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A meta-synthesis examining the role of shame in support for breastfeeding mothers

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Background: existing evidence

- Provision of extra professional and/or peer support enables mothers to breastfeed for longer and more exclusively
- Support provided face-to-face is more likely to be effective

(McFadden et al 2017)

Support for breastfeeding women

Less is known about:

- Women's experiences of support
- The elements of support that are most helpful to women

Support is:

- A complex process
- Occurs within a relationship
- Requires attention to contextual issues

(Leeming, Marshall & Locke 2017)

The moral nature of infant feeding

- Motherhood is socially constructed as a moral activity & breastfeeding as a performance of the 'good mother' (e.g. Marshall et al 2007)
 - Potential for moral emotions e.g. shame, guilt, embarrassment, pride
- Establishing breastfeeding can be emotionally challenging:
 - Sense of 'failure', 'inadequacy', guilt, self-doubt... (e.g. Williamson et al., 2012)
- Sexualisation of breasts means potential for sense of shameful exposure

Self-conscious emotions



Shame

Self (unable)

- Object of scorn, ridicule
- Paralysed, helpless, passive, inhibited
- Inferior, smaller, weaker
- Involuntary body response (rage, blush..)
- Functioning poorly (mind blank, desire to hide..)
- Self in focal awareness

Other (able)

- Source of scorn, ridicule
- Laughing, rejecting, active, uninhibited
- Superior, bigger, stronger
- Adult & in control
- Functioning well but experiencing contempt
- Other in focal awareness

(Gilbert et.al,1994 p. 26, - adapted from Lewis,1986)

Aim

- To explore research on women's experiences of breastfeeding support in relation to the concept of shame

Method: a theoretically informed focused meta-synthesis

- Systematic literature review
- Qualitative studies of support for breastfeeding mothers from 2007 to 2016 in UK
- 4734 papers identified from searches
- 371 after titles and abstracts screened
- Checked against inclusion criteria
- Appraised for quality
- 29 papers included in the meta-synthesis

Analysis

- Template analysis of reported findings (King & Brooks, 2017) focusing on self-conscious emotions
- Used Nvivo software for coding
- Focus here is on shame

Overall findings: Three key themes

1. A precarious self
2. The emotional work of managing the infant feeding self/shame
3. Validation or invalidation by breastfeeding supporters

There is potential for shame

A precarious self: the potential for shame

'I just felt like a complete failure'

'You have to keep your breast hidden'

'It doesn't look as if you've got enough milk'

'An inferior mother'

'why am I finding it so difficult?'

'She said you will be like a cow'

A precarious self: the potential for shame

- I start thinking 'touch wood' she's not a sickly baby because you think if she's gonna be a sickly baby I'm not gonna blame myself, but think to myself if I'd have breastfed her, I'd never have any of this.

(Thompson and Dykes 2011)

Emotion work of managing shame or the potential for shame

A sense of agency in managing a precarious self:

- Strategic seeking of connection / disconnection
- Selective adoption of advice
- Impression management with breastfeeding supporters (pretending to cope; 'illusions of compliance')
- Reconstructing identity in conversation (e.g. externalisation; presenting self as reasonable; declaring guilt!)

Examples of agency: selective adoption of advice

He didn't attach himself correctly straightaway on this feed but I took him off and started again. I knew that he wasn't on correctly as it didn't feel right but the second time it felt right.
(Leeming et al 2015)

'Lots of people gave me advice and suggestions about what I should do but I preferred to follow what the research suggested rather than one person's own experiences.'
(Brown & Lee 2011)

Supporting women in managing the potential for shame

Validation

MESSAGE RECEIVED:

I have confidence in you. I value you and your baby, and accept your choices and struggles as meaningful.

Validation

- Women wanted *'impartial', 'unbiased' 'non-judgemental'* support
- *'She didn't ram it (breastfeeding) down my throat. She was calm, balanced, perfect really, encouraged me and made me feel if I didn't (breastfeed) that was still OK. It just what I needed'*

(Thompson and Crossland 2013)

Implications

- Quality of the interaction between supporters and breastfeeding women
- Importance of listening and a facilitative approach
- Careful use of expertise by supporters
- Being emotional detectives

Conclusions

- Shame is a pervasive yet rarely directly acknowledged emotion
- Awareness of shame can enhance the quality of support provided to women

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Any questions?

