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Original Citation

Johnson, Sally, Williamson, Iain, Lyttle, Steven and Leeming, Dawn (2009) Expressing yourself: A feminist analysis of talk around expressing breast milk. *Social Science and Medicine*, 69 (6). pp. 900-907. ISSN 0277-9536

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Expressing yourself: A feminist analysis of talk around expressing breast milk

Johnson, S., Williamson, I., Lyttle, S. & Leeming, D.

Abstract

Recent feminist analyses, particularly from those working within a poststructuralist framework, have highlighted a number of historically located and contradictory socio-cultural constructions and practices which women are faced with when negotiating infant feeding, especially breastfeeding, within contemporary western contexts. However, there has been little explicit analysis of the practice of expressing breast milk. The aim of this article is to explore the embodied practice of expressing breast milk. This is done by analysing, from a feminist poststructuralist perspective, discourse surrounding expressing breast milk in sixteen first time mothers' accounts of early infant feeding. Participants were recruited from a hospital in the South Midlands of England. The data are drawn from the first phase of a larger longitudinal study, during which mothers kept an audio diary about their breastfeeding experiences for seven days following discharge from hospital, and then took part in a follow-up interview. Key themes identified are expressing breast milk as (i) a way of managing pain whilst still feeding breast milk; (ii) a solution to the inefficiencies of the maternal body; (iii) enhancing or disrupting the 'bonding process'; (iv) a way of managing feeding in public; and (v) a way to negotiate some independence and manage the demands of breastfeeding. Links between these and broader historical and socio-cultural constructions and practices are discussed. This analysis expands current feminist theorising around how women actively create the 'good maternal

'body'. As constructed by the participants, expressing breast milk appears to be largely a way of aligning subjectivity with cultural ideologies of motherhood. Moreover, breastfeeding discourses and practices available to mothers are not limitless and processes of power restrict the possibilities for women in relation to infant feeding.

Introduction

Breastfeeding is a heavily promoted, researched and scrutinised behaviour in Britain (Marshall, Godfrey, & Renfrew, 2007; Murphy, 1999). In recent years considerable attention has been given to increasing breastfeeding initiation and duration rates through a series of 'breast is best' health awareness campaigns and related policy initiatives. These have resulted in changes to midwifery practices in relation to infant feeding support, and mothers have been encouraged to meet a 'gold standard' of exclusive breastfeeding for at least six months (Spencer, 2008). However, the numbers of women initiating and particularly maintaining breastfeeding remain considerably below current UK Government and World Health Organisation targets (Dyson, Renfrew, McFadden, McCormick, Herbert, & Thomas, 2006; Bolling, Grant, Hamlyn, & Thornton, 2007). In attempting to understand these rates and the reasons that underpin them, there has been a tendency for researchers to adopt a rather mechanistic view of breastfeeding, with many studies focusing on initiation rates and duration (Dennis, 2002; Papinczak & Turner, 2000), the characteristics of

those who do and do not breastfeed (Cooper, Murray, & Stein, 1993; Guttman & Zimmerman, 2000) and psychological variables that predict 'successful' breastfeeding (e.g., Baranowski, Bee, Rassin, Richardson, Brown, Guenther, & Nader, 1983; Blyth, Creedy, Dennis, Moyle, Pratt, & De Vries, 2002). The focus on lactation as a physiological process in much of the literature to date has resulted in a rather decontextualised understanding of breastfeeding experiences. In an attempt to address this, a number of investigators have employed qualitative approaches with the aim of gaining a fuller insight into the lived experience of breastfeeding (see for example, Hauck & Irurita 2003; Mozingo Davis, Dropelman, & Meredith, 2000). While such research has been useful in highlighting the complexities of some of the issues involved, from women's perspectives, it does not necessarily explore the wider socio-cultural context in which women's experience is situated.

The contribution of relatively recent and burgeoning feminist analyses of infant feeding has been particularly valuable in understanding infant feeding experiences and practices. A feminist approach to analysis involves going beyond the surface content of women's accounts and explicitly exploring the social processes which can make breastfeeding oppressive (Carter, 1995; McCarter-Spaulding, 2008). Generally feminist approaches highlight the problematic nature of focusing on infant feeding 'decisions' as if they are individual, autonomous choices; instead, they suggest that practices adopted are about balancing different sets of demands and finding solutions which help

women to assert some control (Bartlett, 2003; Carter, 1995; Murphy, 2000).

Though there are differences in feminist analyses of infant feeding, and debates amongst both feminist scholars and activists (see Kelleher, 2006; McCarter-Spaulding, 2008; Wolf, 2006), a key contribution, from those working within a poststructuralist framework (see, for example, Bartlett, 2005; Carter, 1995; Dykes, 2006) has been to highlight a number of historically located and contradictory socio-cultural constructions and practices with which women are faced when negotiating infant feeding within contemporary western contexts. These include an association between breastfeeding and representations of 'good' mothering (Carter, 1995; Marshall, et al., 2007; Shaw, 2004) as well as the notion that breastfeeding is essential for 'bonding' to take place between a mother and baby (Schmied & Lupton, 2001; Wall, 2001). Related to these constructions is a moral dichotomy between breast milk which is represented as 'good' and formula milk represented as 'bad' (Bartlett, 2003; 2005; Murphy, 2000). In addition, contradictions have been discussed surrounding the public/private dichotomy in terms of the difficulties posed for women returning to work while breastfeeding (Bartlett, 2005; Dykes, 2005; McCarter-Spaulding, 2008) and the frequent taboo on breastfeeding in public places (Stearns, 1999). A discourse of breastfeeding as a natural process which requires little support is also juxtaposed with a medical discourse which implies the necessity of close 'expert' supervision (Blum, 1993; Carter, 1995; Wall, 2001).

Within poststructuralist formulations, however, it is recognised that women are not passive recipients of these constructions. While discourses of infant feeding create demanding expectations, their contradictions also provide possibilities for reinterpretation and resistance (Carter, 1995). For instance, Marshall *et al* (2007) argue that within the contexts of western women's lives today, notions of good mothering as synonymous with breastfeeding are being resisted. They identify diverse meanings which are attached to good mothering. For example, if a baby was seen as being unsettled or was not gaining weight, good mothering was defined by the mothers in their study as finding alternative infant feeding practices which remedied this. Murphy (2000) similarly shows how mothers who initially breastfed but then resorted to formula feeding their infants resist being positioned as 'bad mothers' by drawing on alternative constructions of 'good mothering' which emphasised their responsibility for the baby's health and contentment in the 'here-and-now'.

Another theme in the recent feminist literature is the exploration of breastfeeding in relation to maternal embodiment (see, for example, Bartlett, 2002; Kelleher, 2006; Shaw, 2004). Bartlett (2002) argues that women's experiences of lactation can be highly unpredictable and heterogeneous. This variation, she argues, is because a woman's lived experience of breastfeeding can determine her body's response to lactation through an interaction of socio-historical and cultural factors with physiological and hormonal processes. Others have noted that whilst some women find the experience of breastfeeding pleasurable many do not (Schmied

& Barclay, 1999; Schmied & Lupton, 2001). Kelleher (2006) examined the potential of breastfeeding to challenge women's physicality (that is, pertaining to her bodily experience), in that the early experience of pain and discomfort can affect the maintenance of breastfeeding. However, bodily experience, within this literature, is conceptualised as being inseparable from social constructions of the body (Hausman, 2003; Kelleher, 2006; Schmied & Lupton, 2001). Breastfeeding has been theorised as a relationship between corporeal subjectivity and, for instance, the pressure to create the 'good maternal body', in that the breastfeeding body is portrayed as not overtly sexual (Stearns, 1999) and free from pain and discomfort (Kelleher, 2006).

The current article draws on data collected as part of a longitudinal study designed to explore the lived experiences of breastfeeding, particularly in the first few weeks. One feature of the data that we found particularly interesting was that a number of women reported either using expressed milk extensively soon after the birth of their child or exclusively expressing breast milk and feeding it via a bottle. This is consistent with recent data from North America. For example, Kelleher (2006) reports that many mothers in her study were combining feeding their baby expressed milk alongside breastfeeding and/or formula feeding within the first few weeks.

There appears to be little explicit analysis of the practice of expressing breast milk in the feminist infant feeding literature. It has been discussed as a means by

which women prepare to return to work or ‘normal life’ whilst continuing to breastfeed (see, for example, Dykes, 2005; 2006; Hausman, 2003), with some highlighting the difficulties women face expressing breast milk in the workplace (Galtry, 2000; Gatrell, 2007). Expressing within this context has been conceptualised as a form of ‘control’ placed upon breastfeeding in that it is a way of managing future expectations about returning to ‘normal’, usually economically productive, activities (Dykes, 2005). Additionally, the use of breast pumps in particular has been theorised as contributing to the medicalisation and mechanisation of breastfeeding, in that breast milk is seen as a product rather than breastfeeding as a process, which can lead to disembodiment because it values technical-physical aspects of breastfeeding over interpersonal and intrapersonal ones (Blum, 1993; Dykes, 2006; McCarter-Spaulding, 2008; Van Esterik, 1996). However, it has also been noted that the practice of expressing breast milk has the potential to be empowering, in that it can allow for shared parenting and a ‘door to freedom’ (Dykes, 2006; Morse & Bottorff, 1992) both of which increase options for women (Van Esterik, 1996). The aim of the current article is therefore to explore further the embodied practice of expressing breast milk in a British context. This will be done by analysing discourse surrounding expressing breast milk in women’s accounts of early infant feeding, drawing on a feminist poststructuralist perspective.

The study

The analysis presented here draws on data from a larger, qualitative, longitudinal study which aimed to capture the lived experience of breastfeeding as it unfolds over time in the first postpartum month. Participants were required to be first time mothers intending to breastfeed their baby. They had to have had a singleton delivery at, or close to, term, and also had to be at least 16 years of age and free from significant illness and/or medical complications during the perinatal period. They were recruited from a hospital in the south Midlands of England. Ethical approval for the project was gained from both university and National Health Service regional research ethics committees.

It should be noted that in the United Kingdom all citizens are legally entitled to free health care. Midwives, working in both hospital and community contexts, take a special responsibility for the health and well being of women during pregnancy and also of both mothers and infants following birth. They provide free ante-natal classes (which typically include guidance on breastfeeding) and postpartum support (including neonatal feeding guidance), both on the ward and following a hospital birth once the mother has returned home (Furber & Thomson, 2007; Furber & Thomson, 2008). In addition, some British hospitals employ designated and specially trained nursing staff to support women with breastfeeding, although this was not the case at the hospital in question at the time of the study. In addition, several women in the study reported accessing advice, information and support from a variety of sources including self-help manuals, internet sources and helplines run by local and national voluntary

organisations.

The study was conducted in two phases. In phase one, participants were asked to keep an audio diary of their experiences of feeding their baby for a seven day period following discharge from hospital. Once the diary stage was complete, they were then interviewed at home by a research assistant, who asked them about their feeding experiences. In the second phase, this process was repeated approximately three weeks after discharge from hospital. Participants could choose to be involved in both forms of data collection or, if they preferred, just to take part in the interview. Participants were provided with loose guidelines for completing the diary. They were asked, where possible, to make recordings about a minimum of two feeding sessions per day over the seven day period, as these happened or as soon as possible afterwards. They were given a number of open-ended prompts to support the generation of narratives but were informed they were not restricted to these. Examples included how the feeding was going, how they felt about it and issues related to their life more generally. A semi-structured interview schedule was employed in the interviews. Participants were asked about how they were currently feeding their infant, their experiences of feeding their infant to date and their future feeding intentions.

Data from 20 participants who took part in phase one of the study were examined for any occurrence of spontaneous talk around the practice of expressing breast milk. The data of 16 participants who spoke about expressing breast milk are

considered in this analysis (8 took part in both the diary and interview elements and 8 in the interview only). The women were feeding their infants in a variety of ways and their reported experiences with expressing were heterogeneous. Twelve of the 16 had engaged in expressing breast milk. Seven of these were regularly expressing and 5 had tried it but abandoned the process. The remaining 4 referred to an intention to express in the future. Most of those who had expressed breast milk spoke of using a manual or electric pump. The women used the term 'expressing' to refer to any method of stimulating the production of breast milk other than via the baby sucking (i.e. by hand or a manual or electric pump). It seems usual in the UK to refer to this practice in this way, whereas in some countries, for example, the US, 'expressing' is generally used to refer to hand-expression while 'pumping' is used to refer to the use of a breast pump. Therefore when we refer to expressing breast milk we are using the broader definition prevalent in the UK.

The average age of the participants was 30 years (range 19 to 36 years). All but one had given birth in the hospital where they were recruited. The sole exception ('Queenie') had experienced a home birth. Fifteen described themselves as white British and one as Eurasian British. The women were married or cohabiting and were in a long-term heterosexual relationship with the baby's father, except for one participant, 'Samantha', who was co-habiting with a male partner who was not the father of her infant. The mothers reported a range of occupational

backgrounds, though the majority described these as professional or managerial. Twelve participants reported that their annual household income was over £40,000, three that it was between £36,000 and £40,000, and one that it was below £10,000. Four participants were educated to postgraduate level, six to degree level, one had an Higher National Diploma (broadly equivalent to two years study at university), one a diploma, one an NVQ level 4 (a vocational qualification) and three were educated to GCSE level – the equivalent of the standard school leaving certificate in the UK. None of the women had returned to employment at the time of data collection. Where the women were in paid full time employment they typically expected to return to work after a period of around six months' maternity leave. In the UK women are usually entitled to 39 weeks of paid statutory maternity leave (including time taken both before and after the birth of the infant) whilst their partners receive one or two weeks (Department for Work and Pensions, 2009).

Data were analysed from a feminist poststructuralist perspective (Gavey, 1989; Weedon, 1997). This drew on aspects of Foucauldian discourse analysis (FDA) which aims to identify different discourses within a text, explore the positionings that these lead to and how they reproduce power relations (Parker & The Bolton Discourse Network, 1999). Within feminist poststructuralist theorising it is argued that dominant discourses of femininity can act to subjugate women (Ussher, Hunter, & Browne, 2000). However, although subject positions and hence subjectivity are constituted by and within discourse and power relations (Gavey,

1989; Weedon, 1997), possibilities for agency and change may remain where there are competing and contradictory ways of constructing subjectivity (Weedon, 1997). As such people can position themselves within discourses by variably taking up, resisting and negotiating them to some extent to suit their identity needs (Davies & Harré, 1990). Therefore a feminist poststructuralist style of analysis can enable an examination of how the mothers in the study adopted, negotiated and reworked dominant discourses and practices in relation to infant feeding as well as an exploration of the implications of their attempts at negotiation.

The discursive object of interest in the analysis presented is the expressing of breast milk. A number of authors have outlined methods for conducting a FDA (e.g. Parker, 1992; Willig, 2008) which informed our analytic strategy. Initially both the diary and interview data from the 16 participants who spoke about expressing were thematically analysed. This gave rise to the identification of a number of different reasons given for expressing breast milk. Each of these reasons was then explored more fully in order to identify particular features. Firstly, this involved the identification of discursive constructions surrounding expressing breast milk and infant feeding and the links between these and wider discourses. Secondly, the subject positions that these made available and their implications for subjectivity were explored. Finally, the ways in which the discursive constructions and positionings were managed in relation to the embodied experience of breastfeeding were interrogated. Because this kind of

analysis acknowledges that ways-of-being are constructed through language whilst simultaneously paying attention to material and social structures which constrain potential constructions, the ontological position is typically conceptualised as falling within a critical realist framework (Parker, 1992; 1998; Willig, 2008).

Analysis and Discussion

In this section we present the key reasons identified for expressing breast milk. These are expressing breast milk as (i) a way of managing pain whilst still feeding breast milk; (ii) a solution to the inefficiencies of the maternal body; (iii) enhancing or disrupting the ‘bonding process’; (iv) a way of managing feeding in public; and (v) a way to negotiate some independence and manage the demands of breastfeeding. In line with the approach taken, connections are made between these and broader historical, social and cultural constructions and practices, and relevant literature is drawn upon where appropriate. The analysis is illustrated by a series of anonymised verbatim extracts taken from the diary or interview transcripts. To protect the identity of our participants, all names are pseudonyms chosen by the women themselves.

Managing pain whilst still feeding breast milk

Issues relating to the interpretation and management of breastfeeding pain were

reported by a number of women. Several experienced difficulties with managing painful and unpleasant sensations whilst feeding which they did not feel prepared for (Williamson, Lyttle, Leeming, & Johnson, 2007). Most commonly these difficulties were related to having sore or traumatised/damaged nipples and/or their baby not latching on properly. Expressing was constructed as a potential way of managing the pain and feeling more in control, even though not all women found expressing successful. For example:

...so he wasn't latching on properly and I've been getting very sore nipples as well, they've been cracked and that's part of the reason why I've been doing the expressing, cos he's got such a strong suck on him that I've found that at least if I am expressing, I can control how hard the suck is...
(Imogen, aged 25, Interview)

We had tried everything else [to manage the pain of engorgement] and I was like trying to express it manually and all this, none of it worked and she wouldn't feed... (Louise, aged 35, Interview)

Kelleher (2006) similarly reports that many of the women in her study experienced unanticipated pain and discomfort and that this could impact upon the continuation of breastfeeding. However, in contrast to her finding that expressing breast milk contributed to that pain, in the current study, as illustrated in Imogen's and Louise's accounts, expressing was mainly seen as a practice that could be deployed when experiencing pain and difficulties. Similarly, Charlotte (aged 31), stated in her interview that it 'gave my nipples a break [from the pain], like in the evening, by expressing one feed for her...and that helped to give my nipples a break and mend themselves'. In these cases expressing was represented as a practice which aimed to support the primary goal of feeding the

infant at the breast as much as possible.

In a study conducted by Murphy (2000), being 'thwarted by the inefficiencies of their bodies' (p. 311) and the pain of breastfeeding were seen as legitimate reasons for turning to formula feeding and thus as a way of deflecting accusations of being a 'bad mother'. However, in the present study, Imogen stated that expressing breast milk and feeding it via a bottle was invariably her preferred choice before trying formula feeding.

I always try breast first and if that doesn't work then we go to, if I've got any, expressed milk and if that doesn't work then we go to formula, so I always start with the breast and I've got my back up plans. (Imogen, aged 25, Interview)

These accounts indicate that some of the women in the present study were negotiating the moral dichotomy between breast milk as 'good' and formula as 'bad' and expressing was seen as a way to make the healthiest choice for their baby in difficult circumstances. These women constructed expressing as a means of managing pain whilst still feeding their baby breast milk. This implies that it was important to manage the pain in order to do one's best to fulfil the moral duty of a 'good mother' which, as Murphy (2000) argues, is to ensure that the health outcomes were maximised for their baby. This was seen as providing their baby with the optimum nutrients for his or her health needs. For instance, Samantha who was experiencing pain and 'difficulties' and had resorted to expressing breast milk as a solution recorded in her diary:

She's still getting all the nutrients out of the breast milk that she needs so I'm happy with that, that's why I wanted to breastfeed her because I knew it was better for her than having the powdered milk. (Samantha, aged 19, Diary, Day, 4)

In a study of women's postnatal ward experiences, this prioritising of breast milk over formula was framed within the hegemonic, biomedical discourse of making sure that their baby was getting the correct 'nutrients' to provide optimum health benefits (Dykes, 2005; 2006).

In the women's accounts presented here, expressing breast milk was constructed as a way to manage pain. In doing so some of the women were able to continue to feed their baby breast milk, thus negotiating the moral imperative that 'breast is best', and avoiding being positioned as a 'bad mother'. Whilst the suppression and management of pain might also be associated with maternal selflessness (Hays, 1996), it could also be argued that pain management assists in the active creation of the 'good maternal body'. This is a body which is capable of providing adequate nourishment for the baby, whilst accommodating vulnerabilities in its corporeality. This, Kelleher (2006) argues, can extend Stearns's (1999) theorising about the good maternal body. Its creation is not merely about disciplining the body whilst breastfeeding in public in order to negotiate cultural ideals surrounding the breast. It also involves acknowledgment of how women attempt to actively negotiate the multiplicity of physical sensations and broader social constructions associated with breastfeeding.

A solution to the inefficiencies of the maternal body

Expressing breast milk was also constructed as a way of managing anxieties about the efficacy of breasts to produce an adequate supply of milk, though, as Queenie indicated, this was not a solution without difficulties:

So I really do feel at the moment I need just a little bit of support and help really trying to express from these really tender, sore breasts we're actually getting nowhere from, and they're horrible, they're horrible aren't they boobees, they're rubbish, don't come out quick enough, too much like hard work isn't it? (Queenie, aged 36, Diary, Day 4)

Several of the women's accounts suggested that expressing breast milk was a way of being more certain about how much milk a baby was getting. This is evident in Faith's account of being able to measure the amount of milk her baby was taking and thus ensuring he was getting 'enough'.

I think I've looked at it as a positive [expressing breast milk] because I know how much he's getting whereas when you're breastfeeding you don't know how much he's getting. So at least I know he's getting a good feed each time and how much he is actually getting... 'Cause you express into a bottle and in fifteen minutes I could have eight fluid ounces but I can't imagine with fifteen minutes on the breast he'll have had eight ounces. I know that I've sat and breastfed him for twenty minutes and he's sucked all the time but then an hour and a half later he's screaming the house down because he's hungry. (Faith, aged 30, Interview)

Faith's was not the only account to construct expressing (especially when using a breast pump) as a faster way to feed than breastfeeding. Charlotte, who was breastfeeding and also expressing into a bottle for one feed per day, makes this

point when she talks about her experiences of the two approaches to feeding her infant.

Yeh, I got the Medila, the Medila Mini Electric and it is really good. It is just empty within 15 minutes um, not 40 like she does. It would be quicker if I expressed and fed her by the bottle, to be honest, at the moment.
(Charlotte, aged 31, Interview)

The key construction in the quotations above is one of blaming the body and its inefficiencies. This initial lack of confidence in the body's abilities to breastfeed, and concerns about the production of milk has been highlighted in other studies (see, for example, Dykes, 2005; 2006; Marshall *et al*, 2007). Dykes (2006) notes that this is the most common reason given for giving up breastfeeding in the UK and that it appears to be a feature of western cultures dominated by biomedical values. This early indication of mistrust in the body, she argues, suggests that women come to breastfeeding with doubts about their body's abilities and that this is linked to western discourses of femininity as well as the techno-medical paradigm of pregnancy and childbirth which reinforce women's bodies as weak, defective and untrustworthy. These accounts of frustration at the inefficiencies of the breastfeeding body also support Bartlett's (2003) analysis where she draws on Grosz's (1994) notions of volatile bodies, to argue that the breastfeeding body contradicts notions of the perfect female body which is under control and able to be manipulated at will. On the other hand, lactating bodies, she argues, 'tend towards anarchy' in that they represent a dynamic and changing corporeality; they leak involuntarily, 'refuse to be milked', need to be constantly available and

are subject to a confusing mixture of sensations (Bartlett, 2003, p. 154). The accounts presented here suggest that expressing breast milk is an available practice that enables the retention of a sense of bodily control because it was constructed as a speedy and more efficient process than breastfeeding.

In addition, it has been argued that 'good mothers' are seen as having babies who gain weight (Shaw, Wallace, & Bansal, 2003). Because the volume of milk taken from a bottle is measurable, it is easier for a woman to be sure that her baby is getting a good enough supply. This is likely to be particularly important with smaller babies. For example, Hannah, whose son weighed 3050 grams (6lbs 11½ oz), fed her baby through a roughly equal mixture of breastfeeding and expressed milk, and commented:

Because he was premature and small, I was starting to get worried that he wasn't getting the feed that he needed but still adamant that I wanted it to be my milk so we got a breast pump and said that we'd do it that way as well and then that way we'd know that he is getting x amount, (Hannah, aged 26, Interview)

The accounts presented here suggest either implicitly or, in the case of Hannah, explicitly that expressing breast milk facilitates the provision of adequate nutrition. As such, expressing and feeding via a bottle is constructed as a way of protecting women against accusations of not providing enough sustenance and, therefore, being positioned as a 'bad mother'.

Enhancing or disrupting the 'bonding process'

Expressing breast milk was further constructed as a means by which others could feed, and therefore bond, in a pleasurable way, with a baby. The women conveyed a sense that this was something which a mother should facilitate, implying that she should not be selfish and should let others, especially fathers, have access to intimacy with her baby. For example, Charlotte spoke of her husband wanting to be involved in the pleasurable experience of feeding their baby (as well as contributing to elements of care which were perceived to be less rewarding). In her account she describes feeling under pressure to express milk so he could 'bond' with their baby.

...my husband was going to bond, have his bonding with her when she is having her bath, but she hates having a bath, so he feels that he is getting a bad deal and also he is nappy changer when he is here so he feels that he is getting a bit of a bad deal um, so we have talked about, perhaps introducing more, when she is older in a month or two, introducing a few more formula feeds or expressed feeds if possible um, so that he can have that bonding process as well, although at the moment he is talking about wanting to do it now. (Charlotte, aged 31, Interview)

It was not only fathers/partners having the opportunity to 'bond' with their baby which was constructed as important. Samantha, who lived with her grandmother and partner (who was not the father of her baby), and was exclusively expressing and feeding via a bottle, stated:

...but also I like having the bottles because it gives her a chance to bond with other members of the family, like my partner and other people like her grandma and her great granny and all that, it will give her a chance to bond with them as well because they'll get to feed her as well so they'll be

able to bond with her. (Samantha, aged 19, Diary, Day 6)

Similarly Hannah (aged 26) who mixed breastfeeding with the provision of expressed milk commented in her interview:

Hannah: It was lovely to sit and watch my Mum and Dad feed him

RA: So you like that aspect of it as well?

Hannah: So he can he bond with other people as well.

These popular constructions of 'bonding' through feeding are linked, according to Wall (2001), to cultural understandings of maternal instinct and love which have their roots in scientific notions of attachment. Bonding theory suggests that it is the mother who is exclusively attached to her infant (Eyer, 1992; Parker, 1995). However, as the accounts presented here suggest the notion of 'bonding' seems to have taken on a more general meaning following other psychological research which has focused on multiple bonds being beneficial for child development (see, for instance, Schaffer & Emerson, 1964). In fact, a study on the transition to fatherhood (Barclay & Lupton, 1999) highlights recent discursive constructions in western society such as 'being there', 'involved fatherhood' and 'bonding' which it is argued counteracts the 'absent father' discourse of previous generations of men. Similarly, Earle (2001) alludes to dominant discourses about shared parenting, where breastfeeding can become seen as a 'dangerous form of possessiveness' and formula feeding is reported as increasing paternal involvement (Earle, 2001, p.241). These recent discourses of involved fathering can account for the women's concerns about involving their husbands/partners.

Expressing breast milk is constructed as a potential way of achieving this.

However, on occasions, expressing was also constructed as being less intimate than breastfeeding and therefore *not* promoting bonding. Queenie, who was highly motivated to breastfeed and experienced severe difficulties with feeding her son (despite accessing support from local agencies and counsellors at La Leche League - a breastfeeding support and advocacy group), alluded to feeding expressed milk as a necessary but decidedly inferior method of providing breast milk, describing it in her interview as 'a lot more anti-social really than breastfeeding'. Ultimately she had largely to abandon putting her son to the breast and hired a breast pump.

I am still expressing and getting the goodness into him that way but it isn't the same as having that lovely bond that I did (Queenie, aged 36, Interview)

Women's talk about expressing breast milk as disrupting the 'bonding process' or facilitating others being involved in it invoked a sense of grappling with these conflicting developmental psychological and child centred discourses, as well as recent discourses of masculinity and parenting. On the one hand women are potentially positioned as hindering the emotional development of their child if they do not breastfeed while on the other they are constructed as being possessive if they do.

Managing feeding in front of others

Expressing was also seen as a way to manage anxieties about feeding in public. In her diary, Zoe reported getting on very well with breastfeeding, but she recorded:

Um, it's difficult if you're out, well I find it difficult if I'm out, you know, worrying in case she wakes up and she needs a feed, and you're out in the middle of shopping centre and where do you go, and you know she's gonna be screaming and won't be able to calm her down, so with that in mind I think I'm gonna try expressing some milk soon. (Zoe, aged 23, Diary, Day 6)

It was also indicated by other women that they did not feel comfortable breastfeeding in front of others. Samantha initially breastfed but, because of 'difficulties', was expressing extensively within the first few days after the birth of her baby. In her diary she recorded:

I've found that feeding, breastfeeding her has been... it's different, it's, it's nice to feel close to the baby but at the same time it feels like I'm restricted because of, er, being able to feed, I don't feel comfortable feeding in front of people, so it makes it slightly difficult (Samantha, aged 19, Diary, Day 1).

Such concern about feeding in public in western contexts is well trodden ground in the feminist literature. Though the women in the study reported here did not generally articulate the reasons for their discomfort, one of the main reasons for women feeling uncomfortable with breastfeeding in public or in front of others, it is suggested, is to do with the sexualisation of the breast in western societies (see Carter, 1995; Schmied & Lupton, 2001; Stearns, 1999). In a study of

women's experiences of breastfeeding in public in the US, Stearns (1999) links concerns about this to current constructions of the 'good maternal body' which requires the careful management of breastfeeding in specific ways in front of others so that the nurturing rather than the sexual breast is evident.

Transgression of these precarious boundaries, she argues, risks women being positioned as a bad mother and/or as sexually deviant. These concerns are linked to wider discourses of femininity and mothering, with motherhood represented as the archetypal Madonna image as opposed to the sexualised whore. However, it is argued that these constructions are now being contested, especially as there is perhaps less distinction between public and private domains than in recent decades (Bartlett, 2005). Nonetheless, expressing breast milk in the current study was constructed as a way of managing what is still seen as a potentially threatening context, that is, breastfeeding in front of others.

As a route to freedom and way of coping with the demands of breastfeeding

Expressing was also seen as a means of providing independence from the baby. It was spoken about as a way of allowing a degree of freedom in terms of being able to go out or do other things and as a way of potentially managing infant feeding when women returned to work. Expressing was constructed as a way of having a break from the demands of motherhood and also resuming other tasks and activities. Samantha, who was expressing extensively, said:

The experience of having someone else feed her has put my mind at ease a bit that if I were to be resting or anything, I could definitely be OK with someone else feeding her, it would definitely make life that little bit easier for me... I can get on with other things, I can have a rest, I can do something I really desperately need to do or I can go out (Samantha, aged 19, Diary, Day 3).

Charlotte and Louise spoke of having tried to express breast milk but not being particularly engaged in it at present. They intimated that it might be one of the ways that they would manage returning to work in the future.

I am going back to work in March which is, what's that 6 months, 7 months? Something like that. Um and so she will need to be on the bottle by then definitely. (Charlotte, aged 31, Interview)

Their accounts inferred that they felt little sense of urgency as they perceived that they had a considerable period of maternity leave in which to make future feeding decisions. However, for others, the fact that they were currently expressing was seen as paving the way to making the transition to bottle feeding easier. Imogen, who was partly expressing said:

I know some people struggle to get their babies to take a bottle if they've just been exclusively breastfed, so in a way, I'm gonna have the best of both worlds (Imogen, aged 25, Diary, Day 7)

Though the accounts convey that there was generally not a sense of urgency, as women in the UK (and other countries such as Canada and Sweden) have relatively generous periods of maternity leave compared to some other countries, expressing breast milk was being considered as an important strategy in

managing the transition back to work.

These reasons for expressing breast milk resonate with another recent UK study about how women, who planned to breastfeed, negotiated breastfeeding.

Marshall *et al* (2007) argue that notions of good mothering being synonymous with breastfeeding are being challenged as women manage the realities of modern living. These realities include resuming valued activities, involving partners in 'baby work' and returning to paid work. As demonstrated in the current study, one way in which this can be achieved is through expressing breast milk which Morse and Bottorff (1992) refer to as a 'door to freedom' (p.330). However, counter to this, expressing breast milk has been conceptualised as one of a range of controls put upon breastfeeding in an attempt by women to return to 'normal', generally productive life (Dykes, 2005; 2006). It has also been argued to lead to disembodiment because it values technology over relationship (Blum, 1993; Dykes, 2006; McCarter-SpaULDING, 2008; Van Esterik, 1996) and is therefore potentially disempowering because it can decrease women's confidence in breastfeeding. This contradiction between freedom and control is evident in the tensions between this theme and the previous one around women's concerns about the adequacy of the breastfeeding body, where expressing can make visible (literally) the inefficiencies of the breastfeeding body. Some theorists link this desire to gain control over the body to notions of ourselves as rational, autonomous, independent subjects privileged in western neoliberal societies (Bartlett, 2003; Schmied & Lupton, 2001). Bartlett (2003), drawing on the writings of Maushart (1997), argues that breastfeeding on

demand can devastate this sense of control and challenge notions of individuality and choice. Thus, debates over whether expressing (and other ‘controls’ over breastfeeding) can be considered to be a practice which is either empowering or disempowering are embedded in culturally specific ideas about freedom and choice. However, within the contemporary context of the lives of the women in the present study, this particular theme highlights a construction of expressing as enabling.

Final remarks

Stearns (1999) argues that the ways in which women go about breastfeeding can tell us a great deal about how the maternal body is constructed through both discourse and practice. Constructions of expressing breast milk are clearly complex, multi-layered and potentially contradictory. In the present study expressing breast milk was constructed as a way of negotiating the moral imperative that ‘breast is best’, therefore ensuring ‘good’ mothering. Women were doing their best to fulfil what they saw as their moral duty to ensure that health outcomes were being maximised by still feeding breast milk in the face of experiencing significant difficulties. Expressing also assisted in the creation of a ‘good maternal body’ which is able to produce breast milk through the management of pain and discomfort. Similarly, it was constructed as a way to manage a lack of confidence in, and the perceived inefficiencies of, the breastfeeding body. It was a way of deflecting accusations of not providing

enough nourishment and therefore avoiding being positioned as a ‘bad mother’. These constructions need to be understood within the techno-medical context of reproductive health which represent women’s bodies as unreliable and defective (Dykes, 2005; 2006) but also as being able to be manipulated and brought under control (Bartlett, 2003).

The women also talked about expressing breast milk as disrupting the ‘bonding process’ or facilitating others being involved in it. This conveyed conflicting developmental psychological and child centred discourses, as well as recent discourses relating to masculinities and appropriate fathering. Women are positioned as damaging the psychological development of their child if they do not breastfeed, whilst at the same time being selfish if they do not allow others to bond with the baby. In addition, expressing was seen as a way to manage anxieties about feeding in front of others. Finally, expressing was constructed as a practice for managing the realities of modern living as well as the demands of breastfeeding. Feminist debates surrounding expressing breast milk allude to it being a practice that can lead to disembodiment (Blum, 1993; Dykes, 2006; McCarter-Spaulding, 2008; Van Esterik, 1996) with the implication that it is disempowering. However, within a culture that privileges individualism and control (Bartlett, 2003) expressing was primarily constructed as empowering.

In line with the approach taken, we need to exercise a degree of caution in terms of what we can claim about our analysis. Within poststructuralist research and

theorising, knowledge is seen as contingent and context-dependent (Stainton Rogers, 1996). One explanation for the importance of agency and control in the women's accounts could be related to the nature of the sample who were predominantly white, well educated and relatively affluent. It could be argued that for these women individual choice is particularly pertinent. Nonetheless, the review of the feminist literature (which was not conducted until the preliminary analysis had been undertaken) shows that the women in our study employed a number of discursive constructions of infant feeding which meld well with previous feminist analyses of infant feeding. The feminist literature reviewed mainly relates to the UK, North America and Australia. Our analysis reveals possible ways-of-being within cultures that draw on similar values.

In terms of developing feminist theory in relation to breastfeeding, our analysis expands conceptualisations of the ways in which women actively create the 'good maternal body' (Stearns, 1999). Women develop ways to manage breastfeeding in public in a culture where this is potentially problematic (Stearns, 1999). They seek to inhabit a body in which pain and discomfort can be controlled so as to be able to produce an adequate supply of breast milk, which is selfless and which is able to return promptly to 'normal' activities. Thus expressing breast milk was constructed as a way of creating this 'good maternal body'. It enabled the management of difficulties and contradictions which surround breastfeeding as well as providing a way of negotiating current western lifestyles. It could therefore be argued that it is a contemporary practice which is

adopted or considered in an attempt to balance different sets of demands and as a way of asserting autonomy (Bartlett, 2003; Carter, 1995; Murphy, 2000). However, the degree to which it is a practice that challenges feminist concerns about oppression in relation to breastfeeding appears to be limited. Our analysis suggests that rather than challenging dominant and oppressive constructions, expressing breast milk can reinforce the notion of the 'good maternal body' which conforms to certain constraining ideals such as the inefficiencies of women's bodies. As constructed by the participants in the present study, expressing breast milk appears to be largely a way of aligning subjectivity with culturally hegemonic ideologies of motherhood. In line with poststructuralist theorising this analysis reinforces the view that discourses and practices are not limitless and that processes of power restrict the possibilities open to women to construct themselves, as more dominant understandings of gender tend to subvert less powerful ones (Wetherell, 1995; Frosh, Phoenix & Pattman, 2003).

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