into the same, an idea which helps me rethink my practices when being with my child who is different than myself and I should always acknowledge her as not-me. Saying that, I do not mean to take away anything from the continuity that I see between mine and my daughter's bodies. Therefore, I should clarify here that I acknowledge and accept that there is an ongoing dialogue between my daughter and I, which started from the womb and continues post-birth. The embodiment of pregnancy and then breastfeeding her for almost two years and mothering her since birth, enhances the sense of continuity between myself and my daughter. All I aim to achieve here is to attune with her needs which are different to mine and aim for proximity to her alterity.

Trying to pick up upon her mood and understand my child, who is a continuity of myself, but not me, requires ethical dilemmas for interpretation (Clark et al., 2005). The dangers of misconception and ambiguity caused more issues even though my intention was and always is to help and support her. Attempting to follow an ethical approach when being with my toddler in moments of explosion and refusal, I always try to remind myself of Bauman's key ideas from postmodern ethics (1993; 1995). Bauman suggests that we need to contextualise every event, to understand the complexity of it, to relate to our child and to understand how they feel and what the unknown and ambiguity causes to them (Bauman, 1993; 1995). All that can be achieved by sensing, amplifying and attending to difference (James and Lesley, 2015). This means that it is not just enough to 'feel the vibe in a room' and adjust my approach, emotions, tactics to fit that vibe, but also to attune and sensitise our bodies and emotions to appreciate the complexity of the event (James and Lesley, 2015). However, that sounds easier in theory than in practice. Personally, I felt it was nearly impossible to know exactly what was bothering my child from not wanting to go to sleep, or not wanting to sit in her car seat, or pram. It was impossible for me to relate with her completely in those moments and feel how she felt. Therefore, following Haraway (2016), I have decided to start accepting and embodying the need to stay with the 'trouble' and see myself already being implicated in my entanglements with my daughter and everything around us. I came into the realisation that my 'trouble' was composed by my worries to understand my child's needs, my guilt about being or not being a good mother. Therefore, to be able to stay with my 'trouble', I should be truly present and allow all those unexpected collaborations and combinations in this process of becoming-with each other to guide us (Haraway, 2016).

Conclusion

Care is something that we all experience (even if it is sensing the lack of it) at some stage of our life. Care ethics is relevant for all those with the right and responsibility to intervene in the lives of others, including emergency services, agency, public health, parenting, teaching etc. A feminist ethic of care highlights the responsibilities and relationships developed between those who give and those who receive care - something that emphasises the interdependencies developed between the two and indicates that recipients also have an active role within that process (Green, 2012).

The aim of this paper was to discuss a feminist perspective of caring where ideas around responsibility, relations and duty become relevant and necessary during mothering. The production of this paper has allowed the realisation that our caring approaches are heavily influenced by our cultural, social and theoretical views and experiences. The (non)-sleeping child's body opened up a whole realm of ethical dilemmas around boundaries, rules, bodies, individualisation, continuity and communication that could and should not be overlooked. The idea of co-sleeping or not wanting to go to sleep due to not wanting to separate from the adult, should not be seen as a sign of vulnerability, dependence, and weakness from the child's point of view. These emotional and exhausting events should be seen as opportunities to build on relationships of trust which will then eventually lead into liberal and independent human beings.

This article adds to what Barad's response-ability has added to the more stereotypical mother/child dyad of Tronto, Gilligan and Noddings. Although I am still dealing with the

mother/child dyad, I now see bedtime as a contingent assemblage that opens out beyond our two bodies into a more complex form of staying with the trouble of resistance. My understanding of what a bed-time routine is, was limited by my assumptions of what is good and beneficial for children before sleep, which is at the same time inextricably related to my own experiences as a child and my own readings and understandings around child development through my role as an academic and researcher is early years and childhood studies. As Barad (2007:369) states 'Intra-acting responsibly as part of the world means taking account of the entangled phenomena that are intrinsic to the world's vitality and being responsive to the possibilities that might help it flourish'. Taking response-ability into account, my aim is to be responsive to possibilities of life while being aware that we act with the more-than-human world.

Lastly, expanding and reflecting on these ideas around care and responsibility in my role as a researcher and an academic researcher, I should be there for those students and research participants who struggle, who do not want to be seen or named. I need to be there for that student or participant who never managed to follow any rules and/or break any boundaries. Feminist ethics should guide my parental and professional roles helping me to deviate from the view that care is impartial, individualistic and universal and instead follow that kind of care which is determined by relationships, partiality, and notions of autonomy (Green, 2012).

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