

THE BREASTFEEDING PROBLEMATIC:  
MATERNAL SEXUALITY AND THE PERFORMANCE OF GENDER

by

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## ABSTRACT

In this work, I explore maternal sexuality by asking how women negotiate their gendered scripts as mothers and lovers while breastfeeding. I investigate this negotiation in the hopes of bringing light to the constraints on women's bodies that disallow an embodiment of maternal sexuality and deeply problematizes the experience of breastfeeding. I use a standpoint epistemology and in-depth interviews to give voice to 17 breastfeeding women exploring the ways in which breastfeeding "troubles" the performance of gender. Findings indicate a seemingly ubiquitous taboo on maternal sexuality and an ardent claim attesting to the "sacrificial" virtue of breastfeeding. Women's needs (sexual, emotional, social, and otherwise) appear to fall to the bottom of a hierarchy of commitments that place baby above all else, even to the (emotional and often sexual) detriment of husband, and decidedly overarching any individual breastfeeding woman's desires.

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*In the total scheme of the objectification of women, breasts are the primary things . . . But phallogentric culture tends not to think of a woman's breasts as hers. Woman is a natural territory; her breasts belong to others—her husband, her lover, her baby.*

—Iris Marion Young

INTRODUCTION

Regulation of the female body is an unequivocally contentious issue for women in contemporary U.S. society. Despite nearly one hundred years of expanding liberties fought for by progressive feminist movements, women's bodies remain contested terrain—the mere vocabulary of their anatomy often deemed too vulgar for public use. While the debates rage on concerning women's reproductive freedoms, it is an unfortunate fact that patriarchal ideology continues to inform the gendered roles, norms, and stereotypes that shape the discourse on women's bodies. Though undeniably positive strides have been made over the past century, women remain constrained by a gendered reality that defines the acceptable parameters of their gender expressions, the contours of which are defined by a discourse of emphasized femininity. Women may rebel, to be sure, yet the power of this discourse on women's bodies is ingrained through gender

socialization, training generations of women to measure themselves against a standard of behavior and bodily presentation that many women cannot, or dare not, meet.

At the same time, women who choose to mother are met with a legacy of expectations that delineate “good” from “bad” mothering with strict interpretations on precisely how it should be performed (see Chodorow 1978; Rich 1986). The imagery of woman as mother has long been perpetuated as an icon of perfected womanhood, leading modern women to face the difficult challenge of interpreting their experiences of motherhood in a milieu where women have been thoroughly sexualized and often deconstructed into celebrated body parts. For women in contemporary U.S. society, this challenge thus emerges as a dilemma when they become mothers, as their sexuality is subverted by the expectations of ideal motherhood—woman as mother may often be experienced as incongruous with woman as lover.

Consequently, the reality is that female breasts, perhaps the most hypersexualized part of women’s bodies, are regulated by conflicting roles when women become mothers, and even more so when they choose to breastfeed, as a salient portion of their socially-constructed femininity is divorced from the demands of sexual enticement and repurposed as a feeding instrument. In this way, breastfeeding is a performance of gender that “troubles” the gender roles available to women, as they attempt to negotiate maternity and sexuality simultaneously. In this work, I explore maternal sexuality by asking how women negotiate their gendered scripts as mothers and lovers while breastfeeding. I investigate this negotiation in the hopes of bringing light to the

constraints on women's bodies that disallow an embodiment of maternal sexuality and deeply problematize the experience of breastfeeding. A better understanding of the difficulties that breastfeeding women face may help to elucidate the ways in which greater gender equality might be sought through women's struggles to fully actualize their maternal sexuality.

Breastfeeding remains a divisive topic that blurs the public/private spheres, as it blurs the distinction between maternal/sexual uses of women's breasts. Public health initiatives to promote breastfeeding have successfully launched the "Breast is Best" discourse, yet the rates of women who breastfeed consistently fall short of health agency goals (Acker 2009). The medical community widely espouses the benefits of breast milk as the ideal food source for infants; it provides complete nutrition, immunological protection against illness, aids cognitive development, fosters psychological bonding between mother and child, as it also provides social and economic returns (U.S. Dept. of Health and Human Services 2011). The factors that influence breastfeeding decisions are myriad, including restrictions due to a mother's employment, or a perceived or actual physical inability. In this work I focus on another important factor, the lack of social acceptance for breastfeeding as impacted by the pervasive sexualization of women's breasts. Breasts have been socially constructed as sites for sexual pleasure—having positive social significance primarily when connected to sexuality—evidencing the "proper" use of breasts as instruments of sexual enticement. This cultural script privileges the strictly sexual interpretation of breasts while problematizing their



biological uses, particularly in a public context, and also in the context of intimate sexual relations.

Recent studies have approached the problem of low breastfeeding rates by suggesting the need to evaluate and inform male partner's attitudes and understandings about breastfeeding (Acker 2009; Rempel and Rempel 2011; Susin and Giugliani 2008). These studies suggest that a male partner's stated, or even perceived, attitudes on breastfeeding may impact a mother's decision to breastfeed, her success after initiation, and the duration she chooses to breastfeed (Rempel and Rempel 2011; Susin and Giugliani 2008; U.S. Dept. of Health and Human Services 2011). What this emerging research fails to address is *why* men play such a significant role in the breastfeeding experience. Although having a supportive partner is undoubtedly beneficial to mothers, the intricate dimensions of the breastfeeding relationship have yet to be thoroughly researched. It is my contention that the pervasive patriarchal construction of women's bodies for men's pleasure likely influences men to devalue breastfeeding. Breastfeeding interferes with the sexuality of women's breasts by purposing them in the service of a child instead of a partner, by inhibiting sexual access to the mother's body, by altering the physical appearance of her breasts, and by offering an intimately satisfying experience to the woman outside of the man's participation.

In this work, I hope to add to the discussion on breastfeeding by highlighting the conflicting demands made on women's bodies when mothering "disrupts" sexuality. I will contend that this conflict of gendered roles reveals the breastfeeding problematic, as

women struggle to mesh the demands of hypersexualized body images and expectations with the realities of motherhood and lactating breasts. Furthermore, as sociologists, we lack a theoretical framework to understand the social construction of breastfeeding and how the conflicting dynamics of maternal sexuality are negotiated among heterosexual partners during breastfeeding. In order to build this framework, we must first investigate the experiences of breastfeeding women in their own words so we might grasp the underlying structure of this process—i.e., how women handle the tension between their roles as wives/sexual partners and as mothers—in relation to maternal sexuality. To explore this process and with the hope of elucidating some of the intricacies of this experience, I assess how women negotiate their roles and identities as mothers and lovers while breastfeeding through an analysis of data collected via in-depth qualitative interviews with 17 breastfeeding women.

## LITERATURE REVIEW

### *Maternal Sexuality as Gender Trouble*

Judith Butler's (1990) work *Gender Trouble* is a bold declaration of the social construction of the concepts we know as sex and gender. Although previous and emerging gender literature largely advocates a social constructivist notion of gender, biological sex generally remains the last bastion of essentialist discourse (Tong 2009). In recent decades feminist scholars have revolutionized gender scholarship by challenging

the implicit ideas surrounding sex as an immutable, constant categorization, a manifestation of bodies with intrinsically derived characteristics. Butler suggests that sex is a product of cultural inscription that enforces a rigid binary of male/female scripts on the body, which is informed by the culture's hegemonic dogma of essential difference between the socially-constructed categories of men and women.

Consider that a sedimentation of gender norms produces a peculiar phenomenon of "natural sex" or a "real woman" or any number of prevalent and compelling social fictions, and that this is a sedimentation that over time has produced a set of corporeal styles which, in reified form, appear as the natural configuration of bodies into sexes existing in a binary relation to one another. (Butler 1990:191)

It follows that what may seem to be natural distinctions rooted in biology, are in actuality, socially constructed styles of bodily organization that reflect a particular cultural milieu.

These "corporeal styles" lead us to consider another of Butler's contributions to gender scholarship, the notion of performativity. Following this theoretical framework, there is nothing intrinsic about sex or gender; it must be actively constructed in daily life such that it is reified and projected onto (and by) an individual as an identity. According to Butler, "...the action of gender requires a performance that is *repeated*. This repetition is at once a reenactment and re-experiencing of a set of meanings already socially established; and it is the mundane and ritualized form of their legitimation" (1990:191). The scripts for gender performance are available, though not entirely accessible for all individuals. Tong (2009) notes that Butler is restrained from espousing a comfortable fluidity of gender expression, as individuals remain under the control of socially

constructed gender scripts, and face harsh sanctions should they attempt to deviate in radical ways. In this sense, structure restrains agency in meaningful and systematic ways.

Ultimately, it is necessary to dismantle the sex-gender binary in order to fully realize the possible spectrum of gender performance. Butler suggests we might fight the repressive structure by causing “gender trouble,” by which we disrupt the gender binary in everyday acts of performance. When established gender scripts are disregarded or distorted, gender trouble occurs. Cross-dressing, presenting oneself in the typical fashion of the “opposite” gender, and androgyny, presenting an ambiguous gender—these are manifestations of gender trouble as “subversive bodily acts” (Butler 1990). Gender scripts, as they are produced and reproduced within patriarchy, demand strict sex-segregations that force men and women to approximate the ideal types of hegemonic masculinity and emphasized femininity. Gender trouble, then, ensues when a woman fails or refuses to embody the repressive expectations of womanhood enforced by these standards.

As mothers, women face the difficult negotiation of gender scripts that demand the strict separation of maternity from sexuality. This can be theoretically conceptualized in the cultural representation of the “Madonna/Whore” dichotomy, which manifests the inherent contradictions of simultaneously situating women as sexual objects and as the blessed reproductive vessels of humanity. Patriarchy requires this dilemma of gender to keep women divorced from a sense of self by perpetuating the need to define their femininity in relation to masculinity—woman is that which is “other” than man. Thus,

women's gender identities are shaped in relation to the social controls regulated by compulsory heterosexuality and the gender binary. In *Of Woman Born*, Adrienne Rich declares: “The woman’s body is the terrain on which patriarchy is erected” (1986:55). In this way, gender scripts enforce the cultural demands inscribed on the body to control gender performance, allowing the patriarchy to claim ownership of “womanliness” by legitimating certain images and standards for behavior and physical expression.

Motherhood, as such, is a patriarchal institution that reifies the “masculine imagination” (Rich 1986:34). To be sure, men are restricted in gender performance by the imposition of hegemonic masculinity, which serves to legitimate and perpetuate an idealized version of manhood that concentrates power and privilege in those who influence the discourse—historically being white, heterosexual men of privilege. Men who fall outside of this matrix of power are marginalized by the demands of hegemonic masculinity, although by default they benefit from the patriarchal dividend of being born male. Women, however, are subject to a legacy of patriarchal oppression that continues to manifest as gender inequalities in contemporary society. In this way, women and men are repressed in terms of gender and sexuality by the rigid structure of the gender binary. Nonetheless, women as mothers represent a particular case of oppression, and the regulation of their gender performances continues to legitimate the patriarchy.

*The Social Construction of Breastfeeding—Where Maternity Meets Sexuality*

The negative public perception of breastfeeding in contemporary U.S. society is likely rooted in the social construction of women's breasts as they have taken on a specific meaning as sexual objects purposed exclusively for the sexual pleasure of men. The sexualization of breasts in the media has pervasively impacted how breasts are interpreted—proliferating the propensity to objectify and deconstruct women into body parts (Ward, Merriwether, and Caruthers 2006). Exalted as the emblematic signifier of the feminine “Other,” breasts are celebrated only when they serve to emphasize a woman's sexuality. Breasts have become “the crown jewels of femininity” (Stearns 1999:309). Furthermore, the gender script enforced by the cultural standard of emphasized femininity requires female breasts to not only meet a criteria of physical demands—that they be perfect orbs, large and unmarred by the ravages of motherhood or disease—but they must also be consistently available for sexual pleasure. The ubiquity of the hypersexualized breast has led to the conflation of breasts with sexuality, which helps to explain the rejection and disapproval of breasts outside of sexual definition.

There is very little depiction of breastfeeding in the media aside from magazines marketed toward mothers, and even there, images of breastfeeding are seldom and discreet. According to Acker (2009), “...images available emphasize the private sphere of life with mothers in nightgowns, rather than out in public” (p. 477). This implies that lactating breasts should be relegated to the home, possibly emphasizing the “natural” domesticity of mothers, in contrast to the sexualized breasts welcomed—perhaps,

expected—in the public sphere. Women have long suffered from the patriarchal separation of spheres, which helped construct a discourse on maternity as a pure, virtuous expression of femininity. Bartlett (2005a) also notes that images of breastfeeding mothers “...perform a preferred version of motherhood and gender that is soft, calm, passive and idealized. It is a picture of sacred motherhood” (p. 110). This vision of maternity is decidedly divorced from sexuality.

In her essay on the “scandalous” act of public breastfeeding, Bartlett (2002) emphasizes the importance of “discretion” as a key point in the debate concerning women “performing their maternity” (p. 114). She attributes moderate social support for “discreet” breastfeeding to the “traditional performance of female modesty” whereby women enact gender performativity in an innocuous (i.e., desexualized) way (2002:117). Further exploring Judith Butler’s (1990) notion of gender as performance, Bartlett claims “Specific acts of breastfeeding can therefore be read as challenging and resisting dominant discourses—of changing the cultural scripts available” (2002:113). In this way, breastfeeding in the public sphere can be seen as a “symbolic threat” to the feminine script that demands mothering be confined to the home (Bartlett 2002:118). To disrupt this forced separation of maternity and sexuality is to create gender trouble. Performing breastfeeding in public spaces challenges the gender scripts available to women. The traditional maternal script emphasizes domesticity as the “natural” arena for mothering—here, breasts purposed for breastfeeding are nurturing instruments, devoid of sexuality.

Thus, I contend that competing gender scripts for the use of women's breasts clash when nurturing is done where only sexualized breasts are welcome.

What does this mean for women who choose to embrace maternal sexuality, performing their maternity outside of the confines of the "good mother" script? We require a sociology for women in order to begin to analyze the ways in which women negotiate conflicting gender scripts, problematizing the embodied experience of breastfeeding. According to Dorothy Smith (2003), "A sociology for women would offer a knowledge of the social organization and determinations of the properties and events of our directly experienced world" (p. 389). Through this mode of inquiry, we can situate women in bodies that are limited and enabled according to the structures that constitute their social worlds. More than an analysis of breastfeeding attitudes or demographic trends, meaningful research must give voice to women as they struggle against the specific dilemma of maternal sexuality, situating their lived experiences in a discourse on women as the bearers of knowledge.

The impetus to remove cultural barriers that inhibit women from breastfeeding is necessary to address in order for mothers to feel free to choose breastfeeding. The breastfeeding mother represents a "devalued social category," who may be "subject to passive harm" (Smith, Hawkinson, and Paull 2011). Mothers who breastfeed in public relate experiences of shame and embarrassment on their part, with hostility and disgust from viewers, among the range of emotions felt and perceived in connection to the act (Acker 2009; Smith et al. 2011; Stearns 1999). This suggests a social environment not



likely to inspire women to breastfeed for fear of sanctions, and while the emotional negativity may be discouraging enough, legal sanctions have been imposed as well, as in the not so distant past women have been arrested for public indecency for breastfeeding in public places (Rodriguez-Garcia and Frazier 1995). Such public acts of informal and formal negative sanctioning of breastfeeding represent a repression of women's maternal embodiment and restrictions on the legitimate expressions of women's sexuality.

When breasts are socially constructed as sex objects, any other use then becomes defined as deviant. Public breastfeeding is widely seen as immodest, vulgar, an act of indecency; breastfeeding mothers who nurse in public have been labeled “nasty, offensive, rude, and distasteful” (Acker 2009:479). This is problematic on many levels, of course, but especially in comparison to the general social acceptance of revealing breast cleavage in low-cut tops, for instance. This would seem to suggest that breasts are not, in and of themselves, the problem, but what is being *done* with breasts that is most important. We must ask: Where does the societal approval or disapproval come from? The issue of power is central to understanding this issue; that is, who has the power to determine the appropriate uses of women's bodies. Without question, patriarchal definitions of femininity have influenced the understanding of women's bodies, glorifying breasts as they relate strictly to men—as sexualized—devaluing breasts as they relate to children.

*The Male Gaze and the Repression of Mothering*

The hypersexualized female breast is a social construction rooted in patriarchy, and intimately connected to the “male gaze.” In an essay on feminist film critique, Kaplan (1983) identifies the male gaze as a cultural vehicle for images that construct ideal visions of woman—a mechanism of sexualization and objectification—which also serves to “annihilate the threat” of women by denying their sexual agency (p. 311). Kaplan claims that the male gaze has been utilized to romanticize and idealize motherhood as a form of repression, forcing women to the “periphery of a society” (1983:322). Kaplan further notes that media representations of women solely as sex objects serve to repress mothering as part of “men’s strategy to contain the threat that the mother embodies” (1983:324). The male gaze clearly distinguishes the female body as “sexual” *or* “maternal,” and denies that these competing gender scripts might be resolved—such resolution, after all, may empower women to control and define their own sexuality.

Young (2003) also conceptualizes the male gaze as an instrument to repress mothering, and as a tool of sexual objectification, one that “...positions her from outside, evaluating her according to standards she had no part in establishing and that remain outside her control” (p. 153). According to Young, “Patriarchy depends on this border between motherhood and sexuality. In our lives and desires it keeps women divided from ourselves, in having to identify with one or another image of womanly power...” (2003:158). The discourse on maternal sexuality utilizes the male gaze as a mechanism

controlling cultural images of women's bodies, clearly separating sexualized (i.e., desirable) breasts from maternal breasts (i.e., desexualized). The power of these competing scripts is realized when women internalize them; for instance, choosing not to breastfeed because they feel it may inhibit/disrupt their sexuality.

The border between motherhood and sexuality is lived out in the way women experience their breasts and in the cultural marking of breasts. To be understood as sexual, the feeding function of breasts must be suppressed, and when the breasts are nursing they are desexualized. (Young 2003:159)

In this way, mothers are forced to choose between competing scripts, though Young (2003) also hints at the potential power of successful negotiation—claiming the full potentiality of “breasted experience.”

In this debate, there is no reconciliation of the sexualized breast with the maternal breast, rather they are intrinsically separate—the incorporation of the two being culturally taboo. Many women, it seems, have internalized this maternal/sexual split in view of their own breasts, and as such, experience difficulty in negotiating the sexuality of breasts with breastfeeding, some defining the act strictly as a food service, so framing it as pointedly *non-sexual* (Stearns 1999). There are several limitations to this understanding, however. Negotiating the maternal/sexual boundary can potentially challenge the hegemonic discourse, and thereby empower women to integrate lactation into their self-definitions of maternal sexuality. In fact, Young claims that “Freedom for women involves dissolving this separation” (2003:159). Some feminist scholars argue that to

rectify this split, we must encourage the full embodiment of maternal sexuality—not only disseminating knowledge on the hormonal connections that link orgasm to breastfeeding, but moreover—by allowing women to claim *all* of their reproductive functions as part of their sexuality, including lactation (Bartlett 2005b; Giles 2002; Traina 2000).

The literature on breastfeeding often discusses a dichotomous explanation of breasts as sexual versus maternal (Altergott 1991; Blum and Vandewater 1993; Smith et al. 2011; Stearns 1999). The implication is that men who see breasts only as sexualized are not likely to support breastfeeding because the proper use of breasts is related to sexual pleasure (meaning, perhaps, their own pleasure exclusively). Conversely, men who support breastfeeding may embrace a maternal view of the breasts, thus emphasizing the nurturing and biological functionality of breasts. Men with this view may reconceptualize their partner's breasts in decidedly non-sexual terms while she's lactating—valuing the benefits of breastfeeding over their lack of sexual access (Rodriguez-Garcia and Frazier 1995). However, understanding an issue of this complexity and range of expression, one with such personal implications in terms of sexuality, requires more depth than a dichotomous categorization allows.

As evidenced in the research on breastfeeding, lactation and sexuality are not divorced from one another. In fact, La Leche League, a mainstream Catholic-based lactation support group, calls breastfeeding “the completion of a woman's sexual cycle;” and further points out that “there are marked similarities in the way a woman's body responds during breastfeeding and intercourse” (*The Womanly Art of Breastfeeding*

1997:111). Oxytocin, the so-called “love” hormone, is released during both acts, thus it is possible for a woman to derive physical pleasure from breastfeeding, similar if not the same as orgasm (Altergott 1991; Bartlett 2005b; Giles 2002; Rodriguez-Garcia and Frazier 1995; Traina 2000). The evidence is clear that this physiological connection exists, and that it reportedly serves the purpose of facilitating the emotional bonding of mother-to-child during nursing (Rodriguez-Garcia and Fraizer 1995). Acknowledging this physiology though, challenges the cultural boundaries of sexual deviance as it links sexuality and motherhood, which makes for dangerous terrain.

In 1991, in upstate New York, a twenty-eight-year old single-mother known as Karen Carter called a social services helpline with concerns about becoming sexually aroused while breastfeeding, and had her child taken from her and placed into protective custody for almost a year while the case was investigated as potential child abuse. Carter was charged with child abuse in the first degree, even though her daughter showed no signs of abuse (Bartlett 2005b; Traina 2000). This is a fairly devastating example of the difficulty in reconciling breastfeeding within sexuality in contemporary U.S. society. Although there is documented biological research that establishes the identical hormonally-induced pleasures of breastfeeding with that of orgasm, the cultural taboo has powerful implications. Child abuse is, of course, an inexcusable reality that should be investigated if suspected, but this case offers immense perspective on the social devaluation of women as mothers. The suppression of women’s knowledge of their biological processes has startling consequences when women are jailed, prosecuted, and

denied access to their children because they have not been exposed to widely documented information about their bodies.

Also of importance here are the restrictions on women's sexuality when confined to heterosexuality. If women can derive sexual pleasure or otherwise have their needs for intimacy met outside of heterosexual intercourse, that may be a threat to men as the locus of sexual satisfaction for women, making men somewhat dispensable in this regard (Bartlett 2005b). According to Altergott (1991), "...female sexual behavior is defined by patriarchal thought as that behavior relating to intercourse, and considered normal only when it coincides with male desire" (p.102). Deriving sexual pleasure from any act that exists outside the realm of heteronormativity is then dangerous to men, and as such, will be heavily sanctioned in patriarchal society. Gatrell (2007) notes that "women are expected to separate maternal and sexual desire, depending only on men (not babies) for breast pleasure;" thus, women who express physical satisfaction from breastfeeding may "threaten heteronormative ideas that mothers' primary duty is to derive pleasure from (and to please) men" (p. 395). This is not to suggest a woman might be sexually fulfilled by breastfeeding her child, nor, perhaps that she should be, for even if this is physiologically an act hormonally equated with orgasm, whether or not the act is interpreted by the woman as erotic is important to negotiating whether it's a healthy expression of intimacy between mother and child, or something that might be considered deviant in nature. The point in this discussion is that thinking of breasts as either sexual

or maternal is too limiting, and there needs to be more fluidity to allow women to express the range of their experiences.

*Breasted Embodiment: An Emerging (Feminist) Debate*

Linda Blum's work *At the Breast* (1999) addresses the difficult experience of maternal embodiment, noting that contemporary mothers face a battle for recognition of their sexual agency in terms of negotiating their lactating bodies. "The mother in her body, her pleasures and needs, satisfactions and pains, have been largely erased" (Blum 1999:55). In an early testament to the integral role of men as partners in the breastfeeding experience, Blum notes well-known parenting expert Dr. Spock's claim that some fathers will understandably "object to breastfeeding—they can't help feeling jealous" (cited in Blum 1999:39). The tenuous relationship between maternity and sexuality is further explored through Blum's analysis of archival advice literature, noting that in such sources "breastfeeding is often linked to the marriage bond, and implicit then is the notion that it is something like adultery, especially if enjoyed by mother and baby" (2002:39). Here we see the dilemma of maternal sexuality informing the discourse on men's "rights" to women's bodies, and the complexities of addressing the taboo on embodied breastfeeding.

Orit Avishai (2007) offers a compelling example of the difficulties of navigating the maternal/sexual body in her study on breastfeeding as "a middle-class mothering project" (p. 136). Avishai utilizes qualitative interviewing to determine that the women

who inform her study “produce the lactating body as a carefully managed site, and breastfeeding as a project” (2007:136). These interviewees discuss breastfeeding in an essentially disembodied way—as a “production”—and their breasts specifically as “containers,” their bodies as “food machines” (Avishai 2007). However, Avishai critiques the emerging feminist literature that suggests the need for maternal embodiment, claiming that such an approach to breastfeeding may be seen as “potentially threatening, alien, or unintelligible” among breastfeeding women (2007:136). Rather than espousing the benefits of breasted embodiment, Avishai claims that middle-class women obtain positive results through approaching the “lactating body as a disciplined site” as they set goals and implement strategies for managing their lactation (2007:144).

Monica Campo (2010) draws on the work of corporeal feminist theories and her own qualitative research with Australian breastfeeding women to assert that “the embodied experience of giving breast milk is contradictory, and may confound dominant Western models of selfhood, beauty, and sexuality” (p. 52). In Campo’s focus groups, breastfeeding women “revealed self-conscious tensions existing between sexuality and motherhood” as they expressed “exasperation” about their lactating bodies and the cultural discourse on sexualized breasts (2010:52). Campo recalls the suppositions of Young (2003) as she argues that “the breastfeeding body requires another sort of maintenance or management: that the dichotomy between motherhood and sexuality are vigilantly managed” (2010:56). In this way, Campo (2010) demonstrates an incomplete



experience of breastfeeding arising from the individual and ideological separation of maternal and sexual bodily being.

Another relevant qualitative study comes from Galupo and Ayers (2002) who claim: “The primacy of the breast as sexual in U.S. culture strongly impacts women’s breastfeeding decisions” (p. 21). Through an analysis of narratives collected from 30 women with extended breastfeeding experiences of at least a year, Galupo and Ayers (2002) suggest that women are able to enjoy self-acceptance through an ideological shift away from sexual and toward maternal identification with their breasts. “Women reported higher self-esteem and perceived self-competency when they related to their breasts outside of the culturally defined sexual breast” (Galupo and Ayers 2002:28). What this analysis denies, however, is the potentiality for breasted embodiment through an *incorporation* of the maternal/sexual breasted self, as suggested by a growing contingent of feminist scholars (see Bartlett 2005b; Giles 2002; Traina 2000). Instead, Galupo and Ayers (2002) demonstrate the ways in which breastfeeding women “successfully” negotiate the scripted dilemma of breastfeeding by compartmentalizing their competing identities and segmenting their gender roles.

## METHODOLOGY

The embodied experience of breastfeeding has largely been ignored in sociological research (Blum 1999), and when addressed, it may serve as a critique of such a

conceptualization (see Avishai 2007). Sociological literature on breastfeeding often reads as statistical data on demographic trends, or medicalized jargon meant to evaluate potential benefits. What becomes muted are the voices of women who are able to reflect on the experience of breastfeeding as a physical act that often incites intense emotional and social responses—exploring both how it feels and what it means. In order to theorize the body as the terrain that organizes the breastfeeding experience, I utilize the framework of women's standpoint as presented by Dorothy Smith (2007) in order to theorize breastfeeding as an embodied experience.

*Women's Standpoint: Escaping the Masculinist Machinations of Social Theory*

The scientific study of human social interaction has long endured the unfortunate consequences of a gendered reality resulting from the production of knowledge within a masculine institution. Sociology as a discipline traces its beginnings to the critical thinking of men, and has evolved at a begrudging pace—ever reluctant to canonize non-masculine contemplations. Under the guise of scientific objectivity, classical theorists have erected rigid paradigms that enforce a certain version of reality concerning the structures of societies, the institutions and various mechanisms of control and manipulation through which power and knowledge might be realized. These abstractions are the ruminations of learned men endowed with the prestige of universities, often freed from the menial labors of daily life by benefit of the patriarchal dividend, such that they are unfettered in their mental pursuits. Corporeal existence is, nonetheless, inescapable.

These great thinking men are, in the end, bodies with specific social locations, limited and enabled by the structures of particular cultural moments, but bound by the parameters of biology to live and die in the confines of human form.

Objective sociology is a grand illusion of the classical theorists. Research, conceptualization, interpretation, hypothesizing, and theorizing are the outputs of human minds—individual sociologists are the instruments of their craft. At each juncture in this scientific endeavor, information is filtered through the mind of an individual who is the product of a particular socialization, a specific education, who benefits from certain privileges in accordance to gender, race, and class. Some argue that it is possible to detach from the particulars of one's existence in order to think sociology in a realm divorced from socio-historic reality, but I daresay they are sorely mistaken. The lived experiences that color our perceptions of the world are, in my opinion, invaluable to our research, adding richness and depth to our mediations by embracing the realities of human social life. Research performed under the artifice of objectivity denies the sociologist—the scientist of social imagination—a semblance of agency as it restricts valid modes of inquiry and obscures certain ways of knowing.

The manifestations of masculinist sociology have informed our distinct discipline by dictating epistemological discourse in terms of naming legitimate issues for investigation, as well as limiting the scope of acceptable research methods. Sociologists in collegiate institutions have perpetuated masculine bias in hierarchies of power, restricting access by cloaking meaning in specialized vocabularies meant to erect borders

around their knowledge. Though the explicit gender stratification of academia has lessened in recent years, a fully integrated sociology has not yet been realized; the theoretical canon remains the domain of men. Ours is certainly not the only discipline to suffer from this fate, but it is conspicuously problematic for a field that concerns itself with social justice and issues of inequality. Simply allowing women access to study and research is not enough, nor does it suffice to make a space for women delineated by parameters determined by the establishment. Nothing short of a radically integrative perspective can address the grievous gaps in sociological epistemology.

Consider the possibilities of an integrated sociology, one that allows the researcher an embodied existence, and even embraces the faculties of sensation, which add the textures of life to ethnographic research. This sociology recognizes the influence of one's socio-historical location, the intersecting mechanisms of privilege and oppression that manifest in our lives due to the accident of birth. This sociology abandons the façade of objectivity and instead, positions the researcher within the research, acknowledging the sociologist as a learned instrument. This sociology is a human endeavor—it is lived. It examines life in all its profane glory as it attempts to grasp the realities of the social world and the curious beings that inhabit it.

The noted feminist theorist, Dorothy Smith, might have imagined such transformations in her meditations on an alternative sociology. Smith recognized that the historical exclusion of women from academic sociology had allowed a masculinist perspective to reign unchallenged, and that recent advances in gender equality had done

little except grant women a presence in this masculine sphere. According to Smith, the standpoint of women has the power to transform sociology, from research topics to methodology.

The aim of an alternative sociology would be to explore and unfold the relations beyond our direct experience that shape and determine it. An alternative sociology would be a means to anyone of understanding how the world comes about for us and how it is organized so that it happens to us as it does in our experience. An alternative sociology, from the standpoint of women, makes the everyday world its problematic. (Smith 2007:326)

This sociology looks at the problems of daily life as things to be explained. It is in this manner that I frame the embodied experience of breastfeeding as an everyday problematic for the women who engage in it.

Women's standpoint is a radical shift in sociological epistemology that espouses the necessity of embracing the inherent subjectivity of experience. An issue of such intimate concern as breastfeeding should be considered at the level of the everyday world, such that the lived experiences of women are central to analyses, and women are prioritized as the bearers of knowledge. The ruminations of an academic outside of this frame of inquiry are likely to suffer the detriment of abstract conceptualizations that speak, not of bodies living the realities of experience, but of general potentialities of physical moments met with social regulation. A researcher trapped in dogmatic objectivity misses the nuances of human life by divorcing the body from its place in the social world. In short, the intimacies of breastfeeding are best voiced by the women who live them.

Language is a transformative cultural production that evolves over time and place to meet the needs of the individuals who share it. Marginalized groups can use language for empowerment as they name their oppressions and develop a discourse based on common experiences. Smith (2010) acknowledges that embodied knowledge drawn from everyday life can be transformed into a political presence when marginalized individuals politicize language. Women's standpoint is realized "...in terms of the social positioning of the subject of knowledge, the knower and creator of knowledge" (Smith 2010:177). By seizing their self-definitions, by naming the mechanisms that constrain them, by sharing experiences and realizing commonalities, marginalized individuals become the experts of their own lives. Thus, social research meant to elucidate some consequence or condition of marginalization should first recognize that any possible truths will arise only by centering the research on the lived experiences of the subject.

In the particular case of breastfeeding, the urgency to position woman as the expert knower is clear. According to Smith (2010), women speak "...always and necessarily from sites of bodily being" (p. 179). Women cannot so easily be divorced from the realities of the body because it is through the body that women have historically faced oppression. Women have been socially constructed to serve patriarchy as bodies that give sex, that labor and mother children, and that organize the menial tasks of subsistence that allow daily life to continue. Women's standpoint, then, utilizes this perspective to uncover the limitations of a knowledge created in abstraction from bodily

existence. In this way, women's standpoint offers an alternative sociology which rectifies the body/mind split of traditional, androcentric modes of inquiry.

### *Research Strategy*

I utilized a qualitative design in this research because I focused on intimate details of relationships and the lived experience of breastfeeding. This approach allows a researcher to analyze the complex ways in which individuals construct meaning in their lives. In-depth interviews allowed these meanings to emerge in the respondent's own words. Much of the breastfeeding literature utilizes quantitative methodology to produce statistics on breastfeeding rates, demographics of women who breastfeed, and other valuable descriptive statistics. Qualitative breastfeeding research has almost exclusively focused on giving voice to women, though very little of this is in relation to maternal sexuality. My aim in this research is to explore the experiences of breastfeeding women as they relate them in their own words, so that thoughtful and enriching data can be utilized to offer insight and analysis into the competing gender scripts of patriarchal motherhood. Women's voices must be central in this discussion; therefore, women must be understood as the bearers of knowledge implicit in this research.

The sensitive nature of this topic as it relates to intimate physical and psychological experiences and sexuality made me conscientious of ethical considerations throughout the process of designing and implementing this research. In order to gain rapport during interviews, I assured participants that their responses would be

confidential, and that in reporting I would use pseudonyms. To help build trust with the participants, I began with simple non-threatening questions; demographic questions were first, followed by general questions about the breastfeeding experience. I then eased the participant into the next phase of questions focused specifically on sexuality and negotiating intimacy with partners during breastfeeding. This follows the suggested qualitative interview format offered by Berg (2009) and utilized by many researchers.

According to Creswell, “Qualitative research is a form of inquiry in which researchers make an interpretation of what they see, hear, and understand. The researchers’ interpretations cannot be separated from their own background, history, context, and prior understandings” (2007:39). Thus, it was important to situate myself in relation to the research by considering my personal experiences with breastfeeding, and how these experiences might weigh on my understanding of breastfeeding. Throughout these interviews, I disclosed my status as a mother who breastfed, either at the end of the interview, or at any point if the research participant inquired. Creswell (2007) also cautions that qualitative research must “focus on learning the meaning that participants hold about the problem or issue, not the meaning that the researchers bring to the research” (p. 39). I remained cautious in this regard throughout the interview process.

#### *Interpretive Inquiry: Situating My Breasts*

Women’s standpoint theorizing demands that, as a researcher, I acknowledge my social location, and that I contemplate the ways in which the privileges of my social



positioning have influenced my perspective within this research. I have no desire to claim scientific objectivity. I am a woman who breastfed. And I enjoyed it. The experience was transformative in my evolving definition of self as woman, and it made the reality of motherhood a necessarily exhaustive, exhilarating, extraordinary thing. I became a mother as an un-attached individual, and I purposely avoided any sexual relationships during the year that I breastfed. As such, I cannot speak for the lived experience of negotiating sexuality within the intimate dynamics between sexual partners.

Upon reflection, however, I realize that it was precisely this bodily ambiguity that was my impetus to avoid partnering while breastfeeding. I felt the two acts were incongruous: conflicting gender scripts manifested in my body as woman—no, body as mother. The intimacy of breastfeeding is an intense relationship replete with blissful moments of unity and rueful moments of crippling dependence. How is it that women purpose their bodies in distinct functional modes of being? How can women integrate their fractured gender identities as beings who share their bodies as mothers and sexual partners? How do women resolve the competing demands for their breasts with a sense of self intact, if indeed they do?

What I can speak for with the certainty of lived experience is the everyday problematic of breastfeeding in public spaces. It was a harsh awakening that I was completely unprepared for, equipped as I was with several years of womanhood that had informed me that my breasts were worthy objects for public display. Breastfeeding, it

turns out, is not a welcome use of my breasts in the company of strangers. As a feminist, I advocate for choice—choose to breastfeed, or not; it’s a highly personal and nuanced decision influenced by the particulars of one’s social situation. Personally though, I feel that breastfeeding is the best way of feeding babies, and I think it’s critical to expand the boundaries of binary gender performance and the socially acceptable scripts for female breasts so more women might be more inclined to choose to breastfeed.

### *Method and Procedures*

I conducted interviews with 17 breastfeeding mothers currently in heterosexual partnerships. Interviews were semi-structured in order to allow flexibility for me to pursue topics of interest as they arose, to probe the participants for clarity and to allow for introspection. According to Berg, “The flexibility of the semi-structured interview allowed the interviewers both to ask a series of regularly structured questions, permitting comparisons across interviews, and to pursue areas spontaneously initiated by the interviewee” (2009:109). This technique allows for a more “textured” account to emerge, as participants add depth and personal meaning to their interview (Berg 2009:109). I used an interview guide to lead the discussion organized around three thematic schemes: general breastfeeding experience, public breastfeeding taboo, and sexuality/body image. All interviews began with demographic responses, followed by a discussion of the individual participant’s general breastfeeding experience in order to build rapport and establish comfort in the interview process. Depending upon the direction of the

conversation, I pursued the remaining questions based upon my perception of the participant's willingness to disclose information pertaining to sexual intimacy, sexuality and body image.

Once informed consent was established via a verbal script approved by the IRB, I digitally recorded each interview for later transcription. Interviews were performed at a site selected by each individual participant in order to ensure her comfort and optimal convenience. Most participants allowed me access to their homes, though two interviews were conducted at public or university libraries, and two were conducted at the participant's place of employment. Interviews ranged from just under 30 minutes to well over two hours, with the majority of interviews lasting approximately 45 minutes. I assured the participants confidentiality in the final report, thus the names that appear are pseudonyms I have selected for each individual and any family members she may have mentioned.

The participants who inform this study as a purposive convenience sample were recruited through a snowballing technique, which "identifies cases of interest from people who know people who know what cases are information-rich" (Creswell 2007:127). In other words, breastfeeding mothers connected me with other breastfeeding mothers whom they believed may be interested in participating in this study. Following Creswell (2007), I utilized purposeful sampling, which allowed me to select individuals who "can purposefully inform an understanding of the research problem and central phenomenon under study" (p. 125). Although I desired demographic variation among participants, this

was limited by the availability of local participants and the scope of my recruitment techniques.

To facilitate recruitment, I designed an infographic including relevant participation information, the parameters of the research, delimitations for participation, and direct contact information with myself as the primary researcher. This graphic was shared with two breastfeeding mothers I had previously interviewed for a preliminary research project; these women shared the infographic via e-mail and Facebook with potential participants. When selecting participants, the duration of breastfeeding was important to consider. Ideally, I had hoped to interview participants who were currently breastfeeding, and had been doing so for at least one month. I also accepted participants who had recently weaned their infants, within a three-month window. Participants who terminated breastfeeding before their desired duration offered particular insight into the problems and difficulties of the experience. Mothers included in this study had breastfed at least one month in order to assure she had sufficient experiences to share. I limited this sample to heterosexual partnerships, as I was interested in the negotiation of maternal sexuality within such partnerships, and the ways in which this influences and affects the woman's experience of breastfeeding.

My analysis proceeded by my first compiling three sources of data: the transcript, the participant's demographic info-card, and my research notes. Immediately following the completion of each interview, I recorded initial impressions and thoughts about the experience in a research journal to serve as "reflective notes" to later inform data analysis

(Creswell 2009:182). After each participant's raw data was compiled for analysis, I began the process of close-reading for a general sense of the experiences encapsulated in the interview. This was followed by closely examining the data again and coding for emergent themes. I coded the data by hand by physically marking significant quotes and phrases in a different color ink for each reading of the individual transcript; most transcripts were examined in three separate readings, with each subsequent reading helping to facilitate the identification of commonalities and variations of reported experiences, and the refinement of significant themes.

According to Creswell (2009), qualitative research "is an ongoing process involving continual reflection about the data, asking analytic questions, and writing memos throughout the study" (p. 184). I find this to be indicative of my experience with data analysis, as throughout the process I further consulted meaningful literature and explored previous studies as I attempted to understand the meanings and identify the themes present in the data. A preliminary list of six relevant themes was compiled: sexuality, intimacy, and body-image; public breastfeeding taboo; the male gaze; sacrificial mothering; mother/lover role conflict; and disembodiment. Meaningful passages from individual transcripts were collected under each topical theme in separate Word documents for further analysis. Each extracted thematic data set was then reviewed to distill the essence of the participants' experiences, and to note the complex variations between their experiences. Emergent themes were further refined by the collapsing of categories to produce three major themes to be discussed herein.

### *The Participants*

Demographic information was collected from each participant by having her complete an “info-card,” thus allowing her to self-identify according to her interpretation. Participants ranged in age from 21-38. In terms of racial designation, all self-identified as white. All were in committed heterosexual partnerships, 15 self-identifying as “married” and two describing their status as “committed” or “partnered.” One participant, though legally married, was separated from her spouse at the time of the interview. The participants are, as a group, highly educated: one with a high school diploma, four with “some” college experience (including one who is currently enrolled), seven with bachelor’s degrees, four with master’s degrees, and one with a doctoral degree. In terms of current occupations, nine self-identify as stay-at-home-moms, including two who indicated the temporary nature of this designation by citing previous employment—one as a nurse, one as a clinical social worker. Five participants indicated engaging in professional office work of various types. Two participants were public school teachers and one worked as a professor at a public university.

The majority of participants are first-time mothers ( $n = 10$ ). Six participants have two children, and one participant has three children. Children being breastfed by participants at the time of the interview ranged in age from two months to three-and-a-half years. Two participants were tandem nursing (breastfeeding more than one child), though both indicated that the older child nursed infrequently and seemed to do so more for comfort than for nutrition. Perhaps not surprisingly, longer interviews tended to

emerge from mothers with more than one child, with the lengthiest interview being one of the tandem-nursing moms.

The interview utilized in this study followed three organizational schemes: general breastfeeding experience, public breastfeeding taboo, and sexuality/intimate partners and body image. I found my participants to be most forthcoming in discussing their general breastfeeding experiences, which for most included a brief description of the birth, discussion of common breastfeeding ailments they may have experienced such as thrush or mastitis, and resources they utilized when problems arose, such as midwives or lactation consultants, on-line forums, and La Leche League meetings. The central research question guiding this study can be encapsulated as an inquiry into how breastfeeding women experience the competing scripts of socially-constructed femininity available to them as lovers and as mothers. Thus, the focus of a significant portion of the interview questions relate specifically to issues of sex, sexuality, and body image.

In several instances, I found it difficult to navigate a seemingly reluctant participant into discussion on maternal sexuality and sexual relationships with their partners. Shorter interviews tended to arise in cases where the participant seemed to be uncomfortable with the intimate nature of the discussion. This difficulty may demonstrate a mental separation of bodily processes that seems to cast the function of women's breasts in decidedly divorced roles. The taboo on maternal sexuality was evident as some women seemed to struggle with discussing their lactating bodies in terms of intimacy with child, then intimacy with their partner. Despite this reluctance, the

interviews yielded three interrelated themes: interrupted intimacy, sacrificial mothering, and disembodiment via the male gaze.

## FINDINGS

### *The Experience of Breastfeeding*

The women who inform this study offer an interesting parallel to Avishai's (2007) research participants, who also reflect the national trends on breastfeeding in terms of race, education, and to some extent age—white, educated, older women tend to have the highest rates of breastfeeding in the U.S.—representing the current discourse on breastfeeding as a “marker of privileged motherhood” (p. 137). Like Avishai's interviewees, my participants also saw breastfeeding as an implicit part of becoming mothers; it “wasn't much of a decision” (2007:141). When I asked how the decision to breastfeed was made, fourteen of my participants indicated that they knew with certainty prior to their child's birth that they would breastfeed. According to Amber (age 27, 1 child), “You have boobs that make milk for a reason; for me, it was a natural choice.” The idea of the “natural” utility of breasts and their inherent genius for producing breast milk was echoed by several women. However, Diane (age 26, 2 children) offers a dilemma that arose as she struggled with common breastfeeding ailments such as engorgement and thrush: “I always thought it was the most natural thing in the world;



why wasn't it easier for me?" Here the problems of relying on a "natural" discourse of breastfeeding are made manifest.

When women are informed that breastfeeding is a "natural" purpose for their bodies, and then those bodies fail to produce—women are surely met with conflicting emotions. Breastfeeding is an intimate relationship specific to each woman who experiences it; experiences vary innumerable and may often include those like Diane, who suffer through it as a labor of love. Ultimately, a social discourse that admonishes women to breastfeed because it is what their breasts are "made to do" is essentialist and can alienate women who find themselves unable to breastfeed. When women choose to share their bodies with their children through the intense demands of a breastfeeding relationship, they are met with a legacy of expectations rooted in the imagery of the Madonna, perhaps the ultimate symbol of sacrificial mothering. In many ways, women in the contemporary U.S. continue to be held to the impossible standards of emotional and physiological sacrifice that limit and define their roles as blessed reproductive vessels.

While it may be common for women who breastfeed to make what seems like a "natural" choice to do so, the physical demands and the emotional as well as social strains can produce numerous predicaments for breastfeeding women. The majority of my participants described feeling "very satisfied" with their breastfeeding experiences, using phrases like "I love it" to encapsulate their feelings. According to Natalie (age 32, 2 children), "Oxytocin is a hell of a drug; it's a rush—happy, happy." Three participants

described the difficult strain of breastfeeding, though still claimed that they are “pretty satisfied.” Two participants revealed an element of sacrifice in their struggles; for example, according to Brittany (age 33, 1 child), “It’s not been easy. I don’t really like it. I do it because it’s best for her; that’s really why I do it.” While Sarah (age 38, 2 children), who had recently weaned her child at the time of the interview, was explicit in her appraisal of breastfeeding: “it sucked ass.”

In light of the emerging emphasis on the impact of men as partners concerning breastfeeding satisfaction and “success,” I questioned my participants on the level of support they receive from their partners. The majority of interviewees indicated that their partners are “very supportive.” However, as the interviews progressed, some women offered evidence to the contrary. Three women described their partners’ dislike for breastfeeding in public, noting negative reactions, either through overt exclamations or through perceived embarrassment, from their partners. Furthermore, two women who described their partners as “very supportive” later talked about perceiving a partner as “jealous” due to a lack of father-child bonding related to not having access to bottle-feeding. Natalie (age 32, 2 children) offered a complex response to this question of partner-support: “I mean... [pause]...he’s never tried to sabotage me.” Natalie goes on to relate her husband’s apparent negativity to the issue of public breastfeeding, saying “I think he’s worried it will make others uncomfortable. In his mind, breastfeeding is not that important.” It seems that in Natalie’s estimation, her husband does not see the need

to create discomfort in others who may see her breastfeeding in public. The issue of discomfort with public breastfeeding emerged as a significant theme in this study.

*On Interrupted Intimacy: "I Lost My Mojo"*

The majority of participants related a general decrease in their level of sexual desire and the frequency of sexual intimacy with their partners. Several women noted that decreased desire was not necessarily related to breastfeeding, but rather to the general exhaustion of motherhood. According to Amy (age 32, 2 children), "it falls to the bottom of the to-do list." Heather (age 28, 1 child) corroborates: "Sex has been the farthest thing from my mind." Although most women describe having "much less sex than before," at least two participants assert that breastfeeding "hasn't changed anything" in terms of intimacy with their partners. Two participants relate negative effects that they contribute to breastfeeding: Amber (age 27, 1 child) said that breastfeeding is a "turn-off" for her husband; Brianna (age 28, 2 children) described a significant negative impact on her sex-life due to breastfeeding—specifically noting her need to wear nursing pads in her bra to absorb leaking breast milk, she said "it's awkward; it's weird, and I'm self-conscious of it the whole time." Felicia (age 26, 1 child) said, "I lost my mojo," and she was one of three women who connected her decreased sexual desire to the "hormones" related to breastfeeding; these three women discussed the mother-child bond induced by breastfeeding as meeting their intimacy needs in some capacity. Andrea (age 31, 1 child) offered this response to the question about sexual intimacy:

Yes, I'm less interested. It's just, I don't know if it's just being tired; you know, I work and come home to a toddler, and it's tiring. But yeah, I've read and talked to my midwife about it too, that whether you realize it or not—breastfeeding is really meeting a lot of your needs for intimacy, of being close with somebody—that need is often times being met, and something about the hormones that are released when you're breastfeeding, they affect your libido. So, yeah, I'm just not too interested these days.

Felicia (age 26, 1 child) responded similarly: “It definitely meets my need for loving closeness and intimacy, yes, as far as closeness with another person. It's very comforting for me.”

For most participants, breastfeeding appears to change the dynamics of sex by restricting access to their breasts: “I keep those put up” says Brittany (age 33, 1 child). Several describe their breasts as “off-limits,” though this doesn't necessary hinder sexual intimacy. Sarah (age 38, 2 children) describes her experience: “I could have gone the entire seven months and never had sex and been completely okay. I didn't want anybody touching me. [My husband] wanted to touch them and play with them, but I'm like ‘no, they're off-limits.’ He did not understand—there's only one critter touching them in this house.” Several women mentioned being “touched-out,” with the implication that the demands on their bodies made by breastfeeding lessened their desire to share their bodies in any intimately sexual context.

They were off-limits for a while. Just because they were so sensitive mainly, you know, good grief she's on them a lot, and I'm sorry but you can't touch because I'm all touched-out here from her. At the beginning, they're just so unpredictable—leaks springing up everywhere. Nipples are tender and all that. They were not a sexual object, I guess. I don't know. As everything has calmed down a little, they're slowly being reintroduced. (Annie age 31, 1 child)

Though two participants were adamant that breastfeeding had not affected their sex lives, they both pointed to changes in the manner in which they have sex: their breasts are now “off-limits.” According to Morgan (age 29, 1 child), “At first [my breasts] were very sensitive to touch, so [my husband] did leave them alone for a while. I don’t think it’s because he was disgusted; I think it was just out of respect for me, or maybe he didn’t want to be embarrassed by it. I told him they would be off-limits and it would be kind of a strange thing.”

Managing the sexual needs of their partners was a difficult negotiation for several women in this study. Diane (age 26, 2 children) offered these complex observations concerning her husband and their attempts at intimacy: “He’ll make a move to try to go there, and I’ll be like, ‘babe, no.’ I can’t differentiate between my husband playing with my breasts and my baby. It makes me uncomfortable, and it’s something I don’t want to go through. It kind of makes him sad, I think. I just would rather him not while I’m breastfeeding.” Natalie (age 32, 2 children) also related conflicting feelings about her breasts during intimacy: “He gets less access. We don’t even get to have sex as often. But even then I’m like, really, I just fed the baby? He likes to do mouth-to-breast stimulation, but it’s too much like having a baby there, buddy. It doesn’t feel good. Having a baby there doesn’t feel sexual.” The only participant in this study to have nursed three children, however, claimed her sexual relationship was not hindered by breastfeeding: “No, it hasn’t changed our sex life. I can block that out, you know, ‘boobs are for him’ kind of thing. But, I block it out when we’re intimate. Like when we’re

together he likes to [indicates touching her breasts] and then I go on to nursing William right after. It doesn't make me feel weird like it would make some women" (Hope, age 27, 3 children).

Women's bodies undergo a number of significant changes related to childbirth; many participants described feeling "less attractive" due to these overall bodily changes, though they did not connect their assessments directly to breastfeeding. A few of these women indicated that they accepted such bodily changes in light of the outcome—that is, they were willing to accept any negative effects that breastfeeding had on their breasts because of the benefits for their children. Only two women connected negative body image directly to changes in their breasts due to breastfeeding. Corrine (age 31, 1 child), for example, stated "I don't like the way they look anymore—it's different now. So, I don't really feel like I'm sexually desirable." Some women, however, asserted positive appraisals to the changes in their breasts, particularly related to an increase in size. For example, while Brianna (age 28, 2 children) describes an overall negative impact on sexual intimacy due to breastfeeding, she also says of her breasts, "nursing makes them nice and ample." The physical changes in her breasts had a positive impact on Brianna's body-image, yet she also related feeling "not very sexy" during intimate moments with her husband because of her lactating breasts. The mixed feelings women expressed about their sexual attractiveness reflected the shift in context from her own self-awareness of her sexual image to the difficulty of feeling sexual in her body in the context of lovemaking.

*On Sacrificial Mothering: “It’s Not My Body... It’s Ours”*

Breastfeeding is an intimate giving of one’s body to one’s child, and the toll of such an experience can be difficult to assess. For many women, breastfeeding provides an intense physical bond with a child. Yet at times, the demands on the body can be extremely frustrating, making nursing feel like a chore. In short, the intimate dynamics of breastfeeding are a complex negotiation of the boundaries of self and child. While the majority of participants positively evaluated their overall breastfeeding experiences, there were instances in each interview when some measure of stress, strain, discomfort, or displeasure was revealed. Brianna (age 28, 2 children) provides an instructive example in her assessment of the ups and downs of nursing when she responds that even though breastfeeding has had a negative impact on her sex life, she would not stop breastfeeding due to this factor: “I would feel so guilty that I would do that for such a selfish reason.” In a hierarchy of needs, it appears that women as mothers fall to the bottom, placing their children’s emotional and physiological needs before their own and their partner’s.

Corrine (age 31, 1 child) states “the baby’s needs come before my husband’s,” but she also makes the illuminating claim that “it makes the relationship more difficult ... but for both of us, it’s worth it ... We know that this time that he’s going to breastfeed is just going to fly by ... so, it’s worth giving him the nutrients that he needs and it affecting our relationship.” This was a common sentiment several women expressed—the temporal limitations of the breastfeeding experience allow women to legitimize and manage the intense demands made on their bodies. These findings mirror those of Galupo and Ayers

(2002) who note, “although these changes in sexual behavior occurred in concert with a shift away from a sexual representation of the breast, our participants acknowledged that this shift was a temporary one and a concession that they were willing to make in order to realize the benefits of breastfeeding” (p. 26).

When asked if breastfeeding requires her to surrender the sexual aspect of her breasts, Andrea (age 31, 1 child) responded: “Yeah, I think so, but it’s with the understanding that it’s temporary. Intimacy is obviously important, but right now, *she’s* more important.” When discussing a decrease in sexual desire and her insistence on maintaining bodily boundaries, Diane (age 26, 2 children) describes her husband as “disappointed” by her breasts being “off-limits,” though she lacks concern for the immediacy of his sexual desire: “I’m only nursing for such a short time in the grand scheme of things—[my husband] can go without for a while, you know.” What becomes clear through these participant’s voices is that breastfeeding creates a dilemma of conflicting demands upon women’s bodies as they attempt to meet the needs of babies and older children, husbands, and even perhaps, on occasion, themselves.

This dilemma appears to be met with some level of acceptance on the part of most mothers, who frame their challenges within a broader perspective of the overall experiences of motherhood. Amy (age 32, 2 children) offers this evaluation:

I think it’s like initiation into motherhood ... This is what you do—you sacrifice yourself for the very best for your child—you do that from the very first breath they take and you do that for their whole life. Breastfeeding is that very first choice that you make. Do I do this thing that is very hard and sacrificial because it’s the best?



For Amy, the choice is clear—breastfeeding is a challenging sacrifice at the epicenter of her mothering. Breastfeeding is rarely seen as the “easy” choice among mothers.

Brittany (age 33, 1 child) describes a difficult experience of breastfeeding, lacking a sense of enjoyment expressed by several women in this study: “It’s getting better, overall, the longer I’ve done it, but in the beginning, I never had those warm, fuzzy ‘I love my baby, and I love my life when I’m breastfeeding’ feelings... [laughs]... It wasn’t like that, but I just did it because that’s what’s best for her.” For Brittany, the challenge of breastfeeding as a bodily dilemma focuses attention on the “natural” discourse of breastfeeding as a problematic supposition that is divorced from her own experiences.

The transition to motherhood appears to be marked by the competing demands imposed on women’s bodies, which are perhaps most saliently realized when women choose to breastfeed. According to Heather (age 28, 1 child), “It’s a transformative process of having to let go of whatever notions you had about your own separate self—we are *very* connected.” Felicia (age 26, 1 child) emphasizes the difficulty of this bodily negotiation: “I feel like it’s not my body right now—it’s *ours* until he weans.” The realities of segmenting the functions, desires, and physical manifestations of one’s body while breastfeeding have also been noted in recent studies (Campo 2010; Galupo and Ayers 2002). This can be a difficult process, one that tests the boundaries of one’s sense of self, and that may often lead to the “touched-out” phenomenon related by several participants. According to Sarah (age 38, 2 children), “All of your energy goes towards

taking care of this child and there's nothing left for anyone else; there's just nothing left." For the majority of the women in this study, the sacrifice of personal intimacy and bodily boundaries is a willing concession for the benefit of baby.

*On Disembodiment and the Male Gaze: "It's Food for My Son—That's It"*

Women as breastfeeding mothers appear to experience a process of bodily disconnection that segments their identities in relation to the competing demands made on their bodies by their babies and partners. The majority of the women in this study expressed some form of ambiguity in terms of managing their breasts as both sexual objects and as feeding instruments.

It's hard to see my body as sexual, while being a mother, and with breastfeeding especially—those two—they don't coexist very well in my mind. Maybe it's something that gets easier over time, but it's definitely something that right now, it's hard for those two identities to coexist. (Heather, age 28, 1 child)

I don't want [my husband] to touch my breasts. In my mind, it's food for my son—that's it. They're not sexual anymore. And maybe those feelings will change one day when he weans, but you know—I can't see it, yet. (Corrine, age 31, 1 child)

Both of these women point to the temporary nature of this phenomenon, reinforcing the significance of their sacrificial mothering choices. They have clearly segmented their bodies into discrete functional modes to negotiate competing demands on the body.

Galupo and Ayers (2002) similarly contend that the women in their study "indicate that they continued to negotiate the boundaries of the sexual/maternal breast on a daily basis" (p. 22).

This bodily ambiguity was not overtly displayed among all participants. However, Laura (age 27, 1 child) says, “I know that breasts are sexual things too, but it’s separate, in my mind and in my husband’s mind too ... This is sexual time and this is mommy time—they’re not together, and it doesn’t bother me at all.” Laura demonstrates what seems to be the common coping mechanism for this negotiation—the segmentation of the sexual and maternal breast to compartmentalize the conflicting roles of woman as mother versus woman as lover. In her analysis of breastfeeding as a “middle-class mothering project,” Orit Avishai (2007) describes a participant’s experience as a “transformation from a thinking human being into a ‘food machine’” (p. 141). This disembodiment is a strategy that emerges as a viable path for breastfeeding women, in Avishai’s evaluation, as women “emphasize the product, breast *milk*, over the process, breast-*feeding*” (p. 144). Ultimately, this strategy emphasizes the difficulty in negotiating the lactating body, which the author herself describes as simultaneously involving both the separate functions of the “feminine body” and the “maternal body” (Avishai 2007:138).

In a cultural context in which maternal sexuality is taboo, this segmentation demands that lactating women divorce their sexual selves from their maternal selves on some level. “For the disembodied mother, her body is not her own—but more than that, she is treated, and pressed to treat herself as body-less” (Blum 1999:60). In this way, cultural dictates suggest that women sacrifice their sexual bodies for the sanctity of maternity, and though perhaps this may not be a difficult experience for all breastfeeding

women, the demands remain as a boundary around the acceptable parameters of mothering and individual sexual expression.

The data suggest that disembodiment occurs for the breastfeeding mother in another context as well, that of public displays of lactation. “It was clear to the breastfeeding women that the simple act of nursing could be interpreted by others as inappropriate due to the sexualized nature of the breast” (Galupo and Ayers 2002:23). Much like the participants of Galupo and Ayers’ (2002) study, my informants reveal a level of self-regulation in terms of their public breastfeeding strategies, in which they tend to relate difficulties in public-feeding arising from the discomfort they perceive in others who are present when they breastfeed. Although the majority of participants claimed they were comfortable breastfeeding “anywhere,” as discussions progressed, many women revealed a number of restrictions that center on the presence of men. When asked about their comfort breastfeeding in front of different audiences and in various locations, ten women specifically mentioned men (e.g., dad, step-dad, brother, uncle, nephew, friend’s husband, sister’s boyfriend, teenage boys) being present as an impetus to restrict or modify their breastfeeding behavior. In the majority of cases, my participants related perceiving discomfort coming from the male present, rather than claiming their own personal unease. According to Brianna (age 28, 2 children), she only feels “awkward” breastfeeding in front of others “when someone else is uncomfortable, then I’m like, maybe I should be a little more self-conscious.” It is important to note,

however, that every woman in this study said that the presence of her own partner did not negatively impact her breastfeeding experience.

It appears that the social disapproval noted in previous literature (Acker 2009; Bartlett 2002; Smith et al. 2011) for public displays of lactation was also a factor of concern for my participants, as many of them noted that they attempt to breastfeed “discreetly,” taking pride in their abilities to breastfeed in public “without flashing my boob around.” These women appear to be cognizant of the general social unease that seems to arise when competing gender scripts clash—when breasts that are in the public sphere are acting out the “private” maternity of lactation instead of serving as sexual objects. Several women had complex reactions to the questions concerning public breastfeeding, as they stretch tenuously between advocating complete acceptance of public breastfeeding yet still acknowledging the negotiation of difficult social norms. Participants mentioned the self-regulation of public breastfeeding behavior as a demonstration of “respect” for others who may see the exposure of their lactating breasts as inappropriate. Corrine (age 31, 1 child) offers an interesting insight into this dilemma:

I don't care for people to see it and make it something that it's not—it's feeding my baby—it's not obscene or odd. And I almost do it out of respect, like if people have young boys or something, and they don't feel comfortable with them seeing my breasts out in public—I don't have a problem with that; I can understand why they might feel that way ... I don't want someone—a teenager—out in public, seeing me and feeling weird about it, I get that.

For Corrine, and several other women in this study, public breastfeeding requires a delicate balance in the performance of gender scripts.

Annie (age 31, 1 child) addresses the significance of the sexualization of women's bodies as a factor in this struggle; when asked why she feels some people may disapprove of public breastfeeding she offered an illuminating response.

It's not the breast itself—we're used to seeing those. [laughs] People may disapprove of women showing cleavage, but I've never heard anyone saying 'put those away.' But, if you're feeding your child, you do hear that. I think we have sexualized breasts so much that we don't acknowledge they have any other purpose. 'Those are for babies, you know—that's just wrong and creepy.' I think that's a lot of people's attitudes. (Annie, age 31, 1 child)

According to Monica Campo (2010), "...lactating breasts contradict the idealized, sexualized and fetishized breasts of contemporary culture" (p. 55). Disembodiment occurs at this level of conceptualization when the social demands of the "proper" use of women's bodies in a particular context impact a woman's breastfeeding behavior as she regulates her body in accordance with socially-imposed limitations. It's my contention that the male gaze is the vehicle through which cultural restrictions are imposed on women breastfeeding in public, as it is this gaze that demands breasts be seen as sexual objects in the public sphere. Furthermore, the male gaze impacts the personal dynamics of breastfeeding partnerships when women regulate their behavior and evaluate their bodies as a reaction to the needs, desires, and opinions of their partners. Some participants offered particularly interesting comments in this regard:

He's very supportive. He does have a serious issue with me breastfeeding in public, though, because he doesn't want anyone else to see his wife, or have a chance to see, his wife's boobs. Even if I am covered up, he's very grumpy when I feed in public, but when my child is hungry I'm going to feed him and I don't care what everybody else thinks. And I do cover up. He's definitely supportive, but he definitely doesn't like me breastfeeding in public. (Amber, age 27, 1 child)

He is supportive. He's definitely supportive of her nursing. Nursing in public he is a little bit uncomfortable with, so that we've had some discussions about. He says, 'I'm not saying anything,' and I'm like, 'yes, but I can feel your discomfort; I can feel how uncomfortable you are.' It's probably the idea that someone would see my breast, something I guess no one but him is supposed to see. I guess that might be it. And I say, 'you don't mind when I wear low cut dresses or tops; that doesn't seem to bother you.' He'll say, 'yeah, but you can't see your breast.' (Annie, age 31, 1 child)

Both Amber and Annie emphasize the support they feel from their partners, but this support is tempered by the acknowledgment that their partners express discomfort with the potential display of “too much” flesh during public breastfeeding sessions. Natalie offers a similar example from her experience:

[I felt uncomfortable breastfeeding] one time in Wal-Mart. It all goes back to my husband. I had Peter in one of these front-pack things, and my husband is taller than me. I had my breast out the top of my shirt, and he is like, 'aagghh, cover up your tit!' I was like, 'rraaarrrr!' He was like 'cover up your tit or put your tit away.' I was like, 'you did not just say that. That's awful. I didn't do anything wrong, I'm not even showing skin, and I'm feeding your child. Only someone well in my personal space could see what you're seeing, so just chill!' I was so angry. (Natalie, age 32, 2 children)

In this context of men impacting women's breastfeeding experiences, the male gaze can be felt as a social construction real in its manifestations that restricts women's embodiment of the physical act of nursing and imposes culturally-defined gender scripts.

### *Discussion*

Through a careful examination of the data from in-depth interviews with 17 breastfeeding women, I have brought attention to the breastfeeding problematic—the

dilemmas that arise when gender scripts clash and maternity meets sexuality. Three salient themes have been addressed in this research. These mothers experienced “interrupted intimacy,” in which their level of sexual activity and their body images were affected by the balancing of simultaneous gender scripts as both lovers and mothers. The second theme, “sacrificial mothering,” was exhibited by the women in this study who forgo the immediate needs and desires of their bodies (and often those of their partners, as well) in order to meet the demands of the nursing relationship for the benefit of their children. Lastly, mothers expressed their experiences of breastfeeding in disembodied terms, as affected by the male gaze, which positions the women from outside of her body. The male gaze, furthermore, impacts women as they regulate their breastfeeding behaviors in the presence of men and boys.

Breastfeeding women engage in differing levels of negotiation as they navigate the public/private spheres and the manifest dilemmas that arise from the competing demands imposed on their sexual/maternal bodies. In order to expand the boundaries of women’s sexual agency and to promote the path of choice in relation to breastfeeding, it is imperative that we address the social implications of the breastfeeding problematic. As a measure of gender equality, women need greater control over the gendered social scripts that dictate culturally acceptable uses of their bodies. The taboo on maternal sexuality requires women to segment the bodily functions of their breasts by compartmentalizing their roles as mothers and as lovers. Although the health benefits of breastfeeding for mother and baby are well-researched, there is also data to suggest the



social and emotional benefits women may experience through breastfeeding (see U.S. Dept. of Health and Human Services 2011). However, it appears that social proscriptions may inhibit access to these latent benefits by requiring the sexual/maternal self-division.

Women who breastfeed may successfully negotiate maternal sexuality by portioning their bodies in distinct modes, but an emerging body of feminist scholarship suggests that this segmentation is merely a continuation of oppressive restrictions on women's bodily autonomy (see Acker 2009; Bartlett 2005; Giles 2003; Traina 2000). According to Galupo and Ayers (2002), "Women reported higher self-esteem and perceived self-competency when they related to their breasts outside of the culturally defined sexual breast" (p. 28). Although Galupo and Ayers (2002) find the women who inform their study to have increased self-esteem and positive evaluations of breastfeeding by relating strictly to the maternal breast script, they fail to address the problematic nature of this bodily self-segmentation. Yet it would seem that a conjoining of sexual and maternal breast scripts is the path toward the emancipation of women's sexual agency and bodily autonomy from the patriarchal institution of motherhood, thus a movement toward greater gender equality for women who choose to mother.

Instead of the fracturing of self-identity that can arise from separating the self into functional modes of being, we may be able to promote breastfeeding as a more viable option for women by allowing women to claim lactation as part of their sexual identity, thus alleviating the problematic of maternal sexuality. It is a harmful social discourse that is now in place that relegates women who breastfeed to the privacy of their

homes for fear of sanctions in the public sphere, and that furthermore discourages women to attempt to breastfeed because of the difficulties of navigating the sexual aspects of lactation in their personal lives. Furthermore, in order to rectify this fracturing, we must address the problems with the integration of maternal sexuality arising from the ways in which maternity and sexuality have not been defined by women for women. There are, of course, myriad issues that constrain women from choosing to breastfeed, however, in order to open the paths of choice for women, we must address the taboo of maternal sexuality such that more women feel free to make the choice to breastfeed, if it does, in fact fit into their mothering practices. Young (2003) promotes far more than simply encouraging women to choose breastfeeding: “A more radical move would be to shatter the border between motherhood and sexuality” (p. 161). I contend that this border might be shattered through embodied embodiment, by women who successfully navigate the conflicts of maternal sexuality in their intimate relationships and in the public sphere.

Disembodiment is a dangerous outcome of the current social scripts as they impact breastfeeding women, as it is a deconstruction of personal boundaries and an intact sense of self. The emerging research on the significance of men as partners fails to address *why* men exert such influence over women’s nursing choices (see Rempel and Rempel 2011; Susin and Giugliani 2008; U.S. Dept. of Health and Human Services 2011). What this literature overlooks is the particular impact of the male gaze, as it affects nursing women in the public sphere as well as in intimate relationships. Women who regulate their breastfeeding behavior because of the reflection of the male gaze are,

in effect, disembodied as they are disallowed a fully corporeal experience of breastfeeding. When women filter their daily experiences of breastfeeding through the male gaze, the competing demands of sexuality and maternity are readily imposed, and may often lead women to modify their breastfeeding behavior in accordance to these prescriptions. The truly transformative path is to liberate women from the dictates of patriarchal motherhood such that they might be freer to choose breastfeeding, if they are so inclined, by removing the prescriptive demands that segment a breastfeeding woman's sense of self and her control over the presentation and practice of lactation.

Women are restricted in their performance of maternity by the cultural scripts that define the parameters of acceptable mothering. What this means in effect is different for all women as they negotiate the ways in which they choose to mother—that is, women may choose which parts of the mothering script best fit their lives, families, and careers, but what is important to note is that when women are in the public sphere, a very real social taboo is in place that affects the ways in which they are comfortable and welcome to perform their maternity. Some women chose not to breastfeed in public, so real are the negative sanctions and potential stress/discomfort of public breastfeeding. Breastfeeding can be a difficult experience in a multitude of ways, as it is often physically and emotionally draining, thus when it is also socially restrictive, yet another barrier is erected that limits women's choices in terms of the accessibility of breastfeeding as a component of mothering.

There is hope for transformation, yet, as Fiona Giles reminds us:

Like tears, milk is functional; but it also has a lot to say about us. We simply need to replace our fearful, squeamish reverence with openness and curiosity. If we could expand the boundaries that constrain the body's genius for breastfeeding, by loosening the grip of outdated conventions and attitudes, maybe we could allow it to drift in and out of all our lives, and revel with grace in its pleasures. (Giles 2003:249)

If we return to the concept of breastfeeding as a “subversive bodily act,” (see Bartlett 2002; Butler 1990) we can imagine the potential for maternal gender trouble through a truly revolutionizing lens. This revolution makes “the mother in the body” a priority—no longer invisible, silenced, or ignored (Blum 1999:55). This revolution seizes the beauty and awe of breastfeeding through the reclamation of maternal sexuality, and resolves the contested terrain of lactating breasts in favor of the woman in the body, once and for all.

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APPENDICES

## APPENDIX A

## IRB Approval Letter

April 30, 2013

JaDee Carathers, Dr. Vicky MacLean

Protocol Title: The Breastfeeding Problematic: Negotiating the Performance of Maternal Sexuality

Protocol Number: 13-329

Dear Investigator(s),

The MTSU Institutional Review Board or its representative has reviewed the research proposal identified above. The MTSU IRB or its representative has determined that the study meets the criteria for approval under 45 CFR 46.110 and 21 CFR 56.110, and you have satisfactorily addressed all of the points brought up during the review.

Approval is granted for one (1) year from the date of this letter for **25** participants. **Please use the version of the consent form with the compliance office stamp on it that will be emailed to you shortly.**

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918. Any change to the protocol must be submitted to the IRB before implementing this change.

You will need to submit an end-of-project report to the Office of Compliance upon completion of your research. Complete research means that you have finished collecting and analyzing data. Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date. Please allow time for review and requested revisions. Failure to submit a Progress Report and request for continuation will automatically result in cancellation of your research study. Therefore, you will NOT be able to use any data and/or collect any data.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to provide a certificate of training to the Office of Compliance. If you add researchers to an approved project, please forward an updated list of researchers and their certificates of training to the Office of Compliance (c/o Emily Born, Box 134) before they begin to work on the project.

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

Sincerely,

Aleka Blackwell  
Member, MTSU Institutional Review Board

## APPENDIX B

### Informed Consent Agreement – Oral Script

**Purpose:** The purpose of this study is to gain a better understanding of how breastfeeding impacts women intimately and socially. This interview will allow you to talk about your personal experiences, and it will allow me to learn how women experience breastfeeding in different contexts. During the interview you will be asked questions related to breastfeeding and sexuality, and a digital sound recorder will record your responses. I will later transcribe and analyze your responses so that I can better understand women's personal stories. The interview will last approximately one hour, depending on our conversation and your desire to share your experiences with me.

**Benefits:** Women who choose to breastfeed may face obstacles and hardships, at home, at work, or in public, that are not often talked about. This interview will give you an opportunity to tell your story by sharing your experiences and insights. These valuable insights will be compiled with the stories of other women in order to broaden the understanding of breastfeeding and the sometimes difficult social situations that may arise.

**Possible Risks:** Participation in this interview should not put you at risk for any physical harm. However, there may be some minimal emotional risks that may include discomfort, embarrassment, or psychological distress as you recall past experiences and voice them aloud. To minimize this risk, please only speak about experiences and

emotions you feel comfortable discussing with me today. Should you feel uncomfortable with any question, please decline to answer, as your participation is entirely voluntary.

In all written documentation of this interview, including the subsequent report, your identity will be protected by using a common name in place of your name, and the names of any people you may mention. Transcripts of this interview, direct quotes, and publications will use these pseudonyms. Your confidentiality will be protected to the extent that is allowed by law; therefore, I ask that you do not discuss illegal activities.

**Voluntary Participation/Withdrawal:** Your participation in this study is voluntary and you may choose to withdraw at any time with no penalty. If a question becomes too personal, or is otherwise emotionally unwelcome, please feel free to skip the question and we will simply move forward with the interview.

**Contact Information:** If you have any questions or concerns about this research study, your rights as a participant, or the way that the study has been conducted, please contact Dr. Vicky MacLean (thesis chair) at 615-898-2692. Alternatively, please contact Ms. Emily Born at the Office of Research Compliance of MTSU at 615-494-8918. If you have any further questions or need to contact me, the principle investigator, JaDee Carathers (MTSU graduate student), please do so at 931-255-9034 or [jadeecarathers@gmail.com](mailto:jadeecarathers@gmail.com).

## APPENDIX C

### Interview Schedule

*Thank you for your willingness to participate in this research. I know that your time is valuable and I hope you will enjoy sharing your insights and experiences. I'd like to begin by having you provide some demographic information.*

#### 1. Demographics

- Age \_\_\_\_\_
- Level of education \_\_\_\_\_
- Occupation \_\_\_\_\_
- Race/ethnicity \_\_\_\_\_
- Marital status \_\_\_\_\_
- Number of children \_\_\_\_\_

*Next, I'd like to ask you some questions about your personal experience with breastfeeding.*

#### 2. Breastfeeding Experience

- How many children have you breastfed? Could you tell me about that?
- How long did you breastfeed each child?
- How satisfied were you with your breastfeeding experience?
  - Can you talk to me about the best aspects of your breastfeeding experience?

- What difficulties have you had?
- How have you coped with any troubles?
- Decision to breastfeed: Why did you choose to breastfeed?
- What role did your partner/husband play in this?
  - What did your partner think about your decision to breastfeed?
  - Did he participate in the decision?
  - How did he feel about your breastfeeding?
  - How have his feelings changed, if at all?

*Now I'd like to ask you a few more questions about your partner/husband specifically... some of these question are personal and you only need answer what you are comfortable discussing with me. Your answers are confidential and can provide important insights into women's experiences.*

### 3. Sexuality

- How, if at all, has breastfeeding impacted your relationship with your partner?
- Do you feel that breastfeeding has changed the intimate dynamics of the relationship?
- Do you feel that your partner treats you/your body differently since you've begun breastfeeding?



- Do you feel differently about your body since you've begun breastfeeding? (e.g., More or less sexual/sexually attractive/interested in sex)?

*Next, I'd like to talk to you about your experiences breastfeeding in the company of others.*

#### 4. Context of breastfeeding

Please talk to me about how you handle breastfeeding in different situations:

- With your partner present—in the home?
- In front of close friends or immediate family—possibly other children
- In a public setting—out shopping? Restaurant? Church? Concert?
- Where are you most comfortable breastfeeding? Could you tell me more about that? Why do you feel that way?
- How do you feel about breastfeeding in public?
- Can you recall a specific time when you were not comfortable while breastfeeding?
- Why? What about the situation was not comfortable?
- Why do think some people are opposed to women breastfeeding in public?

#### 5. Competing scripts and representations of women

- Do you feel like it's difficult to meet the standards of perfect motherhood, while also feeling the strain to be an attractive/sexual woman?

- Do you feel these competing expectations have influenced your experiences breastfeeding? Have they ever made you want to stop breastfeeding, e.g.