



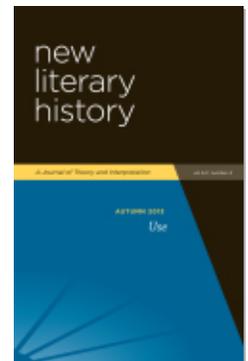
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Things (Not) to Do with Breasts in Public: Maternal Embodiment and the Biocultural Politics of Infant Feeding

Bernice L. Hausman

THE AUGUST 2006 *Babytalk* magazine cover sported a fat-cheeked bald baby, looking up with blue eyes, mouth latched onto a breast (Fig. 1). Inside, a "special report" about breastfeeding concerned "Why Women Don't Nurse Longer," including in its discussion "negative public attitudes" as well as "nursing problems," "work hassles," "time commitment," and "perfectionism" as reasons why women never breastfeed or give it up after a short time. The report comments on a study published in the *Journal of the American Dietetic Association* that "found that 57 percent of those polled said that women should not have a right to breastfeed in public. And a whopping 72 percent said that it is inappropriate to show a woman breastfeeding on TV programs." Ironically, responses to the August 2006 issue demonstrated precisely this point—that Americans do not want to see breasts in public. The magazine received more than 700 letters, "more than for any article in years," according to *Babytalk's* editor.¹ Even though the article goes on to state "Don't let anyone make you feel you can't nurse your baby," it is clear that public response to the magazine itself reiterates the perspectives discussed, and criticized, within it.²

Mothers interviewed about the cover—even those mothers generally supportive of breastfeeding or who had breastfed their children—suggested that breastfeeding in public was difficult or inappropriate because of the possibility of exposure. One woman stated to a reporter, "I don't want my son or husband to accidentally see a breast they don't want to see."³ Apparently breasts do not even belong on the cover of a magazine devoted to babies. And the report's enlarged statement, "A baby who breastfeeds for only three or four months may still get a year's worth of protection from ear infections," is accompanied by a photograph of a baby bottle (Fig. 2).⁴

That an article devoted to supporting breastfeeding sports a prominent image of a baby bottle is not as odd as it might initially seem. Breasts and bottles share a dialogic relation. Baby bottles are the iconographic



Fig. 1. Reproduced by permission from the August 2006 issue of *Babytalk* magazine.

representation for infant feeding in most of the developed world. Indeed, recently breasts have come to be seen as the superior yet fickle equipment possessed by women to feed their babies. Breastfeeding itself has become a fetishized technology that operates to alienate women by being both idealized and difficult to accomplish. Modernization has enhanced the advantages to women who enter into public sphere activities without the encumbrance of nursing infants and children; it is no wonder that, worldwide, the abandonment of breastfeeding can be correlated with the social transformations of industrialization.

In the United States, the government has just concluded a public health campaign to increase the rates of breastfeeding initiation and duration. Yet there seems to be a general proscription against images of lactating breasts, however much the U.S. government and public health authorities seem to encourage women to breastfeed. This failure to imagine breastfeeding suggests a disavowal of women's specific embodiment as mothers. There is an explicit connection between this disavowal of breastfeeding and the public mystifications concerning

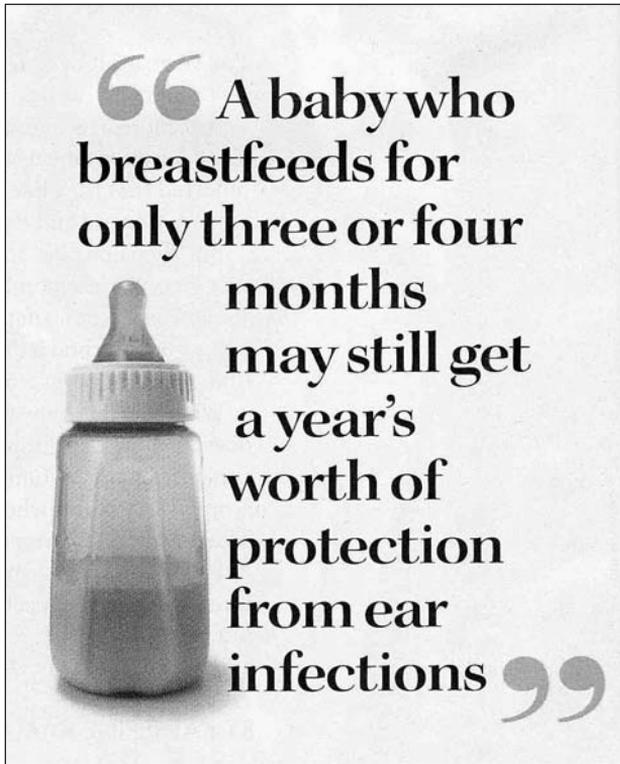


Fig. 2. Reproduced by permission from the August 2006 issue of *Babytalk* magazine.

infant feeding that stress its difficulty, the numbers of women for whom it is impossible, and the importance of medical oversight for all aspects of infant care and well-being.⁵ Part of this connection is made through technologies of infant feeding—bottles, pumps, nipple shields, and so forth—which operate symbolically and also in practice to mediate social anxieties concerning women’s proper behavior as mothers.⁶ Indeed, not being able to visualize or represent breastfeeding is related to a need to establish and maintain control over mothers, imagined themselves as irresponsible and unreliable, by managing their relation to their infants through technology.⁷

In this article, I offer a biocultural analysis of public representations of breastfeeding, identifying underlying social conflicts that infant-feeding controversies mask. Among breastfeeding scholars and activists, “biocultural” usually indicates an anthropological approach that incorporates evolutionary ideas concerning development and adaptation. Patricia Stuart-Macadam, a coeditor of *Breastfeeding: Biocultural Perspectives*, defines what she calls the “biocultural synthesis” with respect to breastfeeding:

“Breast milk and breastfeeding have become intricately linked to physiological processes and health and disease patterns of both mothers and infants. Alterations of this age-old pattern can have profound implications for the physiology, growth and development, and health of human infants and children as well as for the physiology and health of women.”⁸

This “biocultural” perspective is really a strategy that inserts the biological perspective back into a realm or a conversation where it is perceived to have been absent or ignored. In some ways, Stuart-Macadam’s claims are part of an argument within anthropology, fought between the cultural and physical anthropologists concerning the relative role of each aspect of human behavior in the whole equation. But it is also an argument about breastfeeding in a cultural context within which the biological significance of the practice has been effaced through modernization and the successful commoditization of infant foods. Even though current public health promotions rely on a medicalized rhetoric concerning the biological benefits of breastfeeding, these efforts fight against a hegemonic cultural system that subordinates such benefits in relation to other values. The fact that public health promotions of breastfeeding help increase rates of initiation more substantially than rates of long-term nursing suggests that biological discourses can only do so much to support breastfeeding as a maternal practice.

If the traditional biocultural approach to breastfeeding emphasizes a need to take account of biological facts from within an evolutionary perspective, my version of biocultural analysis attends to biological and cultural narratives of lactation as constructions of maternity that together produce diverse rhetorical and material results. This shift in emphasis means a focus on the ways in which biological and cultural arguments about breastfeeding are discursive strategies, at the same time addressing the biological as something more than just a strategy of representation. Nevertheless, biology is not treated as “truth”: bioculturalism in this instance takes from the anthropological debates an insistence on recognizing the biological as crucial to human experience and understanding, but refuses the emphasis on biology as a kind of “bottom line” register of meaning about the body and its practices. Biological understanding is integrated with cultural analysis, perception, and experience. Analyzing breastfeeding from this kind of perspective brings attention to social norms of male embodiment, the role of technology in mediating social anxieties about mother’s bodies, and the ambivalent cultural impacts of the medicalization of infant feeding.

I focus my analysis on three different representational domains, each of which engages in presenting, promoting, or examining breastfeeding in contemporary American culture: television programs and other mass media forms, the U.S. Department of Health and Human Services

(DHHS) 2004 National Breastfeeding Awareness Campaign (produced in part by the celebrated Ad Council), and feminist scholarship and activism addressing breastfeeding. In each domain, the same controversies circulate—for example, the physical difficulties of breastfeeding, whether breastfeeding in public is appropriate, how much breastfeeding contributes to health, or whether breastfeeding necessitates a technological apparatus to insure success. These debates really concern maternal responsibility and sexuality: the “problem of breastfeeding” is really another problem, namely the one initiated by women’s attempts to enter into public life *as women*, with all the attendant difficulties of asserting equality and difference simultaneously and of challenging reigning public norms about women’s proper place.

It makes sense that breastfeeding is an activity that draws repetitive attention to its contradictory and overly politicized meanings. After all, it is a biological function of the female parturient body that nevertheless requires significant cultural support. Breastfeeding is a biosocial practice that marks women as unique and encumbered; as such it is an activity that, at least historically, has been a public target of equity feminism. But replacement feeding is not a solution to the problematic social meanings of breastfeeding, nor does it ameliorate the uneven demands on women as mothers, although it does ease some maternal burdens. Infant feeding in any form is always an embodied activity, and the compelling questions raised by breastfeeding controversies concern how women themselves are imagined in these debates. Breast versus bottle is very much beside the point—breastfeeding controversies are about women’s rights and their empowerment as mothers, and, as a result, public representations of infant feeding always concern the politics of maternal embodiment. Feminist scholars, especially, should pay attention. Biocultural analysis is one way to cut through the obfuscations of current controversies over breastfeeding and women’s roles and to see how the cultural focus on women’s bodies out of place is a commentary on women’s freedom.

Technologies of Infant Feeding and the Missing Maternal Breast

“Mother’s Milk,” an episode of *Law and Order* in 2000, concerns an anxiety about breastfeeding and infant death that seemed to emerge forcefully in the 1990s.⁹ In the television show, a white teenager, perhaps irresponsible and uncaring about her infant, tries to breastfeed, but her baby dies of starvation. These facts, of course, are arrived at through the tortuous plot twists that are the signature elements of the show. In her trial, the young woman’s lawyer effectively cross-examines a lactation

consultant to demonstrate the rigidity of breastfeeding advocates' zealous support for maternal nursing. The lactation consultant is portrayed as unfeeling and unable to perceive her teenaged client as anything other than unwilling to "put in the effort" to be successful at breastfeeding. During closing statements at the trial, the defense lawyer displays a number of infant-feeding technologies as a way of representing to the jury the difficulty of making decisions about and carrying through with the actual practices of infant feeding in the modern context.¹⁰

Looking at and handling the items on the defense table, the defense lawyer begins her closing remarks with the following statement: "Hand pumps, electric pumps, bottles, formula, nipple confusions. Imagine how frightening it must have been for a young woman to have that kind of responsibility, your honor. Her husband at work all the time, no family around to help her, to teach her. She was isolated. And the few people she did reach out to only made her feel more inadequate as a mother than she already did."¹¹ The lawyer represents these infant-feeding technologies as confusing to the young defendant, so much so that all infant-feeding methods are represented as impossible to manage. In the general presentation of the case, breastfeeding is a practice enacted between two forms of knowledge: *expert knowledge*—which is under the purview of the lactation consultant and unseen clinic nurses and dispensed punitively toward the young woman who is an ignorant consumer of the information—and *lay knowledge*, in this case mediated by the array of technological options. The confusion that results from conflicts within this power/knowledge nexus contributes, at least in the defense attorney's closing statement, to infant death. The feeding technologies are challenges to the mother's responsibility at the same time that they represent the difficulties of that responsibility. It is almost as if the technologies demand a certain responsibility themselves, which is only secondarily related to the child's welfare.

There is nothing more highly charged than bringing infant death into a discussion of breast or bottle-feeding—dead babies raise the stakes of any debate. Figuratively behind the technologies on the defense table is the dead baby. Getting infant feeding right is not only a responsibility of motherhood (a notion reinforced by the judge in the show), but also a technical project to ward off death. Breastfeeding itself is never portrayed, or only portrayed through the technologies understood to facilitate or complicate it—breast pumps, bottles, rubber nipples. To argue that the female protagonist is not responsible for the infant's death, she must be made the victim of the complex and difficult technologies meant to aid her experience as a mother. This is typical of representations of white women's difficulties with breastfeeding. Black women are more likely to be thought negligent as mothers and thus culpable in their actions

without the intervention of experts who misunderstand the difficulty of mothering. Black mothers, in other words, are represented publicly as being quite capable, all on their own, of negligently causing the death of their infants, while white women are portrayed as inherently well-meaning and thus needing to be misled by experts in order to inflict the same damage.¹²

As the case boils down in the last few minutes of the show, we have a standoff between maternal responsibility and the multiple technologies that victimize women. Maternal responsibility wins out, as the judge intones that mothers are still primary caregivers and thus the figures who are, in fact, responsible for dead babies. This outcome is facilitated by the fact that the woman is young; rather than aiding a defense of her innocent ignorance, the story capitalizes on the public demonization of young mothers as irresponsible and uncaring. But the story of the *technology* as a daunting array of options that only confuses new mothers and makes feeding babies dangerous is what concerns me here. Breastfeeding as a method of infant feeding is negated as an aspect of the woman's defense—it is never represented visually and discussions of its material practice are limited to the testimony and cross-examination of the lactation consultant, who is presented as a woman who is invested in breastfeeding as an ideal but inattentive to the reality of the mother's actual experiences of nursing. Breastfeeding is not presented as a meaningful embodied activity; its significance is displaced onto technological apparatuses and discourses of clinical breastfeeding support.¹³

Why is breastfeeding not shown? To answer this question, we need to study more than the real-life instance of the *Babytalk* cover with which I began this article. It turns out that the problems in envisioning women breastfeeding are widespread in American culture. Even in contexts where we imagine that showing maternal bodies would be crucial to a positive message sent about breastfeeding—such as a U.S. government public health promotion campaign—breasts do not make an appearance. Sentimentalized pictures of women nursing do occasionally appear in some of the materials of the campaign, but in its most public documents—posters and public service announcements—breastfeeding itself is absent.

In June 2004, a social marketing campaign to promote breastfeeding, sponsored by the DHHS and developed by the Ad Council, was launched. The campaign was unveiled after months of internal wrangling about the way the message to breastfeed was portrayed in relation to biomedical research about the benefits of breastfeeding and the risks of formula feeding.¹⁴ Video public service announcements, radio spots, a billboard ad, and a set of posters also published as newspaper advertisements articulated the campaign's central message concerning the risks of not

breastfeeding. The campaign's signature line was "Babies were born to be breastfed."¹⁵

While the video public-service announcements ridicule bad maternal behaviors that pregnant women should avoid—riding mechanical bulls, participating in logrolling contests—as a way of encouraging mothers to think of not breastfeeding as a similarly risky behavior, the posters generally play with imagery that mimics the circular symmetry of breasts (Fig. 3). Each poster identifies a specific health risk reduced by breastfeeding. Yet breasts are not themselves in any of the posters. In one poster reproduced here, two otoscopes are shown, with information about how breastfeeding helps infants avoid ear infections; in another, there are two ice cream scoops topped with maraschino cherries and the information that breastfeeding may reduce the risk for childhood obesity (Fig. 4). A third poster (not reproduced) shows two dandelions and includes a statement concerning breastfeeding and the avoidance of respiratory illnesses in infants.¹⁶

In these posters, it is not clear *how* babies get breastfed, since it is an activity involving body parts—indeed, persons—not represented. The final poster in the series, also used as a billboard, uses only white words on a dark gray background, presenting the campaign's signature line, "Babies were born to be breastfed" (Fig. 5). It is not an encouraging poster, and there is nothing fanciful or playful about it (arguments one could make about the other posters in the series). Indeed, the poster seems rather chilling, as its message is imperative, impersonal, and visually stark.¹⁷

The DHHS Web site, which offers more materials for the National Breastfeeding Awareness Campaign, contains extended information about breastfeeding, including medical evidence of its biological benefits and practical information about its practice.¹⁸ Yet there are still few breasts on the Web site. In fact, the only pictures of breasts I found there are cartoon representations of nipple types and breast anatomy. There are mothers and babies represented in other parts of the Web site, especially in the downloadable "Easy Guides to Breastfeeding" (one general guide and one targeted to African American women), but there continue not to be *breasts* represented anywhere. And most pictures of mothers and babies breastfeeding hide the breast with the baby's body. There is one cartoon of proper latch that shows more of the breast than any other picture, but the cartoon is drawn in such a way that one only knows it is a breast because of the context.¹⁹

It is reassuring to many women that breastfeeding does not mean exposing one's breasts publicly; the controversy over the August 2006 cover of *Babytalk* made this clear. Yet this lack of breast representation demonstrates not only an ongoing prudery about female bodies (as opposed to the overly sexualized presentation of breasts everywhere



Fig. 3. National Breastfeeding Awareness Campaign, Department of Health and Human Services Office on Women's Health and the Ad Council. Reproduced by permission.

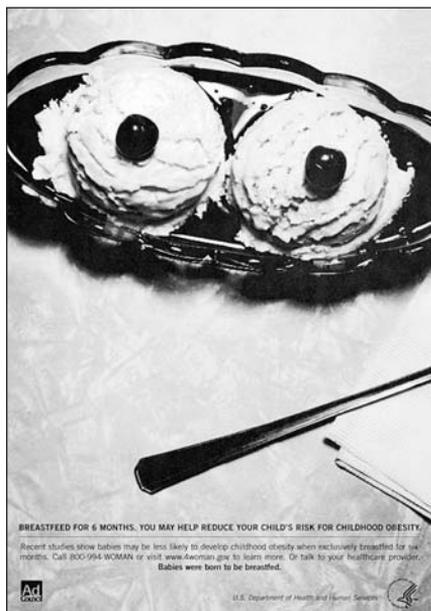


Fig. 4. National Breastfeeding Awareness Campaign, Department of Health and Human Services Office on Women's Health and the Ad Council. Reproduced by permission.

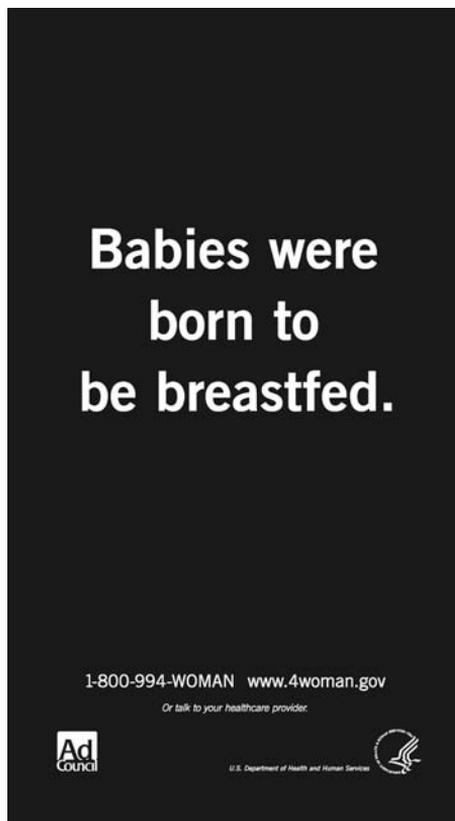


Fig. 5. National Breastfeeding Awareness Campaign, Department of Health and Human Services Office on Women's Health and the Ad Council. Reproduced by permission.

else), but also a reluctance to acknowledge that handling, looking at, prodding, squeezing, exposing, and otherwise practically manipulating one's breasts is a part of breastfeeding as a material practice. One knows one's breasts through breastfeeding differently than other experiences of breast management or manipulation—looking for lumps, during sex, or while trying on brassieres. I want to reiterate here that these pictures of breasts—the ones demonstrating types of nipples and breast anatomy—are cartoons; real breasts will only approximate them. It is also important to note that three of these exist in order that women compare their own breasts and nipples to determine if their own breasts are formed anomalously. The exposed nipples on the DHHS Web site to promote breastfeeding primarily concern normative evaluation: the Web site asks viewers to consider whether their breasts are normal and offers information about what to do in case they are not.²⁰

In any promotional endeavor in which there are a variety of stakeholders, responsibility for the outcome is diffuse. Breastfeeding advocates and public health workers are not more prudish or misogynistic than others in the culture. One can argue that the lack of breasts in the public service announcements, the posters and print ads, and in the information on the government Web site is due, at least in part, to the success of feminist sexual harassment education and law. Some institutions will not represent real breasts in breastfeeding advocacy; others resist even ice cream scoops with maraschino cherry nipples.²¹ Many women, and men, are uncomfortable with the possibility of breast exposure when a woman nurses in public.

This discomfort is both cause and effect of the promotion of breastfeeding that does not represent breasts and demonstrates a cultural problem that clearly influenced the first breastfeeding promotion campaign sponsored by the U.S. government in almost 100 years. Because the campaign was developed as a result of extensive marketing-type research and the use of focus groups, it seems to represent a cultural consensus about breasts in public, contributing to the very hesitations concerning breastfeeding that the campaign itself attempts to combat. The response to the August 2006 *Babytalk* cover, along with the evidence of the National Breastfeeding Awareness Campaign itself, seem to indicate low tolerance for breasts in public.

Yet understanding the cultural consensus that lends credence to certain decisions of the promotion campaign is important, in part because feminist analyses of breastfeeding have tended to approach advocacy suspiciously, and often found fault with the kinds of ideologies that seem to make their way into advocacy materials. It is very easy to critique the National Breastfeeding Awareness Campaign's posters for promoting breastfeeding in the absence of actual breasts. It is harder to consider the conditions, debates, disagreements, and compromises that led to these kind of representations. This is not to say that it is not important that there are no breasts in this campaign; rather, I am arguing that it is important to understand the conditions for producing such a campaign, if only to know how one might be able to identify how diffuse or widespread the particular meanings conveyed through the posters really are.

There was a concerted effort in this campaign to address the perspectives of low-income women and others less likely to breastfeed initially or continue for at least six months—that is, not college-educated, professional women who represent the demographic group most likely to initiate breastfeeding and continue for some months. Women who are more likely to be supervised by the state and who have less social power to enforce their maternal practices publicly may be more circumspect and careful about exposed female bodies in public spaces. Yet Suzanne

Haynes, senior research scientist at the DHHS Office on Women's Health, argues that while there is a perception that Americans are opposed to breasts in public, most actually feel good or neutral toward public breastfeeding.²² How do we square this information with the fact that the breastfeeding awareness campaign was developed in conjunction with marketing research and the use of focus groups—the very tools used to determine what people actually think about a particular activity or situation?

Frequent, sensationalizing news stories about public nursing or exposed images of maternal breasts demonstrate, in the least, an ongoing cultural controversy around breasts in public spaces. The controversy builds support for a negative consensus around public breastfeeding, largely because the minority view is what gets the most exposure in the media. The desire not to offend or to challenge perceived public mores ends up holding sway, even if, when pressed, most people do not really mind if women nurse in the park or at the mall. Yet the end result is a public health campaign that reaffirms, and thus enforces, a conservative view about breasts and breastfeeding, contributing to a cultural consensus that may not, indeed, represent public views generally.

Are Mothers Persons?²³

In *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States*, sociologist Linda Blum argues that current attempts to promote breastfeeding encourage the disembodiment of mothers, largely through the promotion of breast pumping as the answer for mother-infant separations due to maternal employment.²⁴ Is promoting and representing breastfeeding without showing human bodies, or even breasts, an indication of a disembodiment already accomplished? Breastfeeding under the requirement that one's breasts never show—an implicit condition of a campaign that promotes breastfeeding without ever showing breasts—is problematic, to say the least. Using one's body in a culturally anomalous fashion is difficult enough, but to have breastfeeding promoted by medicine and the government with the social stipulation that one must not appear to be doing what one is doing is a tall order indeed.

The denial of the embodied requirements of breastfeeding is supported by culture, law, and customs. In the United States, pregnancy and childbirth are accommodated through generalized norms of male embodiment, in the terms of the Pregnancy Discrimination Act, which amends Title VII of the 1964 Civil Rights Act.²⁵ The Pregnancy Discrimination Act refers to treatment of pregnant, employed workers and, among

other provisions, the act forces employers to treat pregnant workers the same as other temporarily disabled workers. The lack of specific maternity legislation and particularly legislation mandating uniform maternity-leave laws contributes to a legal situation in which breastfeeding, pronounced by the U.S. government as the preferred and recommended method of infant feeding in the National Breastfeeding Campaign, is not supported by law. There is no federal provision to mandate lactation rooms or breastfeeding breaks for women employed outside the home, even though international law since the early part of the twentieth century has included provisions for nursing mothers.²⁶

Another pertinent issue here concerns provisions for mothers who breastfeed in public spaces. Breastfeeding in public has become an activity that women must argue into the law, on a state-by-state basis, as not obscene, thereby demonstrating that forms of female embodiment naturally following pregnancy and childbirth must be articulated as legal activities in a concerted way to make them practicable in the public sphere. *Babytalk* magazine now has a downloadable "License to Breastfeed" that offers information about the legal status of breastfeeding in a variety of states and is formatted to hand to those who might hassle nursing mothers.²⁷ The need to argue breastfeeding into the law as not obscene, as well as the existence of individualized projects like "License to Breastfeed," demonstrates the widespread belief that exposed breasts in public are always sexual in their meaning, and that the practice of breastfeeding in public always signifies in this way.²⁸ An alternative to the sexual meanings of breasts in public, insistently articulated by breastfeeding advocates as their nurturant meaning, has not achieved a cultural consensus.²⁹

It is difficult to analogize breastfeeding to norms of male embodiment because male bodies do not generally produce nourishment for other dependent beings. The norm of autonomous personhood is that of male persons who engage in public commitments, waged labor, and civic responsibility on the assumption that other persons, not specified and not in attendance, are taking care of their children. As sociologist Sharon Hays has argued, conflicts within conceptions of citizenship over responsibility toward others and self-reliant autonomous independence are played out, currently, on the bodies of poor mothers.³⁰ All mothers suffer currently as a result of an incomplete public understanding of how maternal embodiment, figured most prominently through breastfeeding, challenges the national belief in autonomy as the hallmark of adult citizenship, although mothers also suffer differentially in relation to their social status, ethnoracial identity, and economic resources. Breastfeeding mothers need proximity to infants and social accommodation for their practical embodied requirements (places to nurse, change babies, and rest), financial support for maternity so that dependence on individual

men is not a condition for breastfeeding success, and general acceptance of infants and toddlers in places where adult women engage in work, civic activity, and social intercourse. Each of these provisions would encourage real independence for women as mothers, even as they all promote the acceptance of women and children together as interdependent persons. Each of these provisions depends on accepting the specific embodiment of mothers as different from that of men, based on the figuration of breastfeeding as one way to conceptualize maternal embodiment and its requirements.

Breastfeeding is a practice. Representing it as such distances maternal nursing from the romantic, sentimentalized ideal that is sometimes portrayed in breastfeeding promotion materials. Some feminist scholars argue that breastfeeding is best discussed as a form of labor (that is, the “work” of mothering).³¹ Yet representing breastfeeding along the lines of an economic model seems like another way of arguing that women work just as men do—in other words, that women are essentially the same as men. Discussions of maternal practice involve detailing and interpreting the concrete activities of mothers (such as cooking, feeding, diaper changing, washing, dressing, playing, and so forth). Breastfeeding is an example of a particular kind of maternal practice, but it affects all maternal practices because it mandates proximity, flexibility with regard to time, intersubjective give-and-take with respect to personal needs, and a loss of personal boundaries that is culturally anomalous in the West.

In the United States, most women who work outside the home and breastfeed utilize breast pumps to manage lactation and labor as paid employees. One way to read this situation is to say that most women who want to breastfeed and work outside the home understand the cultural mandate to make their bodies more like men’s bodies to succeed in the paid labor force. The implication, of course, is that women themselves are responsible for accommodating motherhood with their paid labor; employers are not forced to accommodate their workers who are also mothers. Breastfeeding as a practice is thus modified by reliance on breast pumps and bottles; how breast pumping and feeding with bottles affects women’s relation to their bodies and their bodies’ products remains to be examined. For many women, using a breast pump enables them to maintain breastfeeding as an embodied practice of mothering in the context of waged labor. Some women not engaged in waged labor also find breast pumps valuable additions to their repertoire of maternal practices, as they move into public spaces in which breastfeeding is not smiled upon or even allowed.

Yet the reliance on breast pumping allows us to continue construing breastfeeding mothers as female men who are separable from their nursing children and thus not really physiologically attached to them. Breast

pumping both enhances and detracts from breastfeeding as a form of maternal embodiment that places stresses on hegemonic ideals of adult personhood and citizenship. Because of this ambivalence in meaning, breast pumping will never solve the problems raised by promoting breastfeeding in a culture that does not really accommodate its challenge to core cultural beliefs about who counts as a person.

Breastfeeding is an aspect of the traditional reproductive burden that is specific to women; this is why breastfeeding advocacy seems anachronistic to some contemporary feminists. Why argue for a practice that is burdensome and helps to maintain women's exclusion from the public sphere? Why not abandon breastfeeding when the alternatives are adequate, contributing to "good enough" mothering even if they don't provide the optimal health benefits? After all, all mothers make compromises about infant and child care because mothers' varied roles force them to weigh advantages and disadvantages of "other mother" care in order to get their jobs done.³²

To respond to these questions, one can argue (on the one hand) that economic structures and cultural conventions should not constrain a woman's decision or practice with regard to infant feeding. Women should be able to make choices that are then supported by the general social formation, which includes the law, cultural contexts, familial systems, and medicine. If public health goals guided social expectations and institutional practices (as in other contexts), then these institutions would support breastfeeding as the mode of infant feeding most conducive to overall health, and women would not be penalized in any area of their lives for making and living out a decision to breastfeed.

On the other hand, the emphasis on health in contemporary U.S. culture is overwhelming common sense and traditional pleasures, and, in the context of a Foucaultian understanding of the regulatory role of modern medicine, the management of health through prescriptions for right living is becoming more and more like a straitjacket.³³ Breastfeeding practiced through scientific motherhood, which links a mother's practices to the institution of medicine through the figure of the authoritative physician, can diminish rather than enhance women's power in traditionally female contexts.³⁴ Breastfeeding under the surveillance of medicine enforces a separation between scientific expert knowledge and anecdotal lay knowledge, traditionally the province of women. (It is precisely this rift, in which anecdotal knowledge is replaced by consumer technologies, that is represented as deadly in the "Mother's Milk" episode.) Historically, scientific arguments have tended to diminish women's rights rather than enhance them.

This argument suggests that medicalization, while crucial to some public health advances and thus responsible for saving lives, is another aspect

of the “dialectic of Enlightenment,” whereby social practices that seem to enhance well-being become regulatory and normative expectations that limit freedom.³⁵ After all, bottles have not liberated women. Bottles make it possible for parturient women to be like men in the public sphere, to outsource child care more efficiently, to diminish the reproductive burdens women traditionally bear in order to minimize the long term effects of reproductive decisions on career trajectory or employment continuity, among other life issues. Yet women are still in charge of children, still responsible for infant care, still understood to be the “primary parent,”³⁶ still doing the majority of domestic labor and the family work that allows men to act as ideal workers with few encumbrances.³⁷ This explains why, when the initiation of breastfeeding has made a significant resurgence in the last twenty-five years, more than half of the women who start out breastfeeding are done by six months.³⁸

Bottles do not make that much difference in the initial work of being a mother, but breastfeeding is difficult if not impossible for most women to sustain given the complex and overdetermined expectations of mothers in this culture. The DHHS’s “Easy Guides to Breastfeeding” aside, most women cannot manage breastfeeding and waged labor, or choose not to because the benefits are not self-evident given the difficulties. Waged labor is not the only challenge to breastfeeding success, as customary expectations of mothers in contemporary U.S. culture suggest that separation from infants is not only routine but desirable, especially if the purpose of the separation is to spend time alone with a male spouse or to allow grandparents to take the baby for an evening or weekend. Breastfeeding as a technology of motherhood is not necessarily advantageous from the practical experience of most women; this is the case because the social formation, the economic structure, and traditional cultural expectations do not support breastfeeding practices. The way in which breastfeeding remains a hard choice for women to sustain in American culture demonstrates the cultural consensus of disavowal that is at the heart of the lack of visible breasts in the National Breastfeeding Campaign.

Apparently mothers are persons on the condition that they act like male persons. This is not, of course, a new argument in the context of feminist analysis. Yet we rarely see feminists take on the strong disavowal of maternal embodiment that permeates public views about breastfeeding mothers in the United States. Breastfeeding mothers themselves have engaged in highly publicized “nurse-ins” to demonstrate against restrictions on public breastfeeding, such as those in 2005 staged against Barbara Walters’s comment on “The View” concerning her own discomfort at being seated near a nursing mother on an airplane. Other nursing demonstrations were conducted after a Victoria’s Secret in Wisconsin asked a woman to go to the restroom to nurse her child, as well as after

the recently publicized incident, in November 2006, when a woman and her family were forced by a flight attendant to leave an airplane when the mother refused to put a blanket over her nursing toddler.³⁹ These nursing activists—often calling themselves “lactivists”—put their bodies in public spaces in order to challenge politically the cultural norms supporting individuals who deny breastfeeding women their rights.⁴⁰ They are biocultural activists, insisting on public accommodation for nursing as an ordinary practice of the postnatal maternal body.

Feminism, Fetishism, and Maternal Disembodiment

Two American feminist scholars who have directly addressed the issue of embodiment with respect to breastfeeding are Linda Blum and Rebecca Kukla.⁴¹ As stated above, Blum argues that the emphasis on breast pumping in public health materials aims to help women manage breastfeeding and waged labor enacts a disembodiment of maternity: “What had once seemed—and still does in the maternalist model—a deeply embodied and interdependent act, likened to the marital sex act, has fast become something that can occur without the mother being physically present, if she follows the new regulatory regime. . . . [B]reastmilk takes on a fetishized quality when it is so often emphasized apart from, and as equivalent to, the embodied, relational practice [of breastfeeding]. . . . The mother in her body, her pleasures and needs, satisfactions and pains, have been largely erased” (*ATB* 53, 55). Kukla, on the other hand, argues that the fetishization works the other way; in her analysis, the embodied relation of actual breastfeeding becomes fetishized through the reduction of all mothering to the value of mother-infant proximity and the feeding of milk through the breast to the baby. For her, technology does not erase the embodiment of mothering, it just changes it. Kukla is particularly wary of any public discourse demanding mother-infant proximity, especially as mothers and fetuses have been consistently separated in the cultural imaginary in recent years.

The differences between Kukla and Blum in this instance are based on a difference between psychoanalytic and Marxist understandings of the process of fetishization. Blum uses a psychoanalytic justification to identify the fetishized quality of breast milk; this means that the milk masks or obscures the body of the mother through a denial of her (sexualized) embodiment. Kukla, on the other hand, articulates a Marxist rationale for her interpretation: “the fetishization of the extended nursing body covers over the labor of mothering and the purposes, materials mechanisms, and the social history that make nursing valuable. In rhetoric that fetishizes mother-infant proximity, there is a suggestion that mothering,

in all its complexity, can be effectively reduced to nearness, and that the value of mothering is somehow contained in this contiguity of bodies" (*MH* 148). Kukla's representation of breast milk would, in Blum's analysis, be an example of a fetishized approach to it, as she advocates "a public health goal of getting the [breast] milk itself to infants, delivered by whatever means" (*MH* 163).⁴² Likewise, Kukla believes Blum's ideas to be the product of the ideologies she should be challenging, ideologies that regulate women with unrealistic ideals of mothering. Kukla believes that "a history of symbolic and concrete ideological practices has reduced the vast and multidimensional project of motherhood to the breast-mouth relation and the transference of milk that it involves" (*MH* 159).

This view is bolstered, however, by the notion that "normal" adult behavior requires separation and autonomy. Kukla writes, "A woman who feels that she cannot leave her infant, or even reasonably deny her infant *any* form of access to her body, cannot do the concrete things that *normal humans need to do* in order to have a meaningful, distinct identity that is comprehensible to themselves and others" (*MH* 178; emphasis added).⁴³ My analysis suggests that this normative understanding of adulthood is a demand for embodiment modeled on male experience. For Kukla, the technology of breast pumping, as an example, facilitates women's independence: in a discussion of women who primarily pump and feed their infants expressed breast milk, she writes, "It has all the medical benefits of direct breastfeeding, and at the same time enables mothers to work and pursue activities that involve more than trivial separations from their infants" (*MH* 162). Her specific point may be true, but in a larger sense neglects the fact that the work world has been organized along an implicit model of male embodiment that ignores women's different, physiological relation to infants.⁴⁴ Further, the ideal of autonomous adulthood is a mechanism of sexism; to some extent, autonomy is a requirement of adult personhood *because* it excludes mothers from the public sphere. Fundamentally, Kukla believes that maternal embodiment and maternal infant relations should not be governed by expectations that mothers are different kinds of people than other cultural customs demand. This perspective ignores maternity as a special social and physiological mode of being that must be recognized, accommodated, and socially supported.

Rebecca Kukla believes that humans need boundaries, autonomy, and public/private distinctions for healthful selfhood: "A healthy embodied self with sufficient integrity and autonomy is a self that has managed to forge (among other things) a healthy set of bodily boundaries, a space of possibilities for intimacy, a set of distinctions between private and public spaces and activities, and a caring involvement with others. The healthy self also inhabits its own body reasonably comfortably, without radical

alienation or uncanniness. I propose this as a list of intuitively necessary (though surely not sufficient) key requirements for what we might think of as the existential health of the embodied self" (*MH* 189). Arguing that new mothers face challenges to this vision of the healthy embodied self, she claims that ideologies of mothering through breastfeeding "leave actual mothers without a realistic or usable model for how to preserve and build their integrity and identity" (*MH* 191).

Motherhood does challenge this vision of the healthy embodied self, but those parameters are themselves ideologically determined by a model of personhood based on customary male embodiment and a sexist social and political formation. It is not merely the ideologies of motherhood that make it difficult for mothers to develop a new sense of maternal selfhood, but a culture that is materially unresponsive to their needs and experiences as different kinds of embodied selves. This is, in a sense, the argument of the defense attorney in the "Mother's Milk" episode of *Law and Order*. As the camera pans across the technologies of infant feeding on the table and she argues for her client's confusion, she is suggesting that the alienating nature of the technologies makes mothering impossible, distancing the mother from her infant just as the rigid lactation consultant is unresponsive to the needs of the young woman seeking her guidance and support. In the television program, both physical apparatuses and social technologies necessary for breastfeeding support inhibit women's mothering.

Would more breasts in the public sphere, both represented and real, make the situation depicted in "Mother's Milk" better? More infants who are fed formula suffer from failure to thrive than breastfed infants, although infants fed both ways are subject to the problem of mothers who do not see them wasting away.⁴⁵ Women entering into the new embodiedness of maternity do need a notion of the maternal self that accommodates culturally alternative norms and expectations, including difference from customary models based on normative male embodiment. They also need to have experiential access to the material realities of maternal nursing. The lack of breastfeeding images does indicate the broader cultural disapproval of lactating maternal bodies through their exclusion from the public sphere. As a recent letter-writer to the *New York Times* points out, "Women who are considering breast-feeding might well be more likely to do so if they saw other women nursing their babies [in print media and on television]. . . . If breast-feeding is best for babies, don't preach or enact laws; show it in action."⁴⁶

So more represented breasts in public might indicate broader social approval of breastfeeding embodiment and be more inviting to new mothers, although the opposition between "sexual" and "nurturant" breasts continues to dominate popular sensibilities about what breasts

mean. As long as we believe that breasts have one or the other meaning, and public attention remains fixated with women's sexual personae as breasted humans, breastfeeding will have a hard time being accepted as something that is just another activity of motherhood that can be performed in public spaces. Relying on medicalized discourses of the biological superiority of breastfeeding does not seem to affect this scenario, as various individuals argue that breastfeeding is best but should be done at home. Persons who act as embodied mothers must do so in domestic spaces—this requirement should alert us to continued social discomfort with the full cultural implications of women's freedom.

Conclusion

The most famous breastfeeding controversy is the “breast-bottle” debate, the notion that choice in infant feeding method precipitates a problem to women as they figure out how to be good mothers. However, breast versus bottle is the wrong way to configure the problem presented to women as a choice in their infant feeding method. “Mixed feeding,” which refers to breastfeeding with the early addition of other culturally approved foods, is the norm worldwide. In the United States and other Western countries, infant formula is the culturally approved complementary food, in addition to cereals and other packaged commercial products. American mothers, 70 percent of whom begin motherhood breastfeeding, are in keeping with the global norm in this sense. As stated above, other stresses on mothers' lives make breastfeeding duration shorter than optimal; this is also a global reality. A recent *New York Times* article points out that “urging [U.S.] women to breast-feed exclusively is a tall order in a country where more than 60 percent of mothers of very young children work, federal law requires large companies to provide only 12 weeks' unpaid maternity leave and lactation leave is unheard of. Only a third of large companies provide a private, secure area where women can express breast milk during the workday, and only 7 percent offer on-site or near-site child care, according to a 2005 national study of employers by the nonprofit Families and Work Institute.”⁴⁷

Nevertheless, the same article trots out the specter of guilt should mothers be warned about the inferiority of infant formula when compared to breast milk, finding a mother who had to supplement with formula because she did not make enough milk: “‘I thought I was doing something wrong,’ she added. ‘Nobody ever told me that some women just can't produce enough milk.’”⁴⁸ In truth, the number of women who physiologically cannot make enough milk is extremely small; most women without enough milk do not get proper information or support

to adequately manage breastfeeding. This statement, placed as it is near the beginning of an article discussing the possibility of warning labels on infant formula packaging, functions as a warning to women themselves of the unreliability of their own bodies and the problem of allowing women to manage their own infant feeding practices. The woman quoted was forced by her doctor to offer formula (“her pediatrician insisted that she supplement”) and claimed that nobody informed her of potential problems. There is no mention at all of any counseling concerning her management of breastfeeding. What is evident is her victimization at the hands of medicine—the unnamed experts (“nobody”) who should have told her about potential breastfeeding failures, and the one who ordered her to supplement.⁴⁹

As in the episode of *Law and Order*, the woman is caught between her mismanaged maternal responsibility and her victimization by experts who do not advise her adequately. It is not breastfeeding or bottle-feeding that creates this scenario; these are only the rhetorical instances of its unfolding. Whatever they do with their breasts or bottles, women are trapped by a social formation that sees them as wholly responsible as mothers at the same time that they are perceived to be vulnerable as the passive victims of others. The solution to this seemingly no-win situation is, of course, political, and has to do with mothers’ capacity to call for and assert their rights and needs as citizens and persons.

Mothers are also biological beings with a claim on social provisions for the exercise of the ordinary embodied practices of maternity. Medicalization as a historical process has not yet succeeded in normalizing breastfeeding, perhaps because the vagaries of maternal embodiment escape the rigidities demanded by medicine as an institution. Mothers’ bodies produce varied amounts of milk due to hormones, stress, nutrition, illness, or exercise; each mother is, in fact, different in her nursing style. Difficulties in infant nutrition must take account of two bodies when the baby is nursing. Indeed, the nursing mother is a powerful figure, both symbolically and in the real world, and the medical and technological regulation of breastfeeding can be understood as a cultural response to minimize her threatening status. To insist that mothers are the victims of a technological cornucopia of feeding options is to displace the very power a nursing mother has with respect to her infant. “Mother’s Milk” suggests this victimization, but then holds to its opposite, punishing the young mother when her misuse of the power leads to her baby’s death. As a result, motherhood is presented as victimizing and powerfully dangerous at the same time.

Nursing is never ordinary in the representational contexts of U.S. public culture. A biocultural analysis of breastfeeding reveals contradictory perceptions of women’s activities as mothers, focusing on their bodies

out of place. Indeed, this analysis demonstrates significant cultural reluctance to acknowledge that issues of women's freedom are at stake in complaints about breast exposure in public spaces. In part, this is due to a historical connection between replacement feeding and women's liberation; it is also due to the privatization of infant feeding choice, so that any given woman's decision to breastfeed in public is perceived to reveal her own personal desire to flaunt community values. When we focus on embodiment and its disavowal in the very contexts that seem to necessitate bodily representation, we can see that the anomalies of maternal embodiment impact the status of women's personhood more generally. As potential mothers, as bodies that mimic certain aspects of maternal embodiment (leakage, fluidity, imprecise boundaries), all women are potentially subject to the exclusions that mothers currently experience.

Sadly, most women only experience the personal and political implications of this situation as they begin to breastfeed a newborn—when they are, in fact, vulnerable to the culture's various and conflicting messages about the meanings of that practice. As we have seen, these messages articulate a medicalized rhetoric of biological persuasion that is accompanied by a strong cultural sensibility against breastfeeding breasts in public, even if that sensibility does not represent the personal views of most people. No wonder the abandonment of breastfeeding in the first six months is the response of the majority of American women, or that a major public health campaign to promote breastfeeding would resort to images of dandelions rather than breasts to get its point across.⁵⁰

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NOTES

1 Jocelyn Noveck, "Strong Reaction to Public Feeding Revealed," *Roanoke Times*, July 28, 2006.

2 Katherin Kam, "Why Don't Women Nurse Longer," *Babytalk*, August 2006, 58–59. Suzanne Haynes of the Office on Women's Health, the U.S. Department of Health and Human Services, disputes the figures cited in the *Babytalk* article. Based on her own research following the National Breastfeeding Promotion Campaign, she believes that about two-thirds of the American public approves of or feels neutral about breastfeeding in public. Suzanne Haynes, pers. comm., March 13, 2007.

3 Noveck, "Strong Reaction to Public Feeding Revealed." Preliminary data from the DHHS study of the effects of the National Breastfeeding Awareness Campaign suggest that men may be more accepting of breastfeeding in public than women. Haynes, "National Breastfeeding Awareness Campaign Results," August 1, 2005, http://www.womenshealth.gov/breastfeeding/campaign_results.html.

4 Kam, "Why Don't Women Nurse Longer," 58.

5 A fairly recent study published in the *British Medical Journal* indicates that the majority of television and print media references to breastfeeding highlighted its difficulties. See

Lesley Henderson, Jenny Kitzinger, and Josephine Green, "Representing Infant Feeding: Content Analysis of British Media Portrayals of Bottle Feeding and Breast Feeding," *British Medical Journal* 321 (November 11, 2000): 1196–98.

6 As an example, an advertisement in *Babytalk* magazine for Evenflo's "Elan complete breastfeeding system" reads "Choose between compatible feeding systems, storage sets and a professional-grade breast pump to customize your breastfeeding experience." The system fits in a black carrier and includes a pump, bottles, cold case, and a place for the baby's picture. The laughing pregnant woman in the ad is captioned "shops for three, eats for two, stops at nothing," suggesting that the Elan system is for mothers who do it all and want everything. The overall meaning of the ad is that mothers need a "system" to do all those things they must or want to do as mothers; having breasts is simply not enough to breastfeed successfully. (*Babytalk*, August 2006, 44.)

7 See Rebecca Kukla, *Mass Hysteria: Medicine, Culture, and Mothers' Bodies* (Lanham, MD: Rowman and Littlefield, 2005) (hereafter cited as *MH*), for a discussion of the "Unruly Mother" who is set against what she calls the "Fetish Mother" who represents the ideal of maternal behavior.

8 Patricia Stuart-Macadam, "Biocultural Perspectives on Breastfeeding," in *Breastfeeding: Biocultural Perspectives*, ed. Patricia Stuart-Macadam and Katherine A. Dettwyler (New York: Aldine de Gruyter, 1996), 7.

9 See Bernice L. Hausman, *Mother's Milk: Breastfeeding Controversies in American Culture* (New York: Routledge, 2003), 33–68, for an extended discussion of this issue, including a more developed interpretation of the episode of *Law and Order*. Alison Bartlett provides a discussion of the *Law and Order* episode in *Breastwork: Rethinking Breastfeeding* (Sydney: Univ. of New South Wales Press, 2005), 28–30.

10 I am indebted to Richard Nash, who first suggested to me the importance of the technology in this scene in a comment made after a talk I gave at Indiana University in March 2002.

11 "Mother's Milk," *Law and Order*, directed by Richard Dobbs (NBC, 2000).

12 For an extended discussion of all of the issues in this paragraph, see Hausman, *Mother's Milk*, 33–68.

13 This is similar to the treatment of breastfeeding in *Chicago Hope's* version of the same story, a version that focuses on a female doctor's experience of motherhood. She is shown pumping her milk, trying to get her baby to stop fussing in a grocery store, and rushing the baby to the emergency room with a fever, but the only infant feeding actually shown is bottle-feeding. "The Breast and the Brightest," *Chicago Hope*, directed by Martha Mitchell (CBS, 2001).

14 For the politics of the delay in the Ad Council campaign materials, see Jacqueline Wolf, "What Feminists Can Do for Breastfeeding and What Breastfeeding Can Do for Feminists," *Signs* 31, no. 2 (Winter 2006): 397–424. Another interesting commentary on the Ad Council's public service announcements is Kukla, "Ethics and Ideology in Breastfeeding Advocacy Campaigns," *Hypatia* 21, no. 1 (2006): 157–80.

15 In this article, I am not going to rehearse the familiar "benefits of breastfeeding" or what I have called in other publications "the scientific case for breastfeeding." See the introduction to my book, *Mother's Milk: Breastfeeding Controversies in American Culture*, for an extensive discussion of these arguments. Readers are also invited to look at the information about the contribution that breastfeeding makes to health (both the infant's and the mother's) at the 4woman.gov Web pages concerning breastfeeding.

16 This is an important claim, given that worldwide the most common cause of death for infants and young children is pneumonia. See Jennifer Bryce, Cynthia Boschi-Pinto, Kenji Shibuya, and Robert E. Black, "WHO Estimates of the Causes of Death in Children), *Lancet* 365, no. 9465 (2005): 1147–52. Suzanne Haynes mentioned to me that the ice cream scoops were the most popular representations among young women, noting that they are

the ones that look the most like breasts, while they were the least popular among older male physicians. Haynes, pers. comm., March 13, 2007.

17 Suzanne Haynes informed me that this type of representation, a dark background with white writing, is used to great effect in large billboards and was the most viewed image of the campaign. Haynes, pers. comm., March 13, 2007.

18 U.S. Department of Health and Human Services, "Breastfeeding," 2005, <http://www.4woman.gov/breastfeeding>.

19 One could make the same argument about the *Babytalk* cover, where the nipple cannot be seen (because it is in the baby's mouth), so that the breast is just an expanse of naked skin.

20 Of course, it is crucial that women know their nipple type before breastfeeding, as inverted nipples necessitate changes in breastfeeding practice and may make latch on more difficult. My comments here are not meant to imply that understanding one's breasts in relation to a norm is not important. It simply seems significant that this is the *only* representation of breasts on the entire Web site.

21 Suzanne Haynes told me that the ice cream scoops were the most controversial images in the campaign and that some hospitals would not put them up. Amy Spangler told me that at least some military hospitals did not display the ice cream posters because of fears that they violated sexual harassment law. Haynes, pers. comm., March 13, 2007; Spangler, pers. comm., April 15, 2005.

22 Haynes, pers. comm., March 13, 2007.

23 I am borrowing this section title from Susan Bordo, "Are Mothers Persons?: Reproductive Rights and the Politics of Subjectivity," in *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley and Los Angeles: Univ. of California Press, 1993), 71–98.

24 Linda Blum, *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States* (Boston: Beacon, 1999) (hereafter cited as *ATB*).

25 U.S. Government, "The Pregnancy Discrimination Act of 1978," no date, http://www.eeoc.gov/abouteeoc/35th/thelaw/pregnancy_discrimination-1978.html.

26 There are specific states with laws requesting that employers allow women to breastfeed during breaks at work, or requesting the breastfeeding/lactation breaks themselves. Most of the laws involve language exempting employers who feel the operation of the business would be disrupted by allowing such break time. Many women and employers do not know about these laws. See Melissa R. Vance, "Summary of Breastfeeding Legislation in the U.S.," May 12, 2006, <http://www.lalecheleague.org/LawBills8.html> (accessed June 29, 2006).

27 "License to Breastfeed," *Babytalk*, no date, http://www.parenting.com/parenting/whitepage/magazine_pullouts/pdfs/btcard.pdf.

28 In November 2006 a mother, her two-year-old child, and her spouse were asked to leave a Freedom Airlines flight from Burlington, Vermont, to New York City, when she began breastfeeding the child in a rear window seat of the airplane. According to various news reports, the flight attendant asked the mother to use a blanket to cover up. When the mother refused, she was asked to leave the plane and was escorted off by a ticket agent. The airline later backpedaled and asserted the right of all women to breastfeed on its airplanes, regardless of whether they were "discreet" or not. See "Woman Says She Was Kicked Off Plane for Breast-Feeding," *Boston.com*, November 14, 2006, http://www.boston.com/news/local/Vermont/articles/2006/11/14/woman_says_she_was_kicked_off_plane_for_breast_feeding_baby?mode+PF; and Barbara Kantrowitz and Pat Wingert, "Breasts on a Plane," *MSNBC Newsweek*, November 28, 2007, <http://www.msnbc.com/id/15924715/site/newsweek>.

29 Indeed (and anecdotally), whenever I speak about these issues with colleagues, friends, or at social events, women will generally comment that while they are fully in favor of breastfeeding, they think it should be done discreetly while in public. This kind

of comment is almost always followed by a description of a woman who was not discreet in her public nursing, which is generally perceived to be an embarrassment for the nursing woman, rather than for the storyteller, who is clearly the one experiencing the embarrassment. But why insist that one is embarrassed for another? This suggests that women are concerned about how other women's perceived inappropriate public behavior will affect their own public conduct, because the displacement of one's own embarrassment onto another person's behavior is a blaming gesture ("I was embarrassed *for her*," rather than for one's own self). Bartlett discusses "discreet breastfeeding in public . . . as a *warranted improvisation* of the feminine script and so not subject to censure" (*Breastwork* 77; emphasis in original).

30 Sharon Hays, *Flat Broke with Children: Women in the Age of Welfare Reform* (New York: Oxford Univ. Press, 2004).

31 Barbara L. Behrmann discusses this in her book *The Breastfeeding Café: Mothers Share the Joys, Challenges, and Secrets of Nursing* (Ann Arbor: Univ. of Michigan Press, 2005).

32 Sarah Blaffer Hrdy, *Mother Nature: A History of Mothers, Infants, and Natural Selection* (New York: Pantheon, 1999).

33 Philip Alcabes, "Epidemiologists Need to Shatter the Myth of a Risk-Free Life," *Chronicle of Higher Education*, May 23, 2003, B11–12.

34 See Rima D. Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, NJ: Rutgers Univ. Press, 2006) for a book-length discussion of scientific motherhood in the United States.

35 Max Horkheimer and Theodor Adorno, *The Dialectic of Enlightenment*, trans. John Cumming (New York: Continuum, 1976). For a discussion of the ambivalent effects of medicalization with respect to breastfeeding, see Hausman, *Mother's Milk*, 21–26.

36 This is the view put forward by the judge in the *Law and Order* episode discussed at the beginning of this essay.

37 See Joan Williams, *Unbending Gender: Why Work and Family Conflict and What to Do About It* (New York: Oxford Univ. Press, 2000) for a discussion of the "ideal worker" as male.

38 Current figures suggest that slightly over two-thirds of mothers start out breastfeeding, but just over one-third of mothers are still breastfeeding at six months, and fewer than that are exclusively breastfeeding. Roni Rabin, "Breast-Feed or Else," *New York Times*, June 13, 2006.

39 Kate Meyer, "Lactose Intolerant!" *New York Daily News*, June 7, 2005, <http://www.dailynews.com/news/local/v-pfriendly/story/316620p-270873c.html>; Raja Mishra, "Nursing Mother's Protest Grows: Organizers Target Delta Today," *Boston Globe*, November 21, 2006, http://www.boston.com/news/nation/articles/2006/11/21/nursing_mothers_protest_grows?mode=PF; "Woman Fights for Breast-Feeding Rights," CBSNews.com, July 2, 2006, <http://www.cbsnews.com/stories/2006/07/02/national/printable1773867.shtml>. See also note 28.

40 Bartlett discusses "lactivists" who respond to censures of public nursing (Bartlett, *Breastwork*, 66–83).

41 Bartlett, an Australian feminist academic, also discusses these issues in *Breastwork*.

42 In my analysis, this view of Kukla's demonstrates that she thinks of breastfeeding as analogous to bottle feeding—a mechanism of food delivery—rather than a form of embodiment. Breastfeeding in her sense is *milk making* and *milk transfer*, rather than a relational exchange that involves physiology, psychology, immunology, nutrition, and neural development.

43 It is hard for me to understand how Kukla sees the injunction against denying an infant *any* access to the mother's body as supported or encouraged in mainstream advice to women or even in breastfeeding promotional materials or advocacy. In *Mother's Milk* I argued that maternal regulation of the infant so that s/he did not make what were perceived to be culturally anomalous demands on the maternal body—seeking to nurse at all hours,

refusing to sleep except next to the mother's body, and so on—was the paramount goal of all advice concerning maternal behavior. Only the most extreme breastfeeding advocates refuse the mother's agency and function as the regulator of the infant into cultural norms of behavior, and most mothers, in my observation, experience ambivalence in establishing their own boundaries and expectations about infant behavior.

44 Kukla's notion that breast milk from a bottle or other feeding device is just as beneficial as breast*feeding* as an activity would be disputed by many advocates, who see the contributions to maternal and child health to involve a whole package of behaviors and not merely the ingestion of human milk "by any means necessary."

45 See Hausman, *Mother's Milk*, 50–56, for a lengthy discussion of this phenomenon and the research on failure to thrive.

46 Eden Force, Letter to the Editor, *New York Times*, July 6, 2006.

47 Rabin, "Breast-Feed or Else."

48 Rabin, "Breast-Feed or Else."

49 It is interesting to note that the two breastfeeding women interviewed for the article represent extremes of the experience—the first "could not" breastfeed and the second has made her entire maternal experience revolve around breastfeeding (at least according to the article): "'It's a whole lifestyle,' said Kymberlie Stefanski, a 34-year-old mother of three from Villa Park, Ill., who has not been apart from her children except for one night when she gave birth. 'My life revolves around my kids, basically.' Ms. Stefanski quit working when her first child was born almost six years ago, nursed that child until she was 4 years old, and is nursing an infant now" (Rabin, "Breast-Feed or Else"). This is an example of how the media play up extremes in infant feeding controversies—either one does not have enough milk, or mothers must give themselves over to breastfeeding for years to come, effectively ending their careers and other aspects of their former lives. That most women who breastfeed successfully in the U.S. don't breastfeed that long, by choice, is not considered in the article.

50 It may be, as Suzanne Haynes of the DHHS pointed out to me, that the National Breastfeeding Awareness Campaign changed attitudes about breastfeeding in general and nursing in public specifically. Haynes, pers. comm., March 13, 2007. It may also be that a majority of Americans actually think public suckling is okay. Until there is *public* acknowledgment of the private sentiments of the citizenry, such views will be absent from the media and other venues that inform us of the cultural consensus that guides both policy and public behavior.