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The Contradictory Nature of Natural Mothering: A Discursive Analysis

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The Contradictory Nature of Natural Mothering: A Discursive Analysis

THE CONTRADICTORY NATURE OF NATURAL MOTHERING: A DISCURSIVE
ANALYSIS

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts in Sociology

By

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ABSTRACT

In our contemporary sociopolitical rhetoric breastfeeding is something that is *natural* and something women *ought to do* because *breast is best*. The problem with this contemporary discourse of breastfeeding and motherhood is that the dominant medical, political, technological, and patriarchal discourses surrounding breastfeeding have merged to create an highly unattainable definition of what it means to be a “good mother” (Blum 1993). Moreover, upon a close examination, the most pressing political and social debates of today surrounding the welfare reform, women’s employment, reproductive technologies, and abortion, among many others, construct distinctions between “good mothers” and “bad mothers.” However, there has been little to no research with regard to the meaning that women attach to their breastfeeding and mothering experiences.

The theoretical perspective guiding this study is critical discourse analysis. Importantly, I utilize a qualitative research design with nine in-depth interviews in order to elicit each participant’s interpretation of their own experience and to better tease out the discursive strategies that mothers utilize and the dominant discourses they contend with (Charmaz 2010). During this process, four major themes emerged, to which I have labeled: 1) moral discourse, 2) technology and the failing body, 3) breaking the seal, and 4) shaming. This research reveals that there is a highly paradoxical world that mothers live in, sentimentalized and devalued at the same time (Blum 2002). More importantly, breastfeeding provides a cultural lens into the politics of the human body by giving a voice to the tension and the contradiction within maternal life.

This thesis is approved for recommendation
to the Graduate Council

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DEDICATION

This thesis is dedicated to Adrienne Rich (May 16, 1929-March 27, 2012).

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Chapter 1

A. INTRODUCTION

Breastfeeding is more than a natural phenomenon. It is an understudied embodied experience that provides a lens into cultural understanding of the politics of the human body and the reproductive experience. Much of feminist literature has focused on the forces *suppressing* women's reproduction (abortion, birth control etc.) but little focus has been given to the *expression* of the childbearing capabilities of women, which include pregnancy, childbirth, and lactation (Stearns 1999). While pregnancy and childbirth are important topics, breastfeeding provides a unique lens due to the historically changing and often contradictory meaning attributed to it by dominant discourses.

The unsettled nature of discursive positions surrounding motherhood and breastfeeding can be seen in historical and present day vernacular. For example, the Romans idolized the Goddess of breast milk, Rumina. Our galaxy was named the "Milky Way" because the Greeks believed the sky looked like spilled milk from "Mother Earth." In scientific discourse, the word "Mammal" means "of the breast." Christian religious discourse has referred to breastfeeding using the terminology of "miracle" and "abolish starvation." In our contemporary sociopolitical rhetoric breastfeeding is something that is *natural* and something women *ought to do* because *breast is best*.

Discourse is more than merely language it is the flow of knowledge that guides, shapes, and can limit how we view our social world. When knowledge is institutionalized it becomes a pervasive extension of power. To illustrate this concept in June 2011, Nicholas Kristof wrote a piece in the New York Times titled *The Breast Milk Cure*, which posited that in Niger, Africa, "where babies routinely die of hunger related causes," a miracle cure exists, and that cure is

breast milk. In this article, Kristof (2011) posits that nothing would do as much for abolishing starvation globally as “exclusive breastfeeding.” Kristof (2011) questions why women worldwide are not breastfeeding especially since it is the most “marvelous low-tech solution to infant malnutrition all around us” (p. 3)

This article reflects the projections of the dominant discursive position surrounding breastfeeding. These discursive positions frame it as *natural*, axiomatic, and *preferred*. Furthermore, Kristof is viewing breast feeding as a return to something “low-tech” or closer to “nature.” Importantly, however, implicit in suggestions of what women *ought to do* is also patriarchal and paternalistic imperative. There is a moral code that emerges that women are responsible for *abolishing starvation* worldwide through *exclusive breastfeeding*. Kristof’s inclusion of the terminology “exclusive breastfeeding” is worth noting. Exclusive breastfeeding means breast milk only for the first six months of the infant’s life from the mother’s breast with no substitutions (Sears 1993). However, this moral code does not reveal the cost of breastfeeding such as the labor value of women’s nursing and the “potentially negative impact of breastfeeding on family dynamics, career trajectories, and women’s emotional and physical health” (Wolf 2007, p.601). Furthermore this *natural* discourse renders all women capable to breastfeed despite structural, cultural, and economic constraints.

Importantly for my project, the discourse of women’s *natural* and instinctive caring capacities can create contradictions in women’s journeys into motherhood by establishing an ideal of “good mother” and including “simultaneously regressive and progressive” elements (Bobel 2002, p.34). My study will explore two other understudied dimensions of breastfeeding: the meanings surrounding breastfeeding in the public sphere (Blum 1993) and the meanings of natural exclusive breastfeeding in an era of unprecedented technological advances, which

encroach into all aspects of our lives (Haraway 1997). It is within these discursive dimensions that my intrigue lies.

A. PROBLEM STATEMENT AND STUDY PURPOSE

The problem in contemporary discourse of breastfeeding and motherhood is that the dominant medical, political, technological, and patriarchal discourses surrounding breastfeeding have merged to create an highly unattainable definition of what it means to be a “good mother” (Blum 1993). For centuries the notion of the *natural* woman in the nature/culture dichotomy has been at the heart of infant feeding discourse (Wall 2001). However, Patricia Collins (1997) reminds us that the “cult of true womanhood” was created for white privileged Americans and is very difficult for women who have been denied sufficient resources to support nuclear family households. More importantly some women have embraced a variety of cultural narratives with regard to motherhood that reject the notion of the private nuclear family and instead embrace what Collins coined “other mothering;” which is to care for another’s child as if it were their own (1997). In addition to the reproduction of the nature/culture dichotomy this discursive framing lends itself to the view that all women can, and want to, breastfeed with little in the way of “resources and support” (Blum 1999).

Social science research reveals two competing contemporary discourses on breastfeeding that confront women: 1) those that promote breastfeeding in a romantic yet impractical way (Bobel 2002) failing to take into account race, class, and other privileges that shape decision making; and, 2) those that shame the body and believe that breastfeeding is inappropriate in the public sphere (Blum 1993; Bobel 2002). Both discourses can lapse into polarized arguments, ignoring the complexities that accompany women’s lives, the challenges they must contend with, and/or the meaning that women attach to the breastfeeding experience. Arendall (2003) reminds us that

“what is vital in exploration of women is not their ability to reproduce or lactate, but rather how these biological activities are culturally organized and given meaning are the real provocative questions” (p.3).

Pulling from reflexive interviews of mothers engaged in infant feeding practices, I focus upon how the ideological/moral meaning of breastfeeding emerges. In order to accomplish this, I employ a theoretically informed discourse analysis (Dijk 1993, Jager 2003) approach to explore how mothers adhere to, adjust, pull away from, reject, and/or resist aspects of the dominant discourses in order to create the meaning of *good mothering* and *motherhood*. In addition, I utilize selected insights offered by grounded theory (Charmaz 2007) to allow fluidity in my analysis by fostering emergent themes within the interviewing process. The specific research questions that guide this study are:

1. Which discursive strategies do mothers use to understand and construct meaning to breastfeeding practices?
2. What do mother’s discourse surrounding breastfeeding reveal about the construction of motherhood?

B. STUDY SIGNIFICANCE

Upon a close examination, the most pressing political and social debates of today utilize and construct meanings and definitions of mothers and motherhood. The heated debates surrounding the welfare reform, women’s employment, reproductive technologies, and abortion, among many others, construct distinctions between “good mothers” and “bad mothers.” In this context, breastfeeding discourses, argues Blum (1992), embodies today’s most “intense conflict” over what the American mother ought to be (p.292).

Although there has been much research on the transition to motherhood (Miller 1997), motherhood as institution (Elvin-Nowak et al 2001; Hochschild 1989; Rothman 1989) mothering in La Leche League (Blum 1993, Bobel 2001), research on the potentially contradictory dimensions of natural exclusive breastfeeding or breastfeeding in public is scarce (for exceptions see Avishai 2007; Bobel 2001; Wolf 2007). By examining the discursive strategies employed by mothers at the early mothering stages to discuss their breastfeeding experiences, this research will contribute to the broader sociological literature on mothering.

Chapter II

LITERATURE REVIEW

A. CONCEPTUAL FRAMEWORK

The theoretical perspective that guides this study is critical discourse analysis or CDA (Dijk 1993, Jager 2001). This framework will be utilized as a practice of deconstruction, revealing the complexities of power and resistance within the discursive positions surrounding breastfeeding. I first provide an overview of this theory and then discuss how it can be used to uncover the contradictory dimensions within the moral and ideological meanings of breastfeeding. Next, I will provide a historical background revealing the discursive shifts surrounding breastfeeding. Finally, I provide a review of previous empirical research.

B. CRITICAL DISCOURSE ANALYSIS

Discourse is usually referred to as a form of language use, public speeches, or more generally to spoken language or ways of speaking. However, discourse does not refer solely to ways of speaking or linguistic nuances but also to the ideas and philosophies propagated by them (Dijk 1997). The word discourse itself refers to the rambling nature of language to run “to and from” while sometimes being flexible and other times fixed (Jager 2001). Within this circuitous understanding of the flow of language an opportunity emerges to determine power relationships, underlying ideologies, and seemingly aligned belief systems that shape the meanings individuals attach to their lives. In this section I will briefly describe the origin of discourse and critical discourse analysis (CDA). Then I will explore the three dimensions that CDA embodies and some of the key terms of the theory. Next I will explain the complex relationship between power, language, ideology, and discourse. Lastly I will explain the relevance and importance of utilizing this theoretical framework to guide my research.

Discourse theory and analysis emerged in the 1960's around the same time as the humanities and the social sciences were defined as legitimate disciplines (Dijk 1997). However, it is important to note that language had been analyzed earlier but for a more historical and anthropological research purposes. For instance, anthropology first employed the study of discourse to determine ways of speaking in a cultural context (Dijk 1997). Also sociology used a similar approach called ethnomethodology to explore turn taking in social interactions (Dijk 1997). Importantly, both of these language analyses focused on a micro level of language use.

Critical discourse analysis (CDA) emerged out of the Lancaster school of linguistics in an attempt to widen the applicability of the field of study to incorporate micro, mezzo, and macro-level analysis (Jager 2001). Critical discourse analysis can be defined as a methodological and theoretical perspective that explores the power embedded in discourse: “what it consists of; how it is passed on; what function it has for the constitution of subjects and the shaping of society,” and furthermore “what impact this knowledge has on the overall development of society” (Jager 2001, p.32-33).

Fairclough (1995) expanded CDA to incorporate three primary dimensions: a micro analysis of spoken or written language texts, discursive practices such as text production, and lastly the analysis of discursive events. The micro level would incorporate structural elements of language such as syntax, metaphors, and observable manifestations or expression (Dijk 1997). The mezzo level analysis of CDA explores text production which involves how power relations are achieved. Lastly, is the macro analysis which embodies the broad strokes of understanding and pervasive ideologies that shape our society and constructs how we create meaning within life experiences (Fairclough 1995). Thus discourse analysis moves from micro to macro levels of talk, text, or context in society via either a top-down or a bottom up method. Top-down analysis

includes working from a macro level, using general abstract ideas, and working down; bottom-up analysis begins with the actual usage of sounds, words, gestures, and meanings and works upwards (Dijk 1997).

In addition to framing my analysis, CDA provides some key concepts that this research employs: discursive positions, discursive strategies, and social cognition. Discursive positioning is a concept that points to the ways in which people take up positions in relation to discourse in conversation. As a theoretical tool, the concept of positioning strengthens the link between pervasive discourses within the social world and the exchanges of meanings between people in common day conversation. Importantly, discourse acts as a structuring principle, “making the reproduction of social institutions possible, but they also constructs people’s way of thinking” (Elvin-Nowak et al. 2001, p.3). These constructions are constantly being deliberated, through language, text, and physical expression in a perpetual stream of actions. Furthermore, there are discursive strategies which refer to how discourse is built and how it influences the audiences’ interest (Jager 2001). Discursive strategy starts with the “labeling of social actors, and continues, to the generalizations of negative or positive attributions and elaborates arguments to justify exclusion of many and inclusion of some” (Dijk 1997, p12). For example, some individuals, sometimes blatantly or more subtly, use the negative vernacular that they attach to mothers who seek birth control as promiscuous or worse. Such linguistic strategies not only contribute to the reproduction of inequalities but also provide a linguistic way for others to do so as well. Lastly, social cognition refers to the encoding, storing, processing, and retrieval of information in the brain (Wodak et al. 2009). Within the socio-cognitive approach to CDA, discourse and social structure are mediated by social cognition. According to van Dijk (1993, p.280):

It is theoretically essential to understand that there is no other way to relate macro-level notions such as a group dominance and inequality with micro-level notions as text, talk,

meaning and understanding. Indeed, the crucial notion of reproduction, needed to explain how discourse plays a role in the reproduction of dominance, presupposed an account that relates discourse structures to social cognitions, and social cognitions to social structures.

Now that I have explained the origin of CDA, the three dimensions within this theory, and some of the key terms I will discuss the complex relationship between power, language, ideology, and discourse. First, there is a complex relationship between power, language, ideology, and discourse that is pervasive and shapes our societal understanding. For example, social science research reminds us that gender is not assigned but rather we “do” or “perform” gender (Goffman 1959, West and Zimmerman 1987). Moreover, the behaviors to which society ascribes a gendered meaning are then internalized as part of our own identity. Importantly, this type of inculcation of behavior as one’s own feels quite *natural*. In addition, these seemingly *naturally* ascribed meanings are not only internalized on an individual level, but also on an institutional level making certain discursive positions and strategies pervasive and very powerful. In other words, discourse can be thought of as the flow of power in society and it is within this flow that it is determined where individuals and groups are positioned, how their positions are constructed, and what they mean. More importantly, it is through the institutionalization of some discourses and marginalization of others that discursive power is exercised. However, it is important to note, that discourse gains this power not only from institutionalization but also from the articulations of multiple seemingly aligned discourses, which appear to support one another. Thus those in power can propagate their belief system via education, politics, and mass media to dominate the powerless group, and this will be taken for granted as *natural* and neutral. However, the key to critical discourse analysis is to discover the contradicting discourses within these seemingly aligned belief systems to reveal the discursive strategies.

In sum, discourse analysis provides the theoretical and methodological tools for a critical approach to the study of power and inequality with regard to motherhood and breastfeeding. Recall that Dijk (1993) focuses on top-down power relations in critical discourse analysis. This is pertinent to my research because top-down discursive strategies often work to give the illusion that social inequalities seem *natural*. Much of my research is built in the notion that the ascribed meanings surrounding motherhood and breastfeeding appear as *natural* and neutral. In addition to utilizing the top-down approach I will also employ the bottom-up method to tease out the discursive positions mothers have built and contend with. Thus, by employing critical discourse analysis this study will examine the meanings of breastfeeding as mothers articulate their thoughts, experiences, and feelings.

I will now briefly explain the historical shifting of the discourse of motherhood and breastfeeding to better understand the contemporary ideological/moral meaning of breastfeeding.

C. BREASTFEEDING DISCOURSE

Historically, breastfeeding has been infused with discursive contradictions that are important to explore to better understand the complexities of the mothering. Bobel (2001) posits that over time different breastfeeding discourses have informed each other further complicating motherhood and forcing it into a series of dysfunctional dualisms. For the purposes of this research paper, I will explore three distinctly influential social shifts that transformed the discourse surrounding mothering and breastfeeding: 1) patriarchy, 2) industrial revolution, and 3) post-industrial late-capitalist society.

First, early religious patriarchal discourse provides the historical foundation of breastfeeding discourse. Rich (1986) defined patriarchy as the

familial-social, ideological, political system in which men-by force, direct pressure, or through ritual, tradition, law, and language, customs, etiquette, education, and the division of labor, determine what part women shall or shall not play (p.57).

Patriarchy manifests in numerous discursive systems, including religious, social, political, legal, economic, and medical. These institutionalized patriarchal discourses employ a more traditional view of the social roles of men and women. For the purposes of this study, I will limit my analysis to religious, political, and biological patriarchal discourses.

Christian religious texts can be highly empowering to women but they can also be a locus of patriarchy and have created much of the foundational discursive positions surrounding breastfeeding. Muer (2010) posits that, in Christian religions, the bible is a dominant source of cultural ideology for breastfeeding and the overall role of women. For example, early literature published by La Leche League, a support network for breastfeeding, makes correlations to Eve, the first mother depicted in the Bible as feeding her children as her “divinely created *nature* directed her” (Muer 2010, p.13). This ideology of breast feeding newborn infants as the vehicle to spiritual salvation combined with religious imagery of women nursing their infants has been a powerful mechanism for belief systems about the role of women and mothers. However, it is important to note that this dominant discursive position is limited to the white middle to upper class heterosexual women and does not represent women’s diverse social locations and experiences. Furthermore, the notion of women’s empowerment through Christian religion is highly suspect as Christianity has been a locus of patriarchy. In fact, this discursive foundation for motherhood creates contradictions complicating the role of motherhood and breastfeeding as both an empowering and obligatory experience.

More importantly, these discursive positions originating from religion have helped create the foundation for the gendered socio-political structure, including the role of women as the sole

provider of *salvation* for their infants. In fact, Joan Wolf posits that women are deemed the *total mother* and these are the “moral codes in which all mothers are exhorted to optimize every dimension of children’s lives, beginning in the womb” and continuing via breastfeeding (Wolf 2007, p.615). Muer (2010) states that religious discourse not only guides the trajectory of breastfeeding it also insulates breastfeeding as a biological function of the domesticated woman, thus keeping it cloaked in the private sphere. Moreover, the discourse that described the domesticated female did not include women of color, homosexual, or working class women. Thus this discursive position excludes a large portion of the female population from fulfilling the duty that the divine *intended* for women.

The ascendancy of the industrial revolution added new complexities to patriarchal discourse of women having a biological, religious, political, and moral obligation to mother. In the 18th and 19th century the industrial revolution brought with it a shift in labor with the drastic changes in agriculture, manufacturing, mining, transportation, and technology which in turn had a profound effect on the way labor was defined. Family dynamics shifted. Men dominated the public sphere while white heterosexual middle class women maintained the private sphere. During this time, a new moral discourse that described women as upholding the four ordained virtues of womanhood- piety, purity, submissiveness, and domesticity emerged. These virtues were thought to be incompatible with women’s participation in the formal labor market creating a contradictory dimension of the public and private sphere (Bobel 2001).

Again, as I mentioned earlier, this bifurcation of the private and public sphere excluded most women of color and working class women as they maintained a working status (Rothman 1989). There were innumerable women discounted as not fulfilling these ordained virtues and therefor fell short of the moral rhetoric of what defined a *good* mother. Breastfeeding was only a

commodity for those who could maintain a position in the private sphere. Thus, maternal breastfeeding once associated with poor, immigrant, and unsophisticated mothers had become “the marker of privileged motherhood” (Avishai 2007, p.137).

The post-industrial society shifted away from manufacturing to commodified knowledge, science, innovation, and service. With the shift in the labor market, we saw a shift in the role of motherhood and breastfeeding as well. There was a resurgence of feminism, especially liberal feminism, which affirmed the equality of men and women by dissolving gender differences (Bobel 2009). Liberal feminism attempted to disentangle women from their roles of homemakers, predominantly white middle to upper class women that is, and catapulted them into the workforce, but not without implications for mothering. Motherhood and breastfeeding became what Hochschild (1997) coined “the second shift,” which she described as a “stalled gender revolution.” Thus women who had previously been stay at home mothers were now encouraged to work outside of the home all the while maintaining their motherly duties as primary caregiver. This double duty renders the work that primary caregivers do not only obligatory but invisible as well.

Furthermore, technology transformed how the human body was viewed, including motherhood. With technology came the amazing ability for artificial insemination, surrogacy, abortion, birth-control, medicalized births, formula, breast-pumps, etc. However, technology also brought with it the notion that everything is mechanical, including motherhood (Rothman 1989). Rothman describes how technology changed the body discourse used to describe women, for example, a mother has a ticking clock, plumbing, or a well-oiled machine (1989). With this increase in technological advances also came the medical discourse of the failing body of women with “insufficient milk syndrome” (Avishai 2007). Formula was described as the modern

“American” way to feed babies and thus a market emerged to assist mothers in their failing *natural* abilities. Formula became mass produced and the mainstream choice for the working mother.

However, during this time there was also a counter culture that maintained the *natural* philosophy of birthing and breastfeeding. There was an emerging pro breastfeeding world ready to aid women in their motherly roles with lactation consultants, La Leche League, and breast pumps to help women breastfeed while maintaining their working role. A new definition of the good mother was formulated: although now it was *intensive mothering* or *Super mom*.

In sum, the dominant discourses surrounding motherhood and breastfeeding have historically shifted revealing the changing nature of the broader understanding of womanhood. In this context breastfeeding provides a unique lens because it is biological yet highly influenced by the socio-historical context of the time. Patriarchy, capitalism, and technology inform each other and continually shape our understanding of breastfeeding and motherhood. According to Bobel (2001) the effect of these three discourses has been to further complicate motherhood forcing it into a series of dysfunctional dualism: mind and body, public and private, personal and political, work and home, and production and reproduction. This raises a question how mothers themselves navigate and engage this complex discursive terrain and make sense of their own experience. Now that I have revealed some of the foundational belief systems and contradictions surrounding breastfeeding and the role of motherhood I will explore the contemporary empirical literature.

D. REVIEW OF EMPIRICAL LITERATURE

This section of the literature review examines studies discussing the moral discourse that exists in motherhood and breastfeeding. Sociological research reveals that much of this discourse is cloaked in patriarchal and racialized ideologies. More importantly, the empirical literature on breastfeeding reveals discursive contradictions: in the importance of women's accessibility to their infants/children (Elvin-Nowak & Helene Thomsson 2001), medical versus natural discourse (Avishai 2007), the progressive yet regressive discourse of breastfeeding (Bobel 2009), and the patriarchal and racialized vernacular utilized in medical, political, and maternal discourse (Wolf 2007). These articles were chosen because they comprise: an analysis of contradicting discursive positions, they speak to the current socio-political issues that affect mothering, and unveil some of the social challenges within *natural* mothering.

Elvin-Nowak et al (2001) conducted a discursive analysis of new Swedish mother's experiences with breastfeeding. This study provides a unique insight because in Sweden the prominent official "discourse of equality is represented by legislation and labor market contracts, which prescribe goals and the means to achieve these goals" (Elvin-Nowak et al 2001, p.409). In Swedish legislation, gender equality is quantitatively represented. In other words, Sweden requires an even distribution of women in men in all areas of society. Therefore, the employment rates for men and women have become equal, "but Swedish statistics clearly show that women continue to assume the responsibility for child care and household tasks" (Elvin-Nowak et al 2001, p.409). Thus there is a contradictory dimension for the women in Sweden in that they must construct their mothering role within a seemingly gender-equality discourse that is not actually egalitarian.

Elvin-Nowak et al. (2001) discovered two discursive positions regarding breastfeeding that are relevant to this study: 1) motherhood is accessibility 2) and happy mothers make good mothers. This first position is reflective of the ideology that breastfeeding is romantically depicted insofar as women are the *total* mother, always accessible. This was conveyed in the language of the women interviewed when they would use phrases like how women are “irreplaceable” and “immunizing their children against future problems” (Elvin-Nowak et al. 2001, p. 414).

The second discursive position “happy mothers make good mothers” is predicated on mothers being fulfilled by their motherly role and by their work outside of the home. However, this discursive position can complicate motherhood and leave the mother feeling guilty if she is unhappy in her position in life, because her child’s happiness is dependent on hers. Furthermore, there is a contradictory dimension here: 1) if a mother puts her needs in front her child she is not readily accessible to her child, 2) and if she puts her child’s needs in front her own she runs the risk of becoming a discontented mother (Elvin-Nowak et al. 2001).

In sum, Elvin-Nowak et al. (2001) concluded that both of these discursive positions that are guiding how society constructs women and femininity are both child centered. Thus instead of finding happiness as solely a homemaker or a full time mom new mothers are encouraged to balance a “large child sphere with a smaller work sphere, thus conveying that women’s activities and women’s time are understood as negotiable” (Elvin-Nowak et al 2001, p.422). This contradictory dimension of mothering discourse places a dysfunctional duality between the private and public sphere. More importantly this places the responsibility of managing these two polarized spheres with the mother.

Similarly, Bobel (2001) conducts a discursive analysis of motherhood, more specifically, La Lech League (LLL), a non-profit breastfeeding support group for women to determine the contemporary discursive positions surrounding breastfeeding. Bobel reveals a contradictory dimension surrounding breastfeeding within the progressive empowerment of mothers reclaiming their bodies and capabilities, and the regression of placing women back into deeply seated beliefs about biological determinism (2001). Biological determinism is the notion that life can be solely explained by biology; thus ignoring cultural, economic, and structural elements that affect decision making. Furthermore, Bobel reveals three paradoxical themes that are relevant to this research: 1) the re-conceptualizing of women's bodies, 2) validating motherhood, and 3) living with baby.

The first theme, "re-conceptualizing women's bodies," encompasses the "rejection of sexist portrayals of women's bodies as primarily objects for male consumption" and the assertion of the "natural and functional role of women's breasts" (Bobel 2001, p.135). The women of La Leche League view themselves as feminists reclaiming their bodies as their own through natural mothering; natural un-medicated child birth and exclusive breastfeeding. There was a sense of empowerment and trust of one's own body that rendered these women competent and capable. However, Bobel (2001) questions whether the breast has been re-appropriated and "disembodied from women" (p.136). For example, in this study women would use vernacular that objectified their breast, such as "the breast" instead of "my breast."

The second theme, "validating motherhood," includes valuing women in their ability to mother and encouraging attachment parenting. Attachment parenting is a new phenomenon in the United States wherein mother and baby rarely separate and are infants are nursed on demand (Sears 1993). Therefore, according to this discursive position women are their own experts.

There is an overall rejection of the medical and mainstream discourse and an entrusting of one's own instinct to *naturally* mother. Once again, although this discursive position is refreshing, insofar as valuing the work that women do, it is overly romantic and does not take into account the structural constraints of such a relationship; nutrition, financial freedom, and a conducive working environment among others.

“Living with baby,” the third paradoxical theme encompasses the “absence of power the mother feels relative to the circumstances of her life” (Bobel 2001, p.143). In other words, while the mother is feeling exonerated and valued in her role to breastfeed and *naturally* parent she also feels a lack of power in these decisions. For example, according to Bobel's (2001) the women of LLL claim that “intensive motherhood is best for baby and whatever is best for baby is best” (p.144).

In essence, these three paradoxical themes create what Bobel (2001) calls a “bounded liberation.” Although women are able to reclaim their bodies and have a sense of empowerment by this experience it is important to question whether breasts are only for breastfeeding. In addition, women feel validated in their role as mothers and are embracing intensive mothering; however, this is a highly romanticized view of breastfeeding that does not take into account race, class, or other social structures that affect this cultural experience. The last theme, living with baby, is very interesting because it deals with the “difficult balance between acceptance born of wisdom and resignation born of passivity and sacrifice” (Bobel 2001, p.143). Thus, women are locked in this contradictory duality of empowerment and obligation.

In sum, Bobel (2001) posits that LLL's definition of “good mothering predicated on sacrifice is unrealistic for most women” (p. 146). Furthermore, the paradoxical pull that characterizes the LLL's approach is symptomatic of the larger societal view of motherhood: as a

society we think mothers are wonderful but they must fend for themselves (Bobel 2001). Thus, LLL does create a sense of connection among women and reignites their control over their own bodies; however, this never-ending struggle for mothers to compare themselves to an idealized definition of motherhood evokes a hidden *madness* (Avishai 2007).

Avishai offers an additional understanding of discursive contradiction related to breastfeeding. Instead of analyzing the more romantic and sacrificial view of mothering Avishai (2007) explores how class-privileged mothers construct the lactating body as a project. In other words, Avishai believes that framing breastfeeding as a *project* reveals the amount of “self-discipline involved in compliance with broader middle-class mothering standards” that are set “in the consumerist, technological, medicalized, and professionalized contexts that shape parenting in late capitalist America” (p.135). In this context, Avishai describes two themes: 1) the breastfeeding project, and 2) negotiating pleasure and project.

The first theme, “the breastfeeding project,” encompasses the mothers need to seek out expert advice, goal setting, and assessing the product. Avishai (2007) found that the women in her study subscribed to the discourse that “breast is best,” however, these women felt that this marked a long, laborious, and demanding process,” one that required outside help (p.141). Moreover, all the women interviewed in this study sought out lactation consultants in addition to taking either breastfeeding classes or reading literature on the subject matter. Avishai (2007) posits that there is a gap between “a rational understanding of the body as a feeding machine and an intuitive trust in lactating bodies” (p.143). Although this is a vital resource for some new mothers, Avishai (2007) argues that using certified specialist contributes to the construction of breastfeeding as a project for middle-class women to manage.

In addition to these women seeking help from lactation consultants is the perpetual managing of their “uncooperative” lactating bodies. This was seen in the women’s discourse about breastfeeding with vernacular like “supply and demand” or how women keep a “backlog of milk in the freezer” (Avishai 2007, p.144). In essence, all the women Avishai interviewed were either engaging in some form of body assessment, management, and control. Furthermore, framing breastfeeding as a project does not come cheap. There is an ever expanding market for nursing pads, breast pumps, nursing pillows, nursing chairs, and herbal supplements to aid women in this process. Thus this element of “goal setting” and “managing the lactating body” increases the financial component of this *natural* experience, excluding a large portion of women who cannot afford such luxuries.

The second theme in Avishai’s (2007) article is the negotiation of pleasure and project. In this theme, there is a contradictory dimension of breastfeeding as not only pleasurable and intimate, but unpleasant and disruptive. Similarly, this duality is seen in Bobel’s (2001) study in the bounded liberation of breastfeeding as simultaneously progressive and regressive. Much of the literature surrounding breastfeeding describe it as romantic, however, the women in this study found it “laborious” and “challenging.” Furthermore, within this dichotomy the mothers in the study experienced a large amount of anxiety trying to manage and perfect their breastfeeding technique.

In sum, Avishai (2007) posits that breastfeeding is framed as a project to be managed because of the colliding worlds of the current scientific literacy of “living by the numbers” and the ideology of intensive mothering. Blum (1999) reminds us that poor and working-class mothers are inundated with structural barriers to breastfeeding such as a lack of nutrition, healthcare, and maternity leave, and women of color are challenged with racialized images.

Avishai's (2007) study reveals that the middle-class privileged mothers are facing a very different set of structural barriers one that is laden with the discourse of consumerism, rational, and scientific discourse.

Similarly, Wolf's (2007) article echoes these concerns in relation to the hyper-rational and scientific discourse that propagates the current political rhetoric surrounding breastfeeding. Wolf conducted a content analysis on the Office of Women's Health (OWH), a division of the U.S. Department of Health and Human Services (HHS), in conjunction with the Ad Council for National Breastfeeding Awareness Campaign (NBAC). Wolf attempts to investigate the methodological dilemmas in breastfeeding research. More specifically, Wolf (2007) explores the concepts of "risk society" and "total motherhood" to reveal the ethical problems that plague public health advertising. Wolf (2007) discovered three themes in her research; 1) evidence of confounding variables and weak correlations, 2) message framing through risk and the use of fear, and 3) cultural sensitivity.

The first theme, "evidence of confounding variables and weak correlations," explores the legitimacy of public health announcements. Wolf (2007) posits that much of the evidence produced by public health departments has "distorted causal evidence and false alarms that have created needless public fears" (p.601). This type of research is laden with confounding variables and predominantly observes biological steps to breastfeeding relationships and excludes behavioral. In other words, breastfeeding cannot be considered an isolated biological event. There are a myriad of variables to consider such as adequate education, nutrition, health care services, financial support, an accommodating social environment, and even a desire to do so. Moreover, the immunological and overall physical benefits of breastfeeding cannot be considered significant without exhausting all correlations. For example, research cannot claim

that it is breast milk that increases infant IQ because this could be a result of innumerable variables, hence the claim of weak correlations (Wolf 2007).

The second theme, “message framing: risk and the use of fear,” involves the controversial campaigning of public health departments. There is a constant jockeying for position in today’s current political arena for attention, and the public health departments have utilized strong imagery and wording to evoke fear in society. This type of campaign is known as the “fear appeals” which tries to create negative emotion in order to motivate people determined to be “at risk” to adopt a certain way of life (p.611). For example, the NBAC recently showcased a breastfeeding advertisement of an African American pregnant woman riding a bull that said- “You’d never take risks before your baby is born. Why start after?” (Wolf 2007, p.612). The advertisement is implying that mothers who are using formula are putting their infant at risk. In addition, the USBC chair Amy Spangler, likened bottle-feeding to tobacco use (2007). This type of “fear appeal” advertising moves away from breastfeeding being a choice to one of personal responsibility and obligation for new mothers.

Lastly, Wolf (2007) examines the “cultural sensitivity” (or lack of) of total motherhood, race, and class. This type of fear evoking campaign is highly paternalistic and speaks to the dominant discursive strategy of mothers being, what Wolf coins, the *total mother*. Furthermore, this hyper political push for all women to breastfeed does not take into account the varied meaning of what comprises a good mother, or the structural and cultural factors that shape mothers breastfeeding decisions. Blum (1999) reminds us that good mothering is not always defined by exclusivity but rather is defined by some mothers as independence, utilizing “other mothering”, and being able to balance mothering with working outside of the home.

Furthermore, when examining breastfeeding through an historical lens of African Americans a landscape is revealed of:

...forced wet-nursing of white women's children-often to the detriment of their own children-and charges of hyper-sexualization, animalism, and primitivism, a cultural legacy that makes the *naturalness* of breastfeeding reverberate in unappealing ways (Wolf 2007, p.621).

In sum, Wolf's (2007) article shows how the current political propaganda's discursive strategy is inaccurate, employs "fear" and "risk" to motivate the public, and is not culturally sensitive. This type of motivational propaganda removes the choice from mothers and makes breastfeeding a responsibility, one that is not always easy, possible, or even desired. Thus, *total* motherhood manifests what Rothman (1994) has called the "commodification of children and the proletarianization of motherhood," in which mothers are "rather like South African diamond miners, are the cheap expendable, not-too-trustworthy labor necessary to produce the precious products" (p.149). In all, Wolf's (2007) article reveals the ubiquity of the seemingly aligned belief systems of medical and political discourse that "breast is best" and is what women *ought to do*, and unveils the social tactics to motivate the public to do so.

In conclusion, these empirical studies reveal that there are myriad of contradictory discursive dimensions within breastfeeding that attempt to further complicate the experience of motherhood. In Sweden the discursive position of what it means to be a *good* mother includes being accessible and happy, all the while, maintaining flexible careers that can, and will, be interrupted. (Elvin-Nowak et al 2001). Furthermore, natural mothering among LLL mothers reveals that middle-class mothers feel empowered and validated by their lactating bodies, and yet at the same time, powerless and disembodied by this experience (Bobel 2001). On the other hand, some middle class mothers are approaching breastfeeding like it is a project to be managed due to the hyper scientific and technological consumerist discourse that is being coupled with the

contemporary definition of intensive mothering. More importantly, the women who are attempting to conquer this ascending definition of the *good mother* are experiencing a hidden *madness* (Avishai 2007). Lastly, Wolf (2007) reveals how embedded and pervasive these culturally insensitive, patriarchal, and heterogeneous discursive positions are in our medical and political discourse.

However, despite the breadth of knowledge these empirical works provide there is little to no current literature on breastfeeding in the public sphere, natural mothering in a highly technological society, or the meaning that women ascribe to their breastfeeding experiences. Now that I have discussed the relevant empirical literature, I will describe my epistemological stance, background for the study, and the methodology for my research.

Chapter III

Methods

A. EPISTEMOLOGICAL STANCE

To answer my two research questions, “Which discursive strategies do mothers use to understand and construct meaning to breastfeeding practices?” and “What do mother’s discourse surrounding breastfeeding reveal about the construction of motherhood?” I will utilize a qualitative research design to gather data because it provides the best way to promote a deep understanding of the social experiences embedded in mothers' lives from their own perspectives. Qualitative research can be defined as an approach that “examines people’s experiences in detail, by using a specific set of research methods such as in-depth interviews, focus groups, observations, or content analysis” (Hennink et al. 2011). For this research, I chose in-depth interviews for studying the meaning of breastfeeding to elicit each participant’s interpretation of their own experience to better tease out the discursive strategies that mothers utilize and the dominant discourses they contend with (Charmaz 2010).

B. BACKGROUND FOR THE STUDY

As a mother and an advocate for the empowerment of women, I have chosen this study to combine my interests and to further my understanding of the institution of mothering and breastfeeding. I embraced the *natural* parenting model and chose to do un-medicated homebirths and breastfed my children while being a stay at home mom. When my children were older I extended my advocacy out into the community and became a lactation consultant and a midwife’s apprentice for a short time. Throughout my personal experiences, I have witnessed the dualistic nature of infant feeding practices. Instead of women being empowered and valorized for their experiences they question themselves, their bodies, and their choices. Bobel (2002) states

that there is a contradictory dimension within *natural mothering* discourse as simultaneously regressive and progressive. It is this dissonance that sparked my interest and created the springboard for my study.

C. INTERVIEWS: SELECTING PARTICIPANTS

In selecting my respondents, I used purposive criterion and snowball sampling. Criterion sampling means choosing your participants because they meet a certain criteria, in this case it is mothers who have experience in some kind of infant feeding practices. Criterion sampling is useful in identifying and understanding cases that are information rich to the topic at hand, (Henninck et. al, 2011), in this case infant feeding practices. More specifically, breastfeeding provides the most socio-cultural physical experience of the reproductive woman, thus making it a helpful analytical lens into the social world of motherhood. However, by selecting my participants based on their experience with infant feeding practices there is the possibility of excluding partners, family members, and other individuals who might provide fruitful insights.

In addition to purposive criterion I also employed snowball sampling. Snowball sampling is a non-probability sampling technique (Babbie 2000) where in the interviewer talks to a participant who then provides potential contacts for those who might be willing to be interviewed. Snowball sampling is particularly good at identifying study participants with very rare or hidden experiences who may be difficult to recruit with other methods (Henninck et. al, 2011). An additional advantage to this method is that as each respondent passes the opportunity on to another mother there is a circle of trust that is formed, thus fostering better participation and candor. Although this method results in a trusting environment, it takes time.

To find possible respondents, I went to multiple virtual on-line parenting sites and asked permission to post on their forums. My post stated that I was looking for mothers with infant

feeding experience who wanted to share their mothering stories for my research project. I used my previous experience with La Leche League to gain entry into some virtual breastfeeding forums and natural parenting sites. Women who frequented the virtual forums and found the study worth sharing then would post to additional on-line sites that reached a more general audience through “playgroup sites.” Playgroup sites are an on-line forum for mothers to network within their community with other parents and set up play dates. From this post nineteen women responded that they were willing to be interviewed. From these nineteen I selected eight. I did not choose some of the respondents because they knew me from La Leche League and I wanted to avoid the situation wherein respondents would have preconceived notions about how I might feel about breastfeeding.

In addition to the eight mothers that volunteered to participate in my study, I also hand selected a close friend of mine because of her unique experience with infant feeding practices. She worked outside of the home with her first child and pumped breast milk only and was a stay at home mom with her second and breast fed. Although I had apprehension in having Lee as a participant I felt that her unique status as experiencing both an *exclusive breastfeeding relationship* and a *non-exclusive breastfeeding relationship* would provide a unique insight. Furthermore our long term friendship provided a level of comfort thus enriching the conversation. In sum, I conducted nine interviews with mothers who had some breastfeeding experience.

Breastfeeding experience was operationalized by either “breastfed,” “mixed methods,” or “formula only.” Of the nine mothers interviewed five of the mothers breastfed, three of the mothers used mixed methods, and only one mother used formula only. All of the women interviewed attempted to breastfeed with their first child, only five were successful. Of the nine

women interviewed five of the women were married. Four of the women were either divorced, single, or had a blended family. Moreover, all but one of the respondents had at least two children, with two mothers having three children. The racial/ethnic background of my respondents varied with: one African American, one Asian American, one Latina, and six Caucasian mothers. Interestingly, despite the heterogeneity of the respondents they had all experienced breastfeeding in public, balancing technology with breast milk, and/or encountered societal pressures about their decisions in motherhood.

Furthermore, to guarantee that I captured these mothers' experiences in their own words, I utilized a digital recorder and transcribed the interviews verbatim for coding purposes. All interviewees were given confidentiality and provided a pseudonym for later descriptions. Any identifying information was deleted from transcription.

D. INTERVIEW QUESTIONS

Interview questions were open-ended, conversation style, to allow the mothers to share with minimal direction from me. Open-ended questioning begins with a series of general questions to build rapport and help the respondent feel comfortable enough to share their story (Hennink et al. 2011). By employing open-ended questions in my in-depth interviews I was able to use the tools from critical discourse analysis to determine how mothers pull from, reject, and weave dominant discursive positions into their lives to make sense of their own experiences.

All of the interviews were approximately one hour. Although I had a set of questions to help create a guided conversation and insure that participants address topics related to the research questions I also assumed the role of the active listener, acknowledging both as a qualitative researcher and a feminist that the real experts in this study are the mothers.

Five of these “directed conversations” took place in public coffee shops; one of which included the mother bringing her toddler. Three of the interviews took place in the mother’s homes while their infant/toddler was napping or playing. The interview with Lee, a close friend of mine, took place in my home with children present. While interviews were limited based on the time constraints, my background in the subject matter coupled with the extensive reading I have done on the subject matter has provided keen insights into this topic.

E. GROUNDED THEORY AND THE ANALYSIS OF DATA

Qualitative data analysis includes a circular analytic framework comprised of “developing codes, descriptions, comparisons, categorization, and conceptualization and theory development” (Hennink et al. 2011, p.237). To implement this analytical framework I utilized grounded theory because of its strength in inductive investigation. Grounded theory can be defined as a systematic methodology that involves the discovery of theory through the analysis of data (Charmaz 2006). In other words, grounded theory allows the hypothesis to emerge from analyzing the data rather than beginning with the hypothesis. In grounded theory the researcher begins with gathering data and ends with an analytical writing process (Charmaz 2006). To begin this process the researcher employs the use of three different types of coding: initial, focused, and in-vivo. According to Charmaz (2006) coding is the pivotal link between the collection of data and developing emergent theory to explain the data. It is through this process that the researcher can define what is happening and thus determine what it means. Lastly, the researcher uses memo-writing as an analytical tool to analyze the data promptly.

In the coding process the researcher begins with initial coding. Initial coding consists of naming each word or segment with short summations. This process helps to organize the data priming it for focused codes. Focused codes “pinpoint and develop the most salient categories in

large batches of data” (Charmaz 2006, p.46). Then from this process the most prevalent focused codes are chosen. Within this analytical cycle there is the coding of in-vivo terms as well, which serve as a “symbolic marker of participants’ speech and meanings” (Charmaz 2006, p.55). In-vivo codes and focused codes are a crucial part of this research project because they help tease out the dominant discursive strategies and positions mothers weave into their lives. Lastly, within this process, I used memo writing. Charmaz (2006) posits that memo-writing is the conduit between analyzing data and the actual writing of drafts. In this process the researcher attempts to attach theoretical elements to the raw codes. In addition, memo-writing can act as a purging of thoughts about the research thus providing serendipitous insights into the data.

In sum, this additional qualitative method helped tease out the dominant discursive positions and strategies mothers contend with in their day to day lives. Due to the complex nature of mothers' experiences an open and developing design is required. In this context, selected insights from grounded theory approach compliment this process, allowing concepts to reveal themselves and create a dialogue between the researcher and the data itself (Charmaz 2006). An example of my analytical process is below.

Table 1.

Code Book #3: Caucasian married woman/ working/breastfed:

How Analyzed	Initial codes	Focused codes	In-vivo	Quotes
Moral/Ideological Discourse	Moral statement Egalitarianism Bond Lack of awareness in people @ b/f Women don't support each other Traditional beliefs @ what makes a family	Values husbands federal protection more than hers Thinks there is a lack of awareness and education @ how much time it takes and how women feel	Bio child	<p>“breastfed babies are better”</p> <p>“b/f is all your responsibility”</p> <p>“b/c he is the man”</p> <p>“he’s my baby”</p> <p>“why can’t you give him a bottle so that you can sleep so that you’re not cranky so that I don’t have to deal with it in the morning”</p> <p>“if you have breast milk why would you try to buy something that’s trying to be what you already have?”</p> <p>“whole weird woman thing where people tell each other the worst parts of it to try and scare people off”</p> <p>“it’s ridiculous that people do not understand how much time it takes</p>
Breaking the seal	Federal funding Beg for job b/f in public pressure for traveling to see relatives family pressure for nursing lack of awareness b/f with dad odd	FMLA- aggregate of 12 weeks b/c both her and spouse are county employees People don’t understand how often babies eat Or time commitment	“pump for papa” Boob Hogging the baby	<p>“screwed over”</p> <p>“please promise me you won’t fire me b/c I don’t want to apply for FMLA incase my husband needs it because he is a man”</p> <p>“so there’s pressure and that’s not fun”</p> <p>“ya know sorry my life can’t revolve around all these time frames and time commitments that revolve around him being hungry”</p> <p>“behind the hand comments”</p> <p>“I can’t come down b/c I am not going to hang over him with my boob out to feed him when he’s hungry so when it’s convenient for me to come I’ll come”</p> <p>“my bodys doesn’t magically say ‘ok it’s Saturday I am going</p>

				to make twice as much milk so that you can store enough for a whole extra day and have enough to feed your baby too” “odd to your boob out with your dad”
Technology/ body	Medical doc supportive Helpful staff in hospital Pumping = chore	Pumping is a chore and inconvenient	Pumpin g “formul a bottle trending ” Nipple guard Nipple shield Latch chug	“my body doesn’t magically say ‘ok it’s Saturday I am going to make twice as much milk so that you can store enough for a whole extra day and have enough to feed your baby too” “I can’t come down b/c I am not going to hang over him with my boob out to feed him when he’s hungry so when it’s convenient for me to come I’ll come”

Chapter IV

FINDINGS

The questions that have guided my research are: 1) What discursive strategies do mothers use to understand and construct meaning to breastfeeding practices?; and 2) What do mother's discourse surrounding breastfeeding reveal about the construction of motherhood? Recall that discourse acts as a structuring principle that not only constructs the way individuals think but the production and reproduction of social institutions through language, text, and physical expression in a perpetual stream of actions. The analysis that follows is based upon nine in-depth semi-structured interviews conducted with mothers who have some experience in breastfeeding. During this process, four major themes emerged unveiling some of the dominant discursive positions surrounding motherhood and breastfeeding, to which I have labeled: 1) moral discourse, 2) technology and the failing body, 3) breaking the seal, and 4) shaming. These themes reveal the contradictory dimensions mothers must contend with as they make sense of their life experiences.

A. MORAL DISCOURSE

The most pervasive theme in the data was the moral discourse among the women that breastfeeding was the *best* choice for babies. First, it is important to note that the overall belief in breastfeeding was shared among my respondents. The consensus among all nine women was that *breast was best* and that this was a *natural* physical phenomenon. The women all believed that breastfeeding was “awesome” and the “best thing.” Moreover, one woman went so far as to say that “breastfed babies are better” and “smarter” than formula fed babies in fact they are “perfect.” Another mother said that breast milk “cannot be replicated by man” and it “provides

the most nutritious...everything she needs” and furthermore “nothing works as well.” This ideology was resonant among all of the participants, even those who did not breastfeed exclusively, or at all.

This discursive position extended beyond nutritional betterment. The majority of the women interviewed felt the bonding was very important. One mother talked about “the bond” being the best part. Four of the mothers talked about providing a good “foundation” or a “good start in life.” Two of the mothers felt “empowered” by their decision to provide milk for their infant. One mother went so far as to say that because she breastfed her second child she “felt like more of a success story.” When Rosie, a newly married working mother, was asked how she felt about breastfeeding she said:

You know I can make him eat well and I get rest and it’s such a bonding experience...he only has eyes from me...it is pretty special. I see a lack of connection with formula fed babies. You can see it in their eyes, you can tell. [Interview, February 27th 2012, p.3]

Similarly, Heather said that she felt like she “missed out” on that bonding experience with her first child because she did not breastfeed. She feels that she has a stronger bond with her second daughter, whom she did breastfeed. Overall, the respondents felt that not only was breastfeeding nutritionally good for their infants but created a strong bonding experience.

Much of these moral discursive positions emerged from religious and/or spiritual discourse. All of the women interviewed had spiritual underpinnings within their interviews about their role as a mother, more specifically, the moral superiority of breastfeeding. It is important to clarify that when I say spiritual underpinnings I am referring to mothers embracing forces larger than themselves whether this is *nature* or a more structured religious doctrine such as Christianity. The challenge with succumbing to these moral discourses is that not only do women lose agency

in their decisions as mothers but this becomes a “gendered acceptance of an ideology of biology and destiny” unencumbered by the intersection of structure and culture (Bobel 2002, p.101).

Although the overall belief system about breastfeeding was shared among the respondents there was a divergence between the working mothers and the stay at home mothers with regard to why they felt breastfeeding was best. Working mothers used terminology that encompassed biological, spiritual, and natural discourse such as “our bodies were made for this,” and it is “natural.” In contrast, the stay at home mothers used more Christian terminology to identify with their breastfeeding beliefs. For example, Jasmine said she felt “convicted” to not only be a breastfeeding mother but to not “complain” about how hard her role was. She said that she relied on being a “steward” and knowing that she was not totally in control. In addition, Celia believes that “God made our bodies for this,” and “if something were to happen...if we had no food I know that God would just make the milk come back up” (Interview, November 4th 2001, p.3). This type of fatalism and biological determinism is not seen as explicitly in the other mothers discourse, just among these two.

However, many of the other mothers did employ *spiritual* discourse to bolster their roles as mothers. Claire posits that breastfeeding is “extremely natural” and “your body would not make milk for your baby if your body was not supposed to do that.” Furthermore, Claire believes that if “you’ll give yourself *faith* in what you can do ...I mean you’re not the first person to do it.” Lee concurs that pumping was a “*sacrifice* of time and energy and sleep” and believes being a good mother means being aware of your child’s whereabouts in a “sixth sense kind of way.” Thus, there is a gendered notion that mothers have a knowing that is emotionally and/or *spiritually* determined.

In addition to the spiritual, religious, and natural discursive positions there was also an overall moral obligation that was attached to their beliefs about breastfeeding relationships. Many of the mothers used phrasing such as “it’s your job” or it’s “your duty.” Celia talked about breastfeeding being “up to me to do the foundational work” and noted that her spouse would “kick in” later. Claire agreed and noted that “breastfeeding is all your responsibility.” Within this discourse of duty among the mothers was also a sense of ownership of their babies with phrases like “he is my baby” or “he only has eyes for me.” Bobel (2002) called this the progressive yet regressive nature of breastfeeding because women are reclaiming their bodies as their own, separate from their spouse, yet are bound to their infants instead in a sense of duty.

In sum, religious and spiritual beliefs appear to play an instrumental role in infant feeding practices as well as their role as mothers within the family dynamic. Since this was true for all the mothers interviewed this serves as an example of how religious and moral discourses might impact mothers’ beliefs about their role and infant feeding decision even when cultural, socioeconomic, or religious backgrounds may vary. However, not being able to fulfill these moral *duties* created a sense of failure among some of the mothers.

A. THE FAILING BODY AND TECHNOLOGY

The most unexpected finding was the juxtaposition of the belief in the failing body and the introduction of technology/medical assistance to the *natural* process of breastfeeding. Simone de Beauvoir argued in the 1940’s “that one defining discourse of femininity was that women’s bodies were not good enough...never good enough” (Blum 1999, p.123). In what follows, I discuss three contradictory dimensions of my respondents’ discourse: 1) *unsuccessful* breastfeeding experiences despite the *natural* depiction of breastfeeding; 2) breastfeeding being a natural phenomenon yet being experienced in a technological society, and 3) breastfeeding being

physically and emotionally painful despite the romantic discourse surrounding this physical phenomenon.

The first contradictory dimension was the feeling of being *unsuccessful* at an experience that is deemed *natural*. Some of the mothers encountered physical challenges in their *natural* transition into motherhood and breastfeeding. These physical challenges included postpartum depression, medical births, engorgement, mastitis, and low milk supply. Low milk supply, often coined “inadequate milk supply” was by far the most common challenge the respondents mentioned. Furthermore, low milk supply instigated the largest emotional reaction within the “failing body” theme.

For example, Joy experienced *inadequate* milk supply with all three of her children and post-partum depression with her very first child. She depicts her *unsuccessful* experience below:

My breastfeeding experience was difficult, I don't think that I would call it rewarding. I wanted to breastfeed because it was the best thing for my baby. It was good for me but it was very difficult. And it was also fairly unsuccessful, like in my own definition of it; I was never able to produce enough milk for my baby to grow solely on my breast milk. [Interview, February 20th 2012, p.4]

Even the act of providing formula for her baby generated some intense emotions. Joy said “so I remember crying and being angry when I would mix a bottle of formula for her to drink because I hated it.” [Interview, February 20th 2012, p.6] Joy appears challenged by the internalization of breastfeeding being what is best for her baby and her inability to exclusively breastfeed.

I felt like the knowledge I had about breastfeeding made it necessary for me to want to breast feed. I think there is pressure there especially if you can't breastfeed and you feel like you're letting the baby down by not doing your best. [Interview, February 20th 2012, p.9]

Joy is a unique case because not only did she experience *inadequate* milk supply this was coupled with postpartum depression. Despite her immense efforts and the use of medication she was not able to exclusively breastfeed.

I know there were some days when I was so depressed that I would put my baby in the crib and let the baby just cry and I was probably (starts to cry) crying too somewhere else in the house and that was like the best I could do you know? And then other days I was fully engaged and there was much more joy and human contact. [Interview, February 20th 2012, p.9]

Joy also reveals feeling trapped by her lack of milk for her first child:

So it was more like a huge chore and a burden. It was a big tug of war because I felt like at some point I had to make the decision to supplement with something else whether it was formula or someone else's breast milk. And as soon as I began doing that my problem would increase. So I felt very trapped. Because my desire was to breastfeed but before that I had to nourish my children. I had to give up the breastfeeding essentially. So, to have to come to a point, because they were babies, to accept and acknowledge that I needed a drug to make milk for them. It felt kind of unsuccessful, or kind of like I was taking some steps backwards because I had accomplished this incredible goal of birthing them with no drugs at all and even recovering with very little medication, so...it just felt like unfair, like I was a bad mom. The word success comes back. I wasn't being successful in this really important job. [Interview, February 20th 2012, p.5]

Heather, who did not breastfeed her first child but did breastfeed her second child, had a similar response to her experiences as a mother. I asked her what she thought women might feel like if they cannot breastfeed and yet think it is *natural*. She responded with

She probably feels kind of like a failure kind of like I did as far as giving birth is the most natural process but I wasn't allowed to do it; whether I could or couldn't, I don't know. And then not being able to breastfeed my first child and, well if it's natural, I kind of failed at that too. [Interview, February 22nd 2012, p.11]

Heather feels like a *failure* for not being able to uphold the moral code of *natural* mothering because not only was she not able to breastfeed but she was not *allowed* to give birth naturally; a feat she blames on her young age of eighteen, lack of confidence, and the medical

model of care. Not only were these mothers feeling like failures they were also blaming themselves for these perceived shortcomings. For example, Heather blamed her unsuccessful breastfeeding relationship with her first born on herself because she gave her infant a pacifier; thus creating nipple confusion. Rich (1986) reminds us that the institution of motherhood has “ghettoized and degraded female potentialities” leaving women disembodied from their mothering experiences versus empowering women in their bodily abilities (p.13).

In contrast, Jenny starts out with a tenacious belief about her body’s ability to produce milk despite her families constant questioning of “is that really all...you’re not going to give him any formula?” To which Jenny would respond “I would say women are having babies in prairies for thousands of years and in caves and there wasn’t Enfamil and formula” (Jenny, p.2, 2012). But as time progressed Jenny felt unsure about her ability to produce enough milk. Here she is describing a pumping schedule.

On Tuesdays and Thursdays it was breast milk and because I didn’t know if I was producing enough and he had a healthy appetite so at six months we started putting cereal in the breast milk making it more substantial. Because even I was like ‘I don’t know if this is enough’ (laughs). [Interview, March 10th 2012, p.3]

Milk supply has been a point of contention for centuries now and has created much fodder for the medical and feminist communities. Avishai (2007) reminds us that in the 1950’s “legions of mothers were diagnosed with insufficient milk syndrome—a product of erroneous breast-feeding advice dispended to mothers” to promote formula as the modern and responsible way of feeding babies (p.136-137). Even the terminology “insufficient” or “inadequate milk syndrome” speaks to the medical discursive strategies that disempower women from their experiences. This type of terminology depicts women’s milk supply as either being naturally “adequate” or

somehow a biological “syndrome” in need of medical intervention. Importantly, this echoes Avishai’s (2007) argument that mothers must manage their lactating bodies according to the dominant medical discourse, thus increasing the invisible labor of this *natural* process and creating much unneeded anxiety and feelings of inadequacy.

The second contradictory dimension within this theme is the need for technology to naturally breastfeed. Lee had the most intimate and emotional relationship with technology and the *failing body*. Lee did not have a *successful latch* which is the modern terminology employed in contemporary medical discourse to infer the correct connection from the infant’s mouth and the mother’s nipple. Lee’s pumping experience is depicted below:

It was horrible (starts to cry). That was really hard because it was commitment without...there’s not as much reward to it. You get that empowerment that “I’m doing it” but I’m doing it using a machine not the natural way. I was so dedicated to naturally feeding my child and yet I couldn’t do it (voice is shaky) all the way. So I did it the only way I could. And I am thankful for those wonderful pieces of equipment and it took dedication and all that. It was really hard. And I didn’t get much sleep (laughs). [Interview, November 21st 2011, p.6]

Lee believes that breastfeeding is natural and because she was *doing* breastfeeding using technology she did not feel as rewarded in this experience had she have accomplished this *naturally*. Through tears Lee explains that she sought out the help of lactation consultants on the phone to no avail. She finally had a lactation consultant come to her home because:

I wasn’t getting my new born baby out and I wasn’t healed well enough... I just didn’t want to go somewhere and then you came down (Crying) and we tried all day. We tried alllllll day. We tried every different way of latching her and it just didn’t happen. So letting go of that was very hard. [Interview, November 21st 2011, p.7]

Claire and Celia had similar experiences with pumping. Both felt it was a “chore,” that it took “for-e-ver,” and that it was overall “inconvenient.” Celia went so far as to say that pumping made her “feel like a cow” and she then “moored” like a cow to demonstrate. Lee, Jasmine,

Heather, and Joy all felt challenged by their body, a lack of reward, and even long term guilt about not being able to provide in a way that society deems *natural*.

The last contradictory dimension within the theme of “the failing body” was the emotional and physical challenges of breastfeeding despite the overall romantic discourse that surrounds it. There was a consensus among five of the mothers about a lack of awareness of how painful and hard the first few months were going to be in a breastfeeding relationship. The other four mothers did not mention any pain in their breastfeeding experiences. Lee says I had “blood in my bra” and “cracked nipples” and was overall “emotionally and hormonally exhausted.” Celia was surprised at the amount of pain that both natural child labor and breastfeeding actually entailed. She had engrossed herself in literature about these topics yet felt that the educational and medical discourse was not indicative of the depth of the pain she experienced.

In addition to the physical pain that these women experienced, there was an emotional component of feeling “trapped” among majority of the women. Six of the nine mothers used the slang “24/7” to describe their job as a mother. One mother said she felt like a “warden on lock down.” Some other common phrases were; “sacrifice,” “patience,” “feeling tethered,” and just wanting “some freedom.” Thus, despite the romantic and deep moral duty to breastfeed these mothers felt they also felt “emotionally exhausted” and “trapped” by this experience.

In sum, all of the mothers, despite their immense efforts, experienced some feeling of inadequacy and failure due to: low milk supply, having a medical birth, not being able to exclusively breastfeed, or breastfeed at all. Furthermore, the romantic discursive position of breastfeeding was met with a surprising amount of emotional exhaustion and physical pain. This discursive theme highlights the contradictory nature of mothers trying to uphold the dominant discourses of *natural* breastfeeding in an atmosphere of unprecedented technology and medical

intervention. These feelings of inadequacy and failure are then magnified when these mothers attempt to accomplish breastfeeding and/or pumping in the public sphere.

C. BREAKING THE SEAL:

There is a definitive symbolic divide between the private and public spheres that is demarcated historically by gender. These symbolic boundaries are reinforced with ideology and discursive patterns. Importantly, these divisions of space were once thought to emerge out of *natural* order. In essence, the work that women do, especially breastfeeding and care taking, has become invisible in part because of this public/private demarcation.

Breastfeeding in public challenges these symbolic spheres and creates a fascinating reaction towards the lactating mother. Breastfeeding is an embodied experience and despite legal protection seven of the nine mothers experienced marginalization and moral exclusion from the public sphere. Within this theme, two elements of breastfeeding in public emerged: how women feel breastfeeding in public and breastfeeding and/or pumping in public bathrooms.

I will first discuss how some of the mothers I interviewed felt while breastfeeding in public. Jasmine, an Asian American, describes her cultural background in Singapore as one without women breastfeeding in public. She describes women in Singapore as all working, and pumping if they need to feed their babies when they are out in the public sphere. Jasmine describes how she felt breastfeeding in public:

In the beginning...very awkward. And then after around 6 to 9, 6 months to a year it got more *natural* and getting used to it. Um...now it again can be awkward, but I don't need to because he is only nursing three times and it's usually after the middle of the night and stuff. But when we had to go to New York, and so, we were in Manhattan New York City downtown, and I felt really awkward because it's just everyone is working in business clothes and everything and Jonathan needed to nurse so in the restaurant I had the nursing cover. I was like I feel like a hippy from California or something because everyone is just so black suit and tie. So I guess I am very susceptible to peer pressure (nervous laugh). Um ,but it was really helpful to know that by law your allowed to nurse anywhere your

allowed to be. Even though I felt a little awkward it wasn't like "Oh, I won't do it because I might get in trouble." [Interview, November 1st 2011, p.8]

Despite legal protection to nurse in public Jasmine felt that she was a "hippy from California" amongst the career professionals in their suits. This type of internalization that one is from a counter culture from a social movement from the 1960's conveys that Jasmine appears to feel uncomfortable and in addition feels like she is not part of mainstream. In fact, her depiction of working people in "black suit and tie" reveals that she felt estranged from middle to upper-middle-class men specifically. Stearns (1999) reminds us that "breastfeeding *is* work" but this work is not shared and is "rendered invisible by the way it is required to be hidden" (p.323). Thus for Jasmine this work/experience becomes one of internal dissonance.

Among my respondents, Claire, Lee, and Rosie experience the most societal pressures for their decisions to breastfeed while maintaining a professional self. These pressures manifested in dealing with child care, meeting families' needs, and breastfeeding and/or pumping at work. These three women all experienced initial challenges in trying to return to work while maintaining the *work* of providing breast milk to their infants. Claire describes trying to convey the work, time, and quantities that breastfeeding includes to daycare providers, co-workers, and family, but feels frustrated because they do not understand. However, Claire's real struggles lie in her family pressures to relinquish her infant for long periods of time.

His dad's side is more bottle trending, formula bottle trending, because that's what his step mom did and they're more pressuring, I think, of "why can't you come down, why can't you come down?" "Why can't you guys come and do this" or "Why can't you do that?" Especially when my son was much younger, well, he can't ride in a car for an hour and a half. It's extremely hard. I can't just stick a bottle in his mouth and we don't want to sit on the side of the road for thirty-five minutes while I feed and he's screaming. And I really just don't want to travel anyway (laughs) so please stop pressuring me. So really it's been my husband's dad's side of the family that's been the most,...not outward comments but you know just the unknown unseen sort of pressures of "just give him a

bottle” or “when he gets to this age you can start giving him this or that.” But I don’t want to do that...thanks for telling me that. [Interview, November 6th 2011, p.5]

Claire’s experience is not uncommon. Wall’s (2001) study found that “mothers and mothers’ needs disappear from view here and mothers’ behavior becomes legitimately subject to public scrutiny and moral authority” (p.604). Claire talks about the lack of understanding and sympathy with the time constraints of breastfeeding:

People don’t understand the time commitment. I didn’t mind the time. But people are like “he’s got to eat again didn’t we just do this?” or “We were supposed to leave twenty minutes ago!” Well he’s still eating I can’t ...I mean if I take him off he is going to cry because he’s still hungry. You know, sorry my life can’t revolve around all these time frames and time commitments that revolve around him being hungry. If I’m hungry I get to go eat whenever I want to. So why can’t he eat whenever he wants to? [Interview, November 6th 2011, p. 7]

Claire also talks about the pressure from family to not only travel but to pump enough milk to leave the baby behind. She says:

My body doesn’t magically say ‘ok it’s Saturday I am going to make twice as much milk, so that you can store enough for a whole extra day and have enough to feed your baby too [Interview, November 6th 2011, p.8]

The most unexpected finding among the respondents was how many of these women were breastfeeding and/or pumping in public bathrooms. Among all of the working mothers none said their place of employment offered a lactation facility. Some of these mothers did find comparable rooms to pump while at work, however, some did not. Interestingly, four of the women I interviewed had experienced pumping or breastfeeding in public bathroom facilities.

Here I have asked Lee where she pumps at work and this was her response:

Well, (uh huh) well in the back office... there was an office for our regional manager who was only based out of that store so none of the other stores had offices like that. But if he wasn’t there I pumped in his office which was fine in the fact that we ate lunch in there sometimes and there was not a lot of space. So it wasn’t bad if I was back there. But if he was actually there then I would shut myself in our nasty little bathroom and I

propped myself on a little stool and ate my lunch in a gross store room bathroom. [Interview, November 21st 2011, p.4]

Furthermore, Lee felt that pumping made people more uncomfortable than breastfeeding despite the increased exposure of breastfeeding.

Mmmhmmm. And it made people...I mean I was relatively open about it I didn't have any qualms with it. I answered questions and I like to educate people and it's ok. It's very simple it's nothing to walk away from. But you know when I would pump in the office I would just put on my big shirt and set myself up and put my big shirt on so all you ever saw were two tubes coming out that's all you ever see. Nobody ever saw anything else. It's funny I'm much more exposed breastfeeding than pumping and the pumping just made people uncomfortable. People would walk up behind me and they wouldn't feel comfortable talking to me and that's...yeah...it was much more closed off on the pumping than it seems on the breastfeeding. [Interview, November 21st 2011, p.4]

Another mother, Rosie, had a similar experience with pumping in a bathroom at work. In fact, Rosie learned about this option from another co-worker who was also pumping in a bathroom. What makes Rosie's experience especially interesting is that she is a registered nurse and works in a medical environment. Here she is talking about the sanitary issues of pumping in a bathroom.

When I started there, there was a co-worker there who had just had a newborn and she was pumping in a bathroom. At first I was like 'this is disgusting...sanitary issues' but then um...it's just easier for me to run into the bathroom and do it. So I just make sure that I wash my hands really well and the bathroom is pretty clean. Of course it would be wonderful to have a nice quiet place to pump maybe with a TV and a couch whatever (laughs), I do drag a chair in there. God forbid the day I drop something on the ground (laughs). It's a good thing I'm making super milk. [Interview, February 27th 2012, p.4]

Lack of lactation facilities is not only seen in the working environment but in the public sphere at large. Joy provides a poignant story about breastfeeding in a bathroom while at a wedding. I have asked Joy how this made her feel and this was her response:

Uncomfortable. Time goes by very slowly. It feels dirty. You just kind of wait for it to be over... kind of counting the seconds. I felt upset. I remember nursing in a bathroom at a wedding reception when my eldest was six weeks old. I was all dressed up so I was

tangled up in my clothes on a public toilet seat trying to feed her. I felt like I was missing out on a social event that was happening. And probably because it was so uncomfortable like physically uncomfortable. And uncomfortable in the sense of what if someone needs to use this space while I am in here I am kind of occupying it for something that you know isn't its use. Monopolizing it...the bathroom. [Interview, February 20th 2012, p.3]

Joy's depiction of feeling like she is "monopolizing" a space that is not meant for breastfeeding or pumping speaks loudly to the lack of space for the lactating mother. The public sphere is not set up for mothers to attend to their bodily needs despite how adamant women may feel about their right to breastfeed or pump in public. Furthermore, these mothers' experiences conjured up feelings of "vulnerability," "embarrassment," "nervousness," and an overall feeling of "missing out" on a social event. Joy describes the vulnerability of this experience below.

I always wanted it to feel better than it did. I felt very strongly that it should be ok. That it wasn't a big deal. You know that I should feel ok about it and be successful at it. But, I never was. I was afraid of making other people feel uncomfortable, especially men. I felt vulnerable. Kind of like I had to put on this face that this is no big deal but inside I was nervous. I remember being sweaty a lot. [Interview, February 20th 2012, p.7]

As the above excerpt suggests, in our society women are encouraged to be modest and conceal their breasts to avoid the lurking gaze of strangers. According to Blum (1997) contemporary advice surrounding breastfeeding in public conveys that all mothers can nurse "discreetly in nearly any location" however this type of advice renders the mother "accountable and makes managing the maternal body each woman's individual responsibility" (p.127). Once again, this discourse exonerates society from aiding the lactating mother at all. More importantly, pumping in a bathroom trivializes women's impulse towards independence, self-determination, and self-dependence.

C. SHAMING AND JUDGEMENT

Lastly, I will discuss the shaming and/or judgment that not being able to uphold the moral code of the *good* mother and *successful* breastfeeding can create. Scheff (1988) posits that shaming is the “primary social emotion, generated by the virtually constant monitoring of the self in relation to others” (p.397). Furthermore, shame is not simply predicated on the act of reflecting on our own appearances, but the contemplation of what others think of us. The opposite of shame is pride and pride leads to mutual conformity and respect (Scheff 1988). Thus, when individuals feel shame they are morally excluded.

It is important to note that although the shaming theme did not emerge with all the respondents but emerged among the mothers who were single and/or working mothers. Not only were these respondents able to articulate the shaming they experienced with ease, but some of the mothers expressed judgment towards other mothers for their breastfeeding decisions. This shaming stemmed from *inadequate* milk supply, to being a working mother, to being a single working mother.

For example, Rosie, expressed feeling “annoyed” with mothers who have *inadequate* milk supply. Rosie is a recently married mother of three and a nurse. She feels that if women are experiencing low milk supply it is either of their own doing or misinformation from medical discourse:

You are perfect and your breast milk is the perfect substance for your baby. So I really hate the fact that some women say ‘I just can’t make enough milk.’ That’s just misinformation. I think...I mean I don’t know any women who can’t breastfeed? I think they say that they can’t because they have already relied on other substances. I mean I guess if someone has a double mastectomy and there’s no breast tissue left. I believe that almost the entire population CAN breast feed...the barrier is lack of support, lack of confidence and lack of education. We need ladies to understand; breastfeeding IS hard, but you can do it. Your body

is perfectly designed to breast feed your baby. I would say that the non-breastfeeding mothers that I have had contact with don't have the guilt however. Their physicians have told them things like two weeks or two months, for example, is better than none at all; essentially excusing them from a breastfeeding commitment. [Interview, February 27th 2012, p.3]

Rosie appears to embody the belief that all women can and *should* breastfeed despite the structural challenges she has mentioned. Rosie provides a unique insight due to the nature of her own challenges in motherhood. Rosie has experienced being a single working mother with very little financial support. Yet despite the time and financial challenges she experienced she maintained a *natural* mothering role, which hinges upon, attachment parenting, breastfeeding, co-sleeping, and home birthing. However, she did say that she had to reconstruct her own script of what *natural* mothering is. Her response to how she had to let go of some of her ideals is depicted below:

Oh definitely. I had to let go of a lot things that I hold dear you know my kids started eating chicken nuggets. There was no you know bedtime rituals it was just me trying to get dinner done, my house clean, my homework done. I just couldn't hold onto all the attachment parenting as a single mama and I think it's a much easier thing to do with a partner. [Interview, February 27th 2012, p.3]

Liz, who is a single working Latina mother, believes she is less “motherly” than her sister because she is a single working mom versus a married stay at home mom:

My son really attaches to my sister. I mean he attaches to me...well first of all she's a stay at home mom. She's younger than me and I feel like I act younger than her. Because I still like to go out and have fun and maybe it's because I'm not married I'm sure that's what it is. She interacts a lot with her children and I mean I do too. But she has like instinct and all children like her. But, I don't feel that I have the same as what she does. I think the hardest thing is being judged as a single parent. I don't mean through people I mean mostly through my family. [Interview, February 25th 2012, p.4]

Liz's belief that she is less “motherly” is predicated on the beliefs that stay at home mothers do not work as hard as working mothers. Liz says “I'm tired a lot. And I feel bad sometimes because I feel like she does more with her kids, but then she stays at home so she's

not all worn out” (Interview, February 25th 2012, p.3). Over all, this type of moral judgment among the mother’s was more explicit than I was anticipating.

The single working mothers in my research were all experiencing shame and/or judgment related to financial strain, lack of time, and lack of support in their mothering role thus making the fulfillment of the dominant definition of “good mother” very difficult. In fact, Liz, Jenny, and Heather, all single working mothers, articulated the shame and judgment they felt within the realm of motherhood with more ease than the other mothers who were all married and mostly stay at home mothers. It appears that although contemporary definitions of *successful* parents are transforming, contemporary societal discourse omits single parenthood. For example, Jenny’s story provided a chilling insight about being a single working mother and the lack of support she feels.

I think the hardest thing is, um... (starts to cry) wanting the support from the other person like ‘we’re doing the right thing.’ I think that is what is the hardest. I just had someone say, “you just have a two bedroom apartment it can’t be that hard.” And you want to say um,(starts to cry) it’s not just...it’s you know when you’re cooking you always want that other part to help clean up. When its nighttime there’s not (sobs) anyone to talk about your day with or, “it was really funny when our son did this, or um man that was a hard day but at least we got each other at the end of the day.” So that’s something that is really hard. [Interview, March 10th 2012, p.5]

Jenny feels like she is lacking societal support because she is a single working mother. Although she feels validated in her role as a working woman, as did the other mothers who worked outside the home, she felt lonely and shamed for her social position:

You know what I think society thinks about single mamas? I think society thinks that um you know single mamas did something wrong. Like they did something wrong it’s like there’s a negative thing that goes with being a single mom. Like what is that saying the whole ‘damaged goods’ I think that’s what society thinks when they see single mamas. [Interview, March 10th 2012, p.7]

Jenny was not alone in this feeling. Liz also experienced this same feeling of shame from her aunt about being a single working mother who is currently dating. Her aunt told her “go ahead date him, he is a divorced father and he is good to his two sons, and he has the society you want...need to be in for your son. You wouldn’t have to work.” [Interview, February 25th 2012, p.7]

In sum, the single working mothers interviewed felt shamed for not being able to uphold the dominant discursive position of what comprises a *good* mother: the “breastfeeding Supermom, who is...endlessly self-disciplining...affluent, thin and toned, white, ” and in a nuclear household (Blum 1999, p.183). Despite their inability to fit in, the single working mothers interviewed appeared to feel highly empowered by their ability to provide for their children themselves and did not desire marriage, but rather social support for their life decisions. Importantly, Collins(2000) reminds us that in contrast to the traditional nuclear family ideal, “in which paid work is defined as being in opposition to and incompatible with motherhood, work for Black women [and/or working class women] has been an important dimension of motherhood,” (p.184). Importantly, this is not limited to the African American culture. Segura (1994) posits that women of Mexican origin conceptualize providing for one’s child as an extension of motherhood. Furthermore, it is important to be aware that as of 2010 two thirds of the North American mothers work out of the home making this ascending definition of intensive mothering or *natural* mothering only comparable for a very small portion of the population (Christopher 2012). It appears that although these single working mothers feel validated in their decisions with regard to parenting there is a constant social scrutiny that leaves them feeling shamed and/or judged.

Chapter V

Conclusion

A. SUMMARY OF FINDINGS

Drawing from interviews and personal experience, I have described four overarching discursive themes that emerged from my analysis of the interviews: the moral code that women must contend with, the failing body and the technological self, breaking the seal by merging into the public sphere, and the shaming that can occur from not upholding the dominant discourse of being a *good* mother. These themes work collectively and reveal an overall ideology about motherhood and gender in the current technological late-capitalist society.

Moral discourse was the most anticipated of the four themes that emerged. This finding echoes previous scholarly literature about motherhood and breastfeeding (Blum 1993; Elvin-Nowak et al. 2001; Bobel 2002; Avishai 2007; Miller 2007; Wolf 2007). It is apparent that mothers are encountering a moral discourse to exclusively breastfeed, and much of this is predicated on the current religious, medical, political, and natural discursive positions. However, there appears to be adaptations to the discursive position of what comprises a *good* mother based on the woman's social position. Finally, there is a definitive demarcation between the married stay at home mothers and the single working mothers.

The three mothers who stay at home feel the strongest about their breastfeeding decision and believe it is "God's plan." There is a deeper religious and patriarchal ideology that these women weave into their discourse. However, some of the stay at home mothers experience a lack of accomplishment despite their deep feeling of conviction. For example, Jasmine said that she is "not good" at being a stay at home mother. In fact, she believes that she is not "efficient" and

lacks “flare,” adding that she feels more “useful when I am working than when I am *just* at home because I don’t feel like I accomplished much in a day.” Another stay at home mother refers to her job as taking care of the “detail stuff.” These two mothers embody what society deems a “good mother” and still feel devalued for their efforts.

In contrast, the women who work outside of the home found “empowerment” in their ability to provide for their children. One common phrasing was “independence” or “freedom” in connection to their role as mothers. Also, three of the working mothers mentioned valuing their “children’s independence” whereas the stay at home mothers value “good character.” All the single and/or working mothers rely on a more *village*-like child rearing strategies using relatives, friends, and grandparents to aid in childcare. This type of parenting is what Collins (2000) called “other mothering.” Recall, that other mothering is defined as accepting responsibility for a child that is not one’s own and this, according to Collins, is a foundational component of mothering for women of color and/or working mothers. In fact, two of the mothers interviewed mentioned utilizing “other mothers” to nurse their children when they were gone to work or unable to produce enough milk.

The other interesting discovery within the data was the notion of the failing body and the technological self. The dominant discursive position within medical, scientific, political, and religious discourse with regard to breastfeeding is that it is *natural*; and thus easily accomplished, managed, and an overall enjoyable and yet obligatory experience. However, by defining breastfeeding as *natural* not only does this alienate women who cannot or choose not to breastfeed, it makes the work of breastfeeding invisible (Avishai 2007). Moreover, the notion of breastfeeding being *natural* is culturally insensitive (Wolf 2007). There were three contradictory dimensions that were revealed within this theme: the feeling of failure or being unsuccessful at

naturally breastfeeding, naturally breastfeeding using technology, and lastly the notion of breastfeeding being romantic yet emotionally and physically exhausting.

This notion of the failing body appears to affect the majority of the respondents whether this is from *inadequate* milk supply, *unsuccessful* breastfeeding relationship, and breastfeeding using technology, or not being able to *naturally* give birth. Despite their immense efforts there is an overarching feeling of defeat among the mothers. Several of the mothers describe their experience as new mothers with negative terminology with words such as feeling trapped, or like a failure, unsuccessful, not motherly, unfair, tethered, and one mother said she felt like a “warden on lock down.”

The third theme, “breaking the seal,” deals with the mother’s experiences of breastfeeding and/or pumping in the public sphere. Paradoxically, most breastfeeding advice emphasizes the ease of breastfeeding in public. However, Blum (1999) posits that this infant feeding advice “holds mothers accountable and makes managing the maternal body each woman’s individual responsibility” (p.127). Thus the actual labor of breastfeeding is increased because women have to manage the social act of breastfeeding more discreetly in the public sphere (Stearns 1999). Moreover, several feminist scholars suggest that the aversion to breastfeeding in public reveals a compulsory heterosexuality. Blum (1999) posits that

public breastfeeding disturbs because it violates what I termed compulsory heterosexuality. In other words, while women’s bodies are expected to be sexual and to be displayed, they are expected to signal only sexual availability to men. Breastfeeding threatens the lateral, erotic male-female coded for men (p.128).

Interestingly, the mothers that worked outside of the home appeared to experience the most public scrutiny for their breastfeeding or pumping. These mothers appeared to have tenacity and a public stamina that was either a prerequisite or a consequence of their constant presence in the

public sphere. The findings that emerged from the mothers who worked outside of the home were serendipitous and revealed the challenges that women, inundated with the responsibilities of childcare, must endure. Their descriptions of trying to navigate the public sphere while juggling the constant role of mothering was like watching two worlds collide. Adrienne Rich (1986) so eloquently states that:

The working mother with briefcase was herself, a cosmetic touch on a society deeply resistant to fundamental changes. The public and the private spheres were still in disjunction. She had not found herself entering an evolving new society, a society of transformation. She had only been integrated into the same structures which had made liberation movements necessary. It was not the Women's liberation movement that failed to solve anything. There had been a counter revolution, and it had absorbed her (p.xiv).

Lastly, there was the unexpected theme of shame and judgment that is occurring among the mothers. West and Zimmerman's (2002) ground breaking work in *doing gender* explain that gender is accomplished, reproduced, and legitimized through interactions with others, and furthermore motherhood is central to the feminine accomplishment of gender (Christopher 2012). Thus when women feel they have failed at motherhood, they feel they have failed at the feminine accomplishment of being a "good woman."

My objective within this research has been to broaden the understanding of motherhood through the cultural lens of breastfeeding. I have attempted to reveal the stories of these women to unveil the challenges which with mothers contend. There appears to be an overall lack of empowerment among these mothers in their accomplishments, and this appears to be measured by the ascending discursive definition of what it means to be an intensive, *natural*, or *good* mother.

Rich (1986) posits that for centuries women have been perceived as *pure nature*; exploited and estranged from their feminine potential. In other words, it is not the experience of

motherhood that stifles and annihilates women but the social construction of the institution of motherhood. It is not that the experience is *good* or the institution of motherhood is *bad*, but rather the potential that constructed meanings have can negatively affect women's freedom and agency. Throughout this research many contradicting discursive dimensions emerge: nature *versus* technology, private *versus* public, pride *versus* shame, and the ever present notion of the good *versus* bad mother. Overall, there appears to be a highly contradictory sphere that mothers reside in that further complicates the mothering experience.

These contradictory discursive dimensions are not new. The *natural* mothering discursive position, albeit different from the 1960's subservient white middle-class housewife, still accommodates patriarchal visions of mothers by reifying women as primary caregivers because their lives are dictated by nature. Bobel (2002) posits that *natural* mothering, consistent with its historical tradition of female moral reform, is simultaneously rebellious and obedient, it resists, but not too much. More importantly, *natural* mothering reinforces racialized and classist views of women wherein breastfeeding is the marker of privileged motherhood (Avishai 2007).

B. CONCLUSION

My intent is not to discourage breastfeeding; in fact I am an advocate of un-medicated birth and breastfeeding. However, I think it is crucial to reveal the political and power laded agenda that is embedded in our current social structure with regard to how motherhood is institutionalized. Rich (1986) posits that the repossession by women of their bodies will bring the most powerful essential change needed for human society. Revealing the inherent contradictions of these mothers' discourse may allow more women to view themselves as the expert of their own bodies, untethered by political, medical, or patriarchal notions of what they *should* do.

In sum, breastfeeding can be understood as an empowering and gratifying experience for women, one that confirms a woman's power to control her own body and challenges medical discourse. Furthermore, nursing babies at the breast, in public specifically, may force a public reevaluation of caregiving and the overall view of the female capacity of women (Blum 1999). Yet the celebration of breastfeeding can also "reinforce essentialist tendencies within gender discourse," and the understandings surrounding it have the "potential to shape new restrictive subject positions for women" (Wall 2001, p.593).

Importantly, this research reveals that there is a highly paradoxical world that mothers live in, sentimentalized and devalued at the same time. By giving a voice to the tension and the contradiction within maternal life I hope to reveal the difference between the experience and the institution of motherhood. I hope this research can contribute to how society views motherhood complete with its love, ambivalence, contradictions, joy, and grief.

C. POLICY IMPLICATIONS

As mentioned above my intent is not to critique the social phenomenon of breastfeeding but rather to reveal the societal constraints that mothers contend with based on the current public policies and the discourse surrounding motherhood and breastfeeding. Public policies have an irrefutable effect on families. They regulate the circumstances of employment, define welfare eligibility, supply education and health services, and define the responsibilities of parents. However, public policies are also a source of social stratification based on race, class, sexual orientation, gender, and more importantly for this study motherhood. I strongly believe that there are some policy implications that have emerged from this research: the need for an expanded

family medical leave (FMLA), incorporation of lactation facilities, and increased legal and social support for public breastfeeding and/or pumping.

The first policy implication is the need for an expanded FMLA in the United States. Manuel (2006) posits that the current FMLA only covers businesses with fifty or more employees, thus only “half of all U.S. workers and the leave is unpaid” (p.188). Furthermore, an estimated 10% of all FMLA recipients must lean on public assistance to compensate for the financial strain they undergo during this process. Among the respondents, a third mentioned utilizing other funds after the birth of their babies because FMLA was not an option. These women utilized disability leave, vacation, and sick pay to encourage a breastfeeding relationship, although it is important to note that this was only accomplished by the married mothers

The most explicit policy implication within this study was the overwhelming need for lactation facilities within the work place. President Obama recently signed the Patient Protection and Affordable Care Act on March 23rd 2010. This would amend the Fair Labor Standards Act (FLSA) of 1938 that employees provide break time for employees to express breast milk for up to one year after the birth of a child (National Conference of State Legislators, 2011). Thus increasing the number of lactation rooms in the public sphere for women to express breast milk. However, this new amendment to the FLSA, like the FMLA, is only for companies with fifty or more employees.

Lastly, and possibly the most important, is the need for legal protection for mothers for breastfeeding and pumping in the public sphere. Although it is legal in forty-five states to breastfeed an infant in public, it is framed quite negatively within the political arena. For instance, ABC.news.com aired a story about a woman who was shamed in a Target store in Webster Texas for nursing her infant. The mother was surrounded by eight employees who

“rolled their eyes” and gave her “dirty looks” (abc.news.com, 2011, p. 1). Although this woman had legal right to breastfeed, she experienced a stigmatization for doing exactly what society has encouraged her to do.

In sum, there definitively needs to be an expansion and further research in the arena of family policy with regard to new parents; specifically with FMLA, lactation facilities, and legal and social support for nursing in public. Although there is some legal protection for new mothers’ breastfeeding in public, it is far from being exhaustive. Furthermore, Blum (1999) posits that those who are caring for the old, the ill, the disabled, or for infants and children, “must be considered worthy of resources without having to disparage an *othered* undeserving group for moral justification” (p.181).

D. STUDY LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

In addition to the policy implications, I would also like to introduce a few limitations to my study and directions for future research. The primary limitations of this study include a need for an intersectional perspective and deepened understanding of these discursive positions via a mixed methods study. In addition, there are three areas that I would like to highlight for future research: adding spouses and/or other family members to the interviews, exploring inadequate milk supply and postpartum depression, and the relationship between birth and breastfeeding.

The primary limitation to this study is the need for an intersectional perspective. I will briefly define intersectionality and then describe why it would complement future studies of motherhood and breastfeeding. Intersectionality was coined by Kimberle’ Crenshaw in the late 1980’s but can be historically traced back to the writing of W.E.B. Dubois and Anna Julia Cooper as well as other late nineteenth century African American scholars (Murphy, Hunt, Zajicek, Norris, and Hamilton 2009). Intersectionality can be defined as “the relationships among multiple

dimensions and modalities of social relationships and subject formations” (McCall 2005). In essence, intersectionality seeks to evaluate how social categories such as race, class, and gender interact on multiplicative levels.

Sociological research has established that mothering practices are reflections of class inequality and culturally based values and beliefs (Blum 1999). Motherhood is affected by a wide range of inequalities. However, while cultural explanations color the relationship between breastfeeding and motherhood they do not identify structural constraints. Importantly, it is critical to understand that societal problems do “not occur in a vacuum,” moreover, “they are influenced by interacting inequalities” (Murphy et al 2009, p.57). By employing this perspective one can capture the challenges of breastfeeding and ascertain the complexity of inequalities that can occur within motherhood.

Hence, intersectionality would complement critical discourse analysis in significant ways to deepen the analysis of the ideological and moral meaning of breastfeeding illuminate the contradictory dimensions within motherhood and breastfeeding, and provide social change (Murphy et al 2009).

Second, future research would benefit from a mixed methods approach to better understand the meaning and pervasiveness of the dominant discourses surrounding motherhood and breastfeeding. Mixed method has the potential to not only incorporate the intimacy of qualitative research but add the ability to compare and contrast across cases and focus on the contextual factors that affect breastfeeding (Charmaz 2006). Furthermore, quantitative methods can be used to determine the range and extent of contextual features within a text, multiple text, or political and medical discourse.

Finally, this research highlights other salient areas in need of further research. As I mentioned earlier, I utilized the inductive method of grounded theory to allow the themes to emerge on their own (Charmaz 2006). From this process four dominant themes emerged: moral discourse, technology and the failing body, breaking the seal, and shaming. However, there were additional insights that were very interesting but did not earn their way into the research findings. Among these were: the untapped resource of partners, inadequate milk supply and postpartum depression, and the correlation between birth and breastfeeding.

Throughout the interviews the mothers spoke heavily of the influence of their partners, midwives, medical personnel, and lactation consultants. Incorporating the perspectives of these influential people creates the potential to illuminate on how the mothers' immediate social support, or lack of, affect their experiences. Furthermore, the breadth of knowledge that midwives and medical personnel could provide is a highly untapped resource for the study of breastfeeding and motherhood.

Another intriguing element within medical discourse surrounding breastfeeding that spiked my interest: was the notion of inadequate milk supply mentioned by several respondents. Even the term inadequate milk supply speaks to the belief that scientific facts "are not fact but culturally grounded statements of an underlying ideology" (Martin 1987, p.169). The connotation could be described as low milk supply, but it is not. This reveals the contradictory nature within medical discourse that, for one, all women can and should breastfeed, and secondly, that when they cannot their milk supply is *inadequate*.

Next, the social phenomenon of postpartum depression merits further research as well. Joy revealed in her interview that there were two drugs, Domperidone and Reglan, which new

mothers can take to increase lactation. Joy explained that Domperidone is not administered within the United States and she had to order it from Canada. When I inquired further about these two drugs I learned that they are both dopamine blockers, which can cause symptoms of depression. Although this was beyond the scope of this paper I believe that both of these examples merit further research.

Finally, I am very interested in the correlation between birth and breastfeeding with regards to the empowerment of women. The birth of an infant embodies one of the largest political debates of our time regarding; birth control, abortion, cesarean section, etc. Although birth can be seen as a highly empowering experience it is also complicated with medical discourse, technological advances, and patriarchal notions of how the female body *should* perform. For example, some of the respondents mentioned a connection between their birth experience and their belief in their *ability* to breastfeed. One woman said that she felt like she had failed at giving birth naturally so why even try to breastfeed. Another woman mentioned feeling empowered by her birthing experience and just “knew” that she was going to breastfeed after that. In this context, Rothman (1989) posits that birth is not just about making babies, it is also about making mothers—strong, capable, competent mothers who trust themselves and know their inner strength. Investigating how mothers attach meaning to their birthing experience could provide a highly enriched understanding of the politics of the female body.

In sum, I believe that the understanding of motherhood and breastfeeding could be expanded and enriched by incorporating an intersectional lens and a mixed methods analysis, interviewing family members and medical personal, exploring the discourse of inadequate milk supply, examining postpartum depression, and the relationship between birth and breastfeeding. Addressing these topics will aid in the understanding of reproductive experiences and the

meaning of breastfeeding for all individuals in attempt to dissolve the symbolic boundaries that constrain mothers; thus providing a voice to the contradictory dimensions of maternal life.

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I. APPENDICES

A. Informed Consent and Open-ended Interview Guide

Open Ended Interview Guide:

The interview script will begin with the following:

Implied Consent: Before we begin, I would like to thank you for participating in this interview and for your willingness to be part of my thesis research on the meaning of breast feeding for new mothers. I also want to confirm that you can receive a copy of this interview in digital audio format for your own use if you would like to have a personal copy. I would also like to inform you that all information you give me will be kept confidential to the extent allowed by law and University policies. Your name, address, and other identifying information will not be used in any form. Your age, pseudonym, will be the only identifiable information recorded. Any names mentioned during the interview will be omitted from transcription as part of my attempt to provide confidentiality (e.g., names of children, co-workers, family members). While there are no physical risks involved in this research, this interview will cover topics that may cause some emotional discomfort. I want to confirm that you realize that you can stop at any time and choose not to participate and there will be no penalty for choosing to do so. Finally, if you have questions or concerns regarding this study please contact my project supervisor, Dr. Anna Zajicek at 479-575-3205. If your concerns are not addressed via Dr. Zajicek or if you have any questions regarding your rights as a research subject, please contact the U of A Institutional Review Board at (479) 575-3845.

Data Collection Instrument (Interview Guide):

Below are a general set of questions that will be asked. However, the interviews will be conducted as open ended and participants will be allowed to expand on any topic related to their participation.

- 1) Let's start with your age and how long you've been a mother?
- 2) Are you married, if so how long have you been married?
- 3) How many children do you have?
- 4) Do you or have you breastfed any of your children? If so how long?
- 5) Did your mother breastfeed?
- 6) Do you work in or out of the home?

- 7) I would like to hear about your experiences here at home. Can you walk me through a typical day as a mother?
- 8) What do you find most rewarding about your experience as a mother?
(If breastfed: What do you find most rewarding about your experience as a breastfeeding mother?)
- 9) What do you find most difficult about motherhood?
(If breastfed: What do you find most difficult about being a breastfeeding mother?)
- 10) What would you say are the main challenges of being a mother? (if breastfed: What would you say are the main challenges of being a breastfeeding mother?)
- 11) What things do you think are least understood about being a mother? (if breastfed: What things do you think are least understood about being a breastfeeding mother?)
- 12) How do you cope with motherhood? (if breastfed: How do you cope with breastfeeding?)
- 13) If someone were considering breastfeeding what advice would you give them?
- 14) Do you think breastfeeding is 'natural'?
- 15) What do you like best about breastfeeding? What would you change if you could?
- 16) What do you think being a 'good mother' means?
- 17) Is there anything you would like to add that we didn't cover?