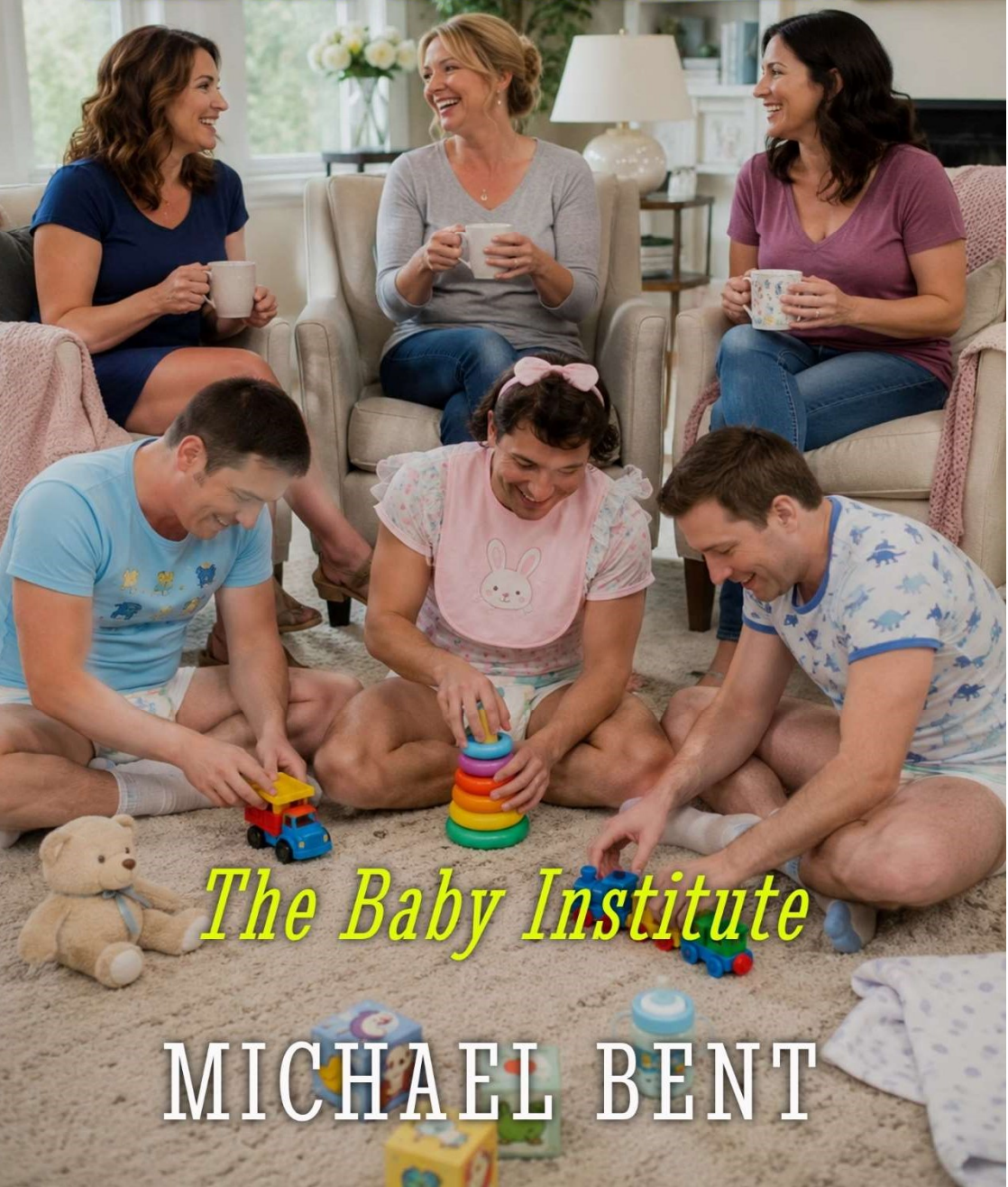


An AB Discovery Book

BABIES IN TRAINING:



The Baby Institute

MICHAEL BENT

Babies In Training
The Baby Institute

Babies In Training: The Baby Institute

by
Michael Bent

First Published 2026
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Babies In Training
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Title: Babies in Training

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Editor: Rosalie Bent

Publisher: AB Discovery

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PROLOGUE

She woke before the light. That was usual. What was not usual, or what she had trained herself to believe was not usual, was the heaviness she felt before she had moved a single limb. She lay still in the dark and let herself know it, and did not pretend. The sheet beneath her was cool now, had been cooling for some time. She understood that the cooling meant it had happened in the night, which meant she had not woken, which meant her body had simply gone about its business without troubling her at all. She was not sure whether that was better or worse. She had spent a very long time deciding it was worse. This morning she decided it was neither.

She pushed back the duvet and sat at the edge of the bed. The room was the colour of nothing: that particular grey of a winter morning in which objects exist but refuse to commit to themselves. She could see the outline of the wardrobe, the chair with her cardigan folded on it, the door to the hall. She sat for a moment with her hands in her lap. In the room across the hall, her daughter was sleeping. Her daughter who was nine months old and would not be waking yet. Her daughter who had come to her by such an extraordinary route that Marianne still sometimes stood in the nursery doorway in the evenings just to confirm that it was true.

She went to the wardrobe and opened the lower drawer, the one she had not opened in some years. She had known it was there. She had never quite been able to make herself remove it. Inside, folded with the careful precision of someone who had once done this routinely, were the things she had kept from what she thought of as her other life. Not her youth exactly. More than that. A part of her that had simply waited, the way some things wait, without complaint, without diminishing. She lifted out what she needed and carried it to the bed.

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It took her a moment. The fastening of the nappy pins was muscle memory in the end, the way all things learned young will resurface when called on. She was not clumsy. She had expected to be clumsy, but she was not. She stood straight. She breathed. From across the hall there was still no sound. The house held itself around her in the dark.

She had spent three months watching her son become her daughter. She had watched it happen incrementally, the way all genuine transformations happen, nothing so dramatic as a single moment, but a series of small arrivals. A gesture, an expression, a sound, each one settling into place until one day you looked and understood that the person in front of you had always been this person, had simply needed the conditions to become visible. She understood that now about Amelia. She was beginning to understand it about herself.

She went to the window and looked out at the garden coming slowly into shape in the early light. The lawn. The fence. The ordinary world that did not know what had happened in this house and would not especially care if it did. She felt the faint, familiar weight of the nappy beneath her nightgown and thought: *there it is*. There is the thing I have been managing around for thirty years. She was forty-four years old. She thought it was probably time to stop managing around it.

Across the hall, Amelia stirred. A small sound, half a syllable, the beginning of a morning she had not yet decided how to start. Marianne turned from the window. She smiled.

CHAPTER ONE: the beginning

The waiting room at Dr Ellison's practice had been recently repainted in a colour the brochure on the side table described as Calming Stone. Marianne had read the brochure on three separate occasions across as many months, and each time she had thought that whoever named paint colours had never spent forty minutes sitting across from their twenty-two-year-old son while he held his teddy bear against his chest and watched the fish tank.

Kevin was watching the fish tank now.

He had combed his hair this morning, which he did on appointment days and almost no other days. He was wearing the grey jumper she had washed twice this week already. His right thumb was not quite in his mouth but resting at his lower lip in the way it did when he was in public and managing himself, which she had learned to understand as its own kind of effort. Ted (the bear, brown and soft-eared and missing a button eye since Kevin was four years old) sat in his lap with the easy authority of something that had never needed to justify its presence anywhere.

The receptionist had not reacted to Ted. She had not reacted three months ago either, when they first came. Marianne had been braced for something, a look, a pause, but the woman had simply taken Kevin's name and asked them to sit down, and Marianne had understood then that this was a practice where such things had been seen before.

That had been a relief of a kind she hadn't known she needed.

Dr Ellison's door opened at ten past eleven, which was when it always opened. He was a compact, unhurried man in his late fifties with the particular stillness that Marianne associated with people who had spent decades listening carefully to things that surprised them less and less. He wore the same style of shirt each visit, different colours. Today it was blue.

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“Marianne. Kevin.” He stepped back from the door. “Come on through.”

Kevin stood and tucked Ted under his arm. Marianne gathered her coat and her bag and followed her son into the room.

The sessions always began the same way. Dr Ellison would ask Kevin a question, about the week, about sleep, about something specific they had discussed previously, and Kevin would answer in the careful, considered way he had when he was in this room, which was different from how he spoke at home. At home Kevin rarely spoke at all unless spoken to, and his answers tended toward the minimal. Here he made an effort. Marianne had always found that effort moving in a way she couldn't quite explain.

“How have the nights been?” Dr Ellison asked.

Kevin glanced at his mother and then back. “The same,” he said.

“Every night?”

“Yes.”

Dr Ellison wrote something. He had a way of writing that didn't feel like judgment, which Marianne had decided was probably something they taught at medical school, or perhaps something you either had or didn't.

“And during the day? Any changes there?”

Kevin shook his head slowly. “Not really. I had two accidents on Tuesday. One was at the supermarket.”

He said it plainly. That was something Marianne had observed over the past months. Kevin had very little shame about these facts in this room. It was outside the room that shame operated. At the supermarket itself, she knew, he had been very quiet on the drive home and had gone directly to his room. But here he named it without flinching, and Dr Ellison heard it without flinching, and somehow the room held it all without difficulty.

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“And Ted,” the doctor said, nodding at the bear. “Still going everywhere with you?”

Kevin looked down at Ted, and something passed across his face that Marianne could only describe as uncomplicated. “Yes,” he said.

The formal part of today's session, the part Kevin participated in, lasted thirty-five minutes. They talked about the week's incidents, which Kevin logged in a notebook Dr Ellison had given him at the outset, its entries brief and factual: date, time, context, type. Marianne had seen the notebook. She had not read it, but she had seen it on his bedside table, its cover worn soft with handling. He kept it carefully. That care seemed important, though she couldn't have said exactly why.

They talked about Kevin's sleep, which was long and deep and from which he rarely woke regardless of what had happened during the night. They talked about his days at home, which were quiet. Kevin had not held employment in two years, not since the position at the garden centre had become untenable for reasons that were never made fully explicit but that Marianne understood to involve both the accidents and the thumb-sucking, which he could not always manage in public the way he managed it here.

He had not seemed devastated by losing the job. That had worried her more than the loss itself.

At the end of this portion, Dr Ellison turned to Marianne with the slight shift in posture that meant the conversation was broadening.

“How have you been finding things at home this week?”

“Much as usual,” Marianne said. Then, because this room had taught her that much as usual was not sufficient: “He's been good. Calm. He's been helping in the garden.” She paused. “The accidents are every day. Sometimes twice. The nights are every night without exception.”

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She did not say: *I have been washing sheets and clothing my entire adult life as his mother and I am not complaining, I am simply noting that this is the shape of our life and I no longer know what I am trying to achieve by managing it.* She did not say that, but she thought Dr Ellison heard it anyway.

“Yes,” he said, and wrote something else. “I’d like to talk to you after the session today, if that’s all right. There are some things I want to go through with you.”

He said it pleasantly, the way you might say the weather has been interesting lately. Marianne said of course, and Kevin looked at the fish tank, and Ted sat in Kevin’s lap and watched the room with his one remaining eye.

Kevin went to sit with the receptionist, who gave him a magazine about gardens and asked him about the fish, which he liked. Marianne watched him settle and then went back through the door and sat in the chair that had been hers for three months.

Dr Ellison had a folder open on the desk. He left it open but did not look at it while he spoke, which meant he had read it recently enough that he didn’t need to.

“I want to start by saying something that I think you already know,” he said, “which is that Kevin is not in any conventional sense unwell. He doesn’t have a condition in the way a diagnosis usually implies a condition. What he has is a specific nature.”

Marianne waited.

“The framework I work within, and I want to be transparent with you about this, because the field has shifted considerably in the last decade, recognises a category of person for whom developmental identity is not commensurate with chronological age. The legislation followed the clinical recognition, as it usually does, somewhat belatedly.” He allowed himself a brief, dry expression. “What it means practically is that Kevin’s presentation, the incontinence, the attachment objects, the regression behaviours, the

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absence of what we might call adult social drive, these are not symptoms to be treated. They are indicators of where he actually is.”

“Where he actually is,” Marianne repeated.

“Developmentally. Yes.” Dr Ellison folded his hands on the desk. “I’ve been doing this work for eleven years now. When I began, there were perhaps four practitioners in the country who would have agreed with what I’ve just said to you. There are now several hundred, a dedicated research institute, and a government framework for care and support.” He paused. “Progress of a kind.”

Marianne looked at the folder on the desk. She looked at her hands. She was fifty-one years old, and she had brought her son to this room thirteen times, and she had understood something was building toward this conversation, had understood it from roughly the fourth session, and had spent the intervening weeks not quite letting herself think it through to its conclusion.

“What are you telling me?” she said. Not because she didn’t know. Because she wanted to hear it said plainly, by someone whose job it was to say things plainly.

“I’m telling you,” Dr Ellison said, “that Kevin is not an adult. He is, in the most clinically accurate sense I can offer you, a baby. Not a toddler, not a young child. An infant. And I believe that if he were to be allowed to live within that identity rather than alongside it, within it, fully, with appropriate care and environment, he would be considerably more settled, and considerably more himself, than he is now.”

The room was very quiet. Exceedingly quiet.

Outside in the waiting area she could hear Kevin say something to the receptionist, a low murmur, and the receptionist’s short laugh of response. He had always been able to make people laugh. She had never known quite how he did it.

“A baby,” she repeated. It was not a question.

“Yes.”

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“My son.”

“Your child,” Dr Ellison said, and there was something in the gentle precision of that correction that she would think about for a long time afterwards. “Which brings me to the other thing I need to explain to you. Under the current framework, for individuals in Kevin's category, what the legislation terms effective minors, the decision-making authority does not rest with the individual. It rests with the primary caregiver. In Kevin's case, that is you.”

Marianne was quiet for a moment. “He doesn't get a say?”

“He gets to be heard, but heard only. His feelings matter, and they will be attended to throughout. But the clinical and legal position is that Kevin is not in a position to make this determination about his own life. In the same way that an infant cannot consent to the conditions of their care, Kevin's developmental state means that this decision, whether to pursue full infant identity and the support that comes with it, is yours to make.”

She thought about Kevin in the waiting room with his magazine and his bear. She thought about his careful notebook. She thought about the two accidents on Tuesday, and his flat, factual voice reporting them.

“That's a very significant thing to put in one person's hands,” she said.

“It is,” Dr Ellison agreed. “I don't say it lightly. And I want to be clear: there is no pressure, no timeline, no expectation. You can take as long as you need. You can come back with questions. I can put you in contact with other mothers who have been through this process, if that would help.”

“Other mothers?”

“There are more than you might think. A lot more.”

She absorbed that. She looked at the folder again.

“What does it look like? The process. If I... if a decision were made.”

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Dr Ellison reached across and turned two pages in the folder. "There is a government-funded programme. It's called the Baby Institute, which is a rather blunt name but an accurate one." The ghost of the dry expression returned again. "It's residential. Three months. You and Kevin would go together. They take in, as they put it, inadequate adults, and they work with both the individual and the primary caregiver. They do the transformation collaboratively. You'd be living alongside other mothers in the same situation, which most women find valuable."

"And at the end of three months?"

"At the end of three months, if all goes as it typically does, Kevin would be certified. He would have an official developmental status. There would be ongoing support: financial, practical, community. The government funds nursery conversion, equipment, consumables. It's not nothing. It is quite a substantive arrangement."

"Certified," Marianne said. "As a baby?"

"As an infant, yes. With a designated developmental age, care guidelines, and a legal status that protects both him and you."

She sat with all of this for a long moment. Dr Ellison did not hurry her. That was one of the special things about him. He had a genuine capacity to wait.

"Can I think about it?" she said.

"Of course."

"Does Kevin... does he know any of this is a possibility?"

"Not in specific terms. He knows his situation is being assessed. He doesn't know the assessment has reached this point." Dr Ellison paused. "When and whether you tell him is also your decision. Though I'd suggest sooner rather than later, once you've made up your own mind. Children do better with clarity than with waiting."

Children. Not an adult. A child.

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She picked up her bag and stood, and Dr Ellison stood also, and they shook hands as they always did, with the slightly formal courtesy that she had come to find oddly comforting, as though some protocols remained constant regardless of what was discussed beneath them.

“One more thing,” she said at the door.

“Yes?”

“The decision about... about what kind of baby. What age. All of that. Is that also mine?”

Dr Ellison looked at her steadily. “Every aspect of it,” he said. “That is entirely yours to decide.”

Kevin was still talking to the receptionist when she came out. He had put Ted on the counter and was explaining something with both hands, some story that involved a significant amount of gesture. The receptionist was genuinely amused. Marianne stood in the doorway for a moment and watched her son, her child, in this small, unobserved animation, and felt something move in her that she couldn't name and didn't try to.

“Ready?” she said.

Kevin looked up. “She has a dog,” he said, gesturing to the receptionist. “A retriever. Called Dennis.”

“That's a very good name for a dog,” Marianne said.

“I thought so.” He collected Ted from the counter and tucked him back under his arm. “Can we get lunch on the way home?”

“We can get lunch on the way home.”

He smiled. It was a young smile, uncomplicated, quickly satisfied. She held the door for him, and they went out into the pale November morning together, and she thought about what the doctor had said, calling him *your child*, and she thought about the weight of a decision that was, apparently, entirely hers.

She did not think about it all at once. She had learned, across the course of her life, that the largest things were best approached

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obliquely. You circled them for a while. You let them become familiar before you looked at them directly.

She had been circling this one for rather longer than three months, if she was honest. She had been circling it, in one form or another, for twenty-two years. Deep down, she knew that Kevin was still a baby and that he wet his bed and his pants for no bigger reason than that she was... still a baby.